Local Partnership Forum

Mon 05 August 2024, 10:00 - 12:00

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

Agenda

10:00 - 10:02 (2 min)
1. Welcome and Introductions
Dawn Ward

10:02 - 10:04 (2 min)
2. Apologies for Absence
Dawn Ward

10:04 - 10:06 (2 min)
3. Declarations of Interest
Dawn Ward

10:06 - 10:08 (2 min)
4. Minutes of the Meeting held on the 13th June 2024
Dawn Ward

- 4. LPF minutes 13.06.2024.pdf (8 pages)

10:08 - 10:10 (2 min)
5. Action Log
Dawn Ward

- 5. LPF action log 13.06.2024.pdf (2 pages)

10:10 - 10:40 (30 min)
6. Chief Executive's Report
Verbal Update *Suzanne Rankin*

10:40 - 11:00 (20 min)
7. Nurse Staffing Levels Report
Jason Roberts / Emma Davies

- 7. Nurse Staffing Levels Cover Report.pdf (3 pages)
- 7.1 Annual Assurance Report May 24.pdf (21 pages)
- 7.2 Appendix Annual Assurance Report.pdf (3 pages)

11:00 - 11:20 (20 min)
8. Staff Retention
Carys Fox

- 8. Retention Update including Exit Interviews.pdf (4 pages)

Blundell, Louise 02/09/2024 10:56:00

11:20 - 11:50
30 min

9. Integrated Performance Report

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

- 9. Integrated Performance Report - Cover Paper.pdf (11 pages)
- 9.1 Integrated Performance Report.pdf (38 pages)

11:50 - 11:55
5 min

10. EPSG Minutes

- 10. EPSG Minutes 5 June 2024.pdf (8 pages)

11:55 - 11:58
3 min

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

Dawn Ward

11:58 - 12:00
2 min

12. Any other Business previously agreed with the Co-Chairs

Dawn Ward

12:00 - 12:00
0 min

13. Future Meeting Arrangements:

- Wednesday 9th October 2024 at 10am via MS Teams with a staff rep pre meet at 8:45am

Blunsdon,Louise
30/07/2024 10:56:00

LOCAL PARTNERSHIP FORUM MEETING
Thursday 13th June 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)
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Lianne Morse	Deputy Director of People and Culture
Catherine Wood	Director of Operations Children and Women
Mike Jones	Independent Member - Trade Union
Steve Gauci	UNISON
Rachel Pressley	Head of People Assurance and Experience
Jonathan Pritchard	Assistant Director of People Resourcing
Matt Phillips	Director of Corporate Governance
Janice Aspinall	UNISON
Mathew Thomas	UNISON
Richard Skone	Interim Executive Director of Medicine
Katrina Griffiths	Associate Director of People and Culture
Katherine Davies	RCN
Ceri Dolan	RCN
John Gwilliam	GMB

In attendance

Catherine Perry	Principle Public Health Practitioner
Victoria Le Grys	Programme Director

Apologies

Suzanne Rankin	Chief Executive
Marie Davies	Interim Executive Director of Strategic Planning
Peter Hewin	BAOT/UNISON
Bill Salter	UNISON
Paul Bostock	Chief Operating Officer
Claire Beynon	Executive Director of Public Health
Rhian Wright	RCN
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Catherine Phillips	Executive Director of Finance
Fiona Salter	RCN
Lorna McCourt	UNISON
Emma Cooke	Deputy Director of Therapies and Life Sciences

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

LPF 24/027 WELCOME AND APOLOGIES

Blunsdon, Louise
30/07/2024 10:56:00

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. RG thanked Steve Gauci, who is due to retire shortly, for all his work in partnership and wished him well for the future.

LPF 24/028 DECLARATIONS OF INTEREST

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

LPF 24/029 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 11th April 2024 were agreed to be an accurate record of the meeting.

Mathew Thomas (MT) referred to the staff survey and requested an update on the individualised breakdown for the Clinical Board and Service Board.

RG explained that the company commissioned by HEIW didn't produce what was commissioned. Health Boards have been provided with the raw data which is proving difficult to analyse, although themes will be created from the data. Some workshops have taken place and the Educational team are working on developing this locally.

Action: CW

LPF 24/030 ACTION LOG

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

- **LPF 24/015:** To request the IMTP for Estates is shared as per the agreement at LPF on the 8.2.24 – Dawn Ward (DW) confirmed that a copy of the Estates plan has been received.

LPF 24/031 CHIEF EXECUTIVES UPDATE

Matt Phillips (MP) gave an update in Suzanne Rankin's absence. Key points included:

- The Welsh Government responded to the annual plans submitted. Five out of the 7 health boards were asked to revise and resubmit their plans. This was not required by Cardiff and Vale UHB. It was felt they had assurance in what was provided. The financial difficulty ahead and the challenging £47 million savings target was recognised. At the Sustainability Programme Board, it was identified that of the £47million pounds, £32 million, has been identified, but £12 million is still in the red category and progress is not where it needs to be.
- MP referred to the email sent out by Suzanne Rankin on the 7/6/24 where a number of control actions were outlined to strengthen the savings plan and take control of expenditure. This includes scrutiny over the use of agency staff, the holding of new job vacancies and the review of Retire and Return applications by an Executive moderation panel to ensure equity.
- The initial pilot on the Call for Concern – a scheme which provides the opportunity for patients and family members to seek a second opinion. The pilot completed successfully and the next steps involve the creation of a standard operating procedure which can be implemented across the organisation by September.
- Partnering work & the opportunity to develop a better service provision – MP referred to the joint academic Health Science programme and the push from Welsh government to partner with other Health Boards, Universities, third sector and private sector organisations. Lots of positive work is taking place in this area which from a people perspective will make C&VUHB a really attractive place to come and work.
- The importance of Decarbonisation and the focus on the decarbonisation agenda. Reference was made to the decarbonisation SharePoint page where a pledge calendar has been set up. The calendar contains one action per month and aims to encourage people to make some small changes to their carbon footprint across the year.
- The Infected Blood Inquiry report. The Haemophilia Centre have a really strong relationship with patients in the represented groups and there's a genuine passion within the team to

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look after them. Suzanne Rankin has expressed the importance of not being complacent about the past but to understand what are we potentially naive about and to understand if this could possibly be happening now and if similar decisions, mistakes and behaviours are taking place.

RG thanked MP for providing the update. RG referred to the Blood Inquiry and stated that as this is a learning system queried how we can achieve broader learning from a cultural perspective. The Schwartz Rounds have been implemented as one way to share as a wide system learning. RG also gave recognition to the work of Tom Porter around decarbonisation.

DW referred to the financial situation and explained the Trade Unions are kept well informed on the size of the challenge ahead but also expressed their concern on how they can help support the Health Board deliver on the savings target. DW explained the importance of being consistent with the messaging around workforce reshaping. DW referred to the Blood inquiry and how the speaking up safely framework is there to support. DW explained that in order to monitor and get ahead of the errors and mistakes, we rely on our people to raise concerns and to have the psychological safety that people can tell us if something doesn't feel right. DW added that in the Staff Representatives pre-meet, the fear of retribution of speaking up when things don't feel right, especially around safe staffing and staffing levels was mentioned. DW queried the strategy and how it can be brought together to support staff to speak up safely, to speak up early and to have psychological safety. DW referred to the big strategic intentions within the Shaping our Future strategy but how this feels different on ground level and how sometimes there is a disconnect between the strategy and the delivery of it.

MP responded to DWs query regarding the repetition of culture featuring in post scandal reviews and inquiries. MP referred to the Infected Blood Inquiry report and recommended looking at volume one as the focus is on recommendations and requirements. MP agreed to send DW a precis that he has completed on it.
MP gave an update on the Speaking up safely and gave thanks to Procurement. MP explained we will be working on the Working in Confidence for the website which has been really successful for Betsi Cadwaladr and Hywel Dda Health Boards. MP will provide at update at LPF once more information is available.

In response to the question around bringing people together and getting the strategy to flow through to the people on the ground, MP explained its always iterative and incremental as not easy with a workforce of 17,000 people. MP added that he believes Governance is the other side of the same coin to Culture as it has to manifest at every level.

RG provided clarification on the reshaping work, the Retire and Return process and how we are redesigning our service and reiterated the importance of engaging with the Trade Unions and with individuals within the organisation. The Retire & Return moderation panel will provide the opportunity, like the Recruitment scrutiny panel, for requests to be heard and a consistent approach to be applied across the Health Board. RG reassured the Forum that it is not a case of saying no retire and returns. With reference to the reshaping work, RG explained how the word reshaping is quite common within the corporate world but queried what this looks like within the Clinical Boards and how information can land differently. RG explained she has asked her team to look at a facilitation toolkit that can be delivered consistently within the Clinical Boards. The team will connect with the Trade Union colleagues and work jointly to deliver messages that are consistent.

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Action: RG

Joanne Brandon (JB) referred to the email sent out by Suzanne Rankin (SR) on the 7th June which outlined the financial controls in place. JB added that these communications regularly go out through SLB, ODG and the various other groups. JB explained that the cascade system stops at

certain levels and asked for feedback from DW and Trade Union colleagues on the routes to cascade the information. JB added that the information is available, but access to this information in terms of digital access and supporting digitally excluded staff.

Janice Aspinall (JA) commented on the financial situation and informed the Forum of the different messaging being provided to staff depending on Clinical Boards and gave an example in relation to overtime shifts. One Clinical Board had very high scrutiny of overtime shifts but are paying overtime whereas a different Clinical Board have told staff there is no overtime and they're all being transferred to Bank, which is a financial detriment to those people. JA requested parity across the whole UHB.

RG thanked JA for the comment and expressed the importance of how we reinforce the messages that go out since overtime is part of the Terms and Conditions and Bank is a different way of temporary staffing. RG noted the comment and will take away to review with the team and Trade Union colleagues to ensure consistency within messaging. RG requested JA email the detail.

Mike Jones (MJ) referred to Retire and Return and welcomed the Executive Moderation panel. MJ queried whether a trade union representative could also sit on this panel. MJ also commented that a lot of our staff are going through organisational change and they are really concerned if they are likely to be displaced. MJ suggested whether there could be some messaging to support these staff as the fear is they may leave the organisation.

RG referred to the Retire and Return moderation panel and explained it shouldn't be an Executives Role to scrutinise applications as we need to make sure our staff and managers are capable, consistent and a standard is being used. Executive involvement in the panel is hoped to be a short-term measure. RG will take the offer suggested by MJ to Paul Bostock and other members of the panel.

Action: RG

In terms of organisational change, RG will discuss with People Services about how this is messaged around the OCP. Lianne Morse (LM) agreed to follow this request and RG explained the comms on this would be shared.

Action: LM

Mathew Thomas (MT) referred to the messaging that comes from the top and its interpretation at a lower level and how it can have a detrimental effect on staff. MT gave the example that a message from an Executive usually contains more detail than the actual Comms that is delivered, which will potentially disengage staff. MT referred to the collecting of food waste comms and the way in which this message was delivered. The comms aggravated staff as they felt it was another order when this should have been a more positive experience and an opportunity to promote the project. MT has requested JB's team if when a message is going out for a particular Clinical Board, if this could be run past the lead Trade Union and work in partnership to ensure a better outcome in the delivery of the messaging.

JB responded that she is disappointed to hear MT feels he is not involved and gave reassurance that the Comms team do not put messages out in isolation but work with all of the Clinical Boards and Service Boards to ensure the accuracy and the tone of the message is correct. JB added it is a difficult issue to cascade information in a message from the top down to the bottom and are reliant upon managers interpreting the messages and to give them in the way they are intended.

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RG explained that the commitment to work together on improving the comms isn't just for JB's team but all the Executives and colleagues on the call and working in partnership is everyone's responsibility.

Ceri Dolan (CD) referred to the Retire and Return moderation panel and informed the group that staff have approached her to say that people's bands are being dropped before retirement is allowed. CD added that although it doesn't say this is the communication, this is the way in which it is interpreted. CD's other concern is with the jobs that are being held as for staff that are involved with the redeployment process, this is a disadvantage to them.

RG advised that the R&R panel has been put in place to ensure the process is equitable for everyone. With reference to the holding of jobs, priority is being given around the redeployment pool and jobs are coming into panel for review and the panel do pose the question as to whether these posts should be given to redeployment candidates.

LPF 24/032 POPULATION HEALTH - Progress on non Smoking

Catherine Perry (CP), principal lead for tobacco work at the public health team provided an update on some of the smoking cessation work taking place.

- The work is led by the Welsh Government Tobacco control Strategy for Wales which is aiming to achieve a smoke free Wales by 2030. 13% of the population across Wales and in Cardiff and Vale are smokers.
- Smoking rates are higher in certain populations and communities and is the cause of death in around half of all long term smokers and also linked to a range of other illnesses
- Approx. 70% of people who smoke do want to quit and details were provided of the services available.
- It is illegal to smoke on hospital sites and relates to the smoke free premises and vehicles Wales Regulations 2020. Fines of £100 can be issued. There's a range of signage and loud speaker messages in place across the sites outlining the ban is in place but smoking on the site is a problem.
- There have been difficulties in recruiting and retaining staff in the role of Smoking enforcement officers. Work is taking place with Shared Services for their Litter Enforcement Officers to also take on the role of enforcing the smoke free legislation.

RG thanked CP for the information and asked for clarification on what the ask is of the LPF from the information provided. CP explained it is to be consistent with putting out the messages to staff and not to smoke on the hospital site and support is available to help stop smoking.

MT explained he has approached people smoking at the entrances and asked them to stop but the response wasn't pleasant and has since stopped doing this due to the level of aggression experienced. CP thanked MT for his support and added they advise people not to approach people if you are not comfortable doing so or feel you may not be safe.

MP asked how we can fine somebody for smoking on site. CP explained the Health Board can not fine, only the Local Authority are able to do this. Nobody can be fined at the moment which is why work is taking place with Shared Services to try and find a way for the Litter Enforcement Officers to cover the smoking enforcement as well.

Steve Gauci (SG) queried why the retention level is so low for the Smoking Enforcement Officers and if this was due to the level of abuse experienced. SG expressed his opinion that if the Welsh Government want to achieve their smoke free Wales target, they should pay the officers a decent wage.

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LPF 24/033 CLINICAL SERVICES PLAN

Victoria Le Grys, Programme Director for strategic clinical redesign, provided a presentation on the Clinical services plan. The key points included:

- In 2020-2021, the Shaping our Future Clinical Services strategy was endorsed and good feedback was received during the engagement process from the public and partners. The strategy was also reviewed by the Nufield Trust in 2023.
- The reasons for the refresh are because we have a new strategy, we are in a different environment and the requirement to reflect our brand for our clinical services.
- The importance of looking at the process and how people develop their own plans rather than the output itself was discussed.
- The scope of the plan will act as a framework and will set a direction of travel for our services. It will describe the models and function so that people can then start to develop plans around workforce planning, digital planning etc
- It will bring together our priorities, reiterating the case for change and will describe some of the principles we want to work to, it will indicate working in partnership and will allow staff and partners to see our services in their entirety.
- The requirement to develop the plan collaboratively. A request was made about how we can make our partners fully engaged in the process.
- Feedback from partners and staff on the ground indicates the need to plan 5-10 years out.
- The team will look to pull together a number of inputs to help guide the teams.
- The content of the plan was presented. It will aim to reiterate the principles and start to describe the strategic priorities that have been put into the Shaping our Future Wellbeing strategy.
- A number of other plans are being developed alongside this plan for example the Paediatric Strategic plan.
- In the next quarter, work will take place with stakeholder groups and the Board to formulate some of the planning assumptions and what this means for the teams when looking at service redesign.
- The workforce in the digital and estate assumptions are critical since there is a level of reality that needs to be applied to our plans.
- The team would like to provide an update to the forum in the Autumn. There will be staff events and workshops taking place as the plan develops and it is hoped to launch in Spring 2025.

DW referred to the time line presented and queried the measures of success of the plan over the last 4 years. DW commented that there is a disconnect between the strategies that are agreed at a corporate level and the delivery of them at a local level. DW explained that the disconnect is because the Clinical Boards are not sure it has anything to do with them because the Corporate function will be delivering on it. DW added the Trade Unions can play a big part in driving this forward.

VL explained that the last 4 years have been challenging but progress has been made since the last plan and we want to use this plan to showcase some of the work but also to reiterate there is still more work to be done along with a challenging set of objectives in the new strategy. A fundamental part of the plan is describing how we will get from A to B. VL added that each of the sections should have measures that we can develop and be measured against.

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In terms of connecting to Clinical Boards and teams on the ground, VL explained the importance of using the plan as a framework and to work with the Clinical Board teams and with our existing programmes to detail and clarify their role. It was felt that if it is developed in the way we want to, people will be able to engage and go to those programmes for support and be able to be signposted to other portfolios we have, such as the workforce, our People and Culture and digital teams. The difficulty for clinical teams on the ground isn't the plans that are set out but it is the underpinning of critical things such as the workforce, the digital infrastructure and the estates being worked in. These areas need to be right to be able to give Clinical Boards a steer and to support the fundamental delivery of that plan.

Richard Skone (RS) expressed his opinion that the Clinical Boards have a tricky job, explaining that their role is to deliver the operational requirement to look after patients and one of the challenges we face with this is that we have a strategy but there is so much happening on a day to day basis. The boards can be held responsible for the delivery of the care that we should be doing but the strategy is slightly harder to pin down. This is not necessarily to do with not being able to deliver but the ever-changing landscape. RS understands the view that we are not making progress but believes we are making more than we give ourselves credit for.

RG commented on potentially having bigger ambition to incorporate the cultural work and rather than seeing stand alone strategy plans. RG queried how do we bring the plans much closer so staff can relate to them.

Catherine Wood (CW) shared her experience of working with VL and team on the paediatric component of the strategy. CW expressed the importance of having the corporate vision and the underpinning of delivery plans as this is what is meaningful for the staff on the ground. The approach described by VL helped us to get the teams engaged with something that is authentic and it linked back to workforce reshaping. It also helped shape something more granular than the IMTP. The teams on the ground have helped to build this from the bottom up which has been the first phase in starting on the strategy work and been well received by the teams.

LPF 24/034 PEOPLE AND CULTURE COMMUNICATIONS PLAN

Joanne Brandon (JB), Director of Communications, provided a presentation on the progress of the Communications plan. Key points included:

- The communication approaches and types of audiences were outlined. An evidence based approach is used to inform the work that is taking place.
- Viva engage – an internal staff owned engagement platform to allow staff to share learning, ideas and to build relationships across the organisation. Launch expected June 2024.
- The digital analytics dashboard provides the evidence based communications approach to content which dictates when information is put out to the organisation.
- The website traffic analytics were presented which reflected the jobs webpage being the most viewed page of the CAVUHB website, receiving over 30,000 views every month.
- A significant amount of work has been taking place to improve Welsh language accessibility on the webpages.
- In the Spotlight campaign to be launched in July and will highlight the variety of roles teams and individuals across the organisation.

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DW explained that the Ask Suzanne sessions are very engaging and lands very well with staff. However, there is a recurrent theme that the workforce doesn't feel engaged and communicated with correctly as messages are not always received as intended.
DW asked how can JB's team help improve the process to ensure the message is cascaded correctly and the messages heard.
JB expressed the opinion that this is a joint endeavour since the delivery of the majority of those messages are reliant upon colleagues and queried whether we need to look at more face to face communication. However, it was noted that when face to face opportunities are available, very few people attend particularly from clinical areas because they can't leave their wards or areas. As a result, we are reliant upon the cascade system through line managers.
JB queried whether we could look at the key messages that come out of individual meetings and how we want colleagues to cascade down and have the conversations and discussions, since the evidence shows that people will take more notice of what their line manager says than from a corporate e-mail.

LPF 24/035 EPSG TERMS OF REFERENCE
The LPF noted and agreed to the EPSG Terms of Reference.

LPF 24/036 INTEGRATED PERFORMANCE REPORT
The LPF noted the Integrated Performance Report.

LPF 24/037 CLINICAL BOARD LPF ANNUAL REPORT
The LPF noted the Clinical Board LPF Annual Report.

LPF 24/038 ASSURANCE REPORT FOR THE NON PAY ELEMENT
The LPF noted the Assurance Report for the non pay element.

LPF 24/039 REVIEW OF MEETING
RG noted the ambitious agenda and the good conversations and challenges that were discussed.

LPF 24/040 ANY OTHER BUSINESS
There was no additional business raised.

LPF 24/041 FUTURE MEETING ARRANGEMENTS
The next meeting will be held remotely on Monday 5th August 2024 at 10am via MS Teams, 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 24/029	13.06.2024	Minutes of the previous meeting (matters arising)	To provide the results from the Staff Survey by Clinical Board as soon as it is available.	Claire Whiles	Progress is being made to break down the data by Directorate, focusing on the identified priority themes which are; • Staff Engagement • Diversity & Inclusion • Negatives Experiences • Burnout This is a timely, resource intensive exercise due to restrictions with the reporting functionality provided by HEIW, however, it is proposed this will be completed by 12th August 2024.
LPF 24/031	13.06.2024	Chief Executives Update (matters arising)	To liaise with People Services to ensure there is some messaging around Organisational change to reassure staff.	Lianne Morse	Leanne Morris, interim Head of People Services is currently reviewing the Change Mgt Toolkit and the Employee Engagement Framework. The way in which we communicate and engage with colleagues over proposed changes will be addressed as part of this review. Looking at best practice, FAQs, etc. TU colleagues will be invited to be part of this review.

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LPF 24/031	13.06.24	Chief Executives Update (matters arising)	The Heads of People and Culture to connect with Trade Union colleagues around the facilitation toolkit for the reshaping work.	Katrina Griffiths	**Complete** – Update provided at Workforce Partnership Group. HoP&C will provide regular updates at CB partnership forums.
LPF 24/031	13.06.24	Chief Executives Update (matters arising)	To consider with the Executive team the request for a Trade Union representative to attend the Moderation panel.	Rachel Gidman	**Complete** - A standing invitation has been issued to the independent member – Trade Unions (MJ) to attend as an observer.
COMPLETED ACTIONS					

Blunsdon Louise
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Report Title:	Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act			Agenda Item no.	7
Meeting:	LPF	Public		Meeting Date:	5th August 2024
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive Title:	Executive Nurse Director				
Report Author (Title):	Nurse Staffing Levels Lead				

Main Report
Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. The 2016 Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

Section 25A of the Act relates to the Health Boards overarching responsibility, requiring Health Boards to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisation. The process of determining the nurse staffing levels on 25B wards across Cardiff and Vale UHB is well established. In addition, the Executive Nurse Director requests clinical areas outside of 25B to undertake a review of their staffing levels in line with this timetable to provide assurance of compliance with section 25A.

Section 25 B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels. The methodology and processes used across the Health Board is described within the body of the report.

