

Public People & Culture Committee Meeting

Tue 09 July 2024, 09:00 - 11:00

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items** 5 min

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes of the previous meeting - 14th May 2024

Sara Moseley

📄 1.4 Draft Public People & Culture Minutes 14.05.24.pdf (6 pages)

1.5. Action Log following the previous meeting - 14th May 2024

Sara Moseley

📄 1.5 P&C Public Action Log following 14.05.24.pdf (1 pages)

1.6. Committees Chairs Actions

Sara Moseley

09:05 - 10:35 **2. Items for Review & Assurance** 90 min

2.1. Staff Story - Staff Survey

Rachel Gidman

10 mins

2.2. Staff Survey Update

Rachel Gidman / Rebecca Corbin

10 Mins

📄 2.2 Staff Survey.pdf (7 pages)

2.3. Speaking Up Safely

Matt Phillips

10 Mins

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📄 2.3 Speaking Up Safely.pdf (13 pages)

2.4. Board Assurance Framework - Workforce Attract, Recruit & Retain

Jonathan Pritchard

10 Mins

📄 2.4 BAF - Attract Recruit and Retain.pdf (5 pages)

📄 2.4a APPENDIX 1.pdf (1 pages)

📄 2.4b APPENDIX 2.pdf (1 pages)

2.5. Staff Retention (including exit interviews)

Angela Voyle-Smith / Carys Fox

10 Mins

📄 2.5 Retention Update including Exit Interviews.pdf (4 pages)

2.6. Key Workforce Performance Indicators

Lianne Morse

10 Mins

📄 2.6 KPI Report Jul 24.pdf (6 pages)

📄 2.6a Integrated Performance Report.pdf (38 pages)

2.7. Clinical Board Spotlight - People & Culture Team

Rachel Gidman / Lianne Morse

30 Mins

📄 2.7 People & Culture Team Update.pdf (17 pages)

10:35 - 10:35 3. Items for Approval / Ratifications

0 min

3.1. No Items

10:35 - 10:50 4. Items for Information / Noting

15 min

4.1. Director of Public Health Update

Claire Beynon

10 Mins

📄 4.1 Director of Public health update to P+C Vaccination Committee.pdf (2 pages)

📄 4.1a DPH update P+C Committee Vaccinations.pdf (10 pages)

4.2. Strategic Workforce Plan for Primary Care Presentation

0 Mins

📄 4.2 Strategic Workforce Plan for Primary Care.pdf (12 pages)

4.3. Health & Safety Highlights

Geoff Walsh / Rob Warren

0 Mins

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- 📄 4.3 H&S Update.pdf (2 pages)
- 📄 4.3a Estates Update.pdf (6 pages)

4.4. Digital Communications & Analytics

Joanne Brandon

5 Mins

- 📄 4.4 Digital Communications Analytics_April-June.pdf (13 pages)
- 📄 4.4a Digital Communications Analytics_June (1).pdf (13 pages)

10:50 - 10:55 5. Any Other Business

5 min

Sara Moseley

10:55 - 10:55 6. Private Agenda Items

0 min

6.1. Fire Prosecution

6.2. Employment Relations

10:55 - 10:55 7. Review & Final Closure

0 min

7.1. Items to be deferred to Board / Committees

7.2. To note the date & time of the next meeting: Tuesday 10th September 2024 at 9am via MS Teams

7.3.

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**Draft Minutes of the Public People and Culture Committee
Held On 14th May 2024
Via MS Teams**

Recording (YouTube link) – [Click here](#)

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
In Attendance:		
Joanne Brandon	JB	Director of Communications
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Claire Whiles	CW	Assistant Director of OD
Geoff Walsh	DCE	Director of Capital & Estates
Rachel Pressley	HPA	Head of People & Assurance
Rob Warren	RW	Head of Health, Safety & Fire
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Paul Bostock	PB	Chief Operating Officer
Francesca Thomas	FT	Head of Corporate Governance
Sian Griffiths	SG	Consultant in Public Health
Leanne Morris	LM	People Services Manager
Jessica Castle	JC	Director of Operations – Specialist Services
Thomas Holmes	TH	Interim Co-Clinical Board Director – Specialist Services
Michael Stephens	MS	Interim Co-Clinical Board Director – Specialist Services
Tom Porter	TP	Consultant in Public Health Medicine
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Matt Phillips	MP	Director of Corporate Governance

Item No	Agenda Item	Action
P&C 14/05/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 14/05/001	Apologies for Absence Apologies for absence were noted. Internal Link - PUBLIC People & Culture Committee-20240514_090043-Meeting Recording.mp4	
P&C 14/05/001	Declarations of Interest	

	The IM-CE declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
P&C 14/05/001	<p>Minutes from meeting on 12th March 2024</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 12th March 2024 were agreed to be a true and accurate record of the meeting following minor updates.</p>	
P&C 14/05/005	<p>Action Log following 12th March 2024 Meeting</p> <p>The Action Log was received, and the following comments were made:</p> <p>The DDPC requested that learning from exit interviews to be added to the action log for the People & Culture Committee in July.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
P&C 14/05/006	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
Items for Review & Assurance		
P&C 14/05/007	<p>Staff Story</p> <p>The staff story was shared with the People & Culture Committee. This highlighted improvements in quality and safety achieved by Matthew King, the Head of Podiatry and his team. Matthew and the Podiatrists were commended and thanked.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
P&C 14/05/008	<p>Board Assurance Framework – Wellbeing</p> <p>Wellbeing Deep Dive</p> <p>The ADOD presented the Board Assurance Framework focusing on Wellbeing and highlighted the following points:</p> <ul style="list-style-type: none"> • The main reasons for absence was anxiety / stress / depression • Staff report feeling unable to meet increasing work demands due to burnout • When asked, more staff are saying they would not be happy for family or friends to be treated at CAV than in past surveys • CAV invested in the Employee well-being service following the pandemic and were now seeing an improvement of staff returning to work after ill health • We now want to improve the wellbeing service for staff who suffer trauma, with the team receiving training regarding delivering a traumatic stress service • All CAV councillors are currently working towards their accreditation • An inaugural meeting is planned for June for staff who have expressed a willingness to work together to address the issues raised in the staff survey 	

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	<p>The IMCE asked what impact the wellbeing service was having on the HB and what are the long-term aspirations for growing the service? The ADOD explained that a review paper had been produced and would be shared following the meeting.</p> <p>The IMLC asked which clinical boards had the greatest sickness levels. The ADOD agreed to bring back the detail regarding the figures</p> <p>The Committee resolved that:</p> <p>a) The Board Assurance Framework on Wellbeing was noted.</p>	
<p>P&C 14/05/009</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC discussed the Key Workforce Performance Indicators and highlighted the following –</p> <ul style="list-style-type: none"> • Staff turnover continued to improve with Nursing & Midwifery below 10% • Statutory & mandatory training improved and is now above 80% <p>The CC asked about the continuing lag in the proportion of medical staff with completed job plans. The IEMD explained that work had been done regarding job planning, with the help of the Operations Team, which resulted in completions but that this was still slow. The COO agreed that the process was slow because services were being re-configured and job plans had to be right. However, thorough work was being completed in the Medicine clinical board, with job plans done for each member of staff.</p> <p>The IMTU was pleased to see the rise in the proportion of staff having VBA. He also asked how many staff were on sick leave for three months or more and how many were suffering from long COVID? The DDPC agreed to circulate the figures following the meeting.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted and discussed.</p>	
<p>P&C 14/05/010</p>	<p>Clinical Board Spotlight – Specialist Services</p> <p>The DOSS presented the Clinical Board Spotlight for Specialist Services and highlighted the following –</p> <ul style="list-style-type: none"> • The age profile for staff within SS ranged from 20 – 71 years, with a predominantly female workforce • Sickness increased during the winter but returned to below 6% by March • Statutory & mandatory training completion is at 78% and VBA at 79.04% • Band 4 practitioner roles had proved a successful innovation • SS were early adopters for safe care and health roster and will be the first clinical board to roll out electronic prescribing • Recruitment & retention – the Directorate is trialling a different approach for Health care Support Workers and reducing the variable pay <p>The CC asked how services had been re-shaped during and after COVID, particularly in the areas currently facing difficulties in relation to staffing. She asked also whether there were any themes or underlying recurrent issues in areas of difficulty.</p>	

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	<p>The Interim Co-Clinical Board Director – Specialist Services (Michael Stephens) explained that the biggest challenges were in areas where difficulties had not been tackled as well as they should have been over the years with problems allowed to fester and grow. He understood why it was done in the past, but he wanted to ensure this doesn't happen again.</p> <p>The CC thanked the leadership team. She said that the presence of the whole leadership team was an indication of a collaborative culture, also evident in the teams willingness to tackle difficult issues and change post-Covid.</p> <p>The Committee resolved that:</p> <p>a) The Clinical Board Spotlight – Specialist Services was noted.</p>	
<p>P&C 14/05/011</p>	<p>Director of Public Health Update</p> <p>The EDPH presented the Director of Public Health Update and highlighted the following points:</p> <ul style="list-style-type: none"> • A new measles outbreak has recorded 1200 cases in the UK with 9 cases in ABHB • CAV to support healthy behaviours which included stop smoking services and healthy eating • Priorities are being set to support healthy behaviours which include focusing on stop smoking services and healthy eating • Overall, 3 priorities were selected due to the biggest impact in our area – vaccination, obesity and smoking For £1 worth of investment public health can deliver £14 worth of savings <p>The CPHM highlighted the following points:</p> <ul style="list-style-type: none"> • 10 year public health plan will be linked with the IMTP • Immunisation and Obesity will be the initial focus <p>The IMLC highlighted the issues raised in the community regarding the supply of bad food and eating habits, which weren't seen in privileged areas. He asked how CAV plan to engage regarding these issues? He further added that food banks may be a useful connection.</p> <p>The EDPH explained that CAV were engaging with partners and the next step was to ensure CAV have the correct resources to enable change.</p> <p>The Committee resolved to:</p> <p>a) The Director of Public Health Update was noted.</p>	
<p>P&C 14/05/012</p> <p style="transform: rotate(-45deg); font-size: small;">Regan, Nikki 09/07/2024 08:46:17</p>	<p>Health and Safety Update:</p> <ul style="list-style-type: none"> • Estates <p>The HHS highlighted the following priority areas:</p> <ul style="list-style-type: none"> • Staff sickness was high across a number of areas • A planned 5-year program was being out in place to replace the drainage in UHW • The Tunnels at UHW has been cleared of all items following focused work 	

	<p>Another episode of Operation POET is being planned, to include UHL</p> <p>The DCEF explained that CAV were investigating leaks to the roof at UHW. Welsh Government had been notified that CAV would submit a business case for repairs. A project mandate was approved last month, with consultants being appointed to survey the roof.</p> <p>The IMCE asked if CAV were good at identifying problematic areas and wanted to understand how exposed CAV. DCEF said that Welsh Government were now aware of the extent of the work needed.</p> <p>IMCE also asked whether contractors could be found to undertake the remedial work due to the decline of the estate. The HHS didn't think there would be an issue with a company undertaking work on the declining estate of UHW but there may be an issue with the supply of the parts to fix certain areas due to the age of the estate and may no longer be available.</p> <ul style="list-style-type: none"> • H&S Update <p>The HHS thanked the Estates team for cleaning & clearing the tunnels at UHW.</p> <p>The Committee resolved to:</p> <p>a) The Health and Safety Update was noted.</p>	
Items for Approval / Ratification		
P&C 14/05/014	<p>Fire Safety Personal Evacuation Plan (PEEP) Policy</p> <p>The HHS noted this was to support the work.</p> <p>The Committee resolved to:</p> <p>a) The Fire Safety Personal Evacuation Plan (PEEP) Policy was approved.</p>	
P&C 14/05/015	<p>No Smoking and Smoke Free Environment Policy</p> <p>The EDPC explained the original policy was completed in 2011 and was now being updated. The CPH highlighted the following:</p> <ul style="list-style-type: none"> • Smoking was at 13% across the local population but remained higher in areas of deprivation • This was a scheduled review with no significant changes • Smoking is not permitted on any UHB premises • QIA & HIA was impacted with minor changes to the policy documents • Vaping is permitted outdoors only <p>The Committee resolved to:</p> <p>a) The updated version of the No Smoking and Smoke Free Environment Policy was approved.</p>	
Items for Information & Noting		
P&C 14/05/016	<p>Industrial Actions – Lessons Learnt – Verbal Update</p> <p>The Committee resolved to:</p> <p>a) The Industrial Actions – Lessons Learnt were not discussed.</p>	
P&C 14/05/017	<p>Estates Overview Slides</p> <p>The Committee resolved to:</p> <p>a) The Estates Overview Slides were noted.</p>	

P&C 14/05/018	<p>Digital Communications & Analytics</p> <p>The DoC highlighted the following points on the Digital Communications and Analytics paper:</p> <ul style="list-style-type: none"> • There was an increase & interest in working for CAV UHB as evidenced by visits to our jobs pages. • CAV were capitalising on this and utilising how to direct people to the right webpages. <p>Action – The Digital Communications & Analytics to be added to the forward plan</p> <p>The Committee resolved to:</p> <p>a) The Industrial Actions – Lessons Learnt were noted.</p>	
P&C 14/05/019	<p>People & Culture Committee – Annual Report 2023-24</p> <p>The Committee resolved to:</p> <p>a) The People & Culture Committee Annual Report for 2023-24 was noted.</p>	
	Any Other Business	
P&C 14/05/020	No items.	
	Private Agenda Items	
P&C 14/05/021	<p>i) <i>Minutes from the previous meeting – 12.03.2024</i></p> <p>ii) <i>Employee Relations Risks</i></p> <p>iii) <i>Notices from the Welsh Language Commissioner</i></p>	
	Review & Final Closure	
P&C 14/05/022	Items to be deferred to Board/Committees	
	<p>Date & time of the next meeting:</p> <p>Tuesday July 9th 2024 at 9am via MS Teams</p>	

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Public Action Log
Following People and Culture Committee Meeting
14th May 2024
(Updated for the Meeting 09th July 2024)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
Actions					
P&C 14/05/005	Exit Interviews	To bring information on the Exit Interviews to the Committee meeting	Lianne Morse	09.07.2024	Completed – on the forward plan for 09.07.2024
P&C 14/05/008	Staff Survey	To allow sufficient time to discuss the Staff Survey	Claire Whiles	09.07.24	Completed – on the forward plan for 09.07.24
P&C 14/05/009	Key Workforce Performance Indicators	To share the data regarding Long term sickness (3 + months) and long term COVID following the meeting on 14.05.24	Lianne Morse	09.07.24	Completed – Lianne to share with the committee following the meeting on 14.05.24
P&C 14/05/018	Digital Communications & Analytics	To add Digital Communications & Analytics to the forward plan for P&C	Jo Brandon	10.09.2024	Completed – on the forward plan for 10.09.24 P&C Committee meeting
P&C 14/05/008	Long Term Sickness	To share the figures regarding the sickness levels for each clinical board.	Claire Whiles	09.07.2024	Completed – Claire to share with the committee following the meeting on 14.05.2024.
P&C 14/05/008	Employee Well-Being Service	To share a paper that been produced for the Employee Well Being Service	Claire Whiles	09.07.2024	Completed – Claire to share with the committee following the meeting on 14.05.2024.
Actions referred from Board / Committees					

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Report Title:	NHS Wales Staff Survey – Initial Results and Next Steps	Agenda Item no.	2.2
Meeting:	Public People & Culture Committee	Meeting Date:	9 th July 2024
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/> x
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Head of OD & Culture		

Main Report
Background and current situation:

Background

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

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

The NHS Wales Staff Survey 2023 was open to all staff between 16th October 2023 and Monday, 27th November 2023, a total period of 6 weeks.

Purpose

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

The data collected from the survey will provide a national picture to help shape organisational transformation in NHS Wales so that staff receive high quality, continually improving and compassionate support and can effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales.” (HEIW 2023). The aim is to gather this data accurately and sensitively at the same time each year.

The purpose of this paper is to share the situation to date, and to update on next steps.

Current Situation

The table below provides a timeline for the 2023 staff survey;

2023 Survey Timeline	Key Milestone
16 th October – 27 th November 2023	Survey open for 6 weeks
23 rd February 2024	Organisational and NHS Wales high level results dashboard released
21 st March 2024	NHS Wales results shared with Welsh Partnership Forum (HEIW)
30 th April 2024	Detailed organisational dashboard released (breakdown by Directorate and Department, taking into account suppression numbers)
31 st May 2024	Narrative released

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Initial Findings – Participation and Staff Engagement Score

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

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

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

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

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

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

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

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

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

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

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

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

Other Comparisons to 2020 Results – Workplace Bullying and Harassment

Although the wording of the questions changed slightly in 2023, we are able to compare the responses to two questions around harassment and bullying, relating to both line managers and colleagues.

Harassment or Bullying from Line Managers / Team Leaders – increase from 9.7% to 17.94%

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

Harassment or Bullying from Colleagues – increase from 18.8% to 22.11%

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

CAVUHB 2023 responses as compared to NHS Wales

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

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

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

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

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

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

Further comparison and analysis is commencing in June/July 2024 following receipt of the narrative.

Next Steps

- Further analysis of the data is continuing to fully interpret the information (as far as the system allows) and present it in an inclusive, compassionate and collaborative way
- Explore the overall narrative to highlight themes and implement initiatives around these themes.
- Access to be requested from HEIW for 2 individuals from each Clinical Board to have access to the detailed organisational dashboards; this will allow localised analysis to be undertaken and action plans developed (support will be available from within People and Culture)
- Colleagues across the UHB have nominated themselves to join a Staff Survey Working Group and will attend an initial focus group on 1st July 2024; highlights from the overall UHB results will be shared and a solutions-focused approach will be taken to contribute to an engagement plan moving forward.
- Presentation of results and engagement plan at Welsh Partnership Forum – 15th July 2024
- Paper and presentation of an engagement plan at Senior Leadership Board – 18th July 2024
- Preparation for the 2024 Staff Survey, please see proposed timescales in appendix 1.

Executive Director Opinion and Key Issues to bring to the attention of People & Culture Committee:

It is important that we are open and transparent in the sharing of any findings from the NHS Wales Staff Survey. Providing access to the dashboards to the Clinical Boards is key to ensuring understanding of staff experience and will assist in the development and delivery of more localised action. Any response or action taken as a result of the survey feedback must have meaning for colleagues, and to ensure a compassionate, collective and inclusive approach this must come from a place of 'done with' not 'done to'.

Complexities and challenges with the NHS Wales Staff Survey provider that have been outside of our control, and to an extent outside of the control of HEIW, have brought with them frustration, and the lack of timely response that we would have strived for as a UHB. This alongside system restrictions in accessing dashboards means that this year we have been unable to fully analyse at a local level, however, what we must not do is 'disregard' the findings of 2023, but fully utilise what feedback we have received, work with colleagues across the UHB to fully understand and address these and work together to make improvements.

The Colleague Staff Survey Working Group is an important step in taking this forward, and through engaging with and listening to our colleagues, we can move forward together and engage others in completing the survey in 2024.

The survey results along with key themes, will also be used to inform UHB retention work, cultural work and workforce sustainability conversations across the UHB.

Recommendation:

People & Culture Committee are requested to:

note the actions being taken and support the work around communication and engagement of the Staff Survey results within the UHB.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:

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

Risk: Yes/~~No~~

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

Safety: Yes/~~No~~

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

Financial: Yes/~~No~~

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

Workforce: Yes/~~No~~

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

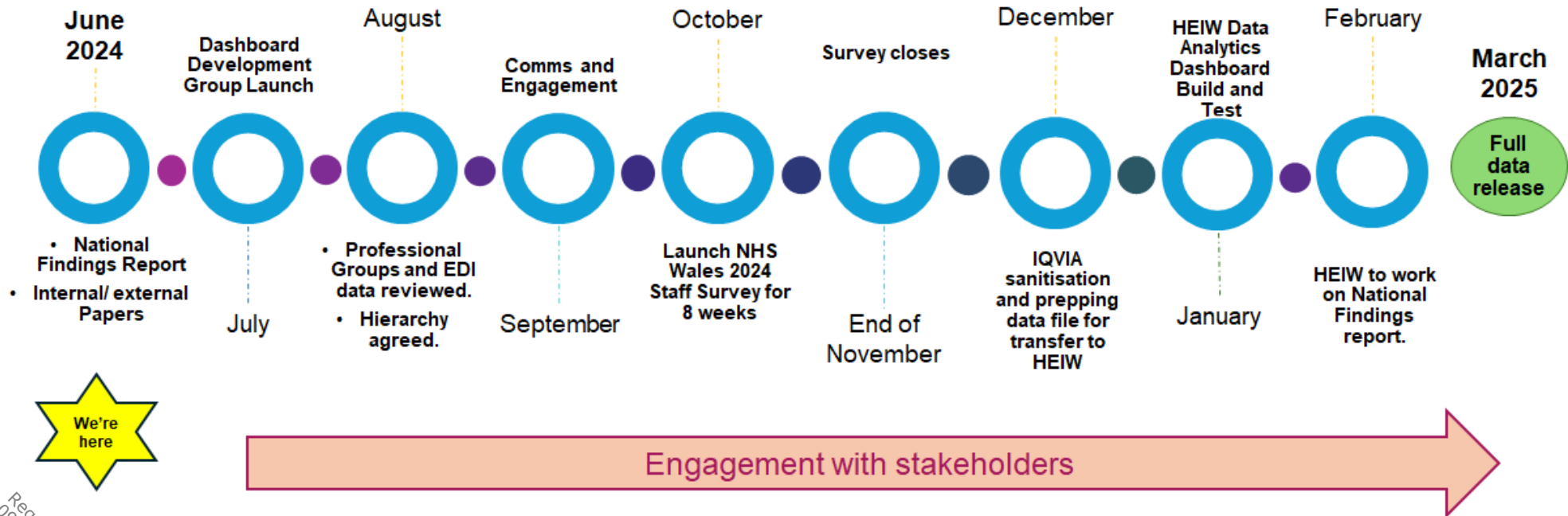
Legal: ~~Yes~~/No

Reputational: Yes/ No	
Not understanding the current temperature of the UHB could lead to a negative impact on engagement and morale, and therefore negatively impact retention and recruitment.	
Socio Economic: Yes /No	
Equality and Health: Yes/ No	
The survey will assist in completion of the WRES and anti-racist action plan in 2024, and also assists in understanding colleague experience.	
Decarbonisation: Yes /No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Next Steps – 2024 Survey Plans

NHS Wales 2024 Staff Survey Timeline



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Report Title:	Speaking Up Safely			Agenda Item no.	
Meeting:	Various	Public	X	Meeting Date:	9 Jul 24
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Background

1. On 25 Aug 23 Judith Paget wrote to CEOs across Wales in the wake of the Countess of Chester tragedy. The letter introduced the [NHS Wales speaking up safely framework | GOV.WALES](#) and required a self-assessment against its requirements.
2. That self-assessment was carried out and returned to WG; there was no specific response. The self-assessment and subsequent discussion at Board Development in October determined the following:
 - a. Mike Jones, IM Trade Unions, would be the Board Champion for Speaking Up Safely (SUS), and Matt Phillips, Director of Corporate Governance, the Exec lead;
 - b. CVUHB was already operating the Freedom to Speak Up (FTSU) initiative that is ubiquitous in England. This provided a route to raise issues directly into Corporate Governance for any member of staff who wished to do so via a dedicated phone line and email address. Issues would then be triaged and passed to the best person in the organisation to deal with it. This system, while basic, satisfies the main proposals within the SUS Framework;
 - c. the self-assessment recognised there was no dedicated resource for the SUS/FTSU system. Its activity, and moreso issues raised through other channels such as respect and resolution and raising concerns, are reported to the People and Culture Committee;
 - d. there was general confusion as to what avenues were available to people who had a concern of any nature, how to signpost people to the correct avenue and what understanding there was across the organisation. An operating procedure does exist (Appendix 1), but it contains out of date information;
 - e. FTSU is not a heavily used route for raising issues and it relies on allocating a matter, on a case by case basis, to an appropriate person to coordinate a response. Typically, this is a member of the People and Culture team.
3. HEIW hosted a training day on SUS in Nov 23. The general consensus of those in attendance from CAVUHB was that SUS was intended as a framework requirement compelling HBs to have something in place that would enable staff to raise concerns through avenues alternative or complimentary to existing methods such a raising concerns (whistleblowing). There was little direction or imposition on what exactly that should look like or what substance

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there should be to dealing with issues raised. A SUS 'community' has been established across all NHS Wales bodies and will meet quarterly, starting in May.

4. The FTSU system currently in place, in conjunction with the existing systems and methods, is just about sufficient to satisfy the base requirement of the SUS direction from WG.
5. However, further discussion has been had within the working group pulled together to examine SUS, at People and Culture Committee (where an update has been provided and where future reporting will be taken), at Management Exec meetings and in review of cultural hot spots that have been identified where an early intervention would clearly have been beneficial. Accordingly, further work is required to establish what a strong SUS framework should look like for CAVUHB.

Aim

6. The aim of this paper is to set out the proposal for SUS within CVUHB and work completed thus far.

Work Undertaken

7. The working group, comprising Mike Jones, Matt Phillips, Rachel Pressley (People Assurance and Experience), Claire Whiles (AD OD, Wellbeing and Culture), Frankie Thomas (Head of Corporate Governance), Katrina Griffiths (Head of People Services) and Glynis Mulford (Senior Risk and Regulation Officer), initially carried out a stock take of all potential routes for staff who wished to raise a concern. The SUS framework was felt to confuse the matter a little by having mention of routes such as for counter-fraud and safeguarding alongside established HR routes (raising concerns, respect and resolution), while not mentioning others (incident reporting on Datix, H&S matters etc).
8. The stock take work is at Appendix 2. For completeness, it sought to capture routes available to patients and families as well. It conveys the fact that there are a lot of potential avenues available to people who wish to raise an issue.
9. The breadth of schemes and relative knowledge of them amongst staff was a key discussion point within Management Exec meetings. There was a strong desire to implement something that would have a meaningful impact for the organisation.
10. Meetings were held with the equivalent SUS teams in HDUHB and BCUHB. Both of these organisations have made use of the <https://www.workinconfidence.com/> system.
11. Work in Confidence (WIC) is a cloud-based system used in a number of NHS Trusts in England and other organisations. It acts as a medium through which employees can raise issues, anonymously if they desire, with a cross section of people within the organisation who can act to address the issue being raised.
12. WIC enables 2-way engagement, forums for idea sharing and survey creation and dissemination. It collates all information and data through all of those routes in order that trends may be analysed and acted upon and reporting carried out for assurance purposes.
13. The teams at both HD and BC have made use of the tool for almost 3 years and will renew their respective contracts. WIC has been a core part of a significant amount of work both HBs had undertaken around culture and wellbeing. Both found that by providing a range of people

with whom employees could engage (you choose via the website who you wish to speak to), the guarantee of anonymity that a third party site offers that cannot be achieved within the HB's systems, and by running a frequent (monthly/bi-monthly) conference of relevant people to not only analyse the information coming through WIC but to compare it with other data sources such as Datix, they achieved a holistic method of working that enabled them to identify and address issues at very early stages thus preventing deeper cultural or management issues emerging with the flow through benefit ultimately to patient safety.

