

Local Partnership Forum

Wed 09 October 2024, 10:00 - 12:00

MS Teams



Chair: Rachel Gidman

Agenda

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

2 min

Rachel Gidman

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

2 min

Rachel Gidman

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

2 min

Rachel Gidman

10:06 - 10:11 4. Minutes of the Meeting held on the 5th August 2024

5 min

Rachel Gidman

 4. LPF minutes 05.08.2024.pdf (9 pages)

10:11 - 10:13 5. Action Log

2 min

Rachel Gidman

 5.LPF Action Log 05.08.2024.pdf (3 pages)

10:13 - 10:43 6. Chief Executives Report

30 min

Verbal Update

Suzanne Rankin

10:43 - 10:53 7. COVID Inquiry

10 min

Verbal Update

Matt Phillips

10:53 - 11:13 8. Workplace Race Equality Standards (WRES)

20 min

Head of Equity and Inclusion

11:13 - 11:33 9. Health Board Planning Process and Assumptions

20 min

Director of Operational Planning and Performance

Bingham, Louise
02/10/2024 11:07:45

11:33 - 11:53 **10. Integrated Performance Report**

20 min

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

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

10. Integrated Performance Report - Sept 24.pdf (36 pages)

11:53 - 11:53 **11. Staff Benefits Group Report**

0 min

11. Staff Benefits Group Report Sept '24.pdf (5 pages)

11:53 - 11:53 **12. Welsh Language Report**

0 min

12.Welsh Language Annual Report paper.pdf (3 pages)

12.1 Welsh Language Annual report 2023-2024 005.pdf (19 pages)

11:53 - 11:53 **13. Non pay element of the pay deal**

0 min

Approved by the Local Partnership Forum on 27 September 2024

13. Non pay elements 30 Sept 24 submission.pdf (3 pages)

13.1 Implementation-non-pay-parts-2022-2024-collective-agreement-whc2024017.pdf (10 pages)

11:53 - 11:55 **14. Review of the Meeting (items to be brought to the attention of the Board)**

2 min

11:55 - 11:57 **15. Any other Business previously agreed with the Co-Chairs**

2 min

11:57 - 12:00 **16. Future Meeting Arrangements**

3 min

- Wednesday 11th December 2024 at 10am via MS Teams with a Staff rep pre-meet at 8:45am.

LOCAL PARTNERSHIP FORUM MEETING
Monday 5th August 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)
Suzanne Rankin	Chief Executive
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Mike Jones	Independent Member - Trade Union
Rebecca Christy Harold	BDA
Emma Cooke	Director of Therapies & Health Science
Andrew Crook	Head of People Assurance and Experience
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Lorna McCourt	UNISON
Peter Hewin	BAOT/UNISON
Bill Salter	UNISON
Jonathan Strachan Taylor	GMB
Julia Davies	UNISON
Matt Phillips	Director of Corporate Governance
Mathew Thomas	UNISON
Katherine Davies	RCN
Ceri Dolan	RCN
Claire Beynon	Executive Director of Public Health
Jason Roberts	Executive Nurse Director

In attendance

Carys Fox	Assistant Director of Nursing Workforce
Emma Davies	Nurse Staffing Levels Lead

Apologies

Lianne Morse	Deputy Director of People and Culture
Jonathan Pritchard	Assistant Director of People Resourcing
Rachel Pressley	Head of People Assurance and Experience
Janice Aspinall	UNISON
Marie Davies	Interim Executive Director of Strategic Planning
Jennifer Lavington	CSP
Paul Bostock	Chief Operating Officer
Rhian Wright	RCN
Catherine Phillips	Executive Director of Finance
Fiona Salter	RCN
Katrina Griffiths	Associate Director of People and Culture
Madeleine Smith	BDA
Angela Voyle-Smith	Senior Manager for Retention and Organisational Development

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
-----------------	---

PF 24/042 WELCOME AND APOLOGIES

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

LPF 24/043 DECLARATIONS OF INTEREST

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

LPF 24/044 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting dated 13th June 2024 were agreed to be an accurate record of the meeting.

LPF 24/045 ACTION LOG

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

- **LPF 24/029 (Staff Survey Results):** Claire Whiles commented that the team are progressing well with the Directorate reports and will have the results by the 12th August.
- **LPF 24/031 (Communicating with colleagues):** DW confirmed there are now 3 TU reps who will be working with Leanne Morris regarding the Change Management Toolkit – Bill Salter, Jonathan Strachan Taylor and Ceri Dolan.
- **LPF 24/031 (Reshaping work):** DW noted that not all of the Lead TU reps had invites to the reshaping workshops and asked for ongoing engagement in that work.
Action : LB
- **LPF 24/031 (Request to attend moderation panel):** Mike Jones thanked RG for the invite to the Moderation panel but explained the request was for a TU representative. DW stated she could suggest a suitable TU rep. RG explained attendance at the panel is welcome but suggested it may not be a good use of time as it generally takes approx. 20 mins and queries often sent back to CB to request how they will adjust to requested hours changes. MJ agreed to this acknowledging the point made regarding time management.

LPF 24/046 CHIEF EXECUTIVES UPDATE

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

Strategy refresh – The refresh strategy was relaunched at the last Annual General Meeting and work is taking place to establish the portfolio groups that will provide oversight to the delivery of the strategic objectives. SR is pleased with how quickly the refresh strategy has embedded into the organisation and explained we are now moving towards the delivery and planning for next year. It is hoped this will be an IMTP. SR noted the good work from the Planning team in achieving strategic alignment across the organisation.

Delivery of the Annual Plan -We have not been required by Welsh Government to resubmit our plan, although they have concerns around our ability to deliver, in relation to the financial position and in terms of performance, specifically in relation to planned care.

In urgent & emergency care, primary care and mental health we continue to see levels either above pre-COVID in terms of the demand or back to pre COVID levels and this can be seen across all of our pathways. In the emergency care pathways we are seeing delays in the urgent emergency department and delays for patients waiting over 12 hours for access to bedded care. Diagnostics is also a challenge. SR commented if our services are configured and do they have the capacity to meet current demand to cover the backlog and to continue to develop to meet services going forward. SR explained that in some cases, further work needs to be done for example, more capacity building (infrastructure) or reconfiguration of pathways and teams.

SR referred to the current pay settlements and how this will develop particularly with a change of administration leadership in Wales as it could disrupt the plans that we have in terms of delivery of the plan. The requirement this year is to deliver a £15.9m deficit and a savings plan of £47m. Welsh Government, recognise the challenge, however there is no flexibility in the position at Welsh Government level.

SR noted that at this point we've got £29 million secured but have a long way to go to meeting the requirement despite the great work being done particularly in the workforce arena. The workforce controls will need to stay because we're not seeing the recovery that we need along with other savings schemes initiatives. Work has taken place with the Clinical Boards to review options for potential saving schemes / initiatives which will be risk assessed, quality impact assessed and decisions and recommendations to Board will follow along with engagement with the TUs to make sure that everybody is clear about what we're doing and why we're doing it. Engagement with DW and the TU representatives across the organisation will be really important.

Staff Survey Focus Group- SR led the session on the 1st July which discussed the initial CAVUHB staff survey results and noted good engagement with representation from across the organisation from all professional groups. Key topics discussed included the importance of equity, dignity and respect for all, access to education and training for all along with a reflection about the quality of line management. SR explained that the output from these discussions will be used to inform the planning around responding to the Staff survey. There will be a further workshop in September and details of this event will be shared with all colleagues. It is hoped the event will be held at UHL to further reinforce inclusion. Further work is required to ensure we have a diverse group that reflects our organisation in the room.

WRES data – this is the first time the Workforce Race Equality Standards (WRES) has been run in Wales. A meeting with the Welsh Government will take place to help us understand and interpret the data. Following this meeting, WRES will be brought back to this forum for further discussion. SR provided her interpretation of the data, noting that it appears to demonstrate that Black, Asian and minority ethnic colleagues are less likely to be shortlisted, more likely to find themselves in a disciplinary process and whose progression in the organisation is less easily achieved than our white colleagues. The data will be quite hard hitting when we receive the full interpretation but is needed so that we can have the case for change discussions. SR commented that she is happy to share this completely and transparently with whoever wants it.

BBC's Saving Lives in Cardiff – Episode 1 will be broadcast on the 20th August 2024 on BBC1 Wales at 9:00pm. SR believes it will show Cardiff and Vale University Health Board in a really positive light. It shows the challenges but also the professional people and compassionate teams doing their very best to put people first and deliver excellent quality.

Mathew Thomas (MT) referred to how staff are managed and shared a story with the Forum regarding a member who has been through cancer and returned to work. The member now has a secondary illness, wants to be back in work but to the nature of the illness is in and out of work. The member is unable to homework and he has not been able to get support from the management team to reassure around a different way of working. The member now feels unsupported and has gone on full time sick leave. MT received a negative response from the management team when a flexible approach to working was discussed. MT queried who holds managers accountable for when they are not being kind, caring or compassionate and or what the next steps need to be.

SR thanked MT for sharing the information and explained that if he is unable to find a resolution with the manager the next step would be to go up the chain to the higher level management. If MT is unable to get a response, he can contact RG for support. RG agreed with SR and also referred to looking in to the homeworking option if appropriate and offered to support MT outside of the meeting.

DW referred to the pilot completed by Leanne Morris in the Medicine Clinical Board where they did deep dives into sickness absence and it showed some great returns. DW added it is not about challenging or criticising but for learning and sharing and hoped that all the Clinical Boards will start to do the same and see the benefits. RG explained that People Services have cascaded this through the Clinical Boards and will now do their own deep dives.

Peter Hewin (PH) referred to the IMTP and queried if we are moving back to a 3 year cycle as the update indicated we would be looking at the year ahead.

PH also commented on the unpalatable list when looking at ways to achieve cost savings and as staff side, have a balanced view and the need to think about how we can do things differently. Having early site of those plans gives puts us on the front foot and enables us to present that balanced picture.

SR explained that this year we are delivering an annual plan as we couldn't model, agree and set a balanced plan position. For next year if we deliver our financial target, then for next year, we would be expecting to be able to submit a 3 year IMTP that balances. If we deliver this year, then there is some financial incentive and some additional funds will be made available to us, which helps the overall position and makes getting to a balanced position more achievable. If we can't deliver this year then the chance of being able to do this next year is unlikely.

SR referred to the 2nd point made by PH and reiterated the importance of maintaining a careful balance because in order to properly frame up a proposal, there has to be proper planning and in order to do a proper planning assessment then conversations with colleagues need to take place. It is hoped that the leaders and managers working on these plans are clear about the work and make it clear that no firm decisions have been made. SR referred to the piece of work taking place with the Clinical Boards, as mentioned in the update, and that an output from the first initial assessment has not been seen yet. SR will encourage teams to have wide engagement and to be honest about what we are doing, the stage we are at and the next steps.

DW suggested if this could be put on the agenda for the next LPF in October. SR agreed and also added that whatever has been done will have been engaged with already but it would be good to have a reflection on progress and how well the engagement has been. DW also noted the date of the LPF Development session on the 27th September for a potential update.

Action: LB

DW informed the forum of a reflection from the Staff Pre meeting and a request for the LPF agenda to have more content in the consultation negotiation space as this is where the TU reps can have some influence. DW added that the papers for discussion today have been for noting or discussion rather than getting into any significant discussions about things that are coming rather than things that have happened. DW proposed if they could discuss this in more detail at one of the LPF Development sessions. It was suggested at the Pre meet, if consideration could be given to changing the name of the LPF to a Joint Negotiation in Consultation committee, as it is called in England.

SR explained she attended a Social Partnership conference and found it really useful and feels we need to be better educated in the principles of social partnership. SR has discussed with RG and commented whether there may be some reshaping of this whole piece. SR suggested whether Adam Wright could attend LPF to give an update on where we are with the planning assumption development and deployment. This would provide the foresight on some of the things that are being asked for and considered.

Action: LB

DW shared a positive story with the group regarding a member of staff who has worked for the Health board for over 20 years and when intervention was required for an illness, was supported very well by his colleagues. DW noted that there are also some very caring managers and supervisors within the organisation. SR thanked DW for sharing this information and agreed we do have some excellent managers and leaders. SR added that what we don't have reliability of this across the organisation. We have variability and this is also what is reflected in the staff survey.

LPF 24/047 NURSE STAFFING LEVELS REPORT

The Nurse Staffing Act Report was delivered by Jason Roberts (JR) and Emma Davies (ED). Key Points included:

- Section 25A - is a duty to have regard to providing sufficient nurses, and relates to the workforce planning including the recruitment, retention, education and training of the nurses. For C&V to meet this act, in the last 3 years there have been 700 nurses, 56 Assistant practitioners, alongside strong strategic direction & recruitment events.
- Section 25B – to calculate and take steps to maintain the nurse staffing levels. In C&V there's a well established process to review the nurse staffing levels daily, such as Safecare. New processes for using temporary and agency staff through schemes of delegations so using temp staffing appropriately. There are 238 acute adult and certain medical and surgical inpatient areas and 2 Paediatric areas which also come under 25B.
- 25B also relates to informing patients of the Act. Posters are on display outside of ward areas explaining about the Nurse Staffing Levels Act.
- 25C - is the method of calculation and the biannual process to review our nurse staffing levels. Progress has been made in C&V as we're now able to report on our nurse staffing levels on a monthly basis. A dashboard with this information is available on SharePoint and available to nurses across the organisation.
- Quality indicators – are specified in the Nurse Staffing Act and there has been some changes in terms of how we report on our quality indicators on an All Wales basis.
- 25D -refers to the guidance and is linked with Welsh Government.
- 25E – relates to reporting. Monthly reporting is available in C&V and infographics presented showed the shifts where the rosters were met and the appropriateness of nurse staff is increasing. Last month 85% of shift were deemed as appropriate by the nursing team.

DW thanked JR and ED for their presentation and commented on the success of data collection. JR agreed and explained the success is predominantly down to Safecare.

DW referred to the 26.9% uplift and queried the narrative and the point about Ward sisters / Ward managers having to be drawn down to being part of the establishment because of short notice and that this was happening more frequently. DW asked for clarification from JR around this as some of

the discussions that have been having taking place around capabilities and capacity of ward managers to be able to do some of the other workforce tasks.

JR responded and informed that we have the 26.9% uplift the as part of the Act for the 25B wards (the medical acute, medical surgical and paediatric wards) as the Act designates the ward sister to be supervisory, which has been built into the 26.9 and into the establishment review. JR added that when we can work out maternity leave and long term sickness, we will maintain Sister supervisory status. It is however, the short term sickness that has an impact. JR added that short term sickness is challenging as it cannot be planned for and there is a trade off as the Sister can't complete other tasks such as HR. As part of Safecare, the Senior lead nurses are constantly reviewing the staffing establishments across their areas. but it's a situation that can't be helped due to the nature of short term sickness.

DW referred to the internal audit that gave reasonable assurances around displaying the numbers for the public as part of the legislation. In the narrative, it was mentioned that the templates that were being displayed were incorrect and that they had the incorrect staffing levels on it. DW asked if the standards of internal audit are low, if it's incorrect numbers and the incorrect template, queried how you get reasonable assurances.

ED explained it wasn't on all of the wards. it was just on a few wards and could be attributed to using the older templates and possibly 3 months out of date rather than being the wrong templates. The audit happened in March 23 and the tenable update on the slides was from 2024. ED added that improvements have been made and the process is moving in the right direction. JR added that it is a challenge but sometimes Sister will forget to update the templates and so require constant reminding. DW commented the response was helpful.

DW also queried the 350 overseas nurses and asked when they were recruited. Carys Fox (CF) informed the Forum that the Welsh Government signed a memorandum of understanding with Kerala State government in India on an All Wales basis. 70 nurses have been approved for C&V and they will be coming over in the next few months. CF explained they had a concern that we were losing our internationally educated nurses to Australia. CF noted the importance of ensuring their experience in Wales is good. CF referred to the internationally educated staff where we have just started a community of practise and is based on the Florence Nightingale Foundation. CF has liaised with Claire Whiles on this and suggested contact is made with the Chair of this group so they can be part of the Staff Survey and informed of the issues for the Internationally Educated nurses.

JR referred to the Paper on the Nurse Staffing Levels and to the 2 areas that haven't been signed off – the Stroke Rehabilitation Centre and Mental Health. JR informed the Forum that whilst these areas are not 25B wards, they do not have to be signed off but has made the commitment that we would sign all clinical areas off where nursing care is provided. JR provided further explanation of the reasons for this and further discussions with the teams involved are scheduled to take place. DW thanked JR for the update and noted the comments from the Staff pre meeting that they felt this gave the report a lot of integrity.

LPF 24/048 STAFF RETENTION

Carys Fox (CF) Assistant Director of Nursing Workforce, provided a presentation on Staff Retention.

The key points included:

- The UHB turnover trend was presented and a positive trajectory indicated. The current turnover rate stands at 11.2% whereas for the same period last year, 13% was reported.
- Data is gathered through local surveys. This includes a Starter Survey aimed at newly registered nurses, a pilot Stay Survey which asks if the staff member has considered leaving in the past year along with the Exit Survey where it was indicated that the main reason for people leaving is voluntary registration.
- Retention progress was outlined in terms of the work that needs to take place. This includes the strengthening of our data and intelligence and to integrate this using Power BI into a centralised workforce dashboard that offers forecasting for the future. Also the development of a Retention Framework to assist with the implementation of local retention plans.
- The Nurse Internal Movement Scheme is to be relaunched in September 2024 which will allow staff to permanently move within the UHB without the formal recruitment process and use of TRAC. An evaluation and impact process will be included in order to measure success.
- Evaluate impact through the annual NHS Staff Survey and the metrics within the People and Culture plan. Also require mid term review via the Executive reviews to identify any emerging hotspots and also to celebrate areas of good practice.

MT referred to the term voluntary resignation and queried whether we look at this in more detail as his experience of this is due to unhappiness. MT asked whether the question, as to whether a staff member felt supported by their manager, is asked in the Exit Survey.

CF explained that this question is included in the Student survey and the Stay survey and commented whether this is a better time to ask this question in terms of who supports and whether there is adequate support for the student and who is providing it. The answer to this question is generally positive. CF would find out if this question is in the Exit questionnaire and will update MT.

RG commented on the need to do more around this work since as with the cultural work, we are picking up reasons why people are happy / unhappy or want to leave. RG explained that this is where it is hoped TU representatives can help as members will approach them to talk about the elements in the questionnaires.

DW informed that Forum that Staff side have carried out their own exit questionnaires as an alternative route for members. DW added that although the preference is for staff to send them to their employer, it would be worth getting in touch with staff side to check if there is anything which is significantly different. CF acknowledged the need to touch in with other people who may also be running questionnaires and also referred to the Ward accreditation programme where staff on the wards are also surveyed.