Section 25E requires Health Boards to submit an Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016. The assurance report enclosed covers the reporting period *6th April 2023- 5th April 2024.*

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

During the reporting period *6th April 2023- 5th April 2024* Cardiff and Vale UHB has continued to experience challenges in maintaining nurse staffing levels following the COVID-19 pandemic and into the recovery phase. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Highlights of this report include:

- One 25B clinical area has not had their nursing establishment signed off during this cycle. The establishment has been reviewed and there is ongoing work underway to understand the needs of the clinical area and ensure appropriate nurse staffing levels are in place.
- Significant progress has been made in the ability to report on the Nurse Staffing Levels from Ward to Board with the introduction of dashboards available for the majority of inpatient areas.
- The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients.

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- There has been significant re-organisation of wards in UHW and there has been changes to 25B wards as set out in November 2023 in the Annual Presentation of Nurse Staffing Levels to the Board. This has impacted on the calculation of required staff on 25B wards. It should be noted that these areas (e.g. assessment unit) are still open but not included in this calculation. These establishments have been reviewed and agreed as 25A areas by the Executive Director of Nursing.

Recommendation:

The LPF is requested to:

a) Receive the annual assurance report as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.

b) Note the funded nurse staffing establishments detailed in the appendix, undertaken as part of bi-annual recalculations.

c) Note the reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

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

Risk: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES
(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.
Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)
(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

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

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

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

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

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Cardiff and Vale University Health Board		
Date annual assurance report is presented to Board	30th May 2024 *Reporting Period 6th April 2023- 5th April 2024*		
	Adult acute <u>medical</u> inpatient wards	**Adult acute <u>surgical</u> inpatient wards**	**Paediatric inpatient wards**
During the last year the lowest and highest number of wards	20-21	18	2
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	1	0	0
The process and methodology used to calculate the nurse staffing level.	The process for calculating the nurse staffing levels are well established in Cardiff and Vale UHB. Using the prescribed method in Section 25C of the Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) a triangulated approach is used, captured on the All-Wales recording template. The recording templates are agreed and signed off through the nursing structure from Ward Sister or Charge Nurse to Executive Nurse Director (designated person). Within these templates the nurse staffing levels are calculated using: **<u>Professional Judgement:</u>** The Ward Sister/ Charge Nurse and Lead and Senior Nurses in conjunction with the Clinical Board Director of Nursing use their knowledge of the clinical area to inform the levels of nurse staffing and provide professional judgement. Compliance data with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback are considered as part of this process. This information is presented to the designated person within the All-Wales recording template as part of the bi-annual establishment reviews where further professional discussions takes place. **<u>Patient acuity</u>**: In Cardiff and Vale UHB, using the Welsh Levels of Care acuity tool, patients are assigned an acuity score twice in a 24-hour period. Using the digital platform SafeCare; live operational decisions are made in relation to nurse staffing and patient acuity. Furthermore, this has provided a significantly improved opportunity to capture data. Using a power Bi-dashboard, trends in patient acuity are closely monitored and responded to. This provides much greater insight		

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into patient acuity in each area and is used when calculating the nurse staffing levels. SafeCare is used in all 25B wards and many other additional areas, including the assessment unit, the critical care unit and recently across Mental Health.

Quality indicators – As part of the establishment review process and the bi-annual calculation the Ward Sister or Charge Nurse through to the Director of Nursing considers circumstances where patient well-being is sensitive to the care provided by a nurse. This is then shared with the designated person.

Using the quality indicators, data is reviewed on:

- **Acute Medical/ Surgical Inpatient Wards:** patient falls, pressure ulcers and medication errors.
- **Paediatric Inpatient Wards:** Pressure ulcers, Medication errors and Infiltration/ extravasation injuries

Furthermore, consideration is given to complaints made about care provided to patients by nurses. Only quality indicators which meet the reporting criteria are reported on and further detail is provided on page 16 of this report.

The infographic below has been taken from the SafeCare power-Bi dashboard and is the combination of data for all 25B wards for a month period. It contains information relating to SafeCare compliance by day and night, the acuity levels across the 25B wards, the nurse staffing levels and the professional judgment recorded by the nurse in charge as to whether the nurse staffing levels were appropriate. Across the organisation Ward Sisters and Charge Nurses through to Directors of Nurses and the Executive team have access to this monthly updated dashboard. Within the dashboard, there is the ability to review at directorate level through to individual ward areas. Greater insights into any emerging trends can be observed, offering opportunities to respond quickly to the data. Conversations around nurse staffing levels are therefore evolving with greater assurances around the appropriateness of the nursing establishments required to meet the needs of the patients.

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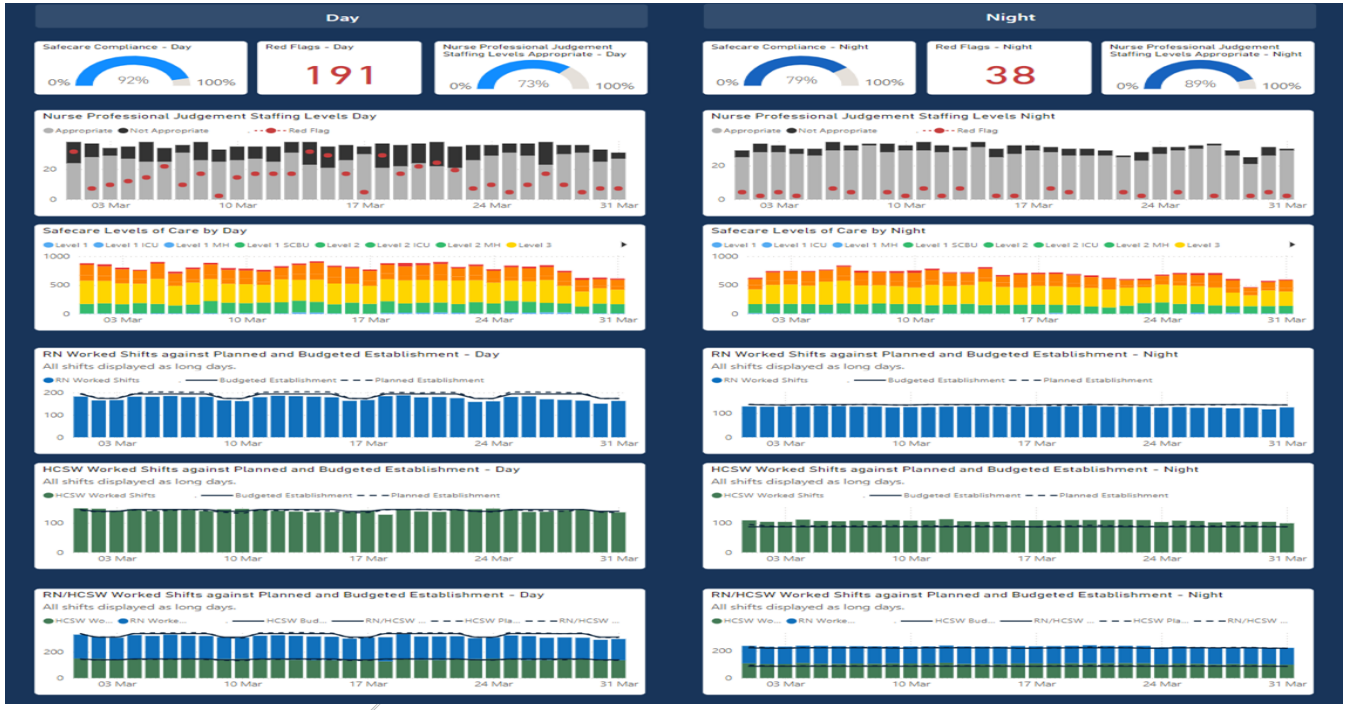

On all 25B wards, prior to triangulation an uplift of 26.9% is applied to support staff absences from the ward (26.9% was agreed in 2011 as the evidence-based uplift factor for use in Wales by Nurse Directors). Ward Sisters and Charge Nurses are supernumerary to the planned roster and the signed off establishment. There is one example on a 25B ward captured in Appendix 1 where the supernumerary status of the ward sister was not being protected due to an increase in the number of beds and the acuity of patients. During this reporting period this has been uplifted to ensure there is 1 WTE supernumerary ward sister.

Due to the current workforce challenges and short notice unavailability of staff, in order to mitigate risk, the Ward Sisters and Charge Nurses are required to work as part of the roster. This only occurs on a short notice basis and where other mitigating actions have been considered. The redeployment of Ward Sisters and Charge Nurses does not occur as part of roster planning and systems are in place to monitor the number of occasions where this redeployment has occurred. Furthermore, as part of the All-Wales Standard Operating Procedure in the use of SafeCare, a Red Flag can be raised when the Ward Sister/ Charge Nurse is not supernumerary to the planned roster.

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CAVUHB has continued to see unprecedented demand on clinical services. Furthermore, there has been significant organisational change during this period with a number of wards moved. As a result, several establishment changes have occurred during the current reporting period as part of the bi-annual reviews and a summary of this can be seen in the table below (Appendix 1 has further details).

Ward	Reason for Establishment Change
C1	Increase in bed capacity.
A6 South	Previously located on Duthie, reduction in beds from 24 to 19.
B6	Uplift in HCSW overnight to support patient care.
West 3	Reduction in beds from 20 to 16.
B5	Increase in RN workforce to support acute dialysis, reduction in Band 3 role.
West 6	Previous C5 cardiothoracic establishment split over to 2 areas. Uplift to West 6 as Bethan ward closed.
C7	Previous C6 establishment. Small increase in RN and decrease in Band 3 role.
B2 Link	Change in location and out of cycle review. Increase in HCSW in due to additional capacity.
Lakeside 2	Change to workforce model with introduction of Band 4 role Spring 2023 and reduction in Band 3 role.
Stroke Rehab Centre	Previously not included as a 25B ward due to the rehabilitation nature of the ward however due to the acuity and ongoing care needs are included as a 25B ward.
C5 (Winter Ward)	Opened to support winter pressures.
B1	Uplift in supernumerary status of ward sister. Further increase in establishment due to additional beds required.
B4 Haematology	Reduction in HCSW as A4 previously included within this establishment.
Gwdihw	Increase in RN to support elective stream. Increase in establishment due to the re-location of beds from Island Ward.
Island	Reduction in establishment due to the re-location of beds on Gwdihw.

<u>Stroke Rehabilitation Centre</u>

The Stroke Rehabilitation Centre (SRC) is a busy stroke ward providing inpatient rehabilitation. Despite the rehabilitation nature of the ward, SRC still provides acute care to patients and is considered a 25B ward. During the most recent establishment review (April 2024), the current nursing establishment has not been agreed by the Ward Sister and Lead Nurse. This is due to concern that the Nurse Staffing Levels requires further in depth review due to the complexity and acuity of the patients being cared for on this unit. During the review meetings early discussions around multi-professional approaches to support the team around the patient model was highlighted and this needed further work and review. An SBAR has been completed by the Lead Nurse to progress this work. This work is being overseen by the Director of Nursing

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	for the Clinical Board. The establishment will continue to be monitored and an out of cycle review will take place when this work is completed. <u>Mental Health</u> Mental Health does not fall under 25B of the 2016 Act and remains a 25A area. It has been acknowledged in previous Nurse Staffing Reports to Board the difficulty in aligning mental health areas to the financial envelope. This has been managed through redeployment of staff and underspends in other areas, for example due to vacancies. Work has been ongoing over the previous 6 months to review the establishments in Mental Health to understand the needs of the service; ensuring they are appropriate based on the professional judgment of the designated person in collaboration with the clinical board. SafeCare was introduced in January 2023 across Mental Health inpatient wards. This allows the nurse in charge to enter information about the appropriateness of the nurse staffing levels and the acuity of patients using the Welsh Levels of Care tool for Mental Health. Through the use of dashboards this information is now becoming available to use as part of the establishment reviews. During the spring establishment reviews further discussions have taken place with the Executive Nurse Director, the Chief Operating Officer, Director of Finance and the Clinical Board. Through these discussions key priorities have been established. Some of the focus of this work includes reviewing the establishment of registered nurses on designated wards at night and also reviewing the shift patterns to ensure appropriate care is available to patients across the twenty-four-hour period.
Informing patients	The statutory guidance states that “LHBs and Trusts must make arrangements to inform patients of the nurse staffing level”. The Health Board is required to inform patients of the nurse staffing levels by ensuring that the most up to date information is displayed on wards in relation to the staffing levels agreed. The Covid-19 pandemic significantly impacted on the Health Boards ability to inform patients of the nurse staffing levels for infection prevention and control reasons and due to the ongoing operational pressures. In March 2023 the Health Boards Internal Audit Department undertook a formal review of the Health Boards compliance with the 2016 Act and the report provided “reasonable assurance”. The report highlighted that in most cases the nurse staffing levels were being displayed on the wards however the establishment templates forms that were being used to display the nurse staffing levels were incorrect and in some cases the information was of the previous establishment reviews. Work has been done to ensure the templates on display are the All-Wales Informing Patients templates and available bilingually. The frequently asked questions have been made available to all the Ward Sisters and Charge Nurses and can be accessed from the CAV Nurse Staffing Share Point page. Within the digital audit platform; Tendable, questions related to the informing patients’ templates have been created. Ward Sisters and Charge Nurses are able to audit their clinical area on compliance with this informing patients element of the 2016 Act. In February 2024 38 audits took place in Tendable, (35 wards to which section 25B pertains) and compliance across the questions was 89.5%.

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	There is still further work to be done in this area, particularly following the re-organisation of the wards in UHW. Additional questions have been added into Tendable, to audit whether the Frequently Asked Questions are displayed..

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u> NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit		**Number of Wards:**	**RN (WTE)**	**HCSW (WTE)**
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May 2023)	**38**	**838.79** **Please see below narrative**	**650.61** **Please see below narrative**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May 2023) calculation cycle	**38**	**838.79**	**650.61**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 37.2**		
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov 2023)	**39**	**845.32**	**651.99**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov 2023) calculation cycle	**39**	**845.32**	**651.99**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 39**		
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> for the proposed roster (May 2024)	**38**	**832.09**	**642.44**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> for the proposed roster (May 2024)	**38**	**832.09**	**642.44**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 38**		

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All Wales Paragraph:

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

Cardiff and Vale UHB Update

In previous annual assurance reports the information reported to board within this section is the current (proposed) nurse staffing levels which have been approved by the Executive Director of Nursing during the most recent establishment review. The previously signed off establishment during the previous cycle is also reported on. The template above requires reporting on the previous two cycles and therefore to meet the needs of the 2016 Act and the ongoing requirements to inform the Cardiff and Vale Executive Board of the current establishments agreed by the Executive Director of Nursing, additional rows has have been added to the template.

25B Wards of the 2016 Act specifically includes acute surgical and medical inpatient wards across adults and paediatrics. The 2016 Act, Statutory Guidance contains a list of clinical areas that do not meet the definition of adult acute medical/surgical inpatient wards and therefore there are clinical areas excluded from this reporting. Some examples of areas excluded would be the Emergency Unit, Critical Care and Rehabilitation Units. Furthermore, the Assessment Unit and Same Day Surgical Decision Units are excluded and there has been a rise in demand for these services as models of care are developed to prevent patients being admitted into hospital. Across Cardiff and Vale UHB other areas, such as the Integrated Assessment Care Unit has been developed for patients not requiring acute care and therefore these areas are also not included within the 25B wards definition.

May 2023

The figures reported to board in May 2023 was RN 927.94 WTE and HCSW 666.86 WTE. There has been significant re-organisation of wards in UHW and there have been changes to the wards included as 25B wards. Of particular note A1 Link and A1 MDU (now located on A2) are included in the Emergency and Acute Medicine Directorate. A1 Link is now part of the assessment unit and it has been confirmed with the Lead Nurse that patients admitted to A2 have a hospital stay between 24 hours and 72 hours. These areas are not included as the 25B wards and therefore the reduction of RN should be noted with caution as these areas are still open. Furthermore, due to the requirements of the All-Wales

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template the supernumerary ward sister/ charge nurses were included within the total RN reported figures. The template has now changed, and have been separated out for all the reporting cycles to ensure consistency in reporting.

The figures reported above is based on the information in Appendix 1 provided within this report and for those wards that are considered to be 25B wards. The figures have been updated in the above template to ensure a consistent narrative and changes to nurse staffing levels are accurately reflected.

November 2023

These figures include the establishment required for C5 ward which opened in November 2023 to support winter pressures. This ward is due to close April 2024 and therefore no ongoing establishment was signed off in May 2024. However, it should be noted that to date, due to operational pressures ward C5 has been unable to close. If the ward remains open a new establishment template will be completed.

Extent to which the required establishment has been maintained within paediatric inpatient wards
NB: First cycle: spring 2022 following January audit
Second cycle: autumn 2022: following June audit

	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards calculated during first cycle (May 2023)	**2**	**104.21**	**25.02**
WTE of required establishment of paediatric inpatient wards funded following first (May 2023) calculation cycle	**2**	**104.21**	**25.02**
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 2**		
Required establishment (WTE) of paediatric inpatient wards calculated during second calculation cycle (Nov 2023)	**2**	**106.24**	**25.02**
WTE of required establishment of paediatric inpatient wards funded following second (Nov 2023) calculation cycle	**2**	**106.24**	**25.02**
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 2**		

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	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> for the proposed roster (May 2024)	**2**	**106.24**	**25.02**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> for the proposed roster (May 2024)	**2**	**106.24**	**25.02**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 2**		

<u>All Wales Paragraph</u>

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

<u>Cardiff and Vale UHB Update:</u>

The 2 paediatric 25B wards of the 2016 Act fully partake in the establishment reviews and receive a 26.9% uplift to ensure the supernumerary status of the Ward Sister/ Charge Nurse. This has been separated out across the reporting period to ensure consistency in reporting.

Within the appendix it can be seen that there is a change to the individual ward establishments. This is because of a relocation of beds from one ward to the other. There is also an increase in establishment required in Gwdihw ward during the November 2023 establishment review, required to support the elective stream.

Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>

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	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	14870	50.3%	8.5%	27.0%	14.2%	83.8%

	This includes all data on 25B adult wards from 1st August until the 31st March collected via SafeCare. This data is available on the SafeCare Census Staffing Assessment dashboard (infographic below). This dashboard is updated monthly and is available with ward level detail. This data is currently only available for 25B wards due to the adaptions made to SafeCare to accommodate other clinical areas (e.g. the Emergency Unit). In the caveated three yearly report (provided to board in March 2024) over the previous three-yearly reporting period there has been a reduction in the percentage of shifts where the planned roster is met and appropriate. However there has also been an increase in the number of shifts with the planned roster is not met but the nurse in charge has still deemed the staffing as appropriate. Reasons for this may be due to closures of beds due to infection control or reduction in some services during industrial action. The way the dashboard is calculated, is based on any variation from the signed off establishment would mean that the planned roster would be considered as not met. It should also be noted the significant change in how this information is recorded and reported on during this 3-yearly period. The professional judgment of nursing teams is recognised as being essential. In total 77.3% of shifts have been recorded as appropriate by the nurse in charge. Providing nursing teams with their data they enter in SafeCare supports the quality assurance of this data and also inform the professional nursing conversations outside of the formal establishment review process. A substantial proportion of shifts, 22.7% of shifts are recorded as not appropriate by the Nurse in Charge of the ward, whether the planned roster was met or not met. This represents the significant challenge faced by nursing teams. Evidence of risk mitigation and steps taken to review this on daily basis is documented below.

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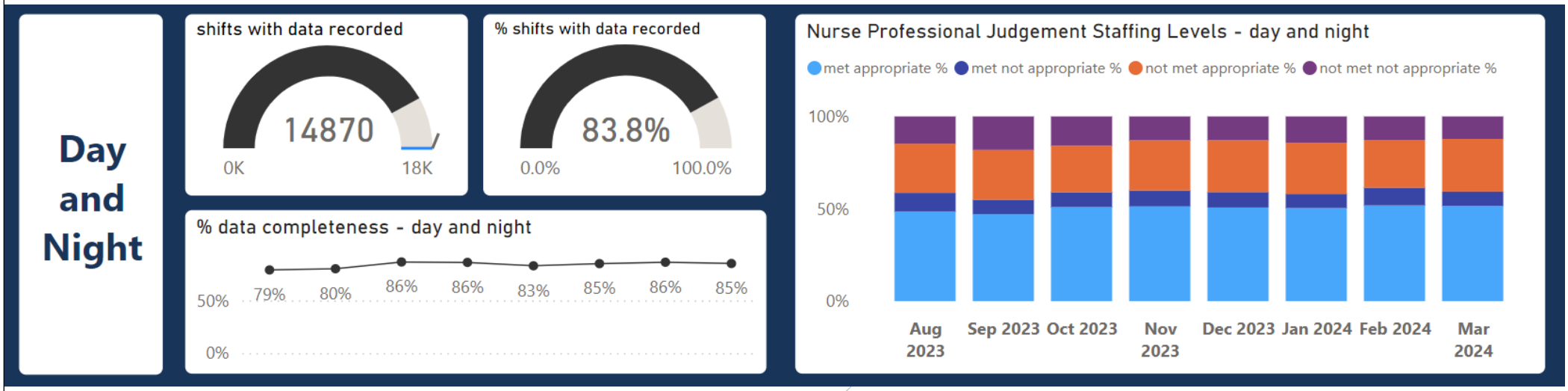
SafeCare Census Staffing Assessment Dashboard- Adult 25B Wards



Extent to which the planned roster has been maintained within paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	962	9.8%	1.5%	70.9%	17.9%	98.6%

Paediatric Inpatient Wards

There is a significant rise in the number of shifts reported in paediatrics as nurse staffing levels not met but appropriate using professional judgment. The data has been reviewed by the Lead Nurse and Director of Nursing and it is recognised that the established nurse staffing levels are not being met, however the nurse staffing levels have been professionally judged as appropriate. As part of winter planning and in a focused effort to reduce waiting lists there has been an increase in the number of day surgery cases, and hence a reduction in acuity. Furthermore 8 medical beds have been re-located to Gwdihw and the nursing establishment has been used flexibly across the ward locations during this transition period to ensure appropriate nurse staffing levels are in place. To reflect these changes there has been a change to the establishment

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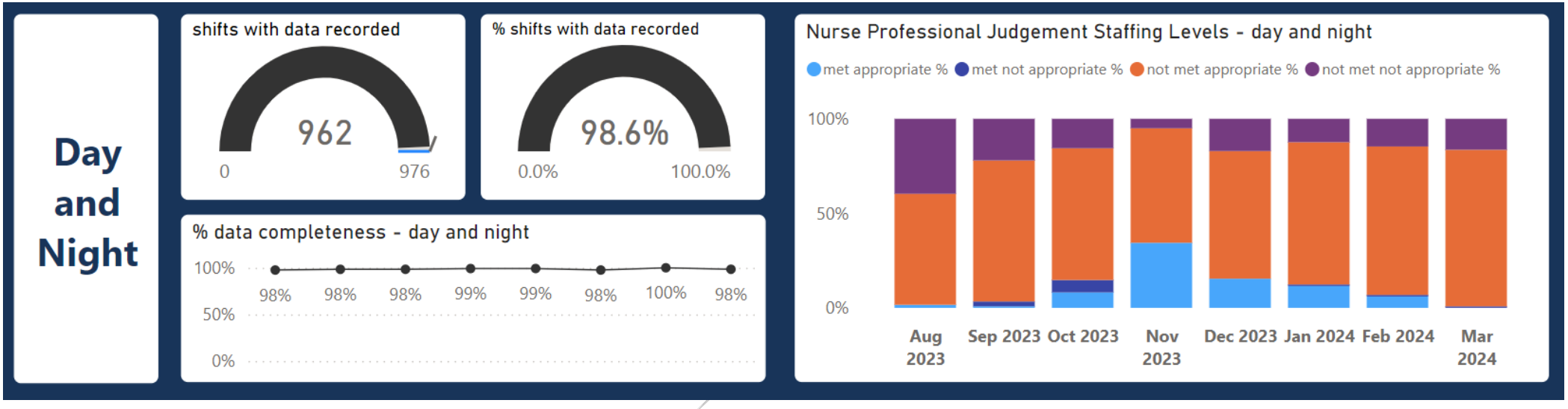
	in May 2024 to ensure this accurately reflects the staffing position on the wards. Whilst this change may not be permanent it reflects the current position and any further changes to capacity will have ongoing review of establishments. Paediatric inpatient areas have SafeCare in place and there is a flow co-ordinator role with oversight for nurse staffing levels across all areas.