14. The various incident reports and reviews that have taken place in the aftermath of various NHS scandals in the last 30 years have been examined as well. The Freedom to Speak Up (FTSU) [Report](#) by Sir Robert Francis QC was released in 2015 in response to some of the themes that had been identified in those various reports in response to incidents – namely that staff felt unable, for varying reasons, to raise issues they encountered.
15. The report led to the adoption of the FTSU programme in England in 2016 which included 'Guardians' (FTSUGs) in healthcare settings and a national body – the [National Guardian's Office](#) – that trains, leads and supports those guardians. This system has been subjected to a number of reviews since its inception such as this one: [Implementation of 'Freedom to Speak Up Guardians' in NHS acute and mental health trusts in England: the FTSUG mixed-methods study \(sharepoint.com\)](#).
16. The success of the FTSU system within England seems to vary and is dependent on a number of factors. Broadly, these come down to:
 - a. variation in what constituted a FTSUG (in terms of training, resource, time, TORs etc);
 - b. resource and time provided for all FTSU activity;
 - c. the collection, analysis and learning from the data derived from FTSU activity;
 - d. the quality of responses to concerns;
 - e. the overarching culture of an organisation seeking to embed to FTSU programme;
 - f. the confidence that staff had in the system put in place by their organisation.
17. The focus of the work undertaken has been on SUS and FTSU, and the question of what constitutes an effective system that enables staff to raise concerns. However, there is benefit in widening the discussion to consider how staff are enabled to interact with the wider organisation beyond the remit of SUS and other existing frameworks.
18. One such point that has arisen during the period of work on SUS is that of staff surveys. The NHS Wales Staff survey has been run 5 times since 2013, evolving over that period. The 2023 survey was open for 6 weeks in Oct/Nov 23 and achieved a 20.7% response rate across Wales; 21.4% in CAV.
19. The topic has been discussed in various forums including SLB and at Board and one element that is apparent is that there are a number of staff who do not feel confident that they won't be identified from the responses they provide. This is significantly hampering what should be a major leadership and culture information flow in the organisation. There are clear parallels with the need for a system that enables people to speak up.

20. Another broader consideration is that of the culture of raising issues, mistakes or other matters within the umbrella of a safety culture. In short, there is not a way for staff members to raise an issue stemming from a mistake they have made without the potential of a reaction, the perception of which prevents them from raising it at all.
21. As ever, the aviation sector warrants useful comparison. This paper is not the place for an in-depth analysis of safety culture but it is clear that the SUS framework has overlap with this core consideration of the HB's work, especially when considering the need for an informed culture (the ability to collect and analyse data), a reporting culture (ability to report an issue without fear of blame) and a just culture (unintentional or unforeseeable errors will not be punished). There is no system of reporting issues anonymously at present.

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

Conclusions

22. FTSU as it is in CAVUHB is sufficient to satisfy the requirements of the SUS framework.
23. However, sufficient is not good enough and there is a need to evolve within the ambit of SUS to a far more effective framework. The initial results from the recent staff survey would bear this out.
24. The following elements have been identified as being fundamental to a successful SUS programme:
 - a. a tool/system/process that is understood;
 - b. a process of assurance;
 - c. a suitably skilled and collegiate network of people to operate and analyse/act upon issues raised through a SUS system;
 - d. time and resource to ensure success of a system/framework;
 - e. staff trust in the system. The single most effective way of achieving this that our work has identified is through an unfettered ability to raise issues anonymously;
 - f. the ability to break the silo into wider cultural considerations (eg identifying hotspots, informing leadership and management training, cross-checking with NRIs and Datix reporting etc);

Proposal

25. A proposal was taken to the Senior Leadership Board on 2 May to start a procurement process to purchase a system akin to the work in confidence one linked to above. The anticipated annual cost of such a system is £30k and can be managed within the Corporate Governance budget. This proposal has also been shared with the staff side of the Local Partnership Forum.
26. The primary reason for doing so is to promote a third-party system that is seen to be discrete from CVUHB and in which we can build trust through anonymity (submissions can be made

through it without any email address if required thus guaranteeing the impossibility of identifying an individual). It has concurrent advantages also:

- a. it has the ability to create and deliver surveys (again, with the guarantee of anonymity);
- b. it has the ability to provide an anonymous pathway for reporting errors.

27. The proposal was supported and the procurement process was carried out. Working in Confidence was successful in that procurement process and so the implementation plan is now being worked up concurrent to data protection impact assessments and IT compatibility checks.

Next Steps

28. As the implementation process is worked through, a concurrent process of work will evolve to train those colleagues who will be the interface for the wider staff base, as well as work to draw up a policy document for SUS in CVUHB and ultimately a comms/implementation/commencement plan for the system.

29. Assurance will take place through reporting to People and Culture Committee, and to other forums (SLB, LPF etc) as required.

30. Two groups will need to be established:

- a. the system group. These are the people (they might be called guardians in some of the England set ups for FTSU), who will be the interface for people making use of the online system (eg. work in confidence). They will be drawn from across the organisation on the basis of aptitude and knowledge, gained in the use of the system and the wider framework, and act as the initial points of contact for any members of staff wishing to raise an issue. Initially, a team of 6 will likely suffice given the anticipated early take up;
- b. the oversight group. This group will seek to bring the information provided through the WIC system together with information flow from other sources – datix, complaints, H&S reports etc. This will allow the group to triangulate issues and enable early engagement with teams to prevent escalation to grievances, mistakes being made, patient safety compromise etc. It may be that this group is part of a wider piece of work that will sit within the ‘Shaping our Future Quality Excellence’ strategic programme of work where the data collated through SUS will inform a wider purview of Quality in the organisation. This will become more apparent as the implementation work and the SofQE work evolves.

Recommendation:

Committee is asked to:

- **Note** the work undertaken and conclusions drawn;
- **Be assured** that CVUHB can satisfy the current, base requirements of the SUS framework but will go further in terms of its approach;
- **Note** the successful procurement of the Working in Confidence system to underpin this work;
- **Note** the next steps;
- **Endorse** the proposal for the People and Culture Committee to act as the appropriate point for assurance in relation to the SUS framework.

Appendices

1. Old flow diagram.
2. Stock take of existing routes to raise concerns

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Standard Operating Procedure for Managing Concerns from Staff

Signpost to support available e.g. Employee Wellbeing Service,, Trade Unions etc.

STEP 1: Concern raised through one of the following routes – previous routes have been exhausted or no alternative is available

Raising Concerns Procedure (formal stage– manager or senior leader)

F2SU

Safety Valve

Anon. letters

External agency

STEP 2: Log Concern

ALL formal concerns must be logged with Director of Corporate Governance (check for duplication before proceeding (N.B. if concern involves Director of Corporate Governance it will be referred directly with the Chief Executive and logged there). Concerns to be acknowledged within 2 working days and method/frequency of communication agreed

STEP 3: Concern triaged

Concerns will be triaged by the Director of Corporate Governance and Chair/ relevant Executive Director within 3 working days

STEP 4: Concern passed to identified individual for action

N.B. if the concern relates to an Executive it goes to the Chief Executive, if it is about the Chief Executive it will be raised with the Chair, if it is about the Chair it will be raised with the Cabinet Secretary

STEP 5: Investigation, Action and Feedback

Method/frequency of communication and confidentiality agreed with concern raiser

Investigation manager appointed and supplied with information by 'identified individual'

Fact finding/investigation conducted within 30 working days- includes witness interviews, examination of documents etc. (N.B. if 30 days is not possible the individual will be kept informed)

Investigation manager feeds back to 'identified individual'

Appropriate action taken

Feedback given to concern raiser

If individual is not content that the issue is resolved they may wish to raise their concern again through a different route or with a more senior manager

STEP 6: Log Outcome

The outcome of ALL formal concerns must be logged with Director of Corporate Governance and will be reported to Board on a quarterly basis and HSMB when received

'Blowing the whistle' or 'making a disclosure in the public interest' gives the individual certain protections. This takes place when an individual discloses that they reasonably believe one or more of the following is either happening, has taken place, or is likely to happen in future, and it is in the public interest:

- Someone's health &/or safety has been put in danger by action or inaction
- Damage has been caused to the environment
- A criminal offence has been committed
- A legal obligation has been breached
- There's been a deliberate attempt to cover up one of these

Appendix 2 – Stock take of existing routes to raise concerns

Avenue	Type of Issue	System	Responsible	Processes	Outcomes
<i>What is the name of the process, scheme, framework, entry point etc that can be utilised?</i>	<i>What kind of issue or concern is being raised – complaint, fraud, H&S, patient safety, Whistleblowing, grievance, second opinion etc?</i>	<i>What is the specific or general system or process in place that is used to enable the communication of the issue?</i>	<i>Who is ultimately responsible for this in the organisation?</i>	<i>What options are available when an issue like this is raised?</i>	<i>What are the potential outcomes – redress, action, support etc</i>
Freedom to Speak Up	Staff member concern (patient safety, H&S etc etc)	Poster.pdf Managers.pdf 02921 846000 F2SUCAV@wales.nhs.uk Web - https://cavuhb.nhs.wales/staff-information/your-health-and-wellbeing/general-health-and-wellbeing-resources/freedom-to-speak-up/	DCG/HOCCG	If you are unsure about raising a concern, ask yourself the following questions: How would I feel if a family member was treated that way? What might happen if I do not raise my concern? (Think about both the short and long-term impacts) If asked to do so, could I justify why I chose not to raise a concern? If you have a concern, speak up. Your voice matters.	
Speaking Up Safely	As per above Sexual Safety - NHSWLB (99) 11 Strengthening Sexual Safety in NHS Wales.docx		DCG/HOCCG		
Safety Valve	<i>Discontinued</i>		<i>Chair</i>		
TUs	Employee/Employer	Depends on the TU	TUs		

Putting things right	Concerns	English PTR A5.pdf Concerns and complaints - Cardiff and Vale University Health Board (nhs.wales) 029 218 36318 concerns@wales.nhs.uk	DoN		
Redress	Falls out from concerns above	The Personal Injury/compensation route that follows PTR	DoN		
PSOW	Complaint Escalation	Public Services Ombudsman for Wales	External		
Patient Experience	Feedback or compliments	Feedback Poster A3.pdf 07980 732555 Pe.cav@wales.nhs.uk	DoN?/Angela Hughes		
Claims	Litigation		Patient Experience		
Inquests	Family, staff, medical examiner or HMC may raise concerns	Dedicated inquest team Staff support part of the process, aligned to concerns and redress Inquest Support and Guidance - Home (sharepoint.com)	Patient Experience		
Bereavement	Support for families and staff	Dedicated team Staff support part of the process with meetings with staff and families, aligned to concerns and redress	Patient Experience		
Chaplaincy	The team cover dedicated areas	Staff will raise issues with the Chaplaincy team	Patient Experience		
Incident/Datix	Incident or issue				
HIW		Telephone: 0300 062 8163 Email: hiw@wales.gsi.gov.uk	External		
AW		Telephone: 029 20 320 522 Email: whistleblowing@audit.wales	External		
Protect (Formerly Public		Protect - Speak up stop harm - Protect - Speak up stop harm (protect-advice.org.uk)	External		

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Concern at Work)					
Call 4 Concern		CAVUHB - Call 4 Concern Leaflet.pdf - All Documents (sharepoint.com) (found through search on SPOL – not sure if there is a landing page) 029 2074 7747 and ask for the patient at risk team to be bleeped on 5344 Encompasses Martha's rule (which WG are still discussing introducing) – one option is to incorporate into PTR - NHSWLB (99) 10 Martha's Rule Nov 2023.doc	DoN		
Counter-Fraud	Any fraud where the NHS is the victim	Counter Fraud - Home (sharepoint.com)	DoF		
Raising Concerns – WB	Staff Concerns that should be protected disclosures	Via Policy library (web) - https://cavuhb.nhs.wales/about-us/governance-and-assurance/policies-procedures-and-guidelines/workforce-and-organisational-development-policies/ (Where else is this advice?)	ED People		
Respect and Resolution	Employee relations/ workplace conflict	Via policy library (web) - https://cavuhb.nhs.wales/files/policies-procedures-and-guidelines/workforce-and-od-policies/r-workforce-and-od/respect-and-resolution-policy-final-april-2021-pdf/	ED People		
Ask Suzanne		Monthly Teams Meetings	CEO		
Police	Criminal activity	Police would usually contact the Head of Safeguarding, Corporate Safeguarding Team	External	Information shared will enact the Professional/ Allegation /Concern process	Risk Assessment of the employee will be completed and possible police

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					investigation and/or fact finding within the UHB to inform Initial Assessment process.
Line Management	First stop				
H&S Issue	If there is significant imminent danger the person discovering it should stop the work and make it safe.	<p>Datix Cymru can be used for both incidents and near misses, detail is included in IMS-08 on the H&S Sharepoint site.</p> <p>Defects can be raised for Estates related infrastructure issues.</p> <p>Each clinical board is assigned a H&S advisor, details are found on the H&S Sharepoint site.</p> <p>Escalation processes exist through Clinical Board meetings, this can then go to Operational H&S group, H&S committee and People and Culture committee.</p> <p>Line manager escalation would normally be the first port of call.</p> <p>Trade Unions can also assist in escalating H&S related issues.</p> <p>V&A issue: Should be reported through Datix Cymru. Line management to investigate with H&S Case management team. Police intervention might be required,</p> <p>Health and Safety - Home (sharepoint.com)</p>	Lead Executive for H&S		Rectification of the unsafe condition/behaviour
Estates/defect		<p>Via Welcome to the MICAD HD Customer Portal</p> <p>Create an account to submit a request.</p> <p>Link can be located through 'Estates</p>	CEF		

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		Maintenance Requests and Enquiries' on SharePoint			
Duty of Candour	Any unintended or unexpected incident that occurred in respect of a service user	Duty of Candour Information (sharepoint.com)	DoN / Concerns team		
Llais Cymru	Voicing concerns on behalf of the public regarding planning and delivery of services		Independent body set up by Welsh Government		
Feedback	People can via a QR code leave anonymous feedback and there is a telephone number to speak with someone	<p>1.At any time, by scanning the QR code and completing a feedback survey</p> <p>2.At any time, by emailing the department. The mailbox is checked throughout the day between 07:30 – 16:00 (Monday – Friday).</p> <p>3.At any time, via our dedicated phone line. Staff are available between 10:00 – 13:00 (Monday – Friday) and outside these times, a voicemail facility is available which is checked daily and provides some instructions to the caller if the query is urgent.</p>			
Safeguarding	Linda Hughes Jones	Head of Safeguarding or Senior Nurse for Safeguarding is notified of a concern/ referral involving a staff member or care provided by staff members. This could be a direct notification from police or a concern raised by a relative or colleague	Executive Nurse Director is responsible for Safeguarding	Professional Allegation/ Concern procedure is enacted. The process involves direct liaison with Local Authority and Police as in accordance of the Social Services and Well-Being Act (Wales) (2014)	Risk Assessment of the employee will be completed and possible police investigation and/or fact finding within the UHB to inform Initial

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					Assessment process.
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Report Title:	Board Assurance Framework – Attract, Recruit and Retain	Agenda Item no.	2.4
Meeting:	People and Culture Committee	Meeting Date:	09 th July 2024
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/> x Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director People Resourcing		
Main Report Background and current situation:			

Background

Cardiff and Vale University Health Board is one of the largest employers in Wales employing just over 17,000 staff in over 250 different job roles. The demand on our services grows each year and it is essential that we employ the right number of staff with the right skills to ensure our patient services are sustainable and safe. Achieving the appropriate number of staff is wider than just recruitment as we also need to retain our staff by ensuring the culture of the organisation is right. The UHB's People and Culture plan has 3 core themes that all contribute to these aims.

It is well known that the NHS is suffering from staff shortages, with 121,000 full time equivalent vacancies across the UK and only 26% of staff stating there are enough staff at their organisation. Inaction in the face of the demographic change is forecast to leave the UK's NHS with a shortfall of between 260,000 and 360,000 staff by 2036/37.

The latest data published by the Welsh Government in September 2023 stated the average vacancy rate across Wales NHS organisations was estimated at 6.2%. Cardiff and Vale UHB had the lowest vacancy rate of 1.2% compared to other Health Boards in Wales where the highest was Powys with a rate of 14% (see Appendix 1 for detailed information). One of the main advantages that Cardiff and Vale UHB has over other Health Boards in Wales is its location in the Capital city, the large local population and its reputation for being a large teaching hospital offering excellent career opportunities and work experience.

Whilst a vacancy rate of 1.2% overall seems low, there are specific professions where the rate is much higher, posing a risk to the patient services we provide. As at April 2024, there were 206 WTE nursing vacancies giving a vacancy factor of 5%. The largest risk is with medical staff where the reported vacancy rate is over 11%. This does not just impact on patient care but also the financial position due to the high cost of agency staff. The other professions that have an impact on length of patient stay, quality of patient care and finances include; pharmacists, the Allied health professions and physiological measurement technicians.

One of the challenges for the UHB is establishing its specific vacancy rates across all staff groups and professions. The problem is due to two systems being used; the Electronic Staff Record (ESR) and the financial ledger, both collect data differently and generally provide different information. This problem however, is now being addressed as part of a 2 year programme of work where the outcome will be accurate retrospective vacancy reporting for all roles.

The UHB's ability to attract, recruit and retain staff currently sits on the Board Assurance Framework. This is due to a number of factors including:

- Increasing demand for staff within Health and Social Services has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention.
- National shortages in key professions have made it very difficult to attract people with the right skills and experience.

- Attracting, recruiting and retaining has been hampered by the negative images being portrayed in the media relating to industrial action, staff shortages, staff burnout and terms and conditions that have not matched inflation.
- Competition from the private sector offering more lucrative terms and conditions.
- People now think differently about work and what is important to them.

The Risk

The Board Assurance Framework outlines the risks that failure to recruit into our vacancies will have the following impact:

- Inability to provide some services to patients thereby increasing demand.
- Increasing length of stay for patients due to longer waits for treatment.
- Increasing pressure on existing staff potentially leading to higher sickness levels and burnout.
- Increased reliance on bank and agency staff which would increase the pay bill and lead to a decreased quality in patient care.
- Inability to develop new services or transform current ways of working into more innovative models of care.
- Low morale and poor staff engagement leading to higher turnover.

The UHB's Response to the Risk

The causes of the risks are many and varied and to ensure they are addressed comprehensively; the Health Board has taken a wide range of steps to mitigate these risks which include the following:

- The development and implementation of the UHB's People and Culture Plan which includes specific actions relating to attracting, recruiting and retaining staff, staff wellbeing and organisational culture.
- Annual workforce planning to identify the shortage professions which then informs HEIW of the training requirements for the future workforce numbers.
- Modernising and transforming the workforce to address the shortage professions with the development of new roles e.g. Band 4 Assistant Practitioners to support wards where Nursing vacancies are high.
- National strategies such as HEIW's 'Train, Work, Live' to encourage young adults into specific NHS professions.
- Development of a Widening Access framework to increase the UHB's recruitment pool by attracting the under represented groups in the local community into our workforce.
- Widescale promotion of the varied career opportunities available to schools, colleges and universities. The People Resourcing Team have presented to over 15,000 students over the past 2 years.
- Development of a Work Experience framework to re-introduce opportunities for all ages and diverse groups from one day work taster sessions to internships.
- Increasing the number and range of apprenticeship opportunities within the UHB.
- Promoting 'Network 75' which enables people to work with the UHB and undertake their degree over a 5 year period with the University of South Wales.
- The Communications and People Resourcing Team working jointly to develop the UHB brand in its promotion of career opportunities. The UHB's job page is the most visited on its website with over 30,000 hits a month.
- Recruiting internationally in partnership with the Welsh Government for nursing and medical staff.
- Modernising and improving recruitment process to ensure we do not deter people from applying for roles in the UHB.
- Development and implementation of a Retention plan in partnership with HEIW which includes a wide range of measures such as an improved exit questionnaire, starter surveys for newly registered nurses.

- Attracting agency staff to work with the UHB's Staff Bank which significantly reduces temporary workforce costs.

Current Situation and Progress Made to Date

Although the challenges for attracting, recruiting and retaining staff are still a risk for the UHB, the situation has improved over the last few years the number of interventions that have had the following positive impact:

- Annual staff turnover rate has reduced by 2% since April 2022 to 11.26% (123 WTE less leavers per annum) in May 2024.
- Sickness rates have decreased from 7.05% in April 2022 to 5.16% in May 2024.
- Registered Nursing vacancies have reduced from a high of 492 WTE in July 2022 to 173 WTE in January 2024. This was the lowest level on RN vacancies for many years and contributed to the ability to reduce the use of agency nurses by half.
- A comprehensive recruitment campaign for both bank and substantive HCSWs enabled the cessation of agency HCSWs from April 2023. This had previously cost the UHB around £500k per month.
- Regular recruitment events along with a simplified application form significantly reduced the housekeeping and catering vacancies across the UHB and enabled the ability to stop using agency staff.
- Following successful promotion of CaV as an employer, over 270 graduate nurses recruited last year. The last starter survey analysis also found that 90% of newly recruited registered nurses would recommend Cardiff and Vale UHB as an employer.
- The reduction in nurse agency usage has increased the number of agency nurses joining the Staff Bank to improve their ability to obtain shifts.
- The improvement in numbers of staff in post has also contributed to the UHB achieving a year end Values Bases Appraisal rate of 80% which is the highest achieved to date.
- Medical recruitment – RPO, international recruitment, local and national campaigns, including 'Train, Work, Live'
- AHPs - student streamlining
- Widening access recruitment initiatives have led to engagement and employment of those with learning disabilities and/or autism, refugees, more ethnic minority groups, care leavers, HM Prison and Probation services and the long term unemployed.
- HEIW have maintained funding from Welsh Government to support required professional training numbers.

The work undertaken by the UHB over the past couple of years continues to gain momentum and with the direction of travel articulated in the People and Culture plan and the continued and expanding engagement with our stakeholders, there should be a level of cautious optimism for the future.

Next Steps

Attracting, recruiting and retaining staff remains one of the UHB's key priorities and is a fundamental part of the UHB's People and Culture plan to ensure every risk is identified and appropriate actions are undertaken to mitigate these risks. Partnership working with external organisations such as HEIW and the Welsh Government are key to ensuring that the development of national policies reflect the current and future risks of the UHB.

Opportunities to reshape the workforce will be taken to develop new roles whilst simultaneously addressing the risks of the shortage professions. Technological advances will help to enable this and innovations across the NHS will be reviewed to identify further opportunities for the UHB.

The annual Action Plan relating recruitment and retention is monitored monthly to ensure good progress is being made and are performance managed to ensure that prescribed deadlines are met.

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

'Attract, Recruit and Retain remains on the Board Assurance Framework for the valid reason that it is an essential component to the UHB providing high quality services to its patients as well as supporting our existing staff to do their jobs well and have a healthy work life balance.

The BAF enables a focus on the risks associated with the attraction, recruitment and retention of staff but also provides the controls, assurances and actions required to support the programme of work required. This report provides an overview of some of the work currently being undertaken to address risks, and serves to provide assurance to the committee.

Recommendation:

People and Culture Committee as asked to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

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

Risk: yes – inability to recruit staff to key professions and roles will impact on ability to deliver patient care.

