08.02.2024

Thu 08 February 2024, 10:00 - 12:00

MS Teams

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

Agenda

10:00 - 10:02 (2 min)
1. Welcome and Introductions
Rachel Gidman

10:02 - 10:04 (2 min)
2. Apologies for Absence
Rachel Gidman

10:04 - 10:06 (2 min)
3. Declarations of Interest
Rachel Gidman

10:06 - 10:08 (2 min)
4. Minutes of the Meeting held on the 12th December 2023
Rachel Gidman

4. LPF minutes 12.12.23.pdf (8 pages)

10:08 - 10:10 (2 min)
5. Action Log
Rachel Gidman

5. LPF action log 12.12.23.pdf (2 pages)

10:10 - 10:30 (20 min)
6. Chief Executive's Report
Verbal update *Suzanne Rankin*

10:30 - 10:40 (10 min)
7. Covid Inquiry
Verbal update *Matt Phillips*

10:40 - 11:00 (20 min)
8. Estates Plan Update
Verbal update *Geoff Walsh*

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11:00 - 11:10 (10 min)
9. Integrated Medium Term Plan
Verbal update *Ashleigh O'Callaghan*

11:10 - 11:25
15 min

10. Business Continuity Event

Paul Bostock

10.BCI LPF Final V3.pdf (9 pages)

11:25 - 11:50
25 min

11. Integrated Performance Report

Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock and Catherine Phillips

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

11. Integrated Performance Report January 2024.pdf (31 pages)
11.1 Appendix 1 WOD KPI Report Dec-23.pdf (2 pages)

11:50 - 11:50
0 min

12. EPSG Minutes

12. EPSG Minutes 22 Nov 2023.pdf (5 pages)

11:50 - 11:55
5 min

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

Rachel Gidman

11:55 - 12:00
5 min

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

Rachel Gidman

12:00 - 12:00
0 min

15. Future Meeting Arrangements

Thursday 11th April at 10am with a staff pre-meet at 8.45am

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LOCAL PARTNERSHIP FORUM MEETING
Wednesday 12th December 2023 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-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
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
Matt Phillips	Director of Corporate Governance
Robert Mahoney	Deputy Director of Finance
Janice Aspinall	Unison
Abigail Harris	Executive Director of Planning
Mathew Thomas	Unison
Julia Davies	Unison
Lorna McCourt	Unison
Rhian Wright	RCN
Robert Warren	Head of Health and Safety

In Attendance

Mitchell Jones	Head of Equity and Planning
Ellie Webber	NHS Wales General Management Graduate Trainee

Apologies

Lianne Morse	Deputy Director of People and Culture
Jonathan Strachan	GMB
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Catherine Phillips	Executive Director of Finance
Suzanne Rankin	Chief Executive
Sarah Hill	RCN
Fiona Jenkins	Executive Director Therapies and Health Science
Ceri Dolan	RCN
Joe Monks	UNISON
Rebecca Christy-Harrold	BDA

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

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LPF 23/064 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted. DW made the request to add Rebecca Christy-Harrold to the distribution list as the BDA representative.

LPF 23/065 DECLARATIONS OF INTEREST

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

LPF 23/066 MINUTES OF THE PREVIOUS MEETING

Minutes of the previous meeting on 12th October 2023 were received and agreed as an accurate record.

LPF 23/067 ACTION LOG

The action log was noted and the following update provided:

- **LPF 23/056:** Following discussion between DW and Jonathan Pritchard (JP) on the reshaping work, lead reps have been allocated to each of the People and Culture Plan themes.

LPF 23/ 068 CHIEF EXECUTIVE'S REPORT

Abigail Harris (AH) gave an update in Suzanne Rankin's absence. Key points included:

- AH expressed thanks to staff for their efforts under continued operational pressures and explained good progress is being made with delivering the commitments against the plan for this year.
- There are 3 important areas to note in terms of service delivery to include improvements to the emergency and unscheduled care pathway, to planned care and also to progress in the cancer pathway.
- There is a requirement to achieve a Financial Improvement Program of £33m for this year. Achievements have been made by reducing expenditure on temporary overtime staffing costs and reshaping our staff teams. Stricter measures expected to be in place for the last quarter to ensure we deliver against the control total set by the Welsh Government.
- A Joint Executive Meeting (JET) with Welsh Government was held at the end of October 2023 and correspondence has since been received where a concern has been expressed over our ability to deliver what we have committed to in the plan. There continues to be a focused attention on maternity and obstetrics.
- The last quarter of the year is expected to be challenging as we move into Winter but we are confident in the plans that we have in place. There are however some unknowns in terms of the proposed industrial action with the BMA.
- Board development is focusing on planning for next year. Planning guidance is yet to be received but the broad headlines include the continuation of the ministerial targets, an expectation there will be a focus on diabetes and also the sustainability work. The financial outlook is likely to be more challenging than this year. Once the plans are approved by Board, they are submitted to the Welsh Government.
- The condition of our Estates and our digital infrastructure remain very high on our Board assurance framework and risk log. We know that some areas of our workplace are not fit for

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purpose and presents many challenges. We continue to raise this with the Welsh Government.

- We recognise the challenge of affordability and are currently going through a process of prioritising the current suite of business cases that we have with Welsh Government for next year.
- We commissioned the King's Fund to do a joint piece of work, looking at enhancing prevention within our communities and also within our wider population health agenda. The findings from the report were looked at in a joint workshop where it was identified there would be a focus on the 1st 1000 Days of Life for individuals and the challenges around homelessness and housing. Work will be carried out that targets the populations that most need our help and resources from a population health and health inequity context.

Mathew Thomas (MT) commented on the importance of taking a compassionate approach when delivering messages and requested the Executives to champion this request. MT added that talking to people, saying Good Morning and thank you for your hard work can help to motivate people which is particularly important with the more difficult times ahead. AH agreed with this comment adding that we need people to be engaged in the conversations about how we continue to evolve and develop our services. AH explained that the Executives are continuing to do their walkabouts and this is an opportunity to connect with staff and hear about their experiences, challenges and issues that they're facing. It is also a good opportunity to see the brilliant work that our teams are doing despite all the challenges.

DW explained that Geoff Walsh, Head of Capital Estates and Planning, attended the LPF Development Session previously, presenting the Estates plan and queried whether an update on the Estates plan would be provided since this is an area of concern moving forward. AH suggested that an update could be provided on what has been identified as the most pressing priorities at the next meeting.

Action – Louise Blunsdon

DW referred to the latest financial situation highlighted by AH and stated that the Trade Unions are aware of the requirement to tighten the finances for the last quarter. DW expressed her concern over how this will translate next year and the apprehension felt by the Trade Unions and will look forward to further discussions.

DW also referred to the King's Fund report and asked if the Trade Unions could receive a copy. AH agreed to circulate the report and presentation that was shown to the SLB.

Action: AH to share the reports and presentation with the LPF.

LPF 23/069 STRATEGIC EQUALITY PLAN 2024-2028

Mitchell Jones (MJ) presented the Strategic Equality Plan (SEP) and reflected on some of the work completed over the last 4 years to meet the current strategic equality objectives. The main points discussed included:

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- A Strategic Equality Plan was explained as a set of objectives and actions outlining the work that is required to meet our Public Sector Equality Duty & the UHB is bound under the Equality Act (2010) to develop Strategic Equality Objectives every 4 years.

- The Objectives focus on ensuring that CAVUHB delivers exceptional, accessible and inclusive care to its patients, whilst also providing an inclusive environment for all staff.
- Over the last two years, Welsh Government have published two action plans specifically targeted at reducing inequalities within society- the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan.
- The objectives from 2020-2024 were discussed and examples provided to include the development of 4 Staff networks: Access Ability, One Voice, LGBTQ and Rhwyd -iaith (a network for staff who speak Welsh).
- Staff within these staff networks have helped to shape some key pieces of work in the organisation. For example, My Health Passport and also the Anti Racist Wales Action Plan.
- The UHB has Inclusion Ambassadors and Welsh language at Executive and Board level and at senior leadership level in a number of the clinical boards. An 'Inclusion Ambassador Starter Pack' has been published.
- Recruitment initiatives have also been undertaken, for example the Overseas Nursing Programme, Kickstart and Project Search, which looks at diversifying our workforce and supporting people into work.
- An equality health impact assessment and the EHIA training package has been developed as there is an awareness of the importance of the EHIA's in assessing the impact of strategies.
- The gender pay gap year has reduced.
- There has been an improvement in compliance of Welsh standards -currently comply with 82 of the 121 standards. A Welsh language policy has been developed and a think Welsh campaign which looks at encouraging people to speak Welsh.
- Two Welsh language translators have been recruited and supporting with Welsh language capability and translation services.
- It was noted that the branding on the presentation aligns with that of the Shaping of our Future Wellbeing strategy. The importance of having strategic alignment between our objectives throughout the organization was expressed.

MJ requested if the LPF could provide some feedback about the key issues that should be considered when shaping our strategic equality plan objectives for 2024-2028 and how to communicate the Strategic Equality Objectives & Plan in a way that people will understand. MJ stated he is happy to attend a Staff Side Trade Union meeting to which DW expressed her thanks and support of this.

Peter Hewin (PH) referred to the recent audit by Diverse Cymru which highlighted the need for large organisations such as the NHS to acknowledge they are inherently discriminatory. PH added that there are systemic problems with racism and other forms of discrimination that are difficult to acknowledge. PH queried how we bridge the gap between all the important work that is going on and the reality that discrimination does occur.
MJ reiterated the importance of looking at the alignment of strategies. He explained that in addition to our internal strategy, for example the Shaping Our Future Wellbeing, the People and Culture Plan, other organisational strategies and plans need to be considered when developing our strategic equality plan. MJ clarified that the audit that Diverse Cymru have undertaken into our policies, is part of the Anti-Racist Wales Action plan and it is captured within our local anti-racist action plan. MJ explained they are hoping to consider other streams, such as our Anti-Racist Action plan and build it into our strategic Equality Plan. This will ensure we have one overarching strategy and supports alignment.

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Fiona Kinghorn (FK) suggested to MJ that there should be a framework to enable other people to do pieces of work so that the onus is not on MJ's team to deliver it all.

Rhian Wright (RW) referenced the people and culture communications plan and the inclusive recruitment brand that will encourage more representation from across our workforce. RW referred to the job pages on the Cardiff and Vale UHB website and questioned the first image for not being inclusive. MJ added that we need to ensure that we're representative in our communities and the importance of inclusive recruitment.

Joanne Brandon (JB) explained that in terms of visual representative there are 3600 pages on the website and the aim is to have representation across all of the website. The recruitment and retention side is important and this has 10% of our website views, which is 3.4 million. There is a demand to look at Cardiff and Vale as an employer of choice, and this is our opportunity to make sure that we're representing our communities. The Communications team work really hard in trying to ensure that across the broad range of the website and our social media channels and platforms have visual representation. Sometimes there's a really good reason why we've chosen particular images and we work with those subject matter experts on their particular pages as well.

Action: JP to investigate image used on the job pages.

In relation to communication and publishing, MT reminded the Forum that some staff are still not being provided with email addresses. This is something staff need and should be given rather than being offered. MT stressed the importance of engaging with everybody and the possibility of each department having one person who is up to date with specific plans and who can they relay information.

DW explained the Trade Union view that they would like to have a clear message from the Health Board around an intention to tackle prejudice, with the language used being really important. DW also expressed the importance of targeting certain groups to attract people in wanting to work for the Health Board and make it their organisation of choice. In addition, if we want people to get involved and be engaged, we need to be clearer about them being listened to and be clear on how we measure this.

LPF 23/ 070 PEOPLE AND CULTURE COMMUNICATIONS PLAN.

Joanne Brandon, Head of Communications, delivered a presentation on the People and Culture Communications Plan. The main points included:

- Good internal communications increase retention, productivity and it also builds trust and confidence. The importance of keeping open transparent communication with our communities and colleagues was expressed.
- The People and Culture Communications Plan was written in line with the Shaping our Future Wellbeing and is based around strategic objectives but mainly focusing on putting people first.
- It is a dynamic Communications and Engagement plan and includes the strategic aims of outstanding quality, delivering in the right places and acting for the future. It focusses on recruitment and retention but also awards and good news. It also encompasses compassionate leadership along with values and behaviours.
- The plan is constantly evolving and it reacts to the operational elements of the day.
- Analytical data and algorithms are used to drive communications and engagement.

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- There have been 3.4m views on our website since January with 10% relating to the job pages.
- Internal communication avenues include SharePoint, staff emails, CEO Connects, Ask Suzanne and Weekly Staff Email. Data analysis is used to assess numbers, seasonality trends.
- Social media is growing more influential than traditional media. Analytics identify number of followers, by location and also by age and gender. An increase in followers by location noted as a result of an increase in engagement within this area.
- Direction of campaigns can change in order to target women as analytics indicate that 82% of our followers are female.

A discussion ensued between MT and JB regarding the analytics presented. JB explained that women are more interested in health-related issues and the reason why we change our campaigns is because we try to target the men through the females of their family groups. Around certain awareness days, then we will proactively target men.

MT suggested the possibility of having some training regarding email and SharePoint. JB explained that they are aware of the issue of accessibility. They have tried the Staff Connects App and relaunched it. CEO connects has gone from a paper format to a video format. Ongoing work is required in this area to increase accessibility.

AH informed the group that the older People's Commissioner reports that 30% of people over 75 are not online and don't have access to the Internet. AH explained this will need to be considered as those who use our services most, are those who are most digitally excluded in terms of communicating. This figure would be higher in our more deprived communities.

Rachel Gidman (RG) highlighted the importance of partnership working so that messages can be spread once the offering is known. With the support of the new Digital and OD Manager within Education, we are looking at producing webinars and quick video clips. SharePoint training was noted as being beneficial and the issue regarding all staff having access to emails would be followed up.