SafeCare Census Staffing Assessment Dashboard- Paediatric 25B Wards



Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.	**All Wales Paragraph:** *NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.* *Each health board/trust is committed to implementing Allocates Safecare system and each organisation is at different stages of implementing this system within their areas, prioritising section 25B wards. Health boards/Trusts have also been using the Health Care Monitoring system (HCMS) which has been adapted to ensure consistency in the data collection and analysis to aid reporting.*

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	Due to the transitional arrangements whereby health boards/trusts are implementing Allocates Safecare system alongside the use of HCMS to capture the data required to inform the calculation and reporting of the nurse staffing level, the data presented in the above tables will be a combination of information generated from Safecare and HCMS. **<u>Cardiff and Vale UHB Update:</u>** SafeCare has been introduced to all 25B wards and was completed in early 2023. Due to issues with recording the professional judgment of the appropriateness of the nurse staffing levels in the SafeCare software this feature only became available in July 2023. Therefore, the data above is all the data available from SafeCare from the 1St August 2023. Data is inputted by the nurse in charge at the start of a day shift and night shift. SafeCare compliance in April 2024 by Day was 94% and 79% at Night across all 25B wards. There is no national reporting solution currently available to report on the nurse staffing levels directly from HealthRoster/ SafeCare Allocate system. Significant work has been undertaken by the Corporate Nursing Team in CAVUHB to ensure a long-term solution to meet the reporting requirements of the 2016 Act. The dashboards available not only service the requirement to report on the nurse staffing levels but also supports the professional nursing conversation. SafeCare has now been rolled out to over 90 clinical areas. More recently SafeCare has been introduced across 20 mental health inpatient wards. SafeCare is in use in Maternity in an adapted form for the clinical area and continues to be used in other areas such as community inpatient wards.
Process for maintaining the Nurse staffing level	As previously reported SafeCare has been adapted widely across the inpatient settings in Cardiff and Vale UHB. The system which allows live monitoring of patient acuity and nurse staffing, aids operational decision making and risk mitigation in relation to nurse staffing. This has supported changes to the way in which nurse staffing is reviewed on a daily basis. In addition to the Cardiff and Vale UHB Operating Framework, a Rostering Principles and Good Practice Guide has been produced and agreed by the Directors of Nursing. This provides information on SafeCare use and a quick guide to the operating framework in and out of hours. The ‘reasonable steps’ taken to maintain the nurse staffing level across the organisation include: • Daily review of nurse staffing levels throughout each Clinical Board by the Senior Nursing Team. • Red Flags and Professional Judgements reviewed in SafeCare. • Twice Daily staffing meetings, chaired by a Director of Nursing with representatives from the clinical board to provide organisation overview of any unresolved red flags or staffing concerns. • Consideration of the redeployment of staff through the use of SafeCare. • The use of temporary staffing where necessary. • Senior Nurse Staffing Rota to provide weekend cover 07:00-21:00hrs.

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	Temporary Staffing The challenging financial pressures across the Health Board has been well documented and there has been significant reliance on temporary staffing to cope with the effects of the pandemic and subsequent workforce challenges. Significant work has been undertaken across nursing to reduce the reliance on temporary staffing. In particular agency is no longer used for Health Care Support Workers and measures were put in place in August 2023 to reduce agency usage for registered nurses. A scheme of delegation has been introduced and authorisation from Senior Managers and Exec on call is required for some agency shifts. This focus on reducing agency use has increased the reviewing of the rosters and there are reports from Senior and Lead Nurses that there is an improvement in the accuracy of the rosters.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	30	6	0	0
Total number of incidents/ complaints not closed and to be reported on/during the next year	6	1	0	7
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was not maintained	3	1	0	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster)was considered to have been a contributing factor	1	0	0	0

All Wales Paragraph

Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors and CNO in 2021, which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All Wales Nurse Staffing Group was set up to improve and refine the reporting process to standardise reporting and be in line with the Duty of Candour set out in the Quality & Engagement Act (2020), and broaden the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication error incidents.

The reporting sub group presented the recommendations for the amended measures to the Executive Nurse Directors in August 2023 who agreed to the changes being proposed with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

The quality indicators for the adult medical and surgical wards will be as follows:

- *Hospital acquired pressure damage (grade 3, 4 and unstageable) (avoidable and unavoidable)*
- *Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- *Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- *Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*

The data to be reported for each of the above will be:

- *Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.*
- *Total number of incidents/ complaints not closed and to be reported on/during the next year*
- *Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- *Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- *Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- *Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

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Cardiff and Vale UHB Update

The data in the above template is provided from incidents recorded within the Datix system. There are significant complexities in extracting the data from this system and it involves a manual process with a number of different field options. There is therefore some concern regarding the data, despite significant

efforts to ensure all incidents are captured consistently across the UHB and across Wales. This has been raised as part of the All-Wales Nurse Staffing Programme and discussions are taking place to explore opportunities to create an All-Wales dashboard within datix to report on these metrics. This would provide greater assurance and consistency on the data being reported.

Pressure Ulcers

The data provided for Pressure Damage has been produced by filtering on the categories; Grade 3, Grade 4, Unstageable and then those that are recorded as avoidable. A further check was done on the data to review any Nationally Reported Incidents related to pressure damage.

In the previous year (April 22-23), following guidance from the All-Wales Nurse Staffing Programme both avoidable and unavoidable pressure ulcers were recorded. It has been confirmed that in this report and future reporting, only avoidable pressure damage will be recorded. It is difficult to provide a narrative of the trends due to the inconsistencies in the reporting. However, reviewing April 21-22 report, there were 25 pressure damage incidents on the above metrics recorded. In the current report 30 incidents are recorded which would suggest a rise. Pressure damage meeting the above criteria undergo a focus review and are discussed at clinical board scrutiny panels with learning and actions shared across the clinical area.

Falls

Similarly, in the previous year both avoidable and unavoidable falls resulting in serious harm or death was reported. In this report avoidable falls based on the above categories are recorded. 6 falls are recorded during the reporting period. It should be noted that this is 1 less than what was reported in the caveated 3 yearly report for Welsh Government. Despite reporting only on closed incidents, 1 of the incidents has been reviewed by the patient safety team, and no longer meets the reporting criteria. The number of falls recorded using these metrics in April 21-22 was 9, this would suggest in this reporting period a decrease in the number of falls recorded with serious harm or death.

Medication Errors

There were no medication errors recorded as to be reported across 25B wards.

Complaints

The patient safety team have reviewed complaints. There are no complaints which have been managed under PTR and upheld in relation to nursing care. There are 7 complaints open currently and these are still undergoing review.

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Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care	**Hospital acquired pressure damage (grade 3, 4 and unstageable)**	**Falls resulting in serious harm or death (i.e. 4 and 5 incidents).**	**Medication errors never event s**	**infiltration and extravasation injuries**	**Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)**
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	0	0	0	0	0
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	0	0	0	0	0
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	0	0	0	0	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0

<u>All Wales Paragraph</u>

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

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The quality indicators for the paediatric inpatient wards will be as follows:

- *Hospital acquired pressure damage (grade 3, 4 and unstageable) (avoidable and unavoidable)*
- *Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- *Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- *Infiltration and extravasation injuries*
- *Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*
-

The data to be reported for each of the above will be:

- *Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.*
- *Total number of incidents/ complaints not closed and to be reported on/during the next year*
- *Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- *Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- *Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- *Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

Cardiff and Vale UHB Update

During the review of incidents in Datix, there were 2 incidents recorded on 25B paediatric wards relating to extravasation injuries. However, on review of these incidents both were closed and recorded as no harm and therefore not included in the above table due to the description of “infiltration and extravasation injuries”. There were no other incidents to be reported on against the above metrics across the paediatric 25B wards.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)
Actions taken if the nurse staffing level was not maintained in wards where section 25B applies	As noted in the previous annual assurance report, maintaining the planned rosters during the reporting period has continued to be challenging. This is further evidenced in the above reporting during this reporting period. The UHB has undergone significant reorganisation of wards and a rising level of acuity has been noted. Additional demand across the Emergency Department and rising length of stay has further strained the ability of the nursing workforce to maintain established staffing levels. Actions taken in response to not maintaining established nurse staffing levels are varied. Within clinical boards, actions are captured as part of daily staffing ‘huddles’ and efforts to mitigate short staffing are shared across clinical board. SafeCare offers staff the opportunity to raise ‘Red Flags’ where there are nurse staffing concerns in clinical areas. These Red Flags are reviewed as part of the daily staffing meetings and Senior and Lead Nurse out of hours are able to quickly review and respond to these Red Flags.

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	Actions taken when nurse staffing levels not maintained include: • Clear escalation from ward based clinical staff through to Senior Nurse and Director of Nursing. • Rosters are reviewed by the ward manager. Additional shifts and overtime offered to substantive staff. • Risk mitigation by redeployment of staff across clinical areas. • Support of allied health professionals to meet patient needs. • Review of enhanced supervision requirements and consideration of opportunities to cohort appropriate patients, maintaining patient safety. • Number of beds are reviewed and closure of beds considered if appropriate particularly across paediatrics. Nurse Staffing concerns are shared with operational site team. • Redeployment of the Ward Sister/ Charge Nurse into the planned roster. • Consideration of temporary staffing such as bank and agency. Agency shifts requires authorisation by a Director of Nursing. Since the introduction in SafeCare there has been anecdotal reports of improvement in the accuracy of the rosters. Furthermore, the Senior Nurse On-Call roster Monday- Friday out of hours has recently been stepped down due to a reduction in calls and the reduction in need to make staffing decisions out of hours. Ward teams are still able to contact the site teams if there are nurse staffing concerns. The Senior Nurse On-Call Roster remains in place at weekends. For any incidents (above) where the failure to meet staffing levels were considered to be a factor, these incidents are reported to Welsh Government as part the normal reporting procedure.
	Section 25A: Duty to have regard to provide sufficient nurses
Requirements of Section 25A (NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)	Across Cardiff and Vale UHB the biannual review process is well established and the Executive Nurse Director reviews all nursing establishments not just those in 25B areas. The process for this is set out above in the "*process and methodology used to calculate the nurse staffing level"* section of this template. Evidence of the nursing workforce planning undertaken to maintain nurse staffing levels, include: • Over 350 nurses have joined the Health Board through the overseas nurse recruitment programme. • 700 Registered Nurses have joined CAVUHB through the student streamlining scheme over the last 3 years. • Focused recruitment events held across a range of settings including attendance at student streamlining events. • Recruitment events held specifically for HealthCare Support Workers. • A Director of Nursing is in post responsible for Strategic Nursing Workforce Planning. • The Assistant Practitioner role has been introduced and an educational programme to support this. Currently 56 Assistant Practitioners have been employed with opportunities for many of these staff to be registered nurses by the end of 2024.

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	• Consideration of other roles to support patient care such as pharmacy technicians and diet assistants. • Review of rostering practices through monthly reports to the clinical boards. • Temporary Staffing Reports provided weekly by the E-rostering teams. • Strategic Direction provided through key groups such as Nursing Productivity Group and Nursing Midwifery Board.
	Conclusion & Recommendations
	Across Cardiff and Vale UHB there continues to be challenges in maintaining the nurse staffing levels both in the short term and long term. The Health Board continues to provide assurance its' staffing calculations and reporting requirements have been fulfilled. Furthermore, across the organisation there are established processes in place to review changing acuity and nurse staffing levels. Appendix 1 provides a summary of the establishment reviews agreed by the designated person (Executive Nurse Director), noting both the previous establishments and the proposed establishments agreed for the forthcoming cycle. **Highlights of this report include:** • One 25B clinical area has not had their establishment signed off. The establishment has been reviewed and there is ongoing work underway to understand the needs of the clinical area and ensure appropriate nurse staffing levels are in place. • Significant progress has been made in the ability to report on the Nurse Staffing Levels from Ward to Board with the introduction of dashboards available for the majority of inpatient areas. • The use of the digital solutions is still evolving, however empowering nurses to record the appropriateness of their nurse staffing levels and raise red flags when concerned will support timely responses to minimise risks to patients. • There has been significant re-organisation of wards in UHW and there has been changes to 25B wards as set out in November 2023 in the Annual Presentation of Nurse Staffing Levels to board. This has impacted on the calculation of required staff on 25B wards. It should be noted that these areas (e.g. assessment unit) are still open but not included in this calculation. These establishments have been reviewed and agreed as 25A areas by the Executive Director of Nursing. **The Board is asked to:** Receive the report as assurance that the statutory requirements relating the Nurse Staff Levels (Wales) Act have been fulfilled. Note the funded nurse staffing establishments detailed in appendix 1, undertaken as part of bi-annual recalculations.

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Appendix: Annual Assurance Report

Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2023- 5th April 2024
Adult acute medical wards	21

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment .However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Medical Inpatient wards

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Total (WTE) band 7 Supernumerary ward sister/ charge nurse	Required establishment for the proposed roster agreed during the establishment reviews (Spring 2024) CAV addition to template. including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
B7	1	34.1	19.9	1	34.1	19.9	1	34.1	19.9	Yes	No	NA	No	NA	No	NA
C7	1	26.04	23.86	1	26.8	22.7	1	26.8	22.7	Yes	Yes	Previous C6 establishment, ward environment remains similar layout. Reduction in Band 3 and small increase in Band 5 agreed Nov 2023	No	NA	No	NA
B2 Link	1	14.2	17.01	1	14.2	19.86	1	14.2	22.7	Yes	Yes	Increase in HCSW during autumn review 2023 due to new ward layout and environment. Further increase in Spring 2024 agreed due to additional beds open.	Yes	Jun-23	NA	New ward ares as part of the organisational change across UHW
C4 Stroke	1	17.06	17.06	1	17.06	17.06	1	17.06	17.06	Yes	No	No change to establishemnt during this period, recording erorr on template in spring 2023 but confoirmed with ward team- no changes to establishments.	No	NA	No	NA
Heulwen	1	11.37	11.37	1	11.37	11.37	1	11.37	11.37	Yes	No	Discussion around additional capacity opening on Heulwen and no further increase in beds was agreed and therefore no change to establishment.	No	NA	No	NA
Lakeside Ward 1	1	14.21	35.11	1	14.21	35.11	1	14.21	35.11	Yes	No	NA	No	NA	No	NA
Lakeside Ward 2	1	11.37	23.02	1	11.37	22.7	1	11.37	22.7	Yes	Yes	Small reduction in Band 3 establishment in Novemeber 2023 review. Band 4 assitant practitioners in post during spring 2023 establishment.	No	NA	No	NA
A7	1	28.43	19.9	1	28.43	19.9	1	28.43	19.9	Yes	No	Recording template error spring 2023 but no change to establishment	No	NA	No	NA
Cystic Fibrosis Unit	1	11.11	2.78	1	11.11	2.78	1	11.11	2.78	Yes	No	NA	No	NA	No	NA
East 2	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	No	NA
East 4	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	No	NA
East 6	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	No	NA
East 7	1	17.06	19.9	1	17.06	19.9	1	17.06	19.9	Yes	No	NA	No	NA	No	NA
East 8	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	No	NA
West 2	1	19.9	19.9	1	19.9	19.9	1	19.9	19.9	Yes	No	NA	N0	NA	No	NA
Stroke Rehab Centre	1	17.6	30.62	1	17.6	30.62	1	17.06	30.62	Yes	Please see Rationale	This establishment on the proposed roster has not been signed off. Further narrative regarding this can be found in the main body of the report.	No	NA	No	NA
C5 (Winter Ward) Surgery Clinical Board	0	0	0	1	16.24	8.53	Ward to close	Ward to Close	Ward to Close	Yes	Yes	Ward was open from Novemeber and therefore not part of the original Autumn cycle	No	NA	No	NA
B1 (Specialist Clinical Board)	1 WTE Band 7 but only 0.2 Supernum	29.66	13.4	1	30.46	13.4	1	31.27	14.21	Yes	Yes	Uplift in Supernumerary status of the ward sister. Previously recorded as supernumary ward sister as 1.0 WTE Band 7 available on the ward however this role has been required to co-ordinate and oversee additional 4 beds. Further uplift required due to the T&R bay relocation.	No	NA	No	NA
C4 Neurology (Specialist Clinical Board)	1	17.5	20.41	1	10.58	11.37	1	11.37	11.37	Yes	Yes	The day unit establishment was previously contained within the C4N inpatient beds. These have now been seperated out and hence reduction in establishment. Small calculation error in the spring cycle, this has been corrected and confirmed by the Lead Nurse.	No	NA	No	NA
Teenage Cancer Unit (Specialist Clinical Board)	1	17.22	5.69	1	17.22	5.69	1	17.22	5.69	Yes	No	NA	No	NA	NA	NA
B4 Haematology (Specialist Clinical Board)	1	36.6	21.67	1	36.6	21.67	1	36.1	15.99	Yes	Yes	Reduction in establishment as previously included A4 beds within the establishment. Professional conversations have taken place with the Lead Nurse and Director of Nursing regarding the establishment and this will continue to be reviewed.	No	NA	NA	NA

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Appendix: Annual Assurance Report

Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2023-5th April 2024
Adult acute surgical wards	18

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Surgical Inpatient wards

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) Including uplift 26.9%		Total (WTE) band 7 Supernumerary ward sister/ charge nurse	Required establishment for the proposed roster agreed during the establishment reviews (Spring 2024) CAV addition to template. including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
C1 (Women's and Children Clinical Board)	1	21.88	12.64	1	23.27	12.55	1	22.27	15.4	Yes	Yes	during spring 2024, required to provide care appropriate to the needs of the patient. The EPAU ia also within this footprint. Note in previous template Nov 2023 Ward sister counted in total RN despite being supernumery	No	NA	NA	NA
C6	1	30.46	17.06	1	30.46	17.06	1	30.46	17.06	Yes	No	Previously located on A2	No	NA	NA	NA
B2 Vascular	1	33.3	19.9	1	33.3	19.9	1	33.3	19.9	Yes	No	Demand on the service has increased since the introduction of the vascular network. This will be monitored closely and an out of cycle calculation of the nurse staffing levels will be conducted if an increased establishment is required.	No	NA	NA	NA
A6 North	1	16.24	11.37	1	16.24	11.37	1	16.24	11.37	Yes	No	Na	No	NA	NA	NA
A6 South	1	21.17	14.21	1	16.26	11.37	1	16.26	11.37	Yes	Yes	Previously located on Duthie ward during Spring review 2023. Re-located to A6 South and reduction in beds from 24 to 19.				
B6	1	30.46	17.06	1	30.46	19.09	1	30.46	19.09	Yes	Yes	Uplift in HCSW overnight to support patient care.	No	NA	NA	NA
A5 North	1	18.32	14.21	1	18.32	14.21	1	18.32	14.21	Yes	No	Previously A6N establishment.				
A5 South	1	14.21	11.37	1	14.21	11.37	1	14.21	11.37	Yes	No	Previously A6 South Establishment	No	NA	NA	NA
West 1	1	19.9	19.9	1	19.9	19.9	1	19.9	19.9	Yes	No	NA	No	NA	NA	NA
West 3	1	14.21	12.79	1	11.37	14.21	1	11.37	14.21	Yes	Yes	Reduction in bed base from 20 to 16 beds during Autumn 2023. Uplift in HCSW to support patient care.	No	NA	NA	NA
West 5	1	14.21	17.07	1	14.21	17.07	1	14.21	17.07	Yes	No	NA	No	NA	NA	NA
CAVOC	1	25.99	19.09	1	25.99	19.09	1	25.99	19.09	Yes	No	NA	No	NA	NA	NA
B5 Nephrology (Specialist Clinical Board)	1	28.89	18.32	1	28.89	18.32	1	31.53	16.48	Yes	Yes	Increase in RN workforce required to support acute dialysis. Reduction in Band 3	No	NA	NA	NA
T5 (Specialist Clinical Board)	1	29.7	13.64	1	29.7	13.64	1	29.7	13.64	Yes	No	NA	No	NA	NA	NA
West 6- Cardiothoracics (Specialist Clinical Board)	1	19.9	8.53	1	21.91	8.53	1	22.72	8.53	Yes	Yes	Uplift in Band 6 establishment. Bethan Ward establishment decreased as ward often closed and used as extra capcity. Previously supernumerary ward sister during C5 establishment and split over two wards to include Bethan and covered West 6.				
B4 Neuro (Specialist Vlinical Board)	1	35.35	25.18	1	35.35	25.18	1	35.35	25.18	Yes	No	NA	No	NA	NA	NA
Poly Trauma Unit (Specialist Clinical Board)	1	24.2	19.9	1	24.2	19.9	1	24.2	19.9	Yes	No	NA	No	NA	NA	NA
T4 Neuro (Specialist Clinical Baord)	1	37.37	8.53	1	37.37	8.53	1	37.37	8.53	Yes	No	NA	No	NA	NA	NA

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Appendix: Annual Assurance Report

Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2023- 5th April 2024
paediatric inpatient wards	2

