

Local Partnership Forum

Thu 13 June 2024, 10:00 - 12:00

Microsoft Teams



Chair: Rachel Gidman

Agenda

10:00 - 10:02 1. Welcome and Introductions

2 min

Rachel Gidman

10:02 - 10:04 2. Apologies for Absence

2 min

Rachel Gidman

10:04 - 10:06 3. Declarations of Interest

2 min

Rachel Gidman

10:06 - 10:08 4. Minutes of the Meeting held on the 11 April 2024

2 min

Rachel Gidman

 4. LPF minutes 11.04.2024.pdf (9 pages)

10:08 - 10:10 5. Action Log

2 min

Rachel Gidman

 5. LPF action log 11.04.2024.pdf (3 pages)

10:10 - 10:30 6. Chief Executives Report

20 min

Verbal Update

Chief Executive

10:30 - 10:40 7. Population Health - an update on progress with Smoking

10 min

Verbal Update

Catherine Perry

10:40 - 11:10 8. Clinical Services Plan

30 min

Victoria Le Grys

 SOFCS for LPF June 24.pdf (11 pages)

11:10 - 11:25 9. People and Culture Communications Plan

Brian Sdon-Louise
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15 min


Joanne Brandon

 People and Culture - Comms Plan v2.pdf (12 pages)

11:25 - 11:30 **10. EPSG Terms of Reference**

5 min

EPSG Co Chairs

 10. EPSG terms of reference.pdf (5 pages)

11:30 - 11:45 **11. Integrated Performance Report**

15 min

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

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

 11. Integrated Performance Report May 2024.pdf (36 pages)

11:45 - 11:50 **12. Clinical Board LPF Annual Report**

5 min

 Clinical Board LPF Annual Report 2024.pdf (17 pages)

11:50 - 11:55 **13. Assurance Report for the non pay element**

5 min

 13. Non pay deal confirmation letter.pdf (2 pages)

 13.1 Action plan - non pay elements 22-23 23-24.pdf (2 pages)

11:55 - 11:57 **14. Review of Meeting (items to be brought to the attention of the Board)**

2 min

Rachel Gidman

11:57 - 11:59 **15. Any other Business previously agreed with the Co- Chairs**

2 min

Rachel Gidman

11:59 - 12:00 **16. Future Meeting arrangements**

1 min

- Monday 5th August 2024 at 10am via MS Teams, with a staff rep pre-meet at 8:45am.

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 11th April 2024 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (Co-Chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Peter Hewin	BAOT/UNISON
Lianne Morse	Deputy Director of People and Culture
Bill Salter	UNISON
Steve Gauci	UNISON
Claire Beynon	Executive Director of Public Health
Jonathan Pritchard	Assistant Director of People Resourcing
Paul Bostock	Chief Operating Officer
Matt Phillips	Director of Corporate Governance
Janice Aspinall	UNISON
Jonathan Strachan-Taylor	GMB
Mathew Thomas	UNISON
Julia Davies	UNISON
Lorna McCourt	UNISON
Rhian Wright	RCN
Emma Cooke	Deputy Director of Therapies and Health Sciences
Karina MacKay	BDA
Katherine Davies	RCN
Ceri Dolan	RCN
John Gwilliam	GMB

Apologies

Suzanne Rankin	Chief Executive
Marie Davies	Interim Executive Director of Strategic Planning
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Sarah Hill	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Rachel Pressley	Head of People Assurance and Experience
Catherine Phillips	Executive Director of Finance
Fiona Salter	RCN
Mike Jones	Independent Member – Trade Union

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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LPF 24/013 WELCOME AND APOLOGIES

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

LPF 24/014 DECLARATIONS OF INTEREST

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

LPF 24/015 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 8th February 2024 were agreed to be an accurate record of the meeting with the following exception:

Mathew Thomas (MT) referred to page 5 of the minutes and the agreement that the IMTP from Capital Estates and Facilities would be shared but he explained that this has not been received.

Action: Paul Bostock

LPF 24/016 ACTION LOG

The action log was noted and the following updates were provided:

- **LPF 24/006:** Respond to the query regarding compensation claims - DW confirmed this as an ongoing action.
- **LPF 24/008:** Engagement with the IMTP - DW explained that a template has been created for each of the Clinical Boards on touch points ahead of the development of the IMTP to enable discussion and provide insight of the plans moving forward. Lead TU reps to update Director of Ops when it will be implemented.
- **LPF 24/010:** Increase in Disciplinary and R&R cases - Lianne Morse advised that the number of disciplinary cases will be kept under review and will be brought back to WPG for further discussion.

LPF 24/017 CHIEF EXECUTIVES UPDATE

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

- PB gave thanks to staff for their efforts over the last few months. It was noted that we are in a better shape than we have been previously and although there is still a long way to go, we are starting to see the benefits for our patients and staff.
- The focus over the next few months is on how we redesign our medical models of care. A lot of work is taking place, particularly within the Medicine Clinical Board about different models of care and to improve the 7 day working so that systems and processes are in place over the weekends. PB explained we want to go into next Winter in a stronger position.
- The reconfiguration with cardiothoracic will be moving back in August from UHL to UHW and plans are in place to make good use of the space at UHL to include the treatment of more short stay patients. The intention is to have a briefing session in the next few weeks regarding plans post cardiothoracic.
- Safe at home – Phase 1 – the plan this year is to move resources out of secondary care and into the community. PB emphasised that this is not a hospital at home service but is designed to prevent attendance to EU. About 79 patients were accepted and have gone through the service and work is taking place to ensure they are the right patients. The team are working on patient selection and the referral process and pathways and it is hoped that by October, the service will have expanded and there will be a bigger caseload.
- Integrated performance report – going forward the IPR will also reflect the services outside of secondary care that see the vast majority of patients. For example, 12,000 patients attend EU every month, but 15,000 patients are looked after by community nurses. Approximately 400,000 patients have primary care visits and 800,000 items of pharmacy are dispensed in primary care. The report will also reflect all the mental health activities and will provide a more balanced view of what the organisation provides.

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- Financial position – PB thanked everyone for their efforts and support in achieving the deficit control figure for 23/24. PB explained that this year the target is approx. £47m. The focus is on efficiency, productivity and service redesign. It's not about cuts or slashing services. Examples of where some of the inefficiencies are, were provided to include drug wastage, outpatient DNA rates, energy consumption along with length of patient stays and also the costs spent on postage. PB reiterated the importance of working together.

Mathew Thomas (MT) referenced the 79 patients that utilised the Safe at Home service and asked if any feedback was received. PB explained that the information received will be evaluated to get the investment for phase 2 of the launch. PB agreed on the importance of patient, family and carer feedback and explained it has been very positive. However, PB added that although these patients received a great service, it wasn't designed for them and expressed the importance on the cohort of patients. PB explained that he would communicate with the team the importance of capturing the views of those involved with the scheme.

Peter Hewin (PH) commented on the various phases of projects and suggested the usefulness of having names for these different phases. He also mentioned the importance of good engagement with all staff and a plea to keep this going to help ensure the scheme works.

PB acknowledged the point regarding naming of the phases and explained the Safe at Home scheme was not labelled a pilot as the scheme is our intent and we want to run it on reasonable scale in order to determine its benefits. PB commented that the other phasing is in relation to site configuration. PB agreed with the importance of engaging with all staff and welcomed the reminders from the TUs and to keep challenging.

Rachel Gidman (RG) gave reference to an event she attended on Reducing Waste and Improving Quality and suggested there could be more for the organisation to explore culturally. RG agreed to share the presentation once received. DW welcomed this and explained that it aligns well with the new Social Partnership and Procurement act.

LPF 24/018 STAFF SURVEY

Rachel Gidman (RG) gave a presentation on the Staff Survey in the absence of Claire Whiles. Key points included:

- The results from the NHS Wales Staff Survey 2023 were presented. The CAVUHB response rate in 2023 was 21.4% and in 2020 it was 22%. The survey will take place annually and a 50% response rate is the ambition moving forward. RG explained we will put in some action with our staff to show that we are listening and responding.
- The Staff Engagement score was presented and compared. For CAVUHB, the overarching engagement score decreased from 74% in 2020 to 73% in 2023. The engagement score is calculated from the results of 7 engagement questions.
- The Friends & Family question is deemed as a significant temperature check of how people feel about their organisation and could be directly compared to the 2020 data. There has been a significant decline from 75.1% agreeing in 2020 to only 58% agreeing in 2023. The results are high level and the want is to drill down to Clinical Boards and Directorates whilst keeping confidentiality.

Harassment and Bullying from Line Managers / Team leaders increased from 2020 to 2023, from 9.7% to 17.94% and harassment and bullying from colleagues increased from 18.8% in

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2020 to 22.11% in 2023. RG reiterated the importance of delving into this detail to find out if it is in one particular area or across the organisation and to do this in partnership and engage our staff to make a difference.

- Areas where CAVUHB scored negatively and positively when compared to NHS Wales were presented. This would include morale, work /life balance along with a compassionate culture and team working.
- The results reflecting Diversity & Inclusion were presented. RG commented that we have a diverse community and have more internationally educated nurses, medics and other professions who have chosen to come to Wales and how we need to look after them but also need to drill down further into the results to understand how we can provide support.
- RG outlined the next steps which includes the breakdown of data at Clinical Board level, lessons learned from HEIW and how the Health Board can influence questions within the survey. RG added there will be a communication and engagement plan and 20 people from a range of disciplines have been in contact who would like to be involved in actioning the improvements.

In response to the presentation, MT commented that the results are not a true reflection as there are over 10,000 staff who haven't taken part in the survey but noted the importance of what we do with the information. MT referenced previous surveys and stated that there was nothing for staff to take away that showed that staff had been listened to and explained that if staff talk positively about the survey it will help improve engagement in future surveys. MT also referenced the digital difficulties and those who have learning issues may not be able to take part in the survey.

MT expressed the importance of being open and honest around any negativity so staff feel the reassurance that the organisation is trying to tackle the issues and offered his commitment to get staff involved. RG thanked MT and explained that everybody should own the survey and that it should be a continuous cycle of feedback and learning with our staff. Part of the next steps should be how we get people to engage and own the survey themselves.

PH commented around the bullying and harassment issue. The Respect and Resolution policy was brought in as a progression and a way forward for both grievance and dignity at work on the back of a previous staff survey. Respect and Resolution is now in place and the figures are going in the wrong direction which is a concern and we have to be seen to act. However, the R&R policy has been reviewed and approved by the All Wales Partnership Forum last month and it does point us in the direction we need to go in terms of acknowledging the reason for an organisational problem. PH explained that the Diverse Cymru Audit indicates there is systemic institutional racism in NHS Wales, and if we are honest about this then we are in a position to deal with it and to and to take it forward to bring those figures down in the future. The revised policy needs to be embedded and to make sure the cultural shift that needs to go alongside it actually happens.

RG referred to the Workforce Race Equality Standards (WRES) and how it would potentially not be a good read and also agreed that the policies should not be seen in isolation. PB agreed that although the RES may not be a good read, it is important to be honest and work together to tackle the issues. PB added that although it will take time to work through we are committed to working together.

Rhian Wright (RW) referred to the increase in bullying and harassment in the last 3 years and commented that in her experience it tends to be that the only way forward is mediation, and often people are too damaged to engage. RW added that she tends to see those who have been bullied end up moving on either within the organisation or somewhere else. Action taken usually involves

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group values based values and behaviours. RW queried where we see this as an individual's problem rather than taking the approach of visiting a department. RW feels that more work is required in this area moving forward.

PB commented that there may be more disciplinaries over the next year as we can not tolerate some levels of behaviour. PB agreed that doing values based teamwork and behaviours wont work if there are issues with individuals. PB acknowledged the importance of giving people the opportunity to improve where there is a development or training need but conduct issues will be addressed.

DW agreed with this stance adding that if we are giving people the opportunity to recognise, gain insight and improve, we can all be tolerant, but after this point, we must become less tolerant.

LPF 24/018 NON PAY ELEMENT

Lianne Morse (LM) and Peter Hewin (PH) presented information on the progress made in relation to the non pay element of the collective pay deal. The main elements included:

Career progression – Committed to scope out progression Band 5 to Band 6 roles, applicable to Nursing but can apply to other professionals. For job evaluation, all new roles are reviewed & it has been agreed a process will be put in place so that all job descriptions are reviewed as part of the appraisal process on an annual basis.

Flexible working- Is key to the retention plan. The All Wales policy has been published but this now needs to be embedded into our culture and to be seen as positive. Concerns raised by TUs around flexible working and Retire and Return have been actioned.

Working Hours -The scoping of a reduction to the 36 hour week with no financial loss has been taken forward nationally with HEIW leading.

Reduction in use of agency – A lot has been achieved and this needs to be sustained & to reduce the Medical and Dental Agency and bank use by filling the funded vacancies. The incentivisation of bank needs to be reviewed nationally as every Health Board is different.

Retention strategy - The new retention and OD lead is currently working with nurse leaders to prioritise retention for registered nurses, midwives and healthcare support workers and will then be moving to other professional groups.

Retire and Return- All Wales policy has been published & applications have now been received for partial retirements. We are waiting on the All Wales flexible Pensions policy, expected by the end of the month.

Continuous Professional Development (CPD) – There is a national scoping exercise under way looking at how we protect and guarantee this time.

Health & Wellbeing - Funding secured for permanent counselling roles, Schwartz Rounds were launched & Occupational health are reframing their reports to look at how we can keep people in work and how to make those reasonable adjustments.

PH presented information on the Welsh Health circular which has been received from Judith Padgett as the Director General of NHS Wales to all the Chief Executives of Health Boards and health organisations in Wales. The circular gives clarity for the delivery in partnership of certain non-pay elements with timescales.

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PH provided an explanation on each of the 3 parts and requested discussion about how they are delivered.

Part 1 - Items from the pay agreement that require immediate assurance to include unsocial hours, flexible working, pension flexibilities, overtime, drinking water and CPD assurance for nursing staff. LPF have to agree on the content of an assurance report which needs to be submitted by the end of May including any remedial measures.

Part 2 - Items that require short term assurance. A baseline report is required by the end of May in partnership as an LPF. An action plan is needed by the end of July, a progress report by the end of September and a final outcomes report by January 2025. Action points here include equalities, Radiography on-call / standby and Occupational Health minimum service levels.

Part 3 - Requires an action plan by the end of July, a progress report within September and a final outcome report by January 2025 and relates to retention and career progression, staff health and wellbeing and CPD for all staff.

PH requested feedback on how close we are to being able to give assurance on Part 1 and how to take this forward. It was suggested that a working group will be required to provide the assurance by the end of May.

RG explained her team will be engaged with the Trade Unions to pull the information together and noted the requirement to socialise the impact of the circular to all staff within the UHB.

DW expressed a concern that the deadlines are quite tight and explained that the stock take has given a base line of where we are with some of the areas discussed. DW explained that issues with overtime has been coming to staff side for some time and there are concerns around TOIL, staff are being told there isn't a procedure being applied locally so there are lots of issues to unpick. DW noted the importance of workforce planning and queried how all of this will be delivered.

RG explained it is about getting a balance using the example of flexible working as we need to cover a service and noted the importance of being consistent for all staff and getting the messaging right. DW agreed with the suggestion of a working group in order to agree where the levels are and what would be a reasonable offer. LM also agreed with the need for a task & finish group with a focus on the delivery against some of the actions. LM explained that we may not be able to deliver on them all but we will have scoped them out and looked at the affordability and feasibility of some of the items within the deal. LM agreed to lead this work and arrange the task and finish group. DW thanked LM and offered support.

Action: LM

PH added that the circular is very clear that this work is the responsibility of the Local Partnership Forum as a group and there should be time allocated to the agenda at the next LPF meeting to sign off the assurance report for the end of May.

MT explained that he feels that the joint training undertaken on Managing Attendance and Respect and Resolution has had a positive impact empowering staff to know how to be treated fairly and it helps support cultural change. MT raised the point that more joint training on the policies would be beneficial.

DW agreed that those who attended the training appear to be delivering and achieving the desired impact and commented that further momentum is required and see the numbers going in the right direction.

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LPF 24/019 INTEGRATED PERFORMANCE REPORT

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

Population Health:

The team have been looking at the way vaccination programmes have been delivered in the past, both to staff and to the population and a paper will be brought to SLB for discussion. CB added that the thought is to go back to a model we had pre COVID which makes it more accessible for staff to have their vaccines whilst they are in their working hours.

DW requested if feedback could be received from the presentation at SLB and CB agreed.

DW informed the group of an issue raised at Staff side around smoking. Staff are complaining that they don't feel confident to approach people who are smoking and added that smoking wardens are not available. DW explained that Rob Warren is coming to one of the staff side meetings where the issue will be discussed. CB explained that we are having conversations with SRS, the combined Council shared regulatory services, and some of the public health budget has been set aside in order to have a presence on site. CB added that this would not be a full time person and that the preference is to put money into helping people to stop smoking.

DW explained that the reps felt there should be much stronger signage in terms of the damage cigarettes cause and CB responded that this is possible. CB also explained that there is a button that people on reception can press that puts a message out, stating it is a non smoking area, at some of the key areas where people smoke. At the moment the messages are first in Welsh and then in English but these will be swapped around following feedback.

Action: Claire Beynon

RG commented on the importance of acting as role models and if we walk past these areas, to reinforce what we acknowledge as the right behaviour.

PEOPLE

LM informed the group that turnover continues to reduce as we now have a number of staff groups below 10%. Nursing and midwifery is 9.5%. It was recognised that efforts have been made by the teams in the Clinical Boards focusing on retention. LM explained that medical turnover can be high but this can be attributed to the Junior Doctors rotating and being on a fixed term basis. The Consultants turnover is 5%. There will be a focus on some hotspot areas to include healthcare support workers and ODPs and additional support is being offered here.

We achieved 80% in VBAs in March, an increase from 68% in January and can be attributed to the focus that the Executive team have placed on the importance of appraisals. Two Clinical Boards exceeded the 85% target – Children & Women and Genomics and all the other areas are nearly to 80% and we have confidence the target will be met in its entirety.

LM referred to the Staff in post element of the Performance Report and emphasised that whilst our staff have grown by about 540 whole time equivalents in the last 12 months, they have grown in the

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right areas and into funded vacancies.

Operational Performance

PB explained that concern remains with mental health services and the general overwhelming amount of demand. PB added that Children and Women, Primary care, the Mental Health Clinical Board and interested stakeholders will come together to discuss at the summit in June. These groups are being brought together as a lot of the demand is generated from Primary Care from the GPs and the idea is to work through the processes so there isn't duplication.