Safety: yes – as above

Financial: yes – impact on premium agency costs

Workforce: yes - impact of poor culture on retention, recruitment and patient experience

Legal: yes - working to safe staffing levels

Reputational: yes - impact of poor culture on retention, recruitment and patient experience

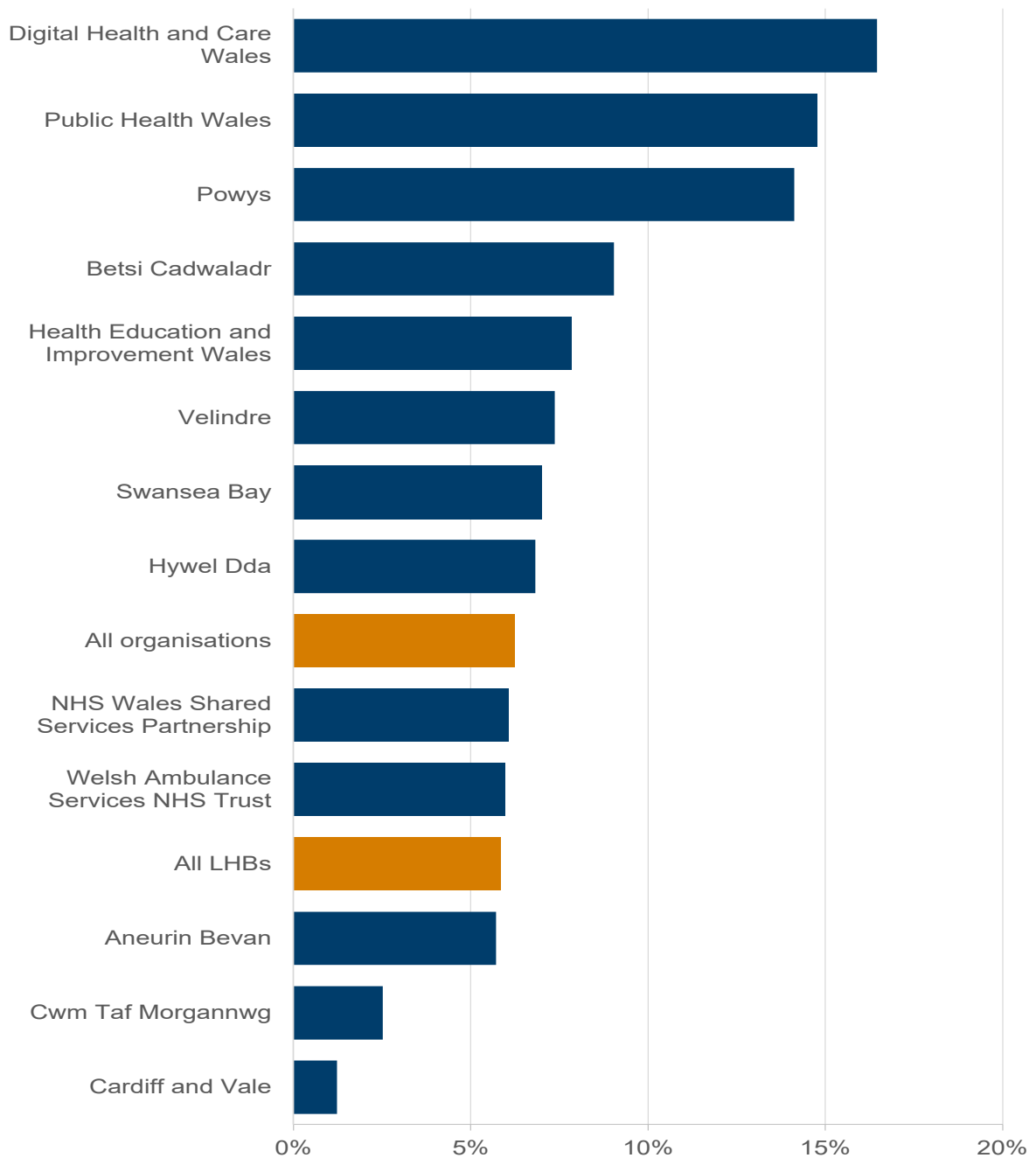
Socio Economic: yes – impact on local community

Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

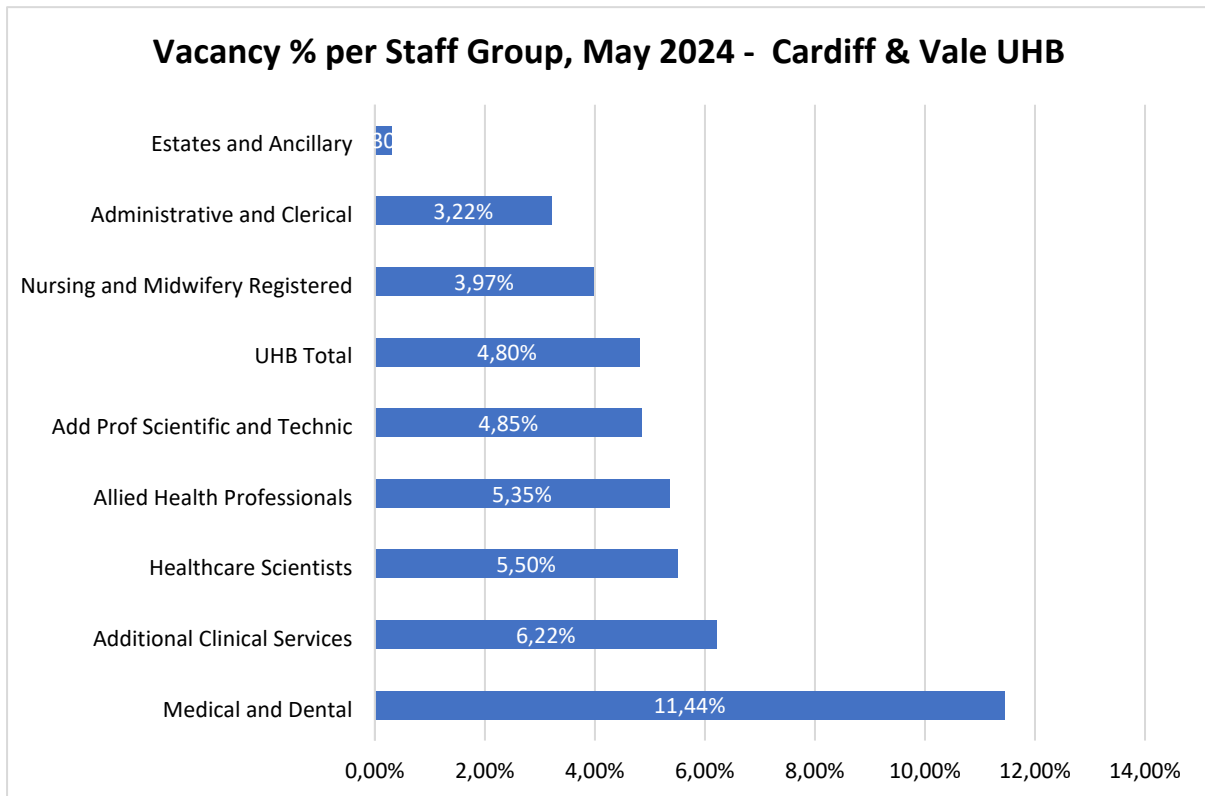
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Vacancy rate by staff group

Figure 1: Vacancy rate by NHS Wales staff group, 30 September 2023
[Note 1]



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Staff Group	Sum of FTE Budgeted	Sum of FTE Actual	Sum of Difference	Sum of % Difference
Medical and Dental	1219.23	1079.69	139.54	11.44%
Additional Clinical Services	3170.81	2973.61	197.20	6.22%
Healthcare Scientists	615.33	581.48	33.85	5.50%
Allied Health Professionals	1410.06	1334.58	75.48	5.35%
Add Prof Scientific and Technic	593.89	565.07	28.82	4.85%
UHB Total	15757.63	15000.75	756.88	4.80%
Nursing and Midwifery Registered	4834.24	4642.22	192.02	3.97%
Administrative and Clerical	2682.29	2596.01	86.28	3.22%
Estates and Ancillary	1231.78	1228.08	3.70	0.30%

Data source - ESR

Staff Group Definitions	Roles
Additional Professional Scientific and Tech	Chaplains, Psychologists, Pharmacists, Theatre Practitioners (ODP), Medical Photographers, Medical Technical Officers (Pharmacy, Medical Physics, Clinical Engineering)
Additional Clinical Services	HCSW, Play Specialists, Nursery Nurses, Medical Laboratory Assistants, Phlebotomists, Dental Surgery Assistants, Therapy Helpers and Technicians, Assistants to professions
Admin and Clerical	Ward Clerks, Receptionists, Secretaries, Senior Managers
Allied Health Professional	Therapists (Art Therapy, Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Speech Therapy), Orthoptists, Orthotists, Prosthetists and Radiographers
Estates and Ancillary	Maintenance staff, building staff, Painters, Electricians, Catering and Housekeeping, Porters and Telephonists
Healthcare Scientists	Clinical Scientists, Biomedical Scientists, Perfusionists, Physiologists
Medical and Dental	Consultants, Junior Medical staff in training and staff grade (non-raining grade) doctors
Nursing and Midwifery	Staff nurses, Midwives, Ward Managers, Nurse Consultants, Clinical Nurse Specialists

Report Title:	<i>Retention Update</i>		Agenda Item no.	2.6
Meeting:	People and Culture Committee	Public	Meeting Date:	09 th July 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	Senior Manager for Retention and OD			

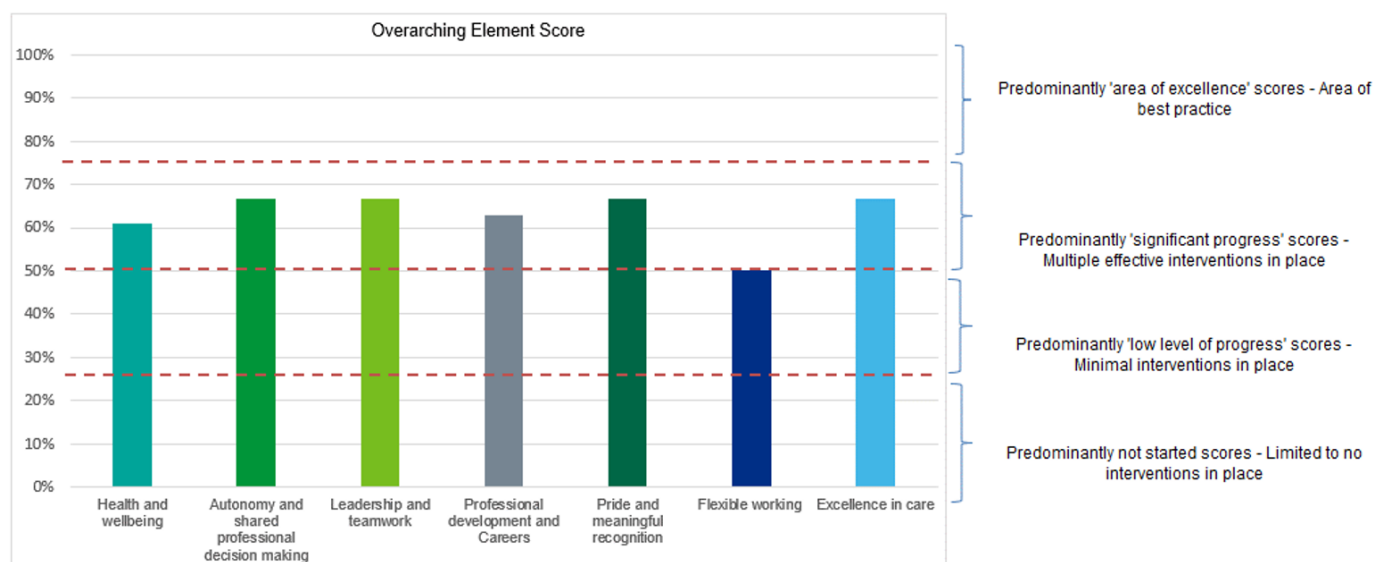
Main Report

Background and current situation:

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

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

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



(Fig 1)

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Next Steps

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

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

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

UHB Framework and Guidelines

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

Data and Intelligence

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

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

NHS Wales Staff Survey

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

Starter, Stay and Exit Surveys/Interview

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

Relaunch of Internal Nurse Development Programme

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

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

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

Recommendation:

People and Culture Committee as asked to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the relevant box below (this section must be completed)

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the relevant box below (this section must be completed)

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

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

Risk: Yes

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

Safety: Yes – as above

Financial: Yes – recruitment / agency costs

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

Legal: Yes – working to safe staffing levels

Reputational: Yes – impact on poor culture on retention

Socio Economic: Yes – impact on local community

Equality and Health: Yes impact on poor culture on retention

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

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Report Title:	Key Workforce Performance Indicators		Agenda Item no.	2.5	
Meeting:	People & Culture Committee	Public	X	Meeting Date:	9 July 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

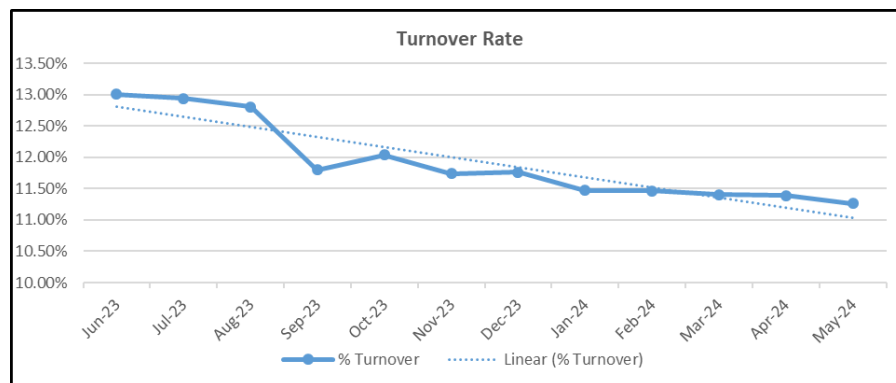
Main Report

Background and current situation:

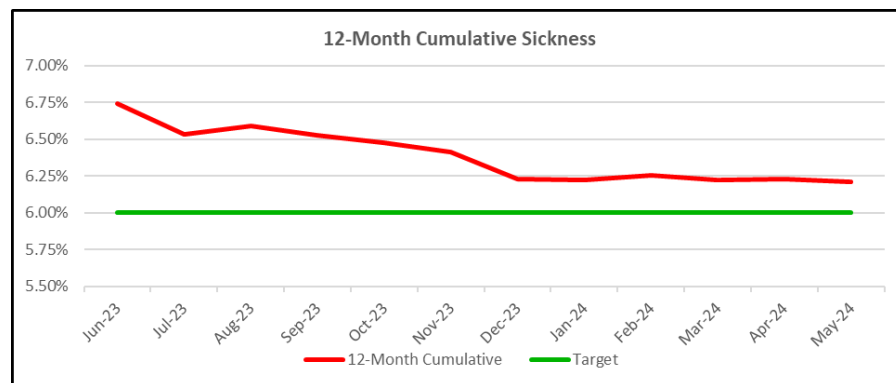
Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators, highlights to bring to the Committee’s attention include:

There continues to be a steady monthly improvement in retention and sickness, with continued support and focus on hotspot areas.

- Turnover has fallen steadily during the past 12 months, from 13.00% at Jun-23 to 11.26% at May-24. An update on the work programme will be given at the July Committee by the Health Board’s Retention & OD Lead.

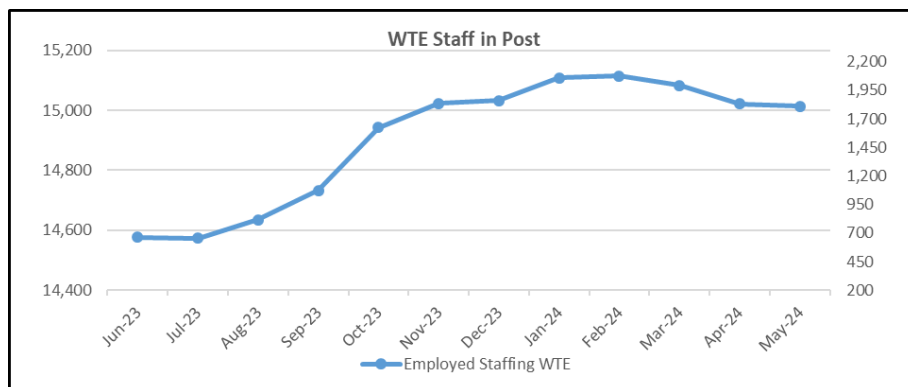


- The trend of 12-month cumulative sickness is downwards, to 6.21% at May-24.



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- The number of staff who have been absent from work for 3 months or longer has increased, the team are currently undertaking a 'deep dive' into the data, duration, reasons, etc. This will be presented to the Committee in September.
- Since January 2024 the workforce has reduced by 96.5WTE. This would suggest that the continuous growth we have seen over the last few years has stopped, due to the reshaping actions of the Clinical Boards, CEF and Corporate Departments.

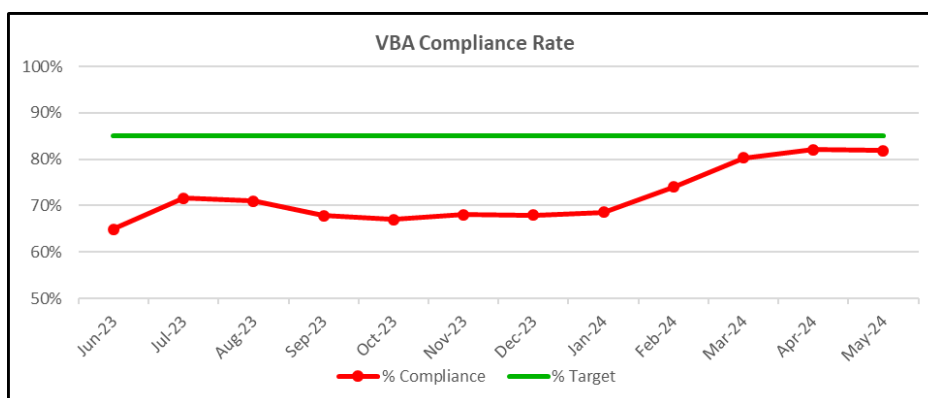


The Workforce Sustainability Programme and Clinical Board reviews continue to focus on improving job planning, reaching the VBA target and reduction in agency use.

- 32.12% of Consultants have an agreed job plan that has been signed off within the past 12 months. A further 27.32% have an agreed job plan that was last reviewed and signed off before Jun-23. Nearly 60% in total.

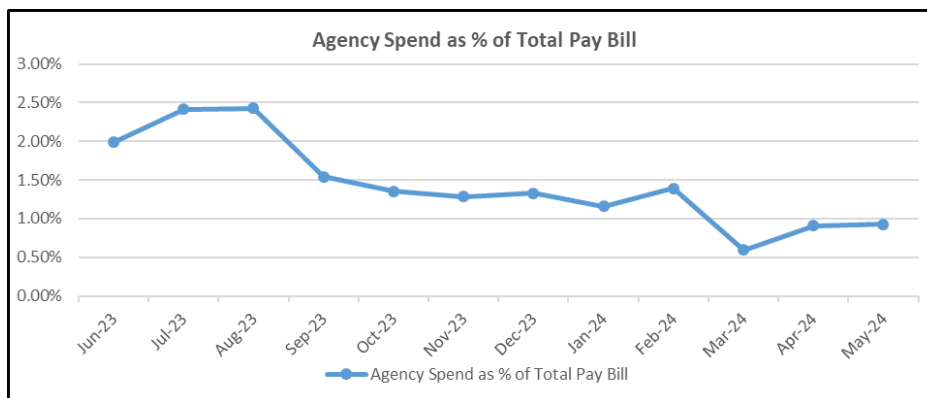


- There has been a significant improvement in the VBA compliance since Jan-24; the compliance at May-24 is 81.85%



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- Spend on agency has fallen to 0.93% of the total pay bill.



Workforce Sustainability Programme

The Health Board revised the previous 'scheme of delegation' at the end of May. The following was agreed:

- Zero tolerance on Agency and Overtime across all staff groups - approval by exception only
- Zero tolerance on Medical & Dental Bank – approval by exception only
- No recruitment to newly created posts for a period of 3 months unless by absolute exception (*in addition to the current vacancy scrutiny arrangements*)

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

Workforce Reshaping savings target £8.2m – to date £1m has been identified. Workshops with the Clinical Boards are being undertaken to identify further opportunities for reshaping/redesign. This remains our biggest challenge to delivery in year.

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

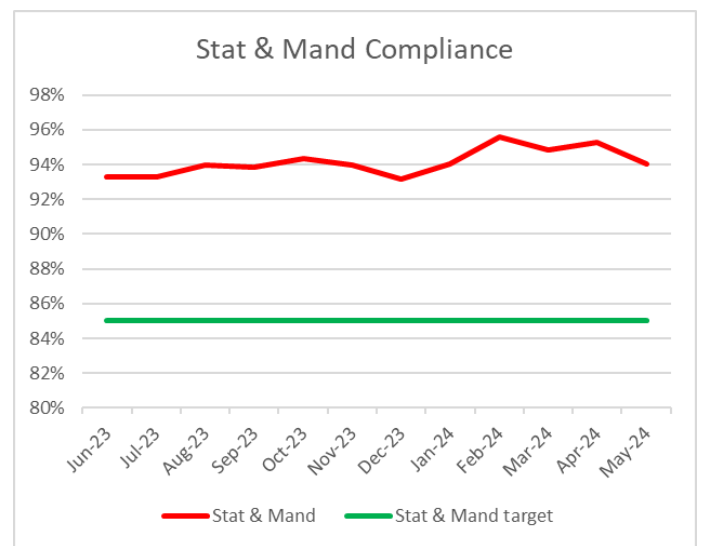
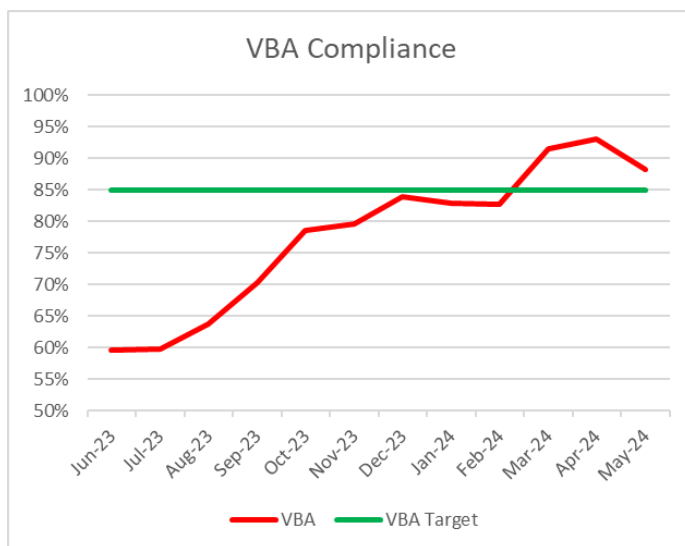
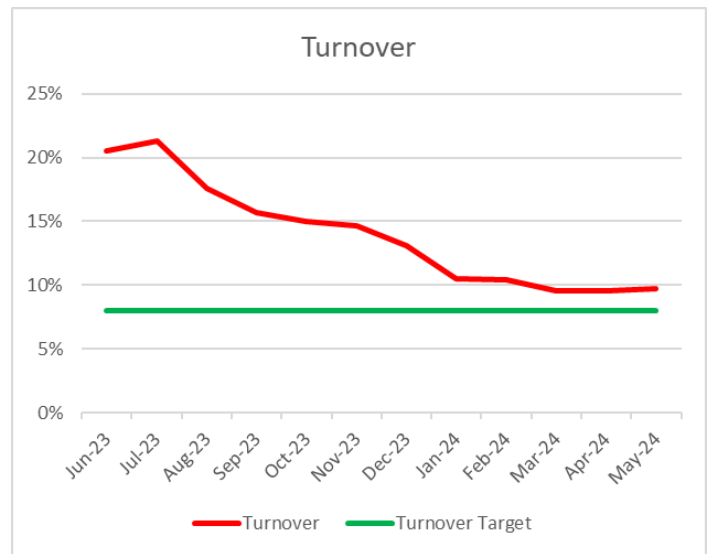
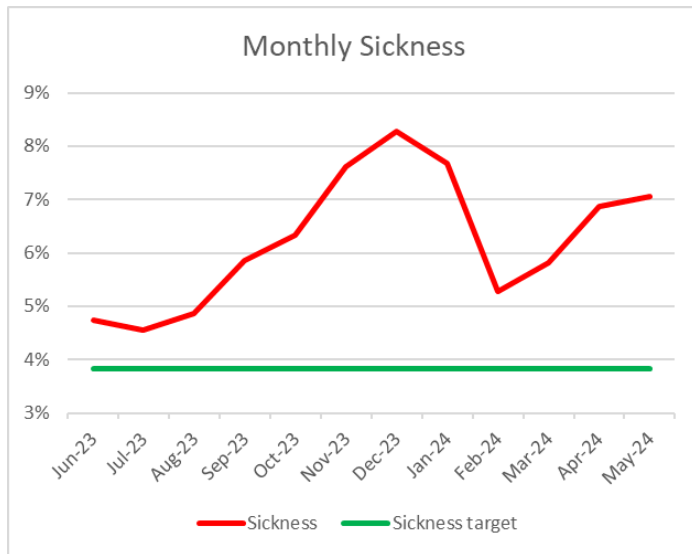
Our approach

The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators. In addition, the Committee will receive updates from each of the Clinical/Service Boards in relation to:

- Workforce Sustainability
- Cultural Hotspots
- KPIs, e.g. sickness, turnover, VBA, job planning, etc
- Embedding the People and Culture Plan – what are the priorities for the Clinical Board

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People & Culture Directorate are presenting at the July Committee, below are the high level KPIs to support the discussion.



Suspension/Exclusion from Work

As at 20th June 2024, there were 21 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 2 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 12 of these investigations have been ongoing for more than 4 months.

The UHB currently has 3 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. One member of staff has been excluded from work for over 18 months, this is due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy. The investigation has now recommenced and is being managed via the UPSW procedure. The remaining 2 members of staff have been suspended for 1 month, one due to a criminal investigation, which has concluded and an internal investigation is being undertaken. The other suspension is due to a criminal conviction. All cases are reviewed monthly to ensure suspension/exclusion is the appropriate course of action.

