Local Partnership Forum

Thu 11 April 2024, 10:00 - 12:00

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

Agenda

10:00 - 10:02 (2 min)

1. Welcome and Introductions

Dawn Ward

10:02 - 10:04 (2 min)

2. Apologies for Absence

Dawn Ward

10:04 - 10:06 (2 min)

3. Declarations of Interest

Dawn Ward

10:06 - 10:08 (2 min)

4. Minutes of the Meeting held on the 8th February 2024

Dawn Ward

- 4. LPF minutes 08.02.24.pdf (9 pages)

10:08 - 10:10 (2 min)

5. Action Log

Dawn Ward

- 5. LPF action log 08.02.2024.pdf (2 pages)

10:10 - 10:30 (20 min)

6. Chief Executive's Report

Verbal Update *Suzanne Rankin*

10:30 - 11:00 (30 min)

7. Staff Survey

Claire Whiles

- 7. Staff Survey Paper for LPF.pdf (7 pages)
- 7.1 Appendix 1 Staff Survey Dashboard - All Wales NHS 2023.pdf (25 pages)
- 7.2 Appendix 2 Staff Survey Dashboard 2023 - Cardiff Vale UHB.pdf (25 pages)
- 7.3 Appendix 3 Healthy Working Environments Negative Experiences with numbers.pdf (1 pages)

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11:00 - 11:20 (20 min)

8. Non Pay element

Lianne Morse

11:20 - 11:45
25 min

9. Integrated Performance Report

Claire Beynon Jason Roberts Rachel Gidman Paul Bostock and Catherine Phillips

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

9. Integrated Performance Report March 2024 v0.31.pdf (33 pages)
9.1 Appendix 1 WOD KPI Report Feb-24.pdf (6 pages)

11:45 - 11:47
2 min

10. Local Partnership Forum Annual Report

10. LPF Annual report 23-4.pdf (15 pages)

11:47 - 11:49
2 min

11. Workforce Partnership Group Annual Report

11. WPG Annual Update 23-4.pdf (2 pages)

11:49 - 11:51
2 min

12. Local Partnership Forum Workplan

12. LPF Work Plan 2024-25.pdf (3 pages)

11:51 - 11:53
2 min

13. Staff Benefits Group Report

13. Staff Benefits Group Report March '24.pdf (4 pages)

11:53 - 11:58
5 min

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

Dawn Ward

11:58 - 12:00
2 min

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

Dawn Ward

12:00 - 12:00
0 min

16. Future Meeting Arrangements

Thursday 13th June 2024 at 10am via MS Teams, with a staff pre-meet at 8:45am.

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 8th February 2024 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-Chair)
Peter Hewin	BAOT/UNISON (Deputising as Co-chair)
Bill Salter	UNISON
Fiona Salter	RCN
Suzanne Rankin	Chief Executive
Claire Beynon	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
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Matt Phillips	Director of Corporate Governance
Andrew Gough	Deputy Director of Finance
Janice Aspinall	UNISON
Jonathan Strachan-Taylor	GMB
Mathew Thomas	UNISON
Julia Davies	UNISON
Lorna McCourt	UNISON
Rhian Wright	RCN
Robert Warren	Head of Health and Safety
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Jason Roberts	Executive Nurse Director
Emma Cooke	Deputy Director of Therapies and Health Sciences
Karina MacKay	BDA
Katherine Davies	RCN
Zoe Morgan	CSP

In Attendance

Geoff Walsh	Director of Capital, Estates and Facilities
Ashleigh O'Callaghan	Head of Strategic Planning

Apologies

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Lianne Morse	Deputy Director of People and Culture
Abigail Harris	Executive Director of Strategic Planning
Julia Davies	UNISON
Catherine Phillips	Executive Director of Finance
Sarah Hill	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Ceri Dolan	RCN
Rebecca Christy-Harrold	BDA

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Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

LPF 24/001 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. RG welcomed Claire Beynon to her 1st LPF meeting as the Executive Director of Public Health.

RG gave recognition and acknowledged the passing of Joe Monks. Peter Hewin (PH) also recognised the contribution he made as a Trade Union representative on behalf of staff side.

LPF 24/002 DECLARATIONS OF INTEREST

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

LPF 24/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 12th December 2023 were agreed to be an accurate record of the meeting with the following exception:

RG requested to strengthen the sentence on page 7 which referenced the Staff survey to reflect the requirement for HEIW to look at anonymising the staff survey further.

LPF 24/004 ACTION LOG

The action log was noted and the following update provided:

LPF 23/056: Mathew Thomas (MT) requested an update following the allocation of lead reps to each of the People and Culture Plan themes as no further information has been received.

Jonathan Pritchard (JP) apologised for the lack of communication and explained that the workplan is still under development. He explained that there were now 3 themes. In response to a question about the number of themes, Rachel Pressley (RP) advised that the Equity and Inclusion theme had been incorporated into the other 3. As the activities and deliverables attached to this theme were explored, it became apparent that it would become owned by the EDI team instead of shared ownership. RP clarified that we haven't got rid of anything apart from the title, ensuring the activities and deliverables are weaved through all the other themes. Further discussion will place at the Workforce Partnership Group meeting as the People and Culture Plan is scheduled as an agenda item.

LPF 23/069: Rhian Wright (RW) noted that the video used on the job pages of the C&V website is still there and queried the time frame for taking it down. JP commented that discussions have taken place with the Communications team and there are a number of ideas for the new video. Joanne Brandon (JB) added that the current video on the webpage is one of many and reiterated that we have over 11,000 pages on the website and they all have different ranges of people. JB reassured the forum that work is taking place as part of the People and Culture Comms and Engagement plan, which puts forward a package of how we can reach out to different audiences for different reasons. As part of our recruitment drive we are updating all of those videos. JB offered to discuss with RW outside of the meeting.

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PH suggested adding a time line to the actions noted on the Action Log in order to improve efficiency and reduce the time spent during this meeting reopening previous discussions. RG agreed.

Action: LB

LPF 24/005 CHIEF EXECUTIVE'S REPORT

The CEO report was delivered by Suzanne Rankin (SR). Key points included:

- SR gave thanks to staff for their contribution and efforts over recent months. SR referenced the number of challenges and issues faced including the operational challenges of Winter, the issues around workforce morale, industrial action and the economic challenge. Despite these issues we are delivering our ambition or at the very worst delivering beyond what is being seen in many other places in Wales.
- SR referenced the encouraging conversations held with colleagues over the Christmas and New Year period around their experience of working in the organisation, how it is felt things are improving and that this is the best Winter experienced for some years.
- Financial Challenges - a period of planning is required to enable us to have a plan next year that fulfils the ask from Welsh Government and meet the control target of £16.5 million deficit. The periods of Industrial Action from Junior Doctors has brought a financial cost that was not anticipated. There is an additional cost of approx. £1m for every three days of industrial action. SR noted the organisations understanding of a colleagues' right to strike.
- Healthcare and demand – The Winter has been busy in terms of flu as there have been hospitalisations. There is a concern around Measles and there was an outbreak in Cardiff before Christmas, a significant outbreak in the West Midlands and further outbreaks are anticipated. SR encouraged everyone to take the opportunity to attend the pop up clinics to receive MMR if not already had one alongside COVID and flu vaccination. Our vaccination uptake rates in all arenas are poor, staff uptake for COVID and Flu is in the region of 40% which is disappointing. Significant operational pressures will be felt if we start to see colleagues in the acute and emergency pathway.
- Infrastructure – A huge amount of work has taken place over the last 12-18 months including work underway on electrical resilience and the improvements to the tunnels. A lot of work is taking place behind the scenes as opposed to new buildings and facilities. However, conversations are continuing with the Welsh Government about creating a plan that looks credible and can deliver new infrastructure.
- Staff survey – Despite good efforts, the return rate is approximately 22%. We continue to try to build trust in the process and will await the results on the 19th February. These will be published so we can examine the findings together and understand what is needed.

FS queried the issues around vaccines and whether the amount of adverse information online regarding vaccine safety has had an impact and what are we doing to counter the misinformation and encourage uptake. Claire Beynon (CB) agreed that there is misinformation around all of the different vaccines but there is a new World Health Organisation tool to look at misinformation which has been shared with colleagues. CB also added that care is needed when trying to counteract so as not to encourage more conversation. CB explained we have a big campaign with regards to Measles to try and counteract some of the messages that you might see. JB added that when the Health Board are made aware of posts the inaccuracies within them are reported. JB also reiterated the importance of proactively encouraging people to only look at official NHS sources that we have for information

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In relation to staff uptake of vaccinations, MT asked if mobile walkabouts would be possible. CB confirmed there is an offer at the mass vaccination centres for all staff so they can walk in and have

their Flu, COVID or MMR. In addition, there will be more outreach work taking place as the Operational Directors from each Clinical Board will have the opportunity to link in with the Vaccination team to determine what is required within their areas. CB explained they have looked at the data in relation to the update of Flu and COVID from this year and identified greater uptake at the start of the season at the clinics but demand dropped off when the offer was moved to the vaccination centres. For next year, our idea is to make access to the vaccinations easier for the community and also for staff.

RG suggested for the lead reps to link in with the Directors of Operations if they are aware of staff in their areas who have raised this issue with them.

Katherine Davies (KD) asked if the data included staff who have been vaccinated elsewhere. CB explained there is a Welsh immunisation system and for COVID & Flu, we can see who's been vaccinated regardless of where they've been vaccinated, unless it's in a different Health board area. CB added they are aware more is required in relation to uptake. KD commented that a lot of staff don't live within Cardiff so we will be missing out on the data for a lot of people.

MT commented on the staff survey uptake and reminded the forum of the importance of communicating back to staff the outcome and what has been achieved in order to realise greater uptake of the survey in the future. SR agreed with this point and explained the importance of sharing the results. RG added that the staff survey will be annual and is a foundation to build on. Claire Whiles is leading on the cultural surveys in partnership with the Trade Unions and achieveing results of 60%, and it is hoped to learn why people feel they will engage with this survey but not so much the national one.

LPF 24/006 ESTATES PLAN

Geoff Walsh (GW) provided an update on the Estates Plan. Key points included:

- An estates strategy was delivered in 2018 and what is still relevant has been identified. The estate strategy originally focused on new buildings but the focus is now on managing the estate and the associated risks.
- A compliance team identified that the estate has approx. 25,000 engineering assets for which inspections were required throughout a 12 month period. Servicing contracts are now in place and the team are in a good position in understanding what the risks are across the estate.
- There is a comprehensive estates risk register and risks which score above 16 are monitored on a monthly basis, jointly with the Health and Safety team. Examples of some of the risks identified were given.
- Capital Risk Project – A Senior Engineer has been seconded to work on the survey report which has been developed to identify the issues, risks and mitigations. Findings are reviewed monthly and the risk process is assessed to determine if they are risks that require escalation onto the risk register or if they are operational issues.
- Estates Activity Data – a series of graphs were presented to show number of jobs received to include planned preventative maintenance and also reactive maintenance requests. There are 170 000 maintenance duties either planned or reactive on the system and are monitored every month.
- Capital investment – Funding has been received for an electrical infrastructure upgrade on the tertiary tower, refurbishment of the Mortuary at Uhw and some improvement works at

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UHL. We have also received slippage funding and are undertaking work on the tunnels at UHW.

- Funding from Welsh Government has been received for Estate Facilities Advisory Board (EFAB) and directed at the estate backlog fire and decarbonization agendas. GW referred to the £151 million worth of backlog maintenance. EFAB funding schemes were presented to the forum.

PH thanked GW for the information and noted that it is helpful to understand the broader plan and how the issues identified are prioritised. PH queried whether the senior engineer who completes the baseline work would be willing to attend a staff side meeting to go through their findings in more detail.

Action: Peter Hewin / Dawn Ward

SR stated the importance of keeping the wider team informed of the work that is being done and why it is being prioritised.

MT asked when Trade Unions can expect to see the Estates IMTP for 24/25 in order to review and have the opportunity to raise comments. GW responded that the capital plans are very much dependent upon the IMTPS that are put forward by the other Clinical Boards. GW explained there is a draft plan but it requires sign off by the Senior Leadership Board and to accept the recommendations of the prioritisation. It is hoped it will be available in the next couple of weeks.

RG asked if the draft plan could be shared with the Trade Unions. SR provided the confirmation that this document could be shared.

Action: Geoff Walsh

Bill Salter (BS) expressed a concern on Health & Safety and provided an example of where nurses have taken over a storeroom due to lack of available office space. As Estates have explained that this is not a priority for them, BS stated that if the staff have an accident in this area, it could end up costing more than the cost of completing the work initially required. BS queried the costs the Health Board are paying out as compensation claims.

GW shared BS's concerns around this and asked for further information to be provided outside of the meeting as he was not aware of any requests relating to this through the Accommodation Working Group. SR noted the challenges of space but also the importance of asking colleagues to go through the appropriate processes to ensure they are properly assessed. SR explained she signs off all of the expensive litigation and agreed to respond to the query regarding compensation claims.

Action: SR

Lorna McCourt (LM) referred to the Health and Safety Inspection at CRI and requested an update on the security of staff and their well-being and also the security of the main site. GW explained there is 1 member of security staff on a 24 hour basis and any further requirement for physical presence or security would have to would have to be considered financially. Quotations have been received for additional CCTV and is in discussion about the demolition of the Links building. A request has been made to the police for their assistance and they have increased their presence and their patrols around the site.

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LPF 24/007 COVID INQUIRY

Matt Phillips (MP) Director of Corporate Governance and the Senior Responsible Officer for the Covid Public Inquiry provided the following update:

- The Inquiry was set up in Easter 2022 and Baroness Heather Hallett was appointed as Chair.
- The Inquiry is big due to the enormous loss of life, the impact it had on many different areas, and because of the duration of the pandemic.
- The Inquiry has a significant amount of powers and is about identifying lessons learned and understanding what happened and how we could better prepare in the future. It is not there to find guilt, bring negligence or criminal charges.
- A number of modules have been set up. The first module is concerned with how prepared the country was to cope with such a large pandemic. The second module is decision making and they will be in Cardiff on the 27/2/24 looking at the decisions made by the Welsh Government. Other modules include Healthcare, Vaccines and Therapeutics, Procurement and the Care Sector amongst others.
- Cardiff and Vale UHB have already been involved with a number of these modules and specifically module 3 (Healthcare) of which the Inquiry is currently gathering evidence. The University Hospital of Wales has been approached as one of the 20 healthcare settings in the UK to provide the Inquiry with the required information.
- The Inquiry sent 46 questions and these were sent out to all parts of the organisation. This currently sits with the legal team who will turn the responses into 1 witness statement.
- The witness statement will be signed under the current Executive Director for Medicine, Professor Meriel Jenney, and her predecessor, Dr Stuart Walker who was in the post during the pandemic.

PH asked if the questions submitted by the Inquiry relates to the staff experience and if so how has this information been collected? MP explained that the Inquiry were interested in the patient experience, capacity, Infection Prevention and Control, PPE, visiting and also staff impact. The questions were made available to all the Clinical Boards who have made sure to have a broad collection of information to feed into the responses.

PH also queried to the wider group if staff can be given the reassurance that they can speak up safely and without repercussion if for instance they may be contacted for further information since the affiliated Trade Unions were invited to give evidence through the TUC on an All Wales basis. MP reiterated that the whole point of the public inquiry is to seek the truth and gather as much information to ensure lessons are learned and that we are better prepared as a country and as an organisation. The message is that people need to be honest and if this doesn't reflect well on the organisation it will still need to be documented as this is the purpose of the Inquiry. Care will be taken to ensure we do not criticise other public bodies where we cannot evidence it.

SR requested that colleagues are reassured as the likelihood of any colleagues being called to give witness in the public Inquiry is low. It is likely that Prof M Jenney, one of the other Executives or herself will be asked around the political and policy approach. SR noted that there may be implied criticism from the evidence given, policy or Government approach but in order to get to the truth, we have to tell the truth. The anxiety that colleagues express is shared at many levels but we have to understand the purpose of the Inquiry is to learn.

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Action: RP to share with the TU reps the responses received and submitted to the legal team.

LPF 24/008 IMTP UPDATE

Ashleigh O'Callaghan gave an update on the process with the IMTP and noted that there was a collective agreement at the Senior Leadership Board on an organisational plan with a smaller number of priorities. The plan is due for submission to Welsh government in March.

Key focus of the plan for next year include:

- Value and sustainability and balancing the ambition to give high quality care and providing the best outcomes which is cost effective and gives the best value.
- To deliver the strategy with a key focus on delivering quality services through our Shaping our Future quality excellence programme and embed quality through the organisation and develop a quality management system.
- Digital transformation – a focus on implementing some key digital enablers eg EPMA, the Electronic Prescribing Medicines Administration, digitised in cellular pathology and recognising that our digital maturity in the organisation is quite low. A proposal to Welsh Government to improve our basic digital capabilities.
- Estates plan will be reflected in the annual plan with the key risks identified and how they will be addressed.
- Prevention and working with our partners to increase our community capacity. For example, through the implementation of the Safe at Home model and enhancing the community nursing models. There is a Diabetes programme which will look at diabetes from prevention through to secondary care and the model will be applied to other pathways.
- Delivery priorities will include urgent care with a particular focus on stroke improvement, planned care and reducing waiting times. One of the key enablers to this is the high volume low complexity unit in Llandough, a focus on mental health, a focus on children and women and specialist services. These all align with the ministerial priorities.
- Workforce is a critical enabler and there will be a deeper dive on the workforce plan at a future session.
- Communications and engagement has taken place on the strategy development and there will be individual service developments within the plan that will require deeper engagement and the usual engagement process will take place with staff.

RG posed a question to the Trade Union colleagues, asking if they feel they receive enough partnership working as the lead reps in the Clinical Boards with the IMTP process. PH responded he does from the Mental Health Clinical Board perspective and specifically at the early stages and end point but would welcome discussions through the process. MT agreed with PH and would welcome further involvement going through every stage to ensure understanding and provide the opportunity to express more ideas and comments.

RG proposed having a discussion with Dawn Ward around Trade Union involvement in future IMTPs and suggested a deep diver into the detail of the current IMTP.

Action: DW and AoC

LPF 24/009 BCI EVENT

Paul Bostock (PB) referred to the Paper that had been submitted on the Business Continuity Incident (7/11/23) and explained the incident was declared as a result of sustained operational pressure. PB noted the key learning from the incident as 17 key actions were identified to improve upon going forward. This included Communications as it was felt these were not managed well by Operations as it wasn't clear about what was happening and why. Internal levels of escalation and the action

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required at each level was another area identified as requiring further work. There is a Table top exercise planned for May to work through the progress made against the actions.

PH noted that during their pre meeting discussion, staff representative members had welcomed the sharing of the BCI report. PH referenced the difficulty in understanding the acronyms contained with the report but also highlighted the importance of the lessons learned and what needs to change moving forward. PH asked if there could be involvement in the Table top exercise planned for May.

PB thanked PH for his comment on the acronyms which will be worked on and agreed with the suggestion of the LPF being involved at the Table top exercise.

Action: PB

PH referenced his role as the MH staff representative and the conversations around doing things differently and how this could be done within the MH Clinical Board adding it would be beneficial if what is applied at UHW could be done at HYC. PB explained we have tried to make MH feel more part of the UHB over the last 12-18 months. There was a mental health summit in September, and we are due another one but we need to make sure we've got the right participants. PB agreed to ensuring the LPF are involved in those conversations and would welcome the support.

Action: PB

LPF 24/010 INTEGRATED PERFORMANCE REPORT

The Integrated Performance Report was received by the LPF and taken as read, with the following additional information provided:

Operational Performance

PB explained that Winter is tough and if a comparison is made to last Winter, we are doing better for our patients and the ambulance rates are being maintained. PB referenced the question asked at this meeting a couple of months ago about whether this can be sustained and the answer is yes. It is still a difficult time of the year, but he is hopeful we can get through the next few weeks and into Spring.

PB noted that we are doing really well in Stroke services, scoring an A in the SNAP data. There are still some issues around timely assessments at the front door but praised the achievement of obtaining an A when we were a D a year ago. We still need to invest in Stroke Services and this is one of the investment priorities for next year in order to deliver a sustainable stroke service to our patients.

The single cancer pathway standard is 75% and in December we delivered 70% which is the best performance on the single cancer pathway we've had. These are patients who have a confirmed diagnosis of cancer and 70% of those patients start their treatment within 62 days. This did drop in January due to the industrial action where approx. 122 cancer appointments and treatments were lost and a number of patients choose not to start their treatment over the Christmas and New Year period. At the end of December, we met the ministerial ask and less than 3% of the total waiting list of patients waited for more than 2 years. We previously had thousands of patients waiting over two years and have ended up with just under 4000 at the end of March. Although it will be very challenging, by the end of March we are aiming for no more than 1% of patients to wait this long. It is likely this won't be achieved due to the planned industrial action. We have some hotspots around

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our diagnostic waits which is an area of focus that we need to pay attention to. The number of patients waiting over 8 weeks has grown, partly because we put some of the capacity into cancer.

There is a community diagnostic hub programme being worked up which should improve mental health waits for children. A big concern for us is the demand into mental health services as there is not enough staff to be able to meet that demand. Another concern is within ophthalmology, there are 61,000 patients at the moment who, according to our systems, are supposed to have had a follow up with us and haven't had it.

Our hospitals are filling up again and this is why the last week or so has been so difficult. Number of patients in beds over 21 days is 70 more than it was. Despite the demand and constraints discussed we should be proud of the service that is provided to our patients.

People and Culture

PH raised a concern felt at the Pre-meet around the increase in Disciplinaries and R&R cases. PH referenced the functional working group set up by the Head of People Services, Katrina Griffiths (KG), around R&R and would like this concern to be reviewed within this group. PH queried whether a separate look is required at disciplinaries, the reason for the trends and what alternative there might be.