PH agreed that the service is being overwhelmed and explained that there is a much heightened awareness of mental health in society but also a heightened expectation as well which creates the demand and a drain on staff in the front line. Although money would be welcomed it is possibly not the solution. The solution could be around the things seen in other parts of the service such as redesign.

PB referenced the mental health support service 111 press 2 and explained there will be another step change in terms of comms and people will be encouraged to use the service in order to take the pressure off community teams. DW commented that if the mental health 111 press 2 service is going to be part of the solution then a little bit more work is required to stabilise the workforce as they have a really high turnover.

DW requested clarification from PB on a query raised through staff side around the comms that's been seen outside of the Health Board for the Patient Transport services. PB queried if this is in relation to when additional support is commissioned and requested DW to send the comms to him.

Finance

DW queried if the additional scrutiny implemented for job vacancies will continue. PB explained it will continue but with some small changes. PB and RG will now sit on the panel and invites will be sent to those making a request to come and talk through what it is they are asking for. PB added the intention is not to make the process difficult, but to put in a challenge around reshaping.

LPF 24/020 LOCAL PARTNERSHIP ANNUAL REPORT

LPF noted the Local Partnership Annual Report and agreed that this is an accurate reflection of the work undertaken by the forum.

LPF 24/021 WORKFORCE PARTNERSHIP ANNUAL REPORT

LPF noted the Workforce Partnership Annual Report and agreed that this is an accurate reflection of the work undertaken by the forum.

LPF 24/022 LOCAL PARTNERSHIP FORUM WORKPLAN 2024/2025

LPF noted the workplan for the next 12 months.

LPF 24/023 STAFF BENEFITS

LPF noted the Staff Benefits Group Report. DW informed the group that Janice Aspinall and Mathew Thomas are staff side reps in this group.

LPF 24/024 REVIEW OF MEETING

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DW expressed thanks for the commitment of the Executives attending this group. DW requested if Jason Roberts is able to attend the LPF or to send a deputy. PB noted the request and explained that there has been some sickness in Jason's office but is sure there will be representation at the next LPF meeting.

LPF 24/025 ANY OTHER BUSINESS

RG informed the group that, as mentioned in the minutes of the Staff Benefits group, RG suggested hosting a dedicated Staff Benefits session in an Ask Suzanne session where by information can be provided on discounts available for CAVUHB colleagues.

LPF 24/026 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 13th June 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
ACTIONS IN PROGRESS					
LPF 24/006	08.02.24	Estates Plan (matters arising)	To respond to the query (from BS) regarding compensation claims.	Suzanne Rankin	<p>The following update has been provided by SR:</p> <p><i>I am not aware of any PI Claims that we have or have had relating to temporary offices issues. We had a case of a person bumping head on a low shelf but can not recall this was due to the temporary nature of the room.</i></p> <p><i>Whilst we would not categorise PI Claims around ‘temporary room’ I do feel quite confident to say we have not PI Claims arising from temporary office space. This would include any open/closed cases certainly over the last year or so.</i></p>
LPF 24/006	08.02.24	Estates Plan (matters arising)	To provide the draft copy of the Estates IMTP for 24/25	Geoff Walsh	<p>GW was emailed on the 5/3/24 requesting a draft copy of the Estates IMTP. A response was received from Zoe Ridden:</p> <p><i>Ashleigh O’Callaghan is working on the IMTP, this is for the UHB as a whole.</i></p> <p><i>Whilst we feed into the IMTP, CEF base this off the Clinical Boards requirements.</i></p>

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LPF24/015	11.4.24	Minutes of the previous meeting	To request the IMTP for Estates is shared as per the agreement at LPF on the 8.2.24 (Action log LPF24/006 to provide the draft copy of the Estates IMTP for 24/25)	Paul Bostock	07/05/24: PB has made the request.
COMPLETED ACTIONS					
LPF24/018	11.4.24	Non-pay element	To arrange and lead a Task and Finish group.	Lianne Morse	Complete: Meeting dates arranged for 30/04/24 and 20/5/24 with sign off scheduled for the 29/5/24.
LPF24/019	11.2.24	IRP – Population Health	To provide feedback on smoking enforcement role and smoking signage.	Claire Beynon	Complete: Sian Griffiths will attend the LPF in June to provide the update on progress with the smoking enforcement officer role and smoking signage.

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<p>LPF 24/008</p>	<p>08.02.24</p>	<p>IMTP (matters arising)</p>	<p>To hold discussions to enhance the engagement with the current IMTP as plan progresses & to request involvement in future IMTPs at Clinical Board level.</p>	<p>Dawn Ward</p>	<p>Complete: 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 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'. A template has now been created for each of the Clinical Boards ahead of the development of the IMTP.</p>
<p>LPF 24/010</p>	<p>08.02.24</p>	<p>Integrated Performance Report</p>	<p>Concern around the increase in Disciplinarys and R&R cases to be addressed in the HWR Task and Finish Group</p>	<p>Katrina Griffiths</p>	<p>Complete: Agreed to bring back to WPG. Cases and trends are currently being reviewed by the HWR group. The increase in disciplinarys are being looked into by the People Services Team.</p>

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GIG
CYMRU
NHS
WALES

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



Shaping Our Future Clinical Services

Clinical Services Plan to 2035

Local Partnership Forum June 24



In 2020-1 we...

- Set out a case for change, principles and direction of travel for the clinical services we deliver
- Engaged widely with the public who endorsed our clinical services strategy
- Used this to inform the UHW2 Programme Business Case – which was reviewed by the Nuffield Trust in 2023

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Cardiff and Vale University Health Board

Shaping Our Future Clinical Services

2020/2030



Why are we refreshing this now?

1. SOFW – opportunity to refresh and build on 2020/1, 'how' we will deliver our strategic objectives
2. Identity/brand for our clinical services – our '**elevator pitch**'
3. Provides the **clinical models** from which our other portfolios can build and deliver on their plans
4. Signals intent to work closely with partners on our clinical plans – SEW, tertiary, CU, local partnership
5. Providing the plan & framework for our **clinical services redesign portfolio**

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Scope & Approach

- High-level blueprint – providing a framework for service changes
 - All clinical services (primary, secondary, tertiary) & home-to-home pathways
 - Refresh of case for change, principles and being clear on our planning assumptions
 - Robust planning approach endorsed by
 - Developed collaboratively, involving a wide group of stakeholders
 - Linked with partnership plans – SEW/Tertiary/Joint Academic
 - Tested through wide public engagement
- Setting our ambitions for our services
- Mapping our milestones and measures

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Shaping Our Future

**Clinical
Services**



**GIG
CYMRU
NHS
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Cardiff and Vale
University Health Board

Plan contents

- 1. Foreword, introduction & context – our strategic priorities**
- 2. Our Vision and design principles**
- 3. What is on the horizon and key planning assumptions**
- 4. Our Clinical Services plan (our future care pathways)**
 - Unplanned and Emergency
 - Planned and Elective
 - Specialised and Regional (**inc. Tertiary & SEW regional**)
 - Women and Children's (**paediatrics plan developed in detail alongside this**)
 - Mental Health
 - Cross cutting themes

5. Next Steps



4. Our Clinical Services plan

Each section will include....

- **Our Ambition - in line with the vision and strategic priorities.** What does a successful model of care look like?
- **What will we do to deliver this?** identify some of the key activities/milestones we will need to achieve over the next 10 years
- **What will our measures of success be?** Specific KPI's
- **What will our 'home to home' pathways look like?**

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Inputs

- ✓ **Horizon scanning report** PH trends, future demand, workforce, new treatments, technologies
- ✓ **Existing plans** across UHB and partnerships (year 1-3,3-5,5-10)
- ✓ **Projections** Finance projections. Detailed activity and workforce projections *not available at this stage*
- ✓ **Baseline assessment** of our services at specialty level inc patient feedback
- ✓ **Refreshed Design Principles** led by our CAG, tested with stakeholders
- ✓ **Engagement feedback, thematic analysis** from our recent engagements with the populations we serve, staff, partners and other stakeholders

Approved planning assumptions based on the above

Blunsdon, Louise
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Design Principles



- 1. Home to Home Patient Journeys, [Future Care Pathways]**
 - a. Encompassing whole episode of care [regardless of duration]
 - b. Optimising access to care, continuity of care, supportive care

- 2. Seamless Integration**
 - a. Home – Virtual (telemedicine) – Community facilities – Hospitals
 - b. Primary – Secondary – Tertiary care

- 3. Patient Centred, Patient Empowered**
 - a. Co-production of clinical service planning and design
 - b. Patient activation [self monitoring, self reporting [PROMS, PREMS], self managing]
 - c. Education, secondary prevention, health promotion

- 4. Clinically led, for outstanding [world class] [quality and safety] outcomes**
 - a. Ensuring planning in line with best practice and benchmarks
 - b. Multidisciplinary, holistic pathway design and service planning
 - c. Continuous monitoring and feedback
 - d. Flexible, adaptive, contemporary [dynamic] pathway planning

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Shaping Our Future

Clinical
Services

Clinical Design Principles



GIG
CYMRU
NHS
WALES

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

5. Digitally enabled, data driven

- a. Digitisation of the entire Future Care Pathway
- b. The Learning Health System, dynamic planning

6. Environmental and Economical Sustainability Embedded

- a. Value Based Healthcare (Wales) approach embedded in pathway design
- b. Sustainable Healthcare core principles embedded [prevention, patient empowerment, lean pathway design, low carbon alternatives]

7. Designed to Support the Current and Future Workforce

- a. Teaching and training opportunities maximised [not lost] in FCP design
- b. Working in partnership with HEIW, Universities, education partners and trade unions

8. Optimising Research, Development and Innovation

- a. Designing pathways and clinical services to maximise patient enrolment into clinical trials
- b. Working in partnership with Cardiff University, R&D partners
- c. Identifying [encouraging] opportunities for life science industry, innovation and technology partners

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Deliverables in the next quarter

- Horizon Scanning report
- Continued engagement (inc paediatric plan engagement – what's important to you?)
- Baseline assessment
- Planning assumptions agreed
 - Workshop planning & preparation

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Shaping Our Future
**Clinical
Services**



GIG
CYMRU
NHS
WALES

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University Health Board

Thank you!

Blunsdon Louise
06/06/2024 12:27:53



People and Culture Communications Plan

Progress Update

Living Well, Caring Well, Working Together

*R. Madon-Louise
08/06/2024 12:27:53*



Background

Communications and engagement approaches with staff, stakeholders and the public align to themes in the Shaping Our Future Wellbeing strategy and in the People and Culture Plan 2022 – 2025.

Aims

Shaping Our Future Wellbeing – ‘Putting People First’ Objective

To help people feel valued, developed, supported and engaged.

To support an inclusive culture where the diversity of the health board’s people will be representative of the local population.

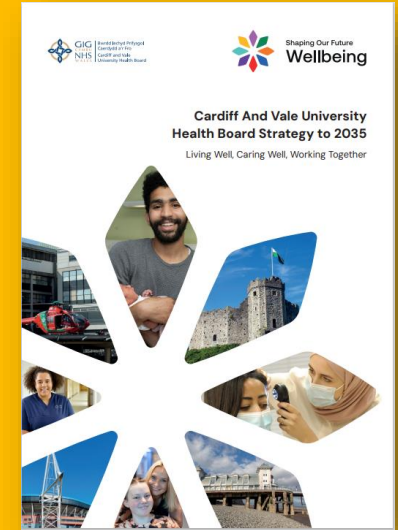
To help enable and empower people to live healthy lives and reduce their risk of ill health.

People and Culture Plan

To support an engaged, motivated and healthy workforce that feels valued and supported wherever they work.

Help to build a digitally ready workforce.

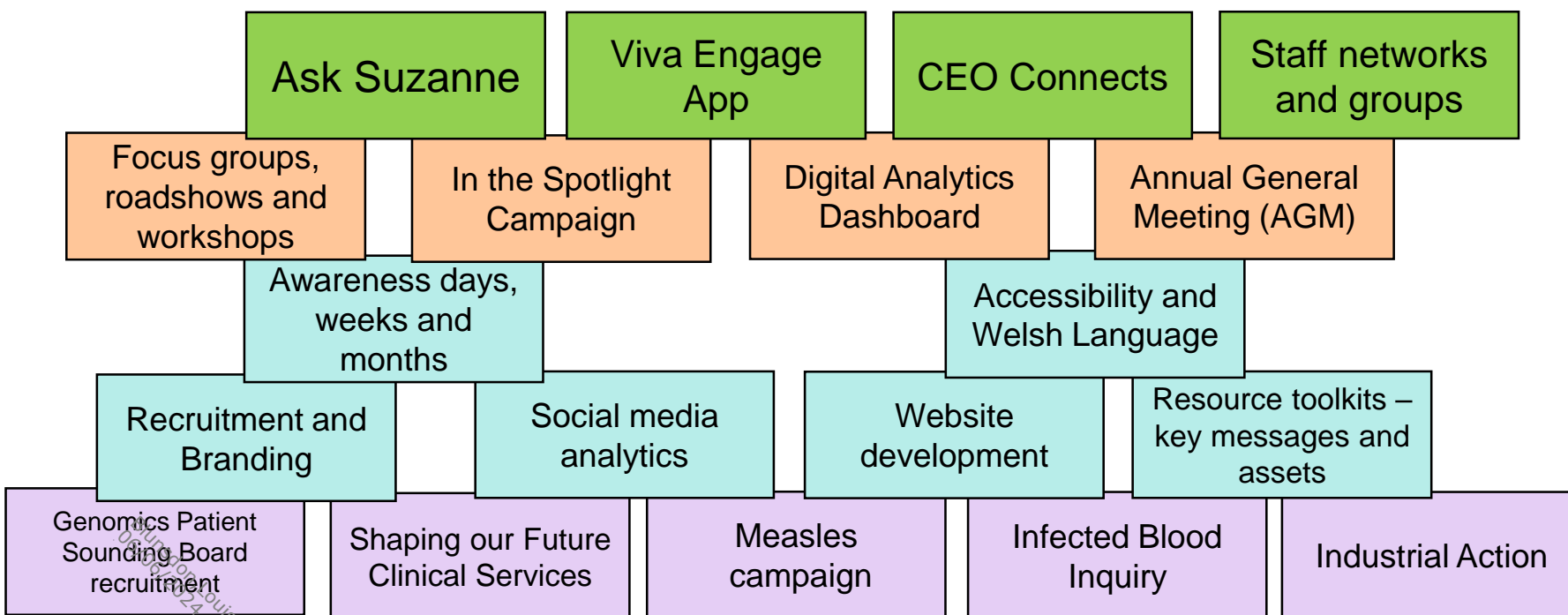
To help attract, recruit and retain the right people with the right skills.



Communications Approaches

Audience Key

	Internal
	Internal and External
	External
	Stakeholders



Ask Suzanne and CEO Connects

Celebrating Success



Colleague Spotlight



CEO Connects

March



175 views



Watchtime:
19.9 hours

AWTCC

April



122



Watchtime:
7.0 hours

Decarbonisation

Monthly online sessions with CEO Suzanne Rankin include celebrating success slide of colleague achievements, and colleague spotlight speaker to talk through achievements.

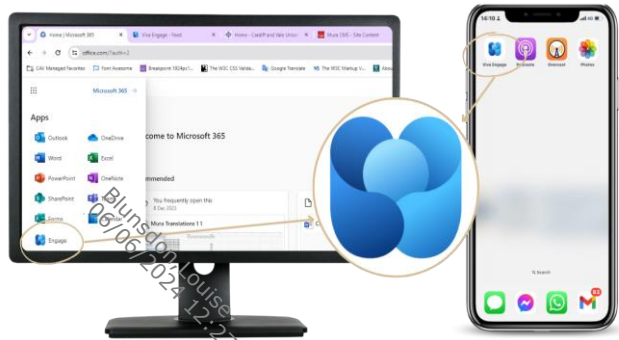
Each live session increased from 70-120 live views before August 2023, to 120-130 live views by February 2024.

Increased attendance since including option to add Teams session directly to Outlook calendars included in all staff emails.

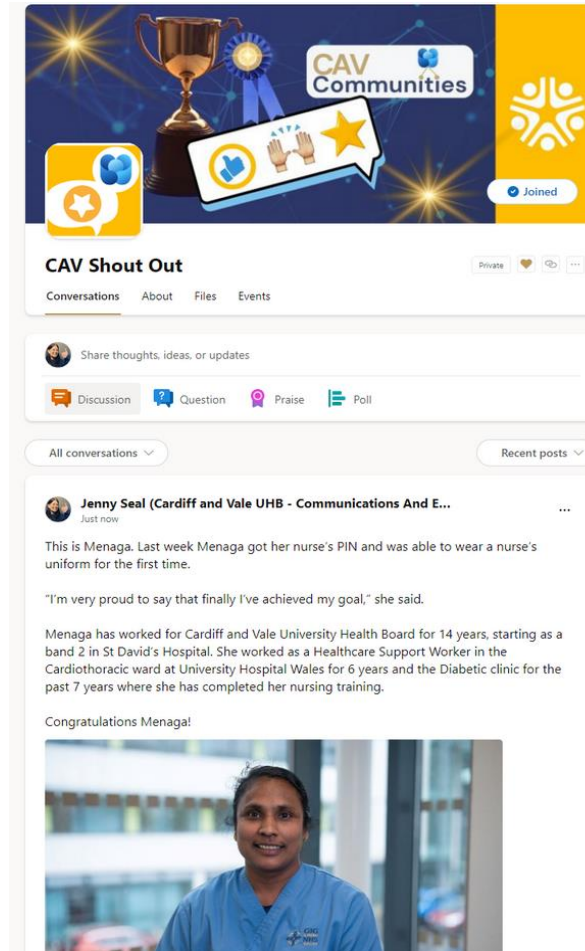
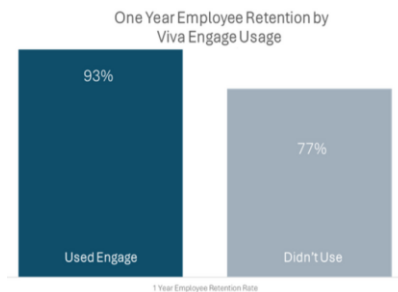
Sessions align to a different Shaping Our Future Wellbeing topic each month, ensuring further visibility and awareness of these with colleagues.

Viva Engage App – CAV Communities

Internal staff owned engagement platform



Microsoft
The Link Between Viva Engage Usage and 21% Higher Employee Retention Rates



Putting People First: Provides a platform to share learning, ideas, passions, and build relationships across the organisation.

Aims to contribute to making colleagues feel valued, developed, supported and engaged.

National evidence shows Viva Engage helps with retention of staff.

Delivering in the Right Places: Supports digital maturity enabling the Health Board's workforce to connect and communicate.