Recommendation:

The People & Culture Committee is requested to:

- **Note** and **discuss** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No No

Safety: Yes/No No

Financial: Yes/No No

Workforce: Yes/No Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: Yes/No No

Reputational: Yes/No No

Socio Economic: Yes/No No

Equality and Health: Yes/No No

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Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

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Cardiff and Vale Integrated Performance Report

2024/25

June 2024

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Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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

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

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

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

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

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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	179 May-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	100% 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	13.7% May-24 (incomplete for Q1)	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	847 April-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	343 April-24	Hyperlink to section

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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	20% Apr-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% Apr-24	Hyperlink to section

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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>13,285 May-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>3,018 May-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>63.7% Apr-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>15,425 May-25</p>	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

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

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

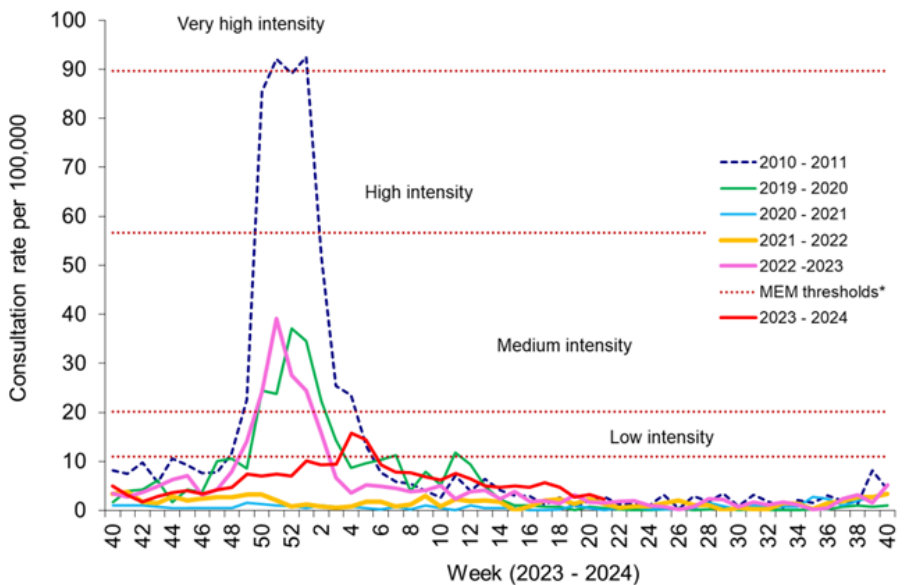
[Return to Main Menu](#)

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

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Priority	Performance Summary	Reported Period	Performance against standard	Data
<p>Health Protection</p>	<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 is now underway and it has delivered 28,657 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the current vaccine coverage is therefore 51.70%. <p>Surveillance</p> <ul style="list-style-type: none"> Influenza activity is low and continuing to decrease Hospital admissions for Covid-19 increased from mid April, peaking in early May; since the second week of May the trend is unclear but remains elevated. PCR incidence and positivity peaked mid May and are both now declining Omicron sub-variant JN.1 remains the most prevalent variant in Wales There are currently 3 Covid-19 outbreaks and zero incidents in hospital; and zero influenza incidents or outbreaks. Since the start of April 2024, 143 bed days have been lost due to Covid-19 incidents or outbreaks, and 7 bed days have been lost due to influenza incidents or outbreaks 16% of C&V UHB staff sickness during April 2024 was due to influenza/COVID-19/respiratory conditions (data for May awaited). RSV activity in under 5s remains at low intensity Whooping cough notification levels across Wales remain high overall, though confirmed cases peaked mid/end April and are now declining 	<p>Week 21</p>	<p>Below standard</p>	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly flu/ARI report</p>

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Priority	Performance Summary	Reported Period	Performance against standard	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 79.1% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%, uptake of all childhood vaccinations at age 5 is 85.7% which is still below the Welsh average of 88%. 	Q2 2023/24 Oct 2023 – Dec 2023	Below standard	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Cardiff and Vale UHB</p> <p>Uptake (%)</p> <p>95%</p> <p>Choose Area</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Cardiff and Vale UHB <input type="radio"/> Cardiff <input type="radio"/> Vale of Glamorgan <p>Choose Vaccine (Age)</p> <ul style="list-style-type: none"> <input type="checkbox"/> (All) <input type="checkbox"/> 5 in 1 primary (1 year)* <input type="checkbox"/> PCV primary (1 year) <input type="checkbox"/> MenB (2 doses, 1 year) <input type="checkbox"/> Rotavirus (2 doses, 1 year) <input type="checkbox"/> Hib/MenC booster (2 years) <input type="checkbox"/> PCV final (2 years) <input type="checkbox"/> MMR (1 dose, 2 years) <input type="checkbox"/> MenB (Complete course, 2 years) <input checked="" type="checkbox"/> Up to date* (4 years) <input type="checkbox"/> 4 in 1 pre-school booster (5 years) <input type="checkbox"/> MMR (2 doses, 5 years) <input type="checkbox"/> 3 in 1 teenage booster (16 years) <input type="checkbox"/> MMR (1 dose, 16 years) <input type="checkbox"/> MMR (2 doses, 16 years) <p>Vaccine (age)</p> <ul style="list-style-type: none"> Up to date* (4 years) <p>Data quality improvements</p> <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan has been fully signed off via partnership governance processes (completed April 2024) An action plan for 2024/25 is being developed, following a partnership workshop in May 2024, to further strengthen the agreed approach. A measles action plan is under development. 	Q4 2024/25	Meeting standard	n/a

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Priority	Performance Summary	Reported Period	Performance against standard	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. <ul style="list-style-type: none"> In Quarter 3 (the most up to date data received) 0.6 % of smokers set a firm quit date (this is below target). 68% of these quit smoking at 4 weeks (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) This breaks down by service as follows: <ul style="list-style-type: none"> HMQ community – 79% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –39% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 74% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 3 2023/24	<p>Smokers setting quit date:</p> <p>Below standard for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding standard for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in percentages</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hospital (%)</th> <th>QTR TOTALS (%)</th> <th>Tier 1 Target (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2022-2023</td> <td>Quarter 1</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>80</td> <td>82</td> <td>75</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>72</td> <td>35</td> <td>85</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 4</td> <td>78</td> <td>35</td> <td>82</td> <td>72</td> <td>40</td> </tr> <tr> <td rowspan="3">2023-2024</td> <td>Quarter 1</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>78</td> <td>38</td> <td>78</td> <td>70</td> <td>40</td> </tr> </tbody> </table>	Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)	2022-2023	Quarter 1	78	30	78	65	40	Quarter 2	75	80	82	75	40	Quarter 3	72	35	85	65	40	Quarter 4	78	35	82	72	40	2023-2024	Quarter 1	70	25	45	60	40	Quarter 2	75	25	85	68	40	Quarter 3	78	38	78	70	40
Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)																																																	
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Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 April 23 2023 to 31 March 2023	0.8% (per quarter)	0.6% Below standard	Q1	Q2	Q3	Q4
					0.6%	0.6%	0.6%	TBC
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 2023	40%	68% Exceeding standard	Q1	Q2	Q3	Q4
					59%	68%	68%	TBC
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	Q4	100%	96.51% Below standard	Q1	Q2	Q3	Q4
					86%	85.7%	93%	96.1%
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q4	100%	36% Below standard	Q1	Q2	Q3	Q4
					49%	49%	50%	36%

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Immunisation and vaccination

NHS Wales Performance Framework measures and Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 October 2023 to 30 December 2023	95%	85.7% Below standard	83.7	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)</i>	1 January 2023 to 30 June 2023	90%	74.4% Below standard	74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below standard	01/03/24	26/03/24	27/12/23	16/02/24
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 September 2023 to 31 March 2024	75%	51.7% Below standard	25/04/24	04/06/24		
					20.8%	51.7%		

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Weight Management Services

Chair's objectives

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

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Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Mar-24	90%	31.1% Below standard	<table border="1"> <tr> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> </tr> <tr> <td>22.90%</td> <td>22.50%</td> <td>25.20%</td> <td>31.10%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	22.90%	22.50%	25.20%	31.10%
Dec-23	Jan-24	Feb-24	Mar-24										
22.90%	22.50%	25.20%	31.10%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-24	90%	96.4% Above standard	<table border="1"> <tr> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> </tr> <tr> <td>91.20%</td> <td>94.50%</td> <td>97.70%</td> <td>96.40%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	91.20%	94.50%	97.70%	96.40%
Dec-23	Jan-24	Feb-24	Mar-24										
91.20%	94.50%	97.70%	96.40%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-24	95%	96.2% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>95.10%</td> <td>95.90%</td> <td>96.10%</td> <td>96.20%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	95.10%	95.90%	96.10%	96.20%
Jan-24	Feb-24	Mar-24	Apr-24										
95.10%	95.90%	96.10%	96.20%										

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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 May utilisation was 94% 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 to date 160 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>May-24</p>	<p>94% utilisation Above standard</p> <p>To date 160 accepted referrals 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 May we reported 23 2-hour ambulance delays, above our ambition of 0 In May we reported 342 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In May we reported lost minutes per arrival had reduced to 20</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 May we reported an increase in patients waiting 12-hours in EU compared to April. This equates to 92.5% of attendances waiting less than 12-hours and below our ambition for Q1</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In May we reported an increase in activity compared to April, however this is slightly below our May 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase in June,</p>	<p>May-24</p>	<p>23 2-hour delays Above standard</p> <p>342 1-hour delays Above standard</p> <p>20 minutes lost/arrival Above standard</p> <p>92.% patients <12h Below standard</p> <p>1700 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 May 29.3% of patients in acute beds had a LOS of >7 days, 55.2% >21 days – reduced from April'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 April 2024 the number of POCDs was 179 – this is below the number of delays reported in April 2023 in line with our ambition</p>	<p>May-24</p> <p>Apr-24</p>	<p>29.3% >7d Above standard</p> <p>55.2% >21d Above standard</p> <p>179 Below 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 April 49.4% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In April 14.5% of stroke patients were thrombolysed. April saw a high number of patients presenting with haemorrhagic strokes, which are not suitable for thrombolysis. The thrombolysis rate is forecast to improve in May,</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In April 43.5% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit</p> <p>All our Stoke performance measures are below our ambitions for performance through the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service is being presented this month which will allow more sustainable improvements to be embedded</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>Apr-24</p>	<p>49.4% Below standard</p> <p>14.5% Thrombolysis Below standard</p> <p>43.5% Door-to-ward Below standard</p>	<p>The data section for the stroke pathways includes three line charts comparing performance (blue line) against a standard (orange line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows a performance of 49.4% in April 2024, which is below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows a performance of 14.5% in April 2024, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows a performance of 43.5% in April 2024, 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 April 32% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.3%.</p>	<p>Apr-24</p>	<p>32% Below standard</p>	<p>The data section for hip fracture includes a line chart comparing performance (blue line) against a standard (orange line) from March 2024 to March 2025. The chart, titled 'Admitted within 4 hours', shows a performance of 32% in April 2024, which is below the 60% standard.</p>

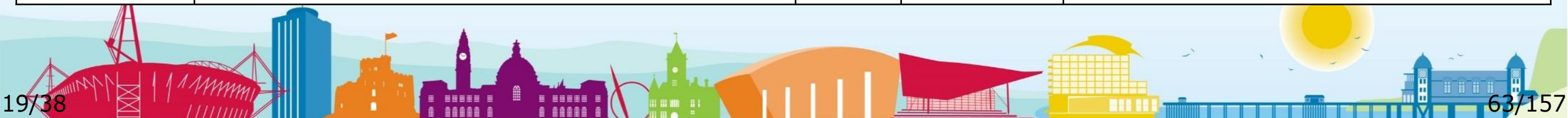
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																										
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In April 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of May 13.7% of the contract value had been delivered. Q1 data will be available next month</p> <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In May 99% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 Reporting from Q2</p>	<p>Apr-24</p> <p>May-24</p>	<p>100% Meeting standard</p> <p>13.7% Below standard (end Q1)</p> <p>99% Above standard</p>	<p>Trending available from end of Q1</p>																																										
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 April 63.7% of patients received their first definitive treatment within 62 days. This was 0.3% below our trajectory. We have forecast a drop in compliance with the SCP in May, due to pathology delays experienced through March, but aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	<p>Apr-24</p>	<p>63.7% Below standard</p>	<table border="1"> <caption>% cancer patients starting treatment waiting 62 days</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>SCP performance</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>70%</td><td>63.7%</td></tr> <tr><td>Apr-24</td><td>70%</td><td>63.7%</td></tr> <tr><td>May-24</td><td>70%</td><td>55%</td></tr> <tr><td>Jun-24</td><td>70%</td><td>60%</td></tr> <tr><td>Jul-24</td><td>70%</td><td>62%</td></tr> <tr><td>Aug-24</td><td>70%</td><td>65%</td></tr> <tr><td>Sep-24</td><td>70%</td><td>65%</td></tr> <tr><td>Oct-24</td><td>70%</td><td>68%</td></tr> <tr><td>Nov-24</td><td>70%</td><td>68%</td></tr> <tr><td>Dec-24</td><td>70%</td><td>70%</td></tr> <tr><td>Jan-25</td><td>70%</td><td>65%</td></tr> <tr><td>Feb-25</td><td>70%</td><td>70%</td></tr> <tr><td>Mar-25</td><td>70%</td><td>70%</td></tr> </tbody> </table>	Month	Trajectory	SCP performance	Mar-24	70%	63.7%	Apr-24	70%	63.7%	May-24	70%	55%	Jun-24	70%	60%	Jul-24	70%	62%	Aug-24	70%	65%	Sep-24	70%	65%	Oct-24	70%	68%	Nov-24	70%	68%	Dec-24	70%	70%	Jan-25	70%	65%	Feb-25	70%	70%	Mar-25	70%	70%
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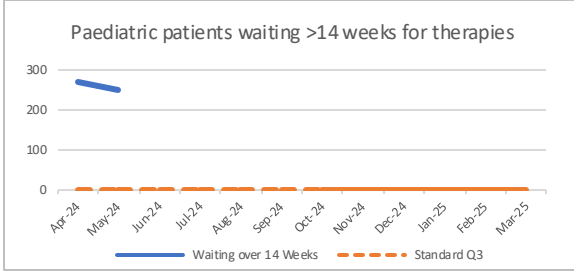
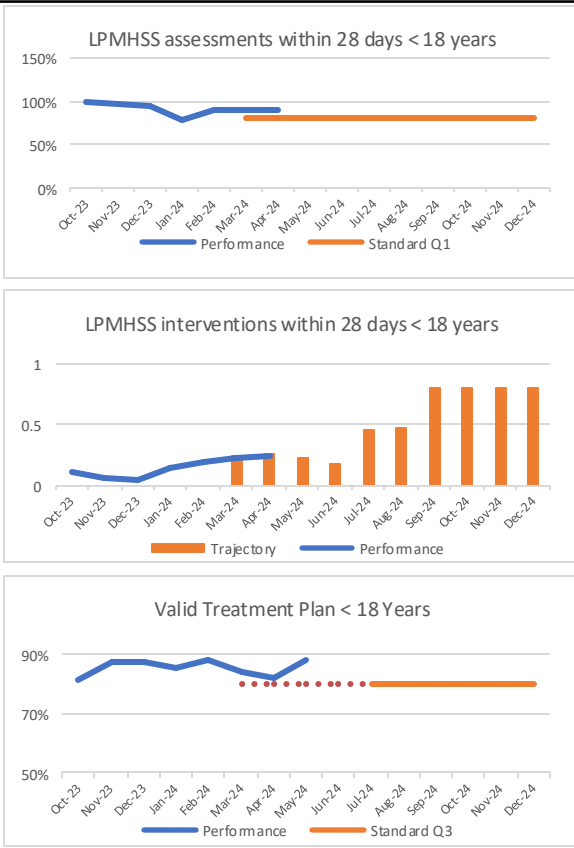
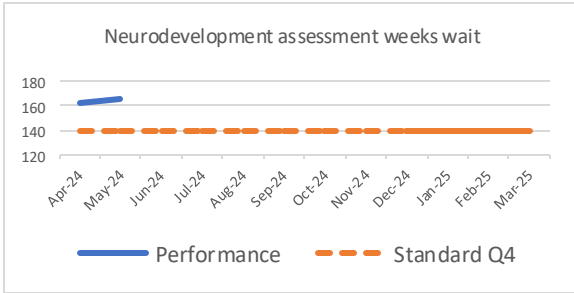
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In April there were 12,695 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition but as per our trajectory to reduce the number of breaches by March 2025.</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In April there were 2,816 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition but as per our trajectory to reduce the number of breaches by March 2025.</p>	<p>April-24</p>	<p>12,695 patients Above standard</p> <p>2,816 patients Above standard</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In May 15,245 patients were waiting over 8 weeks for a specified diagnostic, an increase from April and above our trajectory agreed with Welsh Government. Narrative</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In May 491 patients were waiting over 14 weeks for therapies, a small increase from April and above our commitment for Q3.</p>	<p>May-24</p>	<p>15,245 patients Diagnostics Above trajectory</p> <p>491 patients Therapies Above standard (Q3)</p>	

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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 May there were 20 patients waiting over 16 weeks for a new outpatient appointment and 10 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 May there were 12 patients waiting over 18 weeks for a new outpatient appointment and 3 patients waiting over 40 weeks for surgery</p>	<p>May-24</p>	<p>20 Patients Above standard (Q2)</p> <p>12 patients Outpatients Above standard (Q3)</p> <p>3 patients Treatment Above standard (Q4)</p>	<p>The first chart, '16 week Outpatient waits - Cardiothoracics', shows a blue line for '>16 week new OP waits' at approximately 20 in May-24, well above the orange 'Standard Q2' line at 0. The second chart, 'Outpatient and treatment waits - Neurosurgery', shows a blue line for '>18 week new OP waits' at approximately 12 and a green line for '>40 week treatment' at approximately 3 in May-24, both above their respective orange 'Standard' lines at 0.</p>
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 April saw a reduction in ITU DTOCs compared to March. However, this remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Apr-24</p>	<p>9.4% Above standard</p>	<p>The chart 'ITU - Delayed Transfers of Care' shows a blue line for '% DTOCs 24/25' at 9.4% in Apr-24, which is above the orange 'Standard 23/24' line at approximately 5%.</p>

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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 May 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 May there were 252 paediatric patients waiting over 14 weeks for Therapies (123 in Dietetics and 129 in Occupational Therapy)</p>	<p>May-24</p>	<p>0 Meeting standard</p> <p>252 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 May 95% 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 May 14% of interventions were started within 28 days, this is below the standard for Q3 but in line with our improvement trajectory</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In May 88% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>May-24</p>	<p>95% Part 1a Above standard</p> <p>14% Part 1b Below standard</p> <p>88% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In May the longest wait for a neurodevelopment assessment was 166 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>May-24</p>	<p>166 Above standard (Q4)</p>	

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C&V Priorities and Annual Plan Commitments

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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 April 16% 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>	Apr-24	16% 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 April 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Apr-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 April 61% of patients had a valid Care and Treatment plan, an improvement from March 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 MH Liason Committee to support longer term improvements in compliance</p>	Apr-24	61% Part 2 Below standard (Q3)	

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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	98.2% Below standard	<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	Apr-24	Improvement compared to the same month in the previous year	47.5% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>45.20%</td> <td>46.10%</td> <td>46.90%</td> <td>47.50%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	45.20%	46.10%	46.90%	47.50%
Jan-24	Feb-24	Mar-24	Apr-24										
45.20%	46.10%	46.90%	47.50%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-May 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	13.7% Below standard	<table border="1"> <tr> <td></td> <td></td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td></td> <td></td> <td>4.90%</td> <td>13.70%</td> </tr> </table>			Apr-24	May-24			4.90%	13.70%
		Apr-24	May-24										
		4.90%	13.70%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-24	Increase compared to the same month in the previous year	1,628 Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>1452</td> <td>1724</td> <td>1649</td> <td>1628</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1452	1724	1649	1628
Jan-24	Feb-24	Mar-24	Apr-24										
1452	1724	1649	1628										
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Apr-24	80%	91% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>78%</td> <td>91%</td> <td>91%</td> <td>91%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	78%	91%	91%	91%
Jan-24	Feb-24	Mar-24	Apr-24										
78%	91%	91%	91%										
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	Apr-24	80%	24% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>14%</td> <td>19%</td> <td>23%</td> <td>24%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	14%	19%	23%	24%
Jan-24	Feb-24	Mar-24	Apr-24										
14%	19%	23%	24%										
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	Apr-24	80%	16.1% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>37.5%</td> <td>91.0%</td> <td>53.9%</td> <td>16.1%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	37.5%	91.0%	53.9%	16.1%
Jan-24	Feb-24	Mar-24	Apr-24										
37.5%	91.0%	53.9%	16.1%										
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	Apr-24	80%	100% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	100.0%	100.0%	100.0%	100.0%
Jan-24	Feb-24	Mar-24	Apr-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	May-24	65%	52% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>44%</td> <td>54%</td> <td>51%</td> <td>52%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	44%	54%	51%	52%
Feb-24	Mar-24	Apr-24	May-24										
44%	54%	51%	52%										
20.	Median emergency response time to amber calls	Apr-24	12 month reduction trend	01:07:22 Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>01:16:33</td> <td>01:17:05</td> <td>01:14:44</td> <td>01:07:22</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	01:16:33	01:17:05	01:14:44	01:07:22
Jan-24	Feb-24	Mar-24	Apr-24										
01:16:33	01:17:05	01:14:44	01:07:22										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Apr-24	15 minutes or less	20 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>20</td> <td>21</td> <td>20</td> <td>20</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	20	21	20	20
Jan-24	Feb-24	Mar-24	Apr-24										
20	21	20	20										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Apr-24	60 minutes or less	64 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>53</td> <td>61</td> <td>63</td> <td>64</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	53	61	63	64
Jan-24	Feb-24	Mar-24	Apr-24										
53	61	63	64										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	May-24	Improvement compared to the same month in the previous year, towards the national target of 95%	63.7% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>Apr-24</th> </tr> <tr> <td>64.4%</td> <td>64.5%</td> <td>64.7%</td> <td>63.7%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	Apr-24	64.4%	64.5%	64.7%	63.7%
Feb-24	Mar-24	Apr-24	Apr-24										
64.4%	64.5%	64.7%	63.7%										
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	May-24	Reduction compared to the same month in the previous year, towards the national target of zero	898 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>Apr-24</th> </tr> <tr> <td>792</td> <td>814</td> <td>829</td> <td>898</td> </tr> </table>	Feb-24	Mar-24	Apr-24	Apr-24	792	814	829	898
Feb-24	Mar-24	Apr-24	Apr-24										
792	814	829	898										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-24	12 month improvement trend towards a national target of 80% by 31 March 2026	63.7% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>64.4%</td> <td>60.8%</td> <td>62.3%</td> <td>63.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	64.4%	60.8%	62.3%	63.7%
Jan-24	Feb-24	Mar-24	Apr-24										
64.4%	60.8%	62.3%	63.7%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-24	0	14,835 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>14329</td> <td>13908</td> <td>14454</td> <td>14835</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	14329	13908	14454	14835
Jan-24	Feb-24	Mar-24	Apr-24										
14329	13908	14454	14835										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-24	100%	81.45% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>79.74%</td> <td>77.94%</td> <td>77.99%</td> <td>81.45%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	79.74%	77.94%	77.99%	81.45%
Jan-24	Feb-24	Mar-24	Apr-24										
79.74%	77.94%	77.99%	81.45%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Apr-24	0	485 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>1591</td> <td>1405</td> <td>1337</td> <td>485</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1591	1405	1337	485
Jan-24	Feb-24	Mar-24	Apr-24										
1591	1405	1337	485										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	May-24	0	50 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>206</td> <td>0</td> <td>13</td> <td>50</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	206	0	13	50
Feb-24	Mar-24	Apr-24	May-24										
206	0	13	50										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-24	0	12,695 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>11993</td> <td>12310</td> <td>11759</td> <td>12695</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	11993	12310	11759	12695
Jan-24	Feb-24	Mar-24	Apr-24										
11993	12310	11759	12695										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-24	Reduction compared to the same month in the previous year	26,338 Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>32644</td> <td>29685</td> <td>28020</td> <td>26338</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	32644	29685	28020	26338
Jan-24	Feb-24	Mar-24	Apr-24										
32644	29685	28020	26338										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Apr-24	0	2,816 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>3943</td> <td>3764</td> <td>2681</td> <td>2816</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	3943	3764	2681	2816
Jan-24	Feb-24	Mar-24	Apr-24										
3943	3764	2681	2816										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Apr-24	Month on month reduction towards the national target of zero by 30 June 2025	32,436 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>29854</td> <td>30757</td> <td>31124</td> <td>32436</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	29854	30757	31124	32436
Jan-24	Feb-24	Mar-24	Apr-24										
29854	30757	31124	32436										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Apr-24	80%	20% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>22%</td> <td>22%</td> <td>19%</td> <td>20%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	22%	22%	19%	20%
Jan-24	Feb-24	Mar-24	Apr-24										
22%	22%	19%	20%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-24	80%	62% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>62%</td> <td>63%</td> <td>56%</td> <td>62%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	62%	63%	56%	62%
Jan-24	Feb-24	Mar-24	Apr-24										
62%	63%	56%	62%										

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Productivity and Efficiency measures

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Measure		Internal standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Outpatients	% DNAs - New appointments	5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.6%	10.3%	10.3%	10.1%	11.4%	9.7%	
	% DNAs - Follow-up appointments	5%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.0%	12.4%	14.3%	12.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	72%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	83%	
Theatres	Average turnaround time (minutes)	10	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	17.1	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	77%	73%	86%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	79%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	296	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset														
'High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset															
Waiting list	Total RTT waiting list volume	N/A	126262	128670	131664	134603	135686	136185	140725	141684	141828	142758	145810	147620	149805	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	38	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	145	
	7 day LOS on Acute Wards (snapshot)	<40%				58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	
	21 day LOS on Acute Wards (snapshot)	<20%				31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	

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Priority	Performance Summary	Reported Period	Performance against standard	Data																																																																														
<p>Turnover</p>	<p>The overall trend is downwards since Jun-23; the rates have fallen from 13.00% at Jun-23 to 11.26% in May-24 UHB wide. This is a net 1.74% decrease, which represents 249 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Work Life Balance', 'Voluntary Resignation - To undertake further education or training', 'Voluntary Resignation – Relocation'. 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Other/Not Known'.</p>	<p>May-24</p>		<table border="1"> <caption>Turnover Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Turnover</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>13.00%</td></tr> <tr><td>Jul-23</td><td>12.80%</td></tr> <tr><td>Aug-23</td><td>12.50%</td></tr> <tr><td>Sep-23</td><td>11.80%</td></tr> <tr><td>Oct-23</td><td>12.00%</td></tr> <tr><td>Nov-23</td><td>11.70%</td></tr> <tr><td>Dec-23</td><td>11.70%</td></tr> <tr><td>Jan-24</td><td>11.50%</td></tr> <tr><td>Feb-24</td><td>11.40%</td></tr> <tr><td>Mar-24</td><td>11.30%</td></tr> <tr><td>Apr-24</td><td>11.20%</td></tr> <tr><td>May-24</td><td>11.26%</td></tr> </tbody> </table>	Month	% Turnover	Jun-23	13.00%	Jul-23	12.80%	Aug-23	12.50%	Sep-23	11.80%	Oct-23	12.00%	Nov-23	11.70%	Dec-23	11.70%	Jan-24	11.50%	Feb-24	11.40%	Mar-24	11.30%	Apr-24	11.20%	May-24	11.26%																																																				
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<p>Sickness Absence</p>	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for May-24 was 5.16%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.21% (by comparison with May-23, which was 6.84%).</p>	<p>May-24</p>		<table border="1"> <caption>In-Month and Year to Date Sickness Rates Data</caption> <thead> <tr> <th>Month</th> <th>YTD (%)</th> <th>In-Month (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Jul-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Aug-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Sep-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Oct-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Nov-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Dec-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Jan-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Feb-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Mar-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Apr-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>May-24</td><td>6.21</td><td>5.16</td><td>6.00</td></tr> </tbody> </table>	Month	YTD (%)	In-Month (%)	Target (%)	Jun-23	6.50	6.50	6.00	Jul-23	6.50	6.50	6.00	Aug-23	6.50	6.50	6.00	Sep-23	6.50	6.50	6.00	Oct-23	6.50	6.50	6.00	Nov-23	6.50	6.50	6.00	Dec-23	6.50	6.50	6.00	Jan-24	6.50	6.50	6.00	Feb-24	6.50	6.50	6.00	Mar-24	6.50	6.50	6.00	Apr-24	6.50	6.50	6.00	May-24	6.21	5.16	6.00																										
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<p>Statutory and Mandatory Training</p>	<p>The overall compliance rates rose for May-24 to 83.61%, 1.39% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, Children & Women's and PCIC are above the 85% target, and Corporate Executives, Mental Health and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training was 73.41% for May-23. All Wales Genomics Service have reached 86.57%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	<p>May-24</p>		<table border="1"> <caption>Statutory & Mandatory e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Jul-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Aug-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Sep-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Oct-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Nov-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Dec-23</td><td>80.00</td><td>85.00</td></tr> <tr><td>Jan-24</td><td>80.00</td><td>85.00</td></tr> <tr><td>Feb-24</td><td>80.00</td><td>85.00</td></tr> <tr><td>Mar-24</td><td>80.00</td><td>85.00</td></tr> <tr><td>Apr-24</td><td>80.00</td><td>85.00</td></tr> <tr><td>May-24</td><td>83.61</td><td>85.00</td></tr> </tbody> </table> <table border="1"> <caption>Fire e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Jul-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Aug-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Sep-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Oct-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Nov-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Dec-23</td><td>73.41</td><td>85.00</td></tr> <tr><td>Jan-24</td><td>73.41</td><td>85.00</td></tr> <tr><td>Feb-24</td><td>73.41</td><td>85.00</td></tr> <tr><td>Mar-24</td><td>73.41</td><td>85.00</td></tr> <tr><td>Apr-24</td><td>73.41</td><td>85.00</td></tr> <tr><td>May-24</td><td>73.41</td><td>85.00</td></tr> </tbody> </table>	Month	% Compliance	% Target	Jun-23	80.00	85.00	Jul-23	80.00	85.00	Aug-23	80.00	85.00	Sep-23	80.00	85.00	Oct-23	80.00	85.00	Nov-23	80.00	85.00	Dec-23	80.00	85.00	Jan-24	80.00	85.00	Feb-24	80.00	85.00	Mar-24	80.00	85.00	Apr-24	80.00	85.00	May-24	83.61	85.00	Month	% Compliance	% Target	Jun-23	73.41	85.00	Jul-23	73.41	85.00	Aug-23	73.41	85.00	Sep-23	73.41	85.00	Oct-23	73.41	85.00	Nov-23	73.41	85.00	Dec-23	73.41	85.00	Jan-24	73.41	85.00	Feb-24	73.41	85.00	Mar-24	73.41	85.00	Apr-24	73.41	85.00	May-24	73.41	85.00
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<p>Values Based Appraisal</p>	<p>VBA compliance fell marginally during May-24 to 81.85%. All Wales Genomics Service, Capital, Estates & Facilities and Children & Women's have exceeded the 85% target. PCIC, Surgical Services, Medicine and Corporate are over 80%.</p>	<p>May-24</p>		<table border="1"> <caption>VBA Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>65.00</td><td>85.00</td></tr> <tr><td>Jul-23</td><td>70.00</td><td>85.00</td></tr> <tr><td>Aug-23</td><td>70.00</td><td>85.00</td></tr> <tr><td>Sep-23</td><td>68.00</td><td>85.00</td></tr> <tr><td>Oct-23</td><td>67.00</td><td>85.00</td></tr> <tr><td>Nov-23</td><td>68.00</td><td>85.00</td></tr> <tr><td>Dec-23</td><td>68.00</td><td>85.00</td></tr> <tr><td>Jan-24</td><td>68.00</td><td>85.00</td></tr> <tr><td>Feb-24</td><td>73.00</td><td>85.00</td></tr> <tr><td>Mar-24</td><td>80.00</td><td>85.00</td></tr> <tr><td>Apr-24</td><td>81.00</td><td>85.00</td></tr> <tr><td>May-24</td><td>81.85</td><td>85.00</td></tr> </tbody> </table>	Month	% Compliance	% Target	Jun-23	65.00	85.00	Jul-23	70.00	85.00	Aug-23	70.00	85.00	Sep-23	68.00	85.00	Oct-23	67.00	85.00	Nov-23	68.00	85.00	Dec-23	68.00	85.00	Jan-24	68.00	85.00	Feb-24	73.00	85.00	Mar-24	80.00	85.00	Apr-24	81.00	85.00	May-24	81.85	85.00																																							
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Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases is at the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	May-24		<p>The graph shows monthly trends for four categories: Disciplinary (blue line), Target Disciplinary Cases (green horizontal line at 25), Respect and Resolution (red line), and Appeals (grey line). Disciplinary cases fluctuate around the target, while Respect and Resolution and Appeals remain significantly lower.</p>
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.12% have an agreed job plan that has been signed off within the past 12 months. A further 27.32% have an agreed job plan that was last reviewed and signed off before Jun-23.	May-24		<p>The graph tracks three metrics: % Target (green horizontal line at 85%), % Compliance (red line), and % Job Plan Agreed (blue line). The % Job Plan Agreed metric shows a steady increase from approximately 48% in June-23 to 60% in May-24.</p>
Medical Appraisals	The rate of compliance with Medical Appraisal has risen slightly for May-24, to 81.11%, but remains below the 85% target.	May-24		<p>The graph compares % Target (green horizontal line at 85%) and % Compliance (red line). Compliance fluctuates between 80% and 88% throughout the period, ending at 81.11% in May-24.</p>