Action: RG to discuss with KG

Finance

PH reference the Finance report and queried if there is capital money that hasn't been spent. Andrew Gough (AG) explained that this figure doesn't mean there is capital money that we haven't spent, it refers to the element of the deficit that needs to be covered off.

LPF 24/010 EPSG MINUTES

LPF noted the EPSG minutes from 22 November 2023. PH requested that these are reviewed as are testament to the hard work that goes on and thanked Rachel Pressley and her colleagues for their hard work.

LPF 24/011 ANY OTHER BUSINESS

No other business was raised.

LPF 24/012 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 11th April 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 24/004	08.02.24	Action Log (matters arising)	Add a time line to the actions noted on the Action Log.	Louise Blunsdon	Rachel Gidman and Dawn Ward agreed to initiate this practice and ensure timings are stipulated during the LPF meeting. Deadlines to be added to Action Log from 11/4/24.
LPF 24/006	08.02.24	Estates Plan (matters arising)	To respond to the query (from BS) regarding compensation claims.	Suzanne Rankin	A verbal update will be provided.
LPF 24/006	08.02.24	Estates Plan (matters arising)	To provide the draft copy of the Estates IMTP for 24/25	Geoff Walsh	GW was emailed on the 5/3/24 requesting a draft copy of the Estates IMTP. A response was received from Zoe Ridden: *Ashleigh O'Callaghan is working on the IMTP, this is for the UHB as a whole. Whilst we feed into the IMTP, CEF base this off the Clinical Boards requirements.*
LPF 24/008	08.02.24	IMTP (matters arising)	To hold discussions to enhance the engagement with the current IMTP as plan progresses & to request involvement in future IMTPs at Clinical Board level.	Dawn Ward	A copy of the draft annual plan was shared on the 26/2/24 with a request for comments by 29/2. Engagement around the IMTP with Trade Unions at a Clinical Board level remains a concern. In order to combat this for next year CB Lead Representatives have

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					been asked to develop a 2024-5 workplan for the CB LPF with the Director of Operations and ensure that IMTP development / engagement is incorporated'
LPF 24/010	08.02.24	Integrated Performance Report	Concern around the increase in Disciplinaries and R&R cases to be addressed in the HWR Task and Finish Group	Katrina Griffiths	Cases and trends are currently being reviewed by the HWR group. The increase in disciplinaries are being looked into by the People Services Team.
LPF 24/003	08.02.24	Minutes of the Previous Meeting	To strengthen the sentence on page 7 of the LPF Minutes dated 12.12.23 referencing the staff survey.	Louise Blunsdon	**Complete:** Sentence has been amended.
LPF 24/006	08.02.24	Estates Plan (matters arising)	To invite the Senior Engineer (IF) to Staff Side meeting.	Dawn Ward / Peter Hewin	**Complete:** The Senior Engineer has agreed to attend a staff side meeting.
LPF 24/007	08.02.24	COVID inquiry (matters arising)	To share the responses received and submitted to the Legal team with the TU reps.	Rachel Pressley	**Complete**: People & Culture submission has been shared with Peter Hewin and Dawn Ward on the 9/2/24.
LPF 24/009	08.02.24	BCI Event (matters arising)	LPF to be involved in the Tabletop exercise planned for May	Paul Bostock	**Complete:** PB has sent the invite to LPF colleagues.
LPF 24/009	08.02.24	BCI Event (matters arising)	LPF to be involved in Mental Health Summit	Paul Bostock	**Complete**: PB has sent the invite to LPF colleagues.

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Report Title:	NHS Wales Staff Survey – Initial Results and Next Steps				Agenda Item no.	7	
Meeting:	Local Partnership Forum				Meeting Date:	11th April 2024	
Status *(please tick one only):*	Assurance		Approval		Information		x
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture						

Main Report
Background and current situation:

Background
The NHS Wales Staff Survey has run regularly in Wales since 2013, taking place in 2013, 2016, 2018, 2020 and 2023. The content and format of the survey questions has changed over time which has presented challenges with measuring progress, however, each year has provided both a participation rate and engagement score.

In 2023, the survey design was reviewed and relaunched by HEIW using a selection of questions from the NHS Wales Staff Survey 2020, and the NHS England Staff Survey to enable comparison across borders. The engagement question set was maintained to enable comparison with previous years.

The NHS Wales Staff Survey 2023 was open to all staff between 16th October 2023 and Monday, 27th November 2023, a total period of 6 weeks. Following the closure of the survey the analysis was undertaken by a survey provider commissioned by HEIW.

Purpose
"The purpose of the NHS Wales staff survey is to collect feedback from employees working across the NHS in Wales. It aims to provide an opportunity to understand experiences, perspectives, and insights in relation to the work environment, job satisfaction and overall well-being.

The data collected from the survey will provide a national picture to help shape organisational transformation in NHS Wales so that staff receive high quality, continually improving and compassionate support and can effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales." (HEIW 2023)

The purpose of this paper is to share the results received to date, and to update and engage our Trade Union colleagues in next steps.

Current Situation
On Friday, 23rd February 2024, the first results were shared with NHS Wales organisations.

The dashboard that is currently available does not provide the ability to 'deep dive' into the results, and up until April 2024 this will be the only level of results available, alongside the results for NHS Wales as a whole.

- The dashboard results for NHS Wales can be found in Appendix 1.
- The dashboard results for CAVUHB can be found in Appendix 2.

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Initial Findings – Participation and Staff Engagement Score

The **participation rate** for CAVUHB for the NHS Wales Staff Survey was 21.4%, with 3,662 people completing the survey out of a potential sample size of 17,096. This is slightly down on a 22% response rate in 2020, with 3369 participants.

The overarching **engagement score** for CAVUHB has decreased from 74% in 2020, to 73% in 2023.

A **decline of between 1% and 5% in the engagement score** is seen across NHS organisations in Wales, with the exception of CTMUHB where the engagement score has remained the same.

The engagement score is based calculated from the results of seven engagement questions, and the results for CAVUHB against these questions are listed below:

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	5%	12%	26%	46%	12%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	16%	20%	37%	18%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	6%	24%	43%	25%
I am happy to go the extra mile at work when required.	2%	3%	16%	41%	39%
I look forward to going to work.	4%	11%	37%	38%	10%

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	4%	6%	26%	45%	20%
I would recommend my organisation as a place to work.	6%	11%	27%	44%	12%

Six of the seven questions have seen a decline since 2020 in the Agree and Strongly Agree responses when combined, with the largest decline in colleagues willing to go the extra mile (down from 89% to 80%), proud to tell people they work for the organisation (down from 74% to 65%), and both enthusiastic about their job and look forward to going to work down by 7% each. Involved in deciding on changes that affect work has seen a slight increase of 2%.

The majority of the response move has been into the ‘neither agree/disagree’ and ‘sometimes’ category rather than into Disagree / Strongly Disagree.

Please note that clarification of the method of calculation of the engagement score has been sought by Staff Survey Leads via HEIW as there was a slight change to the terminology used in the options when answering (middle section).

Other Comparisons to 2020 Results – Friends and Family, significant decline

Along with the engagement questions, there was only one other question that could be directly compared with 2020, the friends and relatives question. The feedback for this question has seen a significant decline since 2020, from 75.1% agreeing in 2020, to only 58% agreeing in 2023.

Strongly Disagree	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	**2023** **5%**	**12%**	**25%**	**45%**	**13%**
	2020 **1.5%**	**6.2%**	**17.2%**	**55.3%**	**19.8%**

Paul Jones-Louise 64 4 0 27 15:41:12

Other Comparisons to 2020 Results – Workplace Bullying and Harassment
Although the wording of the questions changed slightly in 2023, we are able to compare the responses to two questions around harassment and bullying, relating to both line managers and colleagues.

Harassment or Bullying from Line Managers / Team Leaders – increase from 9.7% to 17.94%
The results indicate an increase in those responding that they have personally experienced harassment or bullying from a line manager / team leader from 9.7% in 2020, to 17.94% in 2023. Please note that the response criteria has changed, and previously there was no option of 'Prefer not to say'. In 2023, 3.71% choose the prefer not to say option which is, in itself, a concern.

Harassment or Bullying from Colleagues – increase from 18.8% to 22.11%
The results indicate an increase in those responding that they have personally experienced harassment or bullying from a colleague from 9.7% in 2020, to 22.11% in 2023. Please note that the response criteria has changed, and previously there was no option of 'Prefer not to say'. In 2023, 3.06% choose the prefer not to say option which is, in itself, a concern.

CAVUHB 2023 responses as compared to NHS Wales
When comparing the percentages across questions the responses from CAVUHB were generally consistent with the overall responses for NHS Wales, although the pattern tends vary between 1 and 3% difference.

Areas where CAVUHB scored significantly more negatively when compared to NHS Wales can be found in the sections on:

- Morale – **work pressures** scoring more negatively around adequate supplies and enough staff to do their job properly.
- Support for **work-life balance** – particularly around being satisfied with the opportunity for flexible work patterns, and organisational commitment to help balance work and home life.
- **Burnout** – responses in the rarely and never categories were higher across all questions regarding feeling burnt out at work, and higher for CAVUHB in the always and often categories.
- Health and Safety Climate – more negative responses around **adequate supplies and enough staff** to undertake role properly.
- Development – able to **access the right learning and development** when need to.

Areas where CAVUHB score positively (above 70%) include:

- Morale / Stressors – 1 out of 6 questions answered more positively:
  - I always know what my work responsibilities are
- Patient Safety – 1 out of 5 questions answered more positively:
  - organisation encourages to report errors, near misses or incidents
- Engagement – 1 out of 7 questions answered more positively:
  - I am happy to go the extra mile when required
- Compassionate Culture – 7 out of 10 questions scored more positively, including:
  - care of patients is my organisation's top priority
  - feeling able to speak up in own team if noticed poor or incorrect practice
  - people here are compassionate in the way they behave towards patients
  - people here are compassionate towards colleagues facing problems
  - people here give good support to colleagues who are distressed
  - people here take effective action to help patients in distress
- Inclusion – 2 out of 3 questions scored more positively, including:
  - people are polite and treat each other with respect
  - people are understanding and kind to each other
- Recognise everyone's contribution – 2 out of 4 questions scored more positively, including:
  - my immediate manager values my work

Blunsdon,Louise
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    - people I work with show appreciation to one another
- Autonomy and Control – 3 out of 5 questions answered more positively, including:
    - I know what work responsibilities are
    - I am trusted to do my job
    - There are frequent opportunities to show initiative in role
- Raising Concerns – 2 out of 5 questions answered more positively, including
    - I would feel secure raising concerns about unethical behaviour
    - I would feel secure raising concerns about unsafe clinical practice
- Line Management – 2 out of 9 questions answered more positively including:
    - my immediate line manager understands the importance of staff emotional wellbeing
    - my immediate line manager values my work
- Team Working (stronger together) – seven out of the 11 questions scored positively
    - I enjoy working with colleagues in my team
    - I feel able to ask other members of the team for help when I need it
    - I feel able to speak up in my team if I see poor or incorrect practice
    - Team members communicate closely to achieve team's objectives
    - Team members understand each other's roles
    - Team members work well with other teams
    - The team I work with has a shared set of objectives

Further comparison will be completed if the results for individual health boards and trusts becomes available.

Low percentages that contain individual experiences – Diversity and Inclusion

The question sets around discrimination and negative experiences are concerning and will be a focus area for more in-depth analysis when more details are made available.

Even where the percentages appear to be low the responses of the people within that percentage cannot be ignored, for example 7% of people have said that they have experienced discrimination at work from other colleagues, highlighting the lived experience of 256 people; 11% of respondents disagreed that the organisation respects individual difference, 402 people; and 19% of respondents disagrees that the UHB acts fairly with regard to career progression regardless of protected characteristics, 696 people.

We Nurture Healthy Working Environments – Negative Experiences

Responses regarding work related stress and not attending work when not feeling well enough are high at 43 and 60% respectively.

To reiterate the point above around percentages, the percentages reporting never experiencing abuse, harassment, physical violence or unwanted behaviour of a sexual nature, whether from patients or colleagues ranges between 69.16% and 99.40%. What it is important to recognise, and look into further here are the numbers who have responded that they have experienced this at work.

Appendix 3 shows a breakdown of the Negative Experiences (2) questions, including the numbers of people who responded. An example that will require priority analysis when available includes the 4.95% of respondents who have said they have been the target of unwanted behaviour of a sexual nature in the workplace by a colleague – this equates to 181 people and regardless of the number or percentages, behaviour of this nature is unacceptable.

Rhyddhawyd gan Louise Lloyd
03/10/2024 11:17:12

Further analysis will be undertaken to deep dive into the bullying, harassment and abuse responses, along with comparing as far as possible to previous surveys, however, a change to the way the questions have been framed makes this difficult to compare exactly.

Further Analysis

Although HEIW have shared the organisational scores, along with NHS Wales scoring, there is currently no mechanism to carry out further analysis on the data.

HEIW are providing training in March 2024 for Survey administrators. Although the detail around this is not clear currently, it is envisaged that this training and access will enable analysis to Directorate level at the very least, and HEIW have informed us that this will be available in April 2024.

The request from leads across Wales since engagement in the survey started in 2022, was to ensure further analysis could be provided and/or accessed – for example, by job role, age, gender etc. It is unlikely that this level of detail will be available but we can confirm the position in April. HEIW are using this survey as a starting point to build upon for the Annual NHS Wales Survey.

Communication and Engagement

HEIW were planning on their results, along with NHS Wales overview to their Workforce Partnership Group at the end of March 2024 (21st).

In previous years the results were shared with the Health Minister prior to wider distribution, this has been a significant process change.

In the true nature of staff survey transparency, and considering the time between completion and results availability, the UHB started the sharing of results following receipt, this included sharing with trade union partners, Senior Leadership Board and the wider organisation voa a communications from Suzanne Rankin.

The messaging around this has highlighted some initial concerns and stated that further analysis will be undertaken in March and April to enable a deeper level of understanding.

Engagement and Communication Plan
The People and Culture Team will work with the Communications Team to plan the UHB's messaging and communication plan – this will require the involvement, engagement and active participation of Senior Leaders throughout the UHB and TU Partners. The Heads of People and Culture will support the cascade throughout Clinical Boards.

Executive Director Opinion and Key Issues to bring to the attention of LPF:

Further analysis of the staff survey, to understand both the data as it stands now, and new and emerging data is paramount in demonstrating to all colleagues the importance of this piece of work, and the commitment of the organisation to listen to understand first, then respond in an inclusive, compassionate and co-productive way.

Any response or action taken as a result of the survey feedback must have meaning for colleagues, and it is fundamental with this is from a place of 'done with' not 'done to'.

Partnership working with TU Partners will be integral to moving forward, engaging with people to be involved in improvement, and ensuring we are looking at the 'bigger picture' and not drawing on only one source of data / information.

Ramsdon House
24/04/2024 15:19:12

The next steps will be to:

- Receive the 'breakdown' data / access to the survey platform
- Finalise a communications and engagement plan
- Explore different ways of engaging and involving colleagues in the improvements needed

- Establishing a mechanism to ensure results are received, understood and owned at a local level
- Bring the in-depth results back to LPF

Following this, the organisation will ensure the development of both UHB-wide and local plans to respond to and address concerns and to celebrate and learn from areas of success.

Recommendation:

1. LPF are requested to:

note the actions being taken and support the work around initial communication and engagement of the NHS Wales and overarching CAVUHB Staff Survey results within the UHB.

TU partners are asked to commit to championing and encouraging engagement at a local level and to support the communication of results and development of local action plans following receipt of the more in-depth analysis in April 2024.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration		Involvement	x

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

Risk: Yes/~~No~~

Lack of engagement may result in low participation and incomplete feedback.

Safety: Yes/~~No~~

The survey offers opportunities to gain insight into safe practice/s and reporting of incidents.

Financial: Yes/~~No~~

Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.

Workforce: Yes/~~No~~

Staff may not feel encouraged to complete if they do not expect action to be taken.

Bundon Louise 04/12/2024 15:19:12

Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/~~No~~
The survey will assist in completion of the WRES in 2024, and also assists in understanding colleague experience.
Decarbonisation: ~~Yes~~/No

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

Blunsdon.Louise
04/04/2024 15:19:12

Microsoft | Power BI

Staff Survey Dashboard - All Wales

View in Power BI

Blunsdon,Louise
04/04/2024 09:39:12

Last data refresh:
22/02/2024 16:28:24 UTC

Downloaded at:
23/02/2024 13:57:16 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Blunsdon Library 19/04/2024 15:19:12

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Blunsdon House
04/04/2024 11:19:12

Select Theme

Stressors | Thinking about leaving | Work pressure

Morale

Stressors

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
Relationships at work are strained.	13%	35%	26%	19%	7%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	10%	22%	39%	22%	6%

Saunsdon,Louise
04/04/2024 15:19:12

Select Theme

Stressors | **Thinking about leaving** | Work pressure

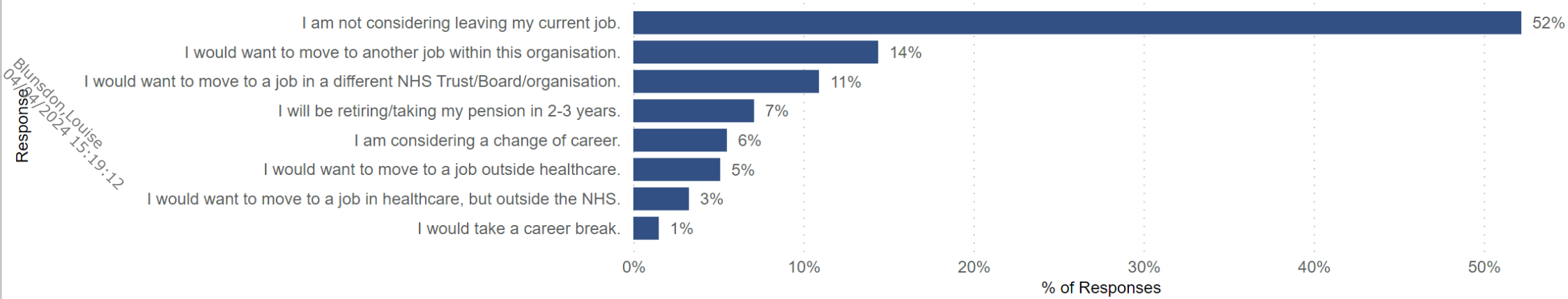
Morale

Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	12%	24%	38%	19%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	31%	31%	23%	8%	6%
I often think about leaving this organisation.	19%	29%	23%	20%	8%
I will probably look for a job at a new organisation in the next 12 months.	25%	30%	25%	13%	7%

If you are considering leaving your current job, what would be your most likely destination?



Select Theme

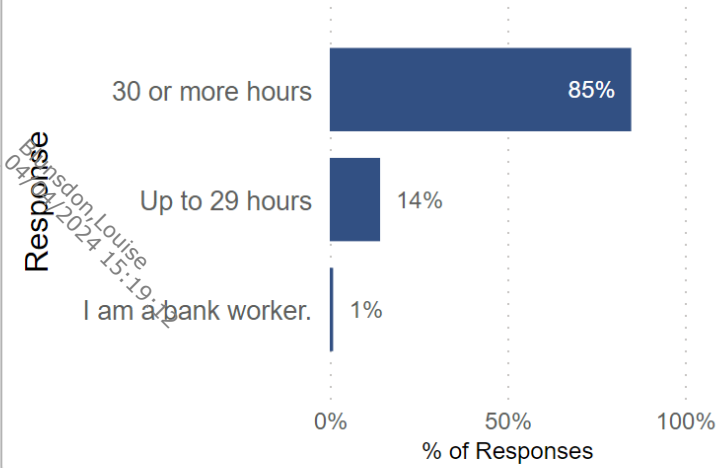
Stressors | Thinking about leaving | **Work pressure**

Morale

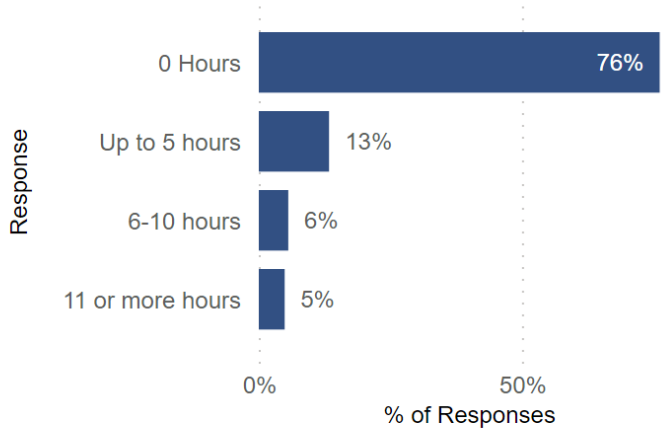
Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%

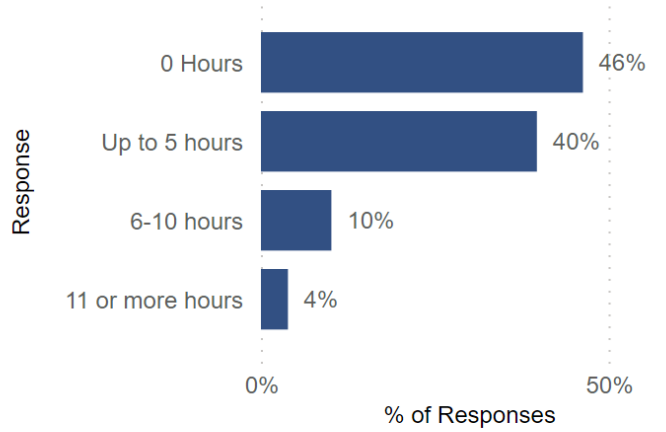
How many hours a week are you contracted to work?