DW acknowledged the requirement for a nursing retention plan and a nursing workforce strategy and how HEIW have completed the consultation recently but asked the question about the other staffing groups. DW explained she has been in touch with Zoe Gibson, the HEIW lead, who has provided an oversight of the bigger strategic plan and although there is a focus attention on the nursing retention plan at the moment the principles are still the same for all the other staffing groups. DW added that Zoe Gibson has put an offer to come and talk to Staff side or to an Executive development session.

CF explained that when the nursing retention plan was launched in September 2023, the focus was for nurses, but we want one plan and this where the framework and toolkits will support all of the different staff groups.

DW asked CF about the movement scheme and asked if experience can be achieved only when there is a vacancy or a gap? CF explained at the moment, on the internal development programme, you can move into a vacancy without using TRAC. CF also explained that on the rotational programmes, students can choose as opposed to being told you're going on a rotational programme. Directorates are starting their own rotational programme and one of the most successful one is in Cardiac services. Students can also be offered experience elsewhere as part of their VBA. DW commented that this is the diverse and agile workforce that is needed for the reshaping to happen.

LPF 24/049 INTEGRATED PERFORMANCE REPORT

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

Population Health:

Claire Beynon made the Forum aware that the Measles, Mumps and Rubella advertising campaign has started. The target was to try and get all schools to 90% measles mumps and rubella vaccine by the end of July. Although this hasn't been achieved, CB explained they have been out to the 62 schools that are under the 90% level and have delivered more than 900 additional vaccines as part of that campaign.

DW provided CB with the questions provided at the staff pre meet, to include a request for more public health messaging for staff explaining that campaigns such as the Move More Eat Well and reminders regarding the importance of water consumption are well received. In addition, DW asked for clarification on whether staff can get tested for COVID through the Health Board.

CB referred to the Public Health messaging and with reference to the Move More Eat Well campaign, are preparing a 2 year plan that looks at how we take a whole system approach to improve levels of physical activity and improved diet across the whole population. This will have an impact on staff too because most staff are also resident in our area. CB suggested that when the Move More Eat Well campaign is ready, she would bring it back to share with the Forum.

JR explained that we are not advocating that staff test for COVID.

MT acknowledged the great work taking place in the organisation around the use of the Welsh language. He referred to the statistics for the Health board and explained that approx. 60% of staff have not declared their status in regard to level of Welsh. MT requested for everyone to keep promoting to increase use further in the workplace.

RG acknowledged that more work is required for all of our demographics as identified within the WRES and other surveys and suggested working in partnership and to think about what else can be done around this agenda. RG explained we have a new network around the Welsh language where approximately 100 people have shown an interest. There are plans in place to help improve our knowledge of colleague language skills and Mitchell Jones is working closely with NWSSP and Dysgu Cymraeg to make these improvements. RG added that we will keep encouraging staff to fill in the online form to record Welsh language skills.

LPF 24/050 EPSG MINUTES

LPF noted the EPSG minutes from the 5th June 2024.

LPF 24/051 ANY OTHER BUSINESS

M3 gave thanks to Sally Stevens for the amount of partnership work provided, particularly within R&R.



LPF 24/052 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 9th October at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.



Blunsdon, Louise
02/10/2024 11:07:47

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
ACTIONS IN PROGRESS					
COMPLETED ACTIONS					
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	<p>5.8.24: Progress is being made to break down the data by Directorate, focusing on the identified priority themes which are;</p> <ul style="list-style-type: none"> • Staff Engagement • Diversity & Inclusion • Negatives Experiences • Burnout <p>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.</p> <p>Complete: Directorate level data has been circulated to the Clinical Board triumvirate teams, focusing on the priority themes of;</p> <ul style="list-style-type: none"> • Staff engagement • Diversity & Inclusion • Negative Experiences • Burnout

Blunsdon Louise
02/10/2024 11:07:47

					OD Team/ Heads of People & Culture have offered further support to help the CB teams to understand their data.
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. DW advised Peter Hewin to be invited.
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. The Heads of People and Culture were made aware of the conversation that took place at the LPF on the 5/8/24 and the need to ensure lead reps are involved in the reshaping work reiterated.
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	Complete: 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.

Blunsdon, Louise
02/10/2024 11:07:47

					TU colleagues will be invited to be part of this review.
LPF 24/046	05.08.2024	Chief Executives Update (matters arising)	To invite Adam Wright to the next LPF to give an update on the planning assumption.	Louise Blunsdon	Complete – Invitation sent and accepted for the LPF meeting on October 9 th 2024.
LPF 24/046	05.08.2024	Chief Executives Update (matters arising)	To schedule an update on the saving schemes / initiatives being reviewed by Clinical Boards at either an LPF or LPF Development session.	Louise Blunsdon	Complete: On agenda for the LPF Development session in November. Andrew Gough will attend and present.

Blunsdon, Louise
02/10/2024 11:07:47



GIG
CYMRU
NHS
WALES

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



Shaping Our Future

Wellbeing

Health Board Planning Process and Assumptions

**Adam Wright, Director of Operational Planning and
Performance**

Local Partnership Forum
9th October 2024

Blunsdon House
02/10/2024 11:07:47



Agenda

1. Delivering our strategy
2. Developing our plans
3. Planning assumptions – short and long term
4. Modelling our assumptions

Blunsdon
02/10/2024 11:07:47





Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

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

1. Delivering our Strategy

Blunsdon Louise
02/10/2024 11:07:47



3



Shaping Our Future
Wellbeing

Our Vision for 2035

Working together, we will help improve lives so that by 2035, people are healthier and unfair differences in health outcomes are reduced.

The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare with the highest performing peer organisations



Our Strategic Objectives

Key goals for delivering our 10 year strategy



**Putting
People
First**



**Providing
Outstanding
Quality**



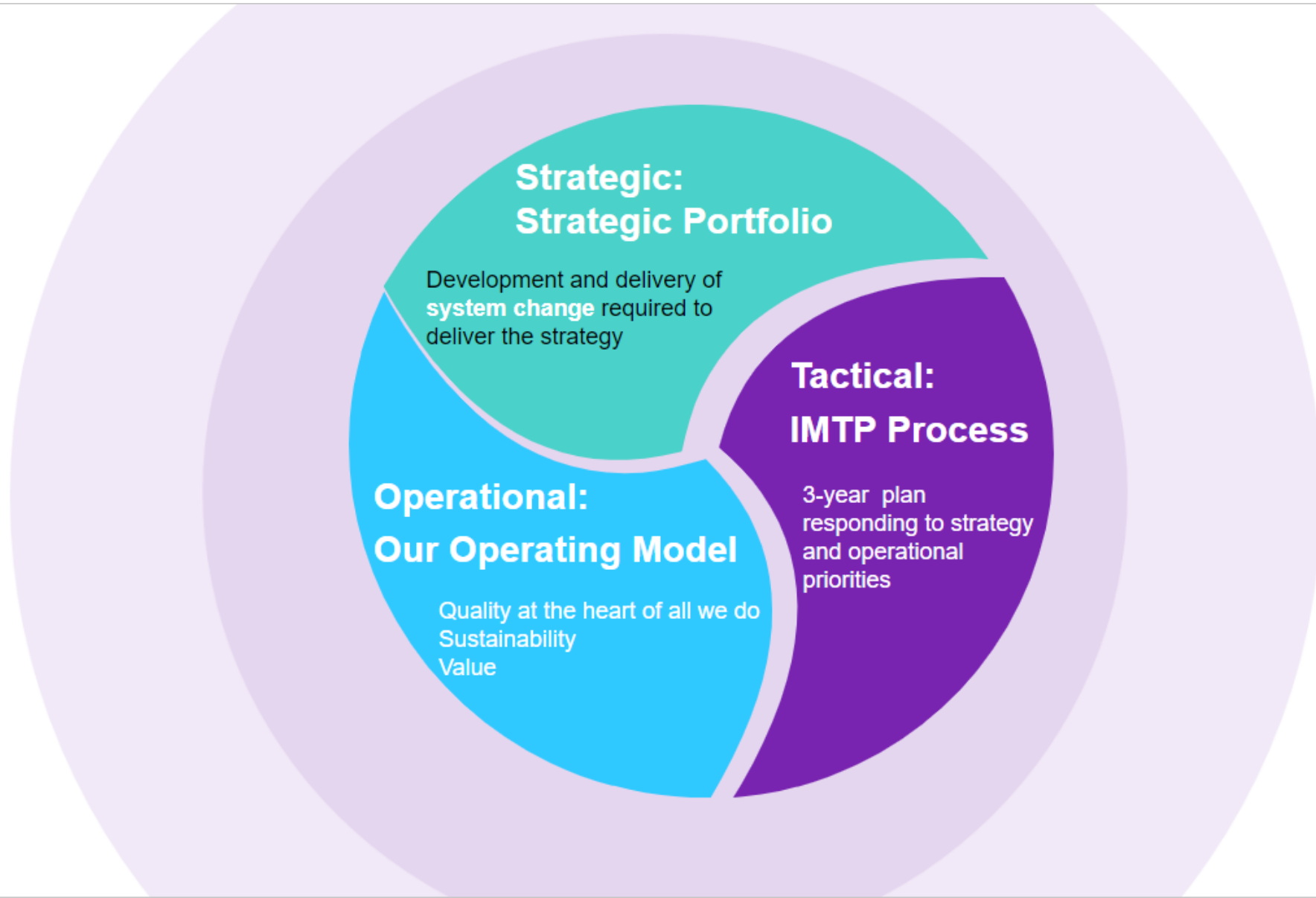
**Delivering in
the Right
Places**



**Acting
for the
Future**



Delivering our Strategy



Blunsdon Louise
02/10/2024 11:07:47



Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

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

2. Developing our plans

Blunsdon Louise
02/10/2024 11:07:47



7

Plan Architecture

Organisational Strategy

10 year

The **WHY**

Describes the strategic problems we are trying to solve and our response:

- Our mission
- Our purpose
- Our direction
- Our strategic objectives

Strategic Plans

5-10 year

The **WHAT**

Our HIGH LEVEL blue-print- describes our future model and the big milestones we need to achieve over the period for Clinical Services, Estates, Digital, Workforce, Regional Partnership Board Area Plans

IMTP

Rolling 3 years

The **HOW**

Our tactical plan - describes how we will align our resources to deliver the strategy and strategic plans /milestones whilst remaining responsive to emerging priorities / opportunities / risk

Delivery Plans

Annual

The **DELIVERY**

Cluster plans, Directorate plans, Clinical Board Plans, Corporate function plans
Detailed action plans where teams, departments, networks describe their contribution to the IMTP priorities and their wider specific objectives

Blunsdon Louise
02/10/2024 11:07:47

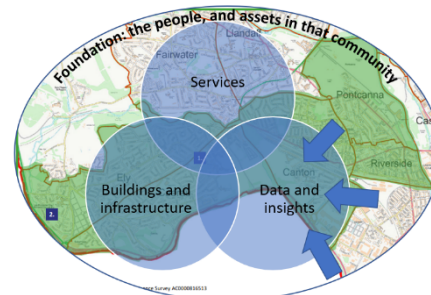
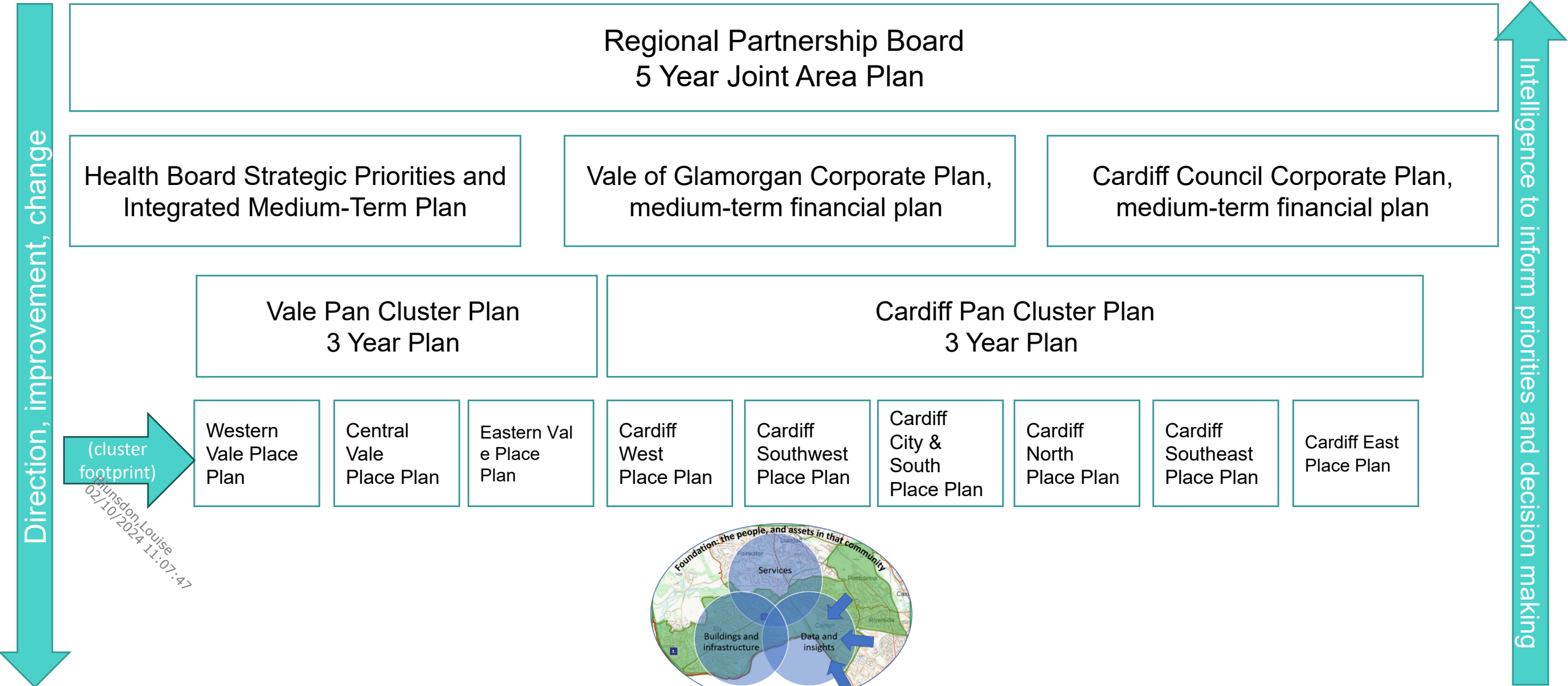
Plan Process 2025/2026



Planning alignment



BWRDD PARTNERIAETH
RHANBARTHOL
CAERDYDD A'R FRO
CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD



Lindsay Louise
02/10/2024 11:07:47



3. Planning Assumptions – short and long term

Blunsdon Louise
02/10/2024 11:07:47



Planning Assumptions – what's the point?

- A planning assumption is something that we assume to be the case, based on reasonable logic/judgement
- Assumptions can be about many things:
 - continuation of, or changes to demand trends
 - organisational capacity (physical and human)
 - environment, strategy, political, context
- Assumptions are never 100% accurate but help us set some reasonable foundation on which to develop our plans and base our more detailed modelling from

What assumptions did we make in the 2024/25 IMTP?

Strategic

- A Healthier Wales remains the long-term national plan
- National priority programmes will remain – 6 goals, planned care
- There will continue to be pockets of service instability in the region

Population Health

- Population growth of 0.4% Adult smoking prevalence – 11%
- Reduction in carbon emissions by 16% in line with decarb strategy
 - Bowel screening age reduced
 - Continued delivery of vaccination programmes

Operational

- Reducing waiting times will be an imperative
- Winter pressures likely to be more significant
- Mental health demand increases
- Pressures in social care to be unresolved
- Demand increased on primary and community care

Financial Assumptions

- Underlying financial deficit
- Financial sustainability will be a 5-year+ journey
- Economic outlook remains volatile
- Internal investments will be curtailed

People and Culture

- Significant national workforce challenges will continue
- We will need to identify and address challenges in order to improve wellbeing, staff engagement and experience
- New workforce models and ways of working will be required
- Organisation focus on equity, inclusion and Welsh Language

Digital and Estate

- Digital ambitions will continue to grow at a faster rate than digital resources can support
- A digital investment case will be developed
- Estates challenges will increase due to our aging estate
- The available capital to invest in estates will be insufficient
- We will look to rationalise our aging estate

Developing our Strategic Planning Assumptions

- IMTP assumptions are generally only up to 3 years in the future
- Our strategic planning team are working on our longer term strategic assumptions – 10 years
- Inputs to the strategic intentions include:
 - **Horizon scanning** - PH trends, policy, future demand, workforce, new treatments, technologies
 - **Existing plans** - across UHB and partnerships (year 1-3,3-5,5-10)
 - **Finance projections** - Detailed activity and workforce projections not available at this stage
 - **Baseline assessment** - of our services at specialty level inc. patient feedback
 - **Refreshed Design Principles** - led by our CAG, tested with stakeholders
 - **Engagement feedback** - from recent engagements with the populations we serve, patients, staff, partners and other stakeholders
 - **Planning assumptions** - in key areas