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Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 436 WTE, to 15,013.01 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	May-24		<p>WTE Permanent and Fixed-Term Staff in Post Numbers</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Permanent (Left Axis)</th> <th>Fixed-Term Temp (Right Axis)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>13,500</td><td>1,200</td></tr> <tr><td>Jul-23</td><td>13,600</td><td>1,150</td></tr> <tr><td>Aug-23</td><td>13,700</td><td>1,100</td></tr> <tr><td>Sep-23</td><td>13,800</td><td>1,050</td></tr> <tr><td>Oct-23</td><td>13,900</td><td>1,000</td></tr> <tr><td>Nov-23</td><td>14,000</td><td>950</td></tr> <tr><td>Dec-23</td><td>14,100</td><td>900</td></tr> <tr><td>Jan-24</td><td>14,200</td><td>850</td></tr> <tr><td>Feb-24</td><td>14,300</td><td>800</td></tr> <tr><td>Mar-24</td><td>14,400</td><td>750</td></tr> <tr><td>Apr-24</td><td>14,500</td><td>700</td></tr> <tr><td>May-24</td><td>14,600</td><td>650</td></tr> </tbody> </table>	Month	Permanent (Left Axis)	Fixed-Term Temp (Right Axis)	Jun-23	13,500	1,200	Jul-23	13,600	1,150	Aug-23	13,700	1,100	Sep-23	13,800	1,050	Oct-23	13,900	1,000	Nov-23	14,000	950	Dec-23	14,100	900	Jan-24	14,200	850	Feb-24	14,300	800	Mar-24	14,400	750	Apr-24	14,500	700	May-24	14,600	650
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Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jun-23 the percentage was 9.65% of the total spend on pay, but in May-24 had fallen to 8.26%. It must however be borne in mind that the total pay bill is increasing.	May-24		<p>Proportion of Total Pay Bill Attributable to Variable Pay</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Variable Pay</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>9.65%</td></tr> <tr><td>Jul-23</td><td>9.80%</td></tr> <tr><td>Aug-23</td><td>10.00%</td></tr> <tr><td>Sep-23</td><td>9.90%</td></tr> <tr><td>Oct-23</td><td>9.70%</td></tr> <tr><td>Nov-23</td><td>9.50%</td></tr> <tr><td>Dec-23</td><td>9.40%</td></tr> <tr><td>Jan-24</td><td>9.30%</td></tr> <tr><td>Feb-24</td><td>9.20%</td></tr> <tr><td>Mar-24</td><td>9.10%</td></tr> <tr><td>Apr-24</td><td>7.50%</td></tr> <tr><td>May-24</td><td>8.26%</td></tr> </tbody> </table>	Month	% Variable Pay	Jun-23	9.65%	Jul-23	9.80%	Aug-23	10.00%	Sep-23	9.90%	Oct-23	9.70%	Nov-23	9.50%	Dec-23	9.40%	Jan-24	9.30%	Feb-24	9.20%	Mar-24	9.10%	Apr-24	7.50%	May-24	8.26%													
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Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 61 days. The figure for Cardiff & Vale uHB for May-24 was 84 days.	May-24		<table border="1"> <caption>Time to Hire Data</caption> <thead> <tr> <th>Month</th> <th>Time to Hire (Days)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>81</td></tr> <tr><td>Jul-23</td><td>86</td></tr> <tr><td>Aug-23</td><td>88</td></tr> <tr><td>Sep-23</td><td>98</td></tr> <tr><td>Oct-23</td><td>95</td></tr> <tr><td>Nov-23</td><td>88</td></tr> <tr><td>Dec-23</td><td>94</td></tr> <tr><td>Jan-24</td><td>93</td></tr> <tr><td>Feb-24</td><td>84</td></tr> <tr><td>Mar-24</td><td>89</td></tr> <tr><td>Apr-24</td><td>86</td></tr> <tr><td>May-24</td><td>84</td></tr> </tbody> </table>	Month	Time to Hire (Days)	Jun-23	81	Jul-23	86	Aug-23	88	Sep-23	98	Oct-23	95	Nov-23	88	Dec-23	94	Jan-24	93	Feb-24	84	Mar-24	89	Apr-24	86	May-24	84
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Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7 days. The figure for Cardiff & Vale uHB for May-24 was 6 days.	May-24		<table border="1"> <caption>Time to Shortlist Data</caption> <thead> <tr> <th>Month</th> <th>Time to Shortlist (Days)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>9</td></tr> <tr><td>Jul-23</td><td>7</td></tr> <tr><td>Aug-23</td><td>10</td></tr> <tr><td>Sep-23</td><td>9</td></tr> <tr><td>Oct-23</td><td>15</td></tr> <tr><td>Nov-23</td><td>9</td></tr> <tr><td>Dec-23</td><td>8</td></tr> <tr><td>Jan-24</td><td>12</td></tr> <tr><td>Feb-24</td><td>6</td></tr> <tr><td>Mar-24</td><td>10</td></tr> <tr><td>Apr-24</td><td>6</td></tr> <tr><td>May-24</td><td>6</td></tr> </tbody> </table>	Month	Time to Shortlist (Days)	Jun-23	9	Jul-23	7	Aug-23	10	Sep-23	9	Oct-23	15	Nov-23	9	Dec-23	8	Jan-24	12	Feb-24	6	Mar-24	10	Apr-24	6	May-24	6
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	May-24	12 month reduction trend (6%)	5.16% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>6.41%</td> <td>5.90%</td> <td>5.79%</td> <td>5.16%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	6.41%	5.90%	5.79%	5.16%
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37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	May-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	11.26% Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>11.47%</td> <td>11.41%</td> <td>11.39%</td> <td>11.26%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	11.47%	11.41%	11.39%	11.26%
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38.	Agency spend as a percentage of the total pay bill	May-24	12 month reduction trend	0.93% 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>1.39%</td> <td>0.60%</td> <td>0.91%</td> <td>0.93%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1.39%	0.60%	0.91%	0.93%
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39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	May-24	85%	81.80% 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>74.52%</td> <td>80.36%</td> <td>81.98%</td> <td>81.80%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	74.52%	80.36%	81.98%	81.80%
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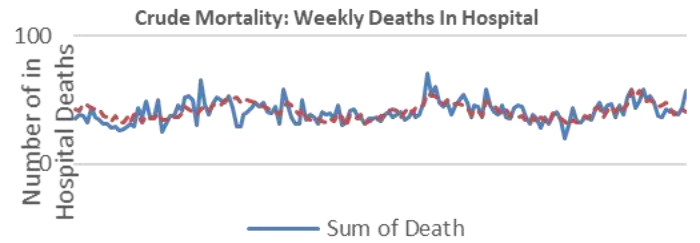
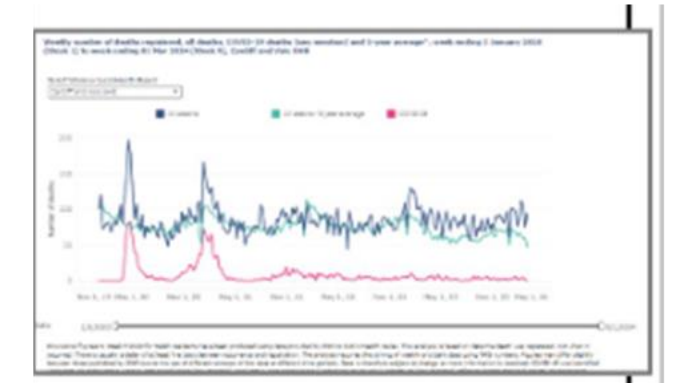
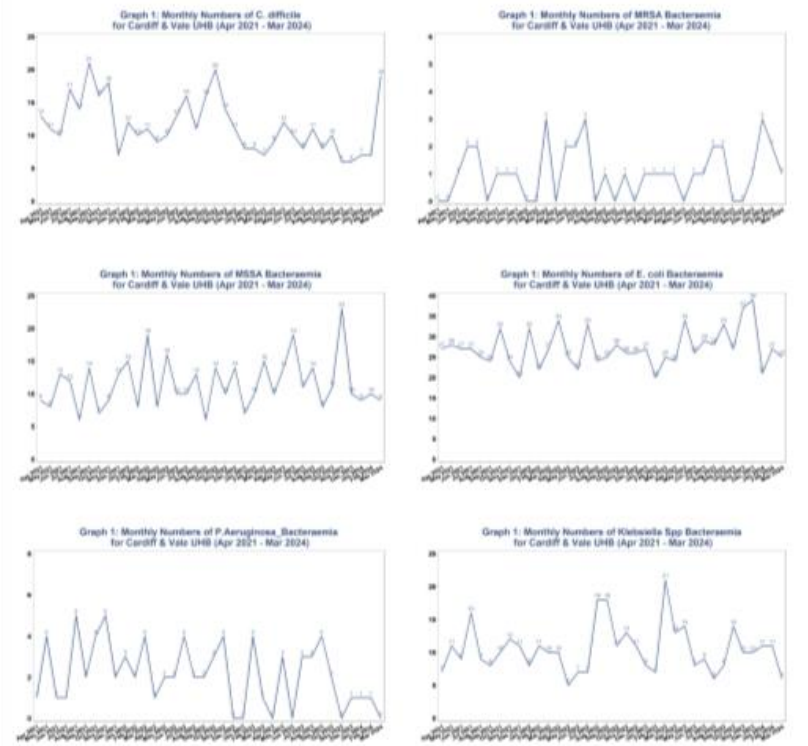


Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During April and May 24, the Health Board received :</p> <ul style="list-style-type: none"> Received 718 Concerns Closed 723 concerns 80% closed within 30 working days (including Early Resolution) 33 % closed under Early Resolution (within 2 days including day of receipt) Received 238 Enquiries Received 54 Compliments We currently have 287 active concerns <ul style="list-style-type: none"> Top 3 themes and trends Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>April and May 2024</p>	<p>80%</p> <p>Exceeding the 75% standard</p>	<p>% of concerns closed within 30 working days (including Early Resolution)</p>
<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st 2023, 29,259 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the reporter Approximately 65 incidents reviewed per day by the Patient Experience Team We continue to support DOC awareness sessions across Primary and Secondary care Since April 1st 2023, we have triggered the DOC on 145 occasions We have internally audited the process and compliance 	<p>To end of May-24</p>	<p>n/a</p>	<p>Incident grading changed following review</p>

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<p>Patient Feedback – Civica</p>	<p>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%.</p> <p>In May, we sent 15,140 texts and had 2421 completions (16% response).</p> <p>Of those respondents who were discharged during April/May and answered the rating question using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service.</p> <p>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>	<p>Mar/Apr-24 (Random)</p> <p>Mar/Apr-24 (MH)</p> <p>Mar/Apr-24 (EU)</p>		<p>The three bar charts show the distribution of patient feedback ratings from 0 (Very bad) to 10 (Excellent). In all three periods, the majority of responses are in the 8-10 range, indicating high patient satisfaction. The 'Random' period shows the highest percentage of 'Excellent' ratings at 56.98%.</p>																																	
<p>Patient Safety</p>	<p>Cardiff and Vale reported 7 NRIs to NHS Executive in May 2024 (by incident date).</p> <p>13 closure forms were submitted to NHS Executive leaving us with 103 open NRIs (92 open in April) and 46 overdue (45 in April).</p> <p>Children and Women have the highest number of open NRIs due to the MBRRACE NRI reporting requirement, followed by Medicine and Mental Health Clinical Boards see chart opposite). Medicine and Mental Health also have the highest number of overdue NRIs. See top chart opposite for a break down of overdue NRIs per Clinical Board.</p>			<table border="1"> <caption>INC_EXEC_01A - Number of NRIs Open at End of Last Month (Crosstab/DB)</caption> <thead> <tr> <th></th> <th>No value</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Children and Women's Services</td> <td>31</td> <td>31</td> </tr> <tr> <td>Clinical Diagnostics and Therapeutic Services</td> <td>2</td> <td>2</td> </tr> <tr> <td>Executive and Corporate Services</td> <td>3</td> <td>3</td> </tr> <tr> <td>Medicine Services</td> <td>20</td> <td>20</td> </tr> <tr> <td>Mental Health Services</td> <td>20</td> <td>20</td> </tr> <tr> <td>Primary, Community and Intermediate Care</td> <td>1</td> <td>1</td> </tr> <tr> <td>Specialist Services</td> <td>9</td> <td>9</td> </tr> <tr> <td>Surgical Services</td> <td>17</td> <td>17</td> </tr> <tr> <td>Total</td> <td>103</td> <td>103</td> </tr> </tbody> </table>		No value	Total	Children and Women's Services	31	31	Clinical Diagnostics and Therapeutic Services	2	2	Executive and Corporate Services	3	3	Medicine Services	20	20	Mental Health Services	20	20	Primary, Community and Intermediate Care	1	1	Specialist Services	9	9	Surgical Services	17	17	Total	103	103			
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	<p>The chart below shows that on average, 50% of C&V NRIs closures are completed on time.</p> <p>The bar chart displays the total number of NRIs that remain open for 90 working days or more and the proportion of those NRIs that are still open for 90 working days or more across various organisations. Cardiff (Velindre) has the highest number of open NRIs (88) and the highest proportion (68.8%) remaining open for 90 days or more.</p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Total NRIs that remain open 90 working days or more</th> <th>Proportion open for 90 working days or more (%)</th> </tr> </thead> <tbody> <tr> <td>ABU LHB</td> <td>88</td> <td>68.8%</td> </tr> <tr> <td>CTMU LHB</td> <td>70</td> <td>67.3%</td> </tr> <tr> <td>CVU LHB</td> <td>66</td> <td>58.1%</td> </tr> <tr> <td>HDU LHB</td> <td>51</td> <td>72.9%</td> </tr> <tr> <td>WAST</td> <td>45</td> <td>70.3%</td> </tr> <tr> <td>BCU LHB</td> <td>37</td> <td>35.9%</td> </tr> <tr> <td>SBU LHB</td> <td>23</td> <td>56.1%</td> </tr> <tr> <td>PT LHB</td> <td>17</td> <td>60.0%</td> </tr> <tr> <td>PHW/NT</td> <td>10</td> <td>50.0%</td> </tr> <tr> <td>Velindre</td> <td>88</td> <td>100.0%</td> </tr> </tbody> </table> <p>The above shows how Cardiff is positioned against other Health Boards for length of time NRIs remain open (more than 90 working days)</p>	Organisation	Total NRIs that remain open 90 working days or more	Proportion open for 90 working days or more (%)	ABU LHB	88	68.8%	CTMU LHB	70	67.3%	CVU LHB	66	58.1%	HDU LHB	51	72.9%	WAST	45	70.3%	BCU LHB	37	35.9%	SBU LHB	23	56.1%	PT LHB	17	60.0%	PHW/NT	10	50.0%	Velindre	88	100.0%			<p>The chart tracks the number of NRI outcomes completed on time versus those completed after a deadline from June 2023 to May 2024. It also shows the percentage of outcome forms received on time. The data indicates a general trend of increasing on-time completions over the period, with a peak in May 2024 where 100% of forms were received on time.</p>
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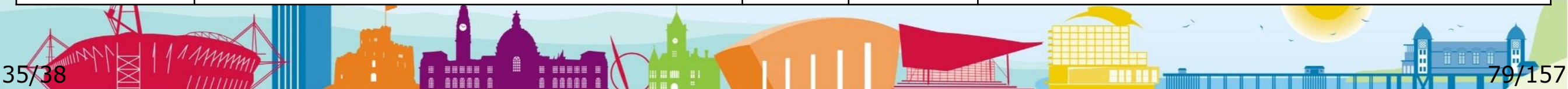
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths.</p> <p><u>All Cause Mortality</u> Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.</p> <p>94 deaths were recorded for Cardiff and the vale in week 9 compared 46.8 for the five year average for the same reporting week. This increase above the five year average has been consistent since January 2023</p>	<p>Mar-20 to Mar-24</p>		 
<p>Infection Control</p>	<ul style="list-style-type: none"> In April 24, there were 22 cases of C. difficile. The current rate is 52.94 cases per 100,000 population which is 139% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 25 cases per 100,000 population, the current CAV rate is 111.76% below the RE. CAV is currently the 4th across the 6 UHBS. There were 15 cases of S. aureus bacteraemia. The current rate is 36.1 cases per 100,000 population which is 36% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 20 cases per 100,000 population, the CAV rate is 80.5% over the RE. CAV is currently joint 1st across the 6 UHBS. There were 29 cases of E. coli bacteraemia. The current rate is 69.79 cases per 100,000 population which is 20.5% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 67 cases per 100,000 population, the CAV rate is 4.16% over the RE. CAV is currently joint 3rd across the 6 UHBS. There were 14 cases of Klebsiella spp bacteraemia which is 7.6% lower than the equivalent period last in 2023/24. The current maximum number is unknown but based on previous reduction expectation of 58 cases, thus CAV is 75.86% under the RE. CAV current has the highest rate across the 6 UHBS. There were 2 cases of P. aeruginosa bacteraemia which is higher than the equivalent period in 2024/25 with 0 cases. The current maximum number is unknown but based on previous reduction expectation of 18 cases, thus CAV is 88.9% under the RE. CAV current has 3rd highest rate across the 6 UHBS. 	<p>Apr-24</p>		

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Priority	Performance Summary	Reporting Period	Performance against standard	Data															
<p>Deliver 2024/25 Draft Financial Plan</p>	<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 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the planned forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 2 operational & savings overspend to deliver the £15.900m planned deficit.</p>	May-24	n/a	<table border="1"> <thead> <tr> <th></th> <th>Month 2 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>2.650</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>4.614</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>1.557</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>8.821</td> <td>15.900</td> </tr> </tbody> </table>		Month 2 Position £m	Forecast Year-End Position £m	Planned deficit	2.650	15.900	Savings Programme	4.614	0.000	Operational position (Surplus) / Deficit	1.557	0.000	Financial Position £m (Surplus) / Deficit £m	8.821	15.900
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<p>Achieve financial sustainability and recurrent financial balance by the end of 2025/26</p>	<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 2, the UHB had identified £12.257m of recurrent green and amber savings and reported a £1.557m operational overspend.</p> <p>It is assumed that action to address the operational position will enable the UHB to report a balanced recurrent operational position at year end. In addition, it is assumed that 50% of the £5.134m of recurrent red schemes identified at month 2 will be delivered in year.</p> <p>Based on these assumptions, a further £32.376m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.</p>	May-24	n/a	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p> <p>Legend: - Shortfall Against recurrent Savings Target (assumes 50% of recurrent red schemes will deliver) - Planned Deficit - Target c/f UHB at Year End = £15.9m</p>															

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Management of operational budget pressures	The UHB reported a £1.557m operational overspend at month 2, which is a deterioration of £1.060m from the £0.497m reported at month 1.	May-24	n/a	<p>Planned Operational Position vs Month 1 Position</p> <table border="1"> <caption>Planned Operational Position vs Month 1 Position</caption> <thead> <tr> <th>Month</th> <th>Reported Operational Position (£m)</th> <th>Planned Operational Position (£m)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>0.50</td><td>0.00</td></tr> <tr><td>May</td><td>1.56</td><td>0.00</td></tr> <tr><td>Jun</td><td>0.00</td><td>0.00</td></tr> <tr><td>Jul</td><td>0.00</td><td>0.00</td></tr> <tr><td>Aug</td><td>0.00</td><td>0.00</td></tr> <tr><td>Sep</td><td>0.00</td><td>0.00</td></tr> <tr><td>Oct</td><td>0.00</td><td>0.00</td></tr> <tr><td>Nov</td><td>0.00</td><td>0.00</td></tr> <tr><td>Dec</td><td>0.00</td><td>0.00</td></tr> <tr><td>Jan</td><td>0.00</td><td>0.00</td></tr> <tr><td>Feb</td><td>0.00</td><td>0.00</td></tr> <tr><td>Mar</td><td>0.00</td><td>0.00</td></tr> </tbody> </table>	Month	Reported Operational Position (£m)	Planned Operational Position (£m)	Apr	0.50	0.00	May	1.56	0.00	Jun	0.00	0.00	Jul	0.00	0.00	Aug	0.00	0.00	Sep	0.00	0.00	Oct	0.00	0.00	Nov	0.00	0.00	Dec	0.00	0.00	Jan	0.00	0.00	Feb	0.00	0.00	Mar	0.00	0.00																					
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Delivery of recurrent £47.2m savings target	£20.989m Green and Amber schemes identified at month 2 of which £12.257m were recurrent.	May-24	n/a	<p>Monthly Progress of Identification of 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>13,000</td><td>5,000</td><td>8,000</td><td>21,000</td></tr> <tr><td>Month 2</td><td>14,000</td><td>5,000</td><td>8,000</td><td>20,000</td></tr> <tr><td>Month 3</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 4</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 5</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 6</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 7</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 8</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 9</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 10</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 11</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	13,000	5,000	8,000	21,000	Month 2	14,000	5,000	8,000	20,000	Month 3	0	0	0	0	Month 4	0	0	0	0	Month 5	0	0	0	0	Month 6	0	0	0	0	Month 7	0	0	0	0	Month 8	0	0	0	0	Month 9	0	0	0	0	Month 10	0	0	0	0	Month 11	0	0	0	0
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Month 9	0	0	0	0																																																												
Month 10	0	0	0	0																																																												
Month 11	0	0	0	0																																																												
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.	May-24	n/a	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit</p> <table border="1"> <caption>Cumulative Cash drawn against Revenue and Capital Drawing Limit</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>250</td><td>1300</td></tr> <tr><td>Jun</td><td>0</td><td>1300</td></tr> <tr><td>Jul</td><td>0</td><td>1300</td></tr> <tr><td>Aug</td><td>0</td><td>1300</td></tr> <tr><td>Sep</td><td>0</td><td>1300</td></tr> <tr><td>Oct</td><td>0</td><td>1300</td></tr> <tr><td>Nov</td><td>0</td><td>1300</td></tr> <tr><td>Dec</td><td>0</td><td>1300</td></tr> <tr><td>Jan</td><td>0</td><td>1300</td></tr> <tr><td>Feb</td><td>0</td><td>1300</td></tr> <tr><td>Mar</td><td>0</td><td>1300</td></tr> </tbody> </table>	Month	Cumulative Cash Drawings (£m)	Revenue & Capital Drawing Limit (£m)	Apr	150	1300	May	250	1300	Jun	0	1300	Jul	0	1300	Aug	0	1300	Sep	0	1300	Oct	0	1300	Nov	0	1300	Dec	0	1300	Jan	0	1300	Feb	0	1300	Mar	0	1300																					
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Mar	0	1300																																																														

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	12 month improvement trend	70% Above standard	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	70%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-24	90%	0.7% Below standard	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>30.60%</td> <td>11.40%</td> <td>4.80%</td> <td>0.70%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	30.60%	11.40%	4.80%	0.70%
Dec-23	Jan-24	Feb-24	Mar-24										
30.60%	11.40%	4.80%	0.70%										
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	May-24	12 month reduction trend	179 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>238</td> <td>211</td> <td>183</td> <td>179</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	238	211	183	179
Feb-24	Mar-24	Apr-24	May-24										
238	211	183	179										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Apr-24	90%	81.7% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>85.3%</td> <td>88.0%</td> <td>83.6%</td> <td>81.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	85.3%	88.0%	83.6%	81.7%
Jan-24	Feb-24	Mar-24	Apr-24										
85.3%	88.0%	83.6%	81.7%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Apr-24	90%	61.2% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>54.4%</td> <td>54.0%</td> <td>55.2%</td> <td>61.2%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	54.4%	54.0%	55.2%	61.2%
Jan-24	Feb-24	Mar-24	Apr-24										
54.4%	54.0%	55.2%	61.2%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA	May-24	Month on month improvement	4681	In May 2,000 more sms texts were sent and we send over 15,000 per month								

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella sp</i> and; <i>Pseudomonas aeruginosa</i>	Apr-24	<i>Klebsiella sp</i> - 100 <i>P. aeruginosa</i> – 31	14 2 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Apr-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.79 cases per 100,000 population 36.1 cases per 100,000 population 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	Apr-24	25 cases per 100,000 population	52.94 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Apr-24	Reduction compared to the same month in the previous year	30% On standard	<table border="1"> <tr> <td>Ap-23</td> <td>Apr-24</td> </tr> <tr> <td>30.90%</td> <td>30.00%</td> </tr> </table>	Ap-23	Apr-24	30.90%	30.00%				
Ap-23	Apr-24												
30.90%	30.00%												
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	12 month improvement trend towards national target of 95%	56.23% Below standard	<table border="1"> <tr> <td>Nov-23</td> <td>Dec-23</td> <td>Feb-24</td> <td>Feb-24</td> </tr> <tr> <td>55.21%</td> <td>55.50%</td> <td>56.26%</td> <td>56.23%</td> </tr> </table>	Nov-23	Dec-23	Feb-24	Feb-24	55.21%	55.50%	56.26%	56.23%
Nov-23	Dec-23	Feb-24	Feb-24										
55.21%	55.50%	56.26%	56.23%										
52.	Number of ambulance patient handovers over one hour	May-24	0	1705 Over standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>1648</td> <td>1797</td> <td>1704</td> <td>1705</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1648	1797	1704	1705
Feb-24	Mar-24	Apr-24	May-24										
1648	1797	1704	1705										
53.	Percentage of ambulance patient handovers within 15 minutes	May-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	16.25% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>17.41%</td> <td>16.53%</td> <td>15.90%</td> <td>16.25%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	17.41%	16.53%	15.90%	16.25%
Feb-24	Mar-24	Apr-24	May-24										
17.41%	16.53%	15.90%	16.25%										
54.	Number of National Reportable incidents that remain open 90 days or more	May-24	12 month reduction trend	↓ 5,649	Second month reporting a reduction in this figure (March figure was 5,869, April 5,695 – 4% reduction since March).								