LPF 23/071 INTEGRATED PERFORMANCE REPORT

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

Population Health

DW thanked FK for her contributions and wished her well in her retirement.

FK commented on respiratory infection. Flu is starting to increase but numbers are still not high in Wales. There are cases are in the community and some hospitalisations.
COVID is a is relatively stable and RSV which particularly affects the under 5s has decreased but remains at a very high level.

For staff vaccination, there was the 39% uptake for all staff for the COVID Booster and 35% for the flu vaccination.

There will be a desktop measles exercise taking place with Emergency planning to ensure we have a Health Protection mechanism in place should we have a bigger measles outbreak.

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Also to note that as of the 1st December 2023, all mental health settings across the health board have gone smoke free.

People and Culture

RG referred to the Staff survey and raised the following points:

- Cardiff and Vale UHB were at the top of the biggest Health Boards and had an uptake of 21%.
- The result will be used as a foundation to influence HEIW around confidentiality.
- Plan to link in with other Health Boards in England who had higher uptakes, for learning purposes.

RG also referred to the Widening access schemes and the work undertaken by Jonathan Pritchard, Assistant Director of Resourcing, to include Project Search which offers training and work experience to young people with Additional Learning needs (ALN).
We will be embarking on a project, to which we have received £30k from HEIW, to look at individuals that were brought up in care. We are also in the final for the Macro Employer of the Year for the Apprenticeship Awards Cymru where we hope to hear the outcome in March.

Speaking up Safely is being led by Matt Phillips and as this continues, will be brought back at some stage.

MT reminded the forum of the importance of informing staff of what we are going to do and ensuring we come back to certain questions to ask staff if anything has changed and to do this at regular intervals. RG agreed this is important and explained it is key to not see it in isolation as just the staff survey since we also have our strategy of Putting People First, the People and Culture Plan where one of the themes is having an engaged workforce. A discussion at the Workforce Partnership Group and SLB would be good around how we co-produce and to identify the plan on how we get our staff involved with the actions. It was felt that different styles of communication would be beneficial to get the staff involved. RG would communicate further on this outside of the meeting.

Operational Performance

Paul Bostock (PB) expressed thanks to staff for their continued efforts as we are beginning to go into the most difficult period of the year.

There have been a couple of debriefs regarding the Business Continuity Event and we will be bringing a paper back to our Board in January which will then be shared with the Local Partnership Forum. A Business Continuity incident was declared on the 6/11/23, as there were concerns around the overcrowding in ED, about the discharge profile and about the time for ambulances waiting to hand over patients. A year ago, a 4-hour wait would have been accepted but now we do not accept anybody waiting longer than two hours. The focus is around 60 minutes.

With reference to patient safety and patient experience, PB explained that we have got the best ambulance handover performance night and day between us and the other health boards, and we would compare ourselves really well with the top 20% of Trusts in England. This is due to the culture of the organisation and the hard work of the team.

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In addition, we have the best cancer performance since the single cancer pathway was introduced into Wales and, for Stroke services, we were awarded an A in the SNAP data.

In terms of planned care, at any one time on our waiting list, there are about 122,500 people but of these just over 4,000 are waiting 2 years. Of those 4000, just under 300 are waiting 3 years, under 300 are waiting over 3 years and 23 patients are waiting over 4 years. In terms of the overall context on the size of the waiting list, lots of people do get their treatment before two years and we want to continue to reduce that down.

DW requested an update on the concerns expressed at the Staff Representative Pre Meet around GP core services and the lack of available face to face appointments.
PB explained that there is no evidence of people coming into A&E because they can't get an appointment with their GP. In the last year there are over 1200 appointments a week for urgent primary care centres. This means appointments are available with a GP, either face to face or via other means on the same day.
PB commented that GPs are under pressure and there is uncertainty as a result of the ongoing discussions between the GPs and the Welsh Government.
PB also reference the junior Doctor strike which is potentially going to take place in January and will probably be a rolling dispute thereafter.
Action: PB to provide the paper on the Business Continuity Event.

Finance

Robert Mahoney (MH) explained to the Forum that month 8, November, has been difficult. The target that we've been set by Welsh Government which is £16.4 million, involves another 10% stretch on our previous forecast so another £8.8 million of savings. There are a number of additional initiatives in Clinical Boards to find savings and reductions in the run rate of expenditure before year end. RM added it will be extremely tight but we endeavour to make the 16.4 million set by Welsh Government.

LPF 23/072 EPSG MINUTES

LPF noted the EPSG minutes from 27 September 2023.

LPF 23/073 STAFF BENEFITS GROUP REPORT

LPF noted the report from the Staff Benefits Group.

LPF 23/074 ANY OTHER BUSINESS
No other business was raised.

LPF 23/063 FUTURE MEETING ARRANGEMENTS
The next meeting will be held remotely on Thursday 8th February 2024 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	Complete: David Thomas accepted an invitation to attend the January 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	Complete: Added to workplan for the next WPG meeting on the 16/1/24 for initial discussion. To be brought to LPF at a later date. This meeting was postponed and will be discussed in March.
LPF 23/068	12.12.23	Chief Executive Report (matters arising)	To provide a copy of the King's Fund Report.	Abigail Harris	Complete: The report has been distributed to the Forum on the 18/01/24.
LPF 23/068	12.12.23	Chief Executive Report (matters arising)	To invite Geoff Walsh to an LPF meeting for an update on the Estates plan and priorities.	Rachel Gidman	Complete: Geoff Walsh accepted the invitation to attend the LPF meeting on the 8/2/24.

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LPF 23/069	12.12.23	Strategic Equality Plan (2024-2028) (matters arising)	To investigate the visual media used on the job pages of the Cardiff &Vale UHB website.	Jonathan Pritchard	Complete: The People and Culture webpages are currently being reviewed and where appropriate being moved to SharePoint. In addition, a new careers webpage is under development. All images used will be reviewed to ensure inclusivity. JP has spoken to Jo Brandon and confirmed that the non-diverse video advertising Cardiff and Vale will be taken down shortly.
LPF 23/071	12.12.23	IPR (matters arising)	To share the paper presented to Board regarding the Business Continuity Event	Paul Bostock	Complete: Paper added to the Agenda for the February 8th 2024 LPF meeting.

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Report Title:	Business Continuity Patient Flow: Lessons Learnt				Agenda Item no.	10
Meeting:	Local Partnership Forum		Public		Meeting Date:	08.02.2024
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive Title:	Chief Operating Officer Executive Director Strategic Planning					
Report Author (Title):	Head of Emergency Preparedness Resilience and Response					

Main Report
Background and current situation:

On Tuesday 7th November the Health Board formally declared a Business Continuity incident following a period of sustained operational pressure.

The purpose of this paper is to provide a summary of the situation, rational for calling a Business Continuity incident; as well as a summary of what went well and the learning from the two debriefs that have occurred.

The paper provides a series of recommendations to support education and understanding should a Business Continuity incident be called in the future.

As noted above, following a continued period of operational pressure over a number of weekends, the Health Board formally declared a Business Continuity incident on 7th November 2023. A timeline leading to the Level 5:25 risk score is provided below.

The preceding weekend had been particularly challenging:

Weekend Plan
The Health board went into the weekend with 26 surge beds:

- **13 beds** for medicine (inclusive of 3 patient transfers to UHL)
- **9 beds** for surgery (based on patients transferring to C6 and 3 to UHL)
- **4 Flex Beds** in UHL

Summary of Saturday 4th November

- The Health Board's escalation level remained at Level 4:10 across the day
- There was a change to surge numbers owing to Infection Control, plans not enacted or available (i.e. inter site transfers)
- EU escalation in to the evening was:
- 21:00 4:20
- 23:00 4:16
- 01:00 4:10
- 03:00 3:15

Summary of Sunday 5th November

- The Health Board's escalation level remained at Level 4:10 across the day
- Poor profile for the day
- Surgical Surge plan enacted at 1pm
- Owing to the pressure ring fenced beds such as Stroke were utilised for medicine capacity, a one patient was held in Recovery for 24 hours (albeit a complex patient) and no ITU or PTU capacity was created
- While 4:10 was declared in line with the formal metrics for the escalation level and risk score, feedback from the site manager was that system in reality was more 4:20

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- EU escalation across the day remained at Level 4 fluctuating between risk scores of 15 to 20

It is also worth noting that on Friday 3rd November the Health Board's escalation level did not deescalate from 4:10 which was declared at the 08.30 OPAT meeting.

Furthermore, the previous 3 weekends were also significantly difficult with high levels of escalation and limited weekend surge capacity. All of these factors combined with a period of sustained pressure led to an extremely congested site on Monday 6th November 2023.

As a result of the challenges above a level 4:15 was declared at the OPAT 08:30 meeting on Monday 6th November.

Timeline for 6th November:

- 08:00 early Escalation of position by Head of Operations Patient Site and Flow Services
- 09:30 site position discussed by Head of Operations Patient Site and Flow Services with Director of Planned and Specialist Care
- 11am extraordinary meeting with Medicine Clinical Board
- Ongoing dialogue between Head of Operations Patient Site and Flow Services and Director of Planned and specialist Care
- Directors of Operations and Directors of Nursing asked to attend the 15:30 OPAT meeting
- Extra ordinary 18:00 meeting called which included the triumvirate. from all Clinical Boards
- Discussion over Internal Incident or Business Continuity were discussed at the 18:00 meeting
- The 18:00 meeting reviewed the Night plan
- The 18:00 meeting also reviewed the triggers for a Level 5 risk rating 25.

The OPAT report for 08:30 on Tuesday 7th November declares 5:25 Business Continuity / Internal incident, at this point EU were reporting a 4:20 in line with the area holding a high level of risk as the whole Health Board system was under sustained pressure.

The sitrep for the 8:30 OPAT meeting shows that the Health Board reported a minus 49 bed balance following the 07:00 handover from site colleagues. The trigger for declaring an Internal Incident or Business Continuity is a bed position of minus 50. The sitrep clearly demonstrates a very poor discharge profile, therefore there was no line of sight to an improved position from the minus 49 bed balance.

Paint Site and Flow Services worked with Clinical Board Structures to deescalate the position over the next 48 hours.

Following de-escalation, the 5:25 Business Continuity / Internal incident was stood down.
A hot and cold debrief have been undertaken to identify key learning.

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

A hot and debrief occurred to gain learning from the process, however, it is important to note what worked well during the incident:

- There was positive and consistent clinical engagement throughout the incident and during the recovery phase
- There was an increase in discharges across the week which led to a positive weekend plan for 10th – 12th that provided a surge plan of 56 beds across the two sites
- The increase in discharge profile ensured de-escalation of the Emergency Department
- The increase in discharge profile allowed for the delivery of the key safety metrics around zero tolerance to 2 hour Ambulance Holds and patients within the Emergency Department for more than 24 hours.

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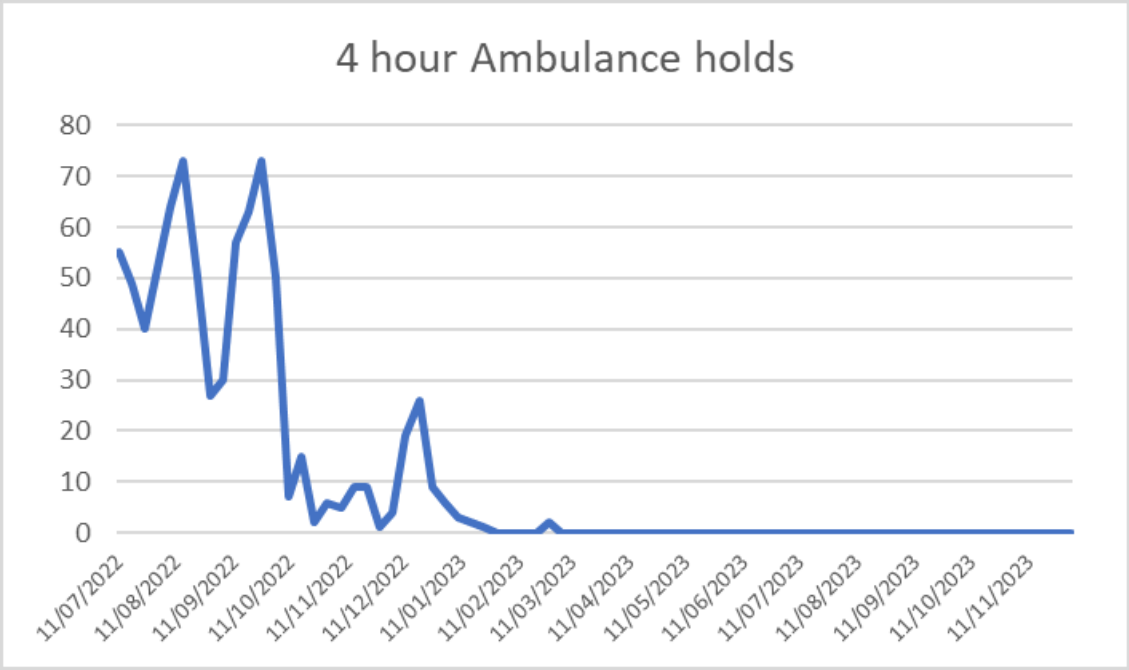
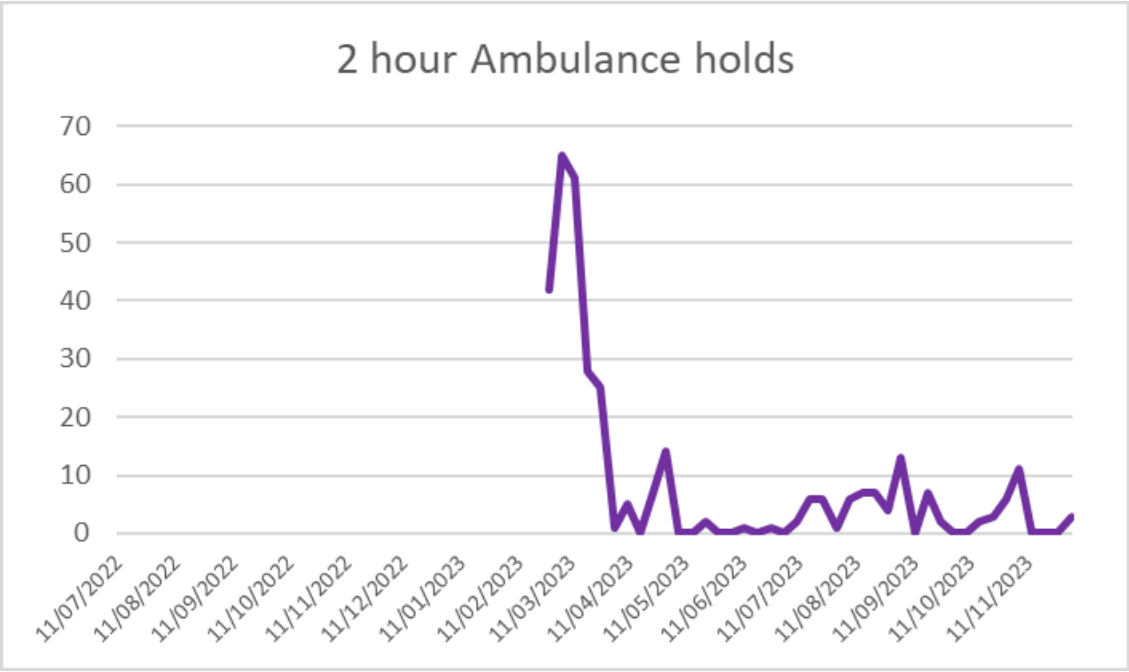
It is imperative to note that prior to this incident, significant progress has been made to support patient safety within the Emergency Department and across the Health board:

The retrospective hot report for 2023 shows that Zero Tolerance to 4-hour ambulance holds was fully implemented:



With further progress made in 2023 to 2 hour holds:



The graph below shows the improvements to 24 and 12 hour patients within the Emergency Department:

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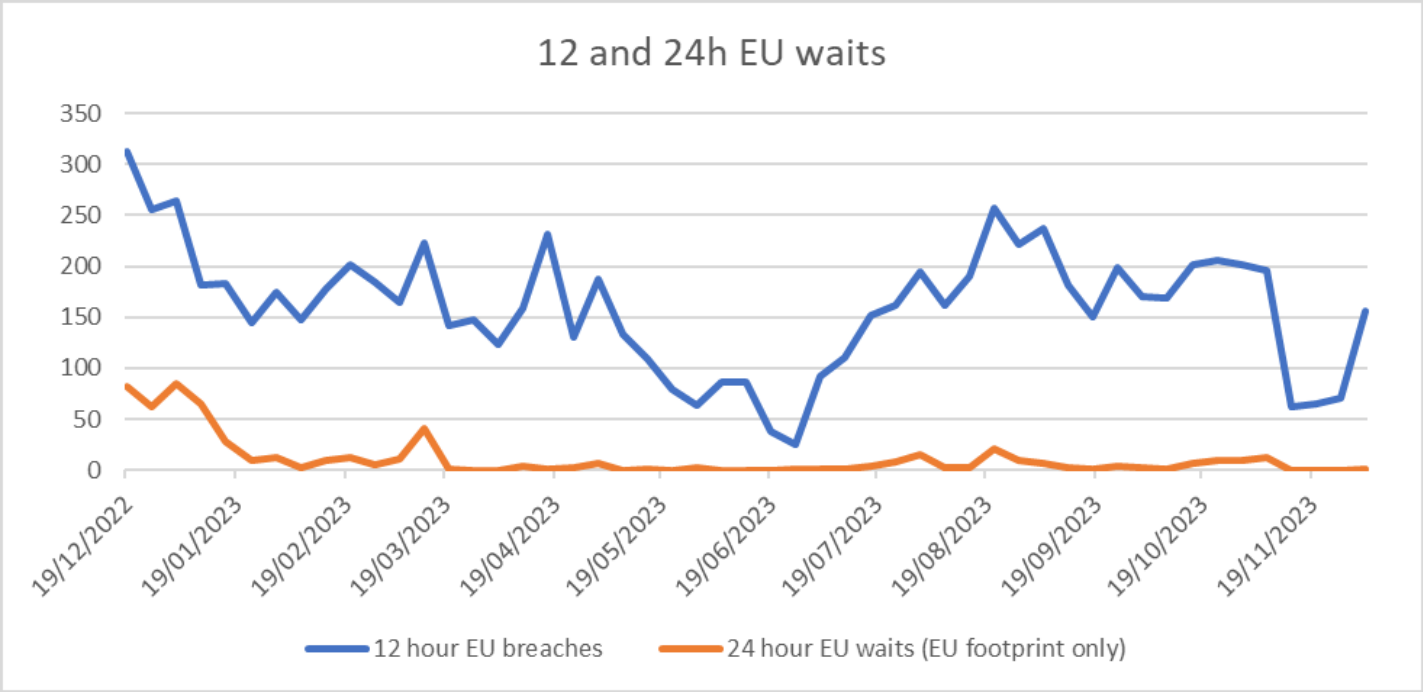

Given the progress shown through the retrospective hot spot report for 2023, the Organisation has become less tolerant of a congested Emergency Department.

Demonstrating that the period discussed in this paper was significantly challenging and it is important to ensure lessons are shared to support further improvements to patient safety.

The hot debrief occurred on the 9th November and the formal (cold) debrief on 27th November.

The hot debrief was well attended by key colleagues and stakeholders who had supported discussions across the time period referenced This debrief captures immediate learning for the rest of the week to support an improved position; as well as a robust discussion on the Triggers and Escalation leading to the Level and Risk Score declared on the sitreps.

The themes from both debriefs are discussed in the table below:

Feedback Theme	Overview
Communication	It is acknowledged that the Executive Team were not briefed as well as they could have been. The communications team should have been asked to join the response in OPAT to support them being sighted on the ongoing position. It was recognized that the Communications that were developed were not signed off in a timely way. There were different messages filtering through the Health Board.

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	The press story run by Wales Online used English Terminology.
Partnership Working with Local Authority	The Head of integrated discharge actively liaised with Cardiff and Vale Local Authority colleagues to ensure awareness of business continuity incident, plus to also seek support to increase discharges. However, this feedback was not included in the discussions across the day, so this was completed in isolation; even though a crucial element to supporting de-escalation. Additionally, the communications were seen by partner organisations as potentially critical to their response, although they were not designed as such.
Battle Rhythm	Senior Cover was provided across the Health Board Sites; however, no formal incident structure was stood up, i.e. Gold, Silver and Bronze. Standby BCI was not utilized, this may have alerted clinical and non-clinical staff that the Health Board was in a higher level of escalation than usual. All clinical boards were engaged in the structure that was run through OPAT, attendance from all triumvirates was consistent throughout the incident.
Terminology and understanding of Roles	Senior Clinical Colleagues have fed back that they were unclear about what some of the language used on the day meant; especially when the Health Board had been under pressure for a sustained period of time. As a formal structure was not implemented colleagues struggled to understand their role. Senior Consultants were unsure what value cancelling activity would provide to the immediate
Business Continuity for Patient Flow Blunsdon.Louise 06/02/2024 11:26:38	Not all Clinical Boards had clear action cards to follow for 5:25, a critical incident owing to patient flow pressures. It was unclear which Health Board Business continuity process was being followed. A set of consistent actions were undertaken at Clinical board level to support de-escalation of the position.

	However, it has been noted that there is not a consistent approach to escalation actions in line with the triggers used by OPAT to declare the UHB's escalation level.
Recovery	While the Health Board came out of the 5:25 level, UHW did not recover below a level 4. The Health Board is still experiencing periods of sustained pressure, readily declaring 4:10 -20 at OPAT meetings. OPAT together with the Clinical Board Teams worked consistently across the week to support a more robust weekend plan (10th-12th November), as a result the weekend following the incident was supported by a much-improved surge position. This in turn supported a more positive position on Monday 13th November; highlighting the importance of robust weekend planning.

The action table below highlights the areas to improve a future response to an internal incident or Business continuity:

Feedback Theme	Action	Time Line
Communication	1. Action Cards to be revised (EPRR Team/CJ) 2. Cascade Tree to be implemented at Clinical Board level (EPRR Team/CB Teams)	1. 31st January 2024 2. 16th February 2024
Partnership Working with Local Authority	3. 3.Develop Action Card for Integrated Discharge Services (DW/CR) 4. Ensure Communication with LA colleagues 5. Understand requirements for joined up working when BCI incidents are called (operational pressure, adverse weather etc)	3. 31st January 2024 4. Ongoing 5. 31st January 2024
Battle Rhythm	6. Agreement to stand up formal structures in future, as it is easier to	6. Ongoing 7. 29th February 2024 8. 31st January 2024 9. February 2024

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	stand down if not needed (Gold) 7. Develop a clear alert to ensure the whole system knows the UHB is in a standby BCI (TH/CR/CM) 8. Complete a training needs assessment (EPRR Team) 9. Implement training (EPRR Team)	
Terminology and understanding of Roles	10. BCI training to be reimplemented 11. Develop an understanding of what cancelled activity would provide each CB with (CR/CBs) 12. Review of the Day to Day escalation actions to ensure that the extreme levels of pressure can be supported (TH/CR) 13. Develop a series of clear clinical actions for Senior Colleagues (TH/CR/CM)	10. Rolling programme from 8th January 2024 11. 29th February 2024 12. 31st March 2024 13. 31st March 2024
Business Continuity for Patient Flow	14. Identify one lead for BCI for each CB (DOO) 15. Re-establish the BCI monthly meetings (EPRR Team) 16. Review of BCI action cards and Plans (Leads and EPRR Team) 17. Understand what are the day to day escalation requirements to keep the sites at a lower level of escalation; linking to length of stay (TH/CR/CM)	14. January 2024 15. Complete – monthly meetings from 13th December 2024, with an operational group also being established 16. Ongoing 17. 31st March 2024

The tables above recognises the learning and actions required to support the Business Continuity process going forward, however, the feedback sessions also recognised the maturity of actions being discussed and the hard work of all teams to support patient flow and safety in order to de-escalate from 5:25.

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The EPRR team would like to acknowledge teams for their positive participation in the debrief sessions, this was welcomed by the team.

Given the volume of learning it recommended that the Major Incident Plan is taken through a Table Top Exercise, this exercise will allow for the testing of the plan before Executive Board re-sign off in May 2024. The exercise will also allow for the testing of some elements of learning from this paper.

Given the ongoing pressure within the Health Board System and the fact winter pressures are ongoing, it is proposed that this exercise is planned for March 2024.

In the interim, the Head of Emergency Preparedness Resilience and Response and the EPPR Manager will progress with the actions above, ensuring that the Buisness Contuinty meetings collate revised actions cards for Level 5:25.

Should the Health Board face another Business Continuity / Internal incident, the Head of Emergency Preparedness Resilience and Response will support the response, ensring oversight of the actions and learning above, with the aim of preventing similar themes from occuring again.

Recommendation:

The Local Partnership Forum is requested to note the learning from the debrief.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes 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 place an "X" in the below boxes 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

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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

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

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- *A focus upon preventing ill health in our population*
- *Saving energy or increasing throughput.*
- *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.*
- *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.*
- *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved. Any queries, please contact edward.hunt@wales.nhs.uk or calum.shaw@wales.nhs.uk.