On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	19%	52%	22%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	7%	44%	35%	10%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	13%	37%	34%	10%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	4%	8%	35%	41%	13%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	33%	3%	64%

Blunsdon,Louise
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Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	4%	11%	26%	45%	14%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	7%	25%	40%	26%
I am happy to go the extra mile at work when required.	1%	3%	15%	38%	42%
I look forward to going to work.	4%	11%	35%	38%	12%

Blunsdon,Louise
04/04/2024 15:19:12

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	4%	8%	27%	40%	21%
I would recommend my organisation as a place to work.	6%	11%	26%	41%	16%

NHS Wales Staff Survey We are compassionate and inclusive

GIG Cymru Arolwg Staff Mae eich llais yn bwysig | NHS Wales Staff Survey Your voice matters

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	3%	9%	21%	45%	23%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	5%	13%	28%	40%	14%
My organisation acts on concerns raised by patients/service users.	2%	6%	29%	46%	18%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	16%	54%	27%
People here are compassionate towards colleagues when they face problems.	2%	5%	16%	54%	22%
People here give good support to colleagues who are distressed.	2%	5%	15%	54%	24%
People here take effective action to help patients/service users in distress.	1%	2%	17%	53%	28%

Bronsdon, Louise 04/04/2024 15:19:12

Select Theme

Compassionate culture | **Compassionate leadership** | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Compassionate culture | Compassionate leadership | **Diversity and equality** | Inclusion

We are compassionate and inclusive

Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	3%	7%	25%	47%	18%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	18%	31%	4%	47%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	36%	18%	3%	44%
In the last 12 months have you sought a progression opportunity in your workplace?	56%	4%	4%	36%

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Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	6%	6%	88%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	6%	5%	89%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	7%	3%	90%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | **Inclusion**

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	6%	10%	16%	42%	26%
The people I work with are polite and treat each other with respect.	2%	6%	15%	52%	25%
The people I work with are understanding and kind to one another.	2%	6%	15%	51%	25%

Blunsdon,Louise
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We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	6%	14%	22%	42%	16%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
The organisation values my work.	6%	14%	30%	37%	13%
The people I work with show appreciation to one another.	2%	7%	18%	49%	23%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Autonomy and control | Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	54%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	9%	16%	21%	36%	18%
I am trusted to do my job.	2%	3%	7%	48%	39%
I have a choice in deciding how to do my work.	4%	10%	18%	45%	22%
There are frequent opportunities for me to show initiative in my role.	3%	8%	16%	45%	28%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Autonomy and control | **Raising concerns**

We are all able to speak up

Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	6%	12%	29%	38%	15%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	43%	14%
I would feel secure raising concerns about unethical behaviour.	4%	7%	13%	50%	27%
I would feel secure raising concerns about unsafe clinical practice.	3%	6%	19%	47%	26%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	7%	16%	35%	32%	10%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Line management | Team working

We are stronger together

Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	9%	14%	19%	34%	25%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	39%	32%
My immediate manager (line manger) gives me clear feedback on my work.	6%	11%	19%	37%	27%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	16%	39%	32%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	6%	7%	16%	37%	34%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	8%	16%	36%	33%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	8%	19%	37%	30%
My immediate manager (line manger) values my work.	5%	6%	16%	39%	33%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	8%	18%	39%	29%

Bwrdd Iechyd Lleol
04/04/2025 15:14:12

Select Theme

Line management | **Team working**

We are stronger together

Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	4%	13%	46%	36%
I feel able to ask other members of this team for help when I need it.	2%	4%	9%	48%	36%
I feel valued by my team.	6%	10%	16%	42%	26%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	4%	8%	13%	51%	24%
Team members are able to communicate closely with each other to achieve the team's objectives.	4%	10%	16%	50%	21%
Team members take time out to reflect and learn.	6%	18%	24%	40%	13%
Team members trust each other.	5%	11%	17%	45%	23%
Team members understand each other's roles.	4%	12%	13%	51%	21%
Team members work well with other teams.	3%	7%	18%	50%	22%
The team I work in has a set of shared objectives.	3%	7%	14%	53%	23%
The team I work in often meets to discuss the team's effectiveness.	8%	15%	14%	42%	21%

Business License
04/07/2024 15:19:12

We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	7%	14%	19%	41%	18%
I am satisfied with the opportunity for flexible working patterns.	9%	11%	19%	36%	25%
I can approach my immediate manager (line manager) to talk openly about flexible working.	6%	8%	17%	40%	29%
My organisation is committed to helping me balance my work and home life.	9%	13%	24%	35%	19%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Burnout | Health and safety climate | Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	9%	24%	34%	24%	9%
How often, if at all, do you feel burnt out because of your work?	8%	28%	37%	21%	6%
How often, if at all, do you feel that every working hour is tiring for you?	6%	15%	30%	33%	16%
How often, if at all, do you feel worn out at the end of your working day/shift?	12%	33%	37%	15%	4%
How often, if at all, do you find your work emotionally exhausting?	9%	32%	39%	16%	5%
How often, if at all, do you not have enough energy for family and friends during leisure time?	7%	24%	37%	23%	9%
How often, if at all, does your work frustrate you?	9%	36%	39%	13%	3%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Burnout | **Health and safety climate** | Negative experiences

We nurture healthy working environments

Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	12%	33%	42%	10%
I have adequate supplies, materials and equipment to do my work.	3%	11%	25%	36%	25%
There are enough staff at this organisation for me to do my job properly.	12%	22%	32%	25%	9%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	6%	22%	39%	22%	10%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	12%	33%	39%	10%

Blundon-Louise 04/04/2024 15:19:12

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	23%	2%	53%	2%	20%
The last time you experienced physical violence at work, did you or a colleague report it?	5%	1%	81%	1%	12%

Select Theme

Burnout

Health and safety climate

Negative experiences (Part 1)

Negative experiences (Part 2)

We nurture healthy working environments

Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	13%	1%	68%	1%	16%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	41%	59%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	25%	75%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	60%	40%

Blunsdon, Louise
04/06/2024 15:19:12

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	12%	49%	39%

We nurture healthy working environments

Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	83.64%	8.40%	3.61%	1.24%	2.05%	1.07%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	80.08%	9.37%	3.75%	1.33%	1.76%	3.71%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	77.31%	12.75%	3.90%	1.18%	1.56%	3.31%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	74.65%	13.13%	5.41%	2.06%	3.09%	1.67%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.21%	0.19%	0.03%	0.02%	0.08%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.81%	0.53%	0.08%	0.02%	0.09%	0.47%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	91.80%	4.83%	1.58%	0.42%	0.78%	0.59%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	90.55%	5.68%	1.82%	0.47%	0.66%	0.82%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.31%	3.14%	0.81%	0.23%	0.48%	1.03%

*their relatives or other members of the public.

Select Theme

Development | PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	5%	13%	25%	43%	13%
I feel supported to develop my potential.	6%	14%	24%	41%	15%
I have opportunities to improve my knowledge and skills.	4%	10%	17%	51%	18%
There are opportunities for me to develop my career in this organisation.	7%	15%	24%	40%	13%
This organisation offers me challenging work.	2%	6%	20%	53%	20%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Development | **PDR/Appraisal**

We are continuously learning and improving

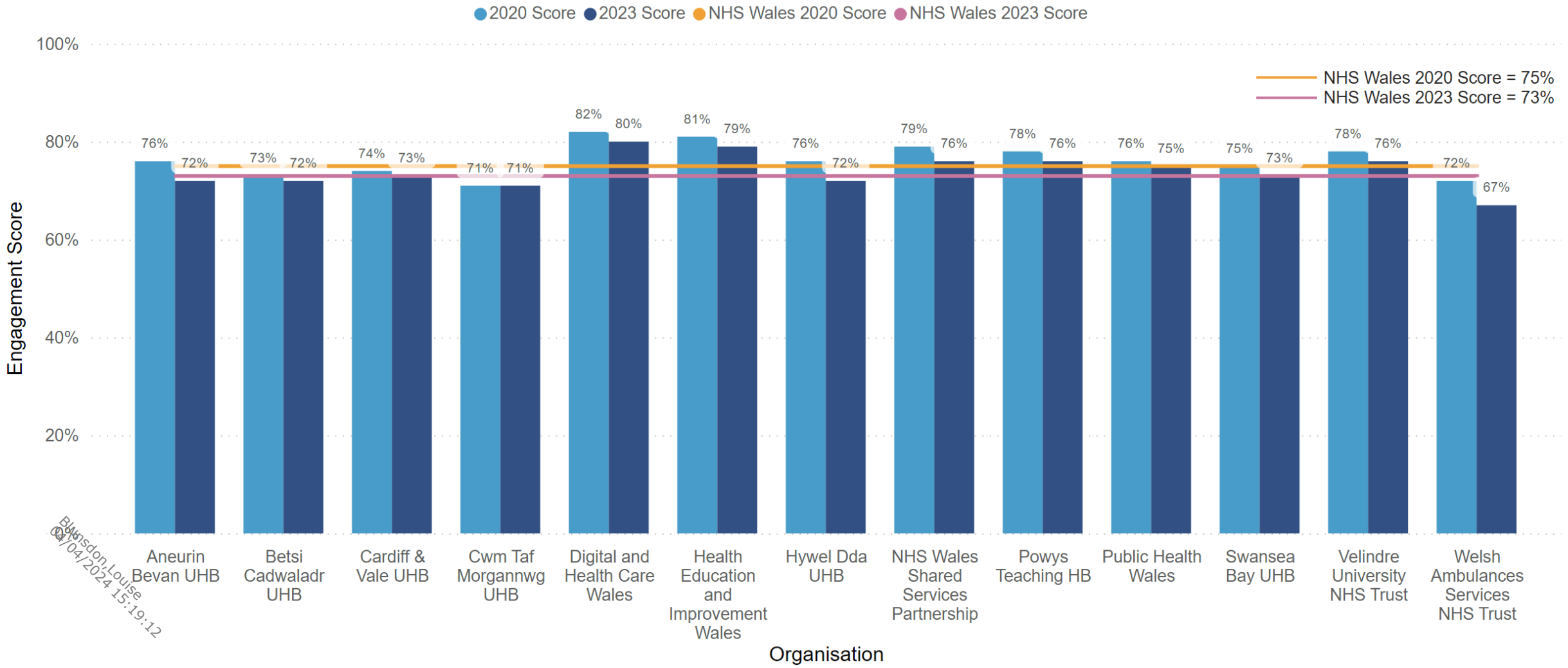
PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	17%	3%	80%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	16%	19%	40%	24%
It helped me to improve how I do my job.	28%	19%	38%	15%
It left me feeling that my work is valued by my organisation.	22%	19%	35%	24%

Blunsdon,Louise
04/04/2024 15:19:12

NHS Wales and Organisation Engagement Score



Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

Microsoft | Power BI

Staff Survey Dashboard - Cardiff & Vale UHB

View in Power BI

Blunsdon, Louise
04/04/2024 09:59:12

Last data refresh:
22/02/2024 16:33:09 UTC

Downloaded at:
23/02/2024 13:58:55 UTC

Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at nhswalesstaffsurvey@wales.nhs.uk.

Reporting Design

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

Blunsdon, Louise
19/04/2024 15:19:12

Please note: A question may appear more than once, if the question relates to more than one category.

Response Rates

For response rate information, click the information icon at the top right.

The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
All Wales Total	**108,631**	**807**	**17,758**	**3,970**	**22,535**	**20.7%**

Blunsdon House 04/04/2024 11:19:12

Select Theme

Stressors | Thinking about leaving | Work pressure

Morale

Stressors

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	56%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	16%	20%	37%	18%
I have a choice in deciding how to do my work.	4%	11%	18%	46%	20%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	41%	28%
Relationships at work are strained.	11%	34%	27%	21%	8%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	11%	24%	40%	19%	5%

Saunsdon,Louise
04/04/2024 15:19:12

Select Theme

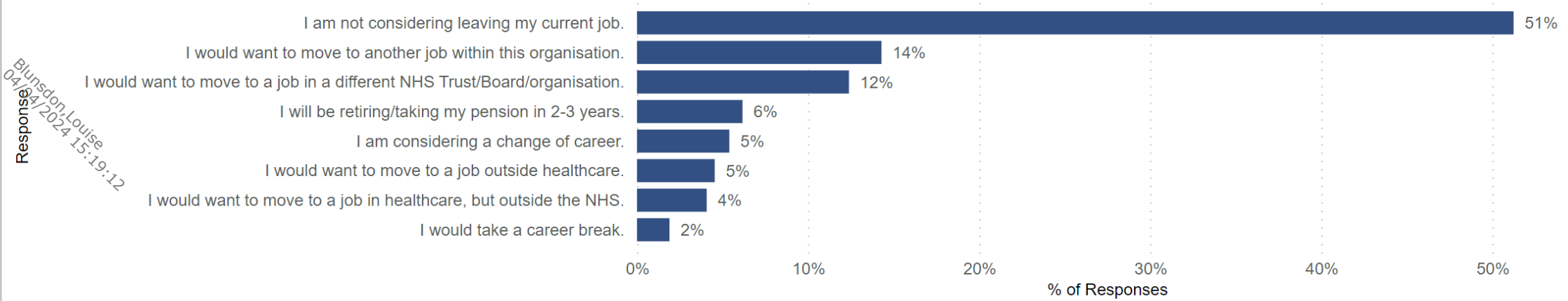
Stressors | **Thinking about leaving** | Work pressure

Morale
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	6%	13%	23%	40%	17%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	29%	33%	23%	9%	6%
I often think about leaving this organisation.	16%	30%	24%	21%	8%
I will probably look for a job at a new organisation in the next 12 months.	22%	32%	25%	14%	7%

If you are considering leaving your current job, what would be your most likely destination?



Select Theme

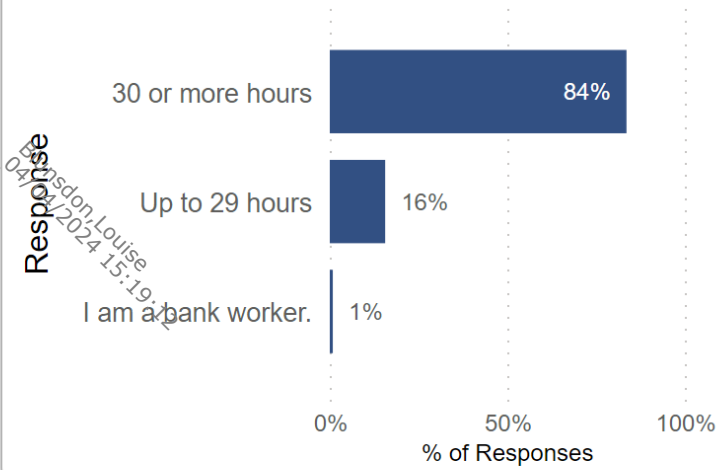
Stressors | Thinking about leaving | **Work pressure**

Morale

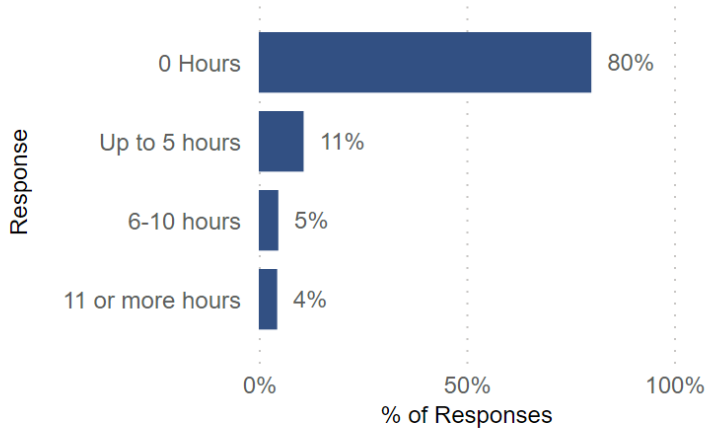
Work pressure

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	15%	35%	39%	8%
I have adequate supplies, materials and equipment to do my work.	5%	17%	32%	32%	14%
There are enough staff at this organisation for me to do my job properly.	15%	25%	32%	22%	6%

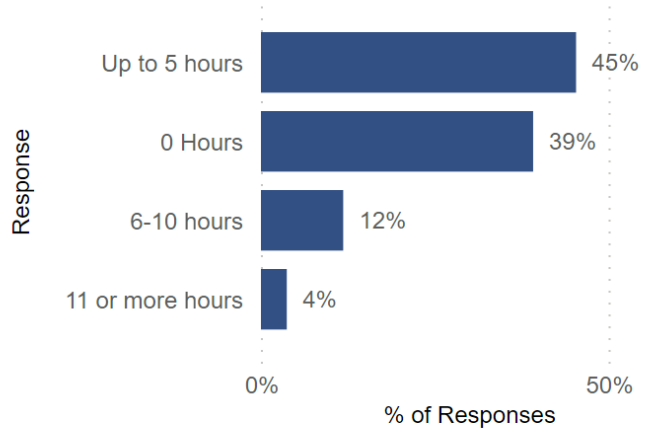
How many hours a week are you contracted to work?



On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	3%	5%	18%	52%	22%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	4%	8%	42%	37%	9%
We are given feedback about changes made in response to reported errors, near misses and incidents.	6%	16%	35%	35%	8%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	4%	9%	34%	42%	11%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	43%	3%	54%

Blunsdon,Louise
04/04/2024 15:19:12

Staff Engagement

Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	5%	12%	26%	46%	12%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	16%	20%	37%	18%

Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	2%	6%	24%	43%	25%
I am happy to go the extra mile at work when required.	2%	3%	16%	41%	39%
I look forward to going to work.	4%	11%	37%	38%	10%

Blunsdon,Louise
04/04/2024 15:19:12

Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	4%	6%	26%	45%	20%
I would recommend my organisation as a place to work.	6%	11%	27%	44%	12%

GIG CYMRU NHS WALES

NHS Wales Staff Survey We are compassionate and inclusive

GIG Cymru Arolwg Staff Mae eich llais yn bwysig | NHS Wales Staff Survey Your voice matters

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	3%	9%	19%	47%	23%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	45%	12%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	5%	8%	12%	53%	23%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	5%	12%	25%	45%	13%
My organisation acts on concerns raised by patients/service users.	2%	6%	26%	49%	18%
People here are compassionate in the way they behave towards patients/service users.	1%	2%	13%	56%	29%
People here are compassionate towards colleagues when they face problems.	2%	6%	16%	56%	20%
People here give good support to colleagues who are distressed.	2%	6%	15%	55%	22%
People here take effective action to help patients/service users in distress.	1%	2%	14%	55%	29%

Bernsdorf, Louise 04/04/2023 15:19:12

Select Theme

Compassionate culture | **Compassionate leadership** | Diversity and equality | Inclusion

We are compassionate and inclusive

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	17%	40%	28%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	9%	21%	38%	26%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	9%	19%	41%	25%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Compassionate culture | Compassionate leadership | **Diversity and equality** | Inclusion

We are compassionate and inclusive

Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	3%	8%	25%	48%	15%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	19%	32%	4%	46%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	38%	17%	3%	42%
In the last 12 months have you sought a progression opportunity in your workplace?	57%	4%	4%	36%

Blunsdon Louise
04/04/2024 15:09:12

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	7%	6%	87%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	7%	5%	88%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	8%	3%	89%

Select Theme

Compassionate culture | Compassionate leadership | Diversity and equality | **Inclusion**

We are compassionate and inclusive

Inclusion

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	6%	10%	16%	43%	25%
The people I work with are polite and treat each other with respect.	3%	7%	15%	53%	23%
The people I work with are understanding and kind to one another.	3%	7%	15%	52%	23%

Blunsdon,Louise
04/04/2024 15:19:12

We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	6%	15%	22%	44%	12%
My immediate manager (line manger) values my work.	5%	7%	18%	41%	29%
The organisation values my work.	6%	16%	31%	37%	10%
The people I work with show appreciation to one another.	3%	8%	19%	50%	21%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Autonomy and control | Raising concerns

We are all able to speak up

Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	2%	7%	9%	56%	27%
I am involved in deciding on changes introduced that affect my work area/team/department.	8%	16%	20%	37%	18%
I am trusted to do my job.	2%	3%	7%	49%	39%
I have a choice in deciding how to do my work.	4%	11%	18%	46%	20%
There are frequent opportunities for me to show initiative in my role.	3%	9%	15%	45%	28%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Autonomy and control | **Raising concerns**

We are all able to speak up

Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	7%	13%	30%	39%	12%
I feel safe to speak up about anything that concerns me in this organisation.	5%	14%	24%	45%	12%
I would feel secure raising concerns about unethical behaviour.	4%	7%	12%	52%	24%
I would feel secure raising concerns about unsafe clinical practice.	4%	6%	15%	51%	24%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	7%	18%	36%	32%	8%

Blunsdon,Louise
04/04/2024 15:19:12

Select Theme

Line management | Team working

We are stronger together

Line management

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	10%	15%	18%	35%	22%
My immediate manager (line manger) encourages me at work.	5%	8%	17%	41%	28%
My immediate manager (line manger) gives me clear feedback on my work.	6%	13%	20%	39%	23%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	6%	8%	17%	40%	28%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	6%	8%	16%	40%	30%
My immediate manager (line manger) takes a positive interest in my health and well-being.	7%	9%	17%	39%	29%
My immediate manager (line manger) takes effective action to help me with any problems I face.	6%	9%	21%	38%	26%
My immediate manager (line manger) values my work.	5%	7%	18%	41%	29%
My immediate manager (line manger) works together with me to come to an understanding of problems.	6%	9%	19%	41%	25%