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Putting People First



People and Culture Plan

People & Culture Team
July 2024

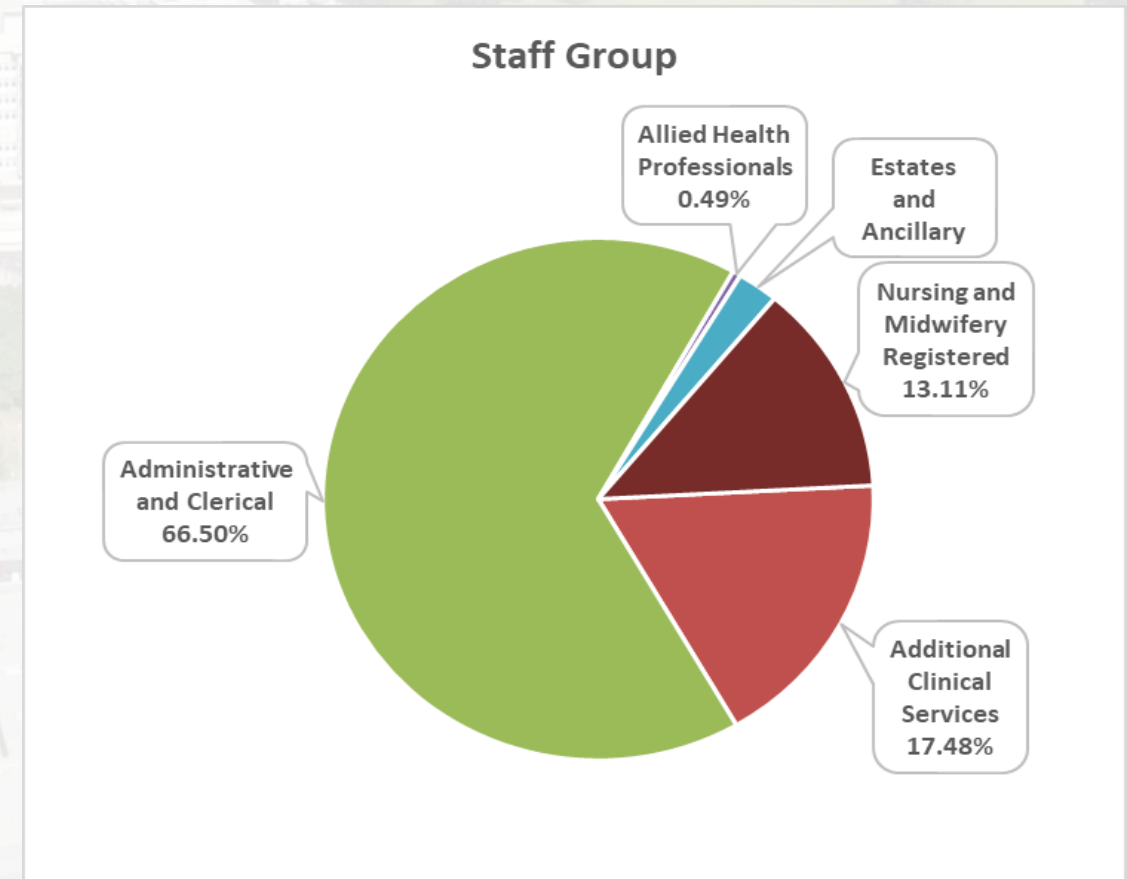
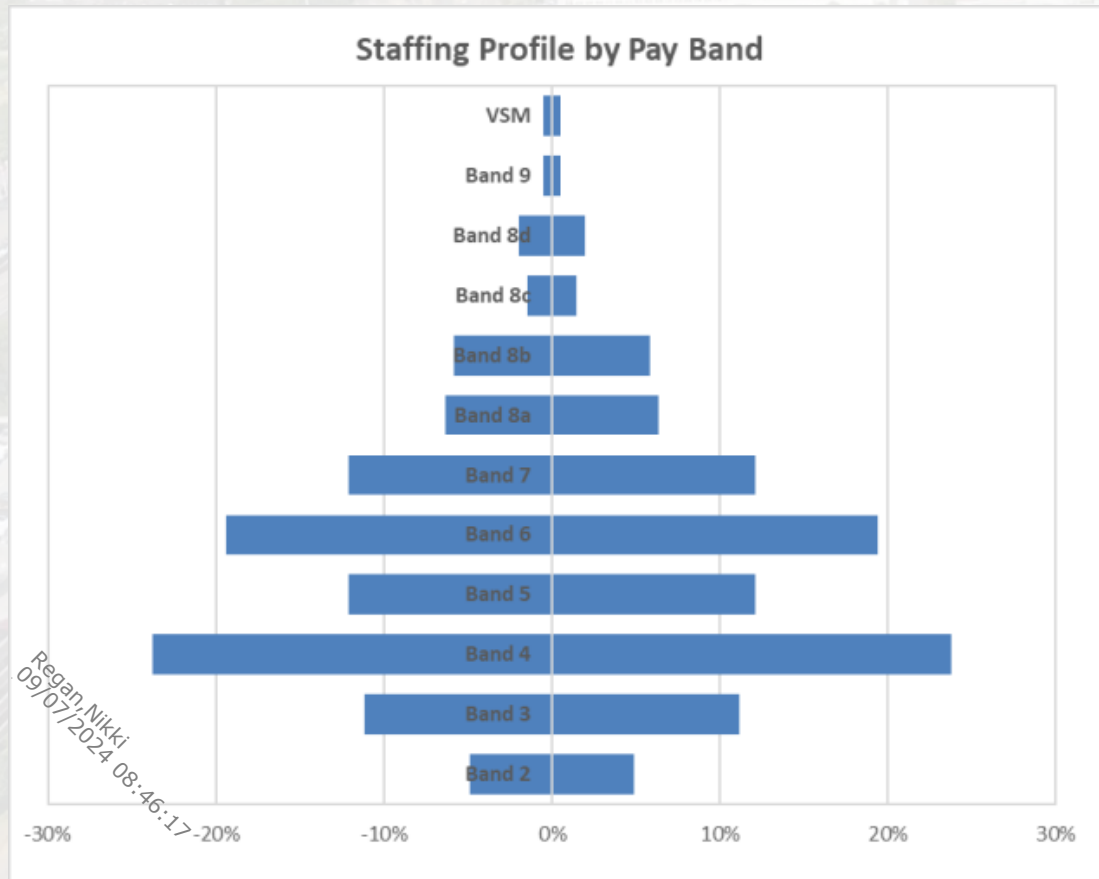
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Workforce Profile 31-May-24

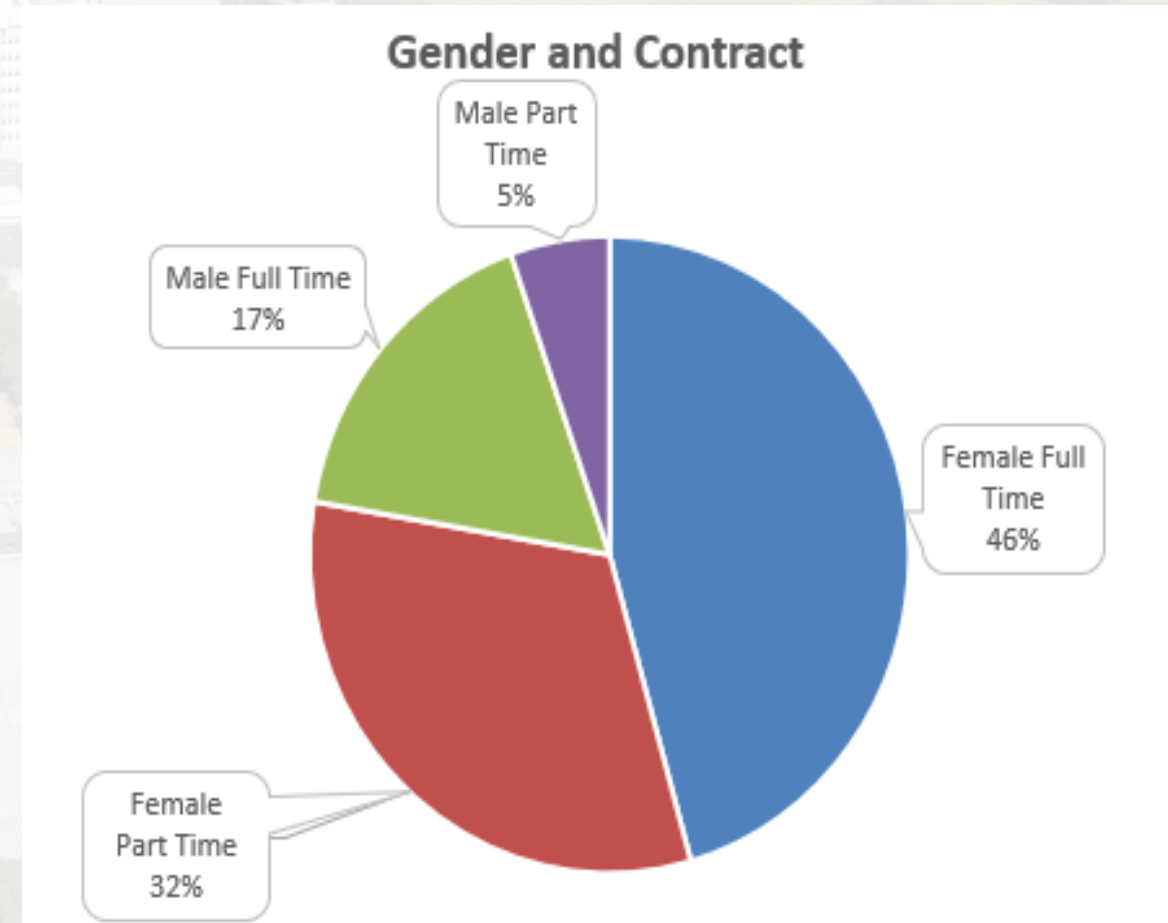
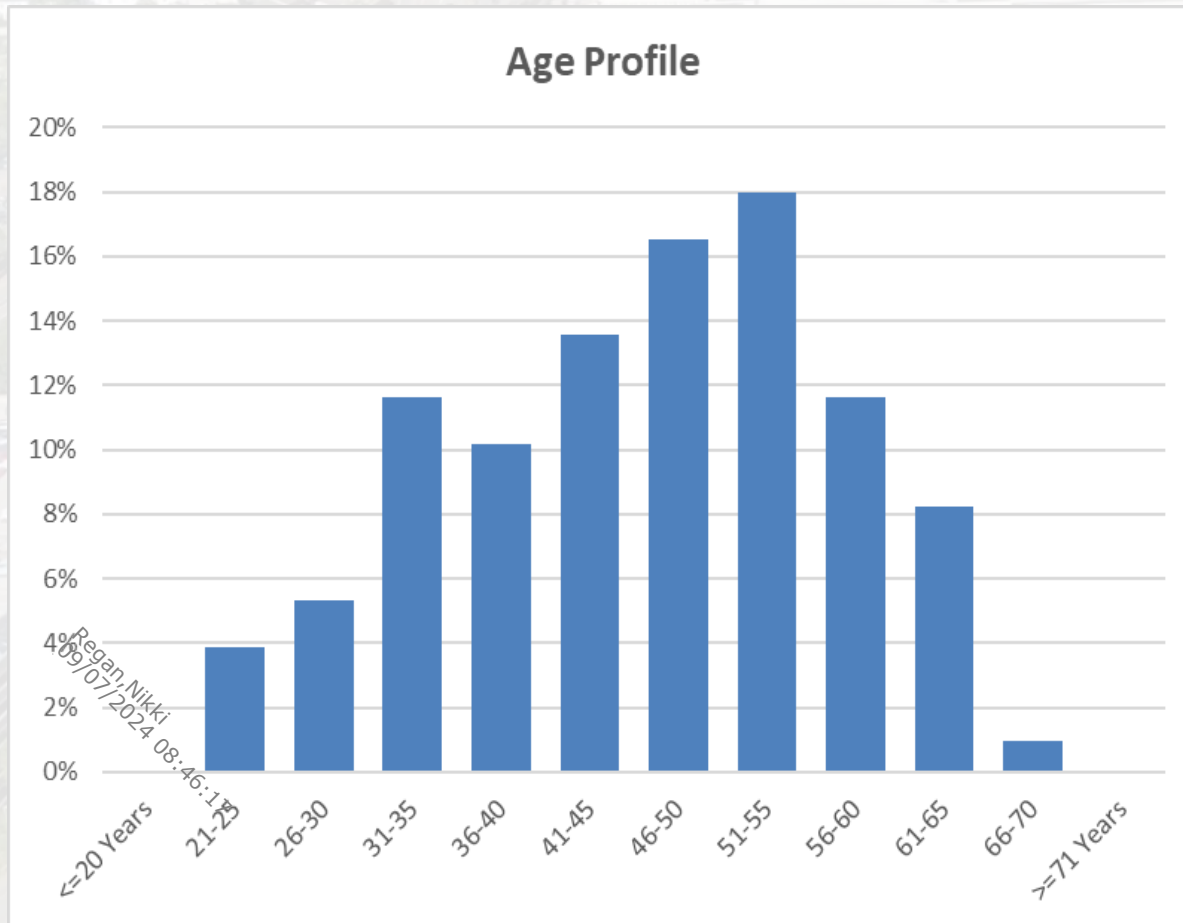
Department	Headcount	WTE
Creche	25	20.44
E.C.O.D.	22	20.60
Employee Wellbeing	14	7.97
Equality & Diversity	6	6.00
Heads of Workforce	5	4.80
Health & Safety	24	20.20
Medical Workforce	15	12.47
Nurse Bank Administration	10	9.00
Occupational Health	22	17.47
People Analytics	6	6.00
People Assurance & Experience	6	4.20
People Services	17	16.80
Trade Union Convenors	8	6.05
WOD HQ	7	7.00
Workforce E-Rostering	8	8.00
Workforce Resourcing	9	8.64
Grand Total	204	175.63