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

Cardiff and Vale
Integrated Performance Report

January 2024

Report Contents

1. Ministerial Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Ministerial Priorities

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

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

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

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link in Performance Report
Delayed Transfers of Care	**Reduction in backlog of delayed transfers** Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	150 December	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	139% December	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% September	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	724 November	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	1760 November	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 December	Hyperlink to section

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

Section 1: Ministerial Priorities

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

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Priority	Aim		C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report
Planned Care, Recovery, Diagnostics and Pathways of Care	**Achieve RTT waiting time targets** Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly		8999	No	Mar 2024	11561 November	Hyperlink to section
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly		3788	Yes	Dec 2023	4142 November	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	42904 November	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	13198 November	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	64.7% October	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	99.6% Nov	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Nov	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	49.6% Nov	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	98% Nov	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	7% Nov	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	87% Nov	
	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)

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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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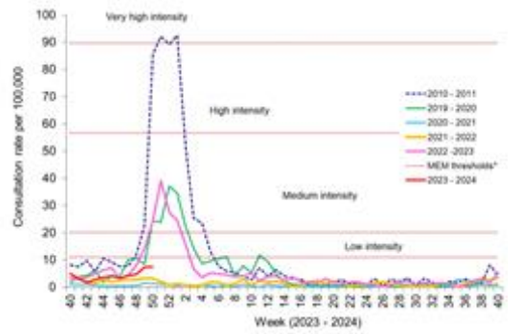
Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	Acute Respiratory Infections (ARI) • While influenza activity is low, there is now evidence that it is circulating in Wales • Hospital admissions for Covid-19 and prevalence on LFD/PCR have been declining since mid-December; however, it is unclear whether this has been skewed by changes in patterns of presentation and testing in the run up to Christmas. Notably test positivity remains relatively high, suggesting there may be fewer people testing. • There are a significant number of outbreaks in hospital due to Covid-19; and due to flu • Omicron sub-variant EG.5.1 and XBB are currently the most common variants across Wales • RSV activity in under 5s continues to decrease but levels remain high • There has been a large increase in whooping cough (pertussis) notifications in recent weeks	Week 50	 Source: PHW weekly flu/ARI report
Health Protection Immunisation	Immunisation: • Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 97,920 doses given in Cardiff and Vale as of the 14th December 2023, and 53.19% uptake to date (cf Wales average 49.84% uptake). • As of the18th of December UHB COVID-19 Staff vaccination uptake sits at 39% and it is at 35% 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 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 advanced, with expected full implementation by end of year. The Cardiff and Vale Health Protection Plan was signed off by SLB on 21/12/23, and will be taken through organisational and partnership governance processes for final sign off in Q4 • A measles tabletop exercise was held on 19/12/23 and a debrief will be held in the New Year.	Q3 2023/24	

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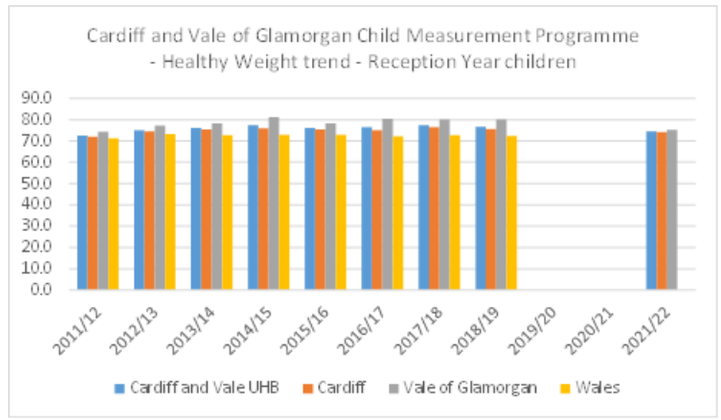
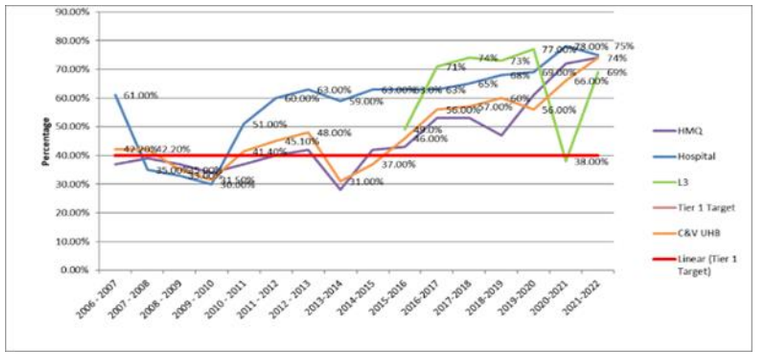
Priority	Performance Summary	Reported Period	Data
Health Improvement Healthy weight	Healthy weight: • 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Boards. However in comparison to UK and Europe rates are high. • 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. This difference is significant for childhood obesity.	Q2 2023-2024	
Health Improvement Tobacco	Tobacco • 13% of Cardiff and Vale of Glamorgan smoke, one of the lowest rates in Wales. The target is to reach 5% smokers by 2030 this service will therefore need prioritising by the organisation and team • In Quarter 2 - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined) • HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks. • Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks. • Hosptial Service - 85% of Treated Smokers had quit smoking at 4 weeks.	Quarter 2 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 Apr 23 to 31 Mar 23	0.8% per quarter	**0.6%**	Q3: 0.40% | Q4: 0.70% | Q1: 0.60% | Q2: 0.59%
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 Jul 23 to 30 Sep 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 30 Jun 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 Sep 23 to 31 Mar 24	75%	**70.9%**	31st Oct: 57.00% | 21st Nov: 65.10% | 27th Dec: 70.90%
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%	**53.19%**	w/e 26/01: 27.09% | w/e 02/11: 30.96% | w/e 23/11: 44.20% | w/e 14/12: 53.19%
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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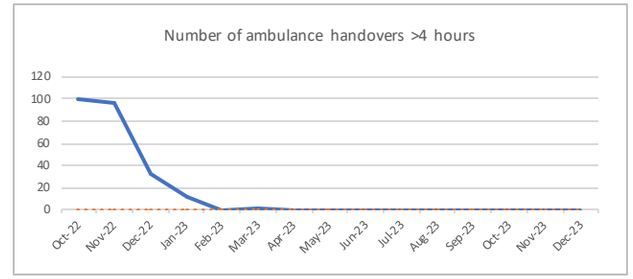
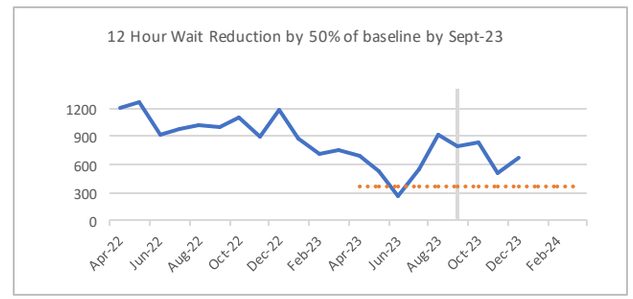
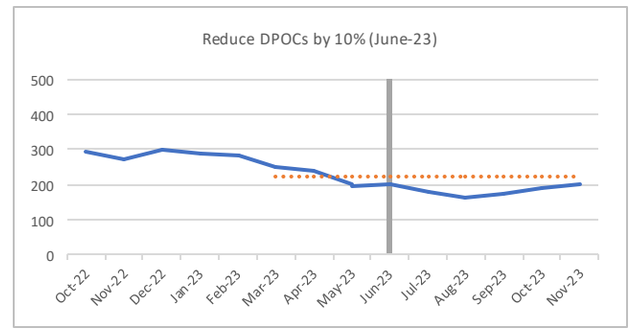
Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in November 2022 to zero since January 2023. We are now 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, in September 27 and October 10. This increased slightly to 14 in November but has reduced to 9 in December. • Average lost minutes per arrival at UHW remains reduced decreasing to 17 minutes in December from 25 in October. Average lost minutes per arrival for the Health Board was 14. This performance remains better than our annual plan commitment.	Dec-23	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• In December, 3 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 27 patients in October • 12-hour ED waits increased from 518 in November to 665 in December and remains 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	Dec-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)	• Delayed pathways of care remain a national challenge, the December 2023 census reported 150 delayed pathways, a decrease from November and 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 29% 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.	Dec-23	

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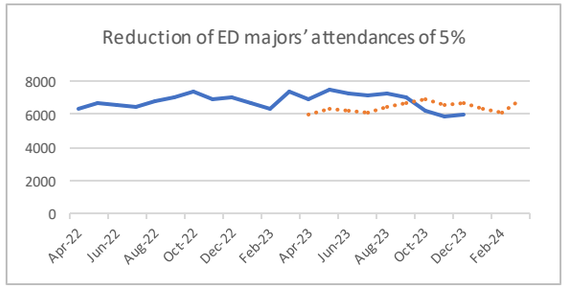
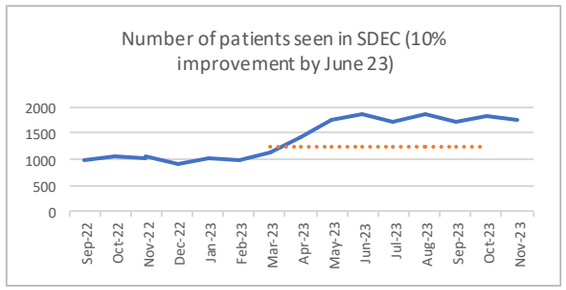
Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment • Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	• In December 2023 we reported 10,717 EU attendances, a small increase from the 10,710 reported in November • The number of EU Majors attendances in December 2023 was 5970, an increase from November but below our ambition of 6507.	Dec-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 November 2023 we saw 1,131 patients seen via surgical SDEC and 629 via the medical SDEC. In total 1,760 patients were seen, above our commitment of a 10% increase by the end of Q1 • A new process for national submissions has been undertaken and we hope to report on the other measures once complete	Nov-23	

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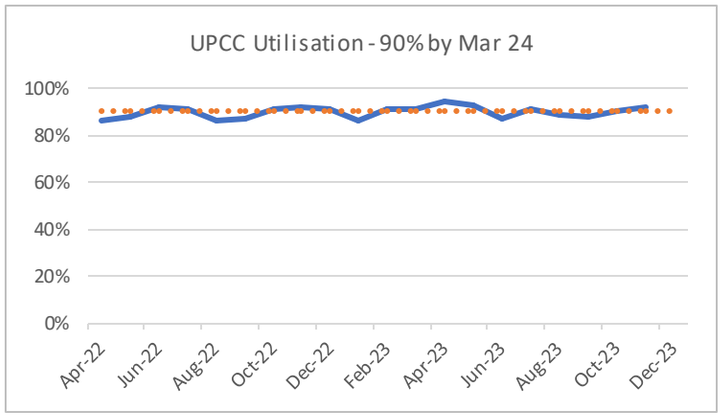
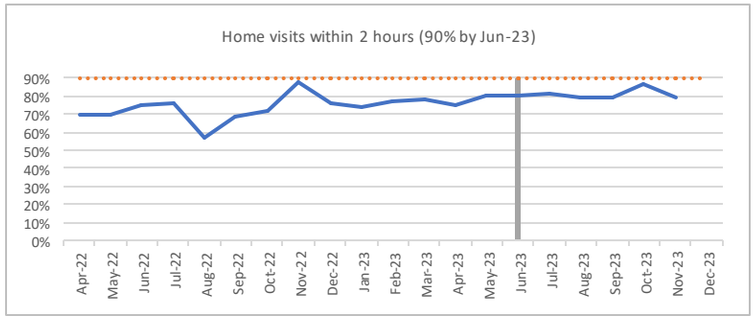
Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) • All clusters to have adequate access to UPCC capacity (September 2023) • NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) • Increased redirections from ED to UPCC (March 2024)	• Average utilisation of 90% achieved across Cardiff and Vale for September and October, increasing to 92% in November • Delivery plan in place to develop Urgent Care Centers 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	Nov-23 Q2-Sept 23	
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• The Health Board was 67% compliant in November 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 6 of 4 patients receiving their visit with one hour. • For patients that required an 'Emergency' appointment at a primary care center in November the Health Board was 100% compliant, with 1 of 1 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 82 of 104 patients receiving their visit within 2 hours	Nov-23	

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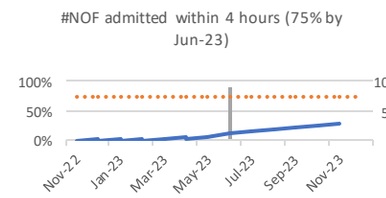
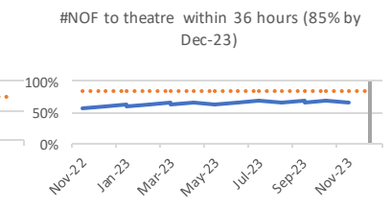
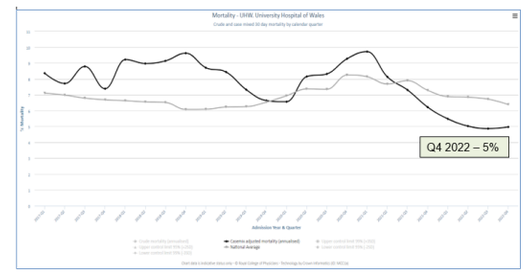
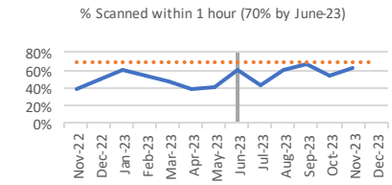
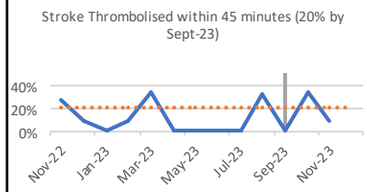
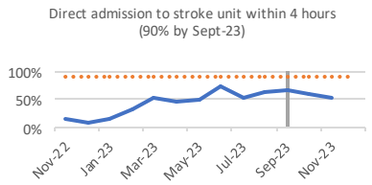
Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In November 2023 the annualised data shows 29.0% of patients were admitted to a specialist ward with a nerve block within 4 hours. In November, 67.0% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58% over the last 12 months. A fourth summit with key stakeholders was held in 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.	Nov-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 significant recent improvements in compliance. In November: • 8.3% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 15.3% • The percentage of CT scans that were started within 1 hour in November was 63%, the All-Wales average was 54.0% • The percentage of patients who were admitted directly to a stroke unit within 4 hours was 57.8% in November, the All-Wales average was 28.8% The UHB has held a number of internal Stroke summits and improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively.	Nov-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	Oct-23	