Blundell Louise 04/04/2024 15:14:12

Select Theme

Line management | **Team working**

We are stronger together

Team working

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	2%	3%	12%	47%	36%
I feel able to ask other members of this team for help when I need it.	2%	4%	9%	49%	36%
I feel valued by my team.	6%	10%	16%	43%	25%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	5%	8%	12%	53%	23%
Team members are able to communicate closely with each other to achieve the team's objectives.	4%	10%	15%	52%	18%
Team members take time out to reflect and learn.	7%	19%	23%	40%	11%
Team members trust each other.	5%	11%	15%	47%	22%
Team members understand each other's roles.	4%	12%	12%	52%	19%
Team members work well with other teams.	4%	8%	18%	51%	19%
The team I work in has a set of shared objectives.	4%	8%	13%	54%	21%
The team I work in often meets to discuss the team's effectiveness.	9%	17%	14%	42%	18%

Business Intelligence
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We champion flexible working

Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	8%	17%	20%	41%	13%
I am satisfied with the opportunity for flexible working patterns.	10%	14%	20%	36%	20%
I can approach my immediate manager (line manager) to talk openly about flexible working.	6%	9%	19%	42%	24%
My organisation is committed to helping me balance my work and home life.	10%	15%	28%	33%	14%

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Select Theme

Burnout | Health and safety climate | Negative experiences

We nurture healthy working environments

Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	9%	28%	35%	22%	7%
How often, if at all, do you feel burnt out because of your work?	9%	30%	37%	19%	4%
How often, if at all, do you feel that every working hour is tiring for you?	6%	16%	31%	34%	13%
How often, if at all, do you feel worn out at the end of your working day/shift?	13%	37%	36%	12%	3%
How often, if at all, do you find your work emotionally exhausting?	10%	35%	39%	13%	3%
How often, if at all, do you not have enough energy for family and friends during leisure time?	6%	25%	39%	23%	7%
How often, if at all, does your work frustrate you?	9%	38%	38%	12%	2%

Blunsdon,Louise
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Select Theme

Burnout | **Health and safety climate** | Negative experiences

We nurture healthy working environments

Health and safety climate

Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	15%	35%	39%	8%
I have adequate supplies, materials and equipment to do my work.	5%	17%	32%	32%	14%
There are enough staff at this organisation for me to do my job properly.	15%	25%	32%	22%	6%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	5%	19%	40%	24%	11%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	5%	13%	38%	38%	6%

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Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	26%	2%	49%	3%	20%
The last time you experienced physical violence at work, did you or a colleague report it?	6%	1%	78%	1%	14%

Select Theme

Burnout

Health and safety climate

Negative experiences (Part 1)

Negative experiences (Part 2)

We nurture healthy working environments

Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	15%	2%	63%	1%	18%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	43%	57%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	25%	75%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	60%	40%

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Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	13%	48%	39%

We nurture healthy working environments

Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	80.25%	10.79%	4.34%	1.15%	2.68%	0.79%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	78.35%	10.68%	3.99%	1.39%	1.88%	3.71%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	74.82%	14.77%	4.29%	1.28%	1.77%	3.06%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	69.16%	16.63%	6.66%	2.05%	3.82%	1.67%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	99.40%	0.22%			0.03%	0.35%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.72%	0.68%	0.16%	0.03%	0.03%	0.38%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	89.79%	6.01%	2.13%	0.55%	1.17%	0.35%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	94.23%	3.83%	0.68%	0.08%	0.36%	0.82%

*their relatives or other members of the public.

Select Theme

Development | PDR/Appraisal

We are continuously learning and improving

Development

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	6%	16%	27%	40%	10%
I feel supported to develop my potential.	6%	15%	25%	41%	13%
I have opportunities to improve my knowledge and skills.	4%	11%	18%	51%	15%
There are opportunities for me to develop my career in this organisation.	7%	16%	23%	42%	12%
This organisation offers me challenging work.	2%	6%	17%	55%	20%

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Select Theme

Development | **PDR/Appraisal**

We are continuously learning and improving

PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	20%	3%	77%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	16%	23%	40%	21%
It helped me to improve how I do my job.	27%	23%	37%	13%
It left me feeling that my work is valued by my organisation.	21%	23%	35%	22%

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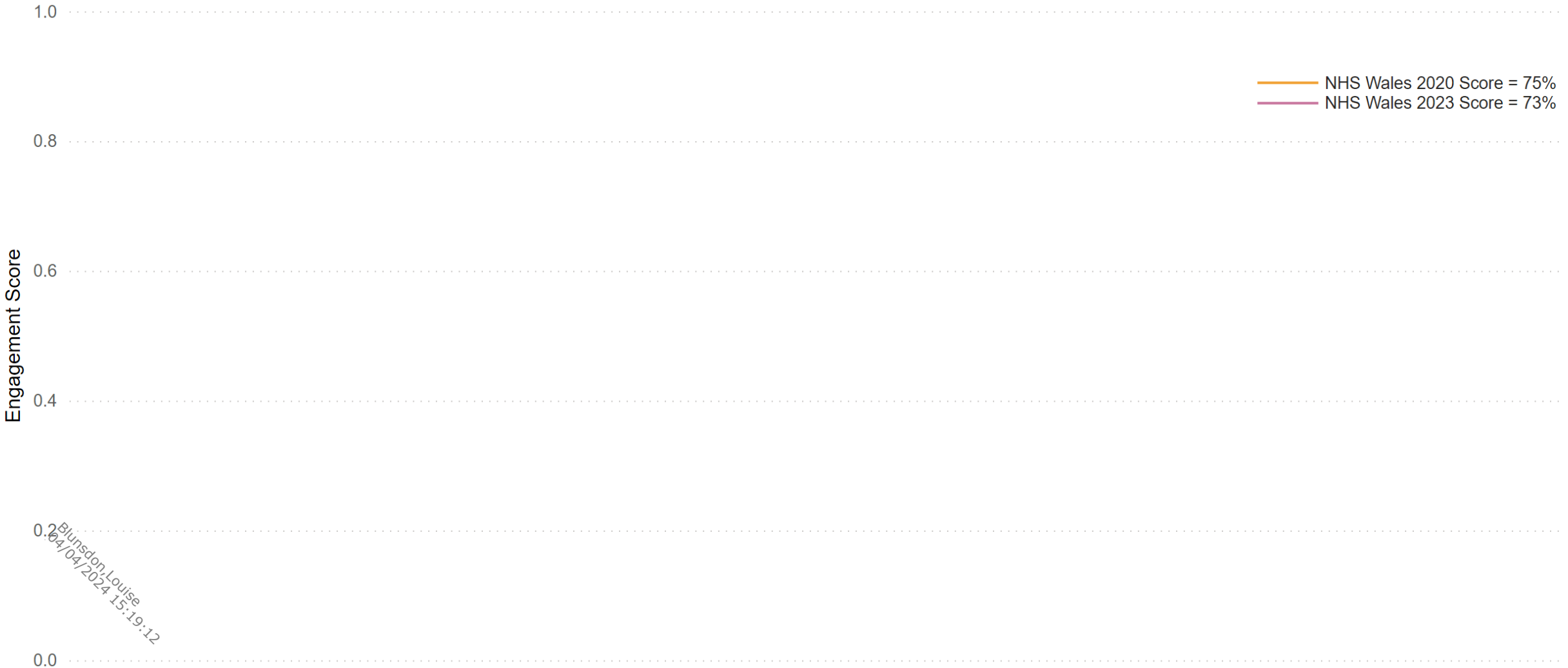
NHS Wales and Organisation Engagement Score



Note: Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.

We nurture Healthy Working Environments - Negative Experiences Part 2

Question (Patients, service users, their relatives, members of the public)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	80.25%	10.79%	4.34%	1.15%	2.68%	0.79%
Number of people	**2939**	**395**	**158**	**42**	**98**	**29**
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	69.16%	16.63%	6.66%	2.05%	3.82%	1.67%
Number of people	**2533**	**608**	**243**	**75**	**140**	**61**
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	89.79%	6.01%	2.13%	0.55%	1.17%	0.35%
Number of people	**3288**	**220**	**78**	**20**	**43**	**13**
In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assult from a patient or service user?	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
Number of people	**3232**	**258**	**90**	**23**	**32**	**26**

Question (Colleagues / Manager)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers or team leaders?	78.35%	10.68%	3.99%	1.39%	1.88%	3.71%
Number of people	**2869**	**391**	**146**	**50**	**68**	**135**
In the last 12 months how many times have you personally experienced harassment or bullying at work from colleagues?	74.82%	14.77%	4.29%	1.28%	1.77%	3.06%
Number of people	**2740**	**540**	**157**	**46**	**64**	**112**
In the last 12 months how many times have you personally experienced physical violence at work from managers or team leaders?	99.40%	0.22%	0	0	0.03%	0.35%
Number of people	**3640**	**8**	**0**	**0**	**2**	**13**
In the last 12 months how many times have you personally experienced physical violence at work from colleagues?	98.72%	0.68%	0.16%	0.03%	0.03%	0.38%
Number of people	**3615**	**24**	**6**	**2**	**2**	**13**
In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assult from colleague?	94.23%	3.83%	0.68%	0.08%	0.36%	0.85%
Number of people	**3450**	**140**	**24**	**2**	**13**	**31**

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Cardiff and Vale
Integrated Performance Report

March 2024

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Report Contents

1. Ministerial Priorities

2. Cardiff and Vale Performance Report

Click on a hyperlink to navigate directly to the section required

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Section 1: Ministerial Priorities

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

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

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

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link in Performance Report
Delayed Transfers of Care	**Reduction in backlog of delayed transfers** Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	238 February	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% December	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% December	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	656 December	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	1641 February	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 February	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 Measure 2: 104 week treatment target by December 2023 Reporting: monthly		8999 3788	No Yes	Mar 2024 Dec 2023	11993 January 3943 January	Hyperlink to section 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	29865 February	Hyperlink to section
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly Measure 2: Achieve 8-week diagnostic Reporting: monthly		Go-Live 0	Yes No	Dec 2023 June 2025	Q1 24/25 14329 January	Hyperlink to section 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	70.2% December	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	37.5% Jan	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Jan	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	54.0% Jan	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	78% Jan	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	14% Jan	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	85% Jan	
	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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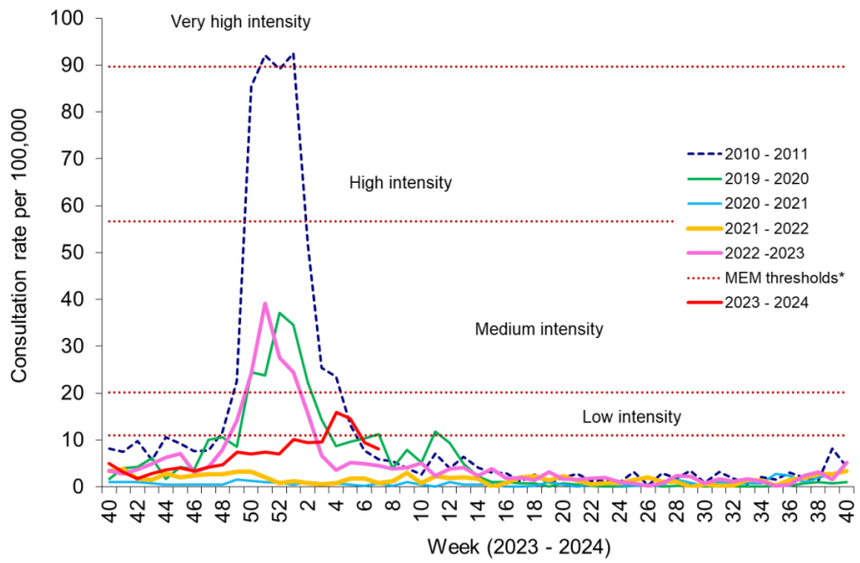
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal infections** **Immunisation** – COVID-19 and influenza • Eligible cohorts have been receiving the COVID-19 Autumn/Winter Booster, with 102,189 doses given in Cardiff and Vale as of the 22nd of February 2024, and 55.63% uptake to date (Wales average 54.02% uptake). • As of the 26th of February 2024 UHB COVID-19 Staff vaccination uptake reached 41% with 37% uptake of influenza vaccination. (Target is 75% and the Welsh nationally reported average for this same period with regards to health and social workers uptake of COVID vaccination is 34% vs a performance for Cardiff and the Vale of 43% for the same cohort). A comparator for Influenza vaccination in this cohort is not available. • This is delivered as part of the Staff Winter Respiratory Vaccination campaign which has utilised co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres and with opportunistic vaccination through vaccination champions. **Surveillance** • Influenza activity is currently declining • Hospital admissions for COVID-19 have been stable in the past week after declining following a rise in cases in the second half of January; prevalence on lateral flow test/PCR has been declining since the last week of January • There are currently **0 (zero)** Covid-19 outbreaks in hospital, and **2** outbreaks due to flu. • **1** bed is currently closed due to an incident involving flu; and **2** bed days have been lost due to current outbreaks and incidents • **16%** of C&V UHB staff sickness during January 2024 was due to influenza/COVID-19/respiratory conditions (data for Feb 2024 awaited) • Omicron sub-variant JN.1 is now the most prevalent variant in Wales and globally • RSV activity in under 5s remains at low intensity	Week 7	Below target	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  Source: PHW weekly flu/ARI report

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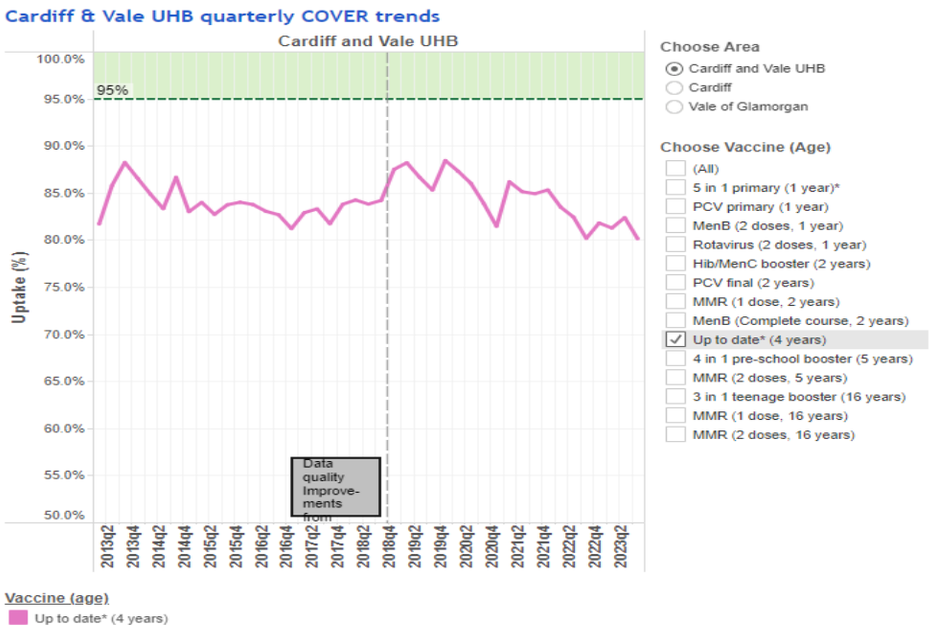
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 80.01% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%	Q2 2023/24 Jul 2023 – Sept 2023	Below target	 Source quarterly COVER data
Health Protection	**Health Protection System** • Planning for a regional, all hazards Integrated Health Protection Partnership is well advanced, with full implementation by the end of Q4. The Cardiff and Vale Health Protection Plan was approved by QSE on 13th Feb and is being taken through partnership governance processes for final sign off by April 2024. • A debrief has taken place following the measles table top exercise held on 19/12/23, and relevant actions identified.	Q4 2023/24	On target	*n/a*

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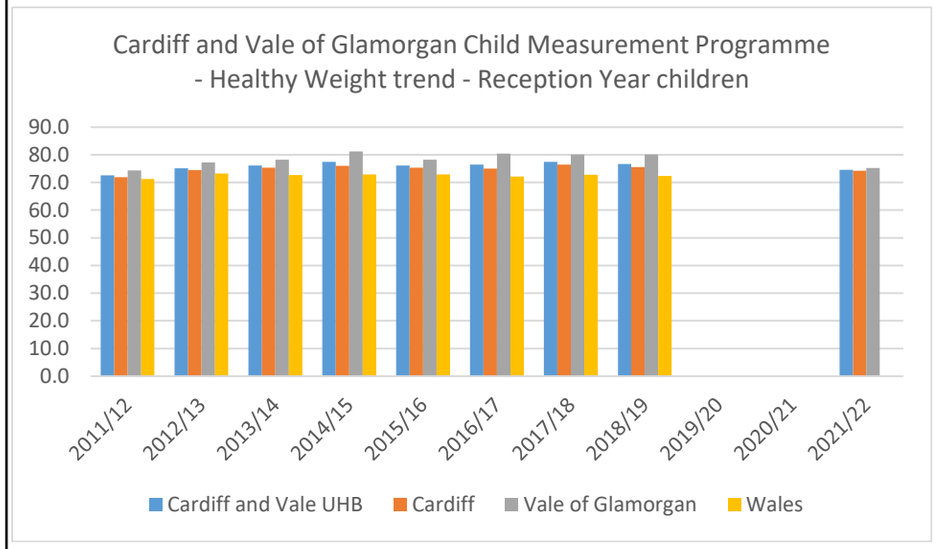
Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 74.6% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data (only six Health Board's participated so no Welsh average; however, the English average for 2021/22 was 76.5%). The healthy weight target for 2022/23 is 75%, data awaited. Data produced annually. • 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. • 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. **Weight management services** • % people with body mass index (BMI)>30 who can be treated through: o Level 2 services: 1.6% (target: 1.5%) o Level 3 services: 0.2% (target: 0.5%)	Q3 2023/24	**Healthy weight:** Below target **Weight management services:** Level 2 above target Level 3 below target	

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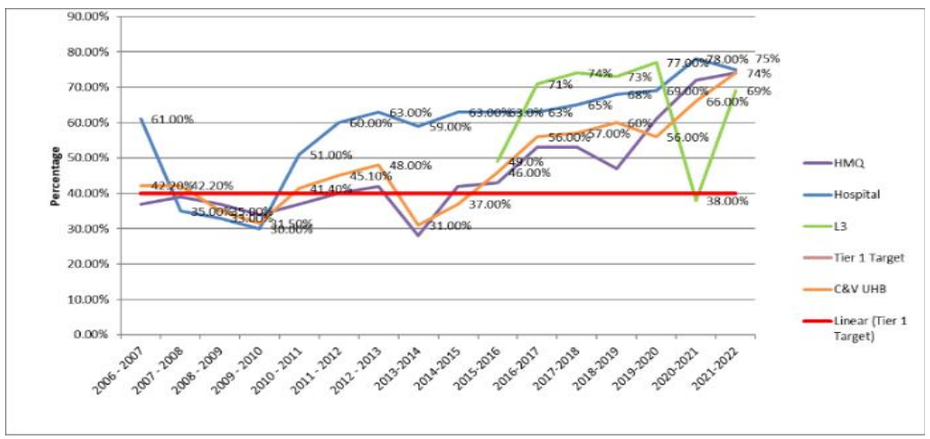
Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Tobacco** • 13% of Cardiff and Vale of Glamorgan smoke, one of the lowest prevalence rates in Wales • NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - 5% annually. • In **Quarter 2** - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks. Quarter 3 data not available – Welsh Gov Q3 reporting due March 24. • Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks. • Hospital Service - 85% of Treated Smokers had quit smoking at 4 weeks.	Quarter 3 2023/24	Smokers setting quit date: Below target	

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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%** Below Target	Q2: 0.50% | Q3: 0.40% | Q4: 0.70% | Q1: 0.60%
2.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)		Improvement trend	Work in progress with substance misuse	
3.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 Jul 23 to 30 Sep 23	95%	**83.7%** Below Target	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%** Below Target	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%	**72.6%** Below Target	**01/03: 72.80%** | 21/11: 65.10% | 27/12: 70.90% | 16/02: 72.60%
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%	**55.5%** Below Target	Feb-24: 55.50% | Nov-23: 30.96% | Nov-23: 44.20% | Dec-23: 53.19%
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Nov-23	90%	**19.0%**	Aug-23: 20.60% | Sep-23: 20.80% | Oct-23: 28.30% | Nov-23: 19.00%
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Oct-23	90%	**97.3%**	Jul-23: 96.40% | Aug-23: 97.50% | Sep-23: 98.10% | Oct-23: 97.30%
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Dec-23	95%	**96.0%**	Sep-23: 96.80% | Oct-23: 95.50% | Nov-23: 95.30% | Dec-23: 96.00%