Date	Action	Status
22/12/2023	ICT enable Viva Engage for CAVUHB.	Complete
10/03/2024 – 27/05/2024	Set up CAVUHB Community Groups. Recruit community champions. Draft comms. Align with Digital and Health Intelligence Team.	Complete
June 2024	Launch Viva Engage internally	Following SLB meeting

Digital Analytics Dashboard - Internal

Articles that do well include staff benefits, competitions, awards, training courses with broad appeal, legislation changes and retirements/appointments.



Annual Leave Carry Over 2023/24
Annual Leave is an important tool for maintaining our physical...
News (Cardiff and Vale UHB - Communications) 6 March
1223 views

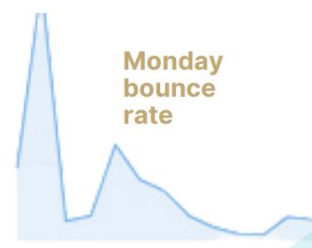


YOUR £1,000 JANUARY STAFF LOTTERY WINNERS ARE;
★ Samantha Skelton, Health & Safety, Woodland House ★ Ta...
News (Cardiff and Vale UHB - Communications) 8 February
617 views



New Workplace recycling
The way we get rid of waste is altering – and we need your help...
News (Cardiff and Vale UHB - Communications) 7 March
571 views

Friday bounce rate



Last 90 days

- Views of News Homepage: 2,033
- Number of News articles published: 197
- Number of articles with <100 views: 120
- Number of articles with >200 views: 30

Inclusion and placement in the weekly roundup has a significant effect on the number of views an article receives

Clearer evaluation of what is working to engage with colleagues.

Utilising findings to tweak approaches to enhance engagement with colleagues.

Provides an evidence based communications approach to content.

Digital Analytics Dashboard - External

Colleague photos receive the most likes and comments.



Our engagement rates are above average for health sector.

Insights

Our LinkedIn audience is growing at a faster rate than any other channel.

Complete articles, colleague achievements and spotlighting roles perform well.

The channel is not currently being used to its full potential.

Facebook engagement

- Followers: 33.7k ↑ 66
 - Post impressions: 1.7m ↑ 408.2k
 - Link clicks: 26.4k ↑ 20.1k
 - Number of posts: 234 ↑ 14
 - Post engagement: 2.08% ↑ 0.95%
- Our engagement rates are above average for health sector.



Clearer evaluation of what is working to engage with the public.

Utilising findings to tweak approaches to enhance engagement with the public.

Provides an evidence based communications approach to content.

Posts celebrating colleagues receive the most positive engagement

Recruitment and Branding

Website Traffic

February

Jobs - Cardiff and Vale University Health Board	37,720
Home - Cardiff and Vale University Health Board	17,961
University Hospital of Wales - Cardiff and Vale University Health Board	9,114
Search Results - Cardiff and Vale University Health Board	8,307

March

Jobs - Cardiff and Vale University Health Board	32,140
Home - Cardiff and Vale University Health Board	13,994
University Hospital of Wales - Cardiff and Vale University Health Board	6,858
Search Results - Cardiff and Vale University Health Board	5,746

April

Jobs - Cardiff and Vale University Health Board	30,614
Home - Cardiff and Vale University Health Board	13,055
University Hospital of Wales - Cardiff and Vale University Health Board	6,555
Search Results - Cardiff and Vale University Health Board	6,167

'Jobs' webpage consistently the most viewed page of CAVUHB website, receiving more views than the homepage.

'Jobs' is the most searched for term on the CAVUHB website.

'Jobs' webpage receives over 30,000 views every month.

Job posts consistently receive the most clicks.



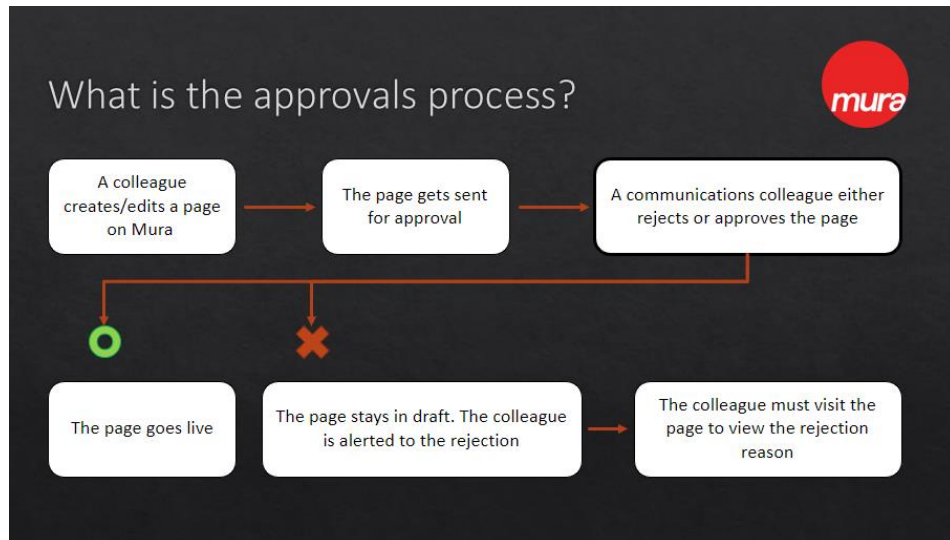
Promoting CAVUHB as a great place to live and work and employer of choice.

Consistently encouraging diversity through website, social media and print materials.

Further development of jobs page ongoing with colleague stories, application support and further visibility and awareness of roles.

Developing CAVUHB recruitment brand identity with different languages most spoken in Cardiff and the Vale.

Welsh Language and Accessibility



mura Accessibility

Accessible language

Part of accessibility to people visiting the site includes the type of language we use. In this case, we would want to use 'plain English' in all content, so that is easy to interpret for a wider audience of English speakers - the same for Welsh.

Examples of language do's and don'ts:

- ✗

"In the field of Audiology, the professionals who work in this field are known as Audiologists. Their job is to identify, assess, and manage the wide array of disorders that are related to hearing and balance."
- ✓

"Audiologists are healthcare professionals who identify, assess, and manage disorders of hearing and balance."
- ✗

"If you have any questions at all that you need answered, please take a look at our contact page and either send us an email or give us a quick ring on the number provided so that we can help."
- ✓

"For any queries, you can contact us: [Link]."

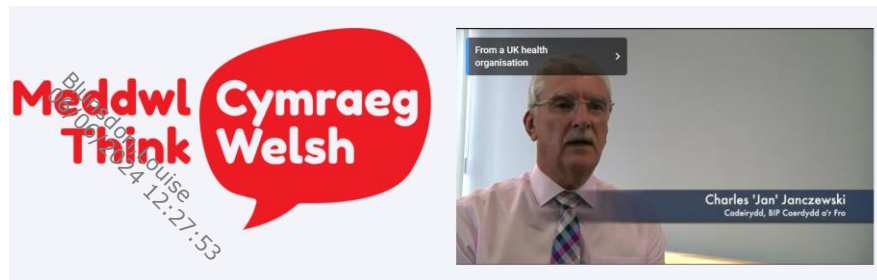
It's always best to avoid using idioms, contractions, complex vocabulary, and extended wording when a simply and direct sentence will deliver the same message, in an easy to digest format.

Approvals process enabled on website in August 2023 to ensure all pages meet Welsh Language and Accessibility standards before going live.

CAVUHB website audited by Cabinet Office in June 2023, outcome determined our accessibility statement as compliant.

Approvals process communicated with Welsh Language Commissioner who are happy with this approach.

Improving Welsh Language and accessibility with the public ensures fairness and that all have access to key health information, putting people first.



In the Spotlight - Campaign

In The Spotlight



Olivia Dawson

- Ward Manager -

One of the most fulfilling aspects of my job is the ability to make a difference in people's lives.

People are at the centre of everything we do.

Those who work at Cardiff and Vale University Health Board make a difference to people's lives every single day.

Each month, the 'In The Spotlight' campaign will shine a light on the different people who make up CAVUHB, from those who support behind the scenes, to those who have passions that led them to work in their role.

As an organisation with over 17,000 colleagues, the campaign will highlight the variety of roles, teams and individuals across the health board.

Working in the NHS can be life-changing, both for colleagues and for the patients they help.

Focus on colleagues in less visible roles to support an engaged, motivated and healthy workforce that feels valued and supported wherever they work.

Emphasises our commitment to inclusivity and diversity by showcasing the different roles and people within the Health Board.

Supports recruitment by highlighting the variety of roles across the Health Board.

Date	Action
May and June 2024	Draft comms plan and key messaging. Identify colleagues to be involved.
July 2024	Launch campaign internally and externally.



Evaluation

How we will measure the success of People and Culture communications approaches.

Communications Approach	Measurement of success
NHS Wales Staff Survey	<ul style="list-style-type: none"> - Increase in colleague participation in the survey compared to 2023. - Higher percentage for questions relating to feeling supported and valued compared to 2023.
Recruitment	<ul style="list-style-type: none"> - Increase in applications for roles across the health board in comparison to 2023. - Increase in applications from those from different demographic profiles. - Trac data of number of views on jobs after they have been highlighted through communications approaches.
In the Spotlight - Campaign	<ul style="list-style-type: none"> - Social media analytics for reach, likes and sentiment of comments. - Page views to campaign specific webpage. - Positive feedback from colleagues. - Interest from other colleagues to be featured.
Ask Suzanne & CEO Connects	<ul style="list-style-type: none"> - Increase in attendance at live sessions. - Increase in recording views. - Increase in colleagues interest in being a guest speaker or colleague spotlight speaker.
Viva Engage	<ul style="list-style-type: none"> - Number of colleagues signed up to join CAV Communities, with an aim of 10% of colleagues joining within the first quarter of launching (1,700 colleagues in three months). - Amount of engagement from community champions in specific communities to encourage conversation. - Senior leaders joining CAV Communities to engage with wider colleagues and to add further credibility to the platform.
Accessibility & Welsh Language	<ul style="list-style-type: none"> - Feedback from Welsh Language Commissioner - Outcome of audits - Feedback from the public and staff networks.
Collaboration and co-production	<ul style="list-style-type: none"> - Stats of participation in survey to support Shaping Our Future Clinical Services - Number of patients recruited to the join the Genomics Sounding Board. - Feedback from stakeholders.

Blunsdon-Louis
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Thank you.

Communications & Engagement Team

✉ news@wales.nhs.uk

☎ 02921 836052



Blunsdon Louise
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Report Title:	Employment Policy Sub Group Terms of Reference	Agenda Item no.	10
Meeting:	Local Partnership Forum	Public	x
		Private	
Status <i>(please tick one only):</i>	Assurance	Approval	x
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 **Employment Policy Sub Group (EPSG)** is made up of representatives from People and Culture and Trade Unions and is co-chaired by the Head of People Assurance and Experience and a TU representative (currently the Lead Staff Representative for Mental Health Clinical Board). 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.

The EPSG Terms of Reference for EPSG have recently been reviewed and in the main were considered to remain to be fit for purpose. However, the following changes have been introduced:

- References to All-Wales Policies and the role of EPSG in implementation issues were strengthened
- 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, they will now be elected to represent specific areas including Education, Employee Relations, Equity and Inclusion, and Wellbeing.
- Regular reporting to the People and Culture Committee has been introduced at least once a year.

A copy of the revised Terms of Reference is attached as Appendix 1

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

Recommendation:

The Local Partnership Forum is asked to:

- **APPROVE** the revised EPSG Terms of Reference

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Employment Policy Sub Group

Terms of Reference and Operating Arrangements

1. ROLE AND FUNCTION

- 1.1 The Employment Policy Sub Group (EPSG) is established as the primary forum for the development and review of employment policies and other related 'People and Culture' procedures and written control documents. These are referred to collectively within these terms of reference as "employment policies, procedures or other written control documents".
- 1.2 The purpose of the EPSG is to:
- identify, understand and act upon changes in employment legislation, and good employment practice, noting All Wales Policies and Procedures as necessary.
 - review existing employment policies, procedures and other written control documents and develop new ones as required, and to consider the implementation and communication of them and their impact on staff across the University Health Board (UHB).
 - ensure employment policies and associated procedures are subject to an Equality and Health Impact Assessment.
 - ensure that appropriate engagement and consultation has taken place prior to approving or recommending the approval of any employment policy, procedure or other written control document.
 - consider the implementation of NHS Wales policies and procedures and provide opinion when requested.

2. DELEGATED POWERS AND AUTHORITY

2.1 The EPSG will :

- Act with the delegated authority of the LPF to establish partnership task and finish groups to carry out specific pieces of policy development work
- act with the delegated authority of the People and Culture Committee and approve employment procedures and other written control documents (not policies). Where the Group is unable to reach a consensus and approve a document the matter will be referred to the Local Partnership Forum and Strategy and Delivery Committee for further discussion and approval.

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3. OPERATING ARRANGEMENTS

3.1 Membership of the EPSG will comprise of:

Management Representatives

- Head of People Assurance and Experience (Co-Chair)
- Head of Employee Health and Wellbeing
- Senior ECOD Manger
- Head of Equity, Diversity and Inclusion
- Head of People Services
- People Services Manager x2
- Senior Manager Retention and Organisational Development

Staff Representatives

8 nominated staff representatives comprising of the following roles:

- Co-Chair of EPSG
- Chair of Staff Representatives
- Equality and Inclusion
- Education and Training
- Corporate
- Employee Relations
- Employee Health and Wellbeing
- Health and Safety

3.2 In attendance

Standing invitations are issued to the following:

- Head of Corporate Governance
- Independent Member - Trade Union
- Chair of LNC
- Chair of Staff Representatives (if not a full member)

All staff representatives and other employees who have played a lead role in the development of a policy, procedure or other control document are expected to attend EPSG meetings when that document is under consideration.

The EPSG Joint Chairs may invite any others from within or outside the organisation to attend all or part of a meeting to assist with its discussions on any particular matter

3.3 Deputies may attend in the absence of a member and with agreement of the appropriate chair. It will be the member's responsibility to ensure that they are appropriately briefed and able to contribute to the decision-making process.

The EPSG may establish sub-groups or task groups to perform time limited work to advise on specific matters.

3.5 The People Assurance and Experience Advisor will act as Management Secretary and will be responsible for the maintenance of the constitution of

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the membership, the circulation of agenda and minutes and notification of meetings.

- 3.6 Meetings will be held bi-monthly to alternate with LPF but this may be changed to reflect the need of either staff or management representatives.

Where joint chairs agree, extraordinary meetings may be scheduled with 7 calendar days notice.

- 3.7 There should be at least three management representatives and three staff representatives in attendance for the meeting to be quorate. If the meeting is not quorate no decisions can be made but information may be exchanged.
- 3.8 The business of the meeting shall be restricted to matters pertaining to UHB employment policies, procedures and practices.
- 3.9 The Co-Chairs can take action on behalf of the Group in urgent matters or where the meeting is not quorate. All actions taken by the Co-Chairs must be ratified at the next quorate Employment Policy Sub Group meeting.
- 3.10 The draft minutes shall normally be agreed with the co-chairs within 2 weeks of the meeting and distributed to other EPSG members no later than 7 days prior to the following meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least 7 days in advance of the meeting.

4. REPORTING AND ASSURANCE ARRANGEMENTS

4.1 The EPSG shall:

- report formally and on a timely basis to the LPF on the Group's activities;
- bring to the LPF's attention any policy development or amendment requiring specific discussion before final approval is given by People and Culture Committee.
- bring to LPF's attention any procedural development or amendment where agreement cannot be reached, for further consideration and negotiation, before final approval is given by the Strategy and Delivery Committee
- Provide regular (annual) reports to People and Culture Committee covering EPSG output, key changes etc.

5. Review

- 5.1 The EPSG will undertake a periodic review of its performance to ensure that it is properly carrying out its role and function and ensure that meetings are effective. This may include reviewing the Terms of Reference

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Cardiff and Vale Integrated Performance Report

May 2024

Blunsdon Louise
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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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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	183 April	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	1715 March	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 March	Hyperlink to section

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Performance Key: Meeting standard / trajectory over target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report	
Planned Care, Recovery, Diagnostics and Pathways of Care	Achieve RTT waiting time targets Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly	8999	No	Mar 2024	11759 March	Hyperlink to section	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	2681 March	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	28020 March	Hyperlink to section	
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly	Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section	
	Measure 2: Achieve 8-week diagnostic Reporting: monthly	0	No	June 2025	14454 March	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	62.3% March	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	53.9% Mar	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Mar	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	55.2% Mar	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	91% Mar	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	23% Mar	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	83.6% Mar	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly	Go-Live	Yes	Sept' 2023	Delivered	Hyperlink to section	

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Section 2: Cardiff and Vale Performance Report

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

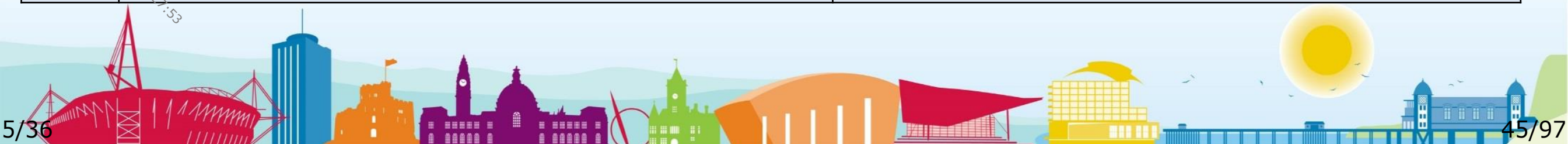
Detail on what is included under each quadruple aim is provided below.