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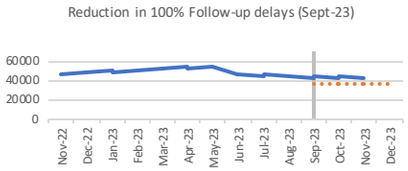
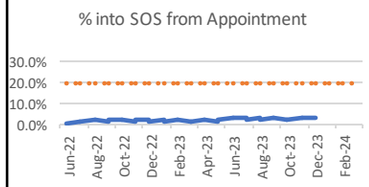
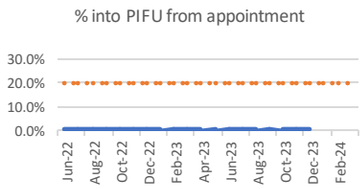
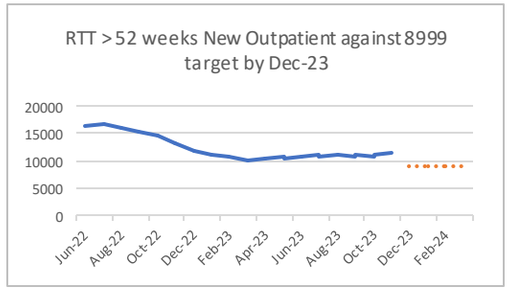
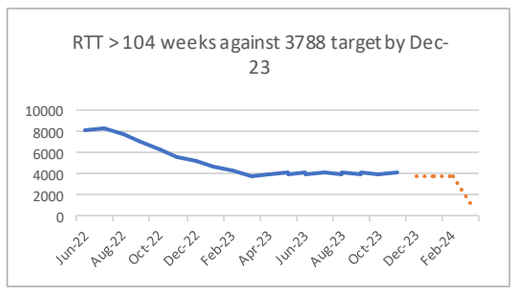
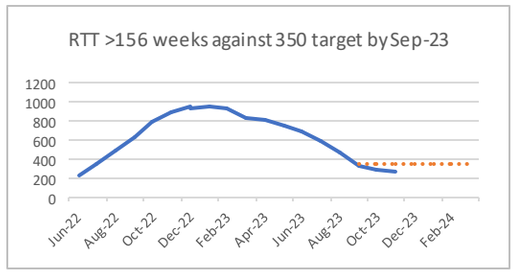
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) • SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) • SOS and PIFU –20% of appropriate outpatient appointments	• In total there were 193,589 patients awaiting a follow-up outpatient appointment at the end of November • Of these, there were 42,904 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from September • 2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway • 0.5% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	Nov-23 Dec-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. Weekly updates and assurance is provided to the Chair and CEO. • In November, 11561 patients had waited 52 weeks for their outpatient appointment, an increase from October and still above our ambition for March 24.	Nov-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. Weekly updates and assurance is provided to the Chair and CEO. We are on track to meet our December commitment in line with the Ministerial priority for <97% of out total waiting list to be over 2 years. In November there were 4142 patients who had waited over 2 years. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment.	Nov-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)	• At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment. We continue to see a reduction in the number of patients waiting over 3 years and reported 274 in November. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	Nov-23	

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<table>
<tr><th>Priority</th><th>Performance Summary</th><th>Reporting Period</th><th>Data</th></tr>
<tr><td>Community Pharmacy
Annual Plan Commitment:
• >90% of all eligible community pharmacies providing CCPS (June 2023)

• 10% increase in pharmacy independent provider access (December 2023)</td><td>98% of all eligible community pharmacies providing CCPS
• 100 Community Pharmacies currently eligible to provide CCPS
• 100/103 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.</td><td>Q2-
Sept 2023</td><td>PIP consultations
<table><tr><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th></tr><tr><td>1106</td><td>1035</td><td>1361</td><td>1348</td></tr></table></td></tr>
<tr><td>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)</td><td>• 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</td><td>Q2-
Sept 2023</td><td>Escalation reporting
<table><tr><th>Q1</th><th>Q2</th></tr><tr><td>88.0%</td><td>88.0%</td></tr></table>
National Access Standards
<table><tr><th>Q1</th><th>Q2</th></tr><tr><td>98.0%</td><td>98.0%</td></tr></table></td></tr>
<tr><td>Dental
Annual Plan Commitment:
• 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)</td><td>• % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 113.9%
• % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 52.8%
• % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 51.2%

In May 2021 the Centralised Dental Waiting List was established to indicate demand for access to NHS Dental Services and provide a pathway for patients to access general dental services. The number of patients requesting to be added has been increasing faster than allocation of patients to practices.</td><td>Q3-
Dec 2023</td><td><table><tr><th></th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th></tr><tr><td>New</td><td>99.80%</td><td>113.90%</td><td>130.33%</td><td>139.27%</td></tr><tr><td>New Urgent</td><td>45.10%</td><td>52.80%</td><td>57.00%</td><td>63.25%</td></tr><tr><td>Historic</td><td>43.80%</td><td>51.20%</td><td>59.58%</td><td>64.69%</td></tr></table>
<table><tr><th></th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th></tr><tr><td>CDWL volume</td><td>21,836</td><td>22,975</td><td>23,892</td><td>24,636</td></tr></table></td></tr>
<tr><td>Optometry
Annual Plan Commitment
• >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)</td><td>• Contract reform and implementation still in progress</td><td>Q2-
Sept 2023</td><td></td></tr>
<tr><td>Respiratory
Annual Plan Commitment
• 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)</td><td>• 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.</td><td>Q2-
Sept 2023</td><td></td></tr>
</table>

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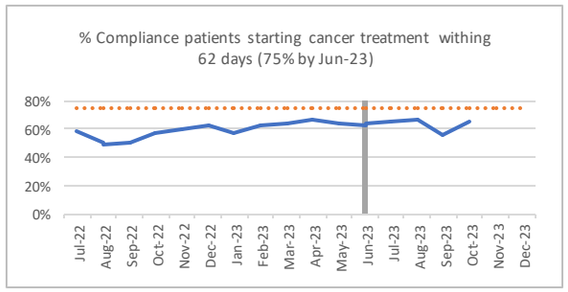
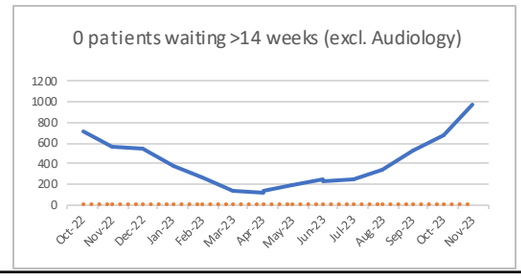
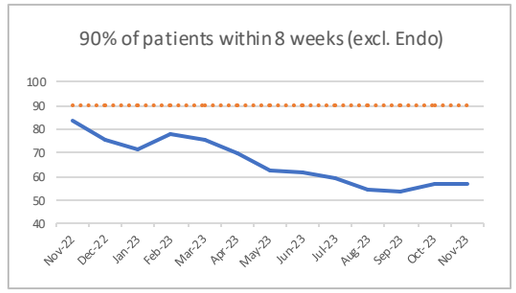
Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)	• October saw an increase in compliance with the 62 day SCP standard, with performance increasing to 64.7%. We continue to address the backlog of long waiting patients and expect an improvement for October. At the time of writing there are a total of 2307 suspected cancer patient on the SCP. 323 have waited over 62 days, of which 105 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.	Oct-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 970 patients waiting over 14-weeks for Therapy in at the end of November. In total there were 1906 patients waiting longer 14 weeks for Therapy, an increase from September.	Nov-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 8734 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of November. In total there were 13198 patients waiting longer than 8 weeks for a diagnostic test, an increase from October. • 55% of patients seen within 8 weeks in November (excluding Endoscopy), an small decrease from October. • 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.	Nov-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.	Nov-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.	Nov-23	

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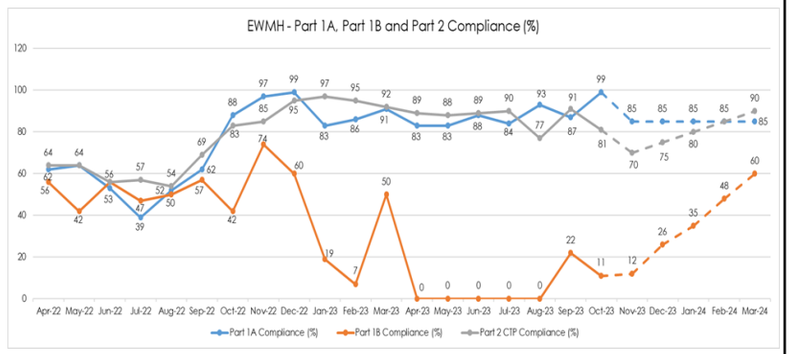
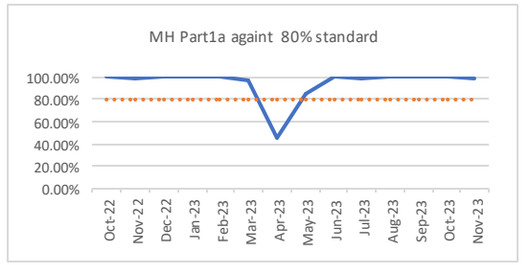
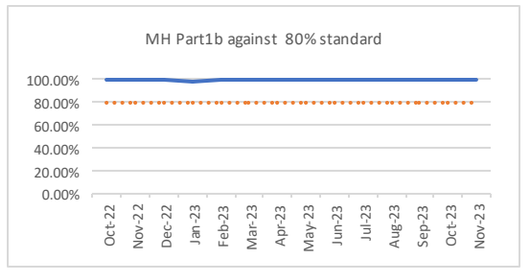
Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance remains above the 80% standard and has increased to 98% in November. Part 1b performance reduced to 7% and remains low due to additional assessments undertaken to meet Part 1a and high referral levels in June and July 23. The number waiting and longest wait for Part 1b increased last month following reductions through June to September. The number waiting over 16 weeks remains low. There have been data quality issues and a thorough 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). The module is now live and will bring improved data quality through the coming months.	Nov-23	
Adult Mental Health Annual Plan Commitments: • >80% Part 1a performance • >80% Part 1b performance	Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1550 referrals in November 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 November the percentage of Mental Health assessments undertaken within 28 days was 99.6% • Part 1b compliance remains at 100%	Nov-23	 

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	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)	Dec-23	30% (Sept 23) 100% (Mar 24)	**New 139.3%** **New Urgent 63.3%** **Historic 64.7%**	Sep-23: 99.80%, 45.10%, 43.80%; Oct-23: 113.90%, 52.80%, 51.20%; Nov-23: 130.33%, 57.00%, 59.58%; Dec-23: 139.27%, 63.25%, 64.69%
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Nov-23	Reduction by Mar 24	**724**	Aug-23: 953; Sep-23: 860; Oct-23: 938; Nov-23: 724
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-23	Increase against 22/23	**926**	Aug-23: 1035; Sep-23: 1361; Oct-23: 1348; Nov-23: 926
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	Nov-23	80%	**98%**	Aug-23: 93%; Sep-23: 87%; Oct-23: 99%; Nov-23: 98%
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	Nov-23	80%	**7%**	Aug-23: 0%; Sep-23: 22%; Oct-23: 13%; Nov-23: 9%
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	Nov-23	80%	**99.6%**	Aug-23: 100.0%; Sep-23: 100.0%; Oct-23: 100.0%; Nov-23: 99.6%
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	Nov-23	80%	**100%**	Aug-23: 100.0%; Sep-23: 100.0%; Oct-23: 100.0%; Nov-23: 100.0%

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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	Dec-23	65%	**56%**	Sep-23: 52% | Oct-23: 53% | Nov-23: 52% | Dec-23: 56%
19.	Median emergency response time to amber calls	Nov-23	12m improvement trend	**01:05:54**	Aug-23: 01:21:44 | Sep-23: 01:12:07 | Oct-23: 01:13:33 | Nov-23: 01:05:54
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Oct-23	12m reduction trend	**20**	Jul-23: 18 | Aug-23: 18 | Sep-23: 19 | Oct-23: 20
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Oct-23	12m reduction trend	**64**	Jul-23: 70 | Aug-23: 74 | Sep-23: 72 | Oct-23: 64
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	Dec-23	95%	**64.6%**	Sep-23: 70.5% | Oct-23: 67.1% | Nov-23: 67.0% | Dec-23: 64.6%
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	Dec-23	0 (Mar 2024)	**665**	Sep-23: 803 | Oct-23: 835 | Nov-23: 518 | Dec-23: 665
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sept-23	80% (Mar 2026)	**56.6%**	Jun-23: 63.6% | Jul-23: 65.6% | Aug-23: 66.4% | Sep-23: 56.6%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-23	0 (Mar 2024)	**13198**	Aug-23: 11415 | Sep-23: 12246 | Oct-23: 12230 | Nov-23: 13198
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Nov-23	Improvement trend	**81.4%**	Aug-23: 82.79% | Sep-23: 80.29% | Oct-23: 80.03% | Nov-23: 81.40%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-23	0 (Mar 2024)	**1906**	Aug-23: 1373 | Sep-23: 1703 | Oct-23: 1823 | Nov-23: 1906

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	Nov-23	Improvement trajectory towards 0	**11561**	Aug-23: 11230; Sep-23: 11133; Oct-23: 11044; Nov-23: 11561
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Nov-23	Improvement trajectory towards 0	**20758**	Aug-23: 21018; Sep-23: 20646; Oct-23: 20577; Nov-23: 20758
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-23	Improvement trajectory towards 0	**42904**	Aug-23: 44993; Sep-23: 44425; Oct-23: 44166; Nov-23: 42904
31	Number of patients waiting more than 104 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	**4142**	Aug-23: 4085; Sep-23: 4054; Oct-23: 4045; Nov-23: 4142
32.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-23	Improvement trajectory towards 0	**28054**	Aug-23: 25463; Sep-23: 25541; Oct-23: 26471; Nov-23: 28054
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Nov-23	80%	**98%**	Jul-23: 84%; Aug-23: 93%; Sep-23: 87%; Oct-23: 99%
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Nov-23	80%	**22%**	Sep-23: 25%; Oct-23: 30%; Nov-23: 28%; Dec-23: 22%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-23	80%	**68%**	Aug-23: 57%; Sep-23: 63%; Oct-23: 66%; Nov-23: 68%