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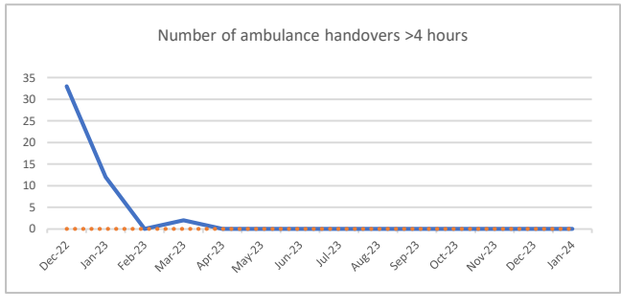
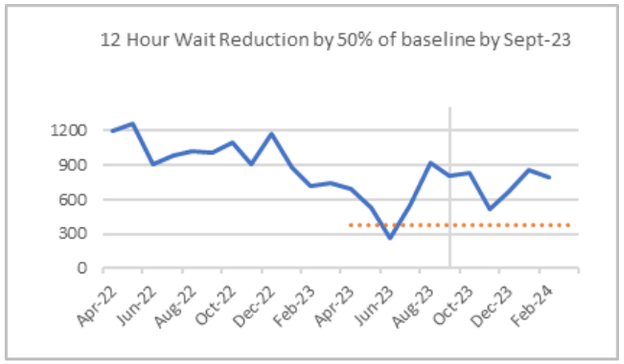
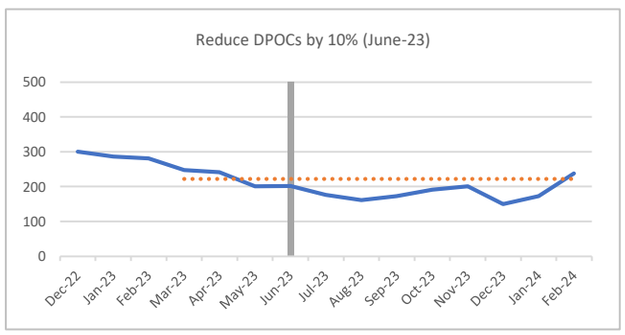
Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in November 2022 to zero since April 2023. We are now 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, October 10, November 14, 9 in December. This increased to 15 in January but has decreased to 11 in February. • Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in January from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment.	Feb-24	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• In February, 23 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 17 patients in January • 12-hour ED waits decreased from 861 in January to 792 in February but remains above our IMTP ambition.	Feb-24	
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 February 2024 census reported 238 delayed pathways, an increase from January and above our commitment of 217, which we have previously met • 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 30% and 57% 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.	Feb-24	

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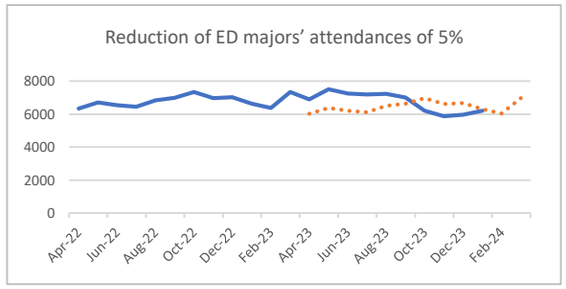
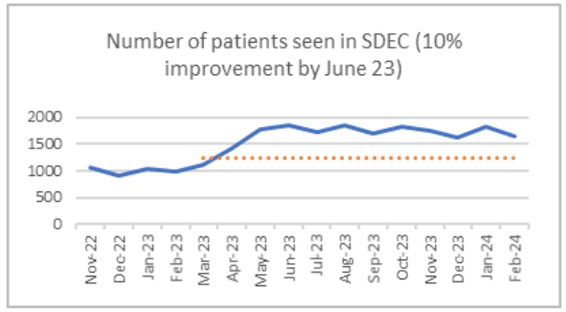
Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment • Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	• In February 2024 we reported 10,598 EU attendances, a decrease from the 11,105 reported in January • The number of EU Majors attendances in February 2024 was 5933 a decrease from January and below our ambition of 6507.	Feb-24	
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 February 2024 we saw 1,119 patients seen via surgical SDEC and 552 via the medical SDEC. In total 1,641 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. We are reviewing our SDEC reporting in line with next year's national performance framework.	Feb-24	

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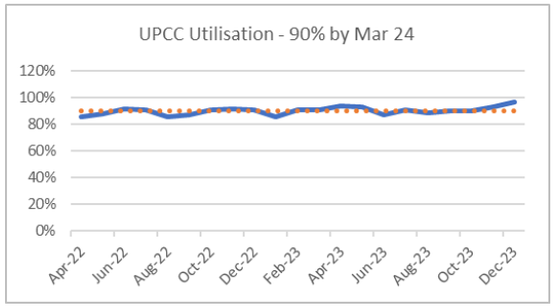
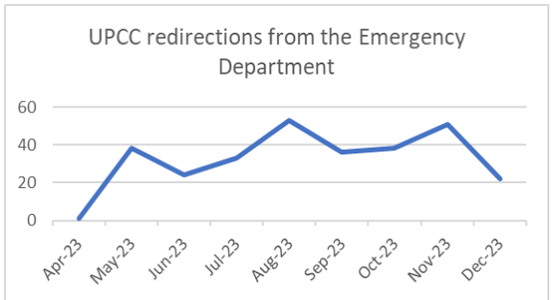
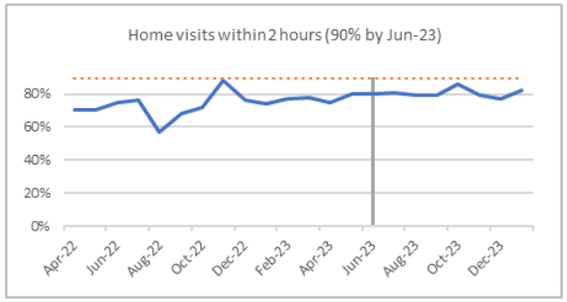
Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) • All clusters to have adequate access to UPCC capacity (September 2023) • NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) • Increased redirections from ED to UPCC (March 2024)	• Average utilisation of >90% achieved across Cardiff and Vale from September, increasing to 97% in December and remaining high at 96% in January • 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 currently at 86% coverage of the C&V population • Calls to CAV247/OOH service - Q1 = 93%, Q2 = 87%, Q3 = 88 • 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 Q3 = 112	Jan-24 Q3-Dec 23	 
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• The Health Board was 100% compliant in January 2024 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 2 of 2 patients receiving their visit with one hour. • For patients that required an 'Emergency' appointment at a primary care center in January the Health Board was 100% compliant, with 4 of 4 patients receiving an appointment within 1 hour • The Health Board was 82% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 98 of 119 patients receiving their visit within 2 hours	Jan-24	

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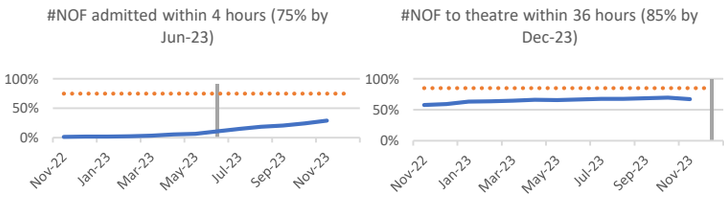
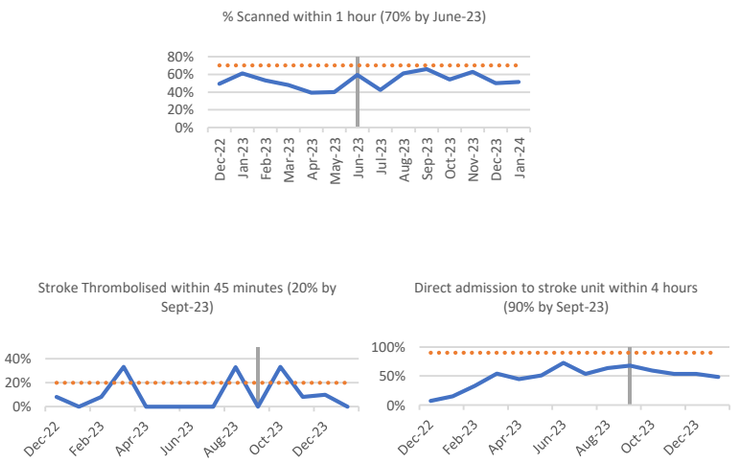
Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In December 2023 the annualised data shows 33.7% of patients were admitted to a specialist ward with a nerve block within 4 hours. In December, 68.9% 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.	Dec-23	
Stroke IMTP Commitments: • 70% scanned within 1 hour (June-23) • 90% admitted within 4 hours (Sept-23) • 20% thrombolysis rate (Sept-23)	While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance from our historic trends. In January: • 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 11.1% • The percentage of CT scans that were started within 1 hour in January was 51.6%, the All-Wales average was 60.0% • The percentage of patients who were admitted directly to a stroke unit within 4 hours was 48.2% in January, the All-Wales average was 22.9% 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.	Jan-24	
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 now a 24/7 service. This expansion is important for 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 was resourced from September 2023 following successful recruitment of staff	Dec-23	

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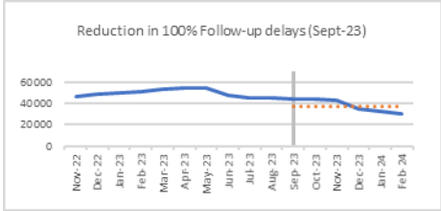
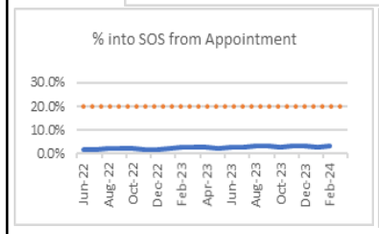
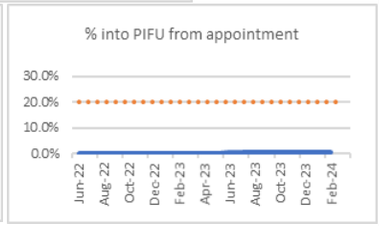
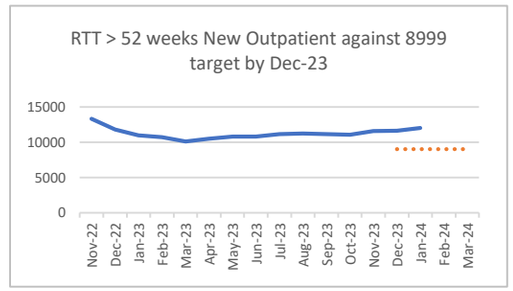
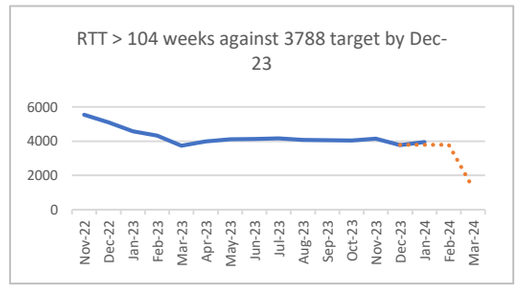
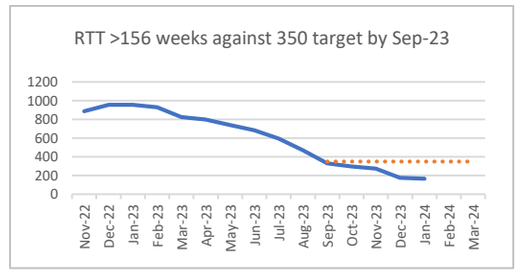
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) • SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) • SOS and PIFU –20% of appropriate outpatient appointments	• In total there were 177,929 patients awaiting a follow-up outpatient appointment at the end of February • Of these, there were 29,865 patients who were 100% delayed for their follow-up outpatient appointment, a significant decrease noted from December • 2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway • 0.8% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	Feb-24 Feb-24	  
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 for all long waiting patient groups. • In January, 11993 patients had waited 52 weeks for their outpatient appointment, an increase from December and still above our ambition for March 24. We are working with our high volume specialties to reduce this as we move through Q4.	Jan-24	
104 Week Treatment Annual Plan Commitment • 3788 patients > 104 week waits for treatment (December 2023) • 1263 patients > 104 week waits for treatment (March 2024)	• In January the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed January with 3943 patients waiting longer than 104 weeks which accounts for 2.76% of the total waiting list. • Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment as we work towards the March ambition.	Jan-24	
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 167 in January. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	Jan-24	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data
Community Pharmacy Annual Plan Commitment: • >90% of all eligible community pharmacies providing CCPS (June 2023) • 10% increase in pharmacy independent provider access (December 2023)	98% of all eligible community pharmacies providing CCPS • 100 Community Pharmacies currently eligible to provide CCPS • 100/103 Community Pharmacies signed up to deliver CCPS. 3537 PIP consultations undertaken in Q3, increased from 2395 in Q1 and 3502 in Q2. There has been an increase to 32% of pharmacies providing PIP services.	Q3-December 2023	PIP consultations: Sep-23 1361; Oct-23 1348; Nov-23 926; Dec-23 1263
GMS Escalation Annual Plan Commitment: • >95% of practices reporting escalation levels (June 2023) • >95% achievement of core access to in-hours GMS Services (September 2023)	• Average of 92% of Practices reporting escalation levels (Average for Q1 and Q2 88%) – Increase in number of practices at level 3 or above (36 practices as at December 23 = 64%) • 98% achievement of core access standards to in hours GMS	Q3-Dec 2023	Escalation reporting: Q1 88.0%; Q2 88.0%; Q3 92.0% Access Standards: Q1 98.0%; Q2 98.0%; Q3 98%
Dental Annual Plan Commitment: • 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	• % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 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.	Q3-Dec 2023	Sep-23 / Oct-23 / Nov-23 / Dec-23 New: 99.80% / 113.90% / 130.33% / 139.27% New Urgent: 45.10% / 52.80% / 57.00% / 63.25% Historic: 43.80% / 51.20% / 59.58% / 64.69% Sep-23 / Oct-23 / Nov-23 / Dec-23 CDWL volume: 21,836 / 22,975 / 23,892 / 24,636
Optometry Annual Plan Commitment • >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	• Contract reform and implementation still in progress, currently 12 practices offer and Optometry Independent Prescribing service (18.75%)	Q3-Dec 2023	
Respiratory Annual Plan Commitment • 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	• Community Spirometry service available in both Cardiff and Vale regions. • 1,269 Patients appointed (81%), current waiting list of 251. • Phase 2 service implemented from November to include post bronchodilator spirometry and reversibility/FeNO testing for patients who are suspected of having asthma. Increased number of clinics in Community from January 2024.	Q3-Dec 2023	

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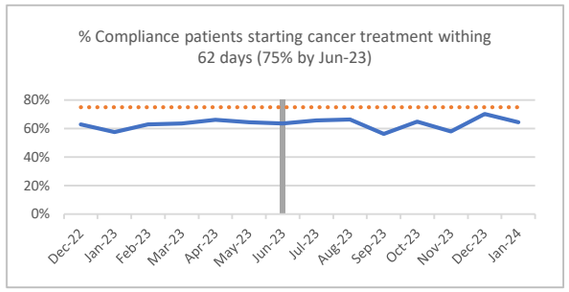
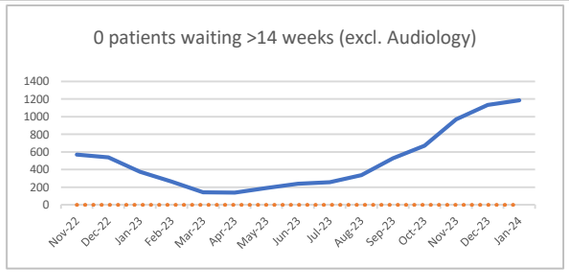
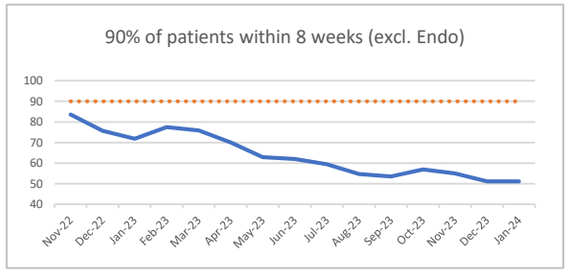
Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)	• Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%, our highest performance since the introduction of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 1905 suspected cancer patient on the SCP. 203 have waited over 62 days, of which 70 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.	Jan-24	
• 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 1184 patients waiting over 14-weeks for Therapy in at the end of January. In total there were 1591 patients waiting longer 14 weeks for Therapy, a decrease from November and December due to a reduction in Audiology breaches.	Jan-24	
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 9197 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of January. In total there were 14329 patients waiting longer than 8 weeks for a diagnostic test, a decrease from December. • 51% of patients seen within 8 weeks in January (excluding Endoscopy), remaining the same from December. • 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.	Jan-24 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.	Jan-24	
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 This workstream has been realigned with a national focus the 3 Ps programme and delivery of Single Point of Access from Q1 24/25: - Promoting healthy behaviours - Preventing deconditioning whilst waiting - Preparing for treatment and recovery	Jan-24	

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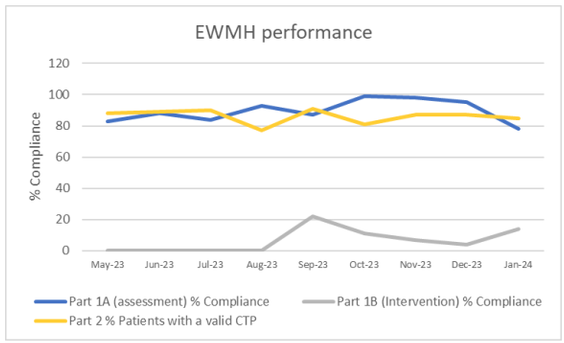
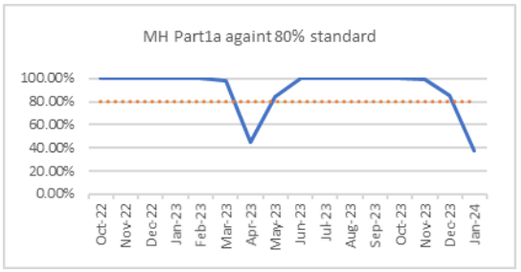
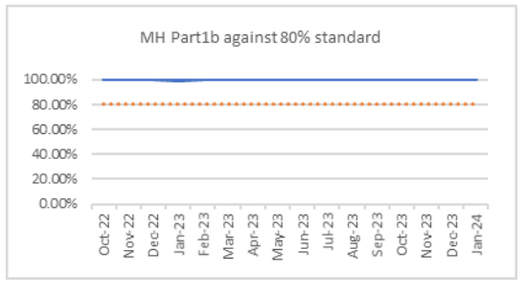
Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance dropped below the 80% standard at 78% in January 2024. Part 1b performance increased to 14% but remains low due to additional assessments undertaken to meet Part 1a, high referral levels in June and July 23 and continued workforce challenges. The number waiting continues to increase but the longest wait reduced in January. 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. The implementation of a new PARIS module has improved data capture.	Jan-24	
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 1335 referrals in January 2024. 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: as forecasted. in January the percentage of Mental Health assessments undertaken within 28 days reduced to 37.5% • Part 1b compliance remains at 100%	Jan-24	 

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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	Dec-23	100%	**98%**	Q1: 98.0% / Q2: 98.0% / Q3: 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	Dec-23	Reduction by Mar 24	**656**	Sep-23: 860 / Oct-23: 943 / Nov-23: 740 / Dec-23: 656
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-23	Increase against 22/23	**1263**	Sep-23: 1361 / Oct-23: 1348 / Nov-23: 926 / Dec-23: 1263
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	Jan-24	80%	**78%**	Oct-23: 99% / Nov-23: 98% / Dec-23: 95% / Jan-24: 78%
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	Jan-24	80%	**14%**	Oct-23: 11% / Nov-23: 7% / Dec-23: 4% / Jan-24: 14%
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	Jan-24	80%	**37.5%**	Oct-23: 100.0% / Nov-23: 99.6% / Dec-23: 85.6% / Jan-24: 37.5%
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	Jan-24	80%	**100%**	Oct-23: 100.0% / Nov-23: 100.0% / Dec-23: 100.0% / Jan-24: 100.0%

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	Feb-24	65%	**44%**	Nov-23: 52% | Dec-23: 56% | Jan-24: 48% | Feb-24: 44%
19.	Median emergency response time to amber calls	Dec-23	12m improvement trend	**01:38:43**	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)	Dec-23	12m reduction trend	**19**	Sep-23: 19 | Oct-23: 20 | Nov-23: 18 | Dec-23: 19
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Dec-23	12m reduction trend	**59**	Sep-23: 72 | Oct-23: 64 | Nov-23: 61 | Dec-23: 59
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	Feb-24	95%	**64.5%**	Nov-23: 66.6% | Dec-23: 63.9% | Jan-24: 63.6% | Feb-24: 64.5%
23.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Feb-24	0 (Mar 2024)	**792**	Nov-23: 518 | Dec-23: 665 | Jan-24: 861 | Feb-24: 792
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-24	80% (Mar 2026)	**64.4%**	Oct-23: 64.7% | Nov-23: 58.0% | Dec-23: 70.2% | Jan-24: 64.4%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-24	0 (Mar 2024)	**14329**	Oct-23: 12230 | Nov-23: 13198 | Dec-23: 14572 | Jan-24: 14329
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Jan-24	Improvement trend	**79.74%**	Oct-23: 80.03% | Nov-23: 81.40% | Dec-23: 81.59% | Jan-24: 79.74%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jan-24	0 (Mar 2024)	**1591**	Oct-23: 1823 | Nov-23: 1906 | Dec-23: 1804 | Jan-24: 1591

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	Jan-24	Improvement trajectory towards 0	**11993**	Oct-23: 11044; Nov-23: 11561; Dec-23: 11617; Jan-24: 11993
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jan-24	Improvement trajectory towards 0	**21866**	Oct-23: 20577; Nov-23: 20758; Dec-23: 21353; Jan-24: 21866
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-24	Improvement trajectory towards 0	**34817**	Oct-23: 44166; Nov-23: 42904; Dec-23: 34737; Jan-24: 34817
31	Number of patients waiting more than 104 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	**3943**	Oct-23: 4045; Nov-23: 4142; Dec-23: 3780; Jan-24: 3943
32.	Number of patients waiting more than 52 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	**29854**	Oct-23: 26471; Nov-23: 28054; Dec-23: 28842; Jan-24: 29854
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Jan-24	80%	**78%**	Oct-23: 99%; Nov-23: 98%; Dec-23: 95%; Jan-24: 78%
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-24	80%	**19%**	Oct-23: 30%; Nov-23: 28%; Dec-23: 22%; Jan-24: 19%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-24	80%	**62%**	Oct-23: 66%; Nov-23: 68%; Dec-23: 63%; Jan-24: 62%