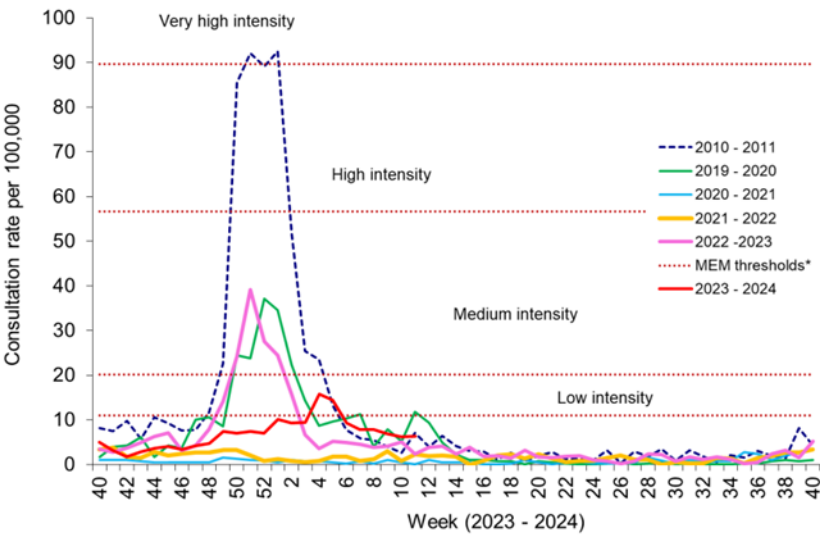
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

[Return to Main Menu](#)

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

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza Eligible cohorts have been receiving the COVID-19 Autumn/Winter Booster which has now concluded, while awaiting the final data 104,478 doses were given in Cardiff and Vale as of the 29th of February 2024, and 54.82% uptake to date (Wales average 53.44% uptake). As of the 25th of March 2024 UHB COVID-19 Staff vaccination uptake reached 41% with 37% uptake of influenza vaccination according to UHB data. (Target is 75%).</p> <p>The spring booster campaign is now underway and has delivered 11,336 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the current coverage is therefore 20.79%.</p> <p>Surveillance Influenza activity is currently low and stable. Hospital admissions for Covid-19 in C&V are currently low and stable, though across Wales there has been a slight increase in the last week of April. There are currently 2 Covid-19 outbreaks and 1 incident in hospital, and zero influenza incidents or outbreaks. Since the start of April 2024, 9 bed days have been lost due to Covid-19 incidents or outbreaks, and 6 bed days have been lost due to influenza incidents or outbreaks 16% of C&V UHB staff sickness during March 2024 was due to influenza/COVID-19/respiratory conditions (data for April awaited). Omicron sub-variant JN.1 remains the most prevalent variant in Wales and globally. RSV activity in under 5s remains at low intensity. Pertussis/Whooping cough is rising across Wales.</p>	Week 13	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly flu/ARI report</p>

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 79.1% 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 Oct 2023 – Dec 2023	Below target	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Cardiff and Vale UHB</p> <p>Uptake (%)</p> <p>95%</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan has been agreed and signed off by both Cardiff and Vale PSBs. An updated action plan for 2024/25 will be developed to further strengthen the partnership approach; a workshop is planned for 28th May 2024 In view of the measles outbreak in ABUHB area and wider elsewhere in the UK, measles preparedness work continues to plan for future measles cases. 	Q1 2024/25	On target	n/a

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data																																																												
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 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. <p>Weight management services</p> <ul style="list-style-type: none"> % people with body mass index (BMI)>30 who can be treated through: <ul style="list-style-type: none"> Level 2 services: 1.6% (target: 1.5%) Level 3 services: 0.2% (target: 0.5%) 	Q3 2023/24	<p>Healthy weight:</p> <p>Below target</p> <p>Weight management services:</p> <p>Level 2 above target Level 3 below target</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> <table border="1"> <caption>Healthy Weight trend - Reception Year children (Estimated Data)</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>74.6</td><td>72.0</td><td>73.0</td><td>71.0</td></tr> <tr><td>2012/13</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2013/14</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2014/15</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2015/16</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2016/17</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2017/18</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2018/19</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2019/20</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2020/21</td><td>75.0</td><td>73.0</td><td>74.0</td><td>72.0</td></tr> <tr><td>2021/22</td><td>74.6</td><td>72.0</td><td>73.0</td><td>71.0</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	74.6	72.0	73.0	71.0	2012/13	75.0	73.0	74.0	72.0	2013/14	75.0	73.0	74.0	72.0	2014/15	75.0	73.0	74.0	72.0	2015/16	75.0	73.0	74.0	72.0	2016/17	75.0	73.0	74.0	72.0	2017/18	75.0	73.0	74.0	72.0	2018/19	75.0	73.0	74.0	72.0	2019/20	75.0	73.0	74.0	72.0	2020/21	75.0	73.0	74.0	72.0	2021/22	74.6	72.0	73.0	71.0
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For areas of underperformance please see cover paper for details on actions being taken

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Priority	Performance Summary	Reported Period	On target?	Data																																																			
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> 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 - Target = 5% annually. <p>In Quarter 3 0.6 % of smokers set a firm quit date (this is below target). 68% of these quit smoking at 4 weeks (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows:</p> <ul style="list-style-type: none"> HMQ community – 79% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –39% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 74% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 3 2023/24	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in percentages</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hospital (%)</th> <th>QTR TOTALS (%)</th> <th>Tier 1 Target (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2022-2023</td> <td>Quarter 1</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>80</td> <td>82</td> <td>75</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>72</td> <td>35</td> <td>82</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 4</td> <td>78</td> <td>35</td> <td>82</td> <td>72</td> <td>40</td> </tr> <tr> <td rowspan="3">2023/24</td> <td>Quarter 1</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>25</td> <td>82</td> <td>68</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>78</td> <td>38</td> <td>78</td> <td>68</td> <td>40</td> </tr> </tbody> </table>	Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)	2022-2023	Quarter 1	78	30	78	65	40	Quarter 2	75	80	82	75	40	Quarter 3	72	35	82	65	40	Quarter 4	78	35	82	72	40	2023/24	Quarter 1	70	25	45	60	40	Quarter 2	75	25	82	68	40	Quarter 3	78	38	78	68	40
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Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 April 23 2023 to 31 March 2023	0.8% (per quarter)	0.6% Below target	0.6%	0.6%	0.6%	
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)							

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q4	100%	97%	
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	23/24	100%	46%	

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	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 October 2023 to 30 December 2023	95%	85.7% Below target	83.7	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)</i>	1 January 2023 to 30 June 2023	90%	74.4% Below target	74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below target	72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 April – 30 June 2024 (Spring booster)	75%	20.79% Below target	As of 25/04/24			
					20.79%			

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Weight Management Services

Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of people with BMI > 30 that can be treated through Level 2 Weight Management Services	April 2024	1.5%	1.6%				
n/a	% of people with BMI > 30 that can be treated through Level 3 Weight Management Services	April 2024	0.5%	0.2%				

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Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Feb-24	90%	25.2%	<table border="1"> <tr> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> </tr> <tr> <td>19.00%</td> <td>22.90%</td> <td>22.50%</td> <td>25.20%</td> </tr> </table>	Nov-23	Dec-23	Jan-24	Feb-24	19.00%	22.90%	22.50%	25.20%
Nov-23	Dec-23	Jan-24	Feb-24										
19.00%	22.90%	22.50%	25.20%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-23	90%	92.9%	<table border="1"> <tr> <th>Sep-23</th> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> </tr> <tr> <td>96.90%</td> <td>96.90%</td> <td>97.00%</td> <td>92.90%</td> </tr> </table>	Sep-23	Oct-23	Nov-23	Dec-23	96.90%	96.90%	97.00%	92.90%
Sep-23	Oct-23	Nov-23	Dec-23										
96.90%	96.90%	97.00%	92.90%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Mar-24	95%	96.1%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>96.00%</td> <td>95.10%</td> <td>95.90%</td> <td>96.10%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	96.00%	95.10%	95.90%	96.10%
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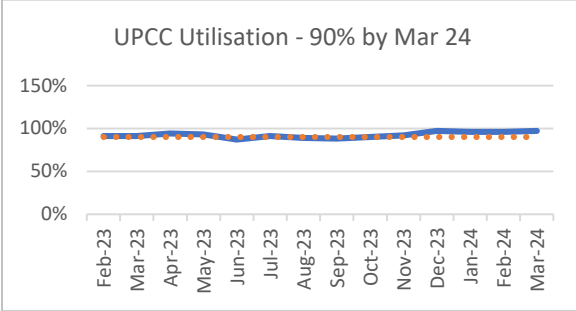
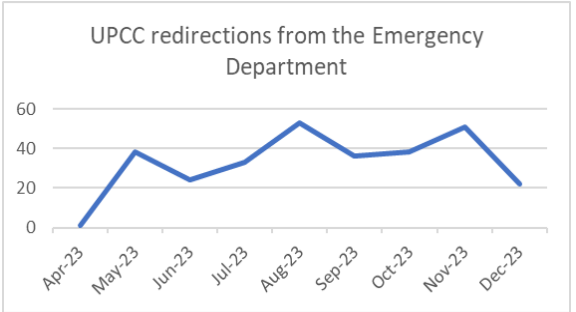
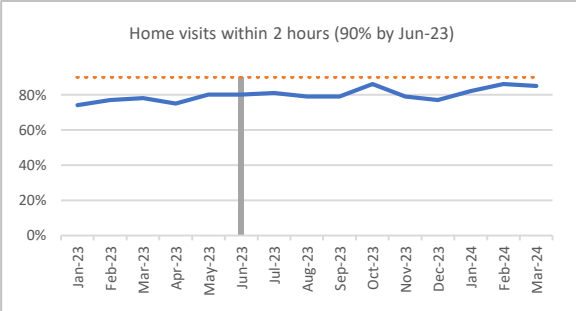


Priority	Performance Summary	Reporting Period	Data																														
<p>Ambulance Handover</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 4-hour ambulance delays (June 23) Reduce average lost minutes to 30 (Sept 23) 	<ul style="list-style-type: none"> The number 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 2023. we reported 8 in March 2024, a reduction from the previous month. Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in March from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment. 	<p>Apr-24</p>	<table border="1"> <caption>Number of ambulance handovers >4 hours</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>2.0</td></tr> <tr><td>Apr-23</td><td>0.0</td></tr> <tr><td>May-23</td><td>0.0</td></tr> <tr><td>Jun-23</td><td>0.0</td></tr> <tr><td>Jul-23</td><td>0.0</td></tr> <tr><td>Aug-23</td><td>0.0</td></tr> <tr><td>Sep-23</td><td>0.0</td></tr> <tr><td>Oct-23</td><td>0.0</td></tr> <tr><td>Nov-23</td><td>0.0</td></tr> <tr><td>Dec-23</td><td>0.0</td></tr> <tr><td>Jan-24</td><td>0.0</td></tr> <tr><td>Feb-24</td><td>0.0</td></tr> <tr><td>Mar-24</td><td>0.0</td></tr> <tr><td>Apr-24</td><td>0.0</td></tr> </tbody> </table>	Month	Count	Mar-23	2.0	Apr-23	0.0	May-23	0.0	Jun-23	0.0	Jul-23	0.0	Aug-23	0.0	Sep-23	0.0	Oct-23	0.0	Nov-23	0.0	Dec-23	0.0	Jan-24	0.0	Feb-24	0.0	Mar-24	0.0	Apr-24	0.0
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<p>Emergency Department</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 24-hour ED waits (June 23) Reduce 12-hour ED waits by 50% (Sept 23) 	<ul style="list-style-type: none"> In April, 17 patients waited 24-hours in the EU footprint without a stop-clock, a small increase from the 14 patients in March. 12-hour ED waits increased from 814 in March to 829 in April and remains above our IMTP ambition. 	<p>Apr-24</p>	<table border="1"> <caption>12 Hour Wait Reduction by 50% of baseline by Sept-23</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>1200</td></tr> <tr><td>Jun-22</td><td>900</td></tr> <tr><td>Aug-22</td><td>1000</td></tr> <tr><td>Oct-22</td><td>1100</td></tr> <tr><td>Dec-22</td><td>1000</td></tr> <tr><td>Feb-23</td><td>700</td></tr> <tr><td>Apr-23</td><td>600</td></tr> <tr><td>Jun-23</td><td>300</td></tr> <tr><td>Aug-23</td><td>900</td></tr> <tr><td>Oct-23</td><td>700</td></tr> <tr><td>Dec-23</td><td>500</td></tr> <tr><td>Feb-24</td><td>800</td></tr> <tr><td>Apr-24</td><td>800</td></tr> </tbody> </table>	Month	Count	Apr-22	1200	Jun-22	900	Aug-22	1000	Oct-22	1100	Dec-22	1000	Feb-23	700	Apr-23	600	Jun-23	300	Aug-23	900	Oct-23	700	Dec-23	500	Feb-24	800	Apr-24	800		
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<p>Delayed Pathways of Care, LOS and Beds</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Reduce DPOCs by 10% (June-23) Reduce >21 day LOS by 5% (June-23) Re-establish dedicated AOS beds (Sept) 	<ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the April 2024 census reported 183 delayed pathways, a decrease from March and below our commitment of 217 We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 32% and 57% respectively. Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS). 	<p>Apr-24</p>	<table border="1"> <caption>Reduce DPOCs by 10% (June-23)</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>250</td></tr> <tr><td>Apr-23</td><td>230</td></tr> <tr><td>May-23</td><td>200</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>180</td></tr> <tr><td>Aug-23</td><td>180</td></tr> <tr><td>Sep-23</td><td>180</td></tr> <tr><td>Oct-23</td><td>200</td></tr> <tr><td>Nov-23</td><td>200</td></tr> <tr><td>Dec-23</td><td>180</td></tr> <tr><td>Jan-24</td><td>180</td></tr> <tr><td>Feb-24</td><td>230</td></tr> <tr><td>Mar-24</td><td>200</td></tr> <tr><td>Apr-24</td><td>200</td></tr> </tbody> </table>	Month	Count	Mar-23	250	Apr-23	230	May-23	200	Jun-23	200	Jul-23	180	Aug-23	180	Sep-23	180	Oct-23	200	Nov-23	200	Dec-23	180	Jan-24	180	Feb-24	230	Mar-24	200	Apr-24	200
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Priority	Performance Summary	Reporting Period	Data
<p>ED Attendances</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter) 	<ul style="list-style-type: none"> In April 2024 we reported 11,484 EU attendances, almost unchanged from the 11,489 reported in March The number of EU Majors attendances in April 2024 was 6186 a decrease from March and remaining below our ambition of 6507. 	<p>Apr-24</p>	
<p>Same Day Emergency Care</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> In March 2024 we saw 1,214 patients seen via surgical SDEC and 501 via the medical SDEC. In total 1,715 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. 	<p>Mar-24</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Urgent Primary Care</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Average utilisation of >90% achieved across Cardiff and Vale from September, increasing to 97% in December and remaining high at 96% in January and February, increasing to 97% for March 2024 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%, Q4 = 87% Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Total referrals for Q1 = 63, Q2 = 122 Q3 = 112 Q4 = 63 	<p>Mar-24</p> <p>Q4-Mar 24</p>	 
<p>Community Services</p> <ul style="list-style-type: none"> Home Visit (P2) f2f in 2 hrs >90% (June 2023) 	<ul style="list-style-type: none"> The Health Board was 100% compliant in March 2024 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 5 of 5 patients receiving their visit with one hour. There were no recorded patients that required an 'Emergency' appointment at a primary care center in March The Health Board was 85% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 95 of 112 patients receiving their visit within 2 hours 	<p>Mar-24</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Fracture Neck of Femur IMTP Commitments:</p> <ul style="list-style-type: none"> 75% admitted within 4 hours (June-23) 85% to theatre within 36 hours (December-23) 	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In March 2024 the annualised data shows 42% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In March, 64.4% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58.3% over the last 12 months.</p>	<p>Mar-24</p>	
<p>Stroke IMTP Commitments:</p> <ul style="list-style-type: none"> 70% scanned within 1 hour (June-23) 90% admitted within 4 hours (Sept-23) 20% thrombolysis rate (Sept-23) 	<p>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 March:</p> <ul style="list-style-type: none"> 16.7% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 17.8% The percentage of CT scans that were started within 1 hour in March was 62.1%, the All-Wales average was 56.24% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 62.5% in March, the All-Wales average was 32.0% <p>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.</p>	<p>Mar-24</p>	
<p>Intensive Care Unit IMTP Commitments:</p> <ul style="list-style-type: none"> Patient at risk team 24/7 (Sept 23) ITU - 1 additional staffed bed (Sept 23) ITU - 2 additional staffed beds (March 24) 	<ul style="list-style-type: none"> 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 	<p>Dec-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Outpatient Follow-up Management Annual Plan Commitment</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> In total there were 175,130 patients awaiting a follow-up outpatient appointment at the end of March Of these, there were 28,020 patients who were 100% delayed for their follow-up outpatient appointment, a significant decrease noted from February 3.3% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.7% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway 	<p>Mar-24</p> <p>Mar-24</p>	<p>The first chart shows a reduction in 100% follow-up delays from approximately 50,000 in Jan-23 to around 30,000 in Mar-24. The second chart shows the percentage of patients moving into SOS and PIFU pathways, both remaining below 10%.</p>
<p>52 Week New Outpatient Annual Plan Commitment</p> <ul style="list-style-type: none"> <8999 > 52 weeks (March 2024) 	<ul style="list-style-type: none"> 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 March, 11,759 patients had waited 52 weeks for their outpatient appointment, an decrease from February but still above our ambition. We continue to work with our high volume specialties to reduce this as we move through Q1. 	<p>Mar-24</p>	<p>The chart shows the number of patients with RTT > 52 weeks, starting around 12,000 in Jan-23 and ending at 11,759 in Mar-24, which is above the 8999 target.</p>
<p>104 Week Treatment Annual Plan Commitment</p> <ul style="list-style-type: none"> 3788 patients > 104 week waits for treatment (December 2023) 1263 patients > 104 week waits for treatment (March 2024) 	<ul style="list-style-type: none"> In December the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed March with 2681 patients waiting longer than 104 weeks which accounts for 1.82% of the total waiting list. This is above the ambition of 1% but represents a significant improvement from previous months. Focused work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment 	<p>Mar-24</p>	<p>The chart shows the number of patients with RTT > 104 weeks, starting around 4,500 in Jan-23 and ending at 2,681 in Mar-24, which is above the 3788 target.</p>
<p>156 Week Waits Annual Plan Commitment</p> <ul style="list-style-type: none"> <350 patients >156 week wait for treatment (September 2023) 0 patients >156 week wait for treatment (December 2023) 	<ul style="list-style-type: none"> 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 116 in March. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment. 	<p>Mar-24</p>	<p>The chart shows the number of patients with RTT > 156 weeks, starting around 1,000 in Jan-23 and ending at 116 in Mar-24, which is significantly below the 350 target.</p>