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Workforce Profile

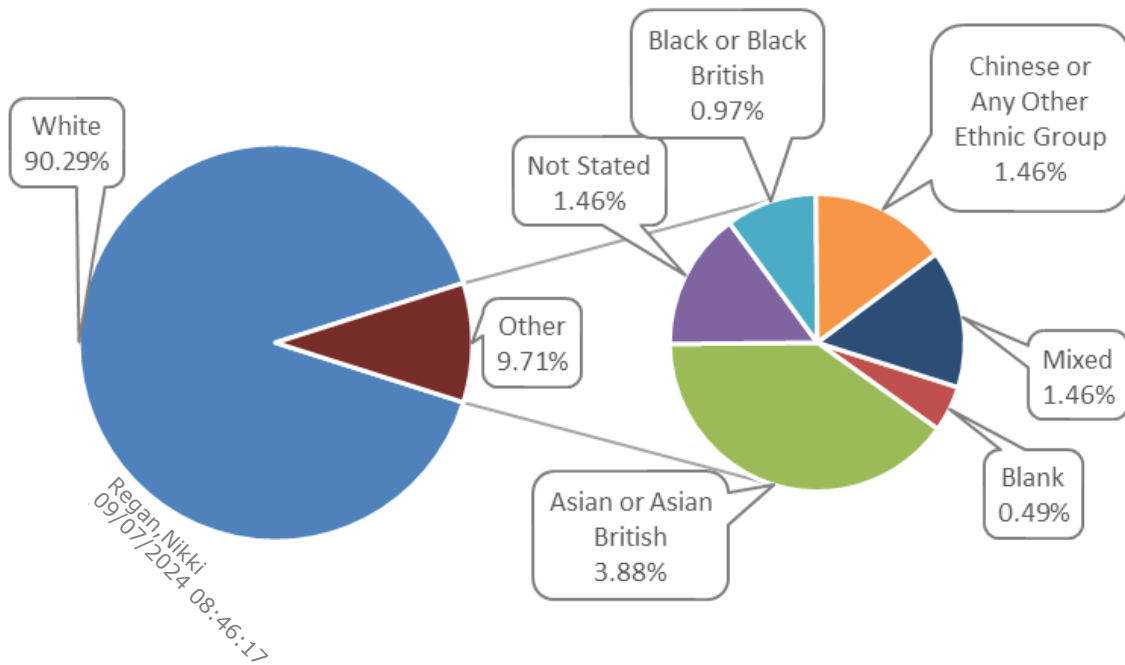


Workforce Profile

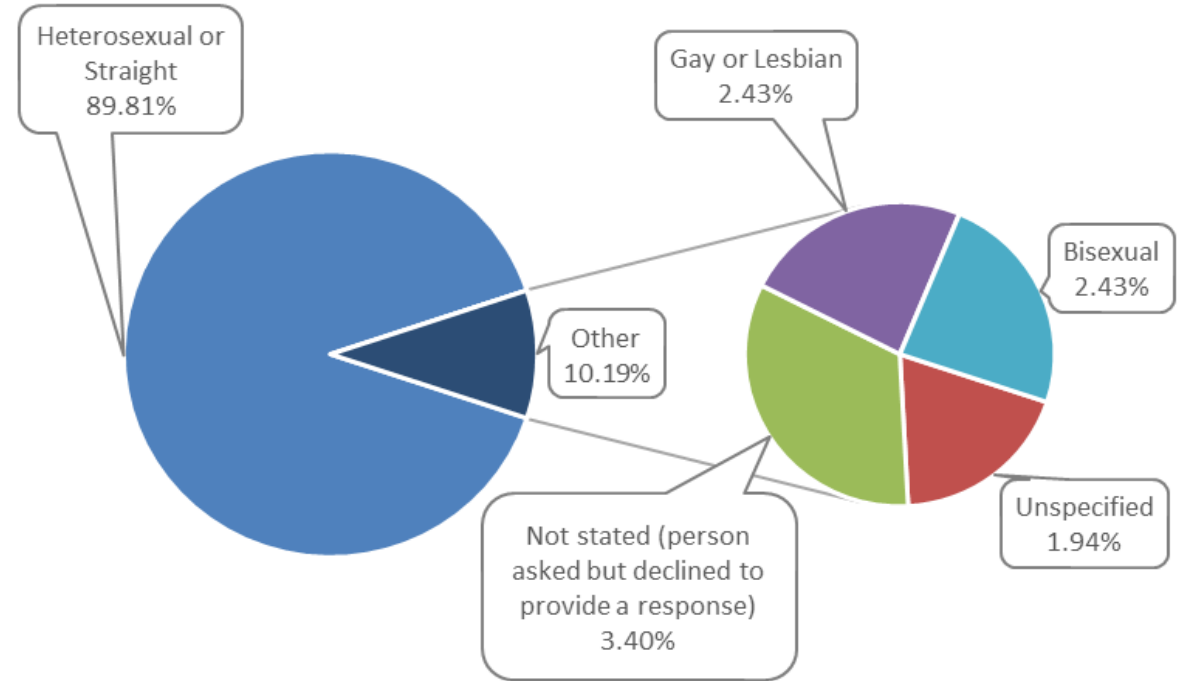


Workforce Profile

Ethnic Group

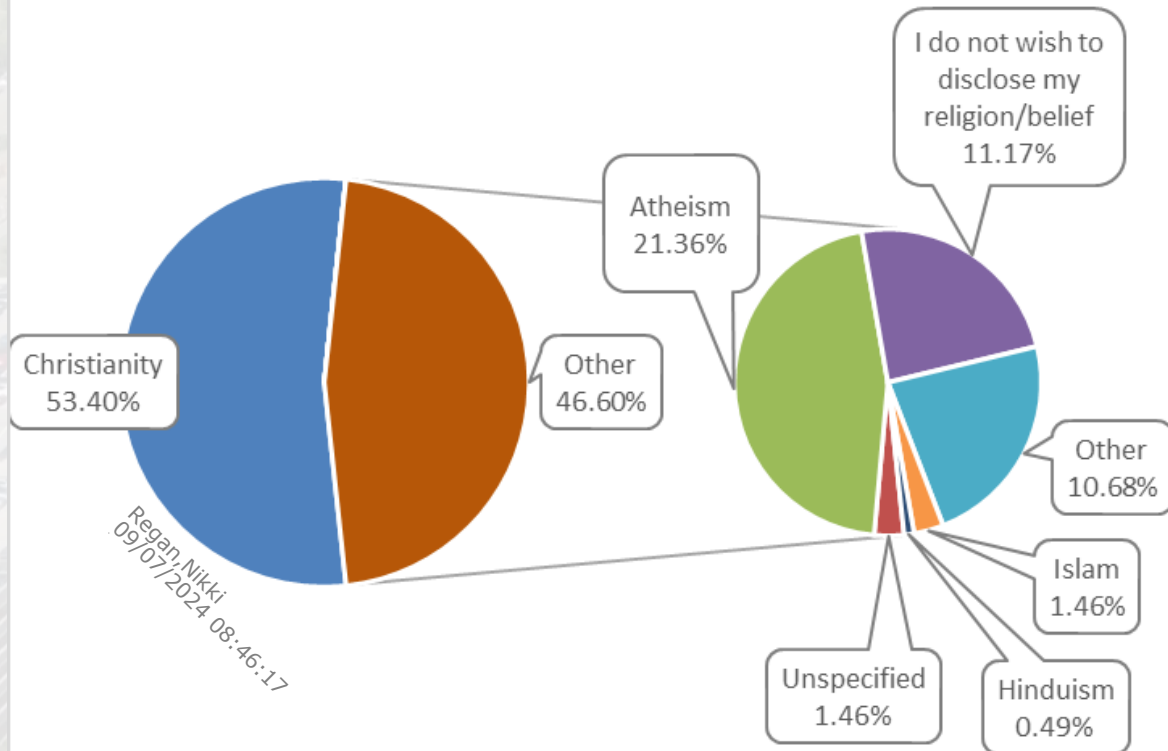


Sexual Orientation

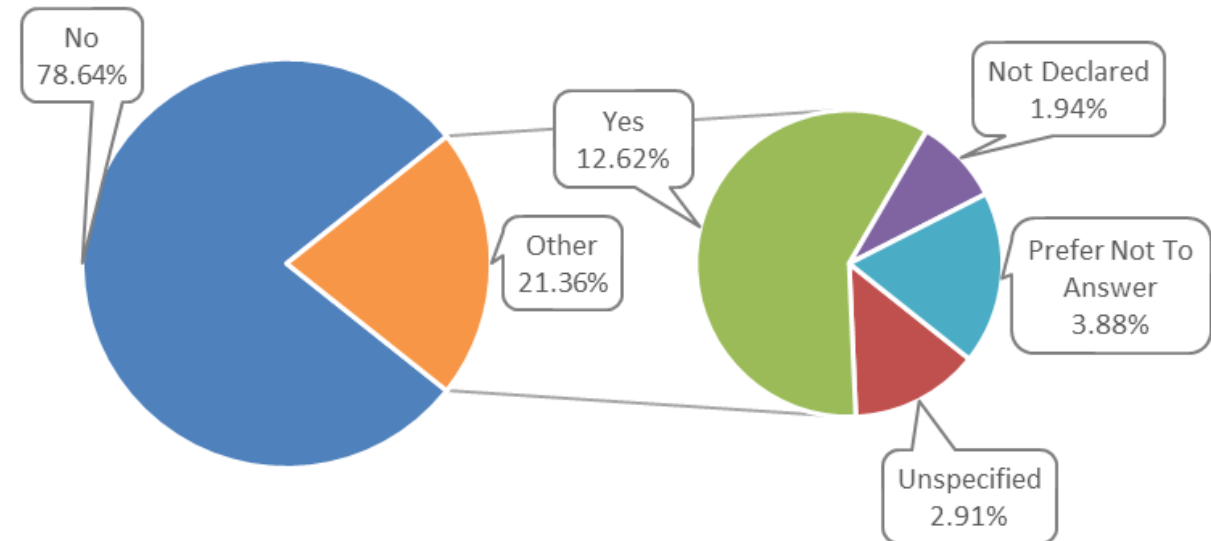


Workforce Profile

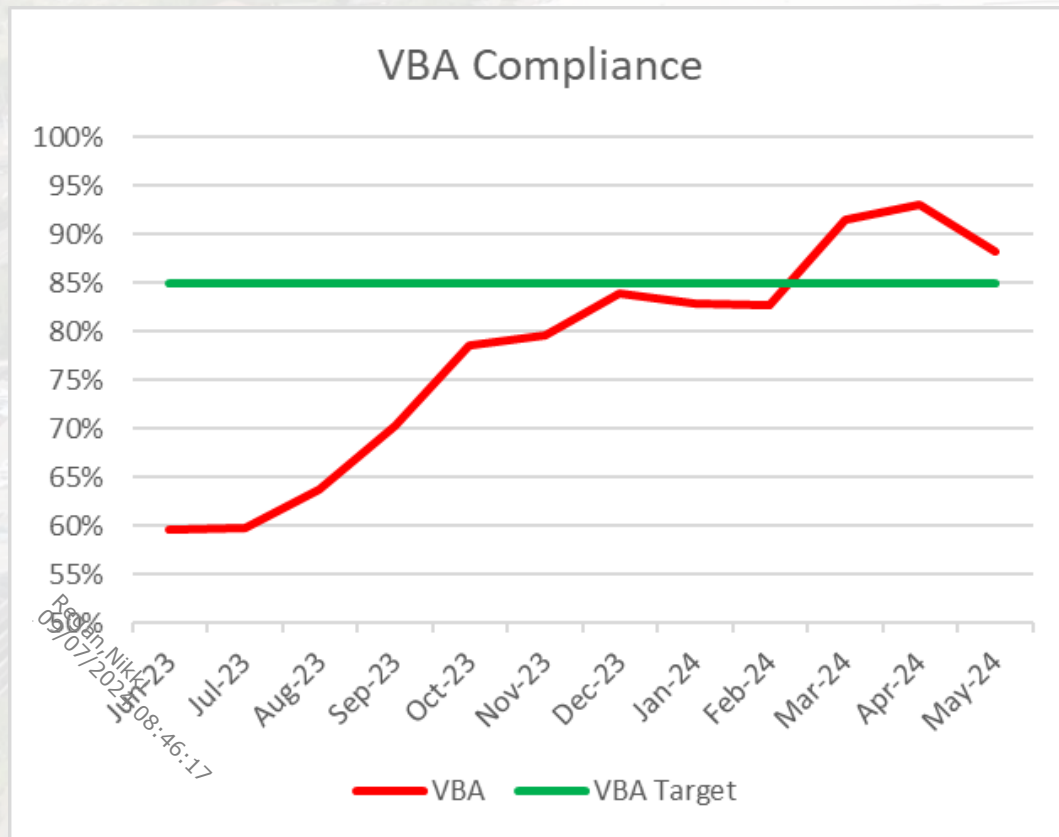
Religious Belief



Disability



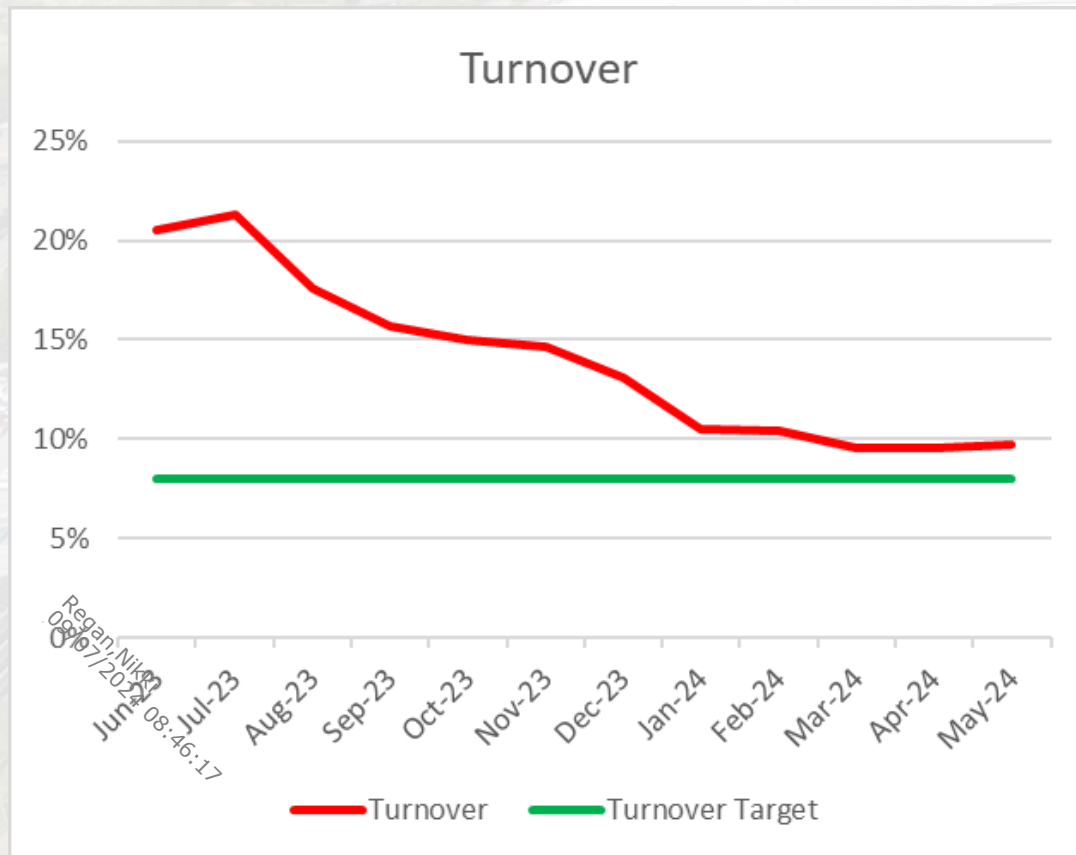
Key Performance Indicators



The Health Board compliance target for Values-based Appraisals (VBA) is 85%.

The People & Culture Directorate exceeded this target in March 2024.

Key Performance Indicators



The Health Board target for acceptable turnover is a range of 7% to 9%.

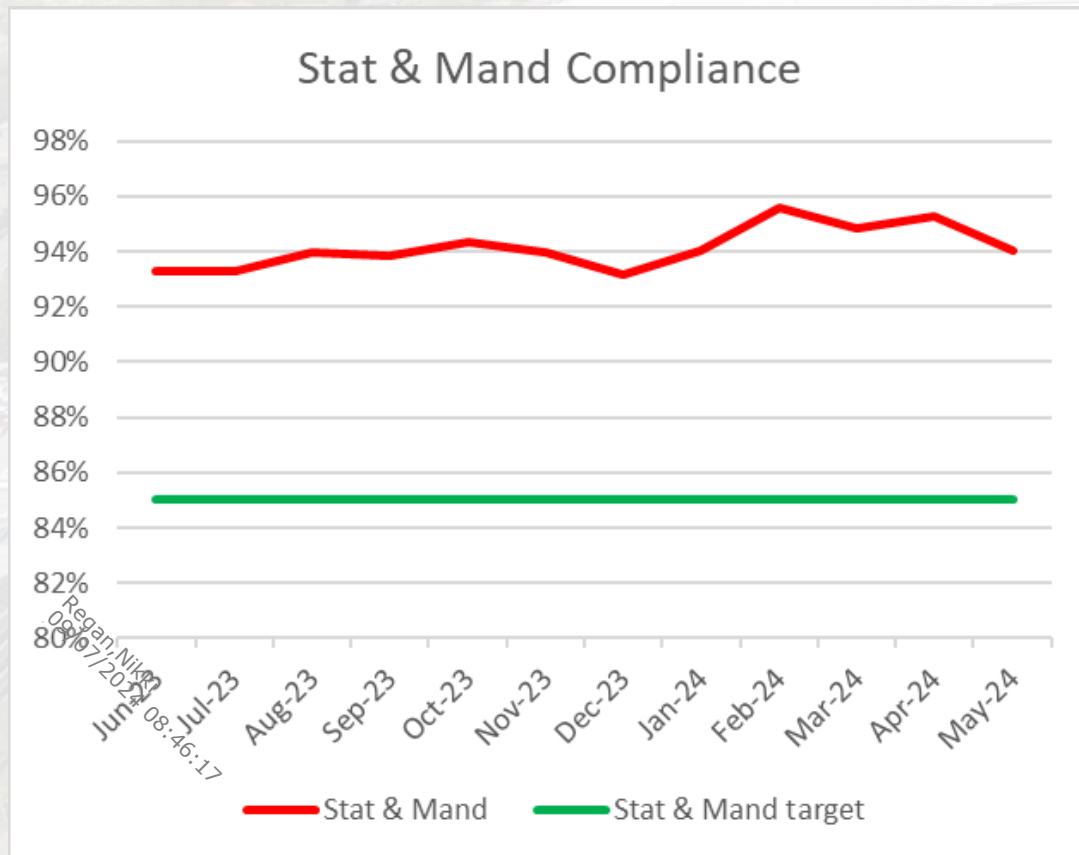
In the UK a turnover % of 10% or below is deemed to be healthy.

Retention has improved significantly in 23/24. The team had an unusual high number of leavers in 21/22 and 22/23, related to the Kickstart Scheme (fixed term contracts).

Without Kickstart we had the following leavers:

21/22	26wte
22/23	24wte
23/24	16wte

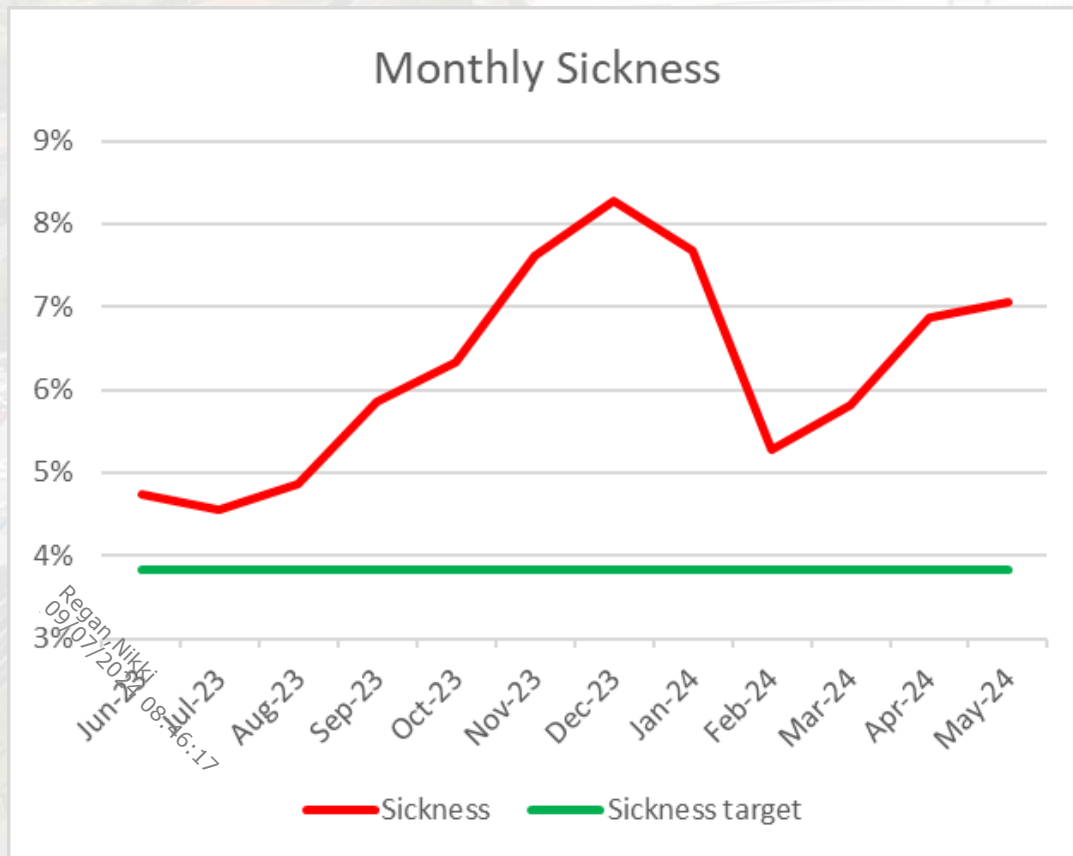
Key Performance Indicators



The Health Board compliance target for statutory and mandatory training is 85%.

The compliance rate for the People & Culture Directorate has been well above the target for the past 12 months (and more).

Key Performance Indicators



The Health Board target for sickness absence is 6%. In order to achieve this overall target teams have been set aggregated targets based on previous sickness rates.

The target for the Corporate departments is 3.84%.

The sickness rate for the People & Culture Directorate has been above the 3.84% target for the past 12 months. Cumulative rate for May 24 is 6.25%

Long term sickness is driving the high sickness rate, with anxiety/stress/depression, etc being the main reason

P&C Plan Achievements Year 2

Seamless Workforce Models

- Reviewed operating model
- Implemented disruptive HR principles into our ways of working
- Collaborative working across the function & wider UHB
- EDPC is the Vice Chair of All Wales WODs & DDPC is the Chair of DEWODs
- Occupational Health Collaboration with CTMUHB
- Development of an OD Team to provide expertise across the UHB

Engaged, motivated & healthy workforce

- Big Room monthly with EDPC
- Team & Individual regular meetings take place
- Learning culture – no blame
- Wellbeing Champions
- P&C Annual Recognition Awards
- VBA – objectives & deliverables from P&C Plan
- Team Development & Development Days
- Objective setting time-out sessions
- Team engaged with All Wales priorities/delivery
- Occupational Health Check-ins and Check-outs for all staff (daily)
- Clinical supervision (Occupational Health / EWS)

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Attract, Recruit & Retain

- People Services, ECOD and Creche Apprenticeship roles
- Retire & Return, flexible working, hybrid working, etc – improve retention
- Proven track record of internal development and succession planning
- Advertising posts in a wide range of places and networks to reach a wider audience
- Values based recruitment / stakeholder involvement

Building a digitally ready workforce

- Upskilling teams with Microsoft 365, PowerBI, Sharepoint, etc.
- Introduction of digital systems instead of paper forms etc to modernise processes & ways of working
- Team have developed confidence & skills in using data to support decision making

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Education and Learning

- ILM Level 5&7 Coaching
- ILM Data Analyst – E-Rostering team
- Workforce Planning
- Early Years Quality Mark (including Welsh Language) UHW Creche
- Individual Personal Development Plans
- Psychometrics / CIPD Organisational Learning & Development
/ Sustaining Resilience at Work /
SPRING / Kirkpatrick / Affina
/ Florence Nightingale

Leadership & Succession

- Leadership Development programmes
- Developing a coaching & mentoring culture. Opportunities for development in coaching and mentoring
- Shadowing / deputising
- Secondment opportunities
- Embedding compassionate leadership principles into our team culture

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Supply and Shape

- Developed new roles and upskilling in place
- Ceased the use of agency and overtime, not reliant on temp. workforce
- Constantly looking at ways to improve & redesign our services
- Engaged in the '*Developing the People Profession*' – All Wales
- Collaboration with CTMUHB (Occupational Health) - enhance resilience across services / shape future workforce / future opportunities for improved ways of working
- Occupational Health Specialist Lead Practitioner – AHP (1st in Wales)
- Development of Assistant Psychological Therapy Practitioner Roles (EWS)
- Members of team leading on All Wales programmes of work, regional working, etc.

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Recognition

National winners

- HPMA – 3 awards
- Apprenticeship Macro Employer of the Year Winner (WG)
- British HR Award Winners
- UHL Creche Manager one of 6 in UK to have Pathways Quality Mark (children's feeling and wellbeing)

Local

- Annual Staff People and Culture Awards
- Clinical Board Recognition events

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Hotspots/Risks

- High sickness & vacancies – Occupational Health
- Head of Strategic Workforce Planning & Transformation – hard to fill post
- Band 7 Health and Safety (Environmental) - hard to fill post
- Lack of funding – EDI, OD, HRBPs, WP in particular
- National shortage of qualified childcare staff has led to recruitment difficulties and fewer places offered
- Short-term funding of posts (HEIW) within Clinical Education Team

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Shaping Our Future

Wellbeing

Questions/Discussion

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Report Title:	Executive Director of Public Health Update			Agenda Item no.	4.3				
Meeting:	People and Culture Committee	Public	x	Meeting Date:	09 th July 2024				
		Private							
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information					
Lead Executive Title:	Executive Director of Public Health								
Report Author (Title):	Consultant in Public Health Medicine								
Main Report									
Background and current situation:									
A brief presentation will be given setting out the key importance of Vaccines in Cardiff and Vale, the state of vaccination in our area, the challenge of vaccine hesitancy and our main priorities for action; there will be an opportunity to comment on these priorities.									
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:									
<ul style="list-style-type: none"> The presentation will provide a rapid presentation on the role played by vaccines, the current trends and main challenges and our plans of action for addressing these. We are keen to engage with Committee members and their teams to understand if there are opportunities for contribution and collaboration to helping address the public health challenges presented 									
Recommendation:									
The Committee is requested to:									
<p>a) NOTE the presentation and our priorities for public health action in the space of vaccination</p> <p>b) PROVIDE any additional feedback and any contributions Committee members may be able to make to addressing the priorities indicated, to the Director of Public Health via email after the meeting</p>									
Link to Strategic Objectives of Shaping our Future Wellbeing:									
<i>Please place an "X" in the below boxes as relevant</i>									
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X						
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn							
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X						
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X#						
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X						
Five Ways of Working (Sustainable Development Principles) considered									
<i>Please place an "X" in the below boxes as relevant</i>									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Impact Assessment:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									

Risk: No	
Safety: No	
Financial: Yes	
Many public health interventions have been shown to be highly cost-effective using NICE thresholds for funding, and vaccination is cost-saving.	
Workforce: No	
Legal: Yes	
Health Boards in Wales have a statutory duty to promote and protect health among their residents, as well as treating ill health. The Well-being of Future Generations Act and Social Services and Well-being Act both require the UHB to promote and support prevention of illness.	
Reputational: Yes	
A Healthier Wales and the NHS Wales Planning Framework set out expectations for Health Boards to shift their local healthcare systems to 'wellness' rather than 'illness' systems, and increase their focus on prevention. Failure to do this could present a reputational risk.	
Socio Economic: Yes	
Reducing inequalities, including those linked to deprivation, is a key part of our public health approach in Cardiff and Vale.	
Equality and Health: Yes	
Equality and health is considered throughout the development of the planan equity plan for vaccination was approved in 2023.	
Decarbonisation: Yes	
Preventing ill health is one of the most impactful ways we can reduce our carbon impact as a Health Board, as secondary and tertiary care services have a large carbon footprint.	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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



Shaping Our Future Wellbeing

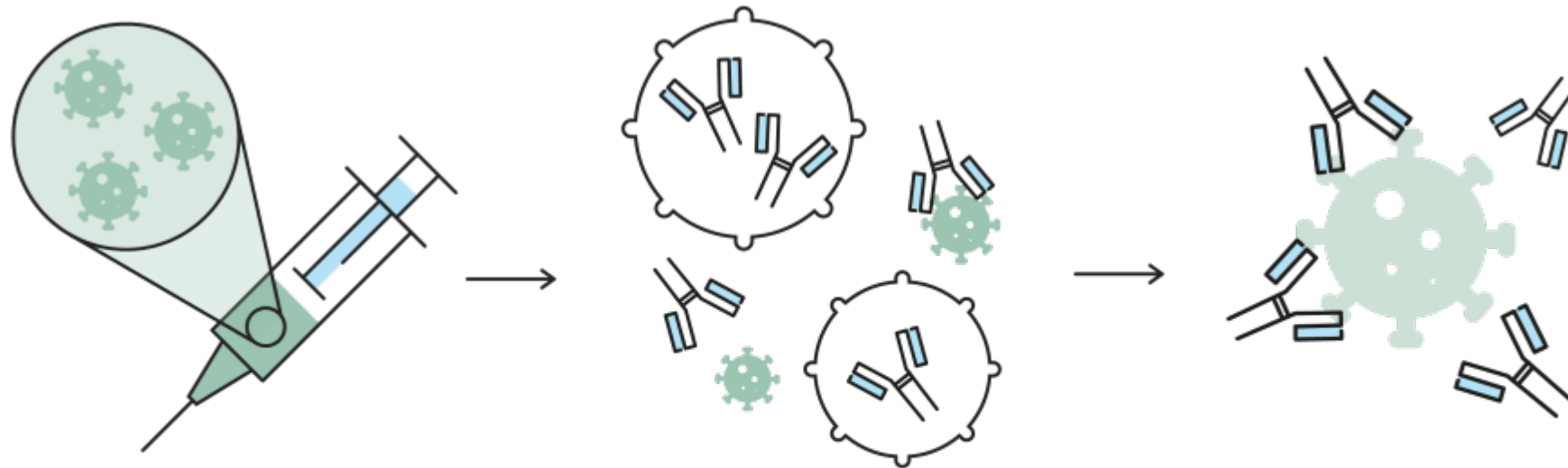
A focus on Vaccination in Cardiff and the Vale of Glamorgan

June 2024

Regan, Nikki
09/07/2024 15:46:17



How do vaccines work?



Weak or dead bacteria are introduced into the patient, often by injection.

White blood cells are activated to produce antibodies that fight the disease.

If the microorganism re-infects the person, the antibodies neutralize the invading cells.

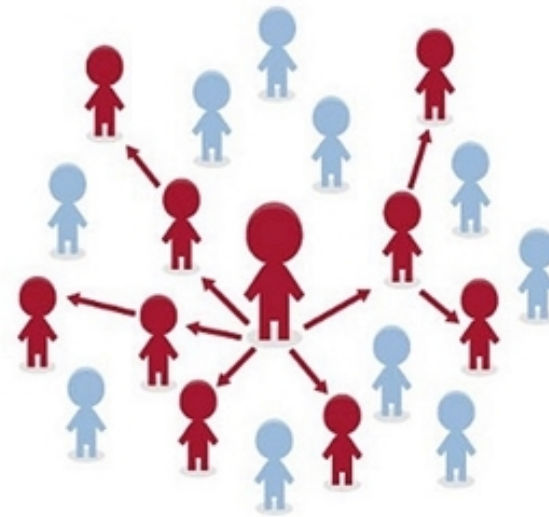
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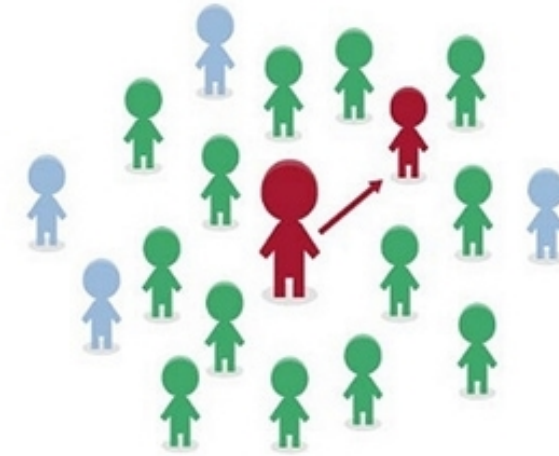
They protect our community

Including the most vulnerable members of our community

- Very young children
- Immunocompromised
- Cancer patients
- Frail and elderly



No herd immunity



Herd immunity achieved

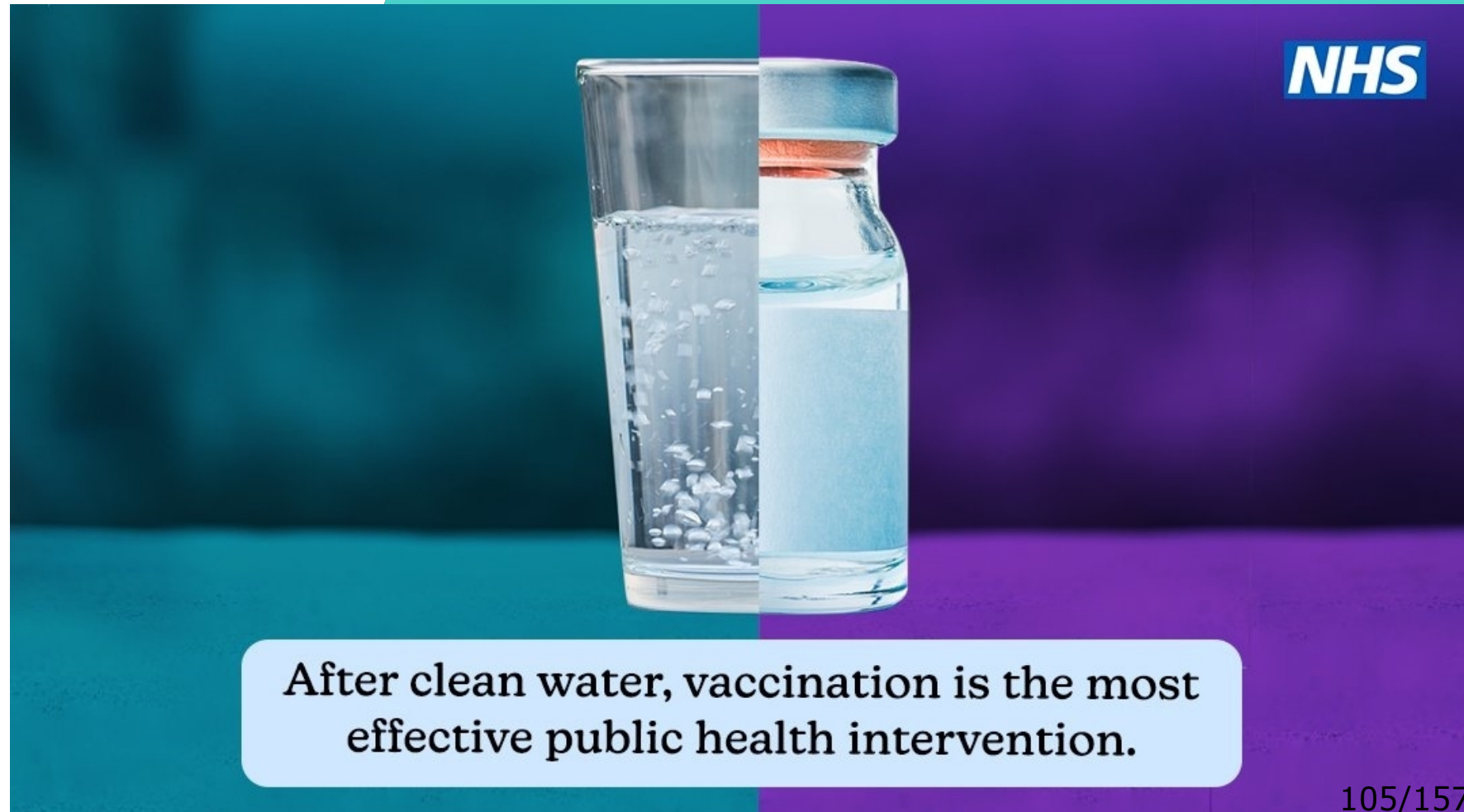
● Susceptible ● Infected ● Immune → Disease transmission

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Vaccines do work



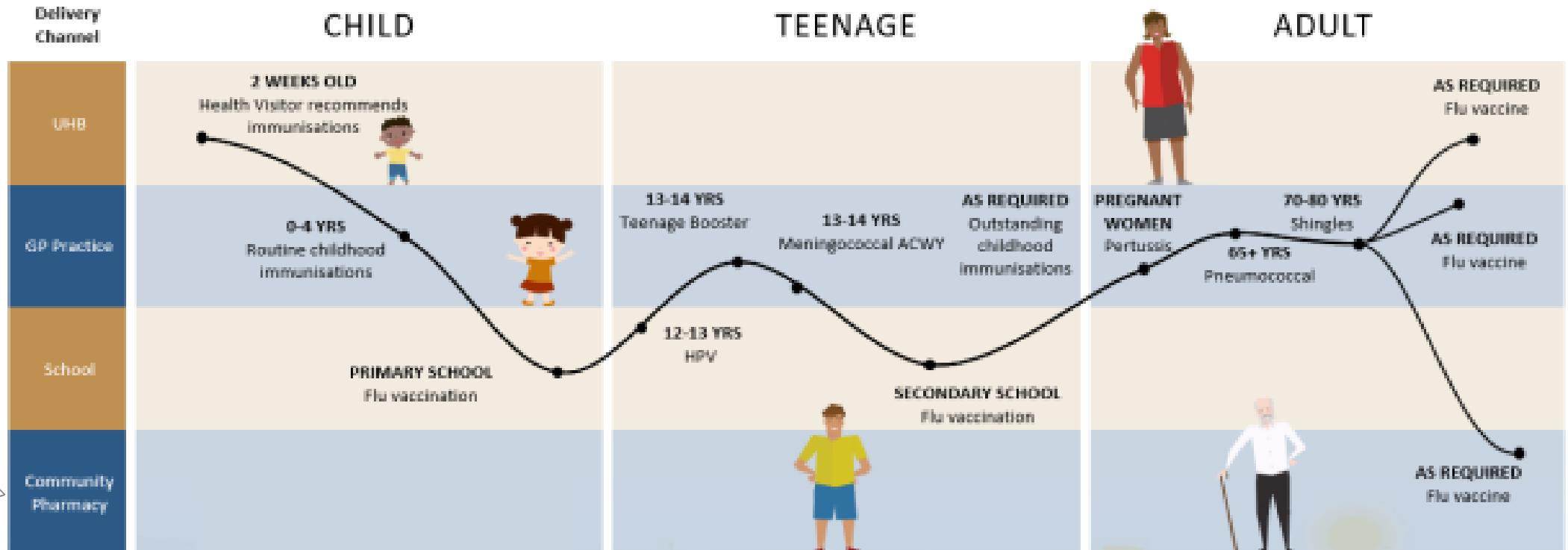
After clean water, vaccination is the most effective public health intervention.