Blunsdon Louise
02/10/2024 11:07:41



4. Modelling our assumptions

Blunsdon Louise
02/10/2024 11:07:47

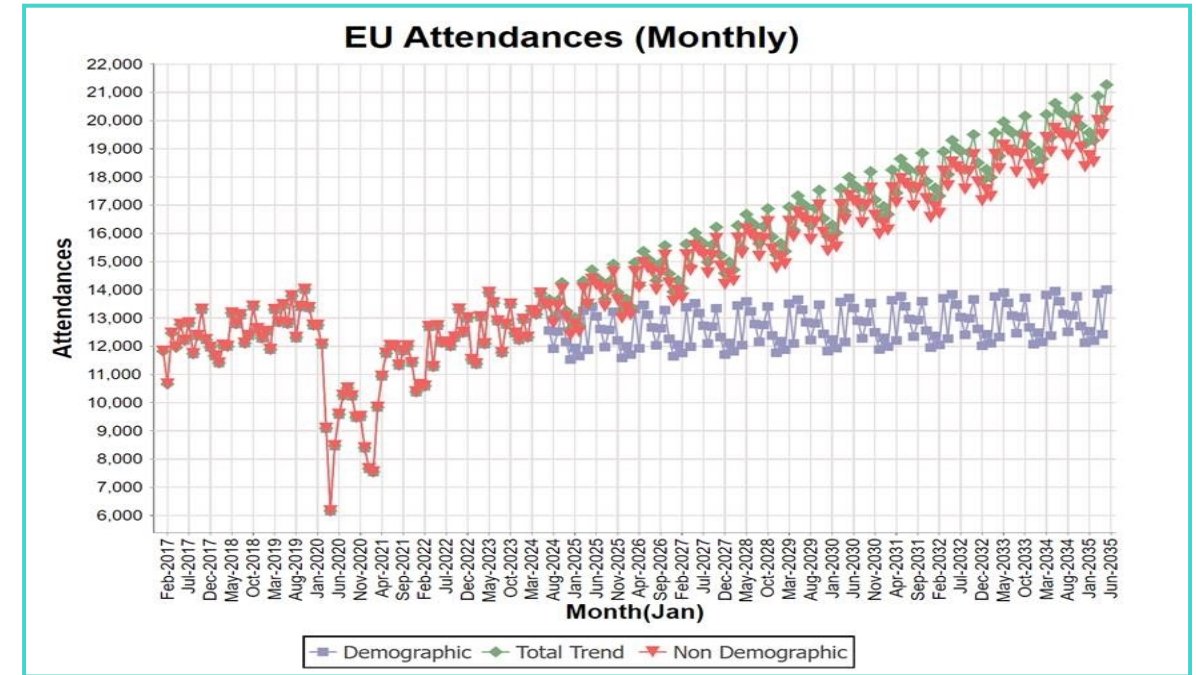
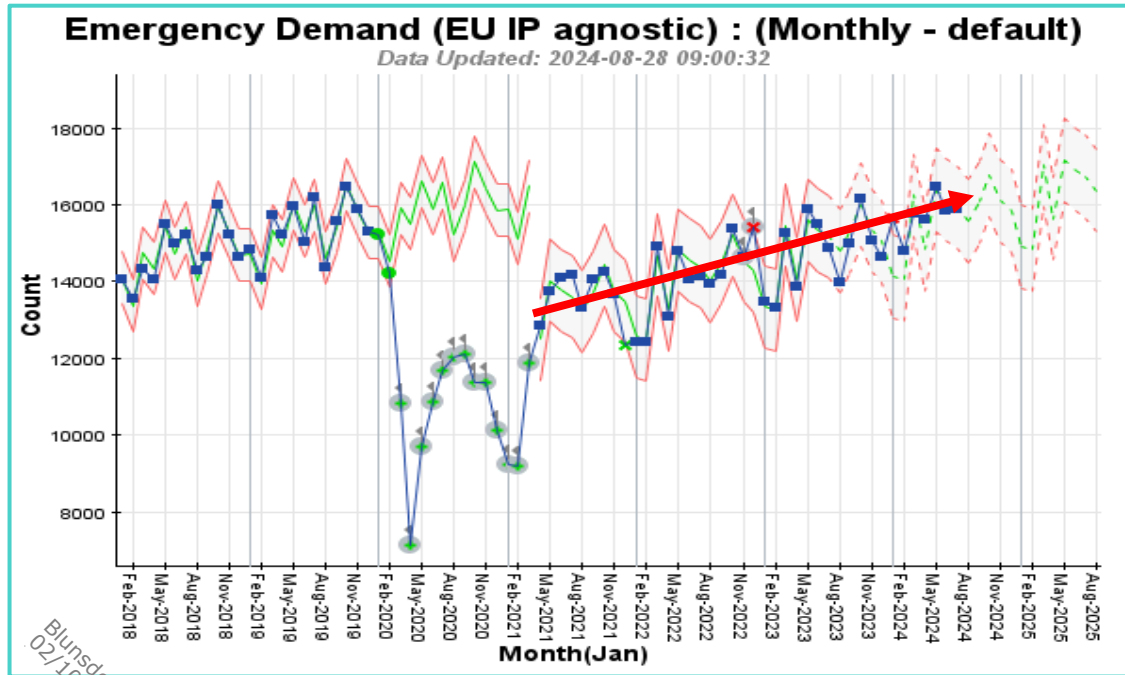


Using our assumptions

- Assumptions are extremely helpful to help us set direction, provide clarity and help to agree a shared vision.
- Taking these assumptions and developing plans is central to delivering our services.
- Cardiff and Vale is very rich in data but does not have a strong history of extracting and utilising that data. Our lack of digital maturity contributes to this challenge.
- We do however have pockets of good practice across finance, workforce and operations which we are working to integrate and develop for future years.

Blunsdon, Louise
02/10/2024 11:07:47

Operational Modelling – Urgent and Emergency Care



"Majors" attendance has increased by 11% comparing June 2023 to June 2024

Blunsdon Louise
02/10/2024 11:07:47

Cardiff and Vale Integrated Performance Report

2024/25

September 2024

Blunsdon Louise
02/10/2024 11:07:47



Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

Blunsdon Louise
02/10/2024 11:07:47

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.

Blunsdon Louise
02/10/2024 11:07:47

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	<p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p>	Reduction against 23/24	Yes	Mar-25	171 July-24	Hyperlink to section
Primary and Community Care	<p>Measure: General Medical Services – Number of GP practices achieving core access standards</p> <p>National standard/ambition: 100%</p> <p>Reporting period: Annual – in month position for information</p>	100%	Yes	Mar-25	98.2% Apr-24	Hyperlink to section
	<p>Measure: General Dental Services - % of contract value fulfilled</p> <p>National standard: 30% of contract value by end Q2, 100% Q4</p> <p>Reporting period: Monthly</p>	25% Q1 50%Q2 75% Q3 100% Q4	Yes	Mar-25	32.7% (Apr-24 to Jul-24)	Hyperlink to section
Urgent and Emergency Care	<p>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</p> <p>National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025</p> <p>Reporting period: Monthly</p>	670 Sept-24 532 Mar-25	Yes	Mar-25	904 Aug-24	Hyperlink to section
	<p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p>	232	Yes	Dec-25	418 Aug-24	Hyperlink to section

Blunsdon-Louise
02/10/2024 11:07:47

Performance Key: Meeting standard / trajectory off target/trajectory

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	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	80%	Yes	Dec-24	8% Jul-24	Hyperlink to section
	<p>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</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	99%	Yes	Dec-24	100% Jul-24	Hyperlink to section

Blunsdon Louise
02/10/2024 11:07:47

Performance Key: Meeting standard / trajectory off target/trjectory

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	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>10,825 Sep-24</p> <p>9,823 Mar-25</p>	No		<p>14,610 Jul-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>1,989 Dec-25</p>	No		<p>3,687 Jul-24</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Dec-25</p>	Yes	Dec-25	<p>63.1% Jul-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>11,908 Dec-25</p>	No		<p>16,324 Jul-25</p>	Hyperlink to section

Blunsdon Louise
02/10/2024 11:07:47

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](#).

[Return to Main Menu](#)

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

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none"> The Covid-19 vaccine spring booster campaign has concluded, and it has delivered 33,684 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 vaccine uptake has therefore been 61.3% which is the third highest uptake of all Health Boards and above the Welsh average of 59.3%. <p>Surveillance</p> <ul style="list-style-type: none"> Influenza activity remains low, between seasonal activity Hospital admissions in C&V for Covid-19 have declined since peaking in the third week of July PCR incidence has decreased in C&V since late June; test positivity across Wales has started to increase again since the third week of August KP.3 is the most prevalent variant in Wales, a sub-variant of both Omicron and JN.1 There is currently 1 Covid-19 outbreak and zero incidents in hospital; and zero influenza incidents or outbreaks. Since the start of April 2024, there have been 10 influenza incidents or outbreaks, with 7 bed days lost. In the same period there have been 81 Covid-19 incidents or outbreaks, with 369 bed days lost, at an estimated opportunity cost of £184,500 since 1 April 2024 17% of C&V UHB staff sickness during July 2024 was due to influenza/COVID-19/respiratory conditions RSV activity in under 5s remains below the seasonal threshold 	Week 34	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p> <p>Source: PHW weekly flu/ARI report</p>

Blunsdon, Louise
02/10/2024 11:07:47

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



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 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%. The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached due to lower than expected uptake. 	Q4 2023/24 Jan 2024-Mar 2024	Below target	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024). An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach. A measles action plan has been developed for implementation within the UHB and with partner organisations The UHB is undertaking a range of preparedness actions in response to the World Health Organisation's declaration of a public health emergency of international concern in relation to the upsurge of mpox cases in the Democratic Republic of Congo and surrounding countries; actions include a review of pathways across primary and secondary care. UHB teams will also participate in a national tabletop exercise on 5th September 2024, working with regional partners such as Public Health Wales and Shared Regulatory Services, to test our response. 	Q2 2024/25	On target	n/a

Blunsdon-Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 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; the English average for 2022/23 was also 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. <p>Weight management services</p> <ul style="list-style-type: none"> We are developing a business case to meet the target of 1,584 new patients in L2 and 176 new patients in Level 3 by Q4 of 2024/25.. 	Q4 2023/24	<p>Healthy weight:</p> <p>On target</p> <p>Weight management services:</p> <p>Below target</p>	<table border="1"> <caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>72</td><td>70</td><td>71</td><td>70</td></tr> <tr><td>2012/13</td><td>74</td><td>72</td><td>73</td><td>72</td></tr> <tr><td>2013/14</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2014/15</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2015/16</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2016/17</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2017/18</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2018/19</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2019/20</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2020/21</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2021/22</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2022/23</td><td>77.5</td><td>75</td><td>76</td><td>75</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	72	70	71	70	2012/13	74	72	73	72	2013/14	75	73	74	73	2014/15	76	74	75	74	2015/16	76	74	75	74	2016/17	76	74	75	74	2017/18	76	74	75	74	2018/19	76	74	75	74	2019/20	76	74	75	74	2020/21	76	74	75	74	2021/22	76	74	75	74	2022/23	77.5	75	76	75
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																																	
2011/12	72	70	71	70																																																																	
2012/13	74	72	73	72																																																																	
2013/14	75	73	74	73																																																																	
2014/15	76	74	75	74																																																																	
2015/16	76	74	75	74																																																																	
2016/17	76	74	75	74																																																																	
2017/18	76	74	75	74																																																																	
2018/19	76	74	75	74																																																																	
2019/20	76	74	75	74																																																																	
2020/21	76	74	75	74																																																																	
2021/22	76	74	75	74																																																																	
2022/23	77.5	75	76	75																																																																	

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

Blunsdon Louise
02/10/2024 11:07:47

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																																														
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> 13% of Cardiff and Vale of Glamorgan smoke. 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: <ul style="list-style-type: none"> 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	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hosp (%)</th> <th>QTR total (%)</th> <th>Tier 1 Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 22/23</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> <td>40</td> </tr> <tr> <td>Q2 22/23</td> <td>75</td> <td>90</td> <td>80</td> <td>78</td> <td>40</td> </tr> <tr> <td>Q3 22/23</td> <td>72</td> <td>35</td> <td>85</td> <td>65</td> <td>40</td> </tr> <tr> <td>Q4 22/23</td> <td>78</td> <td>35</td> <td>85</td> <td>65</td> <td>40</td> </tr> <tr> <td>Q1 23/24</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> <td>40</td> </tr> <tr> <td>Q2 23/24</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> <td>40</td> </tr> <tr> <td>Q3 23/24</td> <td>78</td> <td>45</td> <td>75</td> <td>70</td> <td>40</td> </tr> <tr> <td>Q4 23/24</td> <td>78</td> <td>50</td> <td>45</td> <td>70</td> <td>40</td> </tr> <tr> <td>Q1 24/25</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>40</td> </tr> <tr> <td>Q2 24/25</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>40</td> </tr> <tr> <td>Q3 24/25</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>40</td> </tr> <tr> <td>Q4 24/25</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>40</td> </tr> </tbody> </table>	Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Tier 1 Target (%)	Q1 22/23	78	30	78	65	40	Q2 22/23	75	90	80	78	40	Q3 22/23	72	35	85	65	40	Q4 22/23	78	35	85	65	40	Q1 23/24	70	25	45	60	40	Q2 23/24	75	25	85	68	40	Q3 23/24	78	45	75	70	40	Q4 23/24	78	50	45	70	40	Q1 24/25	-	-	-	-	40	Q2 24/25	-	-	-	-	40	Q3 24/25	-	-	-	-	40	Q4 24/25	-	-	-	-	40
Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Tier 1 Target (%)																																																																													
Q1 22/23	78	30	78	65	40																																																																													
Q2 22/23	75	90	80	78	40																																																																													
Q3 22/23	72	35	85	65	40																																																																													
Q4 22/23	78	35	85	65	40																																																																													
Q1 23/24	70	25	45	60	40																																																																													
Q2 23/24	75	25	85	68	40																																																																													
Q3 23/24	78	45	75	70	40																																																																													
Q4 23/24	78	50	45	70	40																																																																													
Q1 24/25	-	-	-	-	40																																																																													
Q2 24/25	-	-	-	-	40																																																																													
Q3 24/25	-	-	-	-	40																																																																													
Q4 24/25	-	-	-	-	40																																																																													

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

Blunsdon Louise
02/10/2024 11:07:47

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 target	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 target	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	2024/25	100%	92% Below target Average for 23/24: 90%	Q1	Q2	Q3	Q4
					92%			
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	16% Below target Average for 23/24: 46%	Q1	Q2	Q3	Q4
					16%			

Blunsdon-Louise
02/20/2024 11:07:47



Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 January 2024 to 31 March 2024	95%	84.1% Below target	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 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign) (still awaiting end of campaign data for the 2024 HPV campaign)</i>	April 24	90%	74.4% Below target	Q1	Q2	Q3	Q4
					74.4%			
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below target	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 <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 April 2024 to 30 June 2024	75%	61.8% Below target	25/04/24	04/06/24	27/06/24	4/07/24
					20.8%	51.7%	61.1%	61.8%

Blunsdon-Louise
02/10/2024 11:07:47

Weight Management Services

Chair’s objectives – to note measures updated for 24/25

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1			
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a				
					1440			
n/a	Increase L3 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=176)	n/a				
					160			

Blunsdon Louise
02/10/2024 11:07:47

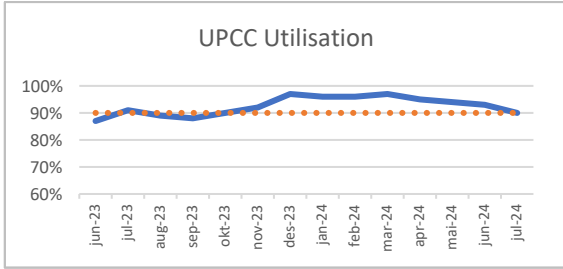
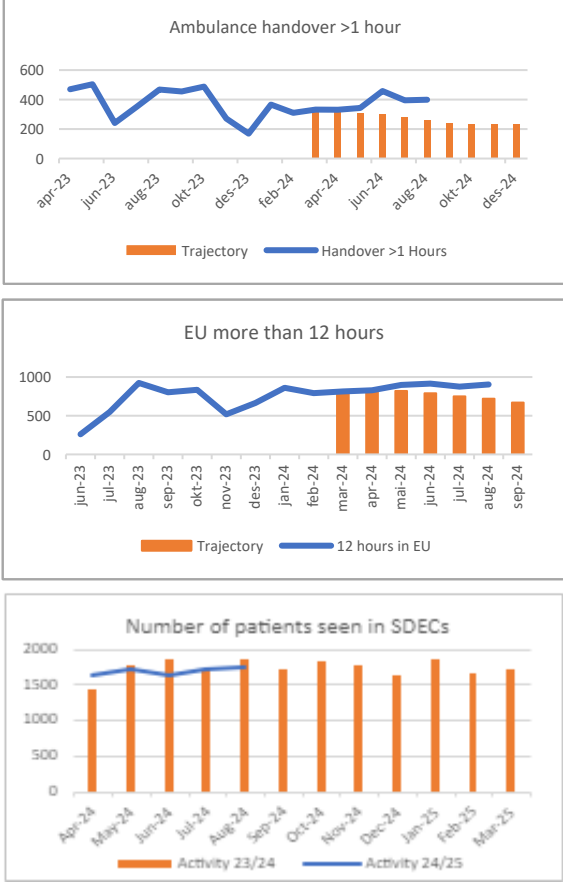
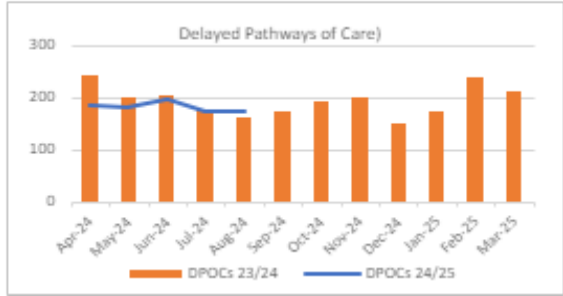


Screening

NHS Wales Performance Framework measures

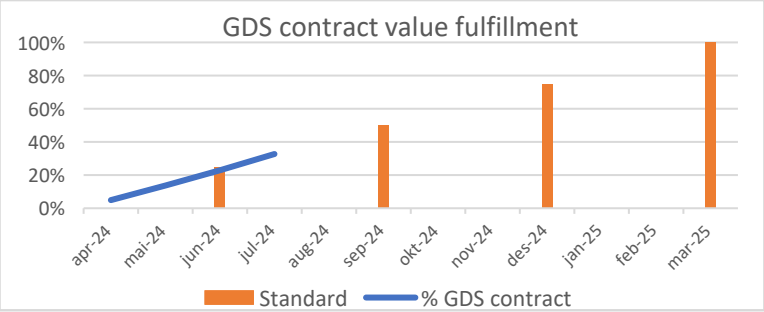
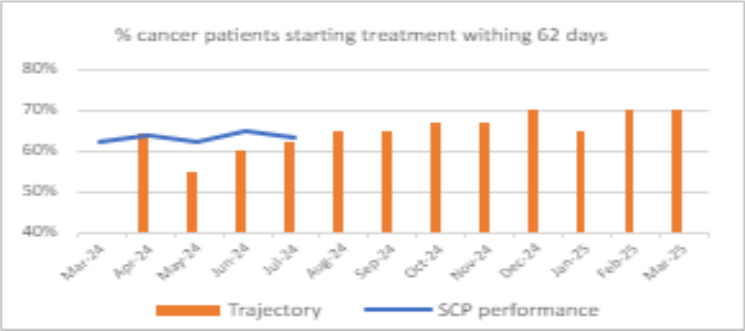
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-24	90%	23.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>44.70%</td> <td>2.10%</td> <td>51.40%</td> <td>23.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	44.70%	2.10%	51.40%	23.50%
Mar-24	Apr-24	May-24	Jun-24										
44.70%	2.10%	51.40%	23.50%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-24	90%	93.4% Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Jun-24</th> </tr> <tr> <td>94.10%</td> <td>97.70%</td> <td>95.40%</td> <td>93.40%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Jun-24	94.10%	97.70%	95.40%	93.40%
Jan-24	Feb-24	Mar-24	Jun-24										
94.10%	97.70%	95.40%	93.40%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-24	95%	97.2% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>95.70%</td> <td>96.10%</td> <td>97.40%</td> <td>97.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	95.70%	96.10%	97.40%	97.20%
Apr-24	May-24	Jun-24	Jul-24										
95.70%	96.10%	97.40%	97.20%										