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data																														
<p>Community Pharmacy Annual Plan Commitment:</p> <ul style="list-style-type: none"> >90% of all eligible community pharmacies providing CCPS (June 2023) 10% increase in pharmacy independent provider access (December 2023) 	<p>100% of all eligible community pharmacies providing CCPS</p> <ul style="list-style-type: none"> 100 Community Pharmacies currently eligible to provide CCPS 100/100 Community Pharmacies signed up to deliver CCPS. <p>4338 PIP consultations undertaken in Q4, increased from 3537, 3502 and 2395 in previous quarters. There has been an increase to 34% of pharmacies providing PIP services.</p>	Mar-24	<p>PIP consultations</p> <table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td></td> <td>1263</td> <td>1305</td> <td>1627</td> <td>1406</td> </tr> </tbody> </table>		Dec-23	Jan-24	Feb-24	Mar-24		1263	1305	1627	1406																				
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<p>GMS Escalation Annual Plan Commitment:</p> <ul style="list-style-type: none"> >95% of practices reporting escalation levels (June 2023) >95% achievement of core access to in-hours GMS Services (September 2023) 	<ul style="list-style-type: none"> Average of 97% of Practices reporting escalation levels, with 100% reported in March 24 – Significant increase in number of practices at level 3 or above (29 practices as at March 24 = 51%) 98% achievement of core access standards to in hours GMS 	Q4-Mar 2024	<p>Escalation reporting</p> <table border="1"> <thead> <tr> <th></th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td>88.0%</td> <td>92.0%</td> <td>97.0%</td> </tr> </tbody> </table> <p>Access Standards</p> <table border="1"> <thead> <tr> <th></th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td></td> <td>98.0%</td> <td>98.0%</td> <td>98.0%</td> </tr> </tbody> </table>		Q2	Q3	Q4		88.0%	92.0%	97.0%		Q2	Q3	Q4		98.0%	98.0%	98.0%														
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<p>Dental Annual Plan Commitment:</p> <ul style="list-style-type: none"> 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024) 	<ul style="list-style-type: none"> % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 178.2% % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 91.5% % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 81.6% <p>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.</p>	Q4-Mar 2024	<table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>New</td> <td>139.27%</td> <td>151.72%</td> <td>164.46%</td> <td>178.19%</td> </tr> <tr> <td>New Urgent</td> <td>63.25%</td> <td>75.64%</td> <td>83.66%</td> <td>91.50%</td> </tr> <tr> <td>Historic</td> <td>64.69%</td> <td>70.99%</td> <td>76.57%</td> <td>81.55%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>CDWL volume</td> <td>24,636</td> <td>25,064</td> <td>26,115</td> <td>25,856</td> </tr> </tbody> </table>		Dec-23	Jan-24	Feb-24	Mar-24	New	139.27%	151.72%	164.46%	178.19%	New Urgent	63.25%	75.64%	83.66%	91.50%	Historic	64.69%	70.99%	76.57%	81.55%		Dec-23	Jan-24	Feb-24	Mar-24	CDWL volume	24,636	25,064	26,115	25,856
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<p>Optometry Annual Plan Commitment</p> <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) 	<ul style="list-style-type: none"> Contract reform and implementation still in progress, currently 20 practices offer and Optometry Independent Prescribing service (33%) 	Q4-Mar 2024	Data refreshed for 24/25 following contract reform implementation																														
<p>Respiratory Annual Plan Commitment</p> <ul style="list-style-type: none"> 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024) 	<ul style="list-style-type: none"> Community Spirometry service available in both Cardiff and Vale regions. Total of 2,759 appointments offered, of which 1,864 Patients appointed (67% utilisation), current waiting list of 254. 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. 	Q4-Mar 2024																															

Priority	Performance Summary	Reporting Period	Data
<p>Cancer Annual Plan Commitment</p> <ul style="list-style-type: none"> >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) Develop draft UHB strategy to deliver national cancer pathways (June 2023) 	<ul style="list-style-type: none"> 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 60.8% in February, which has raised slightly to 62.3% in March. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 2164 suspected cancer patient on the SCP. 212 have waited over 62 days, of which 57 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. The UHB draft strategy has been developed including working with national cancer pathways 	<p>Mar-24</p> <p>No date</p>	<p>% Compliance patients starting cancer treatment within 62 days (75% by Jun-23)</p>
<p>Therapies Annual Plan Commitment</p> <ul style="list-style-type: none"> 0 patients waiting over 14 weeks (excluding audiology) (June 2023) 	<ul style="list-style-type: none"> Excluding Audiology there were 1337 patients waiting over 14-weeks for Therapy in at the end of March. We have eliminated 14 week breaches in Audiology so in total there were 1337 patients waiting longer 14 weeks for Therapy, a decrease from December, January and February due to a reduction in Audiology and podiatry breaches. 	<p>Mar-24</p>	<p>0 patients waiting >14 weeks (excl. Audiology)</p>
<p>Diagnostics Annual Plan Commitment</p> <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Excluding endoscopy there were 9177 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of March. In total there were 14454 patients waiting longer than 8 weeks for a diagnostic test, an increase from February. 49% of patients seen within 8 weeks in March (excluding Endoscopy), a deterioration from February. 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 place to provide additional diagnostic capacity through mobile units in advance of this. 	<p>Mar-24</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>

Priority	Performance Summary	Reporting Period	Data
<p>Whole System Evaluation Annual Plan Commitment:</p> <ul style="list-style-type: none"> Undertake high impact evaluations of three key specialities (June 2023) Undertake high impact evaluations of three key specialities (Sept 2023) 	<p>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 specialities and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.</p>	<p>Mar-24</p>	
<p>Supporting Patients Whilst Waiting Annual Plan Commitment:</p> <ul style="list-style-type: none"> Produce models of care (June 2023) Develop pathways (Sept 2023) Expand services (December 2023) 	<p>Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab</p> <p>This workstream has been realigned with a national focus the 3 Ps programme and delivery of Single Point of Access from Q1 24/25:</p> <ul style="list-style-type: none"> Promoting healthy behaviours Preventing deconditioning whilst waiting Preparing for treatment and recovery 	<p>Mar-24</p>	

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<p>Children’s Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >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 	<p>Part 1a compliance was above the 80% standard at 91% in March 2024.</p> <p>Part 1b performance increased to 23% 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 February. The number waiting over 16 weeks remains low.</p> <p>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.</p>	<p>Mar-24</p>	<table border="1"> <caption>EWMH performance</caption> <thead> <tr> <th>Month</th> <th>Part 1A (assessment) % Compliance</th> <th>Part 1B (Intervention) % Compliance</th> <th>Part 2 % Patients with a valid CTP</th> </tr> </thead> <tbody> <tr><td>May-23</td><td>85</td><td>5</td><td>85</td></tr> <tr><td>Jun-23</td><td>88</td><td>5</td><td>88</td></tr> <tr><td>Jul-23</td><td>85</td><td>5</td><td>85</td></tr> <tr><td>Aug-23</td><td>90</td><td>5</td><td>80</td></tr> <tr><td>Sep-23</td><td>85</td><td>20</td><td>85</td></tr> <tr><td>Oct-23</td><td>95</td><td>10</td><td>80</td></tr> <tr><td>Nov-23</td><td>90</td><td>5</td><td>85</td></tr> <tr><td>Dec-23</td><td>90</td><td>5</td><td>85</td></tr> <tr><td>Jan-24</td><td>85</td><td>10</td><td>80</td></tr> <tr><td>Mar-24</td><td>91</td><td>23</td><td>80</td></tr> </tbody> </table>	Month	Part 1A (assessment) % Compliance	Part 1B (Intervention) % Compliance	Part 2 % Patients with a valid CTP	May-23	85	5	85	Jun-23	88	5	88	Jul-23	85	5	85	Aug-23	90	5	80	Sep-23	85	20	85	Oct-23	95	10	80	Nov-23	90	5	85	Dec-23	90	5	85	Jan-24	85	10	80	Mar-24	91	23	80																
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<p>Adult Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance >80% Part 1b performance 	<p>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 1390 referrals in March 2024. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none"> Part 1a: as forecasted. in February the percentage of Mental Health assessments undertaken within 28 days dipped to 54% Part 1b compliance remains at 100% 	<p>Mar-24</p>	<table border="1"> <caption>MH Part1a against 80% standard</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>95</td></tr> <tr><td>Mar-23</td><td>95</td></tr> <tr><td>Apr-23</td><td>45</td></tr> <tr><td>May-23</td><td>95</td></tr> <tr><td>Jun-23</td><td>95</td></tr> <tr><td>Jul-23</td><td>95</td></tr> <tr><td>Aug-23</td><td>95</td></tr> <tr><td>Sep-23</td><td>95</td></tr> <tr><td>Oct-23</td><td>95</td></tr> <tr><td>Nov-23</td><td>95</td></tr> <tr><td>Dec-23</td><td>95</td></tr> <tr><td>Jan-24</td><td>40</td></tr> <tr><td>Feb-24</td><td>54</td></tr> <tr><td>Mar-24</td><td>95</td></tr> </tbody> </table> <table border="1"> <caption>MH Part1b against 80% standard</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Feb-23</td><td>100</td></tr> <tr><td>Mar-23</td><td>100</td></tr> <tr><td>Apr-23</td><td>100</td></tr> <tr><td>May-23</td><td>100</td></tr> <tr><td>Jun-23</td><td>100</td></tr> <tr><td>Jul-23</td><td>100</td></tr> <tr><td>Aug-23</td><td>100</td></tr> <tr><td>Sep-23</td><td>100</td></tr> <tr><td>Oct-23</td><td>100</td></tr> <tr><td>Nov-23</td><td>100</td></tr> <tr><td>Dec-23</td><td>100</td></tr> <tr><td>Jan-24</td><td>100</td></tr> <tr><td>Feb-24</td><td>100</td></tr> <tr><td>Mar-24</td><td>100</td></tr> </tbody> </table>	Month	% Compliance	Feb-23	95	Mar-23	95	Apr-23	45	May-23	95	Jun-23	95	Jul-23	95	Aug-23	95	Sep-23	95	Oct-23	95	Nov-23	95	Dec-23	95	Jan-24	40	Feb-24	54	Mar-24	95	Month	% Compliance	Feb-23	100	Mar-23	100	Apr-23	100	May-23	100	Jun-23	100	Jul-23	100	Aug-23	100	Sep-23	100	Oct-23	100	Nov-23	100	Dec-23	100	Jan-24	100	Feb-24	100	Mar-24	100
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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	Mar-24	100%	98%	<table border="1"> <thead> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>98%</td> <td>98%</td> <td>98%</td> <td>98%</td> </tr> </tbody> </table>	Q1	Q2	Q3	Q4	98%	98%	98%	98%								
Q1	Q2	Q3	Q4																		
98%	98%	98%	98%																		
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Mar-24	30% (Sept 23) 100% (Mar 24)	New 178.2% New Urgent 91.5% Historic 81.6%	<table border="1"> <thead> <tr> <th></th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>New</td> <td>151.72%</td> <td>164.46%</td> <td>178.19%</td> </tr> <tr> <td>New Urgent</td> <td>75.64%</td> <td>83.66%</td> <td>91.50%</td> </tr> <tr> <td>Historic</td> <td>70.99%</td> <td>76.57%</td> <td>81.55%</td> </tr> </tbody> </table>		Jan-24	Feb-24	Mar-24	New	151.72%	164.46%	178.19%	New Urgent	75.64%	83.66%	91.50%	Historic	70.99%	76.57%	81.55%
	Jan-24	Feb-24	Mar-24																		
New	151.72%	164.46%	178.19%																		
New Urgent	75.64%	83.66%	91.50%																		
Historic	70.99%	76.57%	81.55%																		
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Mar-24	Reduction by Mar 24	791	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>677</td> <td>850</td> <td>793</td> <td>791</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	677	850	793	791								
Dec-23	Jan-24	Feb-24	Mar-24																		
677	850	793	791																		
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mar-24	Increase against 22/23	1627	<table border="1"> <thead> <tr> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> </tr> </thead> <tbody> <tr> <td>926</td> <td>1263</td> <td>1305</td> <td>1627</td> </tr> </tbody> </table>	Nov-23	Dec-23	Jan-24	Feb-24	926	1263	1305	1627								
Nov-23	Dec-23	Jan-24	Feb-24																		
926	1263	1305	1627																		
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	Mar-24	80%	91%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>95%</td> <td>78%</td> <td>91%</td> <td>91%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	95%	78%	91%	91%								
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95%	78%	91%	91%																		
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	Mar-24	80%	23%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>4%</td> <td>14%</td> <td>19%</td> <td>23%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	4%	14%	19%	23%								
Dec-23	Jan-24	Feb-24	Mar-24																		
4%	14%	19%	23%																		
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	Mar-24	80%	54%	<table border="1"> <thead> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>85.6%</td> <td>37.5%</td> <td>91.0%</td> <td>53.9%</td> </tr> </tbody> </table>	Dec-23	Jan-24	Feb-24	Mar-24	85.6%	37.5%	91.0%	53.9%								
Dec-23	Jan-24	Feb-24	Mar-24																		
85.6%	37.5%	91.0%	53.9%																		
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Dec-23	Jan-24	Feb-24	Mar-24																		
100.0%	100.0%	100.0%	100.0%																		

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Apr-24	65%	51%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>48%</td> <td>44%</td> <td>54%</td> <td>51%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	48%	44%	54%	51%
Jan-24	Feb-24	Mar-24	Apr-24										
48%	44%	54%	51%										
19.	Median emergency response time to amber calls	Mar-24	12m improvement trend	01:14:44	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>01:38:43</td> <td>01:16:33</td> <td>01:17:05</td> <td>01:14:44</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	01:38:43	01:16:33	01:17:05	01:14:44
Dec-23	Jan-24	Feb-24	Mar-24										
01:38:43	01:16:33	01:17:05	01:14:44										
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Mar-24	12m reduction trend	20	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>19</td> <td>20</td> <td>21</td> <td>20</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	19	20	21	20
Dec-23	Jan-24	Feb-24	Mar-24										
19	20	21	20										
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Mar-24	12m reduction trend	68	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>59</td> <td>57</td> <td>67</td> <td>68</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	59	57	67	68
Dec-23	Jan-24	Feb-24	Mar-24										
59	57	67	68										
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	Apr-24	95%	64.7%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>63.6%</td> <td>64.5%</td> <td>64.6%</td> <td>64.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	63.6%	64.5%	64.6%	64.7%
Jan-24	Feb-24	Mar-24	Apr-24										
63.6%	64.5%	64.6%	64.7%										
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	Apr-24	0 (Mar 2024)	829	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>861</td> <td>792</td> <td>814</td> <td>829</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	861	792	814	829
Jan-24	Feb-24	Mar-24	Apr-24										
861	792	814	829										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-24	80% (Mar 2026)	62.3%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>70.2%</td> <td>64.4%</td> <td>60.8%</td> <td>62.3%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	70.2%	64.4%	60.8%	62.3%
Dec-23	Jan-24	Feb-24	Mar-24										
70.2%	64.4%	60.8%	62.3%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Mar-24	0 (Mar 2024)	14454	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>14572</td> <td>14329</td> <td>13908</td> <td>14454</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	14572	14329	13908	14454
Dec-23	Jan-24	Feb-24	Mar-24										
14572	14329	13908	14454										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Mar-24	Improvement trend	77.99%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>81.59%</td> <td>79.74%</td> <td>77.94%</td> <td>77.99%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	81.59%	79.74%	77.94%	77.99%
Dec-23	Jan-24	Feb-24	Mar-24										
81.59%	79.74%	77.94%	77.99%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Mar-24	0 (Mar 2024)	1337	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>1804</td> <td>1591</td> <td>1405</td> <td>1337</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	1804	1591	1405	1337
Dec-23	Jan-24	Feb-24	Mar-24										
1804	1591	1405	1337										

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Mar-24	Improvement trajectory towards 0	11759	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>11617</td> <td>11993</td> <td>12310</td> <td>11759</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	11617	11993	12310	11759
Dec-23	Jan-24	Feb-24	Mar-24										
11617	11993	12310	11759										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Mar-24	Improvement trajectory towards 0	22270	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>21353</td> <td>21866</td> <td>22165</td> <td>22270</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	21353	21866	22165	22270
Dec-23	Jan-24	Feb-24	Mar-24										
21353	21866	22165	22270										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Mar-24	Improvement trajectory towards 0	28020	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>34737</td> <td>32644</td> <td>29685</td> <td>28020</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	34737	32644	29685	28020
Dec-23	Jan-24	Feb-24	Mar-24										
34737	32644	29685	28020										
31	Number of patients waiting more than 104 weeks for referral to treatment	Mar-24	Improvement trajectory towards 0	2681	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>3780</td> <td>3943</td> <td>3764</td> <td>2681</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	3780	3943	3764	2681
Dec-23	Jan-24	Feb-24	Mar-24										
3780	3943	3764	2681										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Mar-24	Improvement trajectory towards 0	31124	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>28842</td> <td>29854</td> <td>30757</td> <td>31124</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	28842	29854	30757	31124
Dec-23	Jan-24	Feb-24	Mar-24										
28842	29854	30757	31124										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Mar-24	80%	91%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>95%</td> <td>78%</td> <td>91%</td> <td>91%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	95%	78%	91%	91%
Dec-23	Jan-24	Feb-24	Mar-24										
95%	78%	91%	91%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Mar-24	80%	19%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>26%</td> <td>22%</td> <td>22%</td> <td>19%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	26%	22%	22%	19%
Dec-23	Jan-24	Feb-24	Mar-24										
26%	22%	22%	19%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-24	80%	56%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>63%</td> <td>62%</td> <td>63%</td> <td>56%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	63%	62%	63%	56%
Dec-23	Jan-24	Feb-24	Mar-24										
63%	62%	63%	56%										

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Measure		Internal standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Outpatients	% DNAs - New appointments	5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.6%	10.3%	10.3%	10.1%	11.4%	
	% DNAs - Follow-up appointments	5%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.0%	12.4%	14.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	
Theatres	Average turnaround time (minutes)	10	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	76%	73%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	
	% 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	126262	128670	131664	134603	135686	136185	140725	141684	141828	142758	145810	147620	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	
	7 day LOS on Acute Wards (snapshot)	<40%				58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	
	21 day LOS on Acute Wards (snapshot)	<20%				31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	

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Priority	Performance Summary	Reported Period	Data
<p>Turnover</p>	<p>The overall trend is downwards since May-23; the rates have fallen from 13.01% at Jun-23 to 11.39% in Apr-24 UHB wide. This is a net 1.62% decrease, which represents 230 WTE fewer leavers.</p> <p>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'.</p>	<p>Apr-2024</p>	
<p>Sickness Absence</p>	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for Apr-24 was 5.36%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Apr-23, which was 6.87%).</p>	<p>Apr-2024</p>	
<p>Statutory and Mandatory Training</p>	<p>The overall compliance rates rose for Apr-24 to 83.51%, 1.49% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics, Children & Women's, Corporate Executives and PCIC are above the 85% target, and Specialist Services and Mental Health are above 80% compliance.</p> <p>The compliance with Fire training was 73.03% for Apr-23. All Wales Genomics Service have reached 85.37%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	<p>Apr-2024</p>	
<p>Values Based Appraisal</p>	<p>VBA compliance continues to rise, to 82.09% for Apr-24. All Wales Genomics Service, Children & Women's and Capital, Estates & Facilities have exceeded the 85% target. Surgical Services, PCIC, Medicine, Corporate and Mental Health are over 80%.</p>	<p>Apr-2024</p>	