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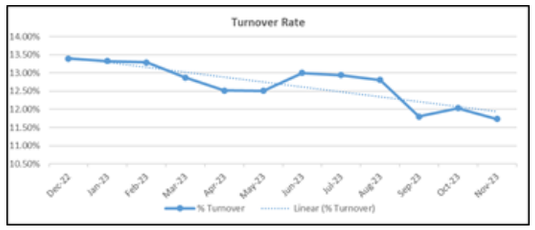
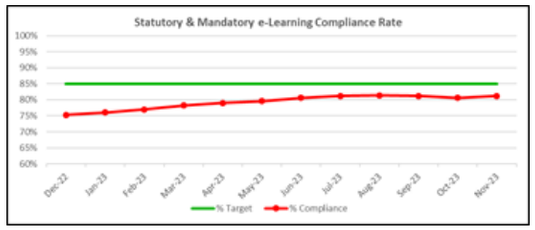
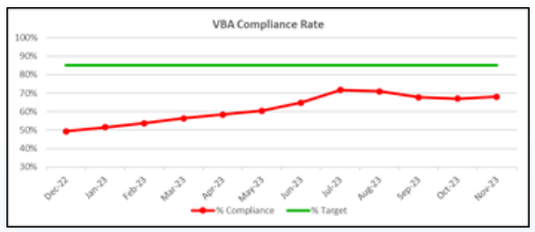
Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.7%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	15.8	17.2	15.6	
	% of theatre session utilisation	95%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	
	% in session utilisation	85%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset												
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset												
Waiting list	Total RTT waiting list volume	N/A	121687	122635	122708	126262	128670	131664	134603	135686	136185	140725	141684	
Inpatient	Delayed pathways of Care - Mental Health	217				43	39	45	36	36	31	41	36	
	Delayed Pathways of Care - non-Mental Health					204	178	171	140	124	142	150	114	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	

Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Dec-22; the rates have fallen from 13.40% in Dec-22 to 11.74% in Nov-23 UHB wide. This is a net 1.66% decrease, which represents 228 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'.	Nov-2023	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Nov-23 was 5.76% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 11 months to 6.41% (by comparison with Dec-22, which was 7.12%).	Nov-2023	
Statutory and Mandatory Training	After 2 months of declining compliance rates the rate rose for Nov-23 to 81.23%, 3.77% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target, and PCIC, Children & Women's and Corporate Executives are above 80% compliance. The compliance with Fire training has also recovered slightly, to 69.85% for Nov-23. The compliance for all of the Clinical Boards is below the 85% compliance target.	Nov-2023	
Values Based Appraisal	After reaching 71.64% in Jul-23 VBA compliance fell to 67.00% for Oct-23 There has been a slight improvement for Nov-23, to 68.10%. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has subsequently fallen to 81.43%.	Nov-2023	

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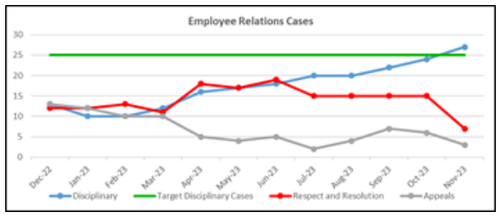
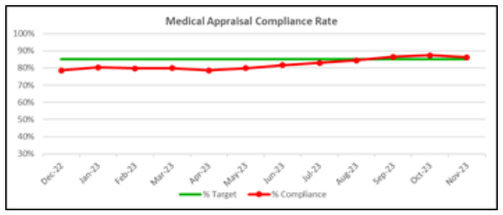
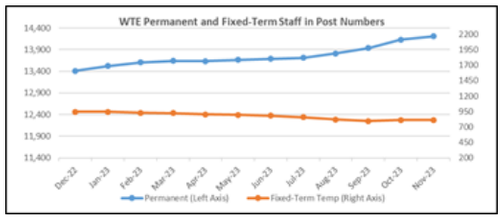
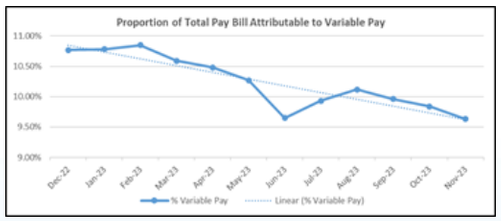
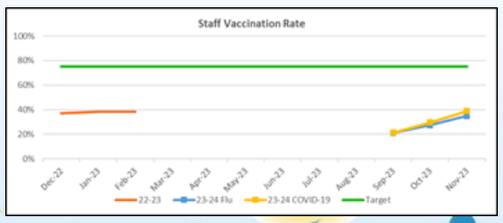
Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 9 months and has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	Nov-2023	
Job Plans	91.42% of clinicians have engagement with job planning and have a job plan in the system, however only 51.73% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Nov-2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Nov-23 the compliance was 86.25%, i.e. above the 85% target.	Nov-2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 607.23 WTE, to 15,022 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.	Nov-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 Nov-23 was 5.76%. It must however be borne in mind that the total pay bill is increasing.	Nov-2023	
Staff Influenza Vaccination Programme	The 2023-24 winter vaccination programme commenced in Sep-23. So far 35.00% of staff have received the flu vaccine and 38.89% have received the COIVD-19 vaccine, by comparison with a target of 75% vaccination. The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.	Nov-2023	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Nov-23	6%	**5.76%**	Aug-23: 6.27%; Sep-23: 6.26%; Oct-23: 6.46%; Nov-23: 5.76%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Nov-23	7%-9%	**11.74%**	Aug-23: 12.81%; Sep-23: 11.80%; Oct-23: 12.03%; Nov-23: 11.74%
38.	Agency spend as a percentage of the total pay bill	Nov-23	12 month reduction trend	**1.28%**	Aug-23: 2.42%; Sep-23: 1.54%; Oct-23: 1.35%; Nov-23: 1.28%
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)	Nov-23	85%	**69.20%**	Aug-23: 71.82%; Sep-23: 69.00%; Oct-23: 68.29%; Nov-23: 69.20%

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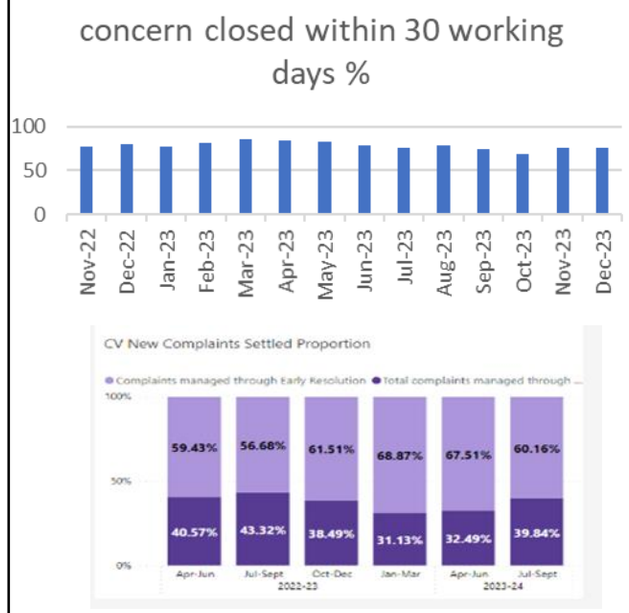
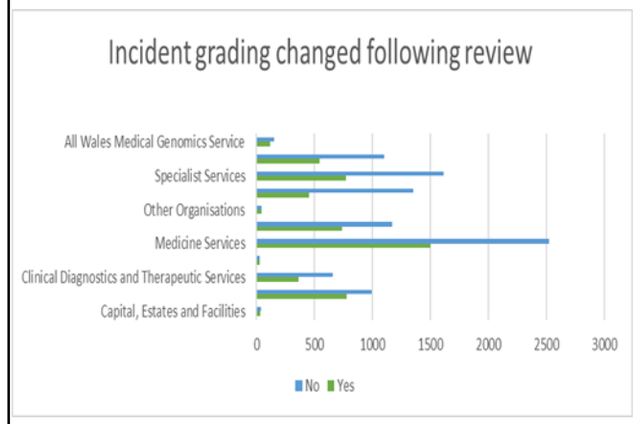
Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** • During November and December 2023, the Health Board received : • 583 Concerns • Closed 582 concerns • 76% closed within 30 working days (including Early Resolution) • 36 % closed under Early Resolution (within 2 days including day of receipt) • 180 Enquiries • 55 Compliments We currently have 263 active concerns Top 3 themes and trends 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment	November and December 23	
Duty of Candour	• 19,052 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 78 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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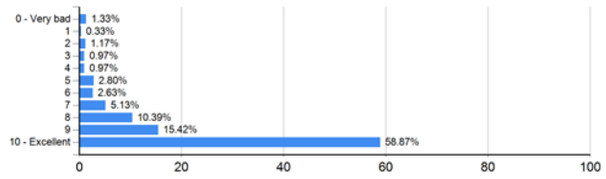
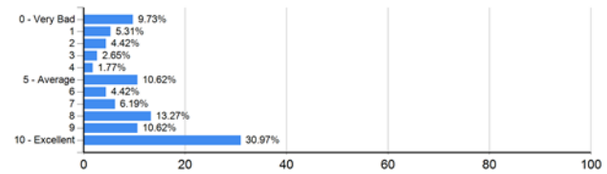
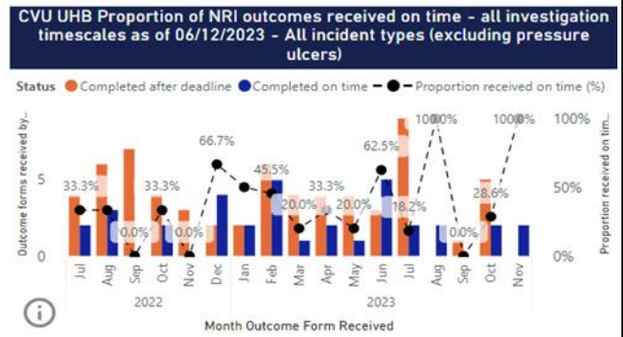
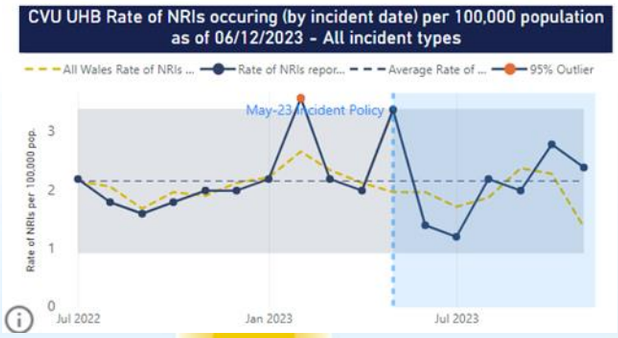
Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• Went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. As of the end of November 2023, we have sent 128,508 texts and are seeing a response of 18%. • In October, we sent 13,461 texts and had 2280 completions (17% response). • In November, we sent 14,005 texts and had 2254 completions (16% response*). • Of those respondents who were discharged during October/November 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.	Nov/Dec-23 (Random) Nov/Dec-23 (EU)	 
Patient Safety	During December 2023, 2263 patient safety incidents were reported. Pressure damage was again the highest reported patient safety incident category, followed by accident injury (falls). <u>NRI performance December 2023</u> • Number of open NRIs – 95 • Number of NRIs reported – 24 • Number of outcomes form submitted – 7 • Number of overdue NRIs – 34 November and December have been high NRI reporting months for C&V, the number of open NRIs increased from 78 in November to 95 in December. 28 NRIs were reported to NHS Exec in November and 24 in December; Medicine and Surgery were the highest reporting Clinical Boards in December with 7 and 8 new NRIs submitted respectively. The change in NRI reporting to include MBRRACE criteria and additional concerns raised via the ME has accounted for some of this increase. Closures submitted in this month were lower than in previous months. <u>Incident Queues</u> There are 5153 incidents which have been open for more than 90 days which does not reflect a timely incident management process. The figure in November was 4832. The top chart shows the number of patient safety incidents not reviewed by an incident manager within 30 days of reporting. This is also an increasing trend month on month which presents a concern as the risk contained within them is unknown. Work will be undertaken by the patient safety team to support clinical boards in reviewing and closing patient safety incidents in Q4 with an aim to reduce overdue incidents by 25%.		 