Blunsdon-Louise
02/10/2024 11:07:47

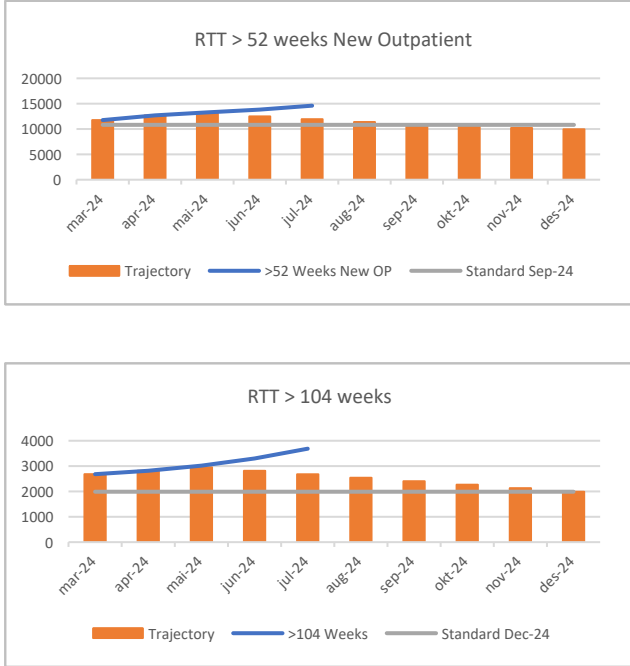
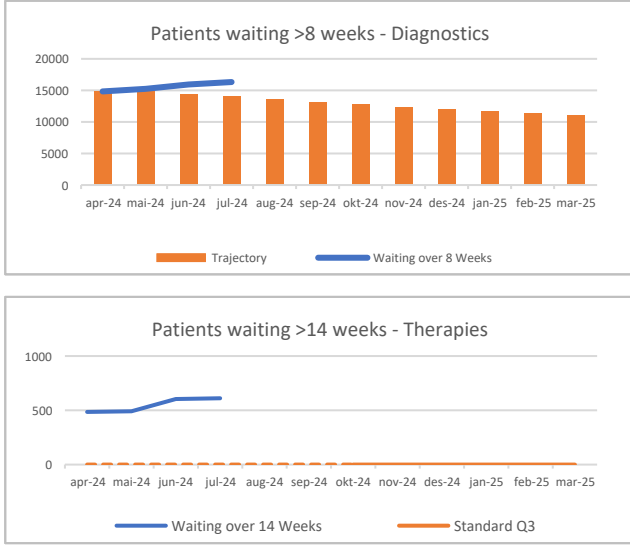
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In July utilisation was 91% and remains above our commitment</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 96% compliance with 8-hour standard</p>	<p>Jul-24</p> <p>Jun-24</p>	<p>91% utilisation Above standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>96% Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>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 August we reported 13 2-hour ambulance delays, above our ambition of 0 In August we reported 418 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In August we reported lost minutes per arrival had decreased to 23</p> <p>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 August we reported a small increase in patients waiting 12-hours in EU compared to July. This equates to 91.7% of attendances waiting less than 12-hours and below our ambition for Q2</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In August we reported an increase in activity compared to July, however this is slightly below our August 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</p>	<p>Aug-24</p> <p>Aug-24</p>	<p>13 2-hour delays Above standard</p> <p>418 1-hour delays Above standard</p> <p>23 minutes lost/arrival Above standard</p> <p>91.7% patients <12h Below standard</p> <p>1736 SDEC attends Below standard</p>	
<p>Reducing time in hospital and Continuity of Care</p>	<p>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 August 58.0% of patients in acute beds had a LOS of >7 days, 32.6% >21 days – increased from July's snapshot but above out ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In August 2024 the number of POCDs was 174 – this slightly above the number of delays reported in August 2024 and our improvement actions are described in the cover paper</p>	<p>Jul-24</p> <p>Aug-24</p>	<p>58.0% >7d Above standard</p> <p>32.6% >21d Above standard</p> <p>174 Above standard</p>	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In July 48.3% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In July 18.4% of stroke patients were thrombolysed, an increase from June but below our ambition</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In July 42.2% 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</p> <p>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 has been approved and will allow more sustainable improvements to be embedded</p> <p>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.</p>	<p>Jul-24</p>	<p>48.3% CT Below standard</p> <p>18.4% Thrombolysis Below standard</p> <p>42.2% Door-to-ward Below standard</p>	<p>The data charts show performance trends from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between 45% and 60%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 15% and 30%, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 40% and 60%, below the 80% standard.</p>
<p>High Impact pathways – Hip fracture</p>	<p>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 July 40.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.</p>	<p>Jul-24</p>	<p>40.6% (Annualised) Below standard</p>	<p>The 'Admitted within 4 hours' chart shows performance fluctuating between 40% and 50%, consistently below the 60% standard. The standard is represented by an orange dotted line that shows a slight upward trend over the period.</p>

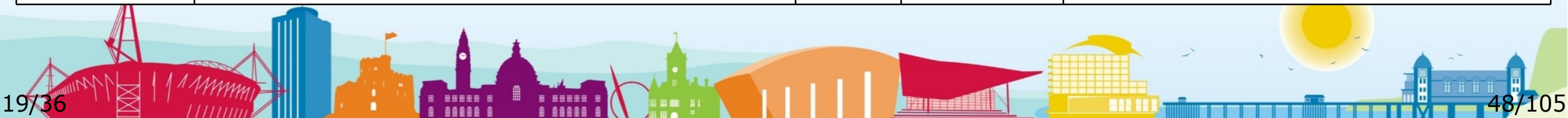
Blunsdon, Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In July 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of July 32.7% of the contract value had been delivered.</p> <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In July 100% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Apr-24	98.2% Below standard	
		Jul-24	32.7% Below standard (Apr-24 - Jul-24) 100% Above standard 100% Above standard	
Cancer	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In July 63.1% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	Jul-24	63.1% Below standard	

Blunsdon Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In July there were 14,610 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In August there were 3,687 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work</p>	<p>Jul-24</p>	<p>14,610 patients Above standard</p> <p>3,687 patients Above standard</p>	 <p>The first chart, 'RTT > 52 weeks New Outpatient', shows monthly data from March 2024 to December 2024. The y-axis ranges from 0 to 20,000. A blue line represents the trajectory, which is consistently above a grey horizontal line representing the standard for September 2024. The second chart, 'RTT > 104 weeks', shows monthly data from March 2024 to December 2024. The y-axis ranges from 0 to 4,000. A blue line represents the trajectory, which is consistently above a grey horizontal line representing the standard for December 2024.</p>
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In July 16,324 patients were waiting over 8 weeks for a specified diagnostic, an increase from June and Welsh Government's ambition. A diagnostic update was brought to the most recent Board development session.</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In July 611 patients were waiting over 14 weeks for therapies, a small increase from June and above our commitment for Q3. Breaches are concentrated in OT and Physiotherapy and team are working to bring the specific services back into balance.</p>	<p>Jul-24</p>	<p>16,324 patients Diagnostics Above standard</p> <p>611 patients Therapies Above standard (Q3)</p>	 <p>The first chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 20,000. A blue line represents the trajectory, which is consistently above a grey horizontal line representing the standard. The second chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 1,000. A blue line represents the trajectory, which is consistently above a grey horizontal line representing the standard for Q3.</p>

Blunsdon, Louise
02/10/2024 11:07:47



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In July there were 19 patients waiting over 16 weeks for a new outpatient appointment and 13 patients waiting over 52 weeks for surgery</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In July there were 3 patients waiting over 18 weeks for a new outpatient appointment and 5 patients waiting over 40 weeks for surgery</p>	<p>Jul-24</p>	<p>19 Patients Above standard (Q2)</p> <p>13 patients Outpatients Above standard (Q3)</p> <p>5 patients Treatment Above standard (Q4)</p>	
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 July saw an increase in ITU DTOCs compared to previous months and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Jul-24</p>	<p>9.3% Above standard</p>	

Blunsdon-Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In July there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In July there were 233 paediatric patients waiting over 14 weeks for Therapies (101 in Dietetics , 131 in Occupational Therapy and 1 in Speech and Language)</p>	<p>Jul-24</p>	<p>0 Meeting standard</p> <p>233 Above standard (Q3)</p>	
<p>Emotional Health and Wellbeing</p>	<p>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 July 94% of assessments were completed within 28 days</p> <p>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 July 8% of interventions were started within 28 days, this is below the standard for Q3 but in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In July 97% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Jul-24</p>	<p>94% Part 1a Above standard</p> <p>8% Part 1b Below standard</p> <p>97% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In July the longest wait for a neurodevelopment assessment was 182 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Jul-24</p>	<p>182 Above standard (Q4)</p>	

Windsor Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	<p>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</p> <p>In July 11.8% 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.</p>	Jul-24	11.8% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	<p>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</p> <p>In July 99.7% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Jul-24	100% Part 1b Above standard	
Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In July 61% 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</p>	Jul-24	61% Part 2 Below standard (Q3)	

Blunsdon Louise
02/10/2024 11:07:47



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	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-24	Improvement compared to the same month in the previous year	47.3% Above standard	<table border="1"> <tr> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> </tr> <tr> <td>46.90%</td> <td>47.50%</td> <td>47.60%</td> <td>47.30%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	46.90%	47.50%	47.60%	47.30%
Mar-24	Apr-24	May-24	Jun-24										
46.90%	47.50%	47.60%	47.30%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Jul 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	32.7% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>4.9%</td> <td>13.7%</td> <td>22.9%</td> <td>32.7%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	4.9%	13.7%	22.9%	32.7%
Apr-24	May-24	Jun-24	Jul-24										
4.9%	13.7%	22.9%	32.7%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	May-24	Increase compared to the same month in the previous year	1,795 Above standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>1724</td> <td>1649</td> <td>1628</td> <td>1795</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1724	1649	1628	1795
Feb-24	Mar-24	Apr-24	May-24										
1724	1649	1628	1795										
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	Jul-24	80%	94% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>91%</td> <td>95%</td> <td>94%</td> <td>94%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	91%	95%	94%	94%
Apr-24	May-24	Jun-24	Jul-24										
91%	95%	94%	94%										
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	Jul-24	80%	8% Below standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>16%</td> <td>14%</td> <td>5%</td> <td>8%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	16%	14%	5%	8%
Apr-24	May-24	Jun-24	Jul-24										
16%	14%	5%	8%										
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	Jul-24	80%	11.8% Below standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>16.1%</td> <td>19.0%</td> <td>16.0%</td> <td>11.8%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	16.1%	19.0%	16.0%	11.8%
Apr-24	May-24	Jun-24	Jul-24										
16.1%	19.0%	16.0%	11.8%										
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	Jul-24	80%	100% Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	100.0%	100.0%	100.0%	100.0%
Apr-24	May-24	Jun-24	Jul-24										
100.0%	100.0%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-24	65%	55% Below standard	<table border="1"> <tr> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> </tr> <tr> <td>52%</td> <td>48%</td> <td>56%</td> <td>55%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	52%	48%	56%	55%
May-24	Jun-24	Jul-24	Aug-24										
52%	48%	56%	55%										
20.	Median emergency response time to amber calls	Jul-24	12 month reduction trend	01:23:17 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>01:07:22</td> <td>01:19:27</td> <td>01:18:06</td> <td>01:23:17</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	01:07:22	01:19:27	01:18:06	01:23:17
Apr-24	May-24	Jun-24	Jul-24										
01:07:22	01:19:27	01:18:06	01:23:17										

Blunsdon-Louise
02/10/2024 11:07:47



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	Jun-24	15 minutes or less	19 Above standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>20</td> <td>20</td> <td>23</td> <td>19</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	20	20	23	19
Mar-24	Apr-24	May-24	Jun-24										
20	20	23	19										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-24	60 minutes or less	65 Above standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>63</td> <td>64</td> <td>62</td> <td>65</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	63	64	62	65
Mar-24	Apr-24	May-24	Jun-24										
63	64	62	65										
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	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 95%	59.9% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>63.7%</td> <td>62.8%</td> <td>61.9%</td> <td>59.9%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	63.7%	62.8%	61.9%	59.9%
May-24	Jun-24	Jul-24	Aug-24										
63.7%	62.8%	61.9%	59.9%										
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	Aug-24	Reduction compared to the same month in the previous year, towards the national target of zero	904 Above standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>898</td> <td>915</td> <td>876</td> <td>904</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	898	915	876	904
May-24	Jun-24	Jul-24	Aug-24										
898	915	876	904										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jun-24	12 month improvement trend towards a national target of 80% by 31 March 2026	64.6% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>62.3%</td> <td>63.7%</td> <td>62.1%</td> <td>64.6%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	62.3%	63.7%	62.1%	64.6%
Mar-24	Apr-24	May-24	Jun-24										
62.3%	63.7%	62.1%	64.6%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jul-24	0	16,324 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>14835</td> <td>15245</td> <td>15938</td> <td>16324</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	14835	15245	15938	16324
Apr-24	May-24	Jun-24	Jul-24										
14835	15245	15938	16324										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jul-24	100%	84.29% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.45%</td> <td>83.88%</td> <td>82.12%</td> <td>84.29%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.45%	83.88%	82.12%	84.29%
Apr-24	May-24	Jun-24	Jul-24										
81.45%	83.88%	82.12%	84.29%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jul-24	0	611 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>485</td> <td>491</td> <td>604</td> <td>611</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	485	491	604	611
Apr-24	May-24	Jun-24	Jul-24										
485	491	604	611										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jul-24	0	64 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>13</td> <td>50</td> <td>63</td> <td>64</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	13	50	63	64
Apr-24	May-24	Jun-24	Jul-24										
13	50	63	64										

Blunsdon Louise
02/10/2024 11:07:47



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	Jul-24	0	14,610 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>12695</td> <td>13285</td> <td>13831</td> <td>14610</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	12695	13285	13831	14610
Apr-24	May-24	Jun-23	Jul-23										
12695	13285	13831	14610										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jul-24	Reduction compared to the same month in the previous year	22,763 Below standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>26338</td> <td>27686</td> <td>24915</td> <td>22763</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	26338	27686	24915	22763
Apr-24	May-24	Jun-24	Jul-24										
26338	27686	24915	22763										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jul-24	0	3,687 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>2816</td> <td>3018</td> <td>3301</td> <td>3687</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	2816	3018	3301	3687
Apr-24	May-24	Jun-23	Jul-23										
2816	3018	3301	3687										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jul-24	Month on month reduction towards the national target of zero by 30 June 2025	35,473 Above standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>32436</td> <td>33241</td> <td>34148</td> <td>35473</td> </tr> </table>	Apr-24	May-24	Jun-23	Jul-23	32436	33241	34148	35473
Apr-24	May-24	Jun-23	Jul-23										
32436	33241	34148	35473										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jul-24	80%	17% Below standard	<table border="1"> <tr> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> <td>Jul-24</td> </tr> <tr> <td>20%</td> <td>17%</td> <td>16%</td> <td>17%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	20%	17%	16%	17%
Apr-24	May-24	Jun-24	Jul-24										
20%	17%	16%	17%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-24	80%	65% Below standard	<table border="1"> <tr> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> <td>Jun-24</td> </tr> <tr> <td>56%</td> <td>62%</td> <td>65%</td> <td>65%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	56%	62%	65%	65%
Mar-24	Apr-24	May-24	Jun-24										
56%	62%	65%	65%										

Blunsdon-Louise
02/10/2024 11:07:47



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Aug-23; the rates have fallen from 12.81% at Aug-23 to 10.97% in Jul-24 UHB wide. This is a net 1.84% decrease, which represents 263 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	July 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Jul-24 was 5.88%. The 12-month cumulative rate has settled over the past 6 months, and is 6.26% at Jul-24 (by comparison with Jul-23, which was 6.53%).</p>	July 2024	
Statutory and Mandatory Training	<p>The overall compliance rates fell marginally for Jul-24 to 83.34%, 1.66% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Children & Women's are above the 85% target, and Corporate Executives are above 80% compliance.</p> <p>The compliance with Fire training was 72.99% for Jul-24. All Wales Genomics Service have reached 86.29%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	July 2024	
Values Based Appraisal	<p>VBA compliance has fallen again during Jul-24 to 79.61%, the 3rd successive monthly fall in the compliance rate. Capital, Estates & Facilities are the only Clinical Board that continues to exceed the 85% target. Children & Women's, Surgical Services, All-Wales Genomics Service and PCIC are above 80%.</p>	July 2024	
Employee Relations	<p>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 just below 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.</p>	July 2024	

Blunsdon Louise
02/10/2024 11:07:47



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.31% have an agreed job plan that has been signed off within the past 12 months. A further 25.96% have an agreed job plan that was last reviewed and signed off before Aug-23.	July 2024	<p>The chart shows a green line for the 85% target, a blue line for the percentage of job plans agreed, and a red line for the percentage of job plans that have been signed off. The agreed rate is consistently above the target, while the signed-off rate is significantly lower.</p>
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for Jul-24, to 80.45%, and remains below the 85% target.	July 2024	<p>The chart compares the percentage of compliance (red line) against the 85% target (green line). The compliance rate has fallen below the target in July 2024.</p>
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 326 WTE, to 14,961.84 WTE at Jul-24. It is worth noting that the numbers have actually fallen slightly in the past 5 months, from a high of 15,114.10 WTE in Feb-24. 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.	July 2024	<p>The chart displays three data series: total employed staffing WTE (blue line), permanent staff WTE (orange line), and fixed-term staff WTE (grey line). The total staffing has increased over the period, with a notable dip in February 2024.</p>
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Aug-23 the percentage was 10.12% of the total spend on pay, but in Jul-24 had fallen to 8.04%. It must however be borne in mind that the total pay bill is increasing.	July 2024	<p>The chart shows the percentage of variable pay (blue line) and a linear trend line (dashed blue line). The percentage of variable pay has generally decreased over the period, with a sharp drop in July 2024.</p>
Staff Winter Vaccination Programme	The 2023-24 winter vaccination programme closed at the end of Mar-24. The programme for 2024-25 will commence in Sept-24.		
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency continues to fall. At Aug-23 the percentage was 2.42% of the total spend on pay, but in Jul-24 had fallen to 0.82%. It must however be borne in mind that the total pay bill is increasing.	July 2024	<p>The chart shows a steady decline in the percentage of the total pay bill attributed to agency staff over the period, with a significant drop in July 2024.</p>