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Paediatric Inpatient wards

		Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%			Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%			Required establishment for the proposed roster agreed during the establishment reviews (Spring 2024) CAV addition to template. including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
Island	1	51.17	11.37	1	51.17	11.37	1	39.8	11.37	Yes	Yes	10 medical beds located on Gwidihw, change to establishment to reflect this.	No	NA	NA	NA
Gwdihw	1	53.04	13.65	1	55.07	13.65	1	66.44	13.65	Yes	Yes	During autumn review 2023 there was an increase in the RN establishment to support the elective stream. During the establishment reviews in Spring 24 there is an increase in establishment due to the re-location of beds from Island ward. Overall establishment has not changed across the two wards.	No	NA	NA	NA

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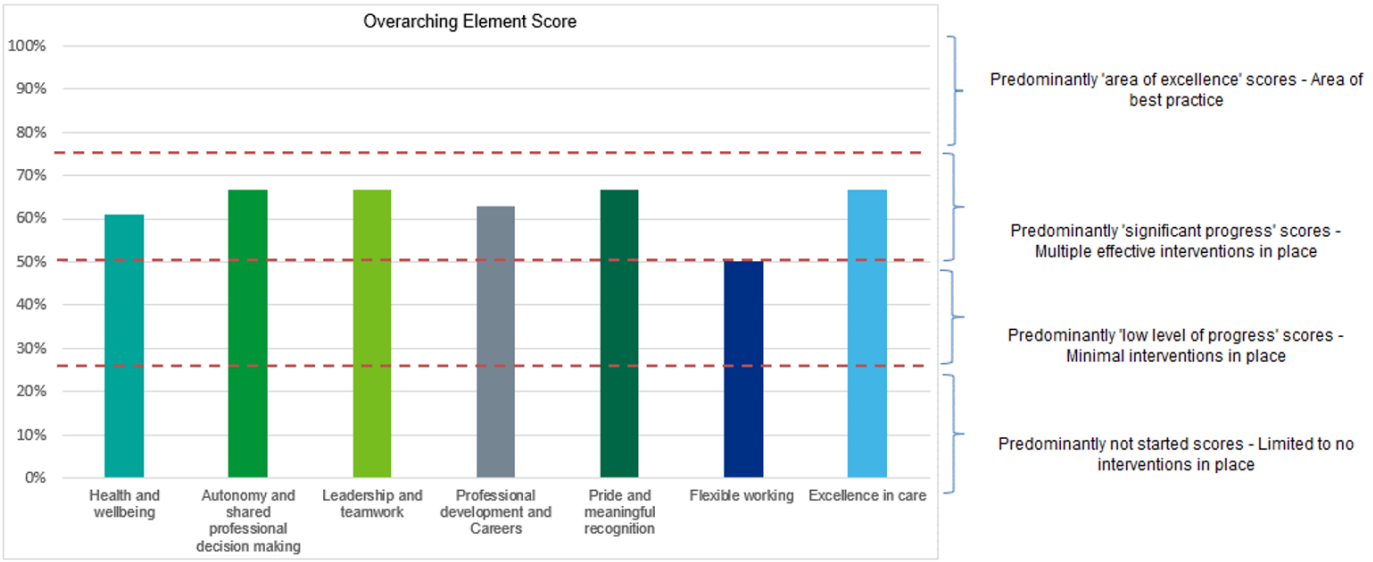
Report Title:	*Retention Update*				Agenda Item no.	*8*	
Meeting:	Local Partnership Forum		Public		Meeting Date:	5.8.2024	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		X
Lead Executive Title:	Executive Director of People and Culture						
Report Author (Title):	Senior Manager for Retention and OD						

Main Report
Background and current situation:

The UHB's vision for 2035 describes how we will provide outstanding services delivered by colleagues who would recommend CAVUHB as a great place to work. To achieve this, we have a continued focus on the retention of staff and this remains one of the key priorities in the People and Culture Plan and is aligned to the strategic objective of Putting People First.

In February 2024, a Retention and OD role was introduced within the People and Culture Team, supported by Health Education Improvement Wales (HEIW). Although the national retention remit is primarily focused on the nursing workforce and the National Nurse Retention Plan, this role supports retention and cultural improvement through embedding the People and Culture Plan across the UHB.

Since the introduction of the role, the UHB has successfully met national targets by submitting the nurse retention baseline using the Nurse Self-Assessment tool. Work is currently underway within HEIW to produce a national dashboard using the submissions received from all Health boards, although the completion date is yet to be confirmed. Fig 1 illustrates the UHB report generated from the Nurse Self-Assessment tool which shows significant progress with room for improvement. The UHB continues to prioritise the retention of the nursing workforce with plans to incorporate it into the overall retention work.



(Fig 1)

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Next Steps

The UHB is committed to achieving workforce and financial sustainability which involves a breadth of work including but not limited to:

- Workforce Re-Shaping
- Culture assessment and improvement
- Development future clinical services

Progress has already been made in reducing the annual staff turnover rate, since April 2022, the annual staff turnover rate has shown a reduction of 2% reaching 11.26%. This achievement is in line with our target for Quarter 2, in order to continue on the positive trajectory and meet our goal of a turnover rate below 11% for Quarter 3, there are a number of actions currently underway and are designed to address the challenges associated with staff turnover:

UHB Framework and Guidelines

Development of a UHB Retention Framework that will support and inform the creation of local retention plans with Clinical Boards, Directorates and teams. The framework will be accompanied by an interactive guide influenced by successful approaches implemented by NHS Employers.

Data and Intelligence

To gain a comprehensive understanding of the situation, data is being collected from various sources, including NHS Staff Survey, Culture Leadership Programme, Starter, Stay and Exit surveys as well as workforce data. The collected data is currently being assessed and reviewed to ensure effective analysis and the creation of 'intelligence' that can support understanding and inform next steps.

Regarding workforce data, retention metrics are currently available through the Electronic Staff Record (ESR) and generated reports. However, work is underway to consolidate this data into a holistic workforce dashboard. Phase one will include ESR data, and the second phase will incorporate intelligence from the national and local surveys. The completion of the first phase is expected by September 2024.

NHS Wales Staff Survey

The People and Culture team are working across the UHB to engage with management teams and staff regarding retention, wellbeing and Staff Survey responses. The development of a rolling communication and engagement plan will be discussed at the first Focus Group on 1st July 2024.

Starter, Stay and Exit Surveys/Interview

To gather valuable data on both positive aspects and areas for improvement, *Starter Surveys* have been implemented and are currently being sent to student nurses. By October 2024, we plan to expand these surveys to include all new starters. Additionally, we will be introducing *Stay Surveys* with a pilot programme in Acute Medicine during July and August. The pilot will be evaluated in September 2024, and if successful it is intended to rollout across the UHB in Q3. *Exit Surveys* are currently under review to address declining participation rates (29% March, 26% April and 17% May). Plans are being made to enhance engagement through physical pop up areas, QR code tracing in collaboration with the Communication Team, and exploring alternative platforms for reaching those without digital access. The insights gained form the engagement exploration will guide the future implementation of surveys including Starter and Stay surveys.

Relaunch of Internal Nurse Development Programme

To support retention efforts within the nursing workforce, the Internal Nurse Development programme is scheduled for relaunch at the end of July. The revised programme will encompass both Band 2 and Band 5 nurses, aiming to facilitate internal mobility with the UHB. As a result, the reliance on TRAC and the recruitment process will be reduced. Notably, Cwm Taf Morgannwg University Health Board has also introduced a similar programme based on the same guiding principles.

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

One of the key priorities for 'Putting People First' is to ensure that people feel valued, developed supported and engaged, these factors play a crucial role in retaining our staff members. In recent years research has consistently shown that employee engagement is directly related to various outcomes at both the individual and organisational levels, which includes staff absenteeism, turnover, patient satisfaction, mortality rates and safety measures. This aligns with the goals of the People and Culture Plan, as enhancing the culture of the UHB and improving the skills and competence of individuals contributes to improved patient experience, overall quality of patient care and employee satisfaction.

Recommendation:

The Local Partnership Forum are asked to:

NOTE and Discuss the information included within the paper and accept as assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the relevant box below ***(this section must be completed)***

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

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the relevant box below ***(this section must be completed)***

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

Risk: Yes

Risk: Yes, inability to retain staff to key professions and roles will impact on ability to deliver patient care.

Safety: Yes – as above

Financial: Yes – recruitment / agency costs

Workforce: Yes – impact on poor culture on retention and patient experience

Legal: Yes – working to safe staffing levels

Reputational: Yes – impact on poor culture on retention

Socio Economic: Yes – impact on local community

Equality and Health: Yes impact on poor culture on retention

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Decarbonisation: No	
Approval/Scrutiny Route: ***Please insert any previous meetings where this paper has been received***	
Committee/Group/Exec	Date:

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Report Title:	C&V Integrated Performance Report				Agenda Item no.	9
Meeting:	Local Partnership Forum		Public	X	Meeting Date:	05/08/2024
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips					
Report Author (Title):	Information Manager					

Main Report
Background and current situation:

The Integrated Performance Report has been updated for this Board Development session as outlined in the Paper brought to Board and F&P Committee last month. The updates bring the report in line with the National Performance Framework for 24/25, the UHBs Annual Plan priorities and recently submitted trajectories to Welsh Government for delivery of the National Performance priorities.

Public Health
Immunisations
COVID-19 and influenza

- The autumn winter campaign has now concluded and the **Covid-19 vaccine spring booster campaign** is now underway and it has delivered 33,312 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 vaccine coverage is therefore 61.13% which is the second highest uptake of all Health Boards and above the Welsh average of 58.48%.

Childhood immunisations

- 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): This is below the target of 95%. A Childhood Immunisation Plan agreed in 2022/23 is now being implemented to increase uptake which includes:
    - Communication and awareness raising actions using social media, resources shared with GPs to support vaccine invites and videos targeted towards ethnic minority communities.
    - Actions to improve access, supporting GP practices to offer catch up sessions, and the use of community venues in areas where uptake is lowest. Call-handler support to offer appointments in a more proactive way to families with children missing MMR and 4 in1 vaccines. Also call handler support for parents requesting gelatine-free flu vaccines for their children.
    - Education and information sessions in schools where uptake is low, information sessions targeted at parents and educational resources for teachers.
    - A plan is being developed to train champions with a focus on our minority ethnic communities where vaccination is lower.
    - Broader actions as part of the Amplifying Prevention partnership with the local authorities including focus groups to explore barriers in areas of lowest uptake.

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- MMR, since the Welsh Health Circular on Vaccination against Measles [WHC(2024)008], which sets a target for 90% uptake in schools, a plan has been developed to deliver catch-up vaccination efforts in schools with low uptake and delivering MMR alongside the ongoing HPV vaccination campaign. This is accompanied by actions including targeted communications to parents via schools, pre-school

settings and family support services, and enabling parents to contact the UHB to check vaccine records directly. Utilising a mixed approach to delivery of MMR catch ups.

- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15: This is below the target of 90%. The move to the one dose schedule will give teams increased capacity to work more proactively to improve practice in terms of improving HPV vaccine uptake in our eligible groups. The HPV vaccination campaign is currently underway for year 8 pupils and we are awaiting the final data on uptake from national sources once the vaccination campaign for Cardiff and the Vale has concluded.

Healthy weight

- Healthy weight in reception year children aged 4/5 increased to 77.5% (2022/23). This is the same as the English average for the same period (77.5%). This was however, above the Welsh average of 74.3%. Steps are being taken to increase healthy weight locally through the refreshing of the Move More, Eat Well Framework which will include the 0-5 age range going forward. A series of workshops have been held to refresh the healthy weight plan for Cardiff and Vale with a multitude of partners.

Weight management services

- The dietetics led Level 3 weight management services are currently below capacity. To meet the level 3 target of 0.5% of BMI> 30 we would need additional capacity; a business case is being written to develop capacity for this expansion. Increased demand has also been exacerbated by the launch of Wegovy.
- We are currently remaining at 1.6% for L2, including Foodwise and 0.2% at L3. Average BMI in L2 is 40kg/m^2, average BMI at L3 is 50kg/m^2.

Tobacco

- **Percentage of adult smokers who make a quit attempt via smoking cessation services:** The 'Help Me Quit' smoking cessation service offer 16 clinics across Cardiff and the Vale of Glamorgan with most clinics at capacity. Work is underway to explore options to increase the number of clinics being offered by the team. Group sessions are being utilised where appropriate to make efficiencies.

- Regular Help Me Quit communications are shared by the UHB Communications Team to promote smoking cessation services. In 2024/25 we intend to increase demand through advertising but will need additional capacity to meet this demand. Communications were shared in March 2024 to promote No Smoking Day. The usual peaks in demand for Help Me Quit services are in January (with New Year resolutions and in March following No Smoking Day). Two films featuring stories of successful quitters have been created and shared by UHB comms team with a third in production. Additional signage is being put up on the UHW and UHL sites to make clear that smoking is not permitted. A banner for the side of UHW to replace the dragon has been purchased and is awaiting installation led by the Estates team. We are currently updating our communications plan and looking to commission a targeted communications campaign focussing on groups and communities with higher rates of smoking
- NICE recommends that routine carbon monoxide testing at the first ante natal appointment and at the 36 week appointment to assess every pregnant woman's exposure to tobacco smoke. In Q4 23/24, over 95% of pregnant people received CO monitoring at their booking appointment.
- Ensure all pregnant smokers are referred to smoking cessation support following their initial booking assessment

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  - **Progress:** In Cardiff and Vale UHB, pregnant smokers 'opt in' to being referred to smoking cessation services. In 23/24 46% of pregnant smokers accepted a referral to a Smoking Cessation Specialist Maternity Support Worker / HMQ advisor. Pregnant smokers receive an intervention providing them with information on smoking risk, benefits of quitting, HMQ smoking cessation services and Nicotine Replacement Therapy. From this pregnant smokers can be referred to HMQ for ongoing support to quit. 56% of pregnant smokers who received an intervention accepted an ongoing referral to HMQ for support to quit.

- We are continuing to explore options with the maternity services to develop a model where support is provided from a band 5 adviser, with no need for referral onwards. Job evaluation process is in progress to enable recruitment.

Operational Performance

Urgent and Emergency Care

Delays to ambulance handovers and patient waiting times in Emergency Units markedly improved through 23/24 – the UHB eliminated 4-hour delays and significantly reduced 3, 2 and 1 hours delays at UHW. Recent performance has been affected by unseasonal operational pressures through May and June which has impacted both ambulance handover times and the length of time patients some patients are waiting in the Emergency Unit before admission, transfer or discharge. The challenges posed by these pressures were reflected at the end of June with two 4-hour ambulance delays, the only such delays in over 15 months. Since December 2023, where the number of 1-hour ambulance delays reduced to 167, the number has risen in May and June and is above our trajectory. We have seen a similar picture for 12-hour EU waits where reductions through Q3 have not been sustained during 2024. Despite these challenges, the UHB is still the best performing Health Board in Wales and we have outlined an improvement trajectory to meet our own, and the Cabinet Secretary's, ambitions.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward – this reduction has been maintained though some very challenging weeks through the whole winter period and beyond. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Using the annualised NHFD data, the UHB are at or above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op), compliance has improved from March last year. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward breaches which can impact our performance as these times are still recorded in our compliance data.

May saw an increase in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours increased to 47.5% and remains significantly above the All Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. April saw a high number of stroke patients admitted to UHW with a higher number of haemorrhagic stroke patients who are non-suitable for thrombolysis/thrombectomy. As a result, April saw our thrombolysis rate drop to 14.5% following consecutive months at over 20%. In May this improved to 26%, above our ambition and above the Wales average.

Our SSNAP grade improved to A for the period July-September 2023, this was a significant improvement from the previous quarters and a reflection of the work undertaken by the teams. Our most recent review saw a drop to Grade B but performance remains improved from last year. The challenges in delivering consistent performance in Stroke pathways have been well documented, particularly out of hours. A plan for investing in the front end of our stroke pathway has received endorsement at Finance and Performance Committee and will progress for consideration at Board in July.

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Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with the winter plan. The number of delayed pathways of care reduced in March, April and May 2024 and we continue to work with colleagues across the health and social care system to reduce delays in patient's care pathways. Reducing the time patients spend in hospital is a current operational focus. The ongoing work focusses on patients and family, our clinicians,

integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit. Delayed pathways of Care remain an area of national focus and our monthly delays are highlighted in Section 1 of the accompanying IPR – we are currently delivering our commitment to reduce against the same period in 23/24.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through Q1, however, the most recently reported weekly snapshot has shown a reduction from the end of Q4. Our nationally submitted data on emergency admissions with a 21-day length of stay shows also a reduction from March to April.

Cancer

Our compliance with the 62-day Single Cancer Pathway standard improved in December to 70.2%, our highest performance since the development of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January and 60.8% in February, with continued Junior Doctor industrial action a factor through Q4. In March our SCP performance improved to 62.3%, with a further increase to 63.7% in April. The pathology delays experienced in March mean than our Q2 compliance is forecast to be lower as patients treated in these months were potentially impacted by delays in this part of their pathway. In May we saw a small drop in compliance with 62.1% of patients starting their treatment within 62 days.

Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q3 where we have seen improvements in the monthly compliance for October and November.

SCP compliance	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Original submission	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%	64.7%	58.0%	70.2%	64.4%	60.8%	62.3%	63.7%	62.1%
Compliance following quaterly refresh	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%	66.3%	62.4%	70.2%					

In April 2023 the UHB formally launched our Rapid Diagnostics Centre (RDC) as part of the National Programme, driven by the Wales Cancer Network and Welsh Government. RDCs provide an accelerated diagnostic pathway for patients who present to primary care with vague, but concerning, symptoms which may be indicative of cancer. Research has shown that up to 50% of patients diagnosed with cancer present to their GP with vague, non-specific symptoms that do not fit the site-specific referral criteria set out in NICE guidance. Traditional referral systems often lead to delays and unnecessary investigations for these patients. The UHB's clinic follows a 2-stop model offering radiology appointment in advance of an outpatient review. In the first year of operation 552 referrals were made to the RDC with a total of 22 cancers, across 14 different tumour groups, diagnosed as a result of the investigations. The majority of patients attended the RDC in under 14 days. In addition to cancer diagnoses made, 178 patients received a non-cancer diagnosis across a number of physical and mental health conditions.

This year will see increased work with Primary Care, though educational sessions and embedding lessons from patient and clinician feedback gathered through PROMS and PREMS across the RDC network in collaboration with Welsh Cancer Network colleagues.

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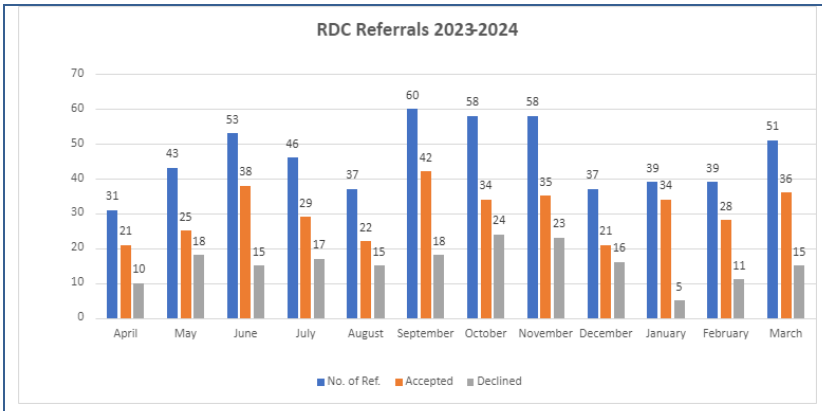

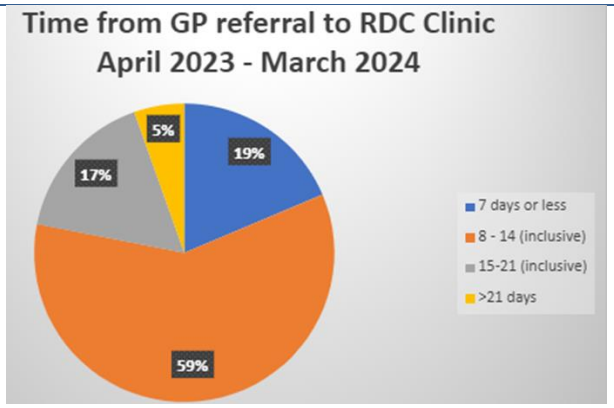

Planned Care

The numbers of patients waiting on an RTT waiting list has increased this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

At the end of April there were 2,816 patients waiting 2 years for treatment, which represented 1.88% of patients on a waiting list. This position deteriorated in May to 3,018 patients, representing 2% of the waiting list. While this remains a considerable improvement from previous months, there are still too many patients waiting too long for treatment across a number of key services. We continue to focus on the small number of spinal patients who are waiting over 4-years for treatment, in addition to continuing to reduce the number of patients waiting over 3-years which are mainly concentrated in spines and urology.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9,000. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway. We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. April and May have seen increases in the number of patients waiting over 52 weeks for their first outpatient appointment, with the number of breaches forecast to increase as we move through Q1. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

Through our planned care programme we are increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity are central to reducing waiting times for patients and delivery of the Ministerial ambitions, we have included trended data in these areas as part of the attached IPR and will expand the number of measures in line with GIRFT recommendations once the datasets have been agreed. A particular area for improvement is outpatient DNA rates, this will be partially addressed through the reintroduction of the Patient Participation Booking system, but also through improved patient engagement at specialty level.

We continue our focus to all patients who are delayed for a follow-up outpatient appointment, not just those who are 100% beyond their follow-up target. From April 2024 we are only reporting the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 52,811 patients who are past their target date for a follow-up appointment, of these 9 were over 2 years past their target date as shown below:

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Overdue Follow-up Outpatients							
Clinical Board	Months past target date	28/05/2024	10/06/2024	17/06/2024	24/06/2024	30/06/2024	07/07/2024
Total	Total overdue	54153	54828	54098	53509	53065	52811
	Over 18 months	175	123	102	112	152	87
	Over 24 months	20	19	8	11	11	9
Surgery	Over 18 months	47	36	37	43	82	55
	Over 24 months	7	5	3	5	6	4
Children & Women	Over 18 months	23	7	5	6	4	4
	Over 24 months	4	3	2	1	1	0
Specialist	Over 18 months	44	35	16	17	16	12
	Over 24 months	5	5	0	1	1	2
Medicine	Over 18 months	47	31	32	34	38	4
	Over 24 months	0	2	2	2	0	0

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work on the longest delays. there are a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways. The number of patients overdue for follow-up appointments will be an area of significant focus through this year.

Diagnostics

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. It is anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities will address radiological backlogs. From December we have seen sustained improvements for MRI and CT, however, the number of patients waiting 8 weeks for a non-obstetric Ultrasound continues to grow. Improvement trajectories will have been finalised with the Chief Operating Officer, with a separate update brought to Board Development session in June.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has an improvement plan, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait. The number of 8-week waits has continued to increase through Q4 and into Q1, albeit at a slower rate than through the rest of the year.