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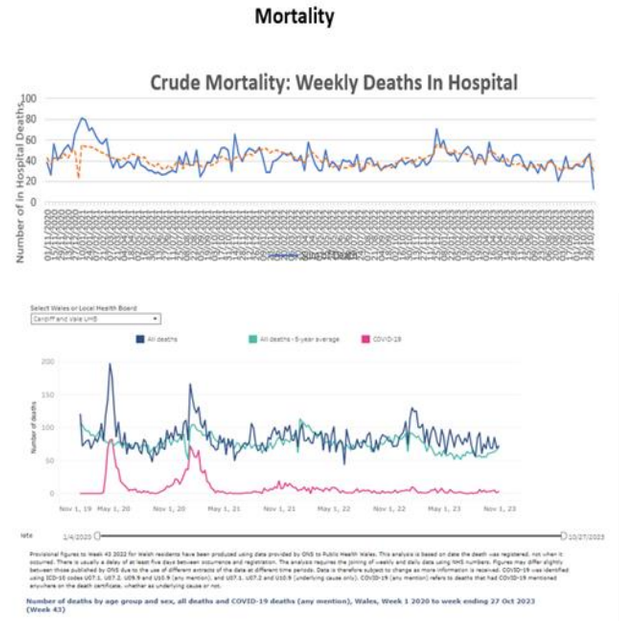
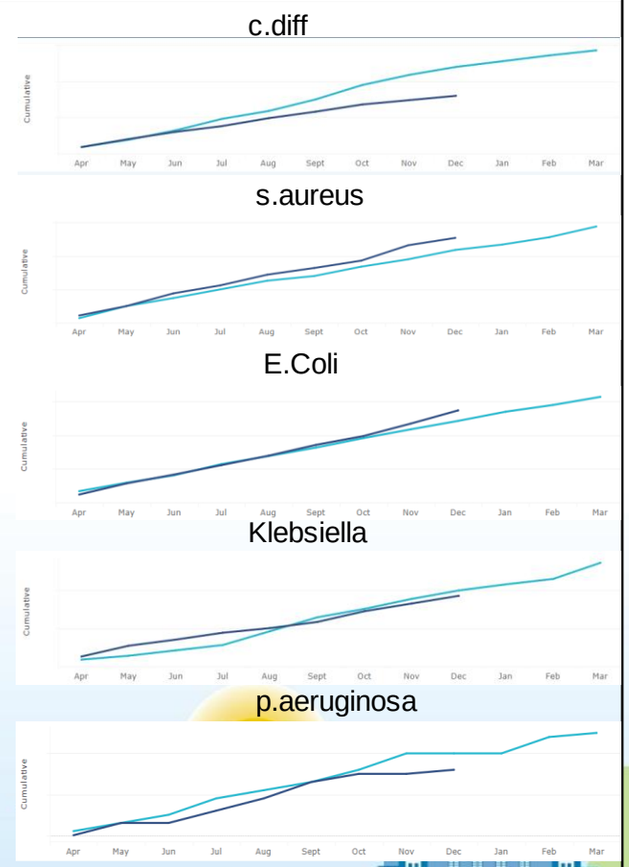
Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	Inpatient Mortality The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period. Close to 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner who then refer cases back to the UHB where further consideration of any elements of care is required. Approximately 33% of ME cases in UHW and 38% of cases in UHL are referred back to the UHB. This compares to national rates of between 16%- 64% from hospital sites across Wales and an average referral rate of 46.6% in quarter 1 of this financial year All Cause Mortality Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.		
Infection Control	• Between April '23 and Dec '23 there 80 cases of **C'difficile**. The current rate is **21.10 cases for 100,000 population** which is **33% lower than the equivalent period in 2022/23**. The RE rate is 25.00 cases per 100,000 population, the current CAV rate is **16% below the RE**. CAV is currently **on trajectory** to achieve the reduction expectation whilst also having the lowest rate across the 6 acute UHBs • Between April '23 and Dec '23 there 127 cases of **SAUR bacteraemia**. The current rate is **33.50 cases for 100,000 population** which is **18 more cases than the equivalent period in 2022/23**. The **RE rate is 20.00 cases per 100,000 population**, the current CAV rate **is 68% higher than the RE**. CAV is **not on trajectory** to achieve the RE and has the 2nd highest rate across the 6 acute UHB's • Between April '23 and Dec '23 there 277 cases of **E.coli bacteraemia**. The current rate is **72.02 cases for 100,000 population** which is **14% higher than the equivalent period in 2022/23.** The RE rate is **67.00 cases per 100,000 population**, the current CAV rate is **12% higher than the RE**. CAV is **not on trajectory** to achieve the RE and has the 3rd lowest rate across the 6 acute UHB's • Between April '23 and Dec '23 there 16 cases of **P. aeruginosa bacteraemia** which is **20% less than the equivalent period in 2022/23**. The RE is 18 cases, the current CAV number is **32% less than the RE**. CAV is currently **on trajectory** to achieve the RE and has the 3rd lowest rate across the 6 acute UHB's • Between April '23 and Dec '23 there 92 cases of **Klebsiella sp**. Bacteraemia which is **9% less than the equivalent period in 2022/23**. The RE is 58 cases, the current CAV rate is **22% higher than the RE.** CAV is **not on trajectory** to achieve the RE and has the 2nd highest rate across the 6 acute UHB's.	Apr-23 – Dec-23	

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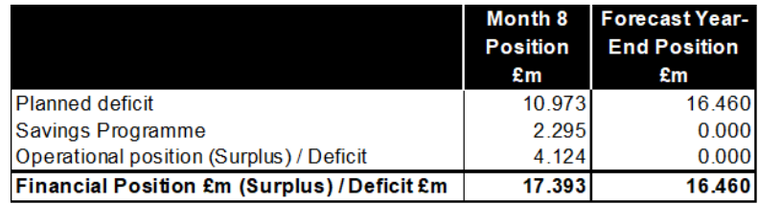
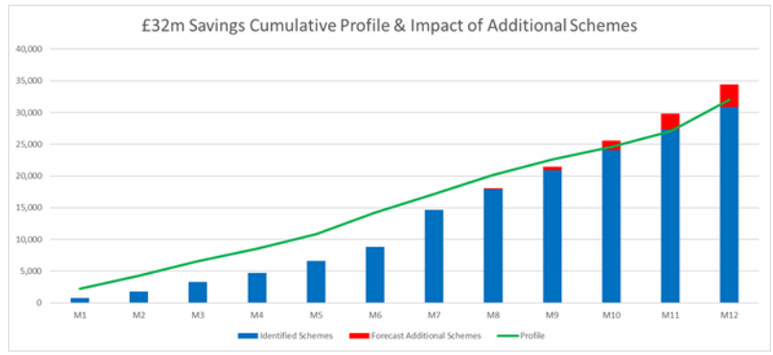
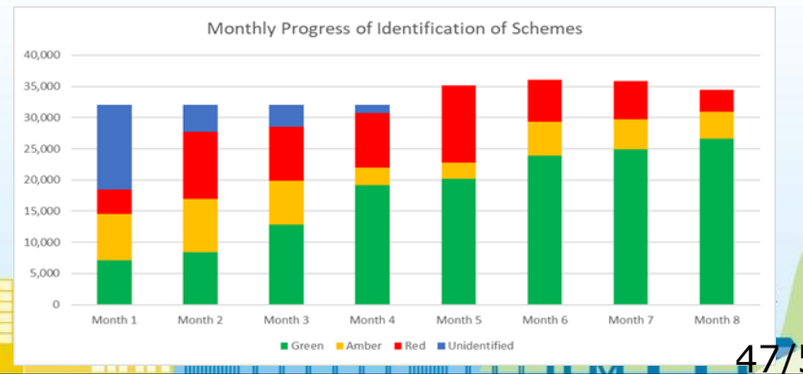
Priority	Performance Summary	Reported Period	Data
Deliver 2023/24 Draft Financial Plan	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £40.3m • Covid Consequential costs of £34.2m & Additional energy costs of £11.5m • 23/24 Demand and cost 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 8, the UHB is reporting an overspend of £17.393m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £10.974m (eight twelfths of the revised forecast year end deficit of £16.460m).	Nov-23	
Delivery of recurrent £32m savings target	At month 8, the UHB has identified £34.462m of green, amber and red savings against the £32m savings target, however £3.572m are classified as red schemes. The month 8 position includes a Savings Programme deficit of £2.295m. The month 8 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	Nov-23	Graph 1 – Profile of Savings Delivery  Graph 2 - Progress of Identification of Schemes 

	Month 8 Position £m	Forecast Year-End Position £m
Planned deficit	10.973	16.460
Savings Programme	2.295	0.000
Operational position (Surplus) / Deficit	4.124	0.000
Financial Position £m (Surplus) / Deficit £m	**17.393**	**16.460**

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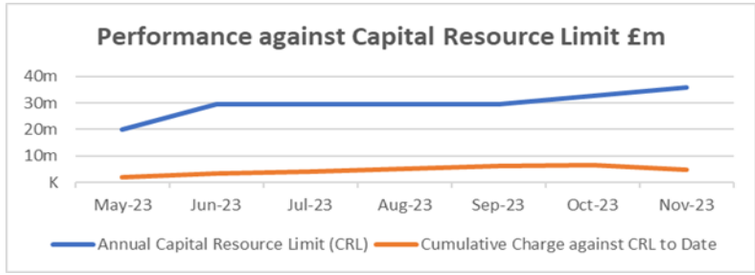
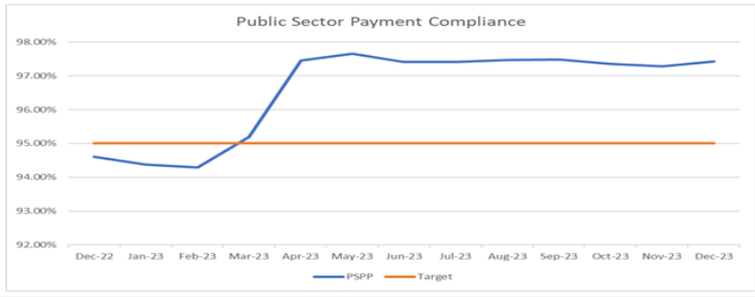
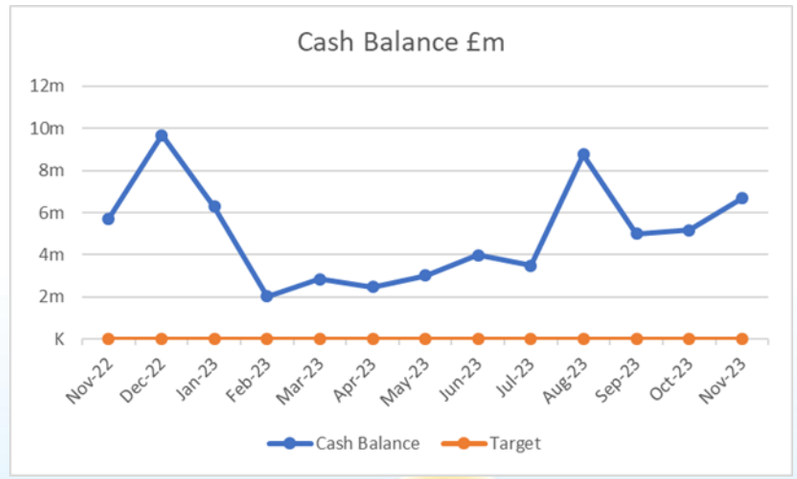
Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Nov-23	
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of December was **97.42%** and improvements are illustrated in the graph to the right.	Dec-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 £16.460m revised 2023/24 forecast deficit. Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.	Nov-23	
Maintain Positive Cash Balance	The closing cash balance at the end of November 2023, was £6.682m. 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 of 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 £82m @ month 8 (includes the 2023_24 pay award & Covid allocations)) Discussion is ongoing with Welsh Government to provide cash support for these these	Nov-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)*	Nov/Dec-23	Month on month improvement	↑ **4993**	

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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*	Dec-23	*Klebsiella sp* - 58 *P. aeruginosa* – 18	**92** **16**	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)	Dec-23	***E. coli*** – 67 cases per 100,000 population ***S. aureus*** – 20 cases per 100,000 population	**72.07 cases per 100,000 population** **33.50 cases per 100,000 population**	Not 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	Dec-23	25 cases per 100,000 population	**21.10 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	Nov-23	0 (Mar 24)	**1740**	Aug-23: 1728; Sep-23: 1810; Oct-23: 1853; Nov-23: 1740
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	↑ **5,153**	

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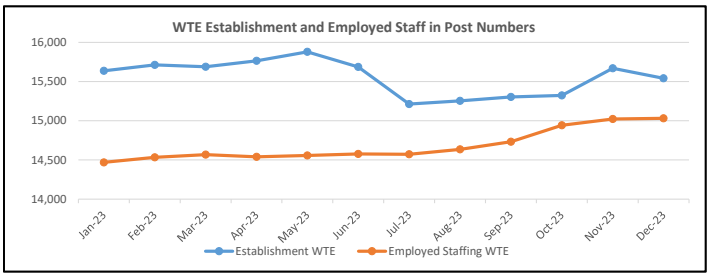
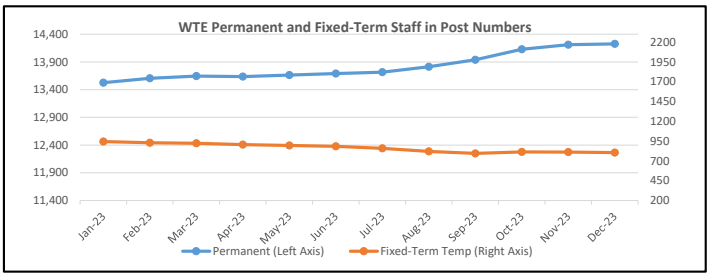
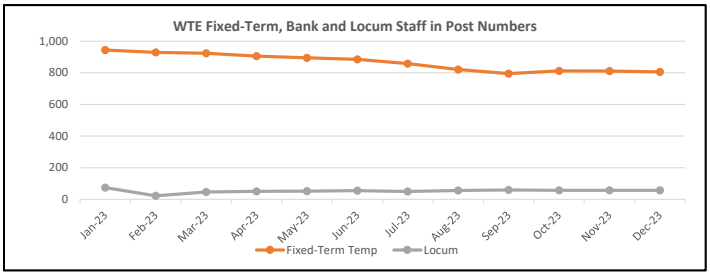
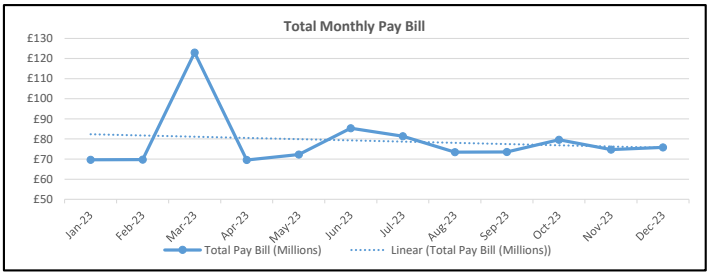
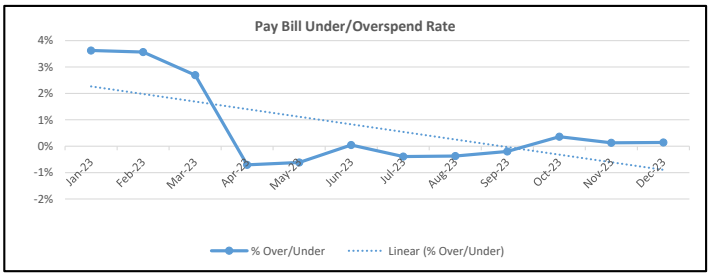
Workforce Key Performance Indicators Trends December 2023