Blunsdon Louise
02/10/2024 11:07:47



Priority	Performance Summary	Reported Period	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 59 days. The figure for Cardiff & Vale uHB for Jul-24 was 78 days, but over the past 12 months the trend is downwards.	July 2024	
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 6.8 days. The figure for Cardiff & Vale uHB for Jul-24 was 5.6 days.	July 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received an direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. During the intervening 9 months the return rate has risen, to 29.50% at Jun-24.	June 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jul-24 the rate was 4.17%, by comparison with a nominal 5% target. It is worth bearing in mind that there is a project running to validate the funded establishment WTE, so some future changes might be driven by improvements in accuracy of recording the funded establishment WTE rather than any changes in staff recruitment and/or retention.	July 2024	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Jul-24 31.75% have recorded all of their EDI data. Country of Birth has the poorest compliance rate; if this is excluded from calculations the compliance increases to 72.29%	July 2024	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). Approximately 60% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Jul-24 4.99% of staff have recorded their Welsh Skills between level 2 and level 5.	July 2024	

Olunson-Louise
02/10/2024 11:07:47

[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

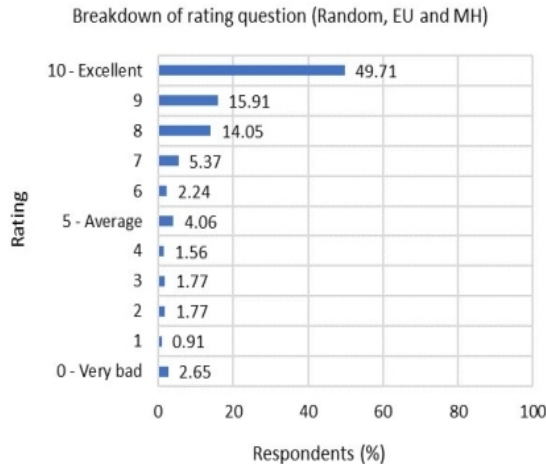
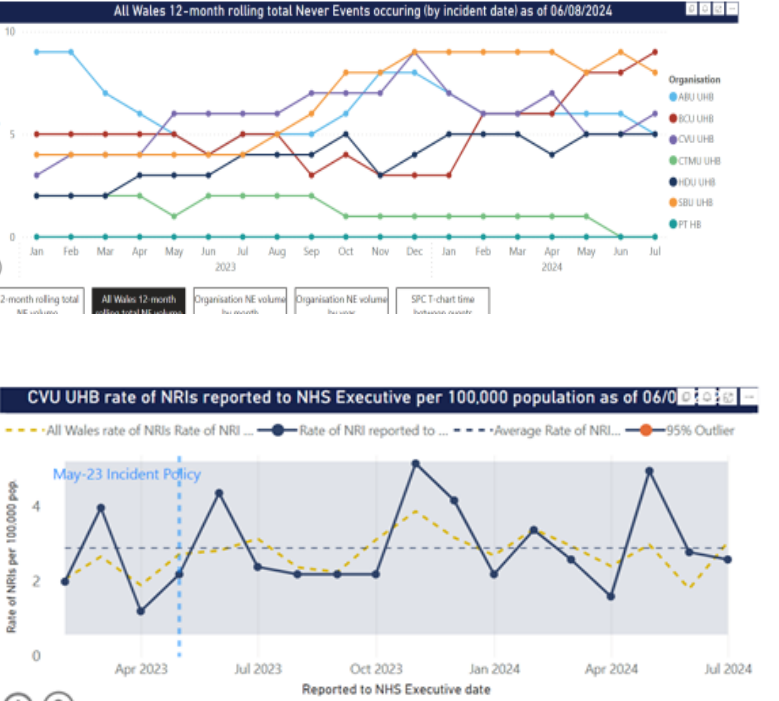
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Jul-24	12 month reduction trend (6%)	5.88% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>5.87%</td> <td>5.78%</td> <td>5.88%</td> <td>5.88%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	5.87%	5.78%	5.88%	5.88%
Apr-24	May-24	Jun-24	Jul-24										
5.87%	5.78%	5.88%	5.88%										
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jul-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	10.97% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>11.39%</td> <td>11.26%</td> <td>11.12%</td> <td>10.97%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	11.39%	11.26%	11.12%	10.97%
Apr-24	May-24	Jun-24	Jul-24										
11.39%	11.26%	11.12%	10.97%										
38.	Agency spend as a percentage of the total pay bill	Jul-24	12 month reduction trend	0.82% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>0.91%</td> <td>0.93%</td> <td>0.68%</td> <td>0.82%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	0.91%	0.93%	0.68%	0.82%
Apr-24	May-24	Jun-24	Jul-24										
0.91%	0.93%	0.68%	0.82%										
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)	Jul-24	85%	79.66% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.98%</td> <td>81.80%</td> <td>80.03%</td> <td>79.66%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.98%	81.80%	80.03%	79.66%
Apr-24	May-24	Jun-24	Jul-24										
81.98%	81.80%	80.03%	79.66%										

Blunsdon Louise
02/10/2024 11:07:47



Priority	Performance Summary	Reporting Period	Performance against standard	Data																																				
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During July and August 24, the Health Board :</p> <ul style="list-style-type: none"> Received 731 Concerns Closed 683 concerns 78% closed within 30 working days (including Early Resolution) 38 % closed under Early Resolution (within 2 days including day of receipt) Received 226 Enquiries Received 84 Compliments We currently have 291 active concerns <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>July/Aug 2024</p>	<p>78% Exceeding the 75% standard</p>	<p style="text-align: center;">% of concerns closed within 30 working days (including Early Resolution)</p> <table border="1"> <caption>Monthly Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>% of concerns closed</th> </tr> </thead> <tbody> <tr><td>Jul-23</td><td>75</td></tr> <tr><td>Aug-23</td><td>78</td></tr> <tr><td>Sep-23</td><td>74</td></tr> <tr><td>Oct-23</td><td>69</td></tr> <tr><td>Nov-23</td><td>76</td></tr> <tr><td>Dec-23</td><td>76</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>79</td></tr> <tr><td>Mar-24</td><td>81</td></tr> <tr><td>Apr-24</td><td>79</td></tr> <tr><td>May-24</td><td>81</td></tr> <tr><td>Jun-24</td><td>84</td></tr> <tr><td>Jul-24</td><td>84</td></tr> <tr><td>Aug-24</td><td>78</td></tr> </tbody> </table>	Month	% of concerns closed	Jul-23	75	Aug-23	78	Sep-23	74	Oct-23	69	Nov-23	76	Dec-23	76	Jan-24	80	Feb-24	79	Mar-24	81	Apr-24	79	May-24	81	Jun-24	84	Jul-24	84	Aug-24	78						
Month	% of concerns closed																																							
Jul-23	75																																							
Aug-23	78																																							
Sep-23	74																																							
Oct-23	69																																							
Nov-23	76																																							
Dec-23	76																																							
Jan-24	80																																							
Feb-24	79																																							
Mar-24	81																																							
Apr-24	79																																							
May-24	81																																							
Jun-24	84																																							
Jul-24	84																																							
Aug-24	78																																							
<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st, 2023, 37, 730 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the reporter We continue to support DOC awareness sessions across Primary and Secondary care Since April 1st, 2023, we have triggered the DOC on 198 occasions We have internally audited the process and compliance 	<p>Sep 2024</p>	<p>n/a</p>	<p style="text-align: center;">Incident grading changed following review</p> <table border="1"> <caption>Incident Grading Data (Estimated)</caption> <thead> <tr> <th>Service</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>100</td><td>100</td></tr> <tr><td>Surgical Services</td><td>1000</td><td>2500</td></tr> <tr><td>Specialist Services</td><td>1000</td><td>3500</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>1000</td><td>3000</td></tr> <tr><td>Other Organisations</td><td>100</td><td>100</td></tr> <tr><td>Mental Health Services</td><td>1000</td><td>3000</td></tr> <tr><td>Medicine Services</td><td>2500</td><td>4500</td></tr> <tr><td>Executive and Corporate Services</td><td>100</td><td>100</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>1000</td><td>1500</td></tr> <tr><td>Children and Women's Services</td><td>1000</td><td>2500</td></tr> <tr><td>Capital, Estates and Facilities</td><td>100</td><td>100</td></tr> </tbody> </table>	Service	Yes	No	Wales Genomics Service	100	100	Surgical Services	1000	2500	Specialist Services	1000	3500	Primary, Community and Intermediate Care	1000	3000	Other Organisations	100	100	Mental Health Services	1000	3000	Medicine Services	2500	4500	Executive and Corporate Services	100	100	Clinical Diagnostics and Therapeutic Services	1000	1500	Children and Women's Services	1000	2500	Capital, Estates and Facilities	100	100
Service	Yes	No																																						
Wales Genomics Service	100	100																																						
Surgical Services	1000	2500																																						
Specialist Services	1000	3500																																						
Primary, Community and Intermediate Care	1000	3000																																						
Other Organisations	100	100																																						
Mental Health Services	1000	3000																																						
Medicine Services	2500	4500																																						
Executive and Corporate Services	100	100																																						
Clinical Diagnostics and Therapeutic Services	1000	1500																																						
Children and Women's Services	1000	2500																																						
Capital, Estates and Facilities	100	100																																						

Blunsdon Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data																								
<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> 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 August, we sent 15,517 texts and had 2419 completions (16% response). Of those respondents who were discharged during July/August and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 85% were satisfied with our service. Currently, our response rate overall is 17% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year. 	<p>July/ August 2024</p>		 <p>Breakdown of rating question (Random, EU and MH)</p> <table border="1"> <thead> <tr> <th>Rating</th> <th>Respondents (%)</th> </tr> </thead> <tbody> <tr><td>10 - Excellent</td><td>49.71</td></tr> <tr><td>9</td><td>15.91</td></tr> <tr><td>8</td><td>14.05</td></tr> <tr><td>7</td><td>5.37</td></tr> <tr><td>6</td><td>2.24</td></tr> <tr><td>5 - Average</td><td>4.06</td></tr> <tr><td>4</td><td>1.56</td></tr> <tr><td>3</td><td>1.77</td></tr> <tr><td>2</td><td>1.77</td></tr> <tr><td>1</td><td>0.91</td></tr> <tr><td>0 - Very bad</td><td>2.65</td></tr> </tbody> </table>	Rating	Respondents (%)	10 - Excellent	49.71	9	15.91	8	14.05	7	5.37	6	2.24	5 - Average	4.06	4	1.56	3	1.77	2	1.77	1	0.91	0 - Very bad	2.65
Rating	Respondents (%)																											
10 - Excellent	49.71																											
9	15.91																											
8	14.05																											
7	5.37																											
6	2.24																											
5 - Average	4.06																											
4	1.56																											
3	1.77																											
2	1.77																											
1	0.91																											
0 - Very bad	2.65																											
<p>Patient Safety</p>	<p>Cardiff and Vale reported seven NRIs in July 2024, which is a rate of 2.57 per 100 000 population in line with the national rate of 3.03</p> <p>The management of Never Events remain a priority with six incidents reported in the past twelve months.</p> <p>59.95% of NRI reviews remain open over 90 days which reflects the number of cases under review in Mental Health Clinical Board, where there is a 120 days time frame for review and closure.</p> <p>2377 patient safety incidents were reported in July 2024 of these 1780 were reported as having caused no or low harm.</p> <p>Of those that were reported as having caused moderate harm or above 293 were subsequently downgraded to no or low harm once reviewed. However 240 incidents have not yet had a management review.</p> <p>The timely oversight and management of patient safety incidents is a priority and the clinical boards will be supported in reducing their numbers of incidents that remain open over 90 days over the next three months.</p>	<p>July 2024</p>		 <p>All Wales 12-month rolling total Never Events occurring (by incident date) as of 06/08/2024</p> <p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 06/08/2024</p>																								

Blunsdon-Louise
02/10/2024 11:07:47

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>Inpatient Mortality Crude Mortality remains in line with the five year average.</p> <p>Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking</p> <p>All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.</p>	<p>May 2020-19 July 2024</p>		
<p>Infection Control</p>	<p>Covid -19 continues to casue disruption with outbreaks on a number of wards across the UHB</p> <p>C. Difficile 74 cases reported to date compared with 39 in the previous year. The majority of caess are in Medicine Clinical Board</p> <p>Klebsiella Spp Bacteraemia The UHB has reported 44 cases to date this year the same as was reported at this point in 2023/24</p> <p>E. Coli Bacteraemia CAV continues to reduce the number of E.coli bacteraemia. Cumulative cases are below the same period last year with 95 cases to date and 114 at the same point last year. Majority of cases diagnosed in the community</p> <p>MRSA Bacteraemia Two MRSA case was reported during to date this year, compared with 3 at this point in 2022/23</p> <p>MSSA Bacteraemia The UHB has reported 59 cases to date, 5 more than during the same period in 2023 and 2022 with the majority diagnosed in the community</p> <p>P. Aeruginosa Bacteraemia 10 cases reported to date in 2023/24 compared to 9 at the same point in the previous year, with all cases diagnosed in Medicine clinical board or the community</p>	<p>Apr- July 24</p>		

Blunsdon Louise
02/10/2024 11:07:49

	Priority	Performance Summary	Reported Period	Data															
Financial Performance	Deliver 2024/25 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 5, the UHB is reporting an overspend of £17.176m. This is comprised of £4.230m operational overspend, a savings gap of £6.321m and the planned deficit of £6.625m (5 twelfths of the planned forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 5 operational & savings overspend to deliver the £15.900m planned deficit.</p>	August 24	<table border="1"> <thead> <tr> <th></th> <th>Month 5 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>6.625</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>6.321</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>4.230</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>17.176</td> <td>15.900</td> </tr> </tbody> </table>		Month 5 Position £m	Forecast Year-End Position £m	Planned deficit	6.625	15.900	Savings Programme	6.321	0.000	Operational position (Surplus) / Deficit	4.230	0.000	Financial Position £m (Surplus) / Deficit £m	17.176	15.900
		Month 5 Position £m	Forecast Year-End Position £m																
	Planned deficit	6.625	15.900																
Savings Programme	6.321	0.000																	
Operational position (Surplus) / Deficit	4.230	0.000																	
Financial Position £m (Surplus) / Deficit £m	17.176	15.900																	
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>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.</p> <p>At month 5, the UHB had identified £17.956m of recurrent green and amber savings. In addition, it is assumed that 50% of the £4.007m red schemes are recurrent.</p> <p>A £4.230m operational overspend was reported at month 5 and this will also need to be managed to a balanced position at year end to meet the target ULD.</p> <p>In summary, a further £27.241m 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.</p>	August.24	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p>																
Management of operational budget pressures	<p>The UHB reported a £4.230m operational overspend at month 5, which is a deterioration of £0.860m from the £3.370m reported at month 4.</p>	August 24	<p>Planned Operational Position vs Month 5 Position</p>																

Blunsdon-Louise
02/10/2024 11:07:47


	Priority	Performance Summary	Reported Period	Data																														
	Delivery of recurrent £47.2m savings target	£33.232m Green and Amber schemes identified at month 5 of which £17.956m were recurrent.	August 24	<p>Progress in Identification of Savings Schemes</p> <table border="1"> <caption>Monthly Progress of Identification of Schemes</caption> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>12,000</td> <td>5,000</td> <td>10,000</td> <td>15,000</td> </tr> <tr> <td>Month 2</td> <td>13,000</td> <td>7,000</td> <td>13,000</td> <td>14,000</td> </tr> <tr> <td>Month 3</td> <td>23,000</td> <td>5,000</td> <td>13,000</td> <td>10,000</td> </tr> <tr> <td>Month 4</td> <td>27,000</td> <td>6,000</td> <td>9,000</td> <td>10,000</td> </tr> <tr> <td>Month 5</td> <td>28,000</td> <td>5,000</td> <td>5,000</td> <td>10,000</td> </tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	10,000	15,000	Month 2	13,000	7,000	13,000	14,000	Month 3	23,000	5,000	13,000	10,000	Month 4	27,000	6,000	9,000	10,000	Month 5	28,000	5,000	5,000	10,000
Month	Green	Amber	Red	Unidentified																														
Month 1	12,000	5,000	10,000	15,000																														
Month 2	13,000	7,000	13,000	14,000																														
Month 3	23,000	5,000	13,000	10,000																														
Month 4	27,000	6,000	9,000	10,000																														
Month 5	28,000	5,000	5,000	10,000																														
	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.	August 24	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> <table border="1"> <caption>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cash Drawings (£m)</th> <th>Revenue & Capital Drawing Limit (£m)</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>150</td> <td>1300</td> </tr> <tr> <td>May</td> <td>280</td> <td>1300</td> </tr> <tr> <td>Jun</td> <td>380</td> <td>1300</td> </tr> <tr> <td>Jul</td> <td>480</td> <td>1300</td> </tr> <tr> <td>Aug</td> <td>600</td> <td>1300</td> </tr> </tbody> </table>	Month	Cumulative Cash Drawings (£m)	Revenue & Capital Drawing Limit (£m)	Apr	150	1300	May	280	1300	Jun	380	1300	Jul	480	1300	Aug	600	1300												
Month	Cumulative Cash Drawings (£m)	Revenue & Capital Drawing Limit (£m)																																
Apr	150	1300																																
May	280	1300																																
Jun	380	1300																																
Jul	480	1300																																
Aug	600	1300																																

Blunsdon Louise
02/10/2024 11:07:47

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	May-23	12 month improvement trend	65.1% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>56.90%</td> <td>36.70%</td> <td>60.90%</td> <td>65.10%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	56.90%	36.70%	60.90%	65.10%
Feb-24	Mar-24	Apr-24	May-24										
56.90%	36.70%	60.90%	65.10%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Jun-24	90%	25.4% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>0.70%</td> <td>0.00%</td> <td>38.60%</td> <td>25.40%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	0.70%	0.00%	38.60%	25.40%
Mar-24	Apr-24	May-24	Jun-24										
0.70%	0.00%	38.60%	25.40%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	Jul-24	12 month reduction trend	171 Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>183</td> <td>179</td> <td>194</td> <td>171</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	183	179	194	171
Apr-24	May-24	Jun-24	Jul-24										
183	179	194	171										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-24	90%	97.2% Above standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>81.7%</td> <td>87.8%</td> <td>85.3%</td> <td>97.2%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	81.7%	87.8%	85.3%	97.2%
Apr-24	May-24	Jun-24	Jul-24										
81.7%	87.8%	85.3%	97.2%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-24	90%	61.2% Below standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>58.5%</td> <td>59.1%</td> <td>60.3%</td> <td>61.2%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	58.5%	59.1%	60.3%	61.2%
Apr-24	May-24	Jun-24	Jul-24										
58.5%	59.1%	60.3%	61.2%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA	July/August 24	Month on month improvement	↑ 6343	In July we sent 14,800 SMS and in August 15,517								

Blunsdon Louise
02/10/2024 11:07:47



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Jul-24	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	43 11 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: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Jul-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	56.22 cases per 100,000 population 36.69 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 <i>C.difficile</i> cases per 100,000 population	Jul-24	25 cases per 100,000 population	43.79 cases per 100,000 population Above standard	Not 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)	Jul-24	Reduction compared to the same month in the previous year	26.2% On standard	<table border="1"> <tr> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> </tr> <tr> <td>30.00%</td> <td>40.00%</td> <td>27.50%</td> <td>26.20%</td> </tr> </table>	Apr-24	May-24	Jun-24	Jul-24	30.00%	40.00%	27.50%	26.20%
Apr-24	May-24	Jun-24	Jul-24										
30.00%	40.00%	27.50%	26.20%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-24	12 month improvement trend towards national target of 95%	61.5% Below standard	<table border="1"> <tr> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> <th>Jun-24</th> </tr> <tr> <td>58.40%</td> <td>62.20%</td> <td>64.90%</td> <td>61.50%</td> </tr> </table>	Mar-24	Apr-24	May-24	Jun-24	58.40%	62.20%	64.90%	61.50%
Mar-24	Apr-24	May-24	Jun-24										
58.40%	62.20%	64.90%	61.50%										
52.	Number of ambulance patient handovers over one hour	Aug-24	0	399 Over standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>343</td> <td>458</td> <td>395</td> <td>399</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	343	458	395	399
May-24	Jun-24	Jul-24	Aug-24										
343	458	395	399										
53.	Percentage of ambulance patient handovers within 15 minutes	Aug-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	10.98% Below standard	<table border="1"> <tr> <th>May-24</th> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> </tr> <tr> <td>16.25%</td> <td>13.90%</td> <td>13.60%</td> <td>10.98%</td> </tr> </table>	May-24	Jun-24	Jul-24	Aug-24	16.25%	13.90%	13.60%	10.98%
May-24	Jun-24	Jul-24	Aug-24										
16.25%	13.90%	13.60%	10.98%										
54.	Number of National Reportable incidents that remain open 90 days or more	August-24	12 month reduction trend	 69	36% of these NRI's are not overdue as assessment timeframe was 90 or 120 days.								