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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 have again 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.	Apr-2024	<p>The graph shows four data series over 12 months. The 'Disciplinary' series (blue line) starts at approximately 18 in May-23, peaks at 28 in Nov-23, and ends at 28 in Apr-24. The 'Target Disciplinary Cases' (green line) is constant at 25. The 'Respect and Resolution' series (red line) starts at 18, drops to 15 in Jul-23, and ends at 18 in Apr-24. The 'Appeals' series (grey line) starts at 5, peaks at 8 in Sep-23, and ends at 10 in Apr-24.</p>
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 27.46% have an agreed job plan that has been signed off within the past 12 months. Focus now need to turn to ensuring that job plans are reviewed and signed off in a timely fashion.	Apr-2024	<p>The graph shows two data series. The '% Target' (green line) is constant at 85%. The '% Compliance' (red line) starts at approximately 25% in May-23 and fluctuates between 25% and 35% throughout the period, ending at 27.46% in Apr-24.</p>
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 5 months. At Apr-24 the compliance was 80.32% and remains below the 85% target.	Apr-2024	<p>The graph shows two data series. The '% Target' (green line) is constant at 85%. The '% Compliance' (red line) starts at approximately 80% in May-23, peaks at 88% in Oct-23, and ends at 80.32% in Apr-24.</p>
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 464 WTE, to 15,021.52 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.	Apr-2024	<p>The graph shows two data series. The 'Permanent (Left Axis)' series (blue line) starts at approximately 13,500 in May-23 and increases to 15,021.52 in Apr-24. The 'Fixed-Term Temp (Right Axis)' series (orange line) starts at approximately 1,400 in May-23 and decreases to 1,000 in Apr-24.</p>
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At May-23 the percentage was 10.278% of the total spend on pay, but in Apr-24 had fallen to 7.60%. It must however be borne in mind that the total pay bill is increasing.	Apr-2024	<p>The graph shows two data series. The '% Variable Pay' series (blue line) starts at 10.278% in May-23 and falls to 7.60% in Apr-24. The 'Linear (% Variable Pay)' series (dotted line) shows a steady downward trend from 10.278% to 7.60%.</p>



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Apr-24	6%	5.36%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>6.93%</td> <td>6.41%</td> <td>5.87%</td> <td>5.36%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	6.93%	6.41%	5.87%	5.36%
Jan-24	Feb-24	Mar-24	Apr-24										
6.93%	6.41%	5.87%	5.36%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Apr-24	7%-9%	11.39%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>11.47%</td> <td>11.47%</td> <td>11.41%</td> <td>11.39%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	11.47%	11.47%	11.41%	11.39%
Jan-24	Feb-24	Mar-24	Apr-24										
11.47%	11.47%	11.41%	11.39%										
38.	Agency spend as a percentage of the total pay bill	Apr-24	12 month reduction trend	0.91%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>1.16%</td> <td>1.39%</td> <td>0.60%</td> <td>0.91%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1.16%	1.39%	0.60%	0.91%
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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)	Apr-24	85%	81.98%	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>69.41%</td> <td>74.52%</td> <td>80.36%</td> <td>81.98%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	69.41%	74.52%	80.36%	81.98%
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Priority	Performance Summary	Reported Period	Data																																				
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During March and April 24, the Health Board received :</p> <ol style="list-style-type: none"> 704 Concerns Closed 684 concerns 81% closed within 30 working days (including Early Resolution) 30 % closed under Early Resolution (within 2 days including day of receipt) 201 Enquiries 64 Compliments We currently have 298 active concerns <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>March and April 2024</p>	<p>% of concerns closed within 30 working days including Early Resolution</p> <table border="1"> <caption>% of concerns closed within 30 working days including Early Resolution</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>82</td></tr> <tr><td>May-23</td><td>81</td></tr> <tr><td>Jun-23</td><td>78</td></tr> <tr><td>Jul-23</td><td>75</td></tr> <tr><td>Aug-23</td><td>78</td></tr> <tr><td>Sep-23</td><td>74</td></tr> <tr><td>Oct-23</td><td>68</td></tr> <tr><td>Nov-23</td><td>76</td></tr> <tr><td>Dec-23</td><td>76</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>78</td></tr> <tr><td>Mar-24</td><td>80</td></tr> <tr><td>Apr-24</td><td>78</td></tr> </tbody> </table>	Month	%	Apr-23	82	May-23	81	Jun-23	78	Jul-23	75	Aug-23	78	Sep-23	74	Oct-23	68	Nov-23	76	Dec-23	76	Jan-24	80	Feb-24	78	Mar-24	80	Apr-24	78								
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<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st 2023, 29,273 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the 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 April 1st 2023, we have triggered the DOC on 139 occasions We have internally audited the process and compliance 	<p>To March 2024</p>	<p>Incident grading changed following review</p> <table border="1"> <caption>Incident grading changed following review</caption> <thead> <tr> <th>Service</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>100</td><td>100</td></tr> <tr><td>Surgical Services</td><td>1500</td><td>500</td></tr> <tr><td>Specialist Services</td><td>2200</td><td>1000</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>1800</td><td>500</td></tr> <tr><td>Other Organisations</td><td>100</td><td>100</td></tr> <tr><td>Mental Health Services</td><td>1500</td><td>1000</td></tr> <tr><td>Medicine Services</td><td>3500</td><td>1000</td></tr> <tr><td>Executive and Corporate Services</td><td>100</td><td>100</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>1000</td><td>500</td></tr> <tr><td>Children and Women's Services</td><td>1200</td><td>1000</td></tr> <tr><td>Capital, Estates and Facilities</td><td>100</td><td>100</td></tr> </tbody> </table>	Service	No	Yes	Wales Genomics Service	100	100	Surgical Services	1500	500	Specialist Services	2200	1000	Primary, Community and Intermediate Care	1800	500	Other Organisations	100	100	Mental Health Services	1500	1000	Medicine Services	3500	1000	Executive and Corporate Services	100	100	Clinical Diagnostics and Therapeutic Services	1000	500	Children and Women's Services	1200	1000	Capital, Estates and Facilities	100	100
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<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> We implemented the Civica feedback system in October 2022 randomly selecting 600 patients a day, we are now currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent 147,702 texts and are seeing a response of 17%. In March, we sent 13,948 texts and had 2444 completions (18% response). In April, we sent 13,947 texts and had 2236 completions (16% response). Of those respondents who were discharged during March/April and answered the rating question using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service. Currently, our response rate overall 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. 	<p>Mar/Apr-24 (Random)</p> <p>Mar/Apr-24 (MH)</p> <p>Mar/Apr-24 (EU)</p>	<table border="1"> <caption>Random Feedback Data</caption> <tr><th>Rating</th><th>Percentage</th></tr> <tr><td>0 - Very bad</td><td>1.15%</td></tr> <tr><td>1</td><td>0.65%</td></tr> <tr><td>2</td><td>0.50%</td></tr> <tr><td>3</td><td>1.50%</td></tr> <tr><td>4</td><td>0.84%</td></tr> <tr><td>5</td><td>2.62%</td></tr> <tr><td>6</td><td>2.55%</td></tr> <tr><td>7</td><td>5.30%</td></tr> <tr><td>8</td><td>11.28%</td></tr> <tr><td>9</td><td>16.52%</td></tr> <tr><td>10 - Excellent</td><td>56.98%</td></tr> </table> <table border="1"> <caption>MH Feedback Data</caption> <tr><th>Rating</th><th>Percentage</th></tr> <tr><td>0 - Very Bad</td><td>4.69%</td></tr> <tr><td>1</td><td>2.95%</td></tr> <tr><td>2</td><td>3.29%</td></tr> <tr><td>3</td><td>4.69%</td></tr> <tr><td>4</td><td>1.41%</td></tr> <tr><td>5 - Average</td><td>6.10%</td></tr> <tr><td>6</td><td>6.10%</td></tr> <tr><td>7</td><td>7.98%</td></tr> <tr><td>8</td><td>16.90%</td></tr> <tr><td>9</td><td>15.02%</td></tr> <tr><td>10 - Excellent</td><td>31.46%</td></tr> </table> <table border="1"> <caption>EU Feedback Data</caption> <tr><th>Rating</th><th>Percentage</th></tr> <tr><td>0 - Very Bad</td><td>6.19%</td></tr> <tr><td>1</td><td>1.50%</td></tr> <tr><td>2</td><td>2.00%</td></tr> <tr><td>3</td><td>2.29%</td></tr> <tr><td>4</td><td>3.29%</td></tr> <tr><td>5 - Average</td><td>5.59%</td></tr> <tr><td>6</td><td>3.09%</td></tr> <tr><td>7</td><td>6.78%</td></tr> <tr><td>8</td><td>13.97%</td></tr> <tr><td>9</td><td>15.97%</td></tr> <tr><td>10 - Excellent</td><td>37.03%</td></tr> </table>	Rating	Percentage	0 - Very bad	1.15%	1	0.65%	2	0.50%	3	1.50%	4	0.84%	5	2.62%	6	2.55%	7	5.30%	8	11.28%	9	16.52%	10 - Excellent	56.98%	Rating	Percentage	0 - Very Bad	4.69%	1	2.95%	2	3.29%	3	4.69%	4	1.41%	5 - Average	6.10%	6	6.10%	7	7.98%	8	16.90%	9	15.02%	10 - Excellent	31.46%	Rating	Percentage	0 - Very Bad	6.19%	1	1.50%	2	2.00%	3	2.29%	4	3.29%	5 - Average	5.59%	6	3.09%	7	6.78%	8	13.97%	9	15.97%	10 - Excellent	37.03%
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<p>Patient Safety</p>	<p>Cardiff and Vale reported 10 NRIs to NHS Executive in April 2024; 2 relate to the new national requirement to NRI report MBRRACE cases, and 3 relate to hospital acquired pressure damage.</p> <p>A higher than average number of closure forms were submitted in April 2024 (16) leaving us with 92 open NRIs and 45 of these are overdue for closure.</p> <p>Overall, from 1st April 2023 to 30th March 2024, C&V UHB reported 134 NRIs. The top 5 NRI categories are illustrated in the second chart; clinical assessment/ diagnosis is the most prevalent reporting category, the improvement work aligned to this will be the theme for this 'World Patient Safety Day which is entitled <i>Improving diagnosis for Patient Safety. The increase in neonatal NRIs reflects the change in national reporting Criteria to include MBRRACE.</i></p> <p>Harm level – 39% of the NRIs reported in this period were recorded with a post investigation harm level of moderate which triggers a DoC response. 43% had none or low harm attributed.</p>		<table border="1"> <caption>CVU UHB NRIs reported to NHS Executive as of 05/04/2024</caption> <tr><th>Month</th><th>Number of Incidents</th></tr> <tr><td>Apr 2023</td><td>1</td></tr> <tr><td>May 2023</td><td>6</td></tr> <tr><td>Jun 2023</td><td>12</td></tr> <tr><td>Jul 2023</td><td>8</td></tr> <tr><td>Aug 2023</td><td>8</td></tr> <tr><td>Sep 2023</td><td>10</td></tr> <tr><td>Oct 2023</td><td>10</td></tr> <tr><td>Nov 2023</td><td>23</td></tr> <tr><td>Dec 2023</td><td>16</td></tr> <tr><td>Jan 2024</td><td>10</td></tr> <tr><td>Feb 2024</td><td>17</td></tr> <tr><td>Mar 2024</td><td>13</td></tr> </table> <table border="1"> <caption>Top 5 NRIs by Category reported 01.04.23 to 30.04.24</caption> <tr><th>Category</th><th>Count</th></tr> <tr><td>Clinical assessment, clinical diagnosis</td><td>25</td></tr> <tr><td>Unstageable pressure ulcer</td><td>21</td></tr> <tr><td>Neonate</td><td>21</td></tr> <tr><td>Treatment or procedure issues</td><td>15</td></tr> <tr><td>Unexpected death</td><td>15</td></tr> </table>	Month	Number of Incidents	Apr 2023	1	May 2023	6	Jun 2023	12	Jul 2023	8	Aug 2023	8	Sep 2023	10	Oct 2023	10	Nov 2023	23	Dec 2023	16	Jan 2024	10	Feb 2024	17	Mar 2024	13	Category	Count	Clinical assessment, clinical diagnosis	25	Unstageable pressure ulcer	21	Neonate	21	Treatment or procedure issues	15	Unexpected death	15																																		
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Priority	Performance Summary	Reported Period	Data
<p>Tier 1 Mortality</p>	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths.</p> <p><u>All Cause Mortality</u> 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.</p> <p>94 deaths were recorded for Cardiff and the vale in week 9 compared 46.8 for the five year average for the same reporting week. This increase above the five year average has been consistent since January 2023</p>	<p>March 20 – March 24</p>	

<p>Infection Control</p>	<ul style="list-style-type: none"> In April 24, there were 22 cases of C. difficile. The current rate is 52.94 cases per 100,000 population which is 139% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 25 cases per 100,000 population, the current CAV rate is 111.76% below the RE. CAV is currently the 4th across the 6 UHBS. There were 15 cases of S. aureus bacteraemia. The current rate is 36.1 cases per 100,000 population which is 36% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 20 cases per 100,000 population, the CAV rate is 80.5% over the RE. CAV is currently joint 1st across the 6 UHBS. There were 29 cases of E. coli bacteraemia. The current rate is 69.79 cases per 100,000 population which is 20.5% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 67 cases per 100,000 population, the CAV rate is 4.16% over the RE. CAV is currently joint 3rd across the 6 UHBS. There were 14 cases of Klebsiella spp bacteraemia which is 7.6% lower than the equivalent period last in 2023/24. The current maximum number is unknown but based on previous reduction expectation of 58 cases, thus CAV is 75.86% under the RE. CAV current has the highest rate across the 6 UHBS. There were 2 cases of P. aeruginosa bacteraemia which is higher than the equivalent period in 2024/25 with 0 cases. The current maximum number is unknown but based on previous reduction expectation of 18 cases, thus CAV is 88.9% under the RE. CAV current has 3rd highest rate across the 6 UHBS. 	<p>x</p>	
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Priority	Performance Summary	Reported Period	Data															
Deliver 2023/24 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 1, the UHB is reporting an overspend of £4.267m. This is comprised of 0.497m operational overspend, a savings gap of £2.445m and the planned deficit of £1.325m (1 twelfth of the revised forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 1 operational & savings overspend to deliver the £15.900m planned deficit.</p>	Apr-24	<table border="1"> <thead> <tr> <th></th> <th>Month 1 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>1.325</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>2.445</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>0.497</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>4.267</td> <td>15.900</td> </tr> </tbody> </table>		Month 1 Position £m	Forecast Year-End Position £m	Planned deficit	1.325	15.900	Savings Programme	2.445	0.000	Operational position (Surplus) / Deficit	0.497	0.000	Financial Position £m (Surplus) / Deficit £m	4.267	15.900
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Delivery of recurrent £32m savings target	<p>At month 1, the UHB has identified £18.181m of green and amber savings against the £47.2m savings target.</p> <p>The progress in the identification of schemes during the year is shown in the graph on the right</p>	Apr-24	<p>Graph - Progress of Identification of Schemes</p> <p>Monthly Progress of Identification of Schemes</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>12,000</td> <td>5,000</td> <td>5,000</td> <td>26,000</td> </tr> <tr> <td>Month 2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 7</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 8</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 9</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 10</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Month 11</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	5,000	26,000	Month 2	0	0	0	0	Month 3	0	0	0	0	Month 4	0	0	0	0	Month 5	0	0	0	0	Month 6	0	0	0	0	Month 7	0	0	0	0	Month 8	0	0	0	0	Month 9	0	0	0	0	Month 10	0	0	0	0	Month 11	0	0	0	0
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Priority	Performance Summary	Reported Period	Data																																										
<p>Remain within capital resource limits</p>	<p>The UHBs approved capital resource limit (CRL) is £33.932m in line with the CRL received from Welsh Government on the 18th April 2024. This comprises of £13.654m discretionary funding and £20.278m towards specific projects (including Efab, Interventional Neuroradiology Equipment, Mortuary, UHW Lift Refurb and upgrade).</p> <p>The UHB is reporting that it will remain within its Capital Resource limit in 2024/25.</p>	<p>Apr-24</p>																																											
<p>Creditor payments compliance 30 day Non-NHS</p>	<p>The UHB’s public sector payment compliance performance is above the target of 95%. Performance for the month to the end of April was 97.6% for the year to date as illustrated in the graph to the right.</p>	<p>Apr-24</p>	<table border="1"> <caption>Public Sector Payment Compliance Data</caption> <thead> <tr> <th>Month</th> <th>PSPP (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>97.50</td><td>95.00</td></tr> <tr><td>May-23</td><td>97.80</td><td>95.00</td></tr> <tr><td>Jun-23</td><td>97.20</td><td>95.00</td></tr> <tr><td>Jul-23</td><td>97.20</td><td>95.00</td></tr> <tr><td>Aug-23</td><td>97.50</td><td>95.00</td></tr> <tr><td>Sep-23</td><td>97.50</td><td>95.00</td></tr> <tr><td>Oct-23</td><td>97.20</td><td>95.00</td></tr> <tr><td>Nov-23</td><td>97.00</td><td>95.00</td></tr> <tr><td>Dec-23</td><td>97.50</td><td>95.00</td></tr> <tr><td>Jan-24</td><td>96.80</td><td>95.00</td></tr> <tr><td>Feb-24</td><td>96.80</td><td>95.00</td></tr> <tr><td>Mar-24</td><td>96.80</td><td>95.00</td></tr> <tr><td>Apr-24</td><td>97.60</td><td>95.00</td></tr> </tbody> </table>	Month	PSPP (%)	Target (%)	Apr-23	97.50	95.00	May-23	97.80	95.00	Jun-23	97.20	95.00	Jul-23	97.20	95.00	Aug-23	97.50	95.00	Sep-23	97.50	95.00	Oct-23	97.20	95.00	Nov-23	97.00	95.00	Dec-23	97.50	95.00	Jan-24	96.80	95.00	Feb-24	96.80	95.00	Mar-24	96.80	95.00	Apr-24	97.60	95.00
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<p>Remain within Cash Limit</p>	<p>The UHB forecasts to remain within its 2024/25 cash limit based on the assumption that Welsh Government will provide support for movements in working capital from the 2023-24 Balance Sheet and for the £15.900m 2024/25 planned deficit.</p>	<p>Apr-24</p>																																											
<p>Maintain Positive Cash Balance</p>	<p>The closing cash balance at the end of April 2024, was £11.379m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p>	<p>Apr-24</p>	<table border="1"> <caption>Cash Balance £m Data</caption> <thead> <tr> <th>Month</th> <th>Series1 (£m)</th> <th>Series2 (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>2.5</td><td>0</td></tr> <tr><td>May-23</td><td>3.0</td><td>0</td></tr> <tr><td>Jun-23</td><td>4.0</td><td>0</td></tr> <tr><td>Jul-23</td><td>3.5</td><td>0</td></tr> <tr><td>Aug-23</td><td>8.8</td><td>0</td></tr> <tr><td>Sep-23</td><td>5.0</td><td>0</td></tr> <tr><td>Oct-23</td><td>5.2</td><td>0</td></tr> <tr><td>Nov-23</td><td>6.8</td><td>0</td></tr> <tr><td>Dec-23</td><td>6.8</td><td>0</td></tr> <tr><td>Jan-24</td><td>5.5</td><td>0</td></tr> <tr><td>Feb-24</td><td>4.0</td><td>0</td></tr> <tr><td>Mar-24</td><td>2.8</td><td>0</td></tr> <tr><td>Apr-24</td><td>11.4</td><td>0</td></tr> </tbody> </table>	Month	Series1 (£m)	Series2 (£m)	Apr-23	2.5	0	May-23	3.0	0	Jun-23	4.0	0	Jul-23	3.5	0	Aug-23	8.8	0	Sep-23	5.0	0	Oct-23	5.2	0	Nov-23	6.8	0	Dec-23	6.8	0	Jan-24	5.5	0	Feb-24	4.0	0	Mar-24	2.8	0	Apr-24	11.4	0
Month	Series1 (£m)	Series2 (£m)																																											
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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%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	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	Mar-24	90%	83.6%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>86.5%</td> <td>85.3%</td> <td>88.0%</td> <td>83.6%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	86.5%	85.3%	88.0%	83.6%
Dec-23	Jan-24	Feb-24	Mar-24										
86.5%	85.3%	88.0%	83.6%										
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	Mar-24	90%	55.2%	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>52.0%</td> <td>54.4%</td> <td>54.0%</td> <td>55.2%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	52.0%	54.4%	54.0%	55.2%
Dec-23	Jan-24	Feb-24	Mar-24										
52.0%	54.4%	54.0%	55.2%										
46.	Number of patient experience surveys completed and recorded on CIVICA (Total partial/full survey completions, including SMS, Bedside and bespoke)	Feb/Mar-24	Month on month improvement	 4489	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: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Apr-24	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	14 2	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E-coli</i> ; <i>S.aureus</i> (MRSA and MSSA)	Apr-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.79 cases per 100,000 population 36.1 cases per 100,000 population	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-24	25 cases per 100,000 population	52.94 cases per 100,000 population	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress								
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	95%	56.23%	<table border="1"> <tr> <td>Nov-23</td> <td>Dec-23</td> <td>Feb-24</td> <td>Feb-24</td> </tr> <tr> <td>55.21%</td> <td>55.50%</td> <td>56.26%</td> <td>56.23%</td> </tr> </table>	Nov-23	Dec-23	Feb-24	Feb-24	55.21%	55.50%	56.26%	56.23%
Nov-23	Dec-23	Feb-24	Feb-24										
55.21%	55.50%	56.26%	56.23%										
52.	Number of ambulance handovers over 1 hour	Apr-24	0 (Mar 24)	1704	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>1805</td> <td>1648</td> <td>1797</td> <td>1704</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1805	1648	1797	1704
Jan-24	Feb-24	Mar-24	Apr-24										
1805	1648	1797	1704										
53.	Number of patient safety incidents that remain open 90 days or more	Apr-24	12-month reduction trend	↓ 5,695	First month reporting a reduction in this figure (March figure was 5,869).								