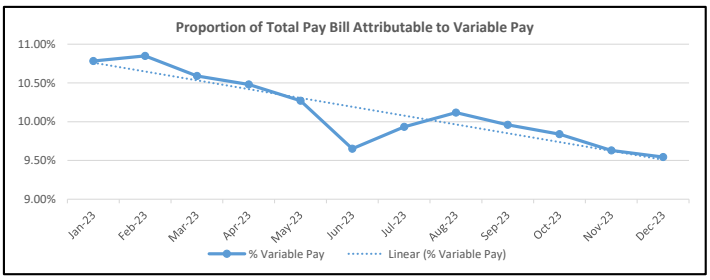


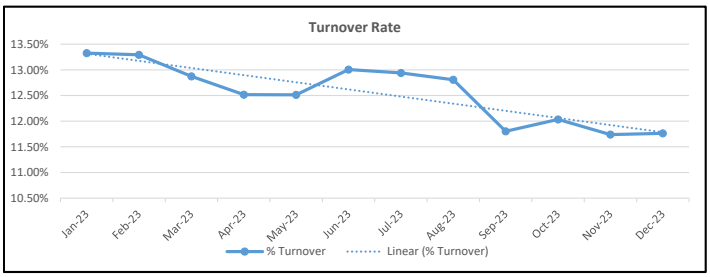


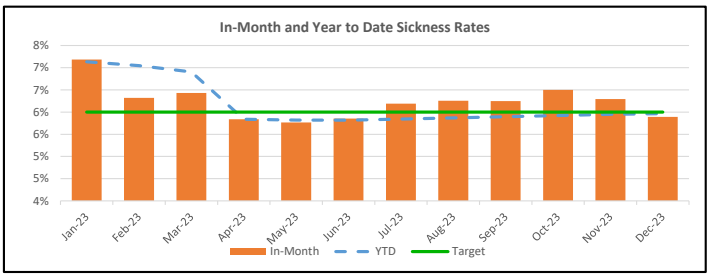


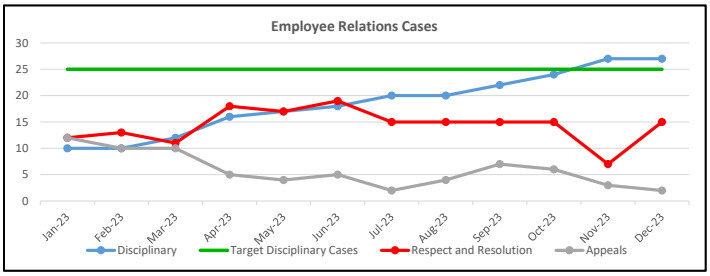


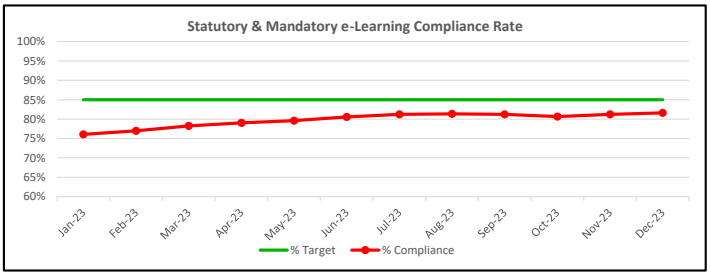


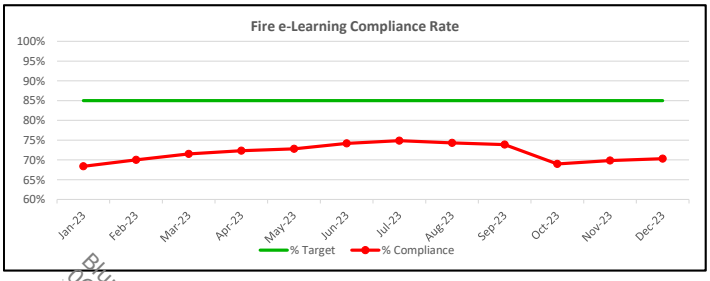


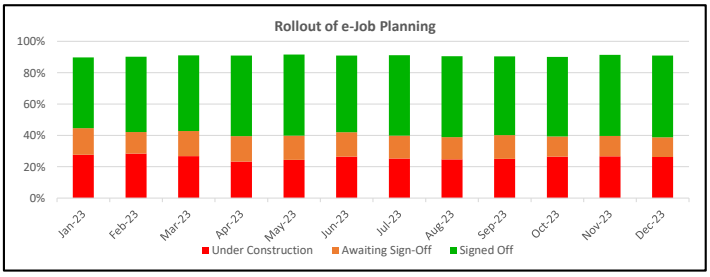


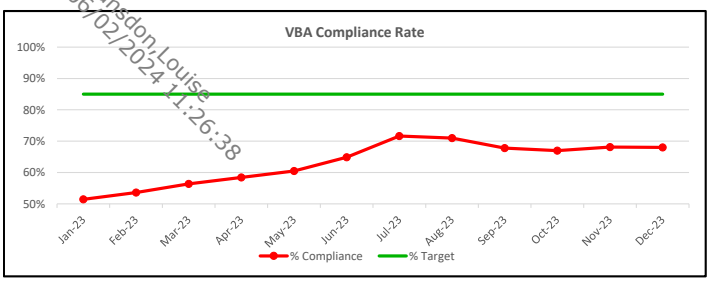


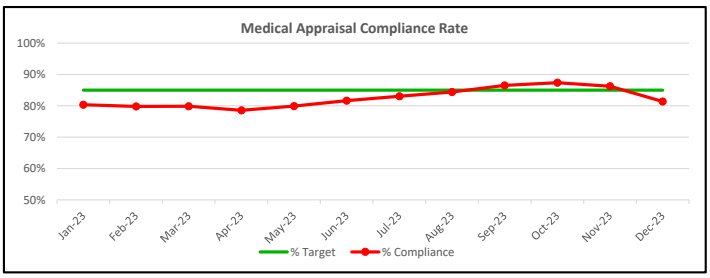












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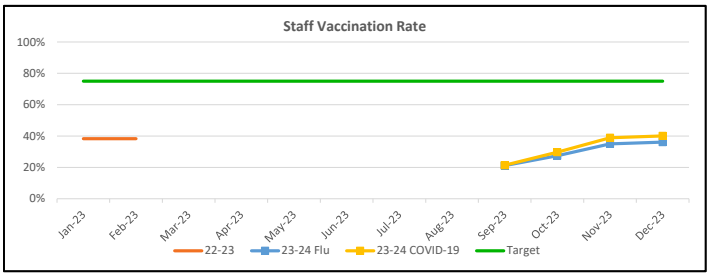

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MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 22 NOVEMBER 2023 VIA MICROSOFT TEAMS

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
Katrina Griffiths	Head of People Services

In attendance:

Abigail Dodwell	Senior People Services Advisor
Paul Jones	E-Rostering Manager

EPSG 23/037 WELCOME AND INTRODUCTIONS

Peter Hewin (PH) welcomed the group.

EPSG 23/038 APOLOGIES OF ABSENCE

Apologies for absence were received from Mitchell Jones and Steve Gauci.

EPSG 23/039 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 27 September 2023.

EPSG 23/040 ACTION LOG

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

EPSG 23/041 ROSTERING PROCEDURE

Rachel Pressley (RP) presented the Rostering Procedure, she had worked on this with Paul Jones (PJ), Rhian Wright (RW) and Janice Aspinall.

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RP reminded the group that this procedure had been brought to the last meeting but had not been approved as additional work was required. Following this discussion a meeting had taken place to address concerns around the tone of the document and reference to

other policies and procedures. The procedure had also been aligned to the All Wales Approach to flexible working.

RP highlighted the main sections of the procedure including responsibilities, principles, how to create a roster, flexible working etc.

The main points discussed during the meeting were as follows:

- Section 1.4 and 1.5 Responsibilities – PH commented that they welcomed the reference to staff wellbeing being mentioned in the responsibilities. However it was felt that this should come from the top down not just the responsibility of managers and senior managers, but that the Board should be concerned about staff wellbeing as well as Executive Directors and it should be referenced in everyone's responsibilities.

  RP advised that this could be done.
  ACTION: Rachel Pressley

- Section 4.5. Time off in Lieu (TOIL) - PH advised that it was felt that this section was a little misleading, it gives the impression that additional hours worked would be given as Time off in lieu (Toil) when there is contractually the option of overtime unless the individual elects to take toil. PH suggested removing the words 'only when' in the last sentence as this was misleading as it implies that the only way they can be paid for their additional hours is if they have been prevented from taking Toil. That would only be correct if they opted to take toil in the first place.

  RP suggested changing the title to section 4.5 to Additional hours. RP and PJ agreed to will look at wording of paragraph to include more information on overtime.
  ACTION: Rachel Pressley and Paul Jones

  Mathew Thomas (MT) suggested adding in that the manager and individual should agree whether the time is taken as overtime or Toil.
  ACTION: Rachel Pressley

- Section 5 Breaks – PH asked if there is a specific procedure on Breaks that should be reference in this section. RP advised that this had been incorporated into the Working Times Procedure.

  There was some confusion around when it is the individual's responsibility to ensure a break is taken. It was agreed that the sentence would be re-worded to say that if the individual is not supervised it is their responsibility to take an adequate break period. It was also suggested that this be separate points to make it clear.
  ACTION: Rachel Pressley

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- Section 6 Rostering Efficiency - PH asked for reference to be made to the Principles to move staff in Exceptional Circumstances to Maintain Patient Safety document. RP agreed to add this to the section on documents to read alongside this procedure.
  ACTION: Rachel Pressley

- Section 6.1 Utilisation of Hours – PH expressed concern that the redeployment of staff to utilise hours should not be happening regularly and asked how regularly this would be reviewed. PJ agreed and advised that the deployment of staff must be reviewed as part of the 6 monthly establishment review to ensure fairness and equity.
  ACTION: Rachel Pressley

- Section 6.2 Unfilled shifts – PH felt that the Senior Manager must approve the request for temporary staffing was vague it was agreed to amend this to state that the Roster Manager must ensure they know who is responsible for authorising this.

- Section 7 Performance Management – PH referred to the statement that rosters should be reviewed periodically, PJ confirmed that Rosters were reviewed each month prior to them being published. It was agreed that reviews should happen every 6 months and this would be clarified.

- Section 8 Concerns – MT suggested that this should read that any concerns by staff be escalated in line with Respect and Resolution Policy as appropriate. Instead of handled informally by Roster Manager, it was agreed the word handled would be removed and replaced with "concerns should be discussed with Roster Manager initially if not resolved escalated in line with Respect and Resolution Policy".

It was agreed that amendments will be made and shared with sent to Rhian Wright and Peter Hewin to be approved.

The EPSG **APPROVED** the Rostering Procedure subject to the amendments as discussed, with a one year review period.

EPSG 23/042 RELATIONSHIPS IN WORK PROCEDURE

PH commented that this was a new policy and starting from scratch and that the primary aim is trying to protect the organisation from risk of professional damage and protect individuals from allegations of nepotism.

Abigail Dodwell (AD) presented the Relationships in Work Procedure, which she had worked on with PH this had been brought to the previous meeting, however it was felt that additional work was required at that time.

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The subsequent amendments are as follows:

- Removed repeated language around the disciplinary policy.
- Objectives switched around so employees are aware of implications that may arise and then listed the process and how that can be navigated.
- Aim amended to solidify that procedure is first and foremost a two way process to support both staff and the organisation.
- Values and behaviours incorporated
- Additional support e.g Unions has been referenced throughout.
- Reference has been made to support provided by Equity and Inclusion e.g. for staff in a same sex relationship who don't feel comfortable sharing information with management.
- Emphasis and more formal wording for staff who have a pre-existing relationship with a patient, or what happens if a relationship with client and employee happens. It was felt that this would need to be more formal as there are implications with professional bodies etc.

EPSG discussed the procedure and noted the following:

Section 3 Definitions, it was agreed that 3.1 and 3.2 should be merged and to add the sentence "Potential situations where a close personal relationship may expose employees to actual or perceived conflict of interest or bias includes.

MT commented on the EHIA and suggested that My Health Passport should be referenced.

The EPSG **APPROVED** the Relationships Procedure subject to the amendments as discussed. A review period of 1 year as this is a new procedure

EPSG 23/043 REDEPLOYMENT PROCEDURE

Rachel Flay (RF) noted that further to the last meeting there were three action points that needed to be address and some amendments have been made since.

As requested legal advice was sought around notice periods. Following discussion with the People Service Team it had been agreed that the status quo would remain, however if further legal advice is received this will be reviewed again.

Following discussion at the last meeting the Trial period had been amended to between 12 to 4 weeks, so if 12 weeks is needed it will be utilised, however if managers don't feel 12 weeks is required the individual and can be made permanent sooner after 4 weeks.

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With regard to the action of Pre employment checks it is the managers responsibility to ensure employment checks are completed. In order to do this they would need to be set up as a referring manager on the new system OPAC for Occupational Health Clearance, People Service can support with this process. Other pre-employment checks would be dependant

on the nature of the role and what is required e.g. DBS checks. This would be on a case by case basis.

Nicky Bevan (NB) advised that there is a new process if the job has not gone out through Trac and the manager would need to register for recruiting access, if gone out through Trac don't need to if doing recruitment themselves need to register with Occupational Health. Information will be put onto share point.

RP signpost for managers who aren't sure what appropriate employment check is to contact People Services.
ACTION: Rachel Flay

The Redeployment Procedure was **APPROVED** subject to the amendment agreed above.

EPSG 23/044 ANY OTHER BUSINESS

PH asked for consistency going forward on whether names or job titles should be sued on policies/procedures and EHIA's

EPSG 23/045 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Wednesday 17 January 2024 at 10am (staff pre-meet 9am).

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