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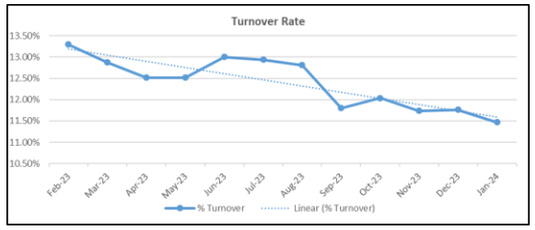
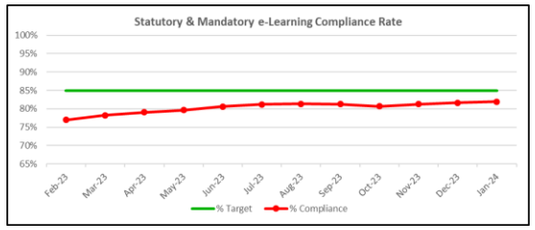
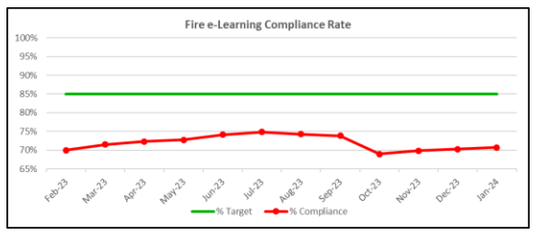
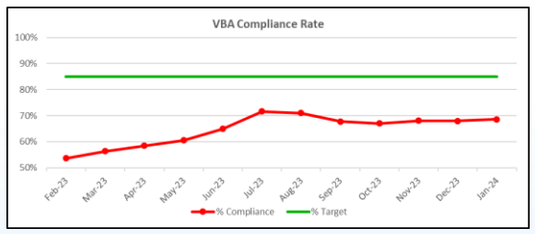
Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.8%	10.6%	10.3%	10.4%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%	69%	58%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.4	
	% of theatre session utilisation	95%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	80%	76%	
	% in session utilisation	85%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	77%	78%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	322	267	
	% 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	141828	142758	
Inpatient	Delayed pathways of Care - Mental Health	217					43	39	45	36	36	31	41	36	37	
	Delayed Pathways of Care - non-Mental Health						204	178	171	140	124	142	150	114	173	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	

Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Feb-23; the rates have fallen from 13.29% to 11.47% in Jan-24 UHB wide. This is a net 1.82% decrease, which represents 255 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'.	Jan-2024	
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Jan-24 was 6.22. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Jan-23, which was 7.10%).	Jan-2024	
Statutory and Mandatory Training	The overall compliance rates rose for Jan-24 to 81.93%, 3.07% 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, Corporate Executives and Children & Women's are above 80% compliance. The compliance with Fire training was 70.75% for Jan-24. The compliance for all of the Clinical Boards is below the 85% compliance target.	Jan-2024	 
Values Based Appraisal	VBA compliance was to 68.59% for Jan-24. 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, and was 79.00% for Jan-24.	Jan-2024	

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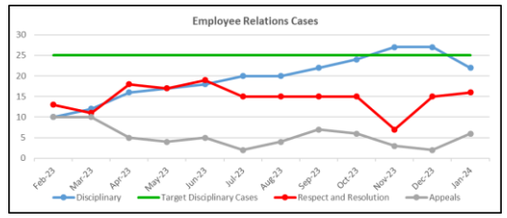
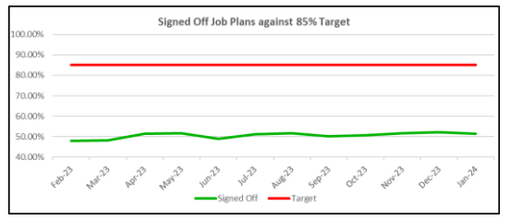
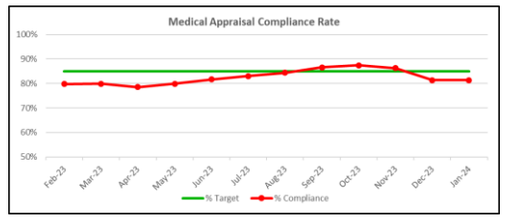
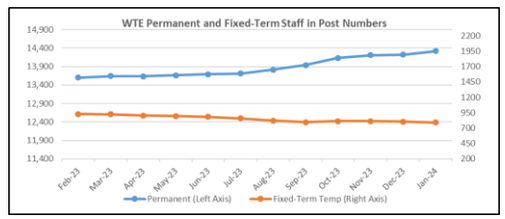
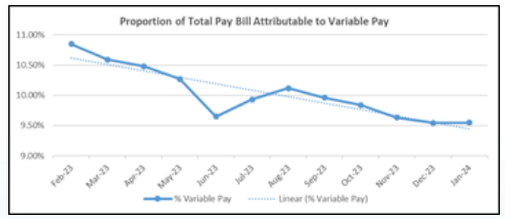
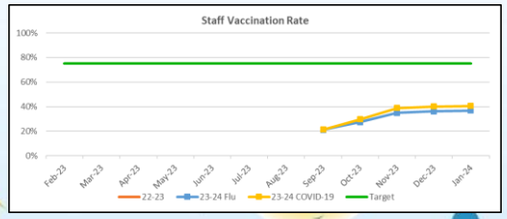
Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and for 2 months exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	Jan-2024	
Job Plans	91.98% of clinicians have engagement with job planning and have a job plan in the system, however only 51.56% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Jan-2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 3 months. At Jan-24 the compliance was 81.39% and has now fallen below the 85% target.	Jan-2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 575 WTE, to 15,109 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	Jan-2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. It has been as high as 10.85% of the total spend on pay, but in Jan-24 was 9.55%. It must however be borne in mind that the total pay bill is increasing.	Jan-2024	
Staff Influenza Vaccination Programme	The 2023-24 winter vaccination programme commenced in Sep-23. So far 36.86% of staff have received the flu vaccine and 40.64% 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.	Jan-2024	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Jan-24	6%	**6.22%**	Oct-23: 6.46%; Nov-23: 5.76%; Dec-23: 6.65%; Jan-24: 6.22%
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jan-24	7%-9%	**11.47%**	Oct-23: 12.03%; Nov-23: 11.74%; Dec-23: 11.76%; Jan-24: 11.47%
38.	Agency spend as a percentage of the total pay bill	Jan-24	12 month reduction trend	**1.16%**	Oct-23: 1.35%; Nov-23: 1.28%; Dec-23: 1.33%; Jan-24: 1.16%
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)	Jan-24	85%	**69.41%**	Oct-23: 68.29%; Nov-23: 69.20%; Dec-23: 68.86%; Jan-24: 69.41%

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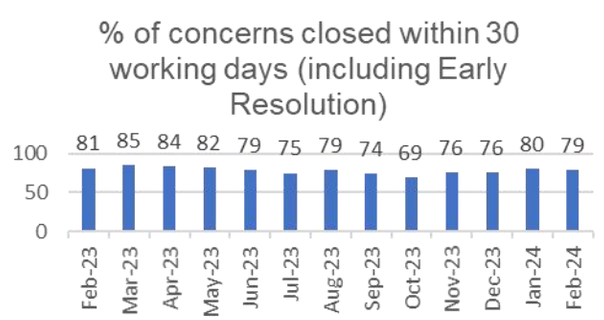
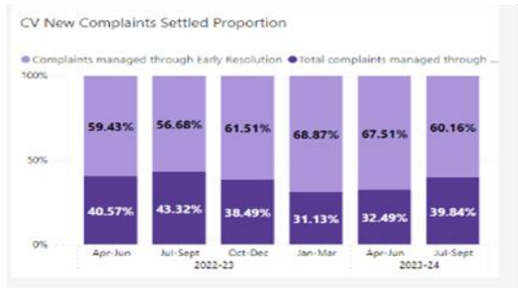
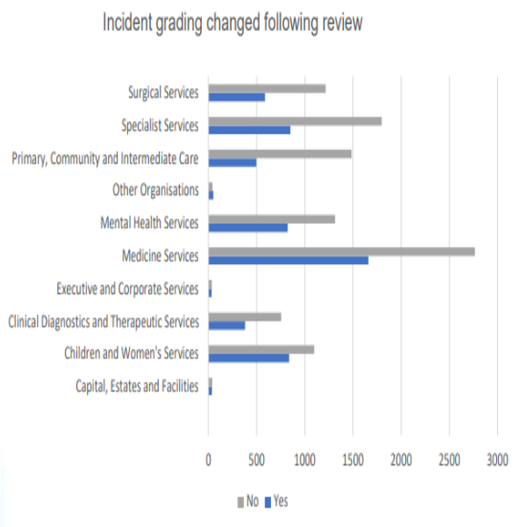
Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** During January and February 24, the Health Board received : 1. 687 Concerns 2. Closed 642 concerns 3. 80% closed within 30 working days (including Early Resolution) 4. 35 % closed under Early Resolution (within 2 days including day of receipt) 5. 266 Enquiries 6. 86 Compliments 7. We currently have 283 active concerns Top 3 themes and trends 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment	January February 2024	 
Duty of Candour	Since April 1st 2023, 21,422 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 December we have triggered the DOC on 20 occasions *(Ophthalmology incidents accounted for the increased number)* We have internally audited the process and compliance		

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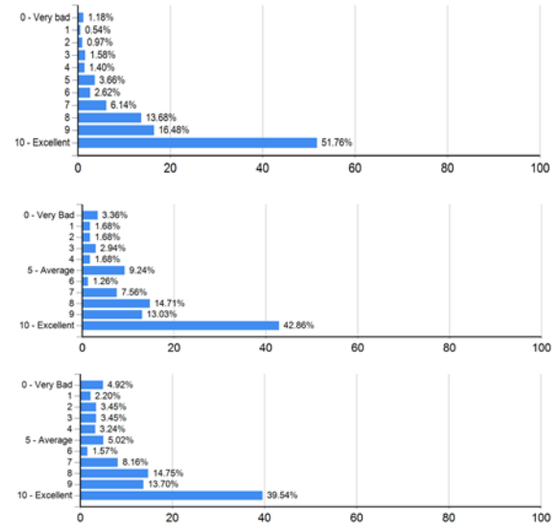
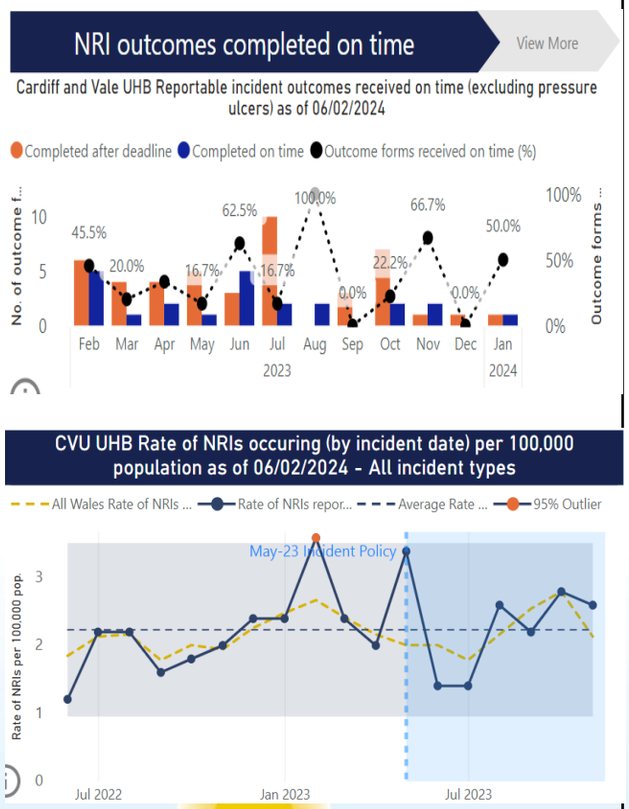
Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• From 28th October 2022 and we are surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent 154,384 texts and are seeing a response of 17%. • In January, we sent 15,389 texts and had 2561 completions (17% response). • In February, we sent 11,052 texts and had 1832 completions (17% response). • Of those respondents who were discharged during January/February and answered the rating question, 85% were satisfied with our service. • Currently, our response rate is 17% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year.	Jan/Feb-24 (Random) Jan/Feb-24 (MH) Jan/Feb-24 (EU))	
Patient Safety	During January 2024, 1817 patient safety incidents were reported, 77% were reported as *no* or *low* harm. Falls were the highest reported patient safety incident category, followed by pressure damage (this was the reverse in December). <u>NRI performance January 2024</u> • Number of open NRIs – 93 (Dec. 95 were open) • Number of NRIs reported – 12 (Dec. 24 were reported) • Number of outcomes forms submitted – 12 (Dec. 7 submitted) • Number of overde NRIs – 33 (Dec. 34 overdue) November and December had seen particularly high numbers of NRIs being reported, January was back to the expected average. Of the 12 reported, 5 were reported by Children and Women and 3 of those were due to the addition of MBRRACE criteria to NRI reporting. Surgery reported 4, of these, 1 was a **never event** – wrong site surgery (wrong site block). We are looking at introducing After Action Reviews as a method to provide more timely review and closure of NRIs, helping to reduce the number that are overdue. There are 4 open **Never Events** reported between June 2023 and January 2024; these are Administration of Medication via wrong route (1), wrong site surgery (2) and retained foreign object post procedure (1). <u>Incident Queues</u> There are 5399 incidents which have been open for more than 90 days which does not reflect a timely incident management process. This figure is steadily rising and was 5153 in December and in November was 4832. Work underway with Clinical Boards to reduce this. Raised by WRP and Internal Audit as an area to improve.		

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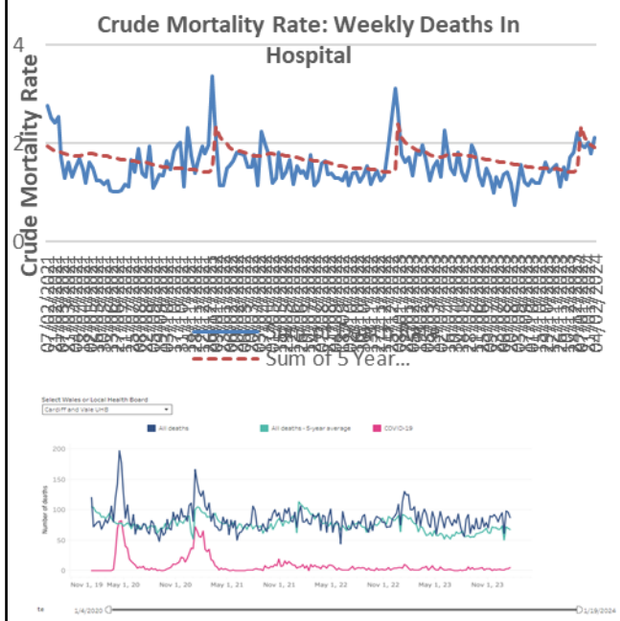
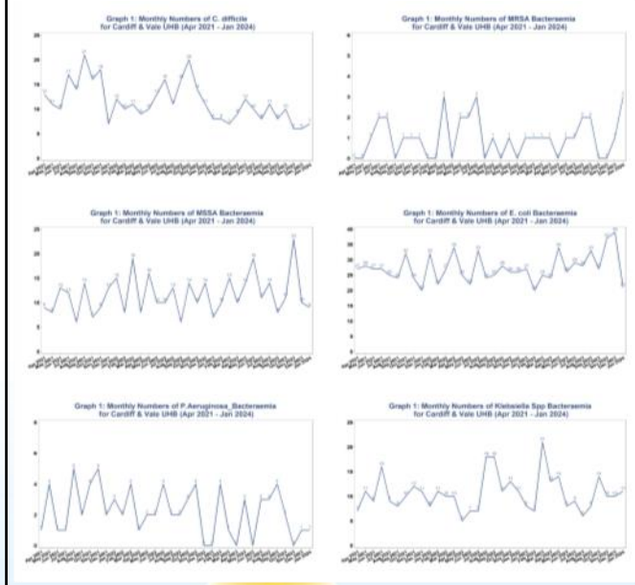
Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	Inpatient Mortality The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period. Close to 100% of patients that die as an inpatient now receive independent 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 January 23, there were 87 cases of **C. difficile**. The current rate is **20.58 cases per 100,000 population** which is **31.5% lower than the equivalent period in 2022/23.** The reduction expectation (RE) rate is 25 cases per 100,000 population, the current CAV rate is **19.4% below the RE**. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs. • There were 137 cases of **S. aureus bacteraemia**. The current rate is **32.41 cases per 100,000 population** which is **12.9% higher than the equivalent period in 2022/23**. The RE rate is 20 cases per 100,000 population, the CAV rate is **47.35% over the RE**. CAV is not on trajectory to achieve the RE rate and has the 2nd highest rate across the 6 UHBs. • There were 294 cases of **E. coli bacteraemia**. The current rate is **69.55 cases per 100,000 population** which is 11.6**% higher than the equivalent period in 2022/23.** The RE rate is 67 cases per 100,000 population, the CAV rate is 3.7% over **the RE.** CAV is not on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs. • There were 103 cases of ***Klebsiella spp*** **bacteraemia** which is **10.1% lower than the equivalent period last in 2022/23**. The current maximum number needed to achieve the reduction expectation is 58 cases, thus **CAV is 55.9% over the RE**. CAV is not on trajectory to achieve the RE number, we have the 3rd highest rate across the 6 UHBs. • There were 17 cases of ***P. aeruginosa*** **bacteraemia which is 38.1% lower than the equivalent period in 2022/23.** The current maximum number to achieve the RE is 18 cases, thus **CAV is 5.7% under the current RE number**. CAV is on trajectory to achieve the RE number while also having the 3rd lowest rate across the 6 UHBs.	Apr 23 – Nov 23	

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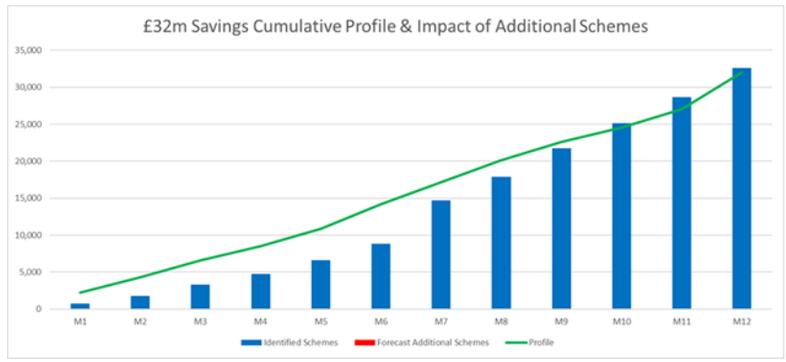
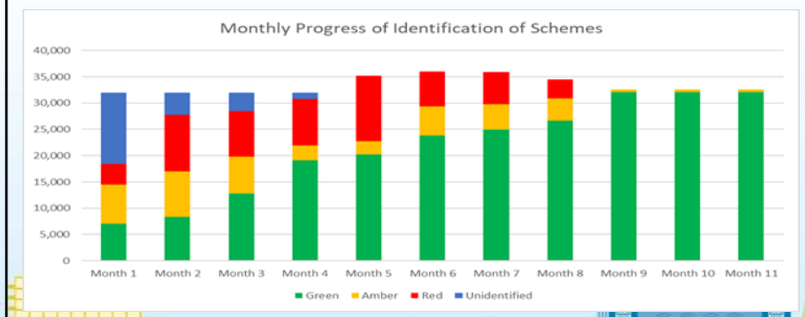
Priority	Performance Summary	Reported Period	Data
Deliver 2023/24 Draft Financial Plan	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £40.3m • Covid consequential costs of £34.2m & additional energy costs of £11.5m • 23/24 Demand and cost 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 11, the UHB is reporting an overspend of £16.818m . This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (eleven twelfths of the revised forecast year end deficit of £16.460m).	Feb-24	<table><tr><th></th><th>Month 11 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>15.088</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>1.082</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>0.648</td><td>0.000</td></tr><tr><td>**Financial Position £m (Surplus) / Deficit £m**</td><td>**16.818**</td><td>**16.460**</td></tr></table>
Delivery of recurrent £32m savings target	At month 11, the UHB has identified £32.590m of green and amber savings against the £32m savings target. The month 11 position includes a Savings Programme variance of £1.082 due to the shortfall in delivery against some schemes. This is expected to be recovered, supported by additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.460m. The UHB expects to deliver the £32m 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	Feb-24	Graph 1 – Profile of Savings Delivery  Graph 2 - Progress of Identification of Schemes 