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Report Title:	Clinical Board Local Partnership Forums Annual Report		Agenda Item no.	
Meeting:	Local Partnership Forum	Public	X	Meeting Date: 13 June 2023
		Private		
Status (please tick one only):	Assurance	Approval	Information	X
Lead Executive:	Chief Operating Officer / Chair of Staff Representatives			
Report Author (Title):	Head of People Assurance and Experience			

Main Report
Background and current situation:

INTRODUCTION

The University Health Board (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. This in turn has three sub-groups; the Workforce Partnership Group (WPG), the Employment Policies Sub Group and the Staff Benefits Group.

In addition, the UHB has established Clinical Board (CB) LPFs to enable ongoing dialogue, communication and consultation on service and operational management issues specific to CB areas. Each CB has a Lead Staff Representative who jointly chairs the CB LPF. Each CB LPF is required to report to the UHB LPF on at least an annual basis, but can escalate issues through the WPG if required.

PRINCIPLES

The CB LPFs provide a forum where key stakeholders can engage with each other to inform, debate and seek to agree local priorities on workforce and service issues. Each CB LPF aims to meet bi-monthly.

General principles:

- Trade Unions (TUs) and Management show joint commitment to the success of the organisation with a positive and constructive approach.
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect.
- They demonstrate commitment to security for workers and flexible ways of working.
- They share success – rewards must be felt to be fair.
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must demonstrate a commitment to work with and learn from each other.

All members of the CB LPF must:

- Be prepared to engage with and contribute fully to the CB LPF activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Comply with their terms and conditions of appointment.
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- Promote the work of the CB LPF within the professional discipline they represent.

TERMS OF REFERENCE

The Terms of Reference (ToR) was reviewed in 2023 to create a standard set for all CBs and was approved by the UHB Local Partnership Forum. The main purpose and principles as set out in the Terms of Reference are:

- To establish a CB LPF that links into the main UHB LPF agenda.
- To establish a regular and formal dialogue between the CB Senior Management Teams (SMTs) and TUs on matters relating to workforce and service issues.
- To enable Employers and TUs to put forward issues affecting the workforce.
- To provide opportunities for TUs and Managers to input into service development plans at an early stage.
- To consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- To consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve the mutually successful implementation.
- To appraise and discuss in partnership the financial performance of the Clinical Board on a regular basis.
- To provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- To communicate to the partners the key decisions taken by the UHB and SMTs.
- To consider national developments in NHS Wales Workforce Strategy and the implications for the CB including matters of service re-profiling.
- To negotiate on matters subject to local determination.
- To ensure Staff Representatives are afforded reasonable paid time off to undertake TU duties.

CLINICAL BOARD LPF ACTIVITY 2023/4

Each LPF is co-Chaired by the Director of Operations and Lead Staff Representative. The membership of each LPF varies, depending on the make up of the Clinical Board, but consists of Trade Union representatives from that area along with Senior Managers/Service Leads, with representation from Finance and People Services as required. In Mental Health Clinical Board Transformation and Co-Production Leads also attend.

Most of the LPFs meet on a bi-monthly basis, with the exception of Medicine which meets every month. During 2023-24 a relatively small number of meetings have been cancelled and these have been due to extreme service pressure, industrial action, changes in co-chairs or apologies received.

A number of common themes have been considered in all or several of the Clinical Board LPFs over 2023-4 including:

- Agile working, working from home and flexible working. A new Flexible Working Policy for NHS Wales was developed and approved in partnership in response to the non-pay elements of the 2022/3 pay deal.
- Staff moral and wellbeing, and initiatives to support wellbeing in the context of unprecedented service pressure and the cost of living crisis including My Health Passport
- The need for a compassionate leadership approach to attract and retain staff, and keep them well in work
- Health and Safety in the context of the estate and unhealthy working environments. The UHB as a smoke free environment was also considered by Mental Health Clinical Board and Specialist.
- 'Safe Space' – opportunities for staff to raise concerns in confidence

- Equality, Diversity and Inclusion - including training opportunities and inclusive recruitment
- Service change and transformation, including OCPs
- Communication and engagement with staff, including the impact on staff without access to work emails
- IMTP and service planning (n.b. in some areas concerns were raised around the ongoing lack of engagement/information sharing with Trade Unions)
- Adequate representation, recruitment of TU representatives and facility time
- Performance Updates e.g workforce, finance, quality and safety
- Recruitment and Retention
- Industrial Action

In addition to the shared themes discussed throughout the year, there were a number of issues specific to that Clinical/Service Board discussed, including:

- Ockenden recommendations in Maternity and Neonatal Services (C&W)
- Shift patterns and the impact of Health Roster (MH)
- Reduction in reception hours and security concerns (MH)
- The support needs of Peer Workers (MH)
- Specific health and safety concerns and mitigating actions taken to address them (CD&T)
- The new leadership model and the impact on partnership working (CD&T)

The individual reports for each CB LPF are attached as Appendix 1.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE UHB LOCAL PARTNERSHIP FORUM:

The Health Board is fully committed to delivering the highest quality services possible and recognises the need to have an engaged and happy workforce in order to achieve this. The People and Culture plan states that giving everyone a voice and allowing staff to contribute and come to work as they truly are, can make them feel empowered to perform at their best and take pride in the work that they do.

Cultural change cannot be achieved over night, and this year has once again been a year of extreme challenge due to added pressures of unprecedented financial challenges, service demands and industrial action. Balancing the need to make financial savings with ensuring we have a safe and sustainable workforce to deliver patient care can be difficult but it is essential that we meet it head on, and the Health Board is fully committed to supporting colleagues' development and well-being, and the partnership agenda with the Trade Unions and Professional Organisations.

Partnership working at a Clinical Board and local level needs to improve through earlier engagement and inclusion in the strategic planning and operational delivery of any plans moving forward to restore trust and provide the UHB with a means of hearing what the staff are saying. Embedding the principles of compassionate leadership needs to remain a priority for 24/25 to help build better trust and working relationships between staff and their managers.

Recommendation:

The Local Partnership Forum is asked to note the contents of this report

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Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Blunsdon, Louise
06/06/2024 12:27:53

Clinical Board/Area: Surgical Clinical Board**Membership:**

Tina Bayliss and Then Rachel Thomas from June 23 Director of Operations
Mat Thomas/Ceri Dolan Joint Staff Side Lead.

- Director of Operations
- Director of Nursing
- General Managers
- Directorate Managers
- Finance (as required)
- People Services (as required)

Frequency and Dates of Meetings:

The dates of the 2023 SCB LPF meetings:

February - stood down due to WAST strike

April - 26th

June - 21st

August - 30th

October - 25th

December – 20th

Key Topics Considered 2023/24

- New Term of Reference was agreed as well as new reporting template for Directorates
- Need for a compassionate leadership approach has been discussed at every LPF to help support SCB in attracting and retaining staff by ensuring they are treated in the best way possible and to help keep Staff well in work.
- Health and Safety has been discussed. Many of the working environments and conditions are areas of high concerns for trade unions and the wider Staff Side group.
- The impact on Staff without access to work emails have been discussed on occasions. There is a commitment to roll this out but there are still small pockets of staff without access to the online resources and benefits from not having one to date.
- In addition to the non-pay elements of the pay deal, the management approach to Flexible working, Industrial Claims and other policy and procedures have been discussed many times. There is a commitment to support staff through using the right approach and implement each of the All Wales and local policies and procedures as intended to make sure staff are being treated fairly and equally.
- The new My Health Passport and how to implement it has been discussed and there is an agreement to monitor its uptake across the SCB.
- The IMPT / workforce plan has been discussed many times throughout the year, there has been good partnership discussions and inclusion at LPF.
- New plans for 24/25 have been set including SMT Staff Walkabouts

Chair opinion / issues to bring to the attention of the UHB LPF

Mat Thomas/Rachel Thomas:

There is still work to done on the Implementation of Compassionate approach. We feel that we have made some good progress but there is more work to be done. Staff still need more support when identifying as needing help and support and this needs to remain the priority in 24/25.

Blunston, Louise
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Compassionate leadership will help build a trusting relationship between staff and their managers and would help to support Staff wellbeing.

Staffing Levels have been a big concern for staff. In light of the financial constraints, we acknowledge that next year looks even more challenging.

Health and Safety as there is not enough money to support the repairs or refurbishments that are required to avoid the foreseeable increased risks. This will remain an area of concern for Trade Unions and the SCB but we will continue to work in partnership to support staff and managers to mitigate the risks.

Workforce and OD Is an Agenda Item in Every LPF there have been months of good target achievement but other months of dipping below the required standard this is work that we will approach in partnership to address some of the areas that need support.

Anything else to note/include

We have had a new Director of Operations who joined in June 23 and the working relationship has improved greatly. There is a good feeling of partnership working and we are looking forward to what 24/25 will bring.

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Clinical Board/Area: Primary, Community & Intermediate Care (PCIC)

Membership (including names of co-chairs):

- Director of Operations - Lisa Dunsford
- Lead Staff Representative - Lorna McCourt
- Director of Operations
- CB SMT Reps
- Locality/Department Leads
- Head of Workforce and OD
- Asst Head of WOD
- Finance Leads
- MH Lead Rep
- TU Reps

Frequency and Dates of Meetings:

(If meetings have not taken place please indicate why)

Attempt to hold Bi – Monthly – dates of 2023 were-
7/3/23
04/3/2023
19/7/23
24/10/23
22/11/23

Meeting of 30/5/23 was stood down -due to strike action pressures

Key Topics Considered 2023/24

- Planning
- Staff morale
- Pressures on team
- Updates on sites
- Performance updates- workforce/Quality & Safety/Clinical Governance/H&S/finance
- Estates – especially concerns
- Recruitment and retention of staff
- OCP
-

Chair opinion / issues to bring to the attention of the UHB LPF

Not as much involvement from Lead TU rep for 1st part of year – due to sickness.
Since July, visits to sites within CB, -to have concerns and feedback from the staff -
LPF conducted using generic agenda and TOR

anything else to note/include

LM had raised concerns about lack of engagement – reiterating “no surprise” culture has to happen.

This has been taken on board by SMT – and much improved engagement, although acknowledge always room for improvement.

Estates are still a concern – in particular to staff safety.

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Clinical Board/Area: Medicine Clinical Board**Membership (including names of co-chairs):**

Director of Operations (Co-Chair)	Lead Staff Representative (Co-Chair)	People Services Team Representative
Deputy Director of Operations	Chair of Staff side	General Managers
Director of Nursing	Staff side Representatives	Deputy General Managers
Deputy Director of Nursing		Lead Nurses
Senior Finance Business Partner		MCB Secretary (note-taking)

**Frequency and Dates of Meetings:
(If meetings have not taken place please indicate why)**

Monthly

Key Topics Considered 2023/24

Finance update
People services update
Lead Staff side representative update
Documents for sharing from Lead Staff side Representative
MCB Director of Operations/Director of Nursing update
Clinical Board updated – Directorate Highlight Reports are shared
AOB

Chair opinion / issues to bring to the attention of the UHB LPF**anything else to note/include**

None

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Clinical Board: Mental Health

Membership (including names of co-chairs):

Dan Crossland, Director of Operations
Peter Hewin, Lead Staff Representative
Trade Union representatives from all staff groups operating within the CB
Directorate Managers
Transformation and Co-production Leads
People & Culture Services

**Frequency and Dates of Meetings:
(If meetings have not taken place please indicate why)**

The Partnership Forum met bimonthly in 2023 calendar year. It has not met this calendar year due to extreme service pressure resulting in difficulty coordinating diaries. However, a timetable of bi-monthly meetings has now been set for the rest of the year.

Key Topics Considered 2023/24

- Shift patterns and Working Time Regulations – impact of Health Roster
- All-Wales Flexible Working Policy – emphasis on work/life balance
- Safe Space – opportunities for staff to raise concerns in confidence
- Staff wellbeing at time of unprecedented service pressure
- Reduction in reception hours and security concerns
- Support needs of peer workers
- Adequate representation/recruitment of reps/facility time
- New pensions flexibilities
- Working from home
- Smoke-free implementation
- Estates issues – unhealthy working environments
- Communication and newsletter
- Equality, Diversity and Inclusion- Diverse Cymru training for Clinical Board including Staff Side.
- Car parking

Chair opinion / issues to bring to the attention of the UHB LPP

anything else to note/include

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Clinical Board/Area: Specialist Services

Membership (including names of co-chairs):

Jessica Castle DoOps/ Bill Salter Lead TU Rep for SpS (co-chairs)

Cath Twamley, DoN

Chris Markall, Asst Dir of Finance

At least one representative from each Directorate at each meeting – DM, Lead Nurse, Senior Nurse, Service Manager (ALAS, Cardiac, Critical Care, Haematology, Major Trauma, Nephrology & Transplant, Neurosciences)

All TU reps are also invited

**Frequency and Dates of Meetings:
(If meetings have not taken place please indicate why)**

Meetings in place every 2 months

Meeting dates for 2023/24:

30/5/23

25/7/23

28/9/23

28/11/23

23/1/24

21/3/24

Key Topics Considered 2023/24

- Financial position of the Clinical Board
- Quality and Safety update
- Staff wellbeing initiatives
- VBAs
- Nursing strikes
- Cost of living crisis
- Agile working
- Apprenticeships
- Staff smoking on site
- Job matching training
- My health passport
- Schwarz rounds

Chair opinion / issues to bring to the attention of the UHB LPF

- Importance of VBAs and the need to afford all staff the benefit of a 1 hour conversation with their line manager at least annually
- Promotion of staff wellbeing across the Clinical Board and signposting staff to support available
- Promotion of agile working opportunities /decarbonisation
- Balancing the need to make financial savings with ensuring we have a safe and sustainable workforce to deliver patient care

Anything else to note/include

We have an interim TU Rep for the Clinical Board but this arrangement has been working well. The bi-monthly Partnership Forum meetings are supplemented with bi-monthly 1-1s between the Lead TU Rep and the Director of Ops. We are also working closely on some specific areas within the Clinical Board e.g. ALAS Culture and Leadership review.

Blunston, Lorraine
06/06/2024 12:27:15

Clinical Board/Area: Capital, Estates and Facilities Service Board

Membership (including names of co-chairs):

- Chairs Andrew Poole Deputy Director of CEF; Head of Estates and Facilities
- Joe Monks and Mat Thomas (Interim) Lead Staff Side Representatives
- Head of Estates and Facilities
- Facilities Managers
- Estates Managers
- Finance Manager
- People Services Manager
- Staff Health and Safety Adviser
- Service Managers
- Trade Union Representatives

Frequency and Dates of Meetings:

(If meetings have not taken place please indicate why)

LPF meetings 2023:

29th March 2023

24th May 2023 – meeting cancelled due to no representation from Finance and People Services

26th July 2023

27th September 2023 – meeting was to be rearranged due to a change in Chair, postponed until November 2023 then rearranged For January 24

6th December 2023

January 24 Stood Down in Respect of Joe Monks as It was arranged and fell two days before Joe Monks Funeral so the decision was made to stand down and start a fresh from February 24.