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioural needs. Part 1a compliance for adults fell in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work though the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. Performance is expected to remain low through this year and recover to compliance in Q4. Part 1b compliance remains strong with >99% of patients receiving interventions within 28 months on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

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For children and young people, Part 1a compliance dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. Part 1a compliance improved to 91% in February, remaining high in March (92%) and April (91%). Part 1b remains challenged as the team work through the backlog, further impacted by an increased in referrals through the summer months. A full demand and capacity review has taken place which acknowledges the services reduced capacity to deliver interventions within 28 days due to vacancies and sickness. The team

are developing a psychoeducation resource and looking to recruit additional support workers to deliver this. A recovery plan was presented as part of the Executive led Clinical Board Review sessions which sees recovery of compliance by the end of Q2.

Primary and Community Care

We continue to see a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required and work has been ongoing at a national level to negotiate changes to the GMS contract for 2023-24. Despite a lack of consensus, there has been a mutual decision to conclude negotiations for this year's settlement which will see a £20m financial investment into GMS across Wales.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services. GMS saw an increase in calls, appointments and items issued via prescription from the previous month.

GMS activity		April 2024
	Calls to GP surgeries	404,932
	GP appointments offered	269,319
	Items issued via presciption	778,026

Source: Primary Care Information Portal. Note: *The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed.*

We continue to see high utilisation of our Urgent Primary Care Centres across Cardiff and the Vale. Overall utilisation remained above 90% in June 2024, with total utilisation across all 6 sites at 93%, with 4466 appointment booked in month.

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People and Culture

- **Turnover** has fallen steadily during the past 12 months, from 13.00% at Jun-23 to 11.26% at May-24. An update on the work programme was given at the July meeting of the People and Culture Committee by the Health Board's Retention & OD Lead.

- **Sickness** - the number of staff who have been absent from work for 3 months or longer has increased, the team are currently undertaking a 'deep dive' into the data, duration, reasons, etc. This will be presented to the People and Culture Committee in September.

- **Staff in post** - since January 2024 the workforce has reduced by 96.5WTE. This would suggest that the continuous growth we have seen over the last few years has stopped, due to the reshaping actions of the Clinical Boards, CEF and Corporate Departments.

- **Workforce Sustainability**: The Health Board revised the previous 'scheme of delegation' at the end of May. The following was agreed:
    - Zero tolerance on Agency and Overtime across all staff groups - approval by exception only
    - Zero tolerance on Medical & Dental Bank – approval by exception only
    - No recruitment to newly created posts for a period of 3 months unless by absolute exception *(in addition to the current vacancy scrutiny arrangements)*

- **Temporary Pay** savings target £7.4m – to date £8.1m savings has been identified, the focus is now on moving savings from red into green.

- **Workforce Reshaping** savings target £8.1m – to date £1.9m has been identified. Workshops with the Clinical Boards are being undertaken to identify further opportunities for reshaping/redesign. This remains our biggest challenge to delivery in year.

- **All Wales Standards for Preceptorship and Clinical Supervision in Nursing -** In response to the Welsh Health Circular (WHC) Issued by the CNO in April 2024 a detailed project plan has been devised to support the implementation of the Standards. The People and Culture team are working with the Executive Directors of Nursing and People and Culture to undertake a detailed impact analysis for discussion at SLB.

- **Coaching -** UHB Agored Cymru accredited coaching qualification is under development. This skills based programme will expedite the expansion of the UHB coaching network, which has been compromised due to the financial costs of coaching programmes and delays in individuals achieving formal qualifications.

- **Occupational Health staffing -** there are capacity issues in Occupational Health due to vacancies and sickness which have led to increased waiting times and delayed pre-employment checks. Remedial actions are being enacted to minimise the disruption to service with the CTM collaboration providing support for the CAV staffing situation.

- **Staff Survey** - the OD and Culture team are acting on the results from the 2023 Staff Survey and preparing for the 2024 survey. The first meeting of the Staff Survey Employee Working Group took place on Monday 1 July following a call out from the Chief Executive. Approx. 25 individuals took part and further events are being planned.

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- **Welsh Language** - a task and finish group has been established in response to concerns raised by the Welsh Language Commissioner around recruitment activity. This group is looking how to identify if a Welsh speaker is required when filling a vacancy, ensuring the recruitment process itself is compliant with the Welsh Language Standards, and the provision of training for recruiting managers. A response is required by the Commissioner by 9 August 2024.

- Work is currently taking place to ensure that we are on track with the **implementation of the non-pay elements of the 2022-3 and 2023-4 pay deals.** By 31 July 2024 we are required to report to Welsh Government on those aspects which relate to implementation of new policy under this collective agreement, national tripartite collectively agreed priorities, and specific aspects of national strategic plans relevant to these policies. This work is being conducted in Partnership and will be signed off by the Local Partnership Forum prior to submission to WG.

- **Recruitment:**

    - The UHB was successful in attracting 205 newly registered nurses as part of the student streamlining programme. These nurses will join the UHB between July and December.
    - Following a recruitment event in India in partnership with the Welsh Government, 51 nurses have been appointed for Neurosciences, Emergency Unit, Peri-op and Haematology. The majority of these nurses will commence during the autumn months.
    - The use of Agency Nurses continues to reduce and in June 2024, and approximately 830 shifts were used compared to 2765 shifts in July 2023. This is a reduction of more than 65%.
    - The Staff Bank have attracted over 20 registered nurses from Agencies to join our bank following a poster recruitment campaign within the UHB.

- **Care Leavers project** - a successful bid has been awarded by HEIW to continue the work with young individuals who have been brought up in care with the aim of providing work experience and employment opportunities.

- **Line Managers capability:**
    - Over 30 new Investigating Officers have been trained, which will reduce the overall length of the disciplinary investigation process
    - Training and guidance has been developed for the role of the Chair of the Respect & Resolution process to provide clarity of the role and responsibilities and to ensure there is a pool of trained Chairs available to support formal requests for resolution.
    - 131 managers have been trained on the Managing Attendance at Work Policy since the beginning of this year, to support a culture of compassionate leadership, ensure staff are well supported and help to reduce sickness absence rates

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Quality Safety and Experience

Our primary objective is to establish a solid framework for Quality, Safety, and Experience (QSE), with a special focus on enhancing safety protocols and achieving excellence. The QSE Committee consistently reviews detailed reports that highlight key indicators and suggest directions for improvement.

Despite challenges such as increased demand and staffing constraints, we have maintained an 8O% performance rate in responding to complaints and concerns within 30 working days, with many issues being resolved within 2 working days whenever possible. However, there has been a noticeable rise in concerns regarding waiting times and procedural delays in diagnostic and outpatient services.

Since April 1, 2023, we have invoked the Duty of Candour on 145 occasions.
In the realm of infection control, the increase in cases of C. difficile and P. aeruginosa is concerning. We have reintroduced executive oversight of infection control outbreaks and rising trends to address this issue. There has been increased communication for patients and staff of the increased infection rates in our communities and hospital settings.

The number of patient safety incidents that remain unresolved for 90 days or more has decreased, thanks to the collaborative efforts of the Patient Safety team and clinical boards to ensure timely resolution of incidents. The percentage of NRI's closed on time has increased to 50% with an ongoing strategy to improve the performance.

Finance

2024/25 Financial Performance

At month 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the revised forecast year end deficit of £15.900m).

The UHB expects to recover the month 2 operational and savings overspend to deliver the £15.900m planned deficit.

Blunsdon.Louise
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Recommendation:
The Local Partnership Forum is requested to: **NOTE the contents of this report**

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
N.A
Safety: Yes/No
N.A
Financial: Yes/No
N.A
Workforce: Yes/No
N.A
Legal: Yes/No
N.A
Reputational: Yes/No
N.A
Socio Economic: Yes/No
N.A
Equality and Health: Yes/No
N.A
Decarbonisation: Yes/No
N.A

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

Digitally signed by Louise
Date: 2024.10.10 10:56:00

Cardiff and Vale
Integrated Performance Report

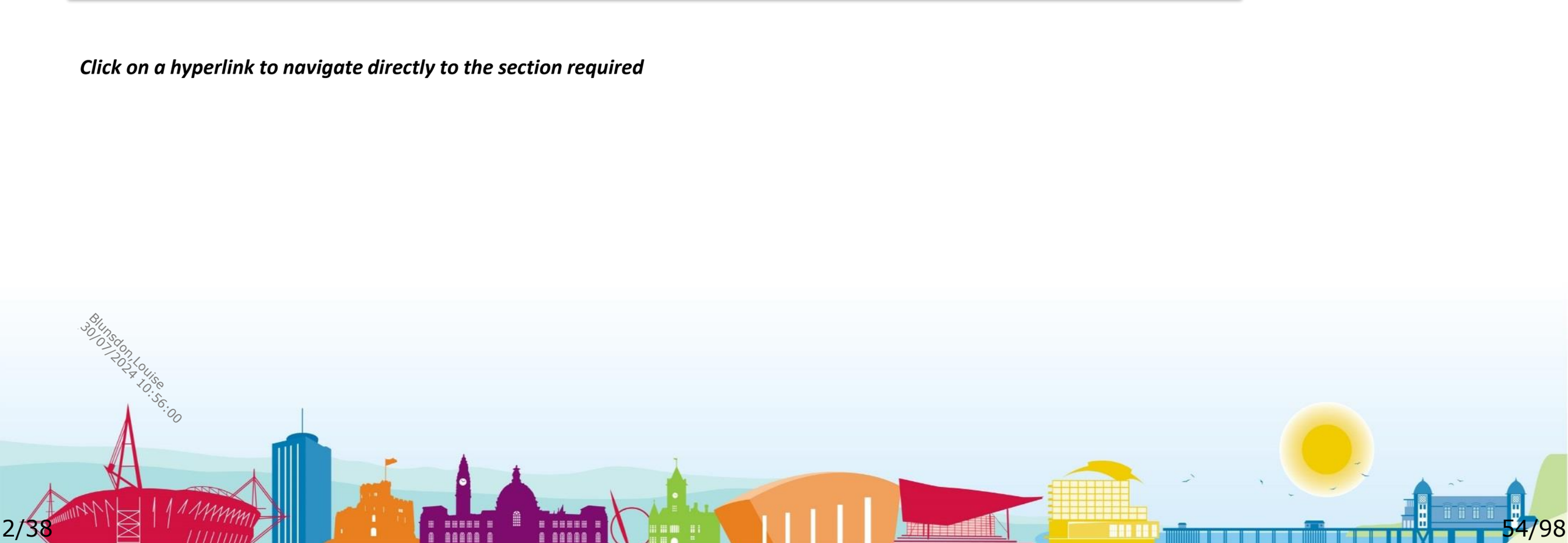
2024/25

July 2024

Blunsdon,Louise
30/07/2024 10:56:00

Report Contents

Click on a hyperlink to navigate directly to the section required



Section 1: Cabinet Secretary Priorities

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

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

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Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**Reduction against 23/24**	**Yes**	**Mar-25**	**194** June-24	Hyperlink to section
Primary and Community Care	**Measure:** General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	**100%**	**Yes**	**Mar-25**	**100%** **Apr-24**	Hyperlink to section
	Measure: General Dental Services - % of contract value fulfilled **National standard:** 30% of contract value by end Q2, 100% Q4 **Reporting period:** Monthly	**25% Q1 50%Q2 75% Q3 100% Q4**	**Yes**	**Mar-25**	**13.7%** May-24 (incomplete for Q1)	Hyperlink to section
Urgent and Emergency Care	**Measure:** Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** 20% reduction by September 2024, further 20% reduction by March 2025 **Reporting period:** Monthly	**670** **Sept-24** **532** **Mar-25**	**Yes**	**Mar-25**	**915** June-24	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour **National standard/ambition:** 30% reduction by December 2024 **Reporting period:** Monthly	**232**	**Yes**	**Dec-25**	**458** June-24	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	**Measure:** Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	**80%**	**Yes**	**Dec-24**	**14%** May-24	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	**99%**	**Yes**	**Dec-24**	**100%** May-24	Hyperlink to section

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Performance Key: **Meeting standard / trajectory** **off target/trajectory**

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**10,825** Sep-24 **9,823** Mar-25	**No**		**13,285** May-24	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** 0 by end of December 2024 **Reporting period:** Monthly	**1,989** Dec-25	**No**		**3,018** May-24	Hyperlink to section
	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 60% by end of December 2024, 70% by end of March 2025 **Reporting period:** Monthly	**70%** Dec-25	**Yes**	Dec-25	**62.1%** May-24	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition**: 95% of patients waiting less than 8 weeks by end of December 2024 **Reporting period:** Monthly	**11,908** Dec-25	**No**		**15,425** May-25	Hyperlink to section

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

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.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

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

Blunsdon Louise
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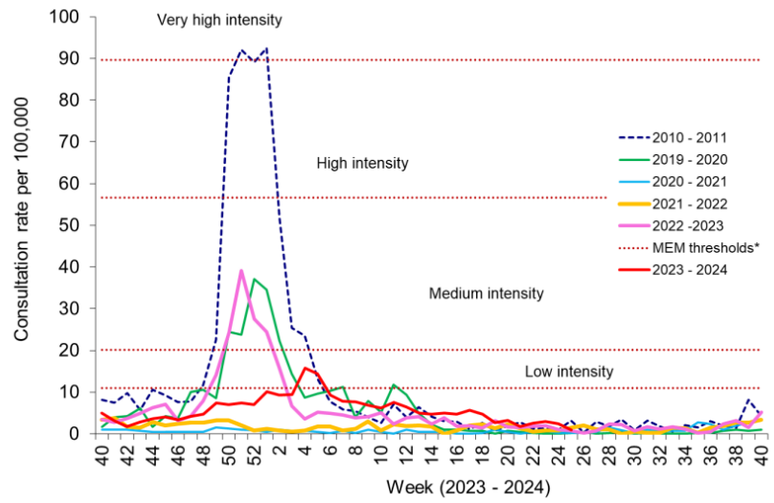
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal respiratory infections** **Immunisation** – COVID-19 and influenza • **The Covid-19 vaccine spring booster campaign** is now underway and it has delivered 33,312 vaccines since the 2nd of April when the campaign 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 vaccine coverage is therefore 61.13% which is the second highest uptake of all Health Boards and above the Welsh average of 58.48%. **Surveillance** • Influenza activity remains low, between seasonal activity • Hospital admissions for Covid-19 increased have been elevated during June compared with May though the recent trend is unclear. PCR incidence and positivity increased throughout June • Omicron sub-variant JN.1 remains the most prevalent variant in Wales • There are currently **5** Covid-19 outbreaks and **zero** incidents in hospital; and **zero** influenza incidents or outbreaks. • Since the start of April 2024, **211** bed days have been lost due to Covid-19 incidents or outbreaks, and **7** bed days have been lost due to influenza incidents or outbreaks • 16% of C&V UHB staff sickness during May 2024 was due to influenza/COVID-19/respiratory conditions • RSV activity in under 5s remains at low intensity • Whooping cough notification levels across Wales remain high overall, though confirmed cases peaked mid/end April and are now declining	Week 25	Below standard	Wales COVID-19 vaccination surveillance weekly report.pdf Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddbb0a8025866b003a51a1/$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf  Source: PHW weekly flu/ARI report

For areas of underperformance please see cover paper for details on actions being taken

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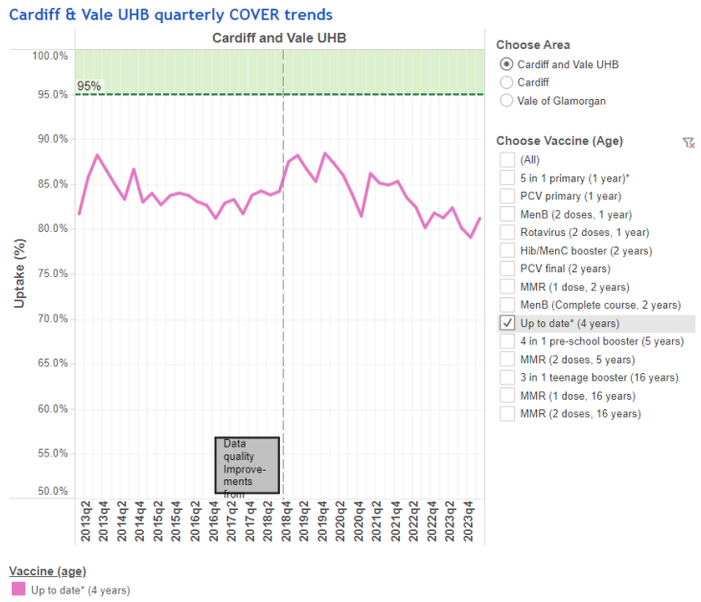
Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 81.2% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%, uptake of all childhood vaccinations at age 5 is 84.1% which is still below the Welsh average of 87.9%.	Q4 2023/24 Jan 2024-Mar 2024	Below standard	 Source quarterly COVER data
Health Protection	**Health Protection System** • The Cardiff and Vale Health Protection Plan has been fully signed off via partnership governance processes (completed April 2024) • An action plan for 2024/25 is being developed, following a partnership workshop in May 2024, to further strengthen the agreed approach. • A measles action plan has been developed for implementation within the UHB and with partner organisations	Q1 2024/25	On target	*n/a*

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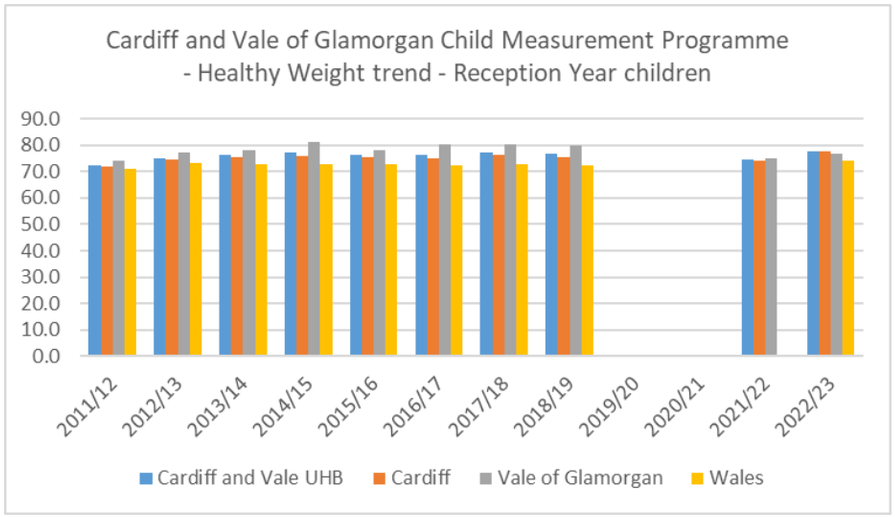
Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff and Vale have the highest proportion of healthy weight children compared to other Health Board areas based on the latest available data; however, the English average for 2022/23 was 77.5%). The healthy weight local target for 2022/23 was 75%, which we met. Data produced annually. • 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. **Weight management services** • % people with body mass index (BMI)>30 who can be treated through: o Level 2 services: 1.6% (target: 1.5%) o Level 3 services: 0.2% (target: 0.5%)	Q4 2023/24	**Healthy weight:** On standard **Weight management services:** Level 2 above standard Level 3 below standard	

For areas of underperformance please see cover paper for details on actions being taken

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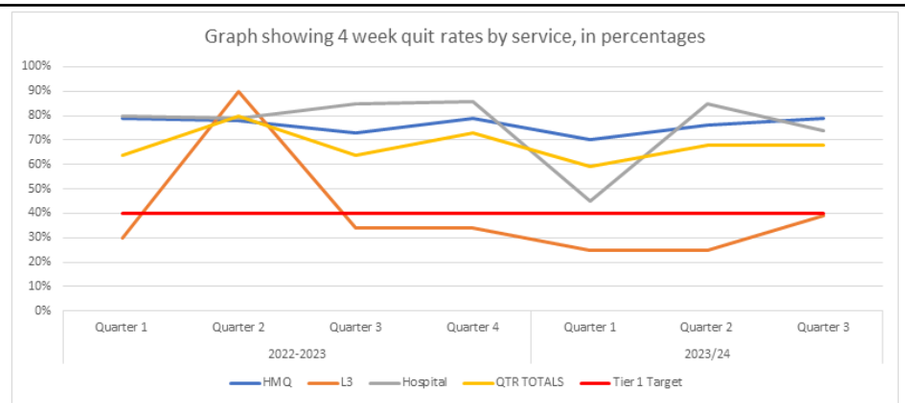
Priority	Performance Summary	Reported Period	On target?	Data

Health Improvement	**Tobacco**
	• 13% of Cardiff and Vale of Glamorgan smoke.
	• NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually.
	• In Quarter 4 23/24 (the most up to date data received) 0.6 % of smokers set a firm quit date. This is below target. 70 % of these quit smoking at 4 weeks, which is above target (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . This breaks down by service as follows:
	  • HMQ community – 78% of Treated Smokers had quit smoking at 4 weeks.
	  • Level 3 Pharmacy –53% of Treated Smokers had quit smoking at 4 weeks.
	  • Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks.
		Quarter 4 2023/24	Smokers setting quit date:
			
			Below target for percentage of adult smokers who make a quit attempt
			
			Meeting or exceeding target for 4 week quits
				

For areas of underperformance please see cover paper for details on actions being taken

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Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 April 23 2023 to 31 March 2024	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.6% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					0.6%	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.***	1 April 23 2023 to 31 March 2024	40%	70% Exceeding standard	**Q1**	**Q2**	**Q3**	**Q4**
					59%	68%	68%	70%
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						

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	2023/24	100%	96.51% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					86%	85.7%	93%	96.51 %
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2023/24	100%	36% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					49%	49%	50%	36%

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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			
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 January 2024 to 31 March 2024	95%	84.1% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					84.1	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)*	1 January 2023 to 30 June 2023	90%	74.4% Below standard	**Q1**	**Q2**	**Q3**	**Q4**
					74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)*	1 September 2023 to 31 March 2024	75%	72.8% Below standard	**01/03/24**	**26/03/24**	**27/12/23**	**16/02/24**
					72.8%	72.8%	70.9%	72.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible *Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)*	1 April 2024 to 30 June 2024	75%	61.13% Below standard	**25/04/24**	**04/06/24**	**27/06/24**	
					20.8%	51.7%	61.1%	

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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	Jun 2024	1.5%	1.6% Above standard				
n/a	% of people with BMI > 30 that can be treated through Level 3 Weight Management Services	Jun 2024	0.5%	0.2% Below standard				