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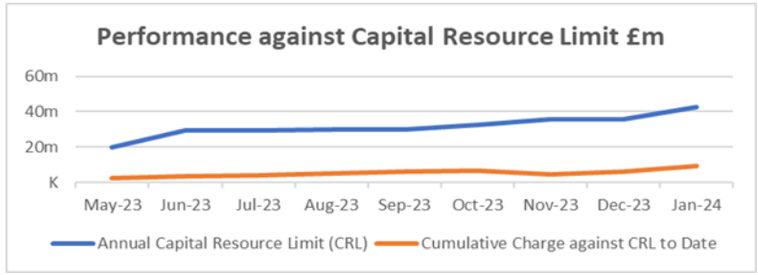
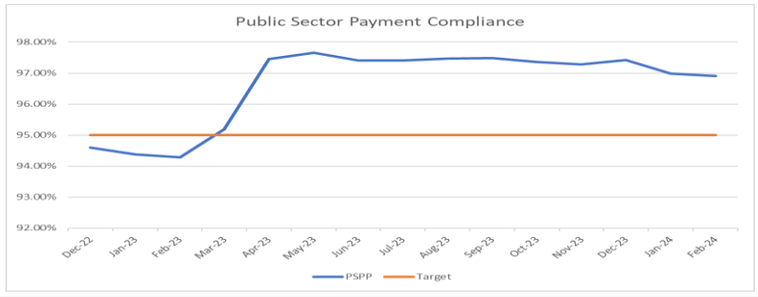
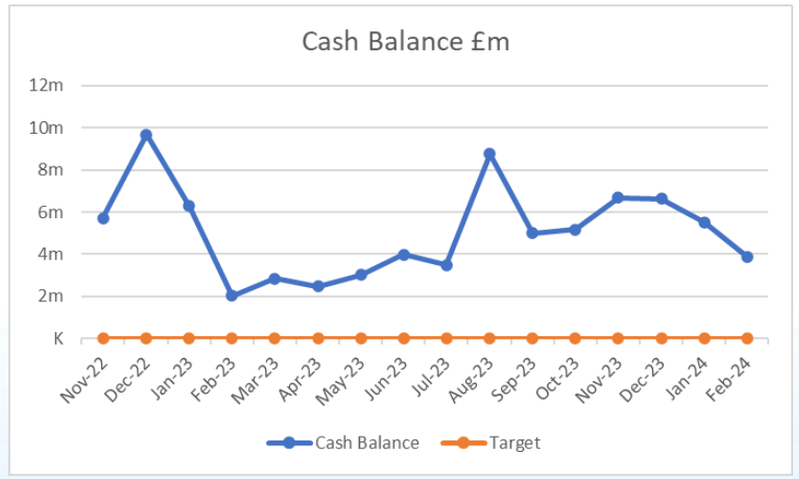
Priority	Performance Summary	Reported Period	Data
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Jan-24	
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of February was **96.90%** as illustrated in the graph to the right.	Feb-24	
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.	Feb-24	
Maintain Positive Cash Balance	The closing cash balance at the end of February 2024, was £3.881m. 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. • 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 £12m @ month 11.	Feb-24	

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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	Dec-23	90%	**85.3%**	Oct-23: 80.5%; Nov-23: 86.5%; Dec-23: 86.5%; Jan-24: 85.3%
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	Dec-23	90%	**54.4%**	Oct-23: 46.3%; Nov-23: 49.6%; Dec-23: 52.0%; Jan-24: 54.4%
46.	Number of patient experience surveys completed and recorded on CIVICA *(Total partial/full survey completions, including SMS, Bedside and bespoke)*	Jan/Feb-24	Month on month improvement	↓ **4232**	As noted IT issue is affecting returns-being addressed

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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*	Jan-24	*Klebsiella sp* - 58 *P. aeruginosa* – 18	**103** **17**	Not on trajectory to achieve the reduction expectation number, however less cases compared to the same time 2022/23 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)	Jan-24	***E. coli*** – 67 cases per 100,000 population ***S. aureus*** – 20 cases per 100,000 population	**69.55 cases per 100,000 population** **32.41 cases per 100,000 population**	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate. Focusing on further rollout of ANTT and the Exec review of HAI cases
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Jan-24	25 cases per 100,000 population	**20.58 cases per 100,000 population**	CAVUHB is the only HB 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	Jan-24	0 (Mar 24)	**1805**	Oct-23: 1853; Nov-23: 1740; Dec-23: 1737; Jan-24: 1805
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	↑ **5,399**	Work in progress – number of open over 90 days is increasing month on month

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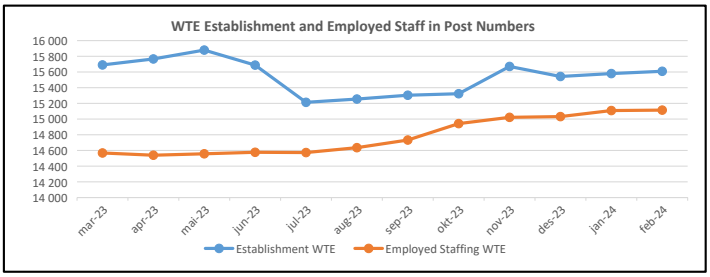
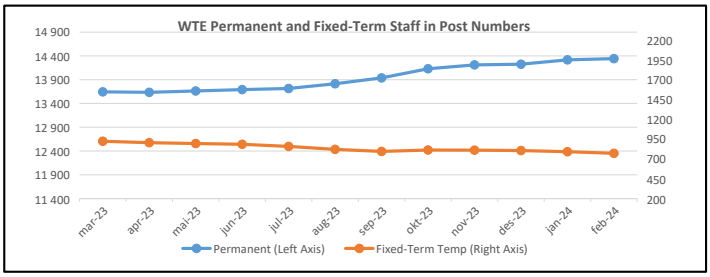
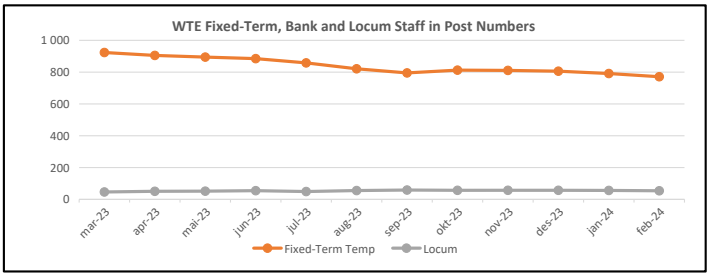
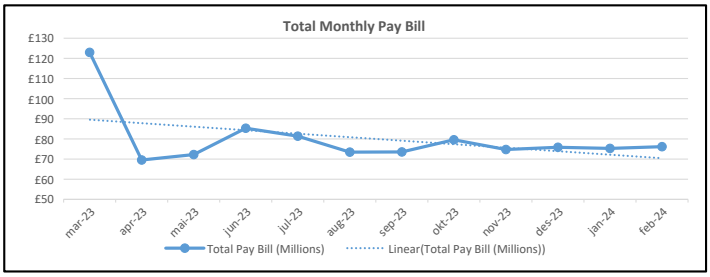
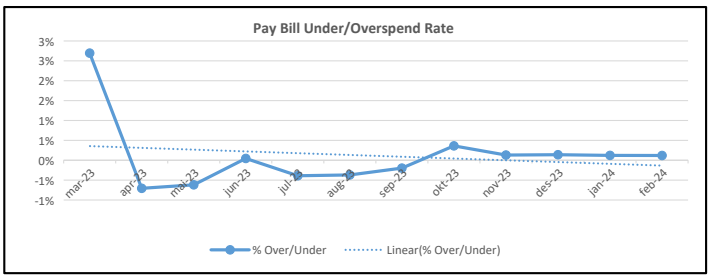
Workforce Key Performance Indicators Trends February 2024

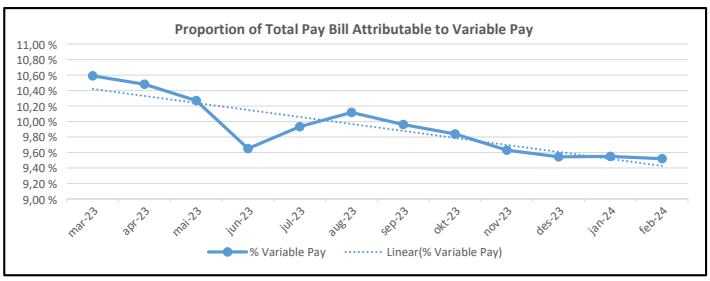


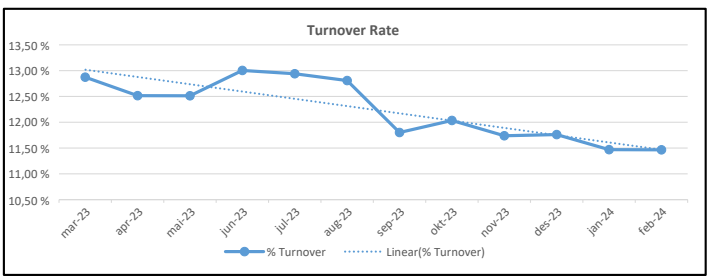


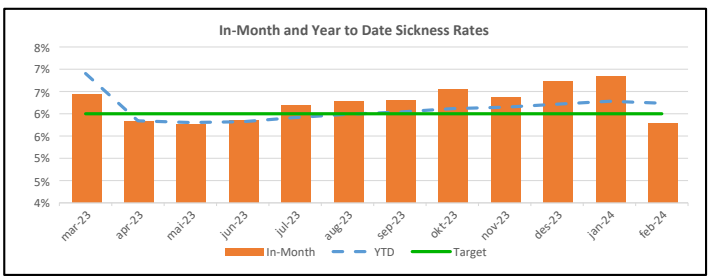


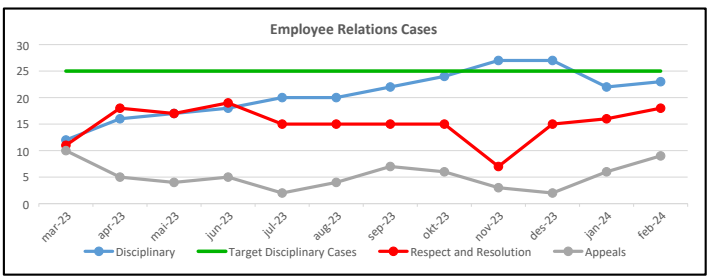


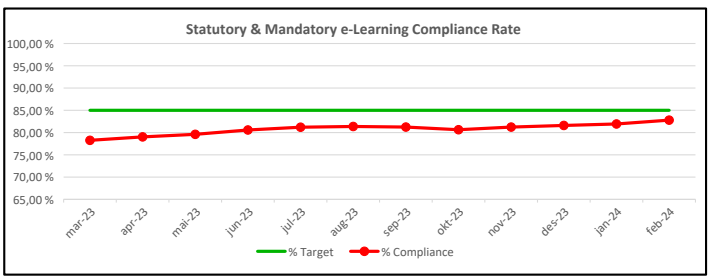


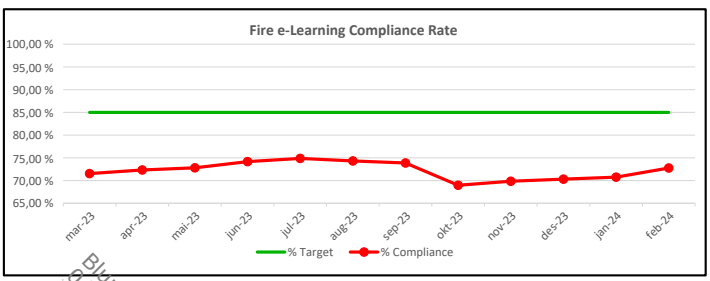


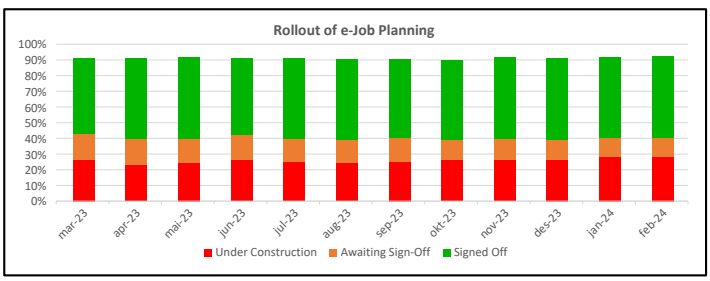


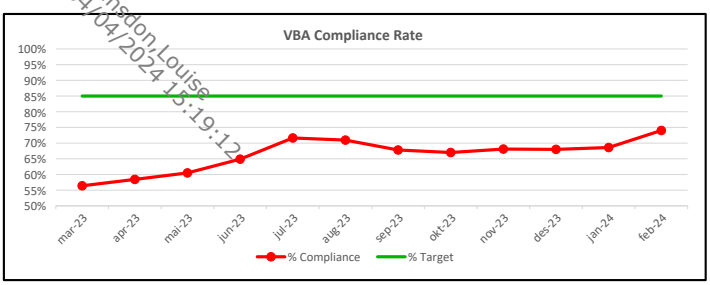


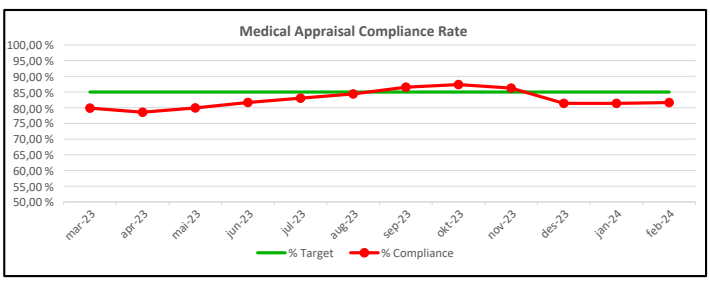












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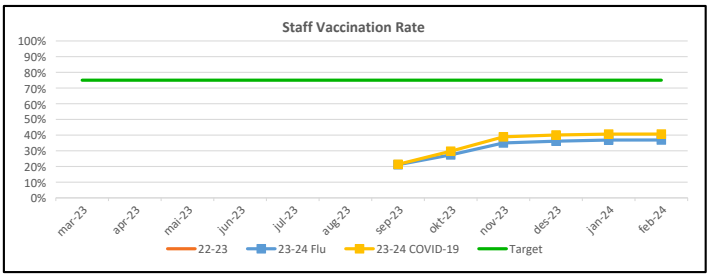

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Stat & Mand

	mar-23	apr-23	mai-23	jun-23	jul-23
% Compliance	78,26 %	79,03 %	79,60 %	80,58 %	81,20 %
% Target	85 %	85 %	85 %	85 %	85 %

Fire

	mar-23	apr-23	mai-23	jun-23	jul-23
% Compliance	71,53 %	72,33 %	72,80 %	74,16 %	74,87 %
% Target	85 %	85 %	85 %	85 %	85 %

VBA

	mar-23	apr-23	mai-23	jun-23	jul-23
% Compliance	56,40 %	58,43 %	60,50 %	64,89 %	71,64 %
% Target	85 %	85 %	85 %	85 %	85 %

Medical Appraisal

	mar-23	apr-23	mai-23	jun-23	jul-23
% Compliance	79,87 %	78,57 %	79,94 %	81,67 %	83,05 %
% Target	85 %	85 %	85 %	85 %	85 %

Turnover

	mar-23	apr-23	mai-23	jun-23	jul-23
% Turnover	12,87 %	12,52 %	12,51 %	13,00 %	12,94 %

Pay Bill Spend

	mar-23	apr-23	mai-23	jun-23	jul-23
% Over/Under	2,69 %	-0,71 %	-0,62 %	0,05 %	-0,39 %

Variable Pay

	mar-23	apr-23	mai-23	jun-23	jul-23
% Variable Pay	10,59 %	10,48 %	10,27 %	9,65 %	9,93 %

WTE Staff in Post

	mar-23	apr-23	mai-23	jun-23	jul-23
Establishment WTE	15689,99	15766,12	15879,34	15687,70	15213,45
Employed Staffing WTE	14567,93	14539,31	14557,37	14576,64	14573,19

WTE Staff by Contract

	mar-23	apr-23	mai-23	jun-23	jul-23
Permanent (Left Axis)	13644,44	13634,15	13662,71	13691,62	13714,96
Fixed-Term Temp (Right Axis)	923,48	905,16	894,66	885,02	858,24

WTE Staff by Contract

	mar-23	apr-23	mai-23	jun-23	jul-23
Fixed-Term Temp	923,48	905,16	894,66	885,02	858,24
Locum	46,53	50,80	51,70	54,72	49,27

Job Plan Compliance

	mar-23	apr-23	mai-23	jun-23	jul-23
Under Construction	26,77 %	23,25 %	24,37 %	26,48 %	25,23 %
Awaiting Sign-Off	16,02 %	16,27 %	15,52 %	15,57 %	14,66 %
Signed Off	48,28 %	51,43 %	51,72 %	48,86 %	51,25 %

Monthly Spend

	mar-23	apr-23	mai-23	jun-23	jul-23
Total Pay Bill (Millions)	£122,97	£69,54	£72,24	£85,32	£81,38
	£122 971 725	£69 543 050	£72 242 004	£85 321 520	£81 381 677

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Sickness

	mar-23	apr-23	mai-23	jun-23	jul-23
YTD	6,90 %	5,84 %	5,80 %	5,82 %	5,92 %
In-Month	6,44 %	5,84 %	5,77 %	5,86 %	6,19 %

Target	6,00 %	6,00 %	6,00 %	6,00 %	6,00 %
ER Activity					
	mar-23	apr-23	mai-23	jun-23	jul-23
Disciplinary	12	16	17	18	20
Target Disciplinary Cases	25	25	25	25	25
Respect and Resolution	11	18	17	19	15
Appeals	10	5	4	5	2
Vaccination					
	mar-23	apr-23	mai-23	jun-23	jul-23
22-23					
23-24 Flu					
23-24 COVID-19					
Target	75 %	75 %	75 %	75 %	75 %

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aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
81,37 %	81,24 %	80,64 %	81,23 %	81,60 %	81,93 %	82,79 %
85 %	85 %	85 %	85 %	85 %	85 %	85 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
74,31 %	73,87 %	68,97 %	69,85 %	70,31 %	70,75 %	72,76 %
85 %	85 %	85 %	85 %	85 %	85 %	85 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
70,96 %	67,81 %	67,00 %	68,10 %	68,00 %	68,59 %	74,03 %
85 %	85 %	85 %	85 %	85 %	85 %	85 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
84,40 %	86,54 %	87,38 %	86,25 %	81,40 %	81,39 %	81,65 %
85 %	85 %	85 %	85 %	85 %	85 %	85 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
12,81 %	11,80 %	12,03 %	11,74 %	11,76 %	11,47 %	11,47 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
-0,37 %	-0,20 %	0,36 %	0,13 %	0,14 %	0,12 %	0,12 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
10,12 %	9,96 %	9,84 %	9,63 %	9,54 %	9,55 %	9,52 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
15255,10	15303,89	15323,04	15670,49	15542,84	15579,83	15609,06
14635,50	14732,78	14942,19	15022,00	15031,53	15108,57	15114,10

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
13814,43	13937,62	14129,53	14211,09	14225,47	14317,23	14342,89
821,07	795,16	812,66	810,91	806,06	791,34	771,21

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
821,07	795,16	812,66	810,91	806,06	791,34	771,21
55,46	58,73	56,97	57,18	57,11	56,23	54,03

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
24,72 %	25,03 %	26,45 %	26,64 %	26,22 %	28,17 %	28,19 %
14,17 %	15,18 %	12,83 %	13,04 %	12,56 %	12,25 %	12,21 %
51,59 %	50,17 %	50,78 %	51,73 %	52,11 %	51,56 %	52,16 %

aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
£73,45	£73,54	£79,58	£74,75	£75,86	£75,30	£76,16
£73 454 077	£73 544 920	£79 581 286	£74 751 417	£75 860 722	£75 301 641	£76 161 607

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aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
5,99 %	6,04 %	6,12 %	6,15 %	6,21 %	6,28 %	6,24 %
6,28 %	6,30 %	6,55 %	6,37 %	6,74 %	6,85 %	5,79 %

6,00 %	6,00 %	6,00 %	6,00 %	6,00 %	6,00 %	6,00 %
aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
20	22	24	27	27	22	23
25	25	25	25	25	25	25
15	15	15	7	15	16	18
4	7	6	3	2	6	9
aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24
	21,14 %	27,39 %	35,00 %	36,13 %	36,86 %	36,89 %
	21,38 %	29,73 %	38,89 %	40,07 %	40,64 %	40,67 %
75 %	75 %	75 %	75 %	75 %	75 %	75 %

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GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Local Partnership Forum 2023-24

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1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2023-24.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, and senior members of the People and Culture team. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2023 to 31 March 2024. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

	13/04	08/06	10/08	12/10	12/12	08/02
Director of People and Culture (co-Chair)	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Chief Executive	*	**Y**	**Y**	*	*	**Y**
ED of Finance	*	*	*	*	*	*

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Executive Nurse Director		**Y**	**Y**			**Y**
Medical Director	**Y**	*				
ED of Strategy and Planning	**Y**		**Y**	*	**Y**	*
ED of Therapies and Health Science	**Y**	**Y**	*	*	*	*
Chief Operating Officer	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
ED of Public Health	**Y**	**Y**	*	**Y**	**Y**	**Y**
Director of Corporate Governance			**Y**	**Y**	**Y**	**Y**
Director of Communications and Engagement	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Deputy Director of People and Culture		**Y**		**Y**		
AD of OD, Wellbeing and Culture	**Y**	**Y**	**Y**			**Y**
AD of People Resourcing	**Y**		**Y**	**Y**	**Y**	**Y**
Head of People Assurance and Experience		**Y**		**Y**	**Y**	**Y**

Note:
Executive Director Public Health: Fiona Kinghorn April 2023-December 2023, Claire Beynon February 2024
Director of Corporate Governance: James Quance (interim) April – July 2023, Matt Phillips from August 2023

4.0 TERMS OF REFERENCE

The Terms of Reference are incorporated into the Partnership and Recognition Agreement. This was reviewed by the Local Partnership Forum on 17 June 2021 and was approved by the Board on 29th July 2021. These are now due for a review in 2024.

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5.0 WORK UNDERTAKEN

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.
Key topics considered during the period April 2023 – March 2024 are set out below.

5.1 13 April 2023

The Equity and Inclusion Senior Manager was in attendance to present the Cardiff and Vale UHB Anti Racist Wales Action Plan. It was noted that the Race Equality Standards (RES) in Wales will be different to England as they will go further by including social care too. Staff Representatives suggested that some staff question the point of the action plan and talked about the importance of encouraging their involvement through being open and honest about the need to improve. The importance of psychological safety and creating an environment where staff don't need to feel brave to speak up was discussed.
The **LPF Annual Workplan for 2023-23** was approved.