Key Topics Considered 2023/24

- New Term of Reference was agreed.
- The implementation of Synbiotix within the Portering department has been discussed in many LPF's during 23/24
- Need for a compassionate leadership approach has been discussed at every LPF to help support CEF in attracting and retaining staff by ensuring they are treated in the best way possible and to help keep Staff well in work.
- Health and Safety has been discussed. Many of the working environments and conditions are areas of high concerns for trade unions and the wider Staff Side group.
- The impact on Staff without access to work emails have been discussed on many occasions. There is a commitment to roll this out but there are still many staff without access to the online resources and benefits from not having one to date.
- In addition to the non-pay elements of the pay deal, the management approach to Flexible working, Industrial Claims and other policy and procedures have been discussed many times. There is a commitment to support staff through using the right approach and implement each of the All Wales and local policies and procedures as intended to make sure staff are being treated fairly and equally.
- The new My Health Passport and how to implement it has been discussed and there is an agreement to monitor its uptake across CEF.
- The IMPT / workforce plan has been discussed many times throughout the year. There is a lack of information sharing and engagement with the trade unions still, which is a work in progress.

Blundell, Louise
06/06/2024 12:27:53

Chair opinion / issues to bring to the attention of the UHB LPF

Mat Thomas – Interim Staff Side Representative.

There is still work to done to embed the principles of compassionate leadership across all areas within CEF but, some progress has been made. Staff still need more support from managers to avoid work place disputes and absences. This will remain a priority for 24/25 to help build better trust and working relationships between staff and their managers.

Health and Safety has been a big concern for staff through CEF. In light of the financial constraints, next year looks even more challenging as there is not enough money to support the repairs or refurbishments that are required to avoid the foreseeable increased risks. This will remain an area of concern for trade unions but we will continue to work in partnership to support staff and managers to mitigate the risks.

Partnership working need to improve through earlier engagement with the lead rep and inclusion in the strategic planning and operational delivery of any plans moving forward.

Andrew Poole – Head of Estates & Facilities

Estates & Facilities has had twelve months where there hasn't been significant change to operations or the workforce but acknowledge that many teams have interim positions and structures in place which in the new year will aim to make permanent change on which will require input from the Staff Side representative. There will be further financial pressures in the next twelve months but through planning and performance reviews feel that there is a greater awareness and ability to manage and forecast.

Coming into the NHS last year, I have been involved with and assured of the measures and steps CEF is taking to reduce accidents and incidents in the workplace. This has included thorough post evaluation of these incidents to ensure we take any learnings and findings from and these messages are cascaded through the management structure down to frontline staff. There has been a proactive approach to identifying trends and looking at ways to reduce these through bespoke training as an example for certain teams.

I am fully supportive of the early engagement of staff side representative where we are aware of changes happening in the workplace, to seek thoughts, guidance and bring assurances in turn.

anything else to note/include

It has been a difficult Year as our lead rep Joe had been ill for a long period of time and then passed away December 23, so where I was Interim there has been a loss of consistency as I was there supporting while Joe was in and out of work due to ongoing health issues.

Blunsdon, Louise
06/06/2024 12:27:53

Clinical Board/Area: Clinical Diagnostics and Therapeutics Clinical Board

Membership (including names of co-chairs):

Steve Gauci, Lead Staff Side Representative – Co Chair
Sarah Lloyd, Director of Operations – Co Chair
Chair of Staff Side
Unison Representative
Clinical Board Director
Deputy Director of Operations
Director of Nursing
Clinical Board Lead Nurse
Head of Workforce and OD
Finance Business Partner
Clinical Engineering Staff Representative
General Manager, RMPCE
Radiology Staff Representative x 6
Directorate Manager, Laboratory Medicine
Laboratory Service Manager, Haematology Lab
Haematology Lab Representative x 3
Laboratory service Manager, Biochemistry
Medical Biochemistry Lab Staff Representative x 3
Laboratory Service Manager, Cellular Pathology
Cellular Pathology Lab Staff Representative
CD for Pharmacy and Medicines Management
General Manager, Pharmacy
Pharmacy Staff Representative x 3
CD for Allied Health Professions
Physiotherapy Head of Service
Physiotherapy Staff Representative
Occupational Therapy Head of Service
OT Staff Representative
Dietetics Head of Service
Dietetics Staff Representative x 2
Podiatry Head of Service
Podiatry Staff Representative x 2
Speech and Language Therapy Head of Adult Services
Clinical Board Shaping Change Partner
Clinical Board Head of Development/Directorate Manager, Outpatients/Patient Administration
Head of Health Records

Frequency and Dates of Meetings: (If meetings have not taken place please indicate why)

Meetings are held bi-monthly. In 2023/24 meetings were held:

24th April 2023

26th June 2023

21st August 2023 was cancelled due to a diary clash and annual leave of Chairs preventing the meeting from rescheduling

25th October 2023

11th December 2023 was rescheduled to 24th January 2024

Next meeting - 29th February 2024

**Key Topics Considered 2023/24
(Bullet points/high level summary sufficient)**

New Leadership Structure in CD&T from 1st April .

Changes to the UHW site in terms of physical relocations of wards.

Difficulties in recruiting to posts out to advert in April 2023 in Physiotherapy and Dietetics. Assurance was provided that the Clinical Board are keen to fill these posts.

Concerns around the weekly generator tests creating fumes that were entering the Haematology Laboratory and affecting staff. Health and Safety Team linked in to arrange for an external company to undertake fumes testing on the particles in the fumes to identify if there is a risk to staff health. The risks were minimal but individual staff risk assessment were undertaken and mitigation put in place for any staff members that were identified as at risk. The Estates team worked to identify a solution to minimise the fumes entering the laboratory by placing coverings on the vents to limit exposure into the department and these worked well.

Work continued in Partnership with Staff Side on creating a Safe Space where staff can raise their equality, diversity and inclusion concerns and protect their anonymity, whilst not to the detriment of the UHB formal escalation routes/workforce policies.

The Lead Staff Representative led on the implementation and launch of My Health Passport.

The laboratory services requested and were provided with disability training events from the Lead Staff Representative.

High turnover was being reported in the Clinical Board metrics and a deep dive has been undertaken using the data from month of August as this was when it was at its highest. Results to be feedback to the February 2024 meeting. The main reason was staff relocation due to lower cost of living in other areas of Wales and to be nearer to families with support for child care.

The challenging financial position was discussed at each meeting with updates on the Clinical Board's financial position and how it is performing against its CRP target.

Workforce metrics were provided at each meeting. The graphs show how the Clinical Board is performing against UHB targets set for medical appraisals, E-Job planning, VBAs, sickness, turnover and mandatory training and also demonstrate how the Clinical Board compares to the UHB averages.

Updates were provided on service developments and where there has been good engagement with Partnership colleagues i.e.:

Outpatient transformation work linked to a review of Phlebotomy Services,
the TRAMs OCP,

7 day working in Cellular Pathology

Weekend working in Health Records

OCP for Glan Ely Ward

Children's Therapy move

The Forum received a presentation on Project Search and Pharmacy offered placements to students within this programme.

Discussions were held on agile working and departments provided assurance that where possible staff's requests were being supported.

The Clinical Board Green Group provides updates to the Partnership Forum on initiatives relating to sustainability and decarbonisation.

Quality and Safety is a standing agenda item and issues were raised relating to the ageing estate that is affecting some department's working conditions. There was discussion on the closure of the Radiopharmacy Unit following an MHRA inspection. Ageing equipment and breakdowns were also noted, in particular temperature and air handling unit issues in Biochemistry and a significant breakdown in a chiller affecting the Pharmacy Production Unit at UHL.

Bluntdo, Louise
06/06/2024 12:07:58

A number of services within the Clinical Board are subject to regulatory inspections and feedback was provided with an update on any actions taken.

Details on the updating of the Clinical Board's IMTP document were shared and the Director of Operations will present the document at the February Forum.

Discussions have been held on waiting times, in particular the focus on turnaround times for cancer patients in Pathology and Radiology.

The Lead Staff Representative resumed his walk rounds of departments and provided feedback on his visits to Medical Illustration and SMPU.

Chair opinion / issues to bring to the attention of the UHB LPF

Concerns have been raised that Staff Representatives are giving up their Union roles as they do not have the time commitment required to deal with cases. There is also an issue that potential new Representatives are unable to be released due to demands on services. There are also Representatives that are not active in their roles and this puts pressure on other Representatives. This issue has been highlighted to Dawn Ward.

anything else to note/include

CD&T Clinical Board had a new leadership team structure in place in 2023 which remains committed to Partnership working and engaging with Staff Side Representatives at the earliest opportunity in terms of employee relation cases and service developments.

Blunsdon, Louise
06/06/2024 12:27:53

Clinical Board/Area: Children & Women's Services Clinical Board

Membership (including names of co-chairs):

The Clinical Board Director of Operations (Catherine Wood) and Lead Staff Representatives (Julia Davies /Dawn Ward) will co-chair the Clinical Board LPF. The Chairs work in partnership with each other. Andy Jones, Director of Nursing and Abigail Holmes, Director of Midwifery may also chair in the absence of Catherine Wood.

Management Representatives:

Directorate Managers / General Managers for each Directorate

Lead Nurses / Senior Nurses for each Directorate

Service Managers for each Directorate

Consultant Midwife for O&G

Representative from People Analytics (Jonathan Strachan-Taylor)

Workforce representatives (Leanne Morris or Ceri-Anne Lawless)

Deputy Clinical Director for CHfW (Martin Edwards)

Clinical Director for CYPFHS (Jane Jones)

Staff side Representatives:

Julia Davies – Lead Rep for the Clinical Board

Dawn Ward

Jennifer Lavington

Lorna McCourt

Mathew Thomas

Steve Gauci

Rhian Wright

Janice Aspinall

Frequency and Dates of Meetings:

(If meetings have not taken place please indicate why)

Bi-monthly via teams - Mondays:

13th Feb at 1.30pm

17th April at 2pm

19th June at 2pm

21st Aug at 2pm

16th Oct at 2pm – CANCELLED – Not enough staff side representatives

18th Dec at 2pm

Key Topics Considered 2023/24

(Bullet points/high level summary sufficient)

- Workforce
 - o Respect & resolution
 - o Values Based Appraisals (VBA) Compliance
 - o Mandatory Training Compliance
 - o Sickness
- Integrated Medium Term Plan (IMTP) – Overview
- Service Updates by Directorates
 - o Organisational Change
- Quality, Safety & Patient Experience Feedback
 - o Flu and Covid vaccines
- Winter Plans and Engagement
- Ockenden Recommendations in Maternity and Neonatal services

Blunston, Louise
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- Response and Implications
- Recruitment and Retention
 - Staff wellbeing and Morale
 - Overseas Nursing
- Communication and engagement with staff
- Finance Updates and CRPs
- Staff Awards – UHB and Clinical Board
- Staff Feedback Questionnaires / QR code anonymous feedback
- Equality & Inclusion updates
- Industrial Action
- Staff side updates
 - My Health Passport
 - Welsh Language Standards
 - Policy Updates
 - Walkabouts

Chair opinion / issues to bring to the attention of the UHB LPF

Trade Union concerns have been raised about the lack of engagement in regards to the Sexual Assault Referral Centre (SARC) TUPE. SARC management have been actively involved in the development stages of the TUPE proposal and planning stages but failed to notify or engage with the CBLR or other TU colleagues in the spirit of No Surprises. This has been detrimental to partnership working as it has created a lot of mistrust and distress for the staff members and additional work which was not factored in to the CBLR's workplan.

It is recognised however that the SARC TUPE arose as a consequence of a piece of Regional Commissioning led by the Office of the Police and Crime Commissioner, in which Health were a component part. It is regrettable therefore that the tender and resulting TUPE was not communicated into the UHB in a way that enabled early warning, or a no surprises approach. There is significant opportunity to learn from this in terms of partnership working in the context of multi-agency commissioning, which will be picked up and shared via the Regional SARC programme.

Trade Unions, the Clinical Board and the Directorate Management Team hope lessons will be learnt to avoid this situation happening again and restore trust and the need for early warnings prior to any decisions being made in future.

anything else to note/include

Blunsdon, Louise
06/06/2024 12:27:53



GIG
CYMRU
NHS
WALES

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

Executive Headquarters / Pencadlys Gweithredol

Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Ty Coedtir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Eich cyf/Your ref:
Ein cyf/Our ref: RG-jb-0524-JP
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 02921 836010

Rachel Gidman
Executive Director of People and Culture

30 May 2024

Private & Confidential

Judith Paget
Chief Executive, NHS Wales
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

By email to: martin.mansfield001@gov.wales

Dear Judith

**Implementation of the non-pay parts of the 2022 to 2024 collective agreement –
Cardiff & Vale University Health Board**

We refer to the above letter that was published and received by the Health Board on 5 April 2024. We can confirm that the Health Board are working in partnership to deliver the local actions of the non-pay collective agreement. A task and finish group has been established with membership from managers, clinicians and trade union representatives and an action plan has been developed to ensure we delivery the actions in the agreed timescales.

Whilst some aspects of delivery are more complex than others, we are pleased with the progress that has been made to date. We have attached a copy of our action plan that addresses the required actions of Part 1: Immediate Assurance and Part 2: Required. The plan was approved at our LPF on 28 May 2024.

You will see that the implementation of the All Wales Pensions Flexibilities Policy implementation and All Wales Occupational Health minimum service levels have not been achieved due the national delays. We have also taken the decision to split the implementation of the All Wales Flexible Working policy into policy publication which is in place and then the longer-term element of embedding the principles into our culture.

Blunsdon, Louise
06/06/2024 12:27:53

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwyrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board

Croesawir y Bwrdd ohebiaeth yn Gymraeg neu Saesneg. Sicrhawn byddwn yn cyfathrebu â chi yn eich dewis iaith. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi
The Board welcomes correspondence in Welsh or English. We will ensure that we will communicate in your chosen language. Correspondence in Welsh will not lead to a delay



We are also able to provide assurance on having a system in place to ensure that our colleagues are paid in line with national terms and conditions for all the hours they work and we are able to confirm that CPD requirements are being delivered. That said, there is always more to do, so we have agreed to keep these two elements on our action plan to ensure that we continually improve upon our current position.

Yours sincerely

R. Gidman

Rachel Gidman
Executive Director of People & Culture

D. Ward

Dawn Ward
Staffside Chair

Enc

Blunsdon, Louise
06/06/2024 12:27:53

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwyrd Iechyd Lleol Prifysgol Caerdydd a'r Fro
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The Board welcomes correspondence in Welsh or English. We will ensure that we will communicate in your chosen language. Correspondence in Welsh will not lead to a delay



Cardiff & Vale University Health Board - Non Pay Elements of the collective pay deal 2022/23 and 2023/24

IMMEDIATE ASSURANCE - provide an assurance report by the end of May 2024 confirming that the relevant measures are in place								
WHC Action	HB Lead	TU Lead	Deadline	Delivered Y/N	If Yes - provide evidence	If No - Reasons off track?	If No - Plan to achieve delivery of WHC action	If No - Rate confidence on ability to deliver by next reporting period? (H/L - no medium)
Confirm that Unsocial Hours Allowance has been reinstated after one week's sickness absence since 1st March 2023 and that this has now been made the permanent position.	Lianne Morse	Dawn Ward	30/05/24	Y	Action progressed centrally by NWSSP Employment Services	n/a	n/a	n/a
Confirm implementation of the all-Wales Flexible Working Policy	Rachel Pressley	Peter Hewin	30/05/24	Y	The Policy was adopted by the UHB's People & Culture Committee on 23/01/24	n/a	n/a	n/a
Confirm implementation of the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons to decline.	Katrina Griffiths	Mat Thomas	30/05/24	N	n/a	The Policy has been published on the UHB website and circulated to managers. A T&F Group has been established to delivery actions that will help embed the principles into our culture, which if done correctly will require a longer period of time than that outlined in the WHC.	Task and Finish Group established and a programme of work agreed including: developing training for managers, guidance & toolkits, developing a process to record and monitor requests.	H
Confirm implementation of the all-Wales Pensions Flexibilities Policy	Andrew Crook		30/05/24	N	n/a	The All Wales Policy has been delayed, legal advice has been sought in relation to split contracts which is anticipated in 2-3 weeks time. In preparation for the launch of the new Policy a Sharepoint site is being developed to provide colleagues with more information to aid understanding.	n/a	H

Blunsdon Louise
06/06/2024 12:27:53

Provide details of the system in place to ensure staff are paid in line with national agreed terms and conditions for all of the hours they work (including their breaks and shift over runs and additional hours)	Lianne Morse	Dawn Ward	30/05/24	Y		The NHS has national Agenda for Change terms & conditions that provide clarity for colleagues on their entitlement when working additional hours, e.g. overtime, bank, TOIL. Workforce data shows that the UHB are utilising significant amounts of overtime, bank and additional hours for part-time staff. We are also aware that TOIL is offered as an option for colleagues. If overruns and working through breaks is identified on our e-rostering system (HealthRoster) , the Roster Manager can request that the additional hours worked can be taken as TOIL or paid as overtime/additional hours.	n/a	n/a	
Confirm delivery of the continuous professional development relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15).	Carys Fox	Fiona Salter	30/05/24	Y	<ul style="list-style-type: none"> * NMC Revalidation (no Nurses have failed to revalidate due to not meeting CPD standard) * Preceptorship * 53 PDNs in practice in UHB * All 25b wards compliant with Staffing Act Headroom 26.9% * Leadership Programmes * ESR reports * Education Team report on level of training & development being delivered * VBA compliance for RNs is currently 82.7% 	n/a	n/a	n/a	
Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention and Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.	Claire Whiles		30/05/24	Y	Our IP&C team have confirmed that a solution has been found to allow all staff to access drinking water when on shift. Our colleagues can access drinking water from the kitchens, restroom, restaurant, canteen and if they prefer bottled water this can be purchased from onsite outlets , community shops, etc.	n/a	n/a	n/a	
REQUIRED ASSURANCE - Baseline Assurance Report by 30/05/24 - develop action plan by end of July 2024; monitoring/progress report by end of Sept 2024: Completion report by Jan 25									
Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.	Katrina Griffiths	Dawn Ward	30/05/24	Y	<ul style="list-style-type: none"> * Comprehensive procedure in place for all injury allowance applications * Appeal process in place * Training available to managers * Developing decision making toolkit for managers 	n/a	n/a	n/a	
Review the use of radiography on-call standby in out of hours arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.	Donna Davies	Dawn Ward	30/05/24	N	n/a	CD&T Clinical Board have undertaken a baseline report.	Radiology are in the process of implementing E-Rostering which will support this work.	H	
Confirm implementation of the all-Wales Occupational Health minimum service levels/key performance indicators (incorporating monitoring and support).	Claire Whiles		30/05/24	N	n/a	The UHB are waiting for confirmation of the all-Wales minimum service levels/KPIs	n/a	n/a	