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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	Apr-24	90%	**14.7%** Below standard	Jan-24: 22.50%; Feb-24: 25.20%; Mar-24: 31.10%; Apr-24: 14.70%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-24	90%	**96.4%** Above standard	Dec-23: 91.20%; Jan-24: 94.50%; Feb-24: 97.70%; Mar-24: 96.40%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	May-24	95%	**96.1%** Above standard	Feb-24: 95.90%; Mar-24: 96.10%; Apr-24: 96.20%; May-24: 96.10%

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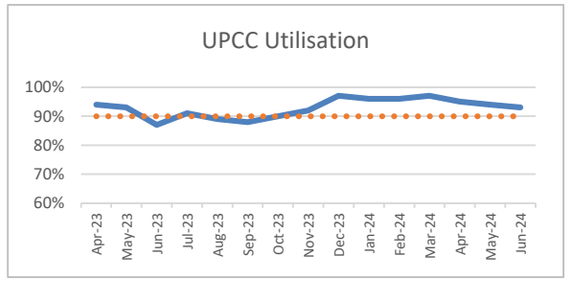
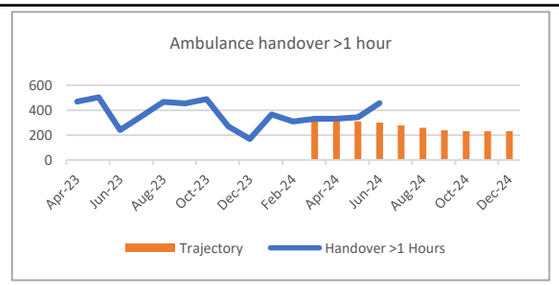
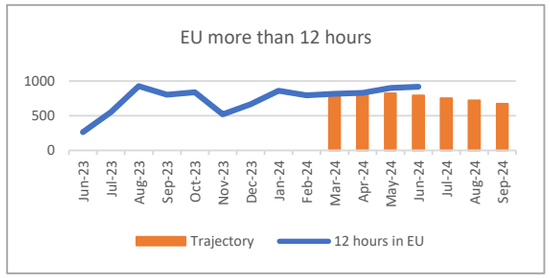
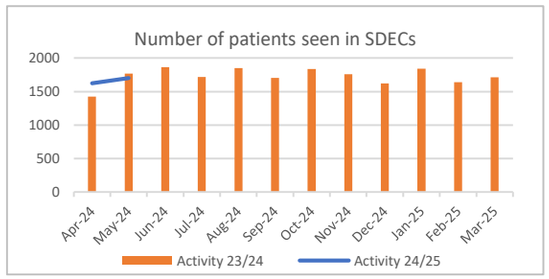
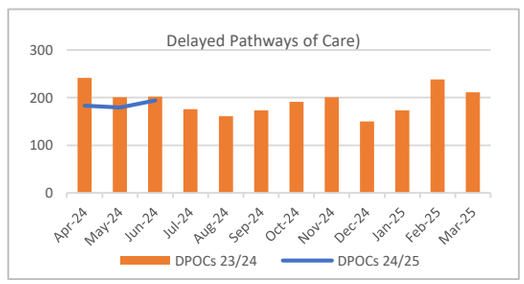
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In June utilisation was 93% and remains above our commitment **Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4** Q1 to date 160 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024 **Community visits – 95% of face-to-face visits within 8 hours** Q1 to date 96% compliance with 8-hour standard	Jun-24 May-24	94% utilisation Above standard To date 160 accepted referrals Below standard 96% Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December** In June we reported 30 2-hour ambulance delays, above our ambition of 0 In June we reported 458 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In June we reported lost minutes per arrival had increased to 24 **ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)** In June we reported an increase in patients waiting 12-hours in EU compared to May. This equates to 92.3% of attendances waiting less than 12-hours and below our ambition for Q1 **SDEC units – Increase attendances compared to the same period 23/24** In May we reported an increase in activity compared to April, however this is slightly below our May 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase in June	Jun-24 Jun-24 May-24	30 2-hour delays Above standard 458 1-hour delays Above standard 24 minutes lost/arrival Above standard 92.3% patients <12h Below standard 1700 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end off June 29.4% of patients in acute beds had a LOS of >7 days, 55.2% >21 days – reduced from April's snapshot but above out ambition **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24** In April 2024 the number of POCDs was 179 – this is below the number of delays reported in April 2023 in line with our ambition	May-24 Jun-24	29.4% >7d Above standard 55.2% >21d Above standard 194 Below standard	

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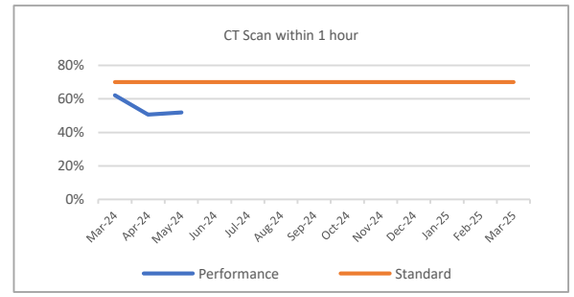
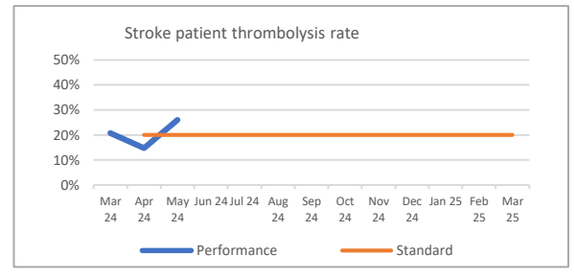
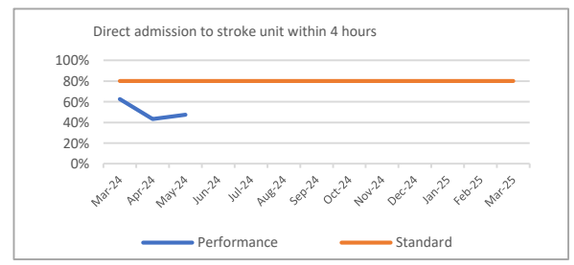
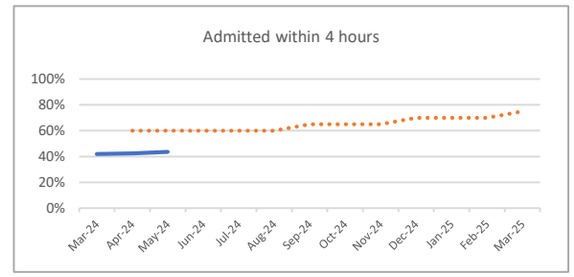
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In May 52.0% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 20% thrombolysis rate** In May 26.0% of stroke patients were thrombolysed, an improvement from April and in excess of our ambition **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In May 47.5% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service is being presented this month which will allow more sustainable improvements to be embedded Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B.	May-24	52.0% CT Below standard 26.0% Thrombolysis Above standard 47.5% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In May 30.2% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.3%.	May-24	43.5% (Annualised) Below standard	

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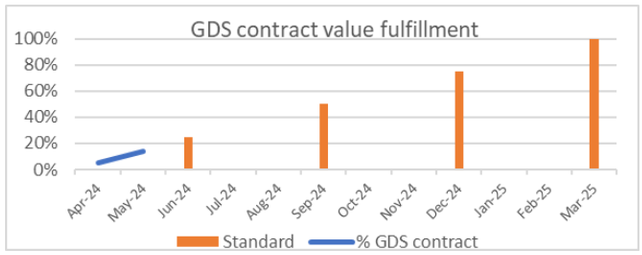
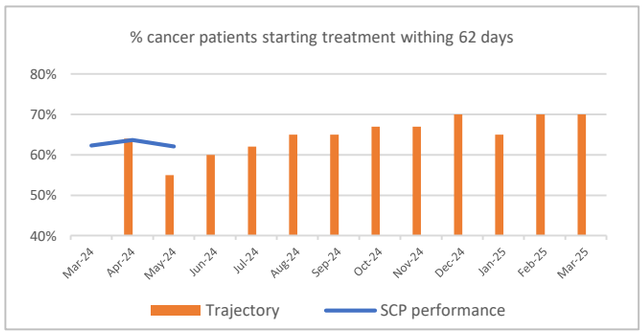
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In April 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of May 13.7% of the contract value had been delivered. Q1 data will be available next month **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In May 99% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Apr-24 May-24	100% Meeting standard 13.7% Below standard (end Q1) 99% Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory** In May 62.1% of patients received their first definitive treatment within 62 days. This was above our trajectory but we are still forecasting a drop in compliance with the SCP, due to pathology delays experienced through March, but aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.	May-24	62.1% Below standard	

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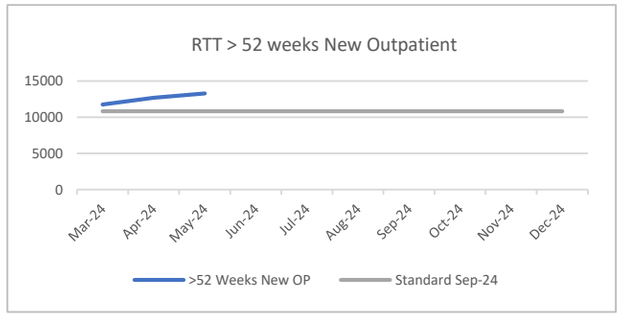
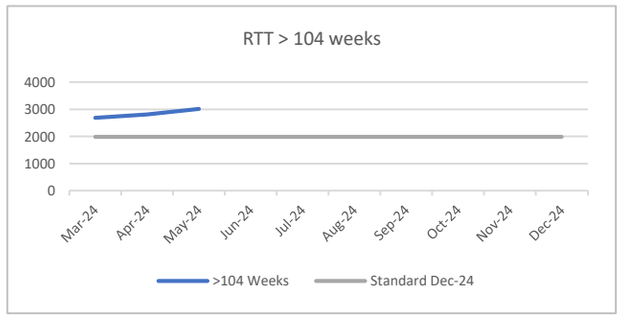
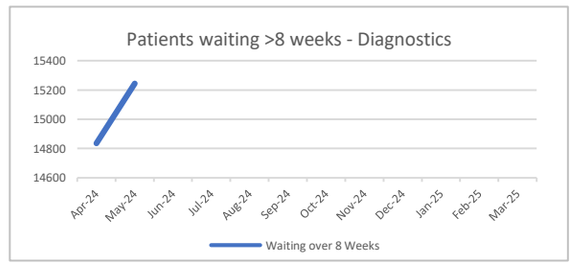
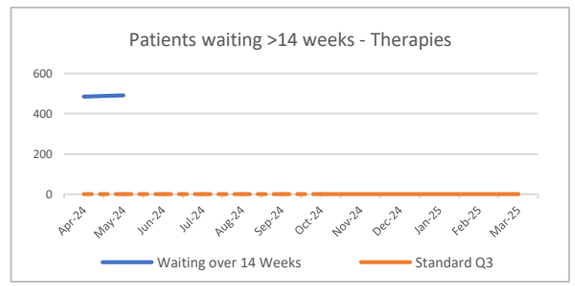
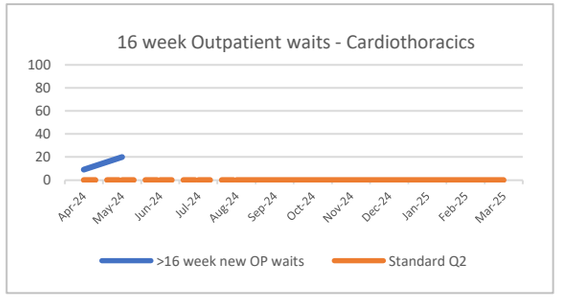
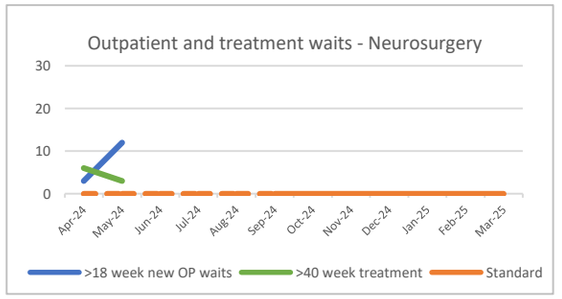
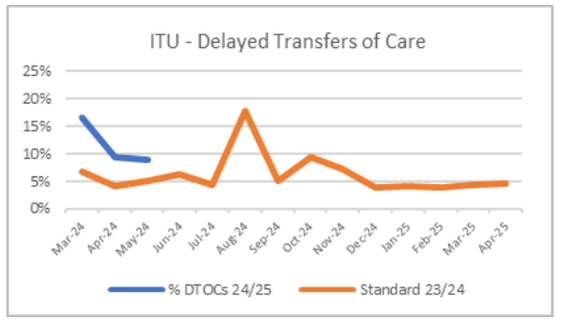
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In May there were 13,285 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In May there were 3,018 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition. We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work	May-24	13,285 patients Above standard 3,018 patients Above standard	 
Diagnostics and Therapies Blunsdon, Louise 30/07/2024 10:56:00	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In May 15,245 patients were waiting over 8 weeks for a specified diagnostic, an increase from April and Welsh Government's ambition. A diagnostic update was brought to the most recent Board development session. **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In May 491 patients were waiting over 14 weeks for therapies, a small increase from April and above our commitment for Q3.	May-24	15,245 patients Diagnostics Above standard 491 patients Therapies Above standard (Q3)	 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	**Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2** In May there were 20 patients waiting over 16 weeks for a new outpatient appointment and 10 patients waiting over 52 weeks for surgery **Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4** In May there were 12 patients waiting over 18 weeks for a new outpatient appointment and 3 patients waiting over 40 weeks for surgery	May-24	20 Patients Above standard (Q2) 12 patients Outpatients Above standard (Q3) 3 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** May saw another reduction in ITU DTOCs compared to March and April. However, this remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.	May-24	8.9% Above standard	

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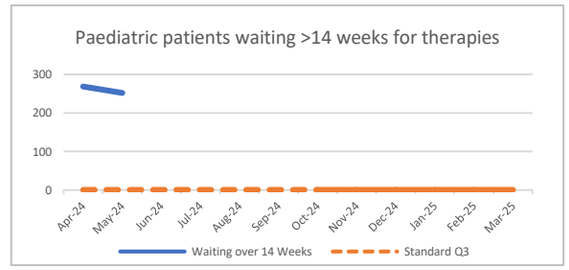
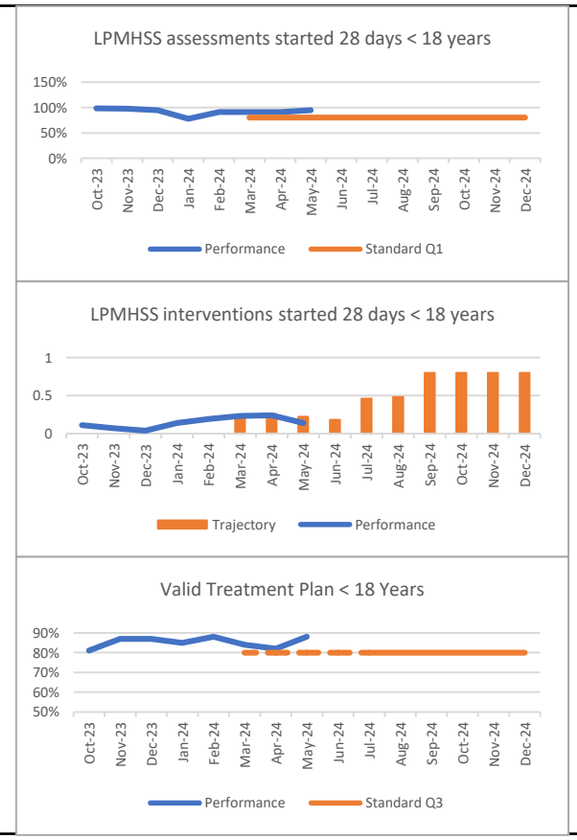
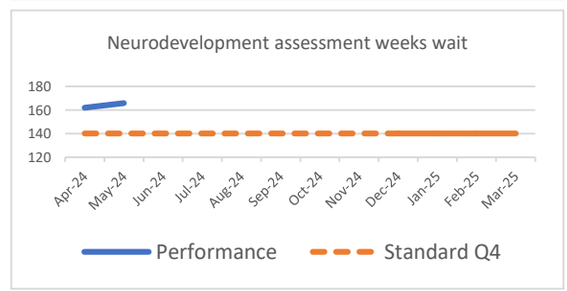
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In May there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In May there were 252 paediatric patients waiting over 14 weeks for Therapies (123 in Dietetics and 129 in Occupational Therapy)	May-24	0 Meeting standard 252 Above standard (Q3)	
Emotional Health and Wellbeing	**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 under 18s – 80% compliance with the Standard of <28 days in Q1** In May 95% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In May 14% of interventions were started within 28 days, this is below the standard for Q3 but in line with our improvement trajectory **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 88% of patients had a valid Care and Treatment Plan, above our ambition	May-24	95% Part 1a Above standard 14% Part 1b Below standard 88% Part 2 Above standard	
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In May the longest wait for a neurodevelopment assessment was 166 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	May-24	166 Above standard (Q4)	

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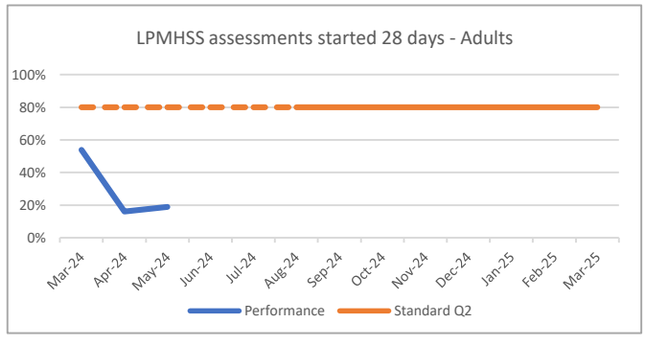
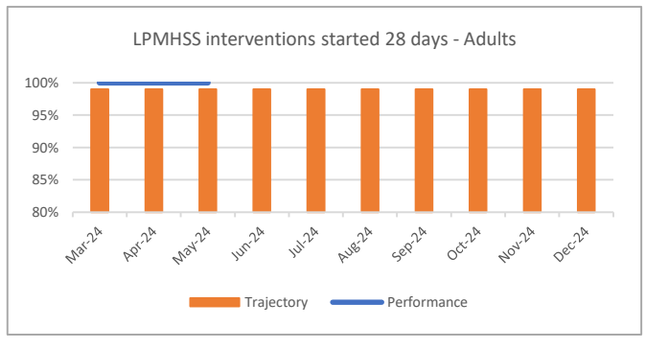
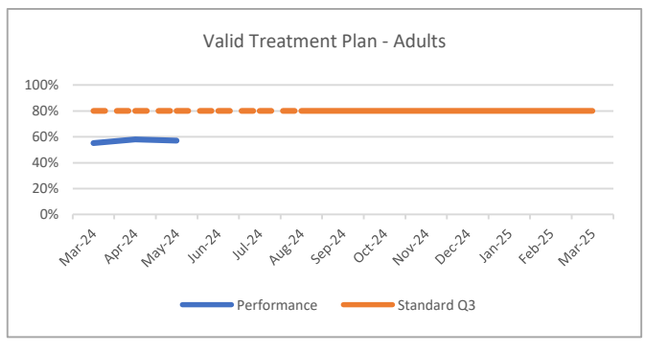
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In May 19% of patients received their assessment within 28 days – this is in line with our forecast position but below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.	May-24	19% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1** In May 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	May-24	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In May 57% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liason Committee to support longer term improvements in compliance	May-24	57% Part 2 Below standard (Q3)	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	**98.2%** Below standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Apr-24	Improvement compared to the same month in the previous year	**47.5%** Above standard	Jan-24: 45.20%; Feb-24: 46.10%; Mar-24: 46.90%; Apr-24: 47.50%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-May 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**13.7%** Below standard	Apr-24: 4.90%; May-24: 13.70%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-24	Increase compared to the same month in the previous year	**1,628** Above standard	Jan-24: 1452; Feb-24: 1724; Mar-24: 1649; Apr-24: 1628
15.	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 people aged under 18 years	May-24	80%	**95%** Above standard	Feb-24: 91%; Mar-24: 91%; Apr-24: 91%; May-24: 95%
16.	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	May-24	80%	**14%** Below standard	Feb-24: 19%; Mar-24: 23%; Apr-24: 24%; May-24: 14%
17.	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 adults aged 18 years and over	May-24	80%	**19.0%** Below standard	Feb-24: 91.0%; Mar-24: 53.9%; Apr-24: 16.1%; May-24: 19.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	May-24	80%	**100%** Above standard	Feb-24: 100.0%; Mar-24: 100.0%; Apr-24: 100.0%; May-24: 100.0%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-24	65%	**48%** Below standard	Mar-24: 54%; Apr-24: 51%; May-24: 52%; Jun-24: 48%
20.	Median emergency response time to amber calls	May-24	12 month reduction trend	**01:19:27** Above standard	Feb-24: 01:17:05; Mar-24: 01:14:44; Apr-24: 01:07:22; May-24: 01:19:27

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Apr-24	15 minutes or less	**20** Above standard	Jan-24: 20; Feb-24: 21; Mar-24: 20; Apr-24: 20
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Apr-24	60 minutes or less	**64** Above standard	Jan-24: 53; Feb-24: 61; Mar-24: 63; Apr-24: 64
23.	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	Jun-24	Improvement compared to the same month in the previous year, towards the national target of 95%	**62.8%** Below standard	Mar-24: 64.5%; Apr-24: 64.7%; May-24: 63.7%; Jun-24: 62.8%
24.	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	Jun-24	Reduction compared to the same month in the previous year, towards the national target of zero	**915** Above standard	Mar-24: 814; Apr-24: 829; May-24: 898; Jun-24: 915
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-24	12 month improvement trend towards a national target of 80% by 31 March 2026	**63.7%** Below standard	Jan-24: 64.4%; Feb-24: 60.8%; Mar-24: 62.3%; Apr-24: 63.7%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-24	0	**15,245** Above standard	Feb-24: 13908; Mar-24: 14454; Apr-24: 14835; May-24: 15245
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-24	100%	**81.45%** Below standard	Jan-24: 79.74%; Feb-24: 77.94%; Mar-24: 77.99%; Apr-24: 81.45%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-24	0	**491** Above standard	Feb-24: 1405; Mar-24: 1337; Apr-24: 485; May-24: 491
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	May-24	0	**50** Above standard	Feb-24: 206; Mar-24: 0; Apr-24: 13; May-24: 50