Blunsdon-Louise
02/10/2024 11:07:47



Report Title:	STAFF BENEFITS GROUP REPORT		Agenda Item no.	11
Meeting:	Local Partnership Forum	Public	Meeting Date:	9/10/2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture			
Report Author (Title):	Barbara John, Business/Operational Manager, Communication, Arts, Health Charity and Engagement			
Main Report				
Background and current situation:				

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

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

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

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

The Health Charity Manager (Business, Operational & Legacies) facilitates the relationship and communications between the SBG, its partners/discount providers and the Communications Team digital support. Administrative support is provided by the Team Administrator for the Communication, Health Charity and Engagement Team.

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

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

The last meeting of the Staff Benefits Group was held on 18th June 2024, and this report contains a summary of the discussions and decisions made in the meeting.

Salary Sacrifice Scheme - Home Electronics

Following concerns raised by SBG members regarding the financial implications for staff due to the high taxable benefits, plus a lack of interest from colleagues, a decision was made not to proceed.

Staff Benefits Partners

Nathaniel Cars Group (NCG)

- NCG advised promotions will be focused on electrical vehicles going forward.
- The promotional vehicle at University Hospital Llandough has been replaced.
- NCG pledged a prize for the Breast Centre Gold Tie Ball in November 2024 – prize not yet allocated.
- SBG requested oversight of the performance data to see how NCG are benefitting from the partnership.
- NCG feature including the benefits for CAVUHB colleagues, including the latest affinity offers is being developed.

New Staff Benefits Providers

Although no new Staff Discount proposals were received at the time of the meeting, subsequent offers have been received and promoted across all digital engagement platforms.

Discount Provider	Offer
White Dove Motor Group	Partnership proposal and offers for CAVUHB colleagues
Zip World Tower (Merthyr)	15% discount on zip line experience
Brodies Coffee (Heath Park)	10% discount for Cardiff and Vale UHB staff
Brewhouse & Kitchen	20% off food for NHS staff 10% off Christmas bookings
Bald Duck Productions	50% off Comedy City tickets for Friday 13th September
Cardiff Rugby	50% discount on tickets for Cardiff Rugby vs URC Champions Glasgow Warriors on Friday, 4th October

Staff Benefits Promotions

- **Viva Engage**

A Staff Benefits Community Group has been set up on the newly launched 'Viva Engage' staff engagement platform, in which members can share content of any discounts, deals and benefits. Content is monitored by the group's administrators in line with SBG guidance, e.g. no alcohol promotion etc. Interest has been positive in its first few weeks, with **233** colleagues joining the group.

- **Blue Light Card**

- SBG members proposed an opportunity to engage with Blue Light Card for a promotion to provide new starters with a Blue Light Card through their induction at CAVUHB.
- Payroll colleagues will look into the taxable benefits of this promotion.

- **Ask Suzanne – Staff Benefits**

- Communications Team to advise on available dates, to be aligned to a session on "Putting People First". EDoPC keen to include elements of the non-pay deal.

- **Travel Savings Feature**

- Feature being developed on CAVUHB employee travel savings, i.e. Cycle to Work Scheme, lift sharing, IFF Card and preferential currency rates at Post Office, UHW Concourse. This will be promoted widely with a plan for future inclusion in CAVUHB induction packs

Staff Benefits Activity since the meeting held on 18th June includes:

- **Health Charity Pod, UHW**

Several local companies and organisations providers have approached the Health Charity to request on-site attendance at UHW to promote discounted services and deals for colleagues.

The Health Charity Manager has engaged with these and other local providers, to develop a schedule of attendance in the coming months, and particularly in the run-up to Christmas to facilitate this by utilising the Charity Pod based in the Concourse at UHW. Engagement to date:

- Costco has held 2 successful events at the Pod in July/August, with 69 colleagues signing-up for discounted membership.

- Nathaniel Cars, Dove White Cars and Cardiff Rugby have expressed an interest in being included in this promotional opportunity, and engagement with other local providers is ongoing, to broaden the range of promotions and offers available for colleagues.

This joint working proposal also provides an excellent opportunity for the Health Charity to engage with local businesses to garner sponsorship, support and contributions to fundraising events, which directly supports both patients and staff through the use of charitable funds.

Date and Time of Next Meeting – 5th November 2024

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

- The Staff Benefits Group continues to support colleagues across Cardiff and Vale University Health Board by promoting internal employee benefits and external staff discounts/offers via staff engagement platforms, including VIVA Engage, CAVUHB Internet /Staff Connects/Sharepoint/social media platforms and digital screens.
- It is encouraging to see the mutually beneficial opportunities being explored and progressed between the Staff Benefits Group and the Health Charity which includes:
 - the promotion of local benefits and discounts for colleagues via face-to-face engagement
 - increased opportunities for fundraising support which directly impacts both patients and colleagues
 - community partnership engagement to enhance staff benefits

Recommendation:

The LPF are requested to:

RECEIVE FOR INFORMATION the Staff Benefits Group Report for the period June - August 2024.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
-------------------------------	--	--	--

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration	√	Collaboration	√	Involvement	√
------------	--	-----------	--	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: 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: 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: 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: 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: 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: 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: No

The Socio-Economic Duty is 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: No

Equality Health Impact Assessments (EHIA) are typically undertaken 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: No

Has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made.

(If this has been addressed in the main body of the report, please confirm)

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Committee/Group/Exec	Date:

DRAFT

Blunsdon, Louise
02/10/2024 11:07:47

Report Title:	The Annual Welsh Language Standards Report	Agenda Item no.	12
Meeting:	Local Partnership Forum	Public	Meeting Date:
		Private	
Status <i>(please tick one only):</i>	Assurance	Approval	Information
Lead Executive Title:	Executive Director for People and Culture		
Report Author (Title):	Head of Equity & Inclusion		

Main Report

Background and current situation:

The Health Board has a duty to comply with Welsh Language Standards, which involves providing services in Welsh and promoting the language within the healthcare setting. As part of the compliance, the Health Board is required to publish an annual report detailing progress and, in particular, against the following performance indicators:

1. Concerns received about the lack of compliance to the Welsh Language Standards.
2. The number of vacancies that were advertised with Welsh language skills as essential, desirable or not needed
3. The breakdown of Welsh Language skills of the staff within the Health Board.

The annual report presents an opportunity for the Health Board to highlight its commitment to the Welsh language. It showcases the successful integration of Welsh language services in healthcare, reflecting on key events and initiatives that have advanced bilingual provision. This document goes beyond demonstrating compliance with Welsh Language Standards but also celebrates cultural inclusivity and the improvements made in enhancing patient care through language accessibility.

The report also highlights the ongoing challenges in compliance, particularly in the registration of Welsh language skills and the integration of Welsh language requirements into recruitment processes. Addressing these issues is crucial for ensuring that Welsh language provisions are upheld.

The Health Board is mandated to make the report publicly available by 31st September 2024. The final report published will be enhanced by the Medical Illustration team.

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

Members should note the data that shows:

- a low number of staff that were recruited to the organisation with Welsh language skills as essential.
- a low number of staff who have registered their Welsh language skills on their Electronic Staff records, after a concerted effort to improve registration.

The Welsh Language Commissioner, who is responsible for monitoring the organisation's compliance with the Welsh Language Standards, has voiced concern about these two issues - leading to Standards Enforcement Investigations being opened.

As a response, the Health Board is currently working to ensure that the recruitment process improves the level of staff members with Welsh Language skills. Furthermore, the organisation is continuing campaign to ask staff to register their Welsh Language Skills.

The Welsh Language Annual Report was approved by the People and Culture Committee on 10 September 2024 and will be published on the UHB website.

Recommendation:

The LPF is requested to note the contents of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.  Putting People First Click the objective above to view more detail.	x	2.  Providing Outstanding Quality Click the objective above to view more detail.	x
3.  Delivering in the Right Places Click the objective above to view more detail.		4.  Acting for the Future Click the objective above to view more detail.	x

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term	x	Integration	x	Collaboration		Involvement	x
------------	--	-----------	---	-------------	---	---------------	--	-------------	---

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	The Welsh Language report does not constitute a strategic decision and instead seeks to discharge a legal duty outlined by the Welsh Language Standards through reporting organisational progress during 2023-2024.
---	--	--	---	---

Impact Assessment:

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

Risk: Yes

As per the Welsh Language Standards, the Health Board is legally required to publish an annual report outlining the progress made in relation to the Welsh language by the end of September. Failure to do so would lead to legal sanctions by the Welsh Language Commissioner.

Safety: No

N/A

Financial: Yes

Failure to comply with the Welsh Language Standards, including by not publishing our Annual Welsh Language Report, could lead to financial penalties being issued by the Welsh Language Commissioner.

Workforce: No

N/A

Legal: Yes

As per the Welsh Language Standards, the Health Board is legally required to publish an annual report outlining the progress made in relation to the Welsh language by the end of September. Failure to do so would lead to legal sanctions by the Welsh Language Commissioner.

Reputational: Yes	
Failure to comply with the Welsh Language Standards, including by not publishing our Annual Welsh Language Report, could lead to a Standards Enforcement Investigation being undertaken by the Welsh Language Commissioner, the results of which are made public.	
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>	
N/A	
Equality and Health: No - <i>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)</i>	
N/A	
Decarbonisation: No	
N/A	
Welsh Language: Yes	
The report outlines the progress the Health Board as made in our journey towards delivering Welsh language services, as per the Welsh Language Standards and the <i>More than just words</i> national strategy. Failure to publish the report would be detrimental to our communities and colleagues confidence in our commitment to the Welsh language.	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:

Blunsdon, Louise
02/10/2024 11:07:47



GIG
CYMRU
NHS
WALES

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



Llunio ein
Llesiant
i'r Dyfodol
Shaping Our Future
Wellbeing

Cardiff and Vale University Health Board

Welsh Language Annual Report 2023-2024



Llunio ein
Gweithlu
i'r Dyfodol
Shaping Our Future
Workforce



Tegwch a Chynhwysiant
Equity & Inclusion

Contents

Introduction	3
Governance and Structure	4
Building a bilingual culture.....	5
Welsh Language Translation	11
Service Delivery Standards.....	12
Operational Standards	16
Recruitment	17
Welsh Language Concerns	17
Welsh Language Skills of Staff	18
Conclusion and Vision for 2023-2024.....	19

Blunsdon, Louise
02/10/2024 11:07:47

Introduction

On 30th May 2019, the Welsh Language Measure (2011) came into force placing legislative duties on Cardiff and Vale University Health Board with regards to the Welsh language. The specific duties that Health Boards are required to comply with, set by the Welsh Language Commissioner, are available [here](#). As set out in the compliance notice, the Health Board must provide a service for patients, service users, and the general public in Welsh should that be their preferred language. Additionally, the Health Board is required to deliver a range of services for its staff through the medium of Welsh.

The story of the Welsh language in Cardiff and the Vale of Glamorgan is unique. According to the latest Welsh Government statistics, when considering the percentage of the local population who speak Welsh, Cardiff came in as the 8th highest with 28% of residence speaking the language. The Vale of Glamorgan was ranked 19th, with 18.5% of people living in the area being Welsh speakers. When considering, the actual number of those who speak Welsh, Cardiff tops the list with 102,000 people, higher than any other region in Wales. The Vale of Glamorgan has 18,000 Welsh speakers, which is ranked as the 18th largest in the country.¹

Blunsdon, Louise
02/10/2024 11:07:47

¹ Annual Population Survey – Ability to speak Welsh by local authority - <https://statswales.gov.wales>

Governance and Structure



The Chief Executive is corporately responsible for the Welsh Language Standards, with the Executive Director for People and Culture responsible at Board level. The Assistant Director for Organisational Development, Wellbeing and Culture alongside the Equity and Inclusion Senior Manager provides strategic leadership.

The Welsh Language Officer, working within the Health Board's Equity and Inclusion Team, is responsible for the Standards on a day-to-day basis and acts as a point of contact for the Standards and other matters relating to the Welsh language.

The UHB's receives assurances that its services are complying to the Welsh Language Standards through the People and Culture Committee.

Complaints received by Cardiff and Vale University Health Board are dealt with and responded to through one of two processes. All concerns regarding patient care and patient experience are dealt with through the Putting Things Right process, administered by the Health Board's Concerns Team. Concerns relating to compliance in corporate areas are dealt with directly by the Welsh Language Officer. The corporate concerns process is available on the Health Board's website

Blunsdon, Louise
02/10/2024 11:07:47

Building a bilingual culture

Strategic Equality Plan and the Welsh Language

The Strategic Equality Plan of Cardiff and Vale University Health Board (UHB) plays a significant role in supporting the Welsh language agenda.

It does this by promoting bilingual services, offering staff training, and ensuring compliance with Welsh Language Standards. The Health Board has recognised that there are cross-cutting themes between the Welsh language and equity and inclusion. It is recognised that there is a link between Welsh Language and age or mental health, for example patients or service users who have been diagnosed with dementia.

By integrating the Welsh Language into the overall plan, it fosters an inclusive environment that respects linguistic diversity and promotes equality.



Awareness Days



The Health Board has continued to use national awareness days to champion the importance of the Welsh language within healthcare settings. By marking days such as St. Dwynwen's Day, Welsh Language Music Day, and Diwrnod Shw'mae Day, the Health Board has actively promoted Welsh language use and its positive impact on patient care.

On St. Dwynwen's Day, the Health Board highlighted the passion and commitment of its staff towards the Welsh language. The emphasis on Welsh language serves as a vital tool for fostering community connections and enhancing healthcare services through the medium of Welsh.

Diwrnod Shw'mae, celebrated on 15th October, was a dedicated day for encouraging the use of Welsh, particularly in healthcare environments. The Health Board emphasised the significance of addressing patients in their preferred language, which can contribute to their overall well-being and recovery. Initiatives included promoting Welsh language skills development sessions and providing materials to encourage staff members to greet patients in Welsh.

EM:sm, Louise
02/10/2024 11:07:47

Welsh Language Music Day was celebrated by curating a Spotify playlist that aimed to evoke nostalgia and positive memories in individuals living with dementia. The playlist featured a diverse range of Welsh language music, from traditional folk tunes to contemporary artists.



St. David's Day provided an opportunity for the Health Board to showcase the staff's dedication to the Welsh language and their commitment to preserving cultural heritage and promoting language inclusivity in healthcare.

Welsh Language Career Days



In June 2023, the Equity, Inclusion, and Welsh Language Team participated in the Welsh Language in Careers Day event hosted by Cardiff and Vale College. This event, aimed at secondary school students, provided a platform to highlight the benefits of using Welsh in the workplace and encourage students to further develop their Welsh language skills.

The Health Board was joined by other local organisations to discuss the advantages of Welsh language proficiency in various career fields. To provide firsthand insights, members of staff, including those participating in the NHS Graduate Placement program, were invited to speak with the students. The event was well-received by the attending schools, demonstrating the students' keen interest in understanding the importance of Welsh language skills in a healthcare setting.

Prompt Cards

In 2022-2023, the Health Board developed the Welsh phrases prompt card to assist staff in greeting all calls from patients and the public in Welsh. They included some simple Welsh phrases for staff to use when answering the telephone. The cards proved to be popular with staff, with over one thousand copies were printed and distributed across Health Board sites. The aim of the prompt cards is to help staff in greeting and handling calls bilingually and supporting compliance with Standard 17 and 18 of the Standards.



After the success of last year, with over 1,000 having been distributed across the Health Board, a further 2,500 copies were ordered for 2023/2024. The prompt cards are available for staff via the Welsh Language SharePoint site.

Developing Welsh Language skills of the workforce



During 2023-2024, the Health Board developed closer collaborative relationships with the National Centre for Learning Welsh and Dysgu Cymraeg Caerdydd. Through working closer with these organisations, the Health Board will improve its ability to provide Welsh language services through developing our staff's Welsh language skills. In turn, this will support the Health Board in delivering the

More than just words national strategy which aims to improve the availability and quality of Welsh language healthcare throughout Wales.

Some of the opportunities on offer includes Cymraeg Gwaith courses, a building confidence course, and residential programmes which take place in Nant Gwrtheyrn in North Wales. These opportunities are all designed to foster confidence in using Welsh professionally and to support the Health Board in delivering our vision to be an organisation where the Welsh language thrives.

'Building Confidence' Courses

The development of the Building Confidence course has been a huge step for the Health Board in improving our ability to deliver Welsh language services. There are staff within our workforce who have good Welsh language skills but often lack the confidence to use them in a workplace setting. The Building Confidence course provides individuals with tailored one-to-one sessions with a tutor from Dysgu Cymraeg Caerdydd in Cardiff University. The sessions consider individual experiences and challenges, and aims to remove the barriers that may exist to people using their Welsh in the work.



The course encourages people to use whatever Welsh language skills they have when speaking with patients, service users or colleagues. The one-to-one sessions are complemented by group sessions where speakers throughout the Health Board of all levels are invited to join in and use the Welsh they have.

The first cohort for 'Building Confidence' began in February 2024 and has been well-received by all those participating. The Health Board will continue to promote the course and monitor progress and outcomes of those taking part.