The following **items for received for noting**:

- Local Partnership Forum Annual Report
- Workforce Partnership Group Annual Report
- Clinical Board Local Partnership Forums Annual Report

5.2 08 June 2023

The Assistant Director of Culture and OD presented the Strategic Equality Plan, noting that:

- CAV UHB has maintained its position as one of Stonewall's top 100 inclusive employers in the UK as part of their Workplace Equality Index (WEI)
- The One Voice Network has supported with awareness days surrounding black history and has helped develop and coproduce the antiracist action plan, linking in with Professor Anton Emmanuel and the race equality standards.
- The UHB achieved Disability Confident Leader Level 3 - this is recognition that the UHB is as an inclusive employer; the logo can be displayed on job

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advertisements and the Health Board website to highlight this. This status comes with an additional responsibility to continue to represent and improve in this arena.

- Ongoing work is taking place with the Accessibility Network to ensure current and prospective staff with disabilities and long-term conditions are supported.
- The team achieved the HPMA Welsh Language Award for their work on translation. There was an 11% increase in the number of words translated between 2021 and 2022. The use of 'Phrase' translation software (previously 'Memsource') has supported these improvements.
- The UHB is compliant with 82/121 of the Welsh Language Standards. Prioritisation is now surrounding organisational strategy and patient facing documentation.

Staff Representative Members of the Forum raised concerns about the increase in prices of food available to staff, especially in the context of the cost of living crisis, and the way this was communicated. It was also suggested that there is a significant amount of food wastage in the Aroma outlets and that perhaps food close to expiry should be discounted to support staff.

5.3 10 August 2023

The Executive Nurse Director and Nurse Staffing Levels Lead presented the Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act (2016) which had previously been received by Board. The following points were noted:

- SafeCare highlights opportunities for staffing levels to be levelled out, allowing for quick action and assessment of the causes and justification for shortages where wards are understaffed.
- During rostering processes, managers are rostered as supernumerary, however it was acknowledged that this is not always the case in practice. Although this is a requirement for section 25B wards the UHB approach at present is to apply this across all wards.
- Executive Nursing Directors in Wales are campaigning for a review of this legislation with an aim for it to be less prescriptive about who is responsible for caring for a patient.

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- The importance of finding balance between supporting the organisation with financial recovery through efficient rostering and enabling staff to benefit from a healthy work/life balance, and supporting the retention of experienced staff, was acknowledged.
- The enthusiasm and passion of the Trade Unions on this subject was noted. Staff representative members of the Forum asked to be involved, highlighting the staff development initiatives and policies as key areas where involvement would be appreciated.

5.4 12 October 2022

The Chief Operating Officer gave a presentation on the Winter Plan. The importance of compassionate leadership to ensure the wellbeing and engagement of our workforce was noted.

The Head of Strategic Planning attended to give a presentation on the IMTP/Annual Planning process. It was noted that it is an integrated and tactical plan, and that this year the UHB had to submit an Annual Plan due to its financial deficit. The Forum noted that the value of the plan is achieved through the process - through conversations around our ambitions, connecting with clinical boards, the testing of the plans and making decisions- rather than the document itself. Staff representatives sought the opportunity to get involved at a Clinical Board level.

Dr Sian Griffiths (SG), Consultant in Public Health Medicine, provided a presentation on Amplifying Prevention. Key points included: background to the work; Move More Eat Well; childhood immunisation; bowel screening; and communication and engagement. The leadership role of the UHB was considered and Dr Griffiths asked the Forum to think about how we can contribute to amplifying prevention further, using the employment cycle eg promote childhood vaccination when people are going on maternity leave.

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5.5 12 December 2022

The Head of Equity and Inclusion was in attendance as part of the engagement process for the Strategic Equality Plan (SEP). It was noted that the SEP is a set of

objectives and actions outlining the work that is required to meet our Public Sector Equality Duty and that 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. In addition, 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- demonstrating a clear direction in Wales towards creating a more equal, equitable, inclusive and fairer society. The objectives from 2020-2024 were discussed and a number of examples of what has been done to meet these objectives were provided. The LPF was asked to consider what the key issues to be considered when shaping our SEP objectives for 2024-2028 were, and how to communicate the Strategic Equality Objectives & Plan in a way that people will understand. Initial comments received included:

- The importance of capturing the recent anti-racist audit by Diverse Cymru
- The current lack of inclusivity on the careers page of the UHB website
- The need to ensure that we're representative of our communities and the importance of inclusive recruitment.
- The problems caused by some staff still not being provided with UHB email addresses
- The TU 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
- That if we want people to get involved and engaged, we need to be clearer about them being listened to and be clear on how we measure this.

It was agreed that the Head of Equity and Inclusion would attend a Staff Side (Trade Union) meeting in the near future to discuss this in more detail.

Trade Union members asked for a clear and urgent message from the Health Board around tackling discrimination head on. They also stated that if the Health Board want people to get involved and be engaged we need to be clearer about them being listened to and how we will measure this.

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5.6 8 February 2024

The Director of Capital, Estates and Facilities attended to provide an update on the Estates Plan and the approach to risk management. It was noted that the Estates Strategy was developed 2018, and while much of it remains relevant it originally focused on new buildings, whereas the main efforts currently are on managing the estate and the associated risks. The scale of this was described, including the number of engineering assets which require inspection and the age of some of the equipment used. There is a comprehensive Estates Risk Register which is reviewed regularly in collaboration with Health and Safety. It was agreed that the Capital, Estates and Facilities IMTP would be shared with trade unions and that the senior engineer currently undertaking the Capital Risk Project would attend a staff side meeting to go through their findings in more detail.

The Director of Corporate Governance who is the Senior Responsible Office for the Covid Public Inquiry provided an update to the Forum on the requirements of the Inquiry and what these mean for the UHB. It was noted that UHW is one of the 20 healthcare settings in the UK asked to provide the Inquiry with the required information. 46 questions had been issued and were sent out to all parts of the organisation for completion. This will then be shared with the legal team who will turn the responses into one witness statement. Staff representatives registered their disappointment that none of the Lead Clinical Board representatives had been asked to provide an input into the responses.

The Head of Strategic Planning attended to provide an on the IMTP process. It was noted that the key focus for the Plan was the ambition to give high quality care and providing the best outcomes which are cost effective and give the best value. The Executive Director of People and Culture asked Trade Union members if they felt there was sufficient partnership working, as the Lead reps in the Clinical Boards, with the IMTP process. It was felt that there was inconsistency and while there was engagement at the early stages and end point, they would welcome further involvement through every stage of the process to ensure understanding and ensure there was an opportunity to share more ideas and comments.

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6.0 STANDARD AGENDA ITEMS

6.1 Chief Executives Report

At each meeting the Chief Executive, or a deputy, provides a verbal update to the LPF on key topics. Highlights noted at each meeting are described below.

6.1.1 13 April 2023

The Chief Operating Officer, deputising for the Chief Executive, provided an update report to the Forum. Key points included:

- The winter pressures had not been as bad as expected but colleagues were thanked for their efforts during over the past few months
- Colleagues were encouraged to attend the roadshows on the Six goals for urgent care and gain an understanding of this programme
- Board had signed off the IMTP and it had been submitted to Welsh Government. The Executive Director of Strategy and Planning gave an update on the IMTP / planning cycle / strategy refresh as part of CEO report

6.1.2 8 June 2023:

- The Strategy refresh continues and it is expected that the engagement process will conclude by the end of June.
- A deficit forecast position of £88m (including a £32m savings programme) has been submitted to Welsh Government as part of the Annual Plan. Trade Union colleagues raised concerns that vacancy control is often considered as an easy way of achieving financial savings. The Chief Executive confirmed that a recruitment freeze is not being considered, and the goal is to recruit and retain a substantive workforce, working towards workforce sustainability.
- Concerns regarding the implementation of the EDI agenda and the disconnect that sometimes exists between Plans and how they are put into practice.
- The HIW inspection of Maternity Services and the forthcoming report into their findings

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- Forthcoming Industrial Action and the planning put into place to ensure safe care. The UHB continues to support colleagues who exercise their right to take Industrial Action.
- The state of some of our infrastructure and the risks posed to staff/patients/services. It was agreed that communications with staff to acknowledge the scale of the problem might be helpful. The hard work of the Capital, Estates and Facilities team was noted, and it would be acknowledged further on National Healthcare Estates and Facilities Day on 21 June.

6.1.3 10 August 2023:

- The strategy refresh work has continued, engagement has concluded, and the draft high-level strategy document has been shared with Board. It has predominantly been agreed, with alterations to be made around the language used. Following Board approval, engagement is required surrounding delivery and how this will be mobilised across the organisation. The challenge of this taking place simultaneously alongside the unprecedented financial challenge the UHB is facing was noted
- The UHB has articulated an £88 million forecast deficit position, including a £32m savings programme, though at the current trajectory we anticipate ending the year £16 million short. Following the First Minister's statement, the UHB has also been asked to look at additional savings, and the significance of the ask was noted. Work has been completed on scenarios given by Welsh Government (WG) and are now awaiting feedback from WG following a review of this information. The areas of focus to identify the remaining savings were discussed.
- Staff representatives Members were thanked for their continued support and willingness to engage in partnership working. The Chief Executive further extended her thanks to all staff for taking care of patients and each other as new challenges are faced, including increasingly high levels of patient demand and complex patient needs.

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6.1.4 12 October 2023:

The Chief Operating Officer provided an update report to the Forum on behalf of the Chief Executive. Key points included:

- Staff were thanked for their ongoing efforts under continued operational pressures, and for the high levels of engagement at the AGM
- Reshaping the workforce to ensure we are fit for purpose for the future. Staff representatives re-iterated that they would like to be involved in these discussions. This is one of the 7 themes of the People and Culture Plan
- The financial position

6.1.5 12 December 2023:

The Executive Director of Strategy and Planning provided an update report to the Forum on behalf of the Chief Executive. Key points included:

- She expressed thanks to staff for their continued efforts under continued operational pressures
- There are 3 important areas to note in terms of service delivery. These include continuing the improvements made in the emergency and unscheduled care pathway, making progress on our commitment to improving planned care and making progress in the cancer pathway.
- There is also a requirement to achieve a challenging financial improvement programme. Achievements have been made by reducing expenditure on temporary overtime staffing costs and there is focus on reshaping workforce over time to reflect what we need into the future. Stricter measures are expected to be in place for the last quarter in order to ensure we deliver against the requirements set by Welsh Government.
- A Joint Executive Meeting (JET) with Welsh Government was held at the end of October 2023 and concerns had been expressed over our ability to deliver what we have committed to in our Annual 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

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however some unknowns in terms of the proposed industrial action with the BMA.

- The planning guidance for next year is yet to be received but the ministerial targets will remain a priority and there is an expectation that there will be a focus on diabetes and sustainability. It is anticipated that SLB will need to recommend some difficult decisions to the Board as the plans are finalised.
- The condition of our Estates and our digital infrastructure remain very high on our Board assurance framework and risk log. It is recognised that colleagues are having to work around the fact that our Estate is not fit for purpose in many areas and presents many challenges, and the Executive team continue to raise the condition of our estate with WG.

6.1.6 8 February 2024

- The Chief Executive expressed thanks to staff for their continued efforts under significant operational pressures
- Encouraging conversations had taken place with colleagues over the Christmas and New Year period around their experience of working in the organisation, and there was a sense that things are improving and that this was the best Winter experienced for some years
- The financial pressures currently faced, including the ask of Welsh Government for 2024-25 and the impact of the BMA industrial action.
- The impact of seasonal pressures including flu and measles
- Infrastructure – a huge amount of work has taken place over the last 12-18 months including work underway on electrical resilience and the improvements to the tunnels. A lot of work is taking place behind the scenes as opposed to new buildings and facilities. However, conversations are continuing with the Welsh Government about creating a plan that looks credible and can deliver new infrastructure.
- Despite good efforts, the return rate for the Staff Survey was approximately 22%. The results are due to be published in February 2024 and we will examine the findings together and understand what is needed. Staff representatives noted the importance of communicating back to staff the outcome and what has been achieved in order to realise greater uptake of the survey in the future

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6.2 Integrated Performance Report

The Local Partnership Forum receives a copy of the Integrated Performance Report prepared for Board at each meeting. This report includes a summary position for the following areas:

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

6.3 Reports from Sub Groups

The Local Partnership Forum has 3 sub-groups - the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

The **Workforce Partnership Group (WPG)** is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture, who also chair LPF. The WPG generally meets 6 times a year and the items discussed tend to be more operational or detailed than those brought to the LPF. The LPF regularly refers matters to the WPG for follow up and further consideration. The Workforce Partnership Group reports to LPF annually, though matters can be escalated as required.

Key items discussed in 2023/24 include:

- Draft Wellbeing Framework
- Workforce Sustainability
- Wagestream
- Future NHS Wales Approaches to Flexible Working/Retirement
- Trade Union discussions around Respect and Resolution Policy
- Implementation of the Assistant Practitioner Role
- Starter Survey Results

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- Eat Well at Work
- The Culture and Leadership Programme Approach
- People and Culture Plan – Programme Structure
- Healthy and sustainable travel
- Employee Relations Activity Report

At a more local level, each Clinical Board also has monthly or bi-monthly Local Partnership Forums which enable the Clinical Board leadership team to engage with trade union representatives on local matters. The Clinical Board Partnership Forums also report annually to the UHB LPF.

The **Employment Policy Sub Group (EPSG)** is made up of representatives from People and Culture and Trade Unions and is co-chaired by the Deputy Head of People Assurance and Experience and a TU representative. EPSG is the primary forum for the development and review of employment policies, procedures and guidelines. It usually meets 6 times a year and a copy of the minutes of each meeting are submitted to the Local Partnership Forum for noting.

In 2023-4 the Terms of Reference for EPSG have been reviewed and a new way of working has been introduced for the Trade Union Members. Whereas previously they have attended in a generic capacity, representing all trade union interests and members, from March 2024 they will be elected to represent specific areas including Education, Employee Relations, Equity and Inclusion, and Wellbeing.

In 2023-24 the key documents considered and approved by EPSG are:

- Trans & Non-binary Employee Support Procedure
- Disclosure and Barring Service Procedure
- Working Remotely Guidelines
- Retire and Return Procedure
- Long Service Award Procedure
- Unauthorised Absence Procedure
- Off Payroll Working Procedure
- Redeployment Procedure

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- Rostering Procedure
- Relationships in Work Procedure

The **Staff Benefits Group** explores and co-ordinates discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group meets quarterly and discusses and agrees ‘best deals’ for staff. It also provides employee support via its internal staff benefits e.g. financial benefits, health and wellbeing, childcare support. Their work is reported to the Charitable Funds Committee and the Local Partnership Forum. Some of the initiatives or offers introduced in 2023-4 include:

- Cardiff International Pool & Gym corporate week offer
- Costco Wholesale Individual Membership offer
- Post Office Money for preferential currency rates
- GlastonBarry Tribute Festival & 20% ticket discount
- The Walt Disney Company offered discounted tickets
- Rebecca Caine 'Dividing Day' free tickets
- The Walt Disney Company donated a number of tickets to the special performance of “Aladdin the Musical”.
- Cardiff Rugby offering discounted tickets to see Cardiff v Edinburgh.
- Nathaniel Cars Group hosted a pop up event
- Starbucks offered all NHS staff a free tall drink on 6/12/23

6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

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Report Title:	Workforce Partnership Group Annual Update			Agenda Item no.	11
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	11.4.24
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				

Main Report
Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these. LPF, in turn, has three sub-groups: the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are senior representatives of the People and Culture team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety and the Staff Side Secretary. The Independent Member – Trade Union also has a standing invitation to attend, as do Clinical Board and senior Nursing representatives.

The WPG generally meets 6 times a year, alternating with the LPF.

WPG provides a forum for the Health Board and Trade Unions (including Professional Organisations and Staff Associations) to work together on issues of service development, engagement and communication specifically as they affect the workforce. Its purpose, as set out in the Terms of Reference, fall into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce. The items discussed tend to be more operational or detailed than those brought to the LPF, and the LPF regularly refers matters to the WPG for follow up and further consideration.

Significant issues which the WPG has considered during 2023-24 include:

- Draft Wellbeing Framework
- Workforce Sustainability
- Financial Wellbeing Platform (Wagestream)
- Future NHS Wales Approaches to Flexible Working / Retirement
- Respect and Resolution policy – Trade Union discussions
- Implementation of the Assistant Practitioner Role
- Starter Survey Results
- The Culture and Leadership Programme Approach
- Healthy and sustainable travel
- IMTP – workforce element
- People and Culture Plan – Programme Structure and workplan

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Employee Relations Activity is reported at every meeting as a standard agenda item. The number of disciplinary cases is considered and the data broken down by: staff group, Clinical Board, stage of the process, type of allegation and work status. Additional information e.g. fast track data has been provided on request. Numbers of Employment Tribunals, Appeals and Grievances/Respect and Resolution Cases are also reported at each meeting.

All agenda items are aligned to the themes of the People and Culture Plan to ensure it is embedded in all WPG activity.

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

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high level summary of items considered by WPG in 2023-24

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LOCAL PARTNERSHIP FORUM WORKPLAN 2024/25

	11 April	13 June	05 August	09 October	11 Dec	13 Feb
Chair	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture
Preliminaries						
Minutes of Previous Meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
CEO Update	X	X	X	X	X	X
For Consideration:						
Equality and Inclusion		X (SEP)	X (Annual Equality Report)	X (LGBTQ+ Action Plan)		
Operational Update				X (Winter)		
IMTP			X		X	
Estates Plan						

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People and Culture Communications Plan		X				
EPSG Terms of Reference for approval		X				
For Consultation/Negotiation:						
Items which require formal engagement e.g. major changes to services (as required)	X	X	X	X	X	X
For Communication:						
IMTP Update						X
LPF Work Plan	X					
Nurse Staffing Act			X			
Covid learning / Inquiry				X	X	X
Estates Plan						X
Health and Safety Culture Plan				X		
For Appraisal:						
Integrated Performance Report	X	X	X	X	X	X
Items for information (for noting only)						
EPSG Minutes		X	X	X	X	X

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LPF Annual Report	X					
Staff Benefits Group Report	X		X		X	
WPG Annual Report	X					
CB LPF Annual Reports		X				

LPF Development Session					
29 May	24 July	27 Sept	29 Nov	29 Jan	31 Mar
Wellbeing Update (Nicky Bevan) Lisa Franklin ECOD updates (second half) Or Nicky Punter – care leavers scheme?	Nurse Recruitment (Carys Fox) – tbc Decarbonisation plan - tbc	Health & Safety Strategies Digital Updates	Procurement Processes		

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Report Title:	**STAFF BENEFITS GROUP REPORT**			Agenda Item no.	**12**
Meeting:	**Local Partnership Forum**	Public Private		Meeting Date:	**11th April 2024**
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	**Rachel Gidman, Executive Director of People and Culture**				
Report Author (Title):	**Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement**				

Main Report
Background and current situation:

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

The purpose of this paper is to inform the Charitable Funds Committee of staff benefits opportunities and progress, discussed and agreed by the SBG between March - May 2023.

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

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

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

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

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

The quarterly meeting of the Staff Benefits Group was held on 6th February 2024 and recorded the following activities:

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DRAFT

Salary Sacrifice Scheme

NHS Fleet Solutions

RG to discuss proposal with colleagues in neighbouring Health Board's before presenting to Senior Leadership Board for further discussion.

AC to provide a summary of key benefits of using the scheme for the Employee and Health Board.

Jason Coleman (NHS Fleet Solutions representative) provided an overview of the Home Electronics

Staff Benefits Partners

Nathaniel Cars Group (NCG)

The next meeting with Nathaniel cars is scheduled for 3rd April 2024. RG will attend the meeting to review the current contract and partnership development.

Staff Discount Providers

No new Staff Discount Providers Proposals were received during the last quarter.

Staff benefits approved by the SBG by email during this period were tabled for noting.

Staff Benefits Promotions

Content during the next quarter will be aligned to Valentine's Day, Mother's Day, Easter Holiday's and where possible to key UHB and Public Health messaging.

GlastonBarry Event – 27th July 2024

Cardiff & Vale Health Charity will attend the event on 27th July 2024. RG raised this as a good opportunity to promote the UHB also with a specific focus on recruitment. Further information to follow on the discounts available to CAVUHB colleagues.

Ask Suzanne – Staff Benefits

RG suggested hosting a dedicated Staff Benefits session in an upcoming Ask Suzanne. SBG members to attend to provide information on discounts available for CAVUHB colleagues and see what benefits colleagues want to see more/less of through a Mentimetre.

Upcoming content to include travel savings for staff, which will be progressed with Colin McMillan.

The next meeting of the Staff Benefits Group is scheduled for the 7th May 2024.

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

The Staff Benefits Group continues to support colleagues across Cardiff and Vale University Health Board by promoting internal employee benefits and external staff discounts/offers via staff engagement platforms, including CAVUHB Internet /Staff Connects/SharePoint/social media platforms and digital screens.

Recommendation:

The Local Partnership Forum are requested to:
RECEIVE FOR INFORMATION the Staff Benefits Group Report for the period December 2023 – February 2024

DRAFT

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	√	7. Be a great place to work and learn	√
3. All take responsibility for improving our health and wellbeing	√	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	√
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	√
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration	√	Collaboration	√	Involvement	√

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: Yes/No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes/No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

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Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES *(If this has been addressed in the main body of the report, please confirm)*
Equality and Health: Yes/No
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)* *(If this has been addressed in the main body of the report, please confirm)*
Decarbonisation: Yes/No
Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made. *(If this has been addressed in the main body of the report, please confirm)*

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

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