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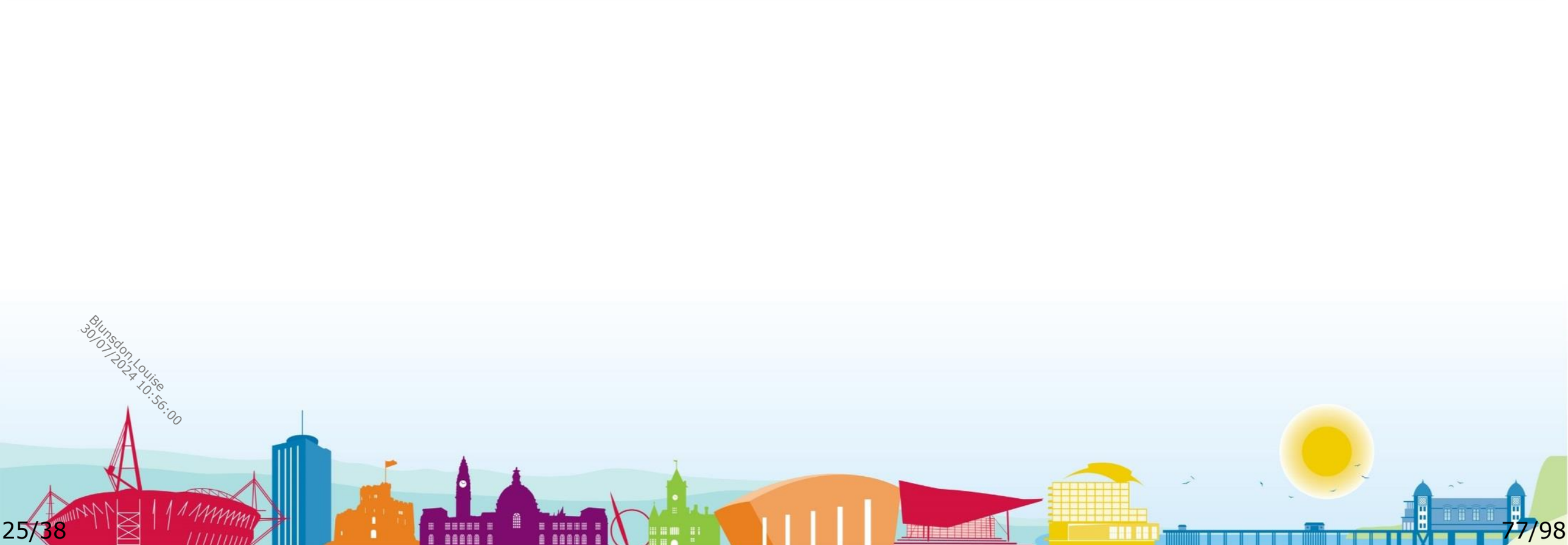
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	May-24	0	**13,285** Above standard	Feb-24: 12310; Mar-24: 11759; Apr-24: 12695; May-24: 13285
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-24	Reduction compared to the same month in the previous year	**26,338** Below standard	Jan-24: 32644; Feb-24: 29685; Mar-24: 28020; Apr-24: 26338
32.	Number of patients waiting more than 104 weeks for referral to treatment	May-24	0	**3,018** Above standard	Feb-24: 3764; Mar-24: 2681; Apr-24: 2816; May-24: 3018
33.	Number of patients waiting more than 52 weeks for referral to treatment	May-24	Month on month reduction towards the national target of zero by 30 June 2025	**33,241** Above standard	Feb-24: 30757; Mar-24: 31124; Apr-24: 32436; May-24: 33241
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Apr-24	80%	**20%** Below standard	Jan-24: 22%; Feb-24: 22%; Mar-24: 19%; Apr-24: 20%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-24	80%	**62%** Below standard	Jan-24: 62%; Feb-24: 63%; Mar-24: 56%; Apr-24: 62%



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	Apr-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%	9.7%	
	% 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%	12.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	72%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	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	17.1	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	77%	73%	86%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	79%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	296	
	% 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	149805	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	38	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	145	
	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%	56.8%	
	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%	32.0%	

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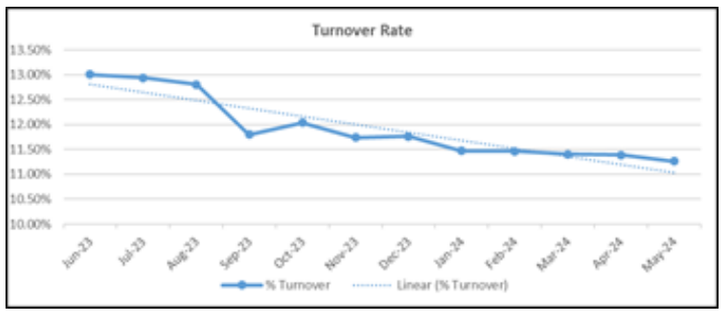
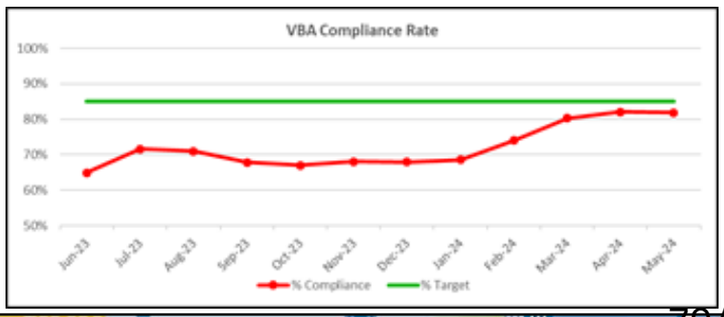
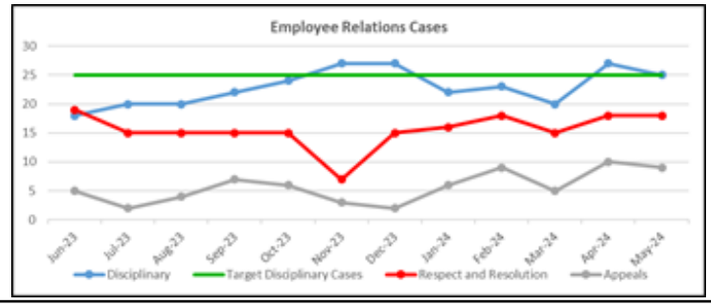
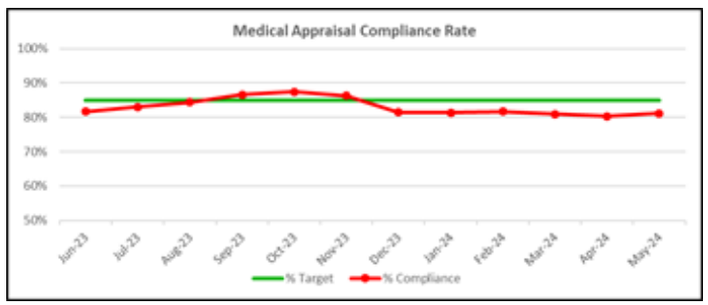
Priority	Performance Summary	Reported Period	Performance against standard	Data
Turnover	The overall trend is downwards since Jun-23; the rates have fallen from 13.00% at Jun-23 to 11.26% in May-24 UHB wide. This is a net 1.74% decrease, which represents 249 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Work Life Balance', 'Voluntary Resignation - To undertake further education or training', 'Voluntary Resignation – Relocation'. 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Other/Not Known.	May-24		
Sickness Absence	Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for May-24 was 5.16%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.21% (by comparison with May-23, which was 6.84%).	May-24		
Statutory and Mandatory Training	The overall compliance rates rose for May-24 to 83.61%, 1.39% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, Children & Women's and PCIC are above the 85% target, and Corporate Executives, Mental Health and Specialist Services are above 80% compliance. The compliance with Fire training was 73.41% for May-23. All Wales Genomics Service have reached 86.57%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.	May-24		 
Values Based Appraisal	VBA compliance fell marginally during May-24 to 81.85%. All Wales Genomics Service, Capital, Estates & Facilities and Children & Women's have exceeded the 85% target. PCIC, Surgical Services, Medicine and Corporate are over 80%.	May-24		

Bingham, Louise (NWSSP) 09/08/2024 10:56:00

Priority	Performance Summary	Reported Period	Performance against standard	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 the number of disciplinary cases is at 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.	May-24		
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.12% have an agreed job plan that has been signed off within the past 12 months. A further 27.32% have an agreed job plan that was last reviewed and signed off before Jun-23.	May-24		
Medical Appraisals	The rate of compliance with Medical Appraisal has risen slightly for May-24, to 81.11%, but remains below the 85% target.	May-24		

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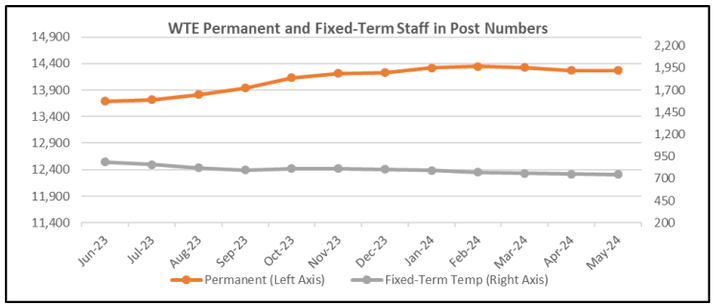
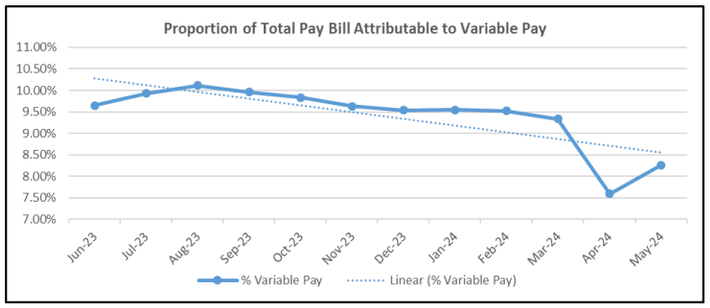
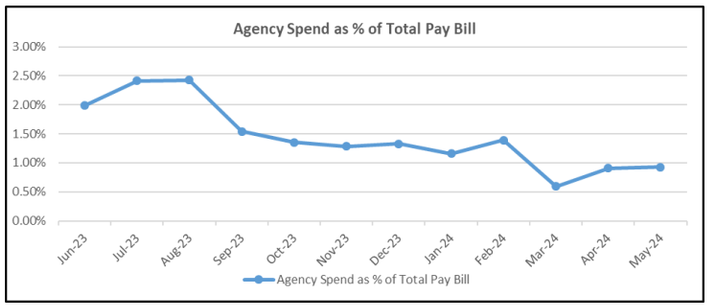
Priority	Performance Summary	Reported Period	Performance against standard	Data
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 436 WTE, to 15,013.01 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	May-24		
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 Jun-23 the percentage was 9.65% of the total spend on pay, but in May-24 had fallen to 8.26%. It must however be borne in mind that the total pay bill is increasing.	May-24		
Monthly agency spend as % of total pay bill	The proportion of the total pay bill attributed to Agency continues to fall. At Jun-23 the percentage was 1.99% of the total spend on pay, but in May-24 had fallen to 0.93%. It must however be borne in mind that the total pay bill is increasing.	May-24		

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Priority	Performance Summary	Reported Period	Performance against standard	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 61 days. The figure for Cardiff & Vale uHB for May-24 was 84 days.	May-24		
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7 days. The figure for Cardiff & Vale uHB for May-24 was 6 days.	May-24		

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	May-24	12 month reduction trend (6%)	**5.16%** Below standard	Feb-24: 6.41%; Mar-24: 5.90%; Apr-24: 5.79%; May-24: 5.16%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	May-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**11.26%** Above standard	Feb-24: 11.47%; Mar-24: 11.41%; Apr-24: 11.39%; May-24: 11.26%
38.	Agency spend as a percentage of the total pay bill	May-24	12 month reduction trend	**0.93%** Below standard	Feb-24: 1.39%; Mar-24: 0.60%; Apr-24: 0.91%; May-24: 0.93%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	May-24	85%	**81.80%** Below standard	Feb-24: 74.52%; Mar-24: 80.36%; Apr-24: 81.98%; May-24: 81.80%

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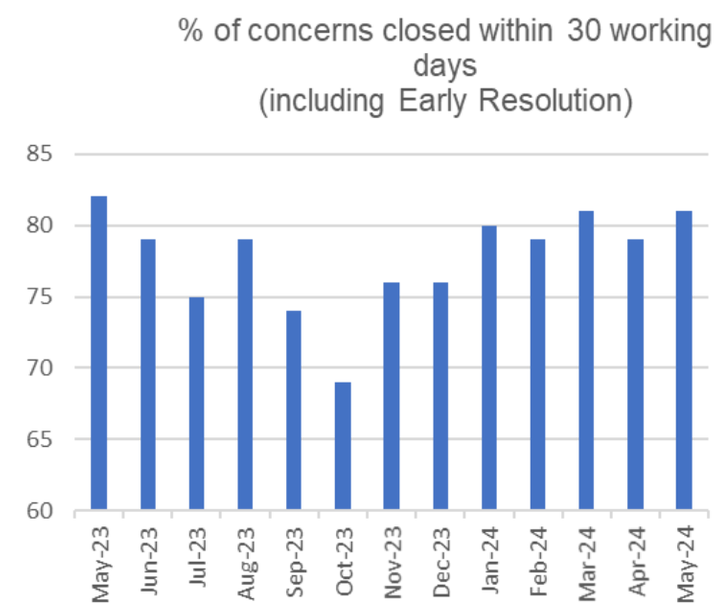
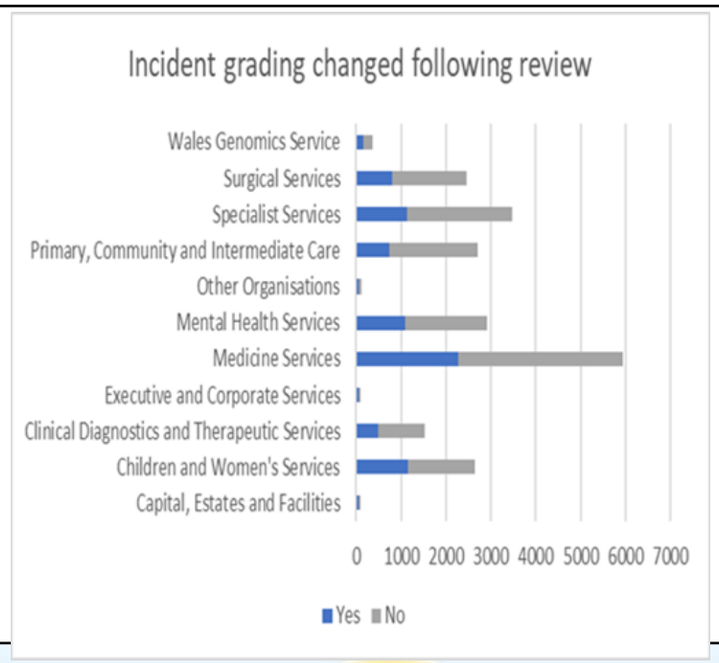
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During April and May 24, the Health Board received :** • Received 718 Concerns • Closed 723 concerns • 80% closed within 30 working days (including Early Resolution) • 33 % closed under Early Resolution (within 2 days including day of receipt) • Received 238 Enquiries • Received 54 Compliments • We currently have 287 active concerns • Top 3 themes and trends • Concerns around appointments (waiting times/cancellations) • Communication • Clinical Treatment and Assessment	April and May 2024	80% Exceeding the 75% standard	
Duty of Candour	• Since April 1st 2023, 29,259 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 145 occasions • We have internally audited the process and compliance	To end of May-24	n/a	

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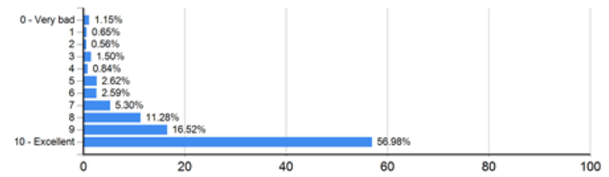
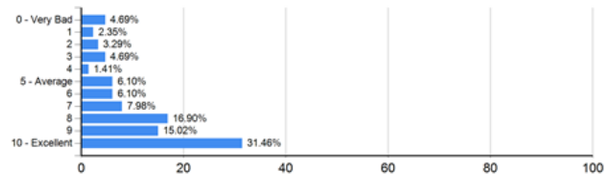
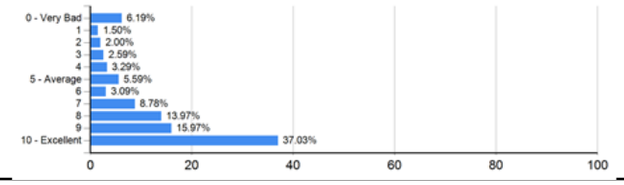
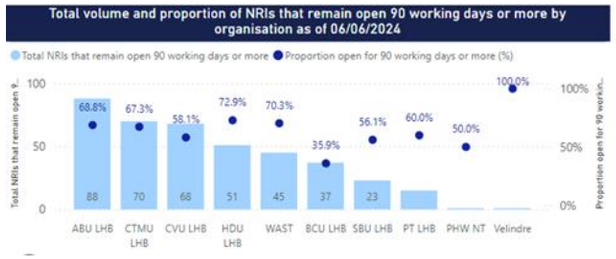
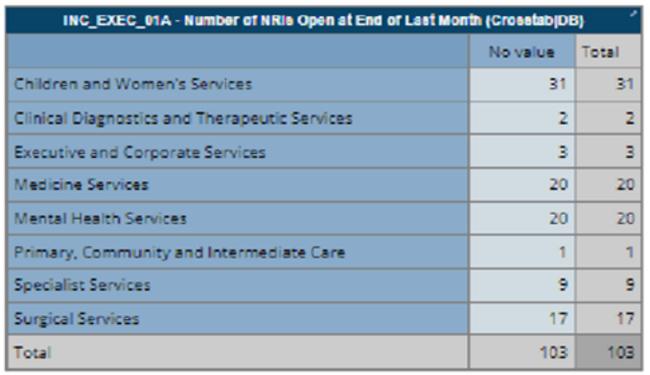
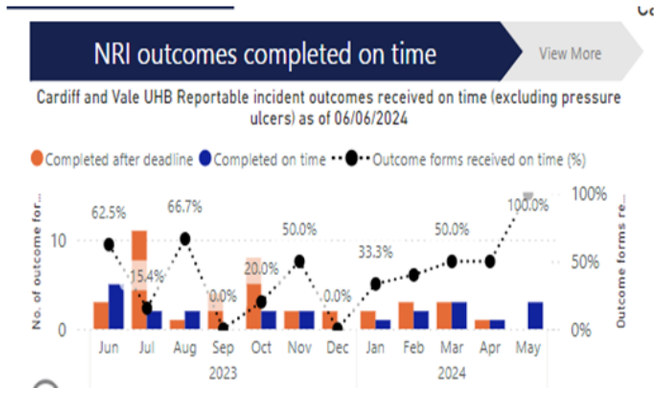
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Patient Feedback – Civica	The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. **Over the past 12 months, we have sent over 170,000 texts** and are seeing a response of 17%. In May, we sent 15,140 texts and had 2421 completions (16% response). Of those respondents who were discharged during April/May 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.	Mar/Apr-24 (Random) Mar/Apr-24 (MH) Mar/Apr-24 (EU))		  
Patient Safety	Cardiff and Vale reported 7 NRIs to NHS Executive in May 2024 (by incident date). 13 closure forms were submitted to NHS Executive leaving us with 103 open NRIs (92 open in April) and 46 overdue (45 in April). Children and Women have the highest number of open NRIs due to the MBRRACE NRI reporting requirement, followed by Medicine and Mental Health Clinical Boards see chart opposite). Medicine and Mental Health also have the highest number of overdue NRIs. See top chart opposite for a break down of overdue NRIs per Clinical Board. The chart below shows that on average, 50% of C&V NRIs closures are completed on time.  The above shows how Cardiff is positioned against other Health Boards for length of time NRIs remain open (more than 90 working days)			 

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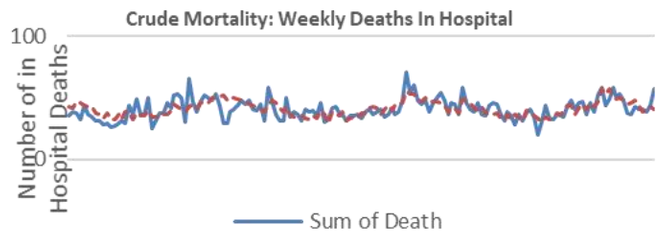
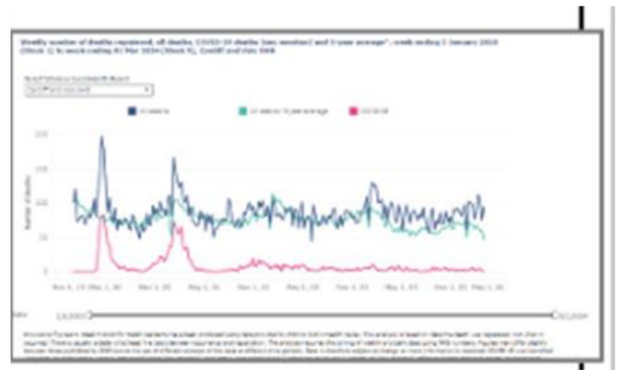
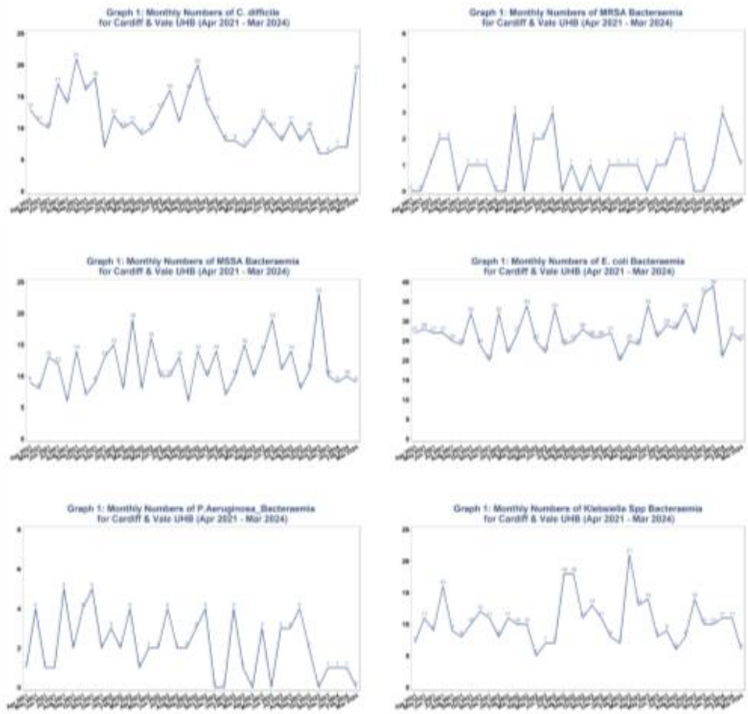
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period. 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths. All Cause Mortality Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death. 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	Mar-20 to Mar-24		 
Infection Control	• 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.	Apr-24		