Mat Thomas, one of the participants has reflected on their experience of the course:

The sessions have helped me reconnect with the Welsh language that I had gained as a child but lost as an adult to the point I am now able with confidence to use the Welsh language within the workplace. It has enabled me to step back and look at some of the barriers I had been experiencing previously when learning Welsh. Flexibility to rearrange sessions within a busy department has been invaluable.

I feel a lot more confident in speaking Welsh and spend less time worrying about the little things like changing between Welsh and English when I forget someone can speak Welsh.

The last few weeks I have found a part of my Welsh language that I forgotten about, with the help of Nia Percy, my amazing tutor, I have found my inner Welsh I lost years ago. This course means so much to me for allowing me to reconnect with my heritage and the Welsh Language.

Being neurodiverse, I found Nia a perfect match for me and I have to say that Nia has been a massive part of the positive outcome that I have experienced, it is so important that when tutors are matched they are well equipped to be able to support in a way that meets the needs of the learner, so I have to say Diloch yn Fawr Nia for making this one of the best things that I have added to my life in a long time and will always be grateful for your support.

Cymraeg Gwaith Courses

The Health Board promoted the availability of online Welsh Language lessons for staff offered by the National Centre for Learning Welsh. The course teaches simple Welsh phrases to welcome patients and service users. Staff have made the most of the opportunity, with 35 people registering to undertake the Cymraeg Gwaith courses during 2023-2024.

Residential Courses in Nant Gwrtheyrn

The Health Board had also been promoting the availability of fully funded residential courses in Nant Gwrtheyrn. The course is a one-week intensive course where people learn Welsh alongside speakers of a similar level.

Sarah James from Clinical Imaging spoke about her time at the Nant Gwrtheyrn residential courses

A really good experience...I felt more confident by the end of the week. I haven't spoken as much Welsh since being at school. We met for breakfast, lunch and socialised at night. It felt natural because we greeted each other in Welsh, instead of in English, first."

I feel a lot more confident now. I would now like to meet other people in an informal group to practice. I read more in Welsh, listen to more podcasts and to the radio and television too.

Collaborating with other public services in the Cardiff and Vale Area

The Health Board continues to support Cardiff City Council in delivering the 'Bilingual Cardiff' Strategy, to increase the awareness and use of the Welsh language within the city.



Fforwm Caerdydd

The Health Board has maintained its active involvement in the Welsh Language Forum for Cardiff and the Vale of Glamorgan. Through the forum, the Health Board has fostered collaborative relationships with other key organisations and institutions in the region, including Menter Iaith Caerdydd and Menter Y Fro (the Welsh Language Enterprise in the Vale of Glamorgan). These partnerships have enabled the Health Board to collaborate on significant projects, such as the Welsh Language in Careers conference for students.

Rhwyd-iaith



Since its inception over a year ago, Rhwyd-iaith has experienced significant growth, now boasting 73 members with a steady increase each week. Our lively Teams channel serves as a hub for sharing information and updates related to Welsh language events within the Health Board and the wider Cardiff and Vale region. This includes announcements about chat clubs, prompt cards for assisting staff with Welsh language phone conversations, and awareness days such as "Diwrnod Shw'mae."

The Teams channel also facilitates volunteer recruitment, participation in external events, and opportunities for Welsh speakers to contribute to trials, such as the new ESR system. Rhwyd-iaith members were offered the opportunity to participate in the first cohort of the 'Building Confidence' course provided by Cardiff University. Additionally, information about Welsh language courses at Nant Gwrtheyrn has been shared with members, leading to several taking advantage of this valuable resource.

The Rhwyd-iaith Committee is currently in formation, with two roles already filled. A recent meeting focused on discussing future directions and priorities for the network

over the coming year. The goal is to complete the establishment of the Committee by the end of the year, ensuring a smooth transition of leadership to members.

The Health Board were recognised for their work in establishing Rhwyd-laith being presented with the Welsh Language Award at the HPMA Cymru Awards 2024. This is the second consecutive year that the Health Board has won this award.



Blunsdon, Louise
02/10/2024 11:07:47

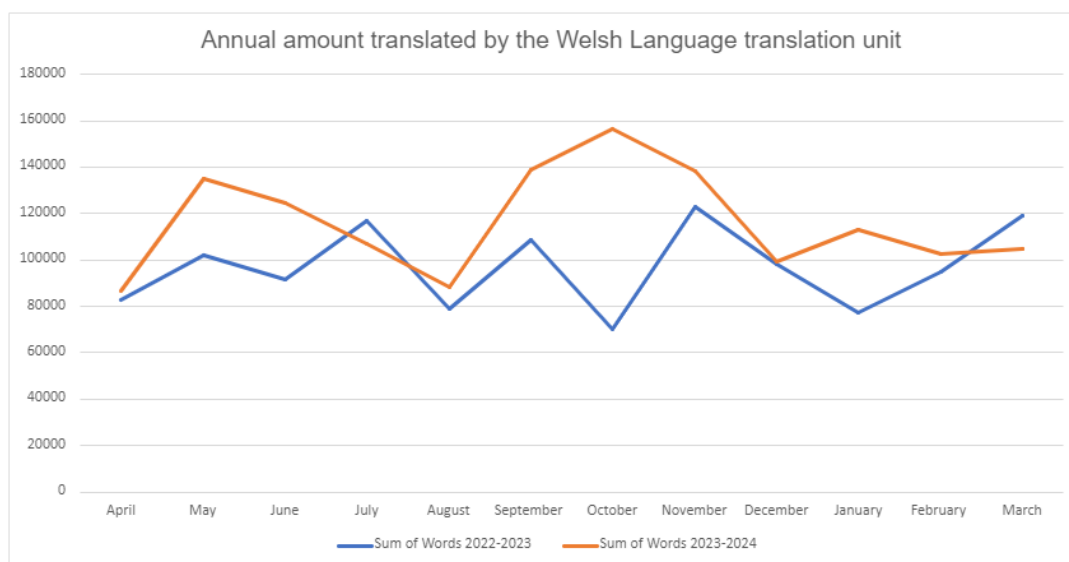
Welsh Language Translation

Cardiff and Vale University Health Board

The Health Board's Senior Welsh Language Translators continue to provide an effective translation service for the Health Board.

Over 2023-2024, the team translated nearly 1.4 million words, including a wide range of documents such as the Annual Welsh Language Report and the Strategic Equality Objectives and Plan 2024-2028.

As demonstrated below, the team have increased the amount of words translated during the 2023-2024 period in comparison with 2022-2023.

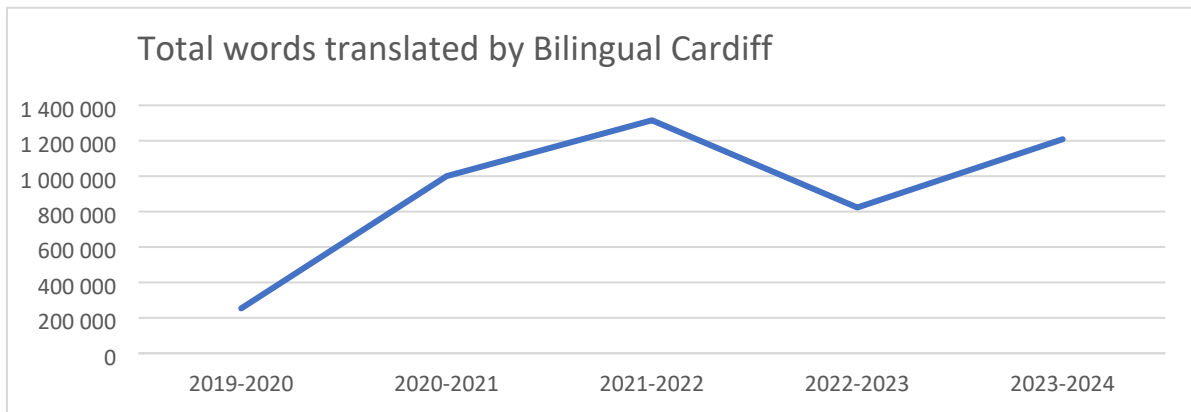


The team has significantly enhanced the Health Board's services by providing invaluable support to staff. Their efforts in ensuring bilingual information is readily available for patients and service users have been widely appreciated by colleagues.

Service Level Agreement with Cardiff City Council

The Health Board continued to work with Bilingual Cardiff, the Welsh Language translation service managed by Cardiff City Council, in line with the service level agreement in place, to deliver Welsh language translation for the Health Board.

During the 2023-2024, Bilingual Cardiff also translated over 1.4 million words for the Health Board; having translated a just over 3 million words since 2019.



Service Delivery Standards

Welsh Language Ambassadors



The Health Board continues to successfully use Welsh Language Ambassadors as part of the Inclusion Ambassadors programme for Executive and Board Members, as well as Clinical Boards, including Children and Women, Mental Health, Primary and Community Care and Clinical

Diagnostics and Therapies. The Ambassadors take on a role where they promote the importance of the Welsh language in their local areas, support with the implementation of the Standards, celebrate success and report any challenges encountered.

Progress by the Clinical Boards

The Equity and Inclusion Team has been collaborating with Clinical Boards to improve Welsh language usage while maintaining effective patient and public services. A key focus has been on encouraging staff to register their Welsh language skills. To streamline this process, the Clinical Boards have developed a user-friendly form that simplifies skill registration and seamlessly integrates information into the Electronic Staff Record.

Frontline areas have implemented several strategies to enhance Welsh language services:

Ensuring all patient and service user information is available in both English and Welsh.

- Distributing and promoting the use of "Iaith Gwaith" and "Dysgwr" badges to signify staff proficiency and learning in Welsh.
- Encouraging staff to use Welsh language signatures and out-of-office messages.
- Employing Welsh language phrases when answering calls and greeting visitors.
- Collaborating with other health boards across Wales through network groups to exchange best practices and ideas.

The All-Wales Therapeutics and Toxicology Centre

The All Wales Therapeutics and Toxicology Centre (AWTTC) has been actively promoting health and safety through various bilingual resources. In collaboration with Learning Disability Wales, they've produced a tramadol information leaflet and a comprehensive guide on unlicensed medicines in both English and Welsh. Their efforts also include an educational animation on lung health, a bereavement card for grieving parents, and the 'Stepping Stones' booklet for physiotherapy patients, ensuring accessibility for Welsh speakers. Additionally, CEDAR is enhancing patient involvement by translating outcome measures into Welsh with community feedback, while the Speech and Language Therapy team has created a video to encourage Welsh usage in the workplace.

CEDAR – Centre for Healthcare Education, Device Assessment and Research

During the past financial year, CEDAR has continued with the translation of PROMs (Patient-Reported Outcome Measures) questionnaires, as part of our work with [NHS Wales Centre for Value in Health](#) to provide Value-Based Healthcare across the country. Ten PROM's were thoroughly translated using [ISPOR principles](#), which includes forward translation, reconciliation, post-translation and validation with patients. Interviews were conducted with over 50 patients as part of this work. To continue this work, we developed a new [volunteers database](#) to conduct future interviews, and work has continued to advertise the database online, in newspapers and in posters. In addition, CEDAR has translated [a new update of the national PREM \(Patient-Reported Experience Measures\) questionnaire](#), a piece of work requested by the Welsh Government. ISPOR principles were again followed for this work, interviewing 10 patients in order to complete it.

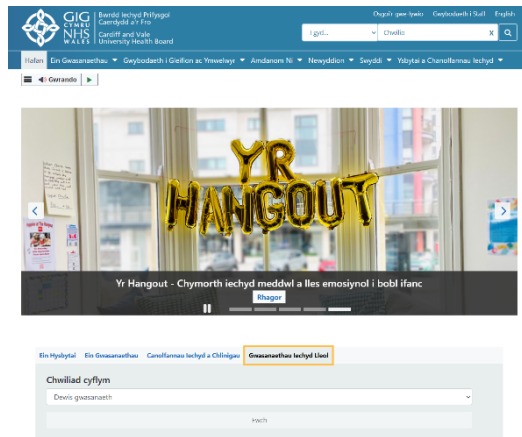
During the year CEDAR has also provided Welsh services to Welsh speaking participants across a number of local and national evaluation and research projects. This has included providing Welsh documents, including questionnaires, and conducting Welsh interviews.

With the hiring of a new Welsh Language Coordinator in early 2023, CEDAR has also begun to develop an internal Welsh policy to ensure we comply with the Health Board

and Welsh Language Commissioner policy requirements. This has included gap analysis to determine which documents need to be translated and when, what other services such as interviews and focus groups are needed as part of research projects, and the general promotion of Welsh in the CEDAR department.

Communications and Engagement Team

The Cardiff and Vale University Health Board (CAVUHB) website currently has over 11,000 webpages. In August 2023, the Communications team enabled an approvals process for colleagues across the Health Board who have access to the website CMS



Mura, where new webpages or page amends undergo approval by the Communications and Engagement Team before going live on the public facing website.

This change has meant all new pages since August 2023 have been compliant with Welsh Language Standards. If colleagues submit a new webpage or page amends that do not have a Welsh equivalent, the Communication and Engagement Team contact the individual to inform them of the Welsh language requirements

and amendments that are needed before this page can be approved and go live, or offer additional website training support to the individual.

This approach also helps to inform colleagues across the Health Board about the Welsh Language Standards and requirements.

The team have a weekly rota for Welsh language approvals and amends on the website, and regular meetings to discuss the progress, any issues, and to identify colleagues who may need additional support in updating their webpages to be compliant.

Due to a large number of webpages being added to the website before the approvals process was in place, the team have a log of previous non-compliant pages to amend. The team use an evidence-based approach to amending these, using Google Analytics to reference the views a page has received to help prioritise which webpages to amend first.

The Communications team have also developed training resources including video tutorials of adding content to the website and training guides, which also highlight the Welsh Language requirements for colleagues' awareness.

The Communications team have also added 'We welcome phone calls in Welsh and in English' as a footer that appears on every page across the website.

The team are responsible for all content to social media and ensure all social media posts are bilingual do not post content without a Welsh equivalent.

For internal communications with colleagues across the Health Board, the team have also promoted various Welsh Language courses with staff and work closely with the Equity and Inclusion and Corporate Management teams to find out about new initiatives that we can support and provide visibility to.

Auditing of services via Tendable

The Health Board has implemented Tendable, a mobile inspection and auditing system designed to educate and empower frontline staff in improving quality within healthcare settings. The system has successfully conducted two audits to assess frontline areas' compliance with the Welsh Language Standards.

The audits revealed that areas are generally compliant with the standards by providing bilingual signage, inquiring about patients' preferred language, and delivering services in Welsh when requested. Positive feedback from the audits included praise for "excellent communication" among Welsh-speaking staff and the practice of recording patient language preferences in Theatre Care Plans.

However, the audits also identified areas for improvement in ensuring consistent compliance with Welsh Language Standards. Tendable will be instrumental in providing the Health Board with a comprehensive overview of compliance across the organisation. This will enable the Health Board to conduct further investigations and implement strategies to strengthen frontline compliance with the standards.

Blunsdon, Louise
02/10/2024 11:07:47

Operational Standards

Welsh Language Skills Campaign

The Health Board has been actively working to ensure that staff members register their Welsh language skills. In collaboration with the People Analytics Team, the Equity and Inclusion Team has developed an efficient system for staff to record their language abilities.

A user-friendly Microsoft Form was created, allowing all staff to easily input their Welsh language skills. This data is then seamlessly transferred into the NHS Electronic Staff Record.

Although the process was still in its early stages as of April 2024, with 37% of staff having registered their skills, it is expected that this figure will significantly increase throughout 2024-2025.

SharePoint

The Equity and Inclusion Team has been diligently updating the SharePoint website with comprehensive Welsh language information. Throughout 2023-2024, the team has significantly expanded the resources available on the site, covering guidelines and the importance of providing healthcare services through the medium of Welsh.

One notable addition is a dedicated page featuring patient and family stories highlighting the significance of the Welsh language in delivering effective healthcare. The SharePoint site now serves as a central hub for the latest news, events, and developments related to the Welsh language within the Health Board.

Blunsdon, Louise
02/10/2024 11:07:47

Recruitment

(Information required as per the Standards)

The table below provides information on the number of vacancies advertised during 2023-2024 and the type of Welsh language skills that were requested:

Cardiff and Vale UHB 2023-2024	
Total number of vacancies advertised as:	
Welsh language skills are essential	3
Welsh language skills are desirable	2487
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	49
Total Number of vacancies advertised	2539

Welsh Language Concerns

(Information required as per the Standards)

Cardiff and Vale University Health Board has two formal complaints systems to handle complaints and concerns in relation to the Welsh Language.

The 'Putting Things Right' concern system handles concerns around patient and service user care. The Concerns Team liaises closely with the Equity and Inclusion Team to ensure that any concerns in relation to the Welsh language are managed appropriately. The Patient Experience Team received one complaint around the compliance of the Welsh Language Standards from members of the public during the 2023-2024 reporting period.

A separate corporate concerns process is available for non-clinical and corporate concerns. A copy of the process is available on [the Health Board's website](#). The Health Board received three concerns through this route during 2023-2024.

The Health Board actively supported the Welsh Language Commissioner in investigating four Standards Enforcement Investigations initiated during the 2023-2024 period. While one of these matters was resolved, three remain ongoing.

One of the key concerns, and an area of focus for the Health Board over the coming year, centred on ensuring bilingual services were provided over the phone and in reception areas. In response, the Health Board has reviewed its recruitment processes around Welsh language skills and has worked with teams to develop their Welsh language skills, raising awareness of the Welsh language learning opportunities that are

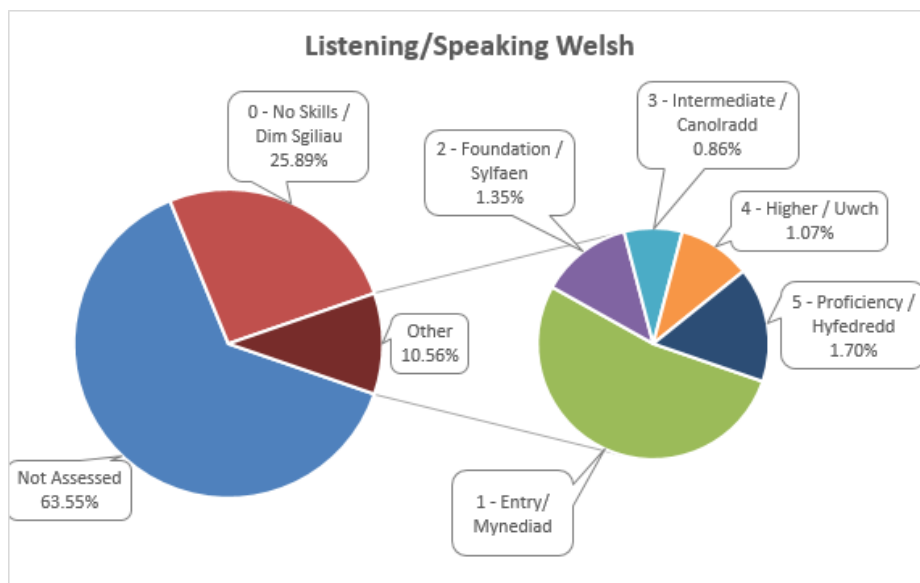
available to staff. These steps aim to empower service managers in delivering effective healthcare services in Welsh.