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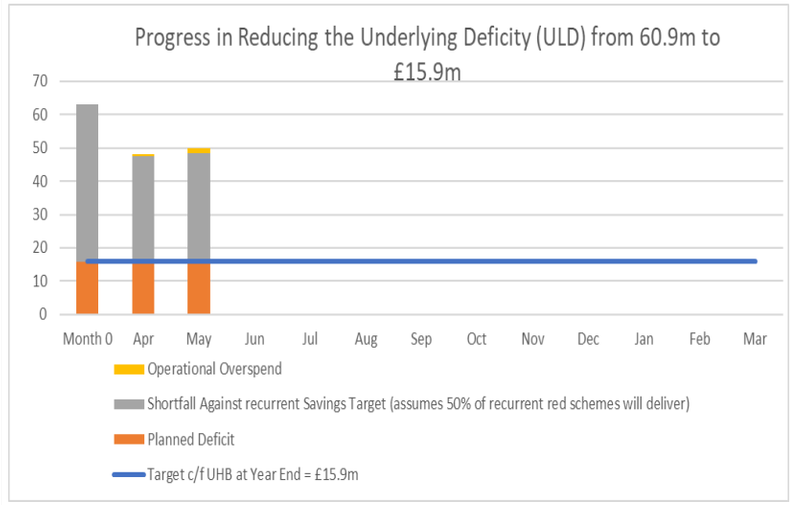
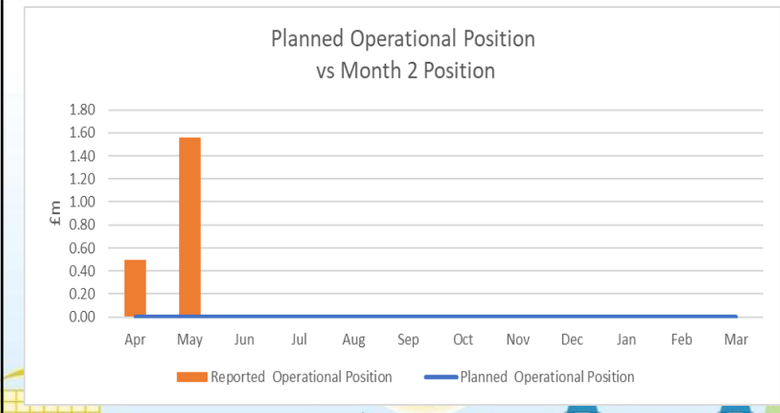
	Priority	Performance Summary	Reported Period	Data
Financial Performance	**Deliver 2024/25 Draft Financial Plan**	**Financial Plan Approved by Board and submitted to Welsh Government** • Brought forward underlying deficit of £60.9m • 2024/25 Demand and cost growth and unavoidable investments of £45.4m • 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 This results in a 2024-25 planning deficit of £15.9m. At month 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the planned forecast year end deficit of £15.900m). The UHB expects to recover the month 2 operational & savings overspend to deliver the £15.900m planned deficit.	May. 24	See table below
	Achieve financial sustainability and recurrent financial balance by the end of 2025/26	The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25. At month 2, the UHB had identified £12.257m of recurrent green and amber savings In addition, it is assumed that 50% of the £5.134m of recurrent red schemes identified at month 2 will be delivered in year. and A £1.557m operational overspend was reported at month 2 and this will also need to be managed to a balanced position at year end to meet the target ULD. In summary, a further £32.376m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.	May. 24	
	Management of operational budget pressures	The UHB reported a £1.557m operational overspend at month 2, which is a deterioration of £1.060m from the £0.497m reported at month 1.	May 24	

	Month 2 Position £m	Forecast Year-End Position £m
Planned deficit	2.650	15.900
Savings Programme	4.614	0.000
Operational position (Surplus) / Deficit	1.557	0.000
Financial Position £m (Surplus) / Deficit £m	**8.821**	**15.900**

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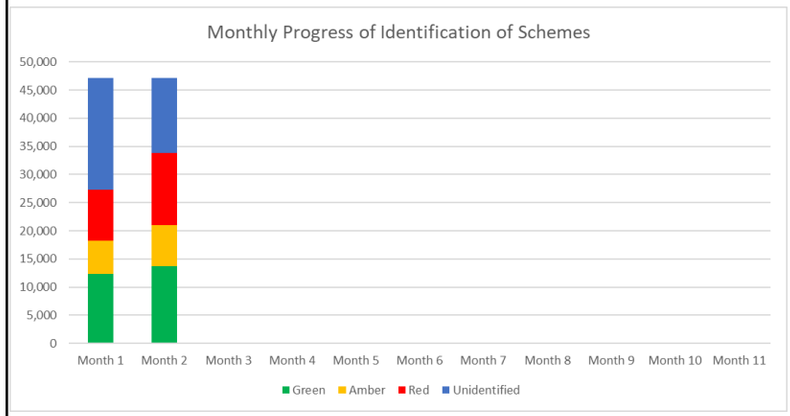
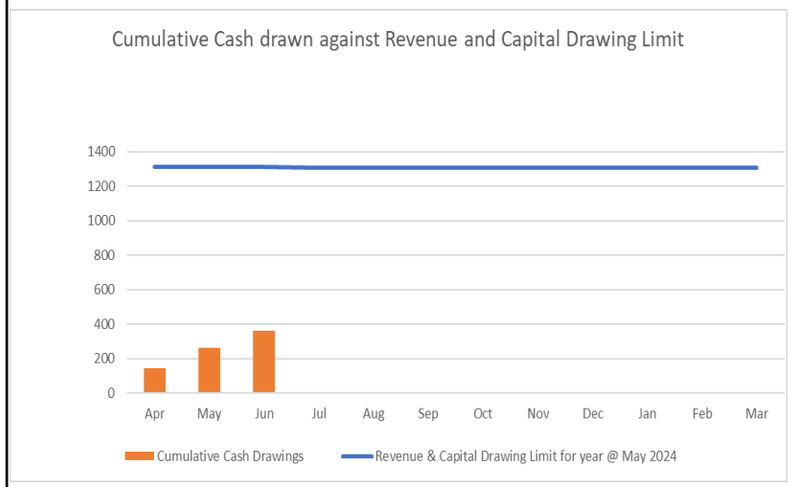
	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£20.989m Green and Amber schemes identified at month 2 of which £12.257m were recurrent.	May 24	**Progress in Identification of Savings Schemes** 
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.	June 24	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	12 month improvement trend	**70%** Above standard	Jan-23: 59% | Feb-23: 56% | Mar-23: 44% | Apr-23: 70%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-24	90%	**0.7%** Below standard	Dec-23: 30.60% | Jan-24: 11.40% | Feb-24: 4.80% | Mar-24: 0.70%
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	**16.1%** Below standard	Jan-24: 17.00% | Feb-24: 15.30% | Mar-24: 15.00% | Apr-24: 16.10%
43.	Number of Pathways of Care delayed discharges	May-24	12 month reduction trend	**179** Above standard	Feb-24: 238 | Mar-24: 211 | Apr-24: 183 | May-24: 179
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	Apr-24	90%	**81.7%** Below standard	Jan-24: 85.3% | Feb-24: 88.0% | Mar-24: 83.6% | Apr-24: 81.7%
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	Apr-24	90%	**61.2%** Below standard	Jan-24: 54.4% | Feb-24: 54.0% | Mar-24: 55.2% | Apr-24: 61.2%
46.	Number of service user feedback experience responses completed and recorded on CIVICA	May-24	Month on month improvement	↑ **4681**	In May 2,000 more sms texts were sent and we send over 15,000 per month

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Apr-24	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**14** **2** Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E.coli* and; *S.aureus* (MRSA and MSSA)	Apr-24	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**69.79 cases per 100,000 population** **36.1 cases per 100,000 population** Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Apr-24	25 cases per 100,000 population	**52.94 cases per 100,000 population** Above standard	On trajectory to achieve the reduction expectation rate
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Apr-24	Reduction compared to the same month in the previous year	**30%** On standard	Ap-23: 30.90%; Apr-24: 30.00%
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	12 month improvement trend towards national target of 95%	**56.23%** Below standard	Nov-23: 55.21%; Dec-23: 55.50%; Feb-24: 56.26%; Feb-24: 56.23%
52	Number of ambulance patient handovers over one hour	Jun-24	0	**1728** Over standard	Mar-24: 1797; Apr-24: 1704; May-24: 1705; Jun-24: 1728
53.	Percentage of ambulance patient handovers within 15 minutes	May-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**16.25%** Below standard	Feb-24: 17.41%; Mar-24: 16.53%; Apr-24: 15.90%; May-24: 16.25%
54.	Number of National Reportable incidents that remain open 90 days or more	May-24	12 month reduction trend	↓ **5,649**	Second month reporting a reduction in this figure (March figure was 5,869, April 5,695 – 4% reduction since March).

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MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 5 JUNE 2024 VIA MICROSOFT TEAMS

Present:

Peter Hewin	UNISON/BAOT Representative (Co-Chair)
Rachel Pressley	Head of People Assurance and Experience (Co-Chair)
Mathew Thomas	Trade Union Representative - Education and Training
Janice Aspinall	Trade Union Representative – Health and Safety
Roisin Kirby	Trade Union Representative – Employee Relations
Rebecca Corbin	ECOD Manager
Helen Palmer	People Assurance and Experience Advisor (minutes)
Jonathan Strachan-Taylor	Trade Union Representative - Corporate
Rachel Flay	People Services Manager
Katrina Griffiths	Associate Director of People and Culture
Leanne Morris	Head of People Services
Andrew Partridge	Corporate Archivist & Records Management Manager

In attendance:

Lucy Smith	Deputy Head of People Services
Procopio Gauci	Trade Union Representative

EPSG 24/008 WELCOME AND INTRODUCTIONS

Rachel Pressley (RP) welcomed the group and welcomed Andrew Partridge, Corporate Archivist & Records Management Manager who was attending his first meeting.

EPSG 24/009 APOLOGIES OF ABSENCE

Apologies for absence were received from Bryony Donegan, Dawn Ward, Rhian Wright, Ceri Dolan, Mike Jones, Nicola Bevan.

EPSG 24/010 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 22 November 2023 and notes of the 27 March 2024. RP commented that the March meeting had not been quorate therefore no decisions could be made, the meeting was therefore used to exchange information.

EPSG 24/011 ACTION LOG

The Group noted the Action log. All actions had been completed. Peter Hewin (PH) referred to the Rostering Procedure and asked for confirmation of the wording that was used. RP agreed to email this out to the group.

ACTION: Rachel Pressley

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Procopio Gauci (PG) referred to Page 2 EPSG 24/0005 of the notes and to the QR code for the Health Passport not working. PG advised that they were aware of this and they are working on correcting it. When updated and new QR has been received it will be forwarded to Lucy Smith.

EPSG 24/012 TERMS OF REFERENCE

Rachel Pressley (RP) presented the Terms of Reference. These had been reviewed by Rachel Pressley, Dawn Ward, Peter Hewin and Helen Palmer and shared with relevant parties for comment. These could not be approved by EPSG and would therefore go to Local Partnership Group (LPF) for approval. Changes to the Terms of reference were as follows:

- Purpose and Principles strengthened
- Reference made to noting All Wales Policies and consideration of implementation issues
- Membership increased for both Management and Staff Representatives from 7 seats each to 8 seats each
- Staff Rep membership has been approached differently concentrating on specific areas e.g. Equality and Inclusion, Education and Training, Employee Relations etc.
- Reporting to People and Culture Committee, with an annual paper confirming activity undertaken

PH requested that the TU member for 'Corporate/ Staff Side Secretary' should be changed to 'Corporate' only as this this could be anyone who was elected into that seat.
ACTION: Rachel Pressley

The EPSG **AGREED** the Terms of Reference, these will now go to LPF to be approved.

EPSG 24/013 MATERNITY RISK ASSESSMENT AND BREAST-FEEDING PROCEDURE

Helen Palmer (HP) presented the Maternity Risk Assessment and Breast-Feeding Procedure. This had been worked on in partnership with Janice Aspinall. The changes to this procedure were as follows:

- The Maternity Risk Assessment Procedure and Breast-Feeding Guidelines have been combined into one document
- More emphasis made to Health and Wellbeing of employee and their baby
- Clarification on the Risk Assessment form that needs to be completed and hyperlinks added to Health and Safety SharePoint page
- Where to go for more help section updated

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The group discussed risk assessments, noting that these should only be carried out by staff/managers who have received the training. It was suggested that a paragraph be added under Managers Responsibilities on what to do in practice if the manager hasn't done the

risk assessment training, making sure there is support there to ensure the risk assessment takes place and that it is done correctly. If training has not taken place, either a more senior manager who has done the training should be involved, or as a last resort support sought from Health and Safety. Janice Aspinall confirmed that there was a half day training session on carrying out Risk Assessments.
ACTION: Helen Palmer

MT asked if boxes can be added to procedure with reference to Training and Education. RP advised that the template cannot be amended, this would need to be agreed by Corporate Governance, however we can ensure training and resources is added as an appendix so that information is in the procedure.
ACTION: Helen Palmer

Section 3.3, Page 9 – Managers must arrange for employees who are breast feeding to have a private, healthy and safe environment to express and store milk. It is not suitable to use toilets for this purpose. MT asked for clarification to be made that if an office is used it needs to be appropriate. Katrina Griffiths (KG) commented that more work and education was needed on this subject and suggested that some guidance be drawn up separately and that she was happy to work with MT on this and link in with the Estates team.
ACTION: Katrina Griffiths

MT referred to the appendix 1 - where to go for more help and suggested Trade Unions be added for support.
ACTION: Helen Palmer

PH referred to the referencing of training and education in procedures and suggested having a future agenda item to discuss this with Andrew Partridge.
ACTION: Helen Palmer

Roisin Kirby (RK) suggested strengthening the third paragraph on page 9 under 3.3. Risk Assessment for Employees who are breastfeeding by saying the Line Manager must instead of should.
ACTION: Helen Palmer

It was agreed that HP and JA would make the amendments and send to PH and RP for them to confirm that the agreed changes had been made prior to publication.
ACTION: Helen Palmer and Janice Aspinall

The EPSG **APPROVED** the Maternity Risk Assessment and Breast-feeding Procedure subject to the amendments agreed.

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EPSG 24/014 SUPPORTING CARERS GUIDELINES

Lucy Smith (LS) presented the Supporting Carers Guidelines. The main changes to this procedure were:

- From 6 April 2024, the entitlement to one week's unpaid leave to be taken within a 12 month rolling period, this will need to be coded and a form completed so that it is possible to assess take up of it.
- My Health Passport has been included, QR code to be amended
- Carers Support Plan, always been in place but now added at the back of the guidelines to make it easier for staff to access

LS asked for help with raising awareness of the guidelines and what support is available for carers.

The following points were discussed:

Section 2 Responsibilities paragraph 10 starting with "respond positively to flexible working requests", MT asked if the wording "and to help manage attendance" could be added to the end of this paragraph.
ACTION: Lucy Smith

Section 3 Principles, 2nd paragraph Carers Support Plan MT suggested adding in who the support plan can be shared with, as agreed between the Individual and manager.
ACTION: Lucy Smith

There was discussion with regard to the types of support available for staff as it was felt that some types of leave were given priority and that staff are sometimes encouraged to use annual leave as default instead of exploring the alternatives available. It was agreed that the paragraph before the list would be amended to say that requests for support from staff with caring responsibilities would be considered promptly with no reference made to specific types of leave as this would be covered under the section types of leave.
ACTION: Lucy Smith

The EPSG **APPROVED** the Supporting Carers Guidelines subject to the amendments agreed.

EPSG 24/015 NEW PARENT SUPPORT AND PAY PROCEDURE

Helen Palmer presented the New Parent Support and Pay Procedure. This procedure had been updated in line with the legislation changes and Agenda for change Terms and Condition of Service. The changes applied for children who ae due to be born or placed for adoption after 6 April 2024.

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The main changes were as follows:

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- Leave and pay can be split into two non-consecutive periods of leave of a week each
- Leave can be taken anytime during the first 52 weeks of the birth or the placement for adoption.

MT queried the 1st paragraph on page 6 and asked if the reference to take unpaid leave to attend 2 ante-natal appointments, adoption or surrogacy meetings could be re-worded as it was felt that referring to taking unpaid leave straight after this statement was not caring or compassionate. RP advised that this was terms and conditions and that the unpaid leave is the entitlement, however it was noted that there are other ways of working flexibly that should be considered.
ACTION: Helen Palmer

The EPSG **APPROVED** the New Parent Support Leave and Pay Procedure subject to the amendment agreed above.

EPSG 24/016 VALUES BASED APPRAISAL PROCEDURE

Rebecca Corbin (RC) presented the Values Based Appraisal Procedure which she had been working on with Peter Hewin.

The main changes are as follows:

- Context of wording, talking about people instead of staff
- Reference to KSF removed
- Referenced made to new lighter version of the paperwork that staff can use
- Where they can find the information and links

RP asked for confirmation as to whether this had been through the consultation process. RC confirmed that it had not. RP therefore suggested putting a 1 year review on this and then have a full review with a period of consultation next year.

The following points were discussed:

Section 2.1 Line Manager requirements, it was suggested giving the employee protected time beforehand, and giving assistance to any learning support that may be required to be added.

Section 4 Succession Planning, it was suggested that reference be made to support to be given around training, this was an opportunity to explore appropriate development opportunities. RC suggested reference being made to the Study Leave Procedure as there may be a request for training via VBA, however it may not be required for the role.

RP asked if the nine box grid was to be used in succession planning. RC confirmed that this was correct, and that this would highlight those staff who are ready for promotion.
ACTION: Rebecca Corbin

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Jonathan Strachan Taylor (JST) commented that there were a number of references to LED policy, and not ECOD. RP advised that the policy is Learning Education and Development Policy and not an ECOD policy, therefore the name would still stand regardless of department name. The other references to LED department can be changed to ECOD.
ACTION: Rebecca Corbin

RP reminded the Group that the UHB has All Wales Policies and also 6 local Policies, all the procedures and the guidelines that we consider at EPSG sit under one of these Policies. They are reviewed every three years and are approved by the People and Culture Committee.

Rachel Flay (RF) referred to the Light version of the VBA and asked if it is the 'go to' document. RC confirmed that the lighter version is the 'go to', the full version is the gold standard if you have the time to do it more thoroughly, the important point is that managers have the conversation. RF suggested having a line to that effect to ensure managers are aware of what they need to complete.
ACTION: Rebecca Corbin

It was suggested that under line management requirements there be reference to manager's making staff aware that they can ask for help and extra support if they need it with completing the VBA.

RP advised that due to the number of changes the procedure should come back to the next meeting for approval. It was therefore agreed that RC and PH would make amendments within the next two weeks and this procedure would go out for consultation and then come back to the next meeting.
ACTION: Rebecca Corbin and Peter Hewin

EPSG 24/017 MANDATORY TRAINING PROCEDURE

Rebecca Corbin presented the Mandatory Training Procedure which she had worked on with Janice Aspinall.

RC confirmed that this had not been out for consultation and there were very few changes as follows:

- There was a change in tone due to the wording used
- Some changes to governance structure behind it
- Updating online toolkit to make sure more explicit for staff and what they need to complete

MT asked for clarification with regard to the author box on procedure and that the job title and not the name of the individual should be noted in this box. RP confirmed that this is

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correct, the reason for this being if the document author leaves, the person who takes over their role will take responsibilities for the procedure.

It was noted that in the Documents to read alongside this procedure box there was reference the Grievance Policy, Dignity at Work Policy which have been replaced with the Respect and Resolution policy and the Professional Abuse Policy which has changed its name.

There was discussion with regard to the non-compliance section, specifically with reference to sickness/work pressures as it was felt this could be discriminatory. It was suggested that this section be re-written and reference made to Pay Progression in more detail. KG advised that she was happy discuss this further to RC.
ACTION: Rebecca Corbin and Katrina Griffiths

RP commented that it was important to keep reference to staff not being able to access training funds for their personal development if they have not completed Mandatory training.

There was discussion with regards to staff who refuse to undertake their mandatory training and it was agreed that reference be made to referral to People Services for advice on a case by case basis in this situation.

RP suggested that due to the number of changes with this document, it would be advisable to send this procedure for consultation and then bring back to the next meeting.
ACTION: Rebecca Corbin

EPSG 24/018 REDEPLOYMENT PROCEDURE

Katrina Griffiths presented the Redeployment Procedure. Whereas previously section 4.4 stated that the redeployment search period and notice period would run concurrently, following discussions in partnership it was proposed that this was changed. Instead, there would be a redeployment search period followed by a notice period, with the option of Pay in Lieu of Notice (PILON). However, it is recognised that this will not suit all individuals, so the option to run the two processes concurrently or to make other reasonable adjustments is available but only for cases where this is mutually agreed.

PH confirmed that in the November 2023 meeting of the EPSG it was agreed that this section would be revisited if needed, therefore this can be agreed today without further consultation.

RP advised that as the procedure had not been reviewed in its entirety, this should be version 3a and not version 4. The review dates would not be changed.

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MT asked whether a communication would be sent out to let managers and staff know of the change to the procedure to ensure they are using the correct version. KT advised that as part of the discussion to confirm this wording it was agree that the discussions would continue including looking at bitesize training, communication etc and updating training.
Action: Katrina Griffiths

PH advised that on the workplan for the All Wales Partnership forum to develop an All Wales Policy on redeployment as there does seem to be quite considerable variation among Health Boards.

The EPSG **APPROVED** the Redeployment Procedure.

EPSG 24/019 WORK PLAN

Rachel Pressley presented the Work Plan for noting so that People and Culture Leads and TU Leads are aware of what procedures are coming up for review.

MT asked if RP could share a reminder of what the UHB Policies are and which Procedures/Guidelines are aligned to them.
ACTION: Rachel Pressley

EPSG 24/020 ANY OTHER BUSINESS

RP referred to the top boxes and version control table's on procedures and stated that they are important, the main reason for this is when to establish when a specific change was made and ensure that managers are referring to correct version. It is the responsibility of the document owners to ensure the tables are kept up to date.

RP asked if all members of the group receive copies of the documents when they go out for consultation. Any members who are not on the list to let Helen Palmer know so that they can be added to the distribution list.
ACTION: All

RP acknowledged that it was Procopio Gauci's last meeting and thanked him for contribution to the group and wished him good luck in his retirement.

PG commented that he had really enjoyed working with the group and he would miss working for the Health Board.

EPSG 24/021 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Wednesday 31 July 2024 at 10am (staff pre-meet 9am).

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