Welsh Language Skills of Staff

(Information required as per the Standards)

The table below provides information on the registration of Welsh language skills of staff as at 31st March 2024:

Listening/Speaking Welsh	Headcount
0 - No Skills / Dim Sgiliau	4624
1 - Entry/ Mynediad	997
2 - Foundation / Sylfaen	242
3 - Intermediate / Canolradd	153
4 - Higher / Uwch	192
5 - Proficiency / Hyfedredd	303
Not Assessed	11351
Grand Total	17862



Blunsdon, Louise
02/10/2024 11:07:47

Conclusion and Vision for 2023-2024

The Health Board is committed to its vision of being a place where the Welsh language thrives. This vision is essential for fostering inclusive and culturally sensitive communication with patients and the wider community. By prioritising bilingualism, the Health Board aims to deliver exceptional care, respect Wales' linguistic heritage, and create a sense of belonging for all it serves.

While progress has been made in Welsh language compliance and cultural celebration, the Health Board recognises the need for further advancements. The "Meddwl Cymraeg – Think Welsh" campaign has played a vital role in fostering a cultural shift by emphasising the importance of Welsh language use. The campaign's success has encouraged staff to integrate Welsh into their workplace interactions.


The Health Board has strategically integrated the Welsh language agenda into its organisational strategy, such as the People and Culture Plan and the Strategic Equality Objectives and Plan.

Looking ahead, the Health Board aims to strengthen its bilingual culture and services. In collaboration with the Welsh Language Commissioner and Welsh Government, the Health Board will focus on the following objectives for 2024-2025:

- Improve the registration of Welsh language skills in the Electronic Staff Record system.
- Integrate Welsh language skills assessment into recruitment procedures to ensure effective bilingual communication.
- Enhance the availability of Welsh language reception services.
- Continue working with Clinical Boards to improve Welsh language services for patients and service users.
- Develop and deliver further Welsh language learning opportunities for staff.
- Continue to develop Rhwyd-iaith.

Blunsdon, Louise
02/10/2024 11:07:47


Cardiff & Vale University Health Board - Implementation of the non-pay parts of the 2022 to 2024 collective agreement (05/04/24 WHC)

IMMEDIATE ASSURANCE PART 1 - provide an assurance report by the end of May 2024 confirming that the relevant measures are in place									
WHC Action	HB Lead	TU Lead	Deadline	Delivered Y/N	If Yes - provide evidence	If No - Reasons off track?	If No - Plan to achieve delivery of WHC action	If No - Rate confidence on ability to deliver by next reporting period? (H/L - no medium)	Action Plan
Confirm that Unsocial Hours Allowance has been reinstated after one week's sickness absence since 1st March 2023 and that this has now been made the permanent position.	Lianne Morse	Dawn Ward	30/05/24	Y	Action progressed centrally by NWSSP Employment Services	N/A	N/A	N/A	N/A
Confirm implementation of the all-Wales Flexible Working Policy	Rachel Pressley	Peter Hewin	30/05/24	Y	The Policy was adopted by the UHB's People & Culture Committee on 23/01/24	N/A	N/A	N/A	N/A
Confirm implementation of the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons to decline.	Katrina Griffiths	Mat Thomas	30/05/24	N	N/A	The Policy has been published on the UHB website and circulated to managers. A T&F Group has been established to delivery actions that will help embed the principles into our culture, which if done correctly will require a longer period of time than that outlined in the WHC.	Task and Finish Group established and a programme of work agreed including: developing training for managers, guidance & toolkits, developing a process to record and monitor requests.	H	 H:\Desktop\Flexible Working Policy Action Plan.xlsx
Confirm implementation of the all-Wales Pensions Flexibilities Policy	Andrew Crook		30/05/24	N	N/A	The All Wales Policy has been delayed, legal advice has been sought in relation to split contracts, the Policy needs to be approved by WPF	An action plan is in development to support the publication of the Policy, this will be ready by end July 24. The UHB will be focusing on raising awareness with our colleagues, making Pension resources/materials available, holding awareness sessions, etc.	H	
Provide details of the system in place to ensure staff are paid in line with national agreed terms and conditions for all of the hours they work (including their breaks and shift over runs and additional hours)	Lianne Morse	Dawn Ward	30/05/24	Y	Agenda for Change terms & conditions	The NHS has national Agenda for Change terms & conditions that provide clarity for colleagues on their entitlement when working additional hours, e.g. overtime, bank, TOIL. Workforce data shows that the UHB are utilising significant amounts of overtime, bank and additional hours for part-time staff. We are also aware that TOIL is offered as an option for colleagues in some case but NOT all. If overruns and working through breaks is identified on our e-rostering system (HealthRoster), the Roster Manager can request that the additional hours worked can be taken as TOIL or paid as overtime/additional hours.	N/A	N/A	N/A

Blunsdon Louise
02/10/2024 11:07:47

Confirm delivery of the continuous professional development relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15).	Carys Fox	Fiona Salter	30/05/24	Y	<ul style="list-style-type: none"> * NMC Revalidation (no Nurses have failed to revalidate due to not meeting CPD standard) * Preceptorship * 53 PDNs in practice in UHB * All 25b wards compliant with Staffing Act Headroom 26.9% * Leadership Programmes * ESR reports * Education Team report on level of training & development being delivered * VBA compliance for RNs is currently 82.7% 	N/A	N/A	N/A	N/A
Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention and Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.	Claire Whiles		30/05/24	Y	Our IP&C team have confirmed that a solution has been found to allow all staff to access drinking water when on shift. Our colleagues can access drinking water from the kitchens, restroom, restaurant, canteen and if they prefer bottled water this can be purchased from onsite outlets, community shops, etc.	N/A	N/A	N/A	N/A
REQUIRED ASSURANCE PART 2 - Baseline Assurance Report by 30/05/24 - develop action plan by end of July 2024; monitoring/progress report by end of Sept 2024; Completion report by Jan 25									
Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.	Katrina Griffiths	Dawn Ward	30/05/24	Y	<ul style="list-style-type: none"> * Comprehensive procedure in place for all injury allowance applications * Appeal process in place * Training available to managers * Developing decision making toolkit for managers 	N/A	N/A	N/A	N/A
Review the use of radiography on-call standby in out of hours arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.	Donna Davies	Dawn Ward	30/05/24	Y	Please see attached	N/A	N/A	N/A	H:\Desktop\COPY of Self-Assessment Non-Pay Pay Deal Radiology On call updated following meeting 29 Aug.xlsx
Confirm implementation of the all-Wales Occupational Health minimum service levels/key performance indicators (incorporating monitoring and support).	Claire Whiles		7.31.24	Y	<p>Please see attached</p> <p>KPI's have been adjusted to reflect the task / requirements. Standardise reporting template on all Wales basis.</p> <p>CAV is aware of the SEQOSH self assessment requirement by end of November 2024 and is currently exploring options on how this will be achieved</p>	N/A	N/A	N/A	\\cav-vstor10\hr_users\People Services Team\Non Pay Element\OH Scope Standards Reporting CAV June 2024.docx
EXPECTED ASSURANCE PART 3 - Action plan by end of July 2024; Progress report by end of September 2024; completion report by end of January 2025									
Welsh health circular (2024) 012 Nursing Preceptorship	Lisa Franklin		31.07.2024	Y	Extensive UHB Nursing and Midwifery preceptorship review undertaken in response to WHC. New, updated preceptorship programme developed in response, which will have clinical supervision sessions embedded in programme. Launching 28th August. UHB preceptorship governance framework, containing UHB standards developed.	UHB standards went to NMB for approval 10/07/24. Further detail required regarding impact of new programme and teaching resource required. This is currently being mapped ready for August Nursing & Midwifery Board	Final Education plan and Preceptorship Governance Framework to go to NMB 14/08/24 for approval ready for the programme launch. Paper to also go to Senior Leadership Board (SLB) for approval.	H	24 07 24 CV UHB Preceptorship and Clinical Supervision Implementation Plan.xlsx
HEIW Nursing for the Future Strategic Workforce Plan	Carys Fox		31.07.2024	N		CAV have engaged in the development and consultation process of the Plan. The latest information received from HEIW on 11th Sept 2024 is that the Plan will go to HEIW Board in November 2024 with the launch planned following that. This is a further delay by HEIW as the Plan was due to be launched by HEIW in August 24 with roadshows in September 2024.	Review final version of plan and develop HB action plan	H	

Blunsdon, Louise
02/10/2024 11:07:47

HEIW Nurse Retention Plan	Carys Fox		31.07.2024	Y	Please see attached Plan, that is a dynamic/working document. The Nurse Retention plan is currently in progress and has shown positive advancements in most of the actions, some actions are being explored to progress further. There are no additional plans to refresh the Nurse Retention Plan as it will be concluded by September 24. However, the upcoming Nursing for the Future Strategic Workforce Plan set to be released in September will encompass nurse retention.	N/A	N/A	N/A	 https://nhs.wales365-my.sharepoint.com/personal/l/lanne_morse_wales_nhs.uk/Documents/01%20Lianne
Birthrate Plus Report (Retention Plan)	Carys Fox		31.07.2024	N	N/A	The requirement to review and analyse a number of reports to inform the programme of work	The following will be prioritised over the next 1-2 months. Review findings of recent HIW inspection report, Ockendon Report and Birthrate Plus Report - develop action plan aligned to the HEIW Nurse Retention Plan, meetings over the next 1-2 months arranged	H	
Other professional group retention strategies - identify recommendations which may be transferrable across all Agenda for Change groups with the aim of improving the ability for individual progression in their professional field/staff group.	Claire Whiles		31.07.2024	N	N/A	Retention and OD Lead to utilise access to Retention Community of Practice and learning from Nurse Retention Plan to work with key stakeholders in the identification of transferrable recommendations	Retention framework/toolkit to be developed by end of Qtr 3	H	
Implement appropriate to local circumstances the HEIW 'Staff Health and Wellbeing best practice guide' (incorporating nutrition and rest aspects of the staff welfare project)	Claire Whiles		31.07.2024	N	N/A	A Health and Wellbeing task and finish group has been established and are in the process of developing a Health and Wellbeing framework.	The framework will be presented to the People and Culture Committee in November 2024 for approval	H	
Implement appropriate to local circumstances the HEIW continuing professional development strategy. Have the long-term goal for all staff protected time as parity with medics but set specific steps to achieving that which are realistic and achievable.	Claire Whiles		31.07.2024	N	N/A	Review of CPD has not been undertaken as yet as the UHB are waiting for HEIW to launch the CPD Strategy. The UHB has responded to the All Wales consultation and engagement exercise led by HEIW.	Whilst waiting for the strategy to be launched the UHB are in the process of identifying areas of good practice with an aim to spread and scale. This is a significant piece of work and will require time/resources.	H	

Blunsdon, Louise
02/10/2024 11:07:47



Llywodraeth Cymru
Welsh Government

PUBLICATION, DOCUMENT

Implementation of the non-pay parts of the 2022 to 2024 collective agreement

Letter to NHS Wales organisations about effecting the non-pay parts of the 2022 to 2024 collective agreement.

First published: 5 April 2024

Last updated: 5 April 2024

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

Contents

Details

Implementation of the non-pay elements of the 2022 to 2024 collective agreement

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

Details

Issue date:

28 March 2024.

Status:

Action.

Category:

Workforce.

Title:

Implementation of the non-pay elements of the 2022 to 2024 collective agreement.

Date of expiry/review:

Not applicable.

For action by:

- Chief executives, NHS Wales health boards / trusts / special health authorities

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

- Directors of workforce, health boards / trusts / special health authorities

Action required by:

Dates specified in parts 1, 2 and 3.

Sender:

Judith Paget CBE, Director General for Health and Social Services and NHS Wales Chief Executive.

Contact(s):

Martin Mansfield and Emma Coles,
Health and Social Services,
NHS Workforce and Operations.
Email: martin.mansfield001@gov.wales

Enclosure(s):

None.

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

Implementation of the non-pay elements of the 2022 to 2024 collective agreement

Rationale and background

NHS Wales operates an effective and long standing social partnership model which brings Welsh Government, NHS Employers and health unions together to pursue shared priorities and address workforce challenges. The social partnership approach is supported through formal structures both at national level (Wales Partnership Forum) and at local health board / trust / special health authority level. Each of the partners bring their unique perspective and priorities in order seek to co-produce solutions and agree delivery outcomes.

Through the **Social Partnership and Public Procurement (Wales) Act 2023**, Welsh Government has legislated to provide statutory underpinning to the approach adopted in NHS Wales and to extend this to other sectors. The act also initiates a statutory requirement for annual reporting against the new social partnership duty.

Under our social partnership approach significant service change proposals would be shared and tested at the earliest opportunity in order to seek to achieve consensus before settled decisions are made. We adopt this same approach in the most challenging situations around strict financial limitations impacting shared principles.

In this context we are setting out in this Welsh health circular a control framework for the delivery in partnership of certain non-pay elements the development of which were aspects of our collective agreement 2022 to 2024.

This Welsh health circular also contributes to and supports the objectives of WHC (2023) 046 'All-Wales Control Framework for Flexible Workforce Capacity'.

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

Objectives for this work

- Contribute to the improvement of staff morale and well-being (assisting with recruitment into vacancies).
- Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual rate and with clear rates.
- Consistent delivery in social partnership of collectively agreed policies and approaches.
- Incentivise employed workforce over agency working through flexible working.
- Better value for money for NHS resources – reducing the additional costs associated with recruitment, retention and avoidable deployment of agency workforce.
- Enhance quality and safety of patient experience by delivering more care by our own workforce who are employed and familiar with our organisations and processes.

Programme delivery - three part control framework

The framework identifies three areas where aspects of the non-pay collective agreement require local action.

Part 1: immediate assurance (page 4)

Incorporates aspects of the collective agreement non-pay elements which are:

- statutory requirements
- contractual terms

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

- existing policy under collective agreement (implied terms)

Part 2: required (page 5)

Incorporates aspects of the collective agreement non-pay elements which are:

- implementation of new policy under this collective agreement (implied contractual terms)
- national tripartite collectively agreed priorities
- specific aspects of national strategic plans relevant to these policies/priorities

Part 3: expected (page 6)

Incorporates aspects of the collective agreement non-pay elements which are:

- aspects of longer term strategic plans
- goals for longer term delivery according to local circumstances
- best practice options or shared proposals from Wales Partnership Forum (WPF) for local consideration and local prioritisation

The requirements of this circular below provides the specifics of which aspects of each collective agreement non-pay element falls into each of parts 1 to 3.

Requirements of this circular

All implementation measures and reports should be agreed in partnership at the local partnership forum.

Reports must include a statement from the chair of the staff side that the content has been agreed. If there is no agreement, an explanatory statement as to why

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

this is the case should be included.

Part 1: immediate assurance

For each of points 1 to 6 below:

- review current implementation of the relevant aspect of the collective non-pay agreement
 - take any remedial implementation measures required
 - provide an assurance report by the end of May 2024 confirming that the relevant measures are in place
1. Confirm that Unsocial Hours Allowance has been reinstated after one week's sickness absence since 1st March 2023 and that this has now been made the permanent position.
 2. Confirm implementation of the all-Wales flexible working policy including the principle that acceptance of flexible working becomes the default across the workforce unless there are clear reasons to decline.
 3. Confirm implementation of the all-Wales pensions flexibilities policy.
 4. Provide details of the system in place to ensure staff are paid in line with national agreed terms and conditions for all of the hours they work (including their breaks and shift over runs and additional hours).
 5. Confirm that staff have access to drinking water (freely available within the workplace) and that this is enabled not prevented by Infection Prevention and Control through risk assessments and with clear local guidance, taking the environment and patient risk groups into consideration.
 6. Confirm delivery of the continuous professional development relevant requirements of the Nursing Staff Levels Act (2016) Statutory Guidance (paras 38 and 40) and the Duty of Quality Statutory Guidance 2023 and Quality Standards 2023 (paras 6.5 and 12.15).

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

Part 2: required

For each of points 1-3 below:

- review any existing implementation of the relevant aspect of the collective non-pay agreement
 - provide a baseline report by the end of May 2024
 - develop an action plan, agreed at the local partnership forum, which will achieve the outcomes required in the relevant non-pay element and provide a copy of the action plan by the end of July 2024
 - provide a monitoring / progress towards objectives report by the end of September 2024 (as appropriate this could be the completion report)
 - provide a completion report confirming full implementation of the relevant aspect of the collective non-pay agreement by the end of January 2025
1. Review how Unsocial Hours Allowance is implemented to ensure fairness, industrial injuries are properly recognised, and that staff are not discriminated against in line with the Equalities Act 2010.
 2. Review the use of radiography on-call standby in out of hours arrangements to ensure that the frequency of on-call standby does not negatively impact an individual's work-life balance consistent with the twelve principles set out in Table 22, Annex 29 of the NHS Terms and Conditions of Service Handbook.
 3. Confirm implementation of the all-Wales Occupational Health minimum service levels/key performance indicators (incorporating monitoring and support).

Part 3: expected

For each of points 1-3 below:

Blunsdon, Louise
02/10/2024 11:07:47

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).

- local partnership forum agree local priority areas and an action plan, developed in partnership, appropriate to local circumstances, with details provided by the end of July 2024
- update / progress report by the end of September 2024
- outcomes report by the end of January 2025 (for the purposes of sharing implementation best practice and identification of future national priorities)

1. In implementing and monitoring the following:

- Welsh health circular (2024) 012 Nursing Preceptorship
- Health Education and Improvement Wales Nursing for the Future Strategic Workforce Plan
- Health Education and Improvement Wales Nurse Retention Plan
- Birthrate Plus Report and
- other professional group retention strategies

- identify recommendations which may be transferrable across all Agenda for Change groups with the aim of improving the ability for individual progression in their professional field/staff group.

2. Implement appropriate to local circumstances the Health Education and Improvement Wales 'Staff Health and Wellbeing best practice guide' (incorporating nutrition and rest aspects of the staff welfare project).
3. Implement appropriate to local circumstances the Health Education and Improvement Wales continuing professional development strategy. Have the long-term goal for all staff protected time as parity with medics but set specific steps to achieving that which are realistic and achievable.

This document may not be fully accessible.

For more information refer to our [accessibility statement](#).

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/implementation-non-pay-parts-2022-2024-collective-agreement-html> for the latest version.

Get [information on copyright](#).