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Vaccines are given at different ages and stages



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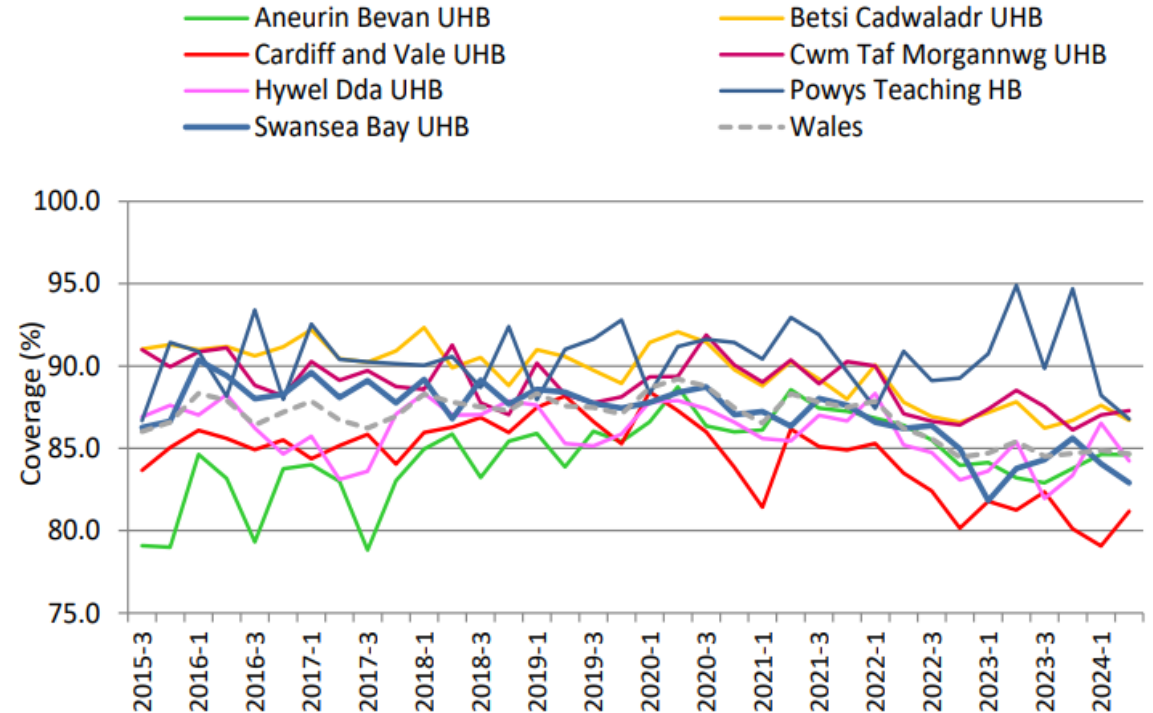


The current state of vaccination

Figure 4. Percentage uptake of resident children reaching their 4th birthday between 01/01/24 and 31/03/24 and are up to date with all scheduled vaccines⁷ by health board.



Figure 5. Trends in the percentages of children reaching their 4th birthday during quarter 3 2015 to quarter 1 2024, who are up to date with all scheduled vaccines⁷, by health board.

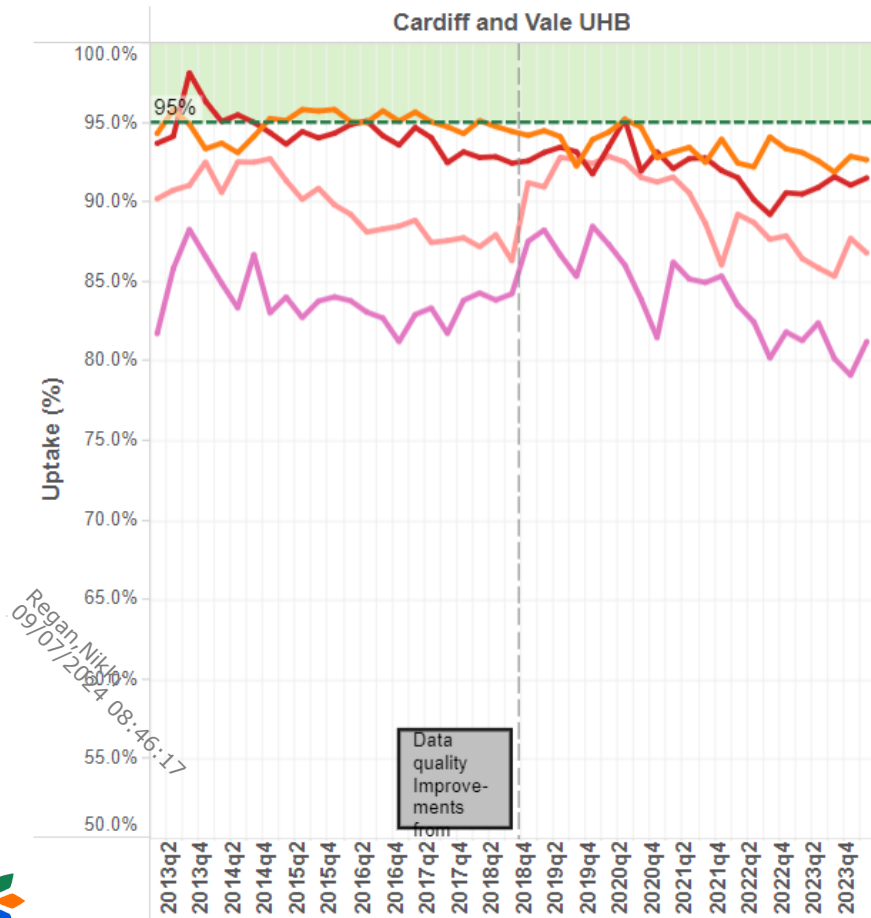


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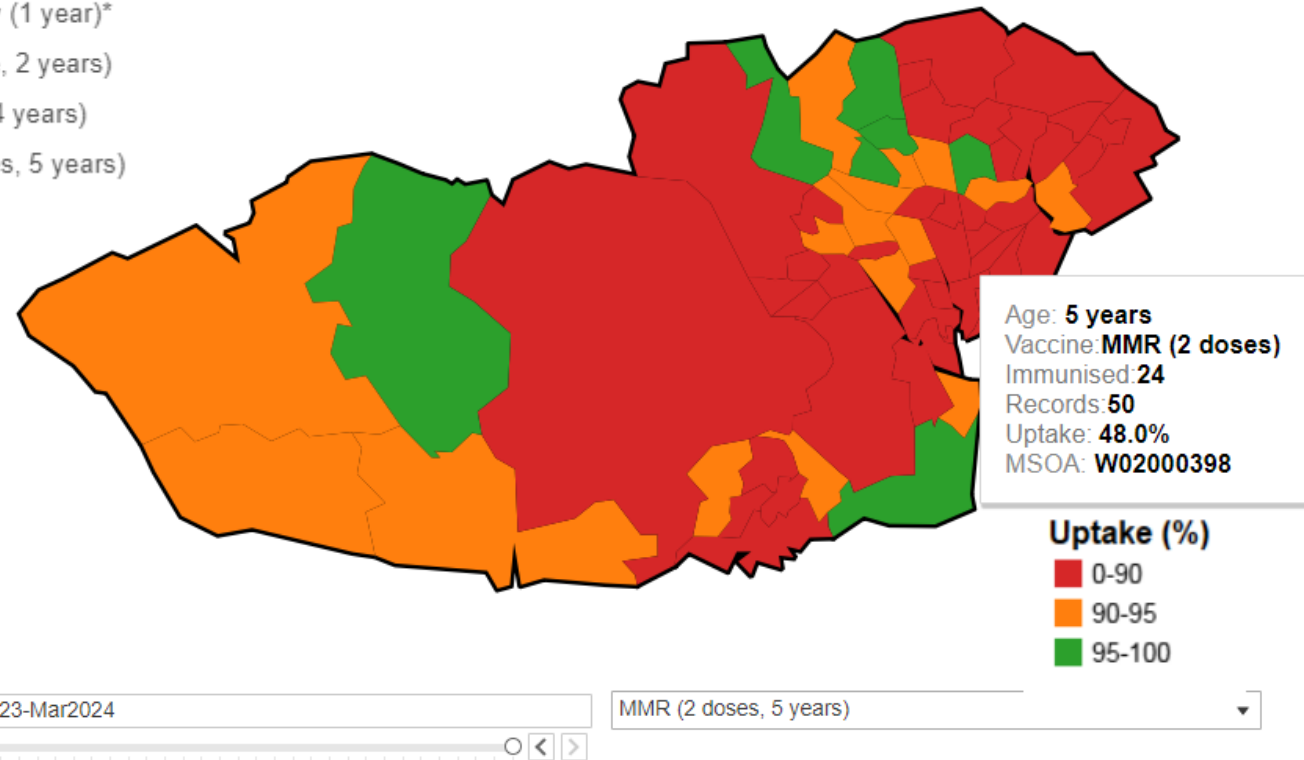
Measles (MMR) in particular



Uptake of MMR (2 doses) in children turning 5 years of age Apr2023-Mar2024, by MSOA of residence; Cardiff and Vale UHB

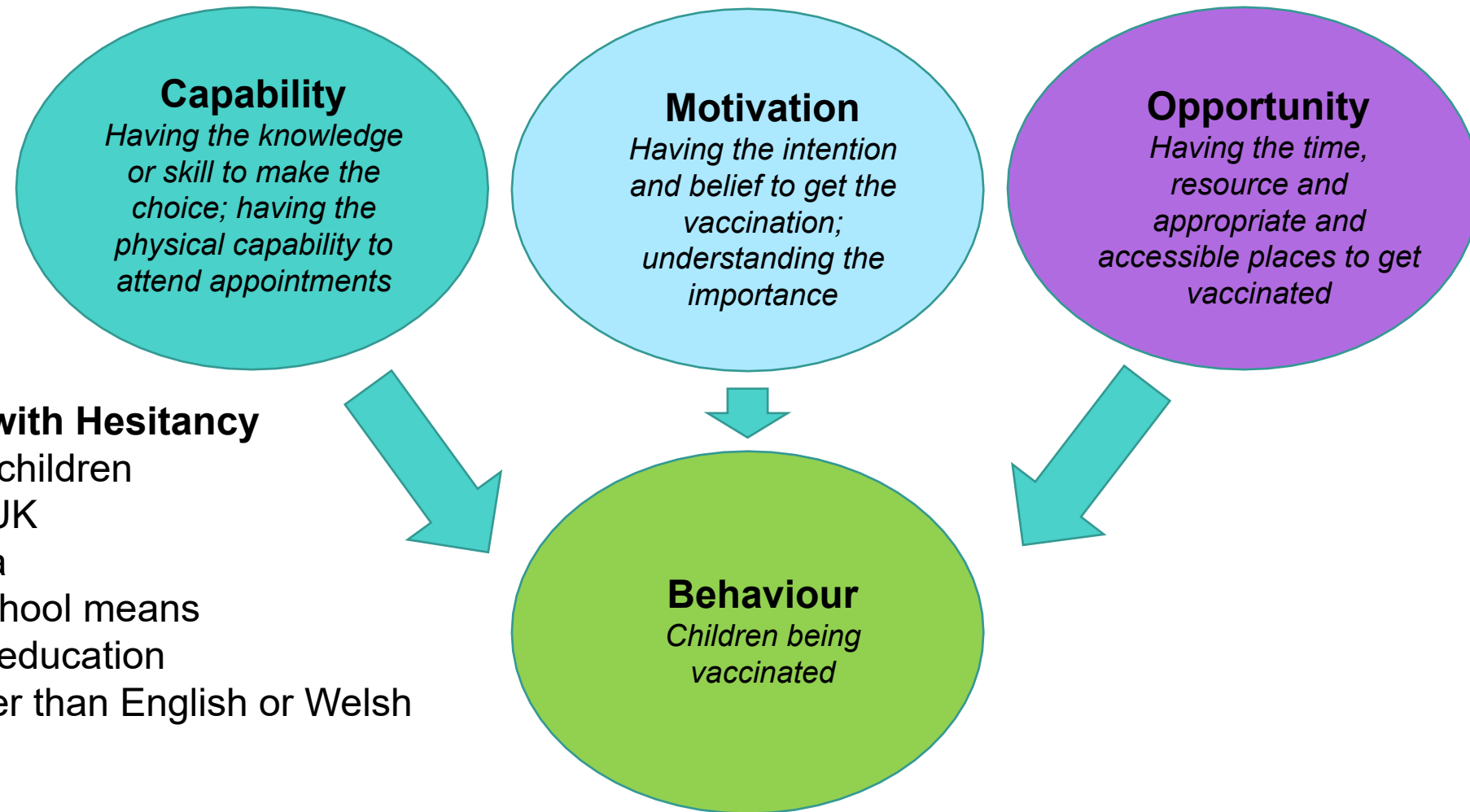
Vaccine (age)

- 5 in 1 primary (1 year)*
- MMR (1 dose, 2 years)
- Up to date* (4 years)
- MMR (2 doses, 5 years)





Vaccine Hesitancy



Main factors associated with Hesitancy

- Families with 6 or more children
- Being born outside the UK
- Living in a deprived area
- Being eligible for free school means
- Lower level of maternal education
- Recorded language other than English or Welsh



Our plan of intervention and investment

Convenience and capability

We will offer vaccines closer to the community, in schools and in a variety of settings, and we aim to provide a more seamless system for accessing records rebooking or catch-ups.

Motivation

We engage with parents and members of ethnic minority communities to offer opportunities to ask questions and receive accurate information about vaccines, their safety and importance

Resources

We are investing in boosting our capacity in terms of permanent vaccinating staff, organisational, infrastructural and logistical capabilities, in order to address hesitancy and deliver on our targets

Coordination

We are working towards achieving a higher level of coordination and alignment across partners within the Health Board and Primary Care to take advantage of all opportunities for education and vaccine delivery



Questions...

- Are you happy to support these?
- What contribution could you/ your teams make to these priorities?
- Are there any particular issues within these topics we should be prioritising?

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Strategic Workforce Plan for Primary Care

Vice Chairs
6th March 2024

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GIG
CYMRU
NHS
WALES

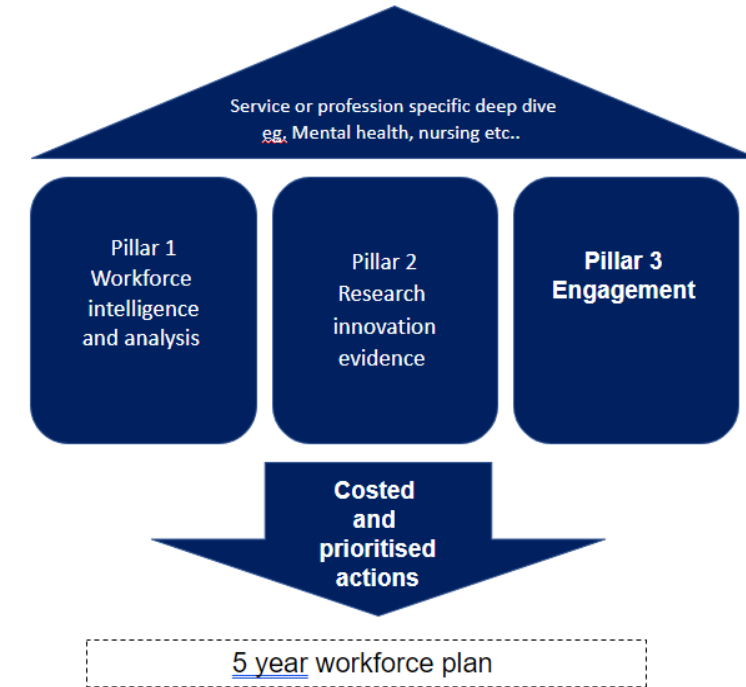
Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



Recap

- ❖ **NCPB supported development of the plan & scope was agreed in November 2022**
- ❖ Joint partnership with HEIW, Strategic Programme for Primary Care & Directors of Primary Care
- ❖ **Extensive engagement and consultation period that informed the development of this plan including sessions with Vice-Chairs**
- ❖ Presented to Chairs in January 2024
- ❖ 5 year period up to 2029/30 to develop a sustainable workforce to deliver the Primary Care Model for Wales
- ❖ Plan shared with Directors of Primary Care and Directors of Workforce and Organisational Development to inform local planning and allocation of strategic primary care funds
- ❖ **Final plan approved at NPCB on 15th February 2024**
- ❖ Working on a 'short read' version of the plan for wider dissemination

Methodology



Recap - actions



A workforce plan designed to stabilise, renew and transform primary care - building sustainability and effectiveness fit for the 21st century

Key Messages

- ❖ Embed multi-professional working – all sectors, all areas – needs support (OD, public awareness, preceptorship, supervision and mentorship, education & training)
- ❖ Ambition to significantly expand training & education in primary care to develop current workforce and future pipelines (premises and current funding models are a constraint)
- ❖ Improved workforce planning at all levels (practice, cluster, pan-cluster, HB, national) including demand modelling and impact of workforce supply changes (LTFT training etc).
- ❖ Leadership development (professional and system leadership)
- ❖ Equitable offer for primary care – benefits, health and wellbeing, access to support, leadership development
- ❖ More sustainable solutions and a focus on retaining our experienced workforce
- ❖ Thinking digital and how we exploit new technologies to free up time to care – joint work with DHCW/AI Commission

55 actions across 7 themes of workforce strategy – all contractor professions

- Engaged, healthy & motivated workforce
- Seamless workforce models
- Workforce supply & shape
- Excellent education and learning
- Attraction & recruitment
- Leadership & succession
- Digitally ready workforce

Actions are being prioritised over a 5-year period



Approach to prioritisation



55 actions in total including sub actions

All actions were initially assessed using a MoSCoW framework

Discussions have taken place with key stakeholders to consider:

- Describe the 'product' or output of each action
- Consider different levels that could be delivered taking a bronze/silver/gold assessment
- Identify anticipated benefit from each action
- Identify quick wins & undertake deliverability assessment
- Assess costs (high-level assessment of actions that could be taken forward on non-recurrent basis, recurrent costs not yet fully identified)
- Consider dependencies (external and internal)
- Scope (all or individual professionals)



4 indicative groupings

Initial assessment

Priority	Deliverability	Benefit/Impact	Link to other actions or existing work programme (potential quick wins)	Costs
Initial Ranking as per MOSCOW assessment	<p>Short - can be completed < 1 <u>year</u></p> <p>Medium – can be delivered in 1-2 years so planning needs to start <u>early</u></p> <p>Long term – will require detailed planning and potential business case development</p>	<p>Short term <2 years</p> <p>Medium term 3-4 years</p> <p>Long Term 5 years+</p>	Yes/No	<p><u>Recurring/Non Recurring</u></p> <p>Low < up to £0.1m</p> <p>Medium <up to £0.5m</p> <p>High - Over £0.5m</p>

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Indicative Grouping of Actions



Group 1

- Must or should do priority
- Non recurring costs less than £0.1m per action
- Deliverability assessment – product available in 2024/25
- Links to other actions or existing work programmes (so potential for quick wins)
- Benefits across short, medium and long term



Group 3

- Must, should or could do priority
- Longer planning horizon
- Costs up to £0.5m
- Benefits across short, medium and long term



Group 2

- Must, should or could do priority
- Require more than a year to deliver a product
- Costs – non recurring less than £0.1m per action
- Links to other actions
- Benefits across short, medium and long term



Group 4

- Any other priority
- Longer planning timelines
- High cost (potential to scale depending on resource availability)
- External interdependency with other organisations or programmes beyond the control of HEIW/SPPC



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Next steps

Implementation planning:

- Recognise that there are difficult choices to be made in current financial environment; will require an agile approach to implementation planning
- Further work to do on timelines and when there are fixed points for decision (for example; when we need to make decisions about increases to training pipelines) vs actions that can be taken forward more flexibly
- Working up detailed 'plans on a page' for actions in group 1 (March) and then group 2 actions (April/May)– so that we have a clear assessment of deliverables and also what actions we could progress if we had some funding either locally or nationally (will align with a review of IMTPs and Pan Cluster Planning Groups)

Plan launch:

- Plan will be launched at the Multi-professional education & training conference (15th May)
- Short read version will be available
- Published on website



Strategic Workforce Plan for Primary Care

Vice Chairs
6th March 2024

Supplementary Slides

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GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Actions



<p style="text-align: center;"><u>Group 1 Actions</u></p> <p>Theme 1: Actions 2D, 3 & 4</p> <p>Theme 3: Actions 5, 6 & 7A</p> <p>Theme 4: Action 22</p> <p>Theme 5: Action 14 E</p> <p>Theme 6: Actions 18, 19, 21A</p> <p>Theme 7: Actions 8B & 8D</p> <p>Additional Actions: Action 25</p>	<p style="text-align: center;"><u>Group 3 Actions</u></p> <p>Theme 1: Action 1, 2F & 2G</p> <p>Theme 2: Action 15 & 17</p> <p>Theme 5: Action 13D, 13E & 13F</p> <p>Theme 6: Actions 20 & 21B</p> <p>Theme 7: Actions 9A, 9B, 9D, 10, 11B</p>
<p style="text-align: center;"><u>Group 2 Actions</u></p> <p>Theme 1: Action 2E</p> <p>Theme 3: Action 7B</p> <p>Theme 4: Action 23</p> <p>Theme 5: Action 13A, 13B, 13C, 13G, 13H, 13I, 13J, 14B & 14F</p> <p>Theme 7: Actions 8A, 8C, 9C & 12</p>	<p style="text-align: center;"><u>Group 4 Actions</u></p> <p>Theme 1: Actions 2A, 2B & 2C</p> <p>Theme 2: Action 16</p> <p>Theme 4: Action 24</p> <p>Theme 5: Action 14A, 14C & 14D</p> <p>Theme 6: Action 11A</p> <p>Additional Actions: Action 26</p>

Theme No	Descriptor
1	<p>AN ENGAGED AND MOTIVATED AND HEALTH WORKFORCE</p> <p>Our ambition: By 2030, the primary care and urgent primary care (UPC) workforce will feel valued, fairly rewarded and supported wherever they work</p>
2	<p>ATTRACTION AND RECRUITMENT</p> <p>Our Ambition: By 2030, the healthcare workforce within primary care and urgent primary care will be well established as a strong and recognisable brand</p>
3	<p>SEAMLESS WORKFORCE MODELS</p> <p>Our ambition: By 2030, multi-professional and multi-agency models will be the norm across primary care</p>
4	<p>BUILDING A DIGITALLY READY WORKFORCE</p> <p>Our ambition: By 2030, we will have a digitally capable workforce in primary care which will be using technology and data to help the best possible care for people</p>
5	<p>EXCELLENT EDUCATION AND LEARNING</p> <p>Our ambition: By 2030, staff working in primary and community settings will have the skills and capabilities needed to meet the needs of the people of Wales</p>
6	<p>LEADERSHIP AND SUCCESSION</p> <p>Our ambition: By 2030, our leaders working in primary and community settings will display collective and compassionate leadership</p>
7	<p>WORKFORCE SUPPLY AND SHAPE</p> <p>Our ambition: by 2030, we will have a sustainable workforce in sufficient numbers working in primary care to meet the health and social care needs of our population</p>
	<p>CROSS CUTTING ACTIONS</p> <p>This workforce plan includes the fundamental principles of wellbeing, Welsh language and inclusion across all actions.</p>

*** Action detail identified in the following slides.**

Group 1

Action No.	Description of Action
2D	Improving the transition from training into the workplace for all dental roles through mentorship training schemes
3	Produce supervision guidance to support high-quality supervision within multi-professional teams and develop a programme to upskill the workforce in supervision practice being mindful of regulatory, HEI and WG requirements.
4	Working with NHS Wales Shared Services Partnership, review and expand staff benefits that are currently not available to primary care staff and to explore potential to expand access.
5	Working with Llais, develop and launch a national communication campaign for citizens on the Primary Care Model for Wales to aid understanding of the multi-professional workforce working within and across primary and community settings including the role of other prescribers using multiple methods to reach all population groups including those seldom heard.
6	Working with Primary Care Academies, develop a toolkit that supports primary care employers in understanding individual professionals' scopes of practice, regulatory and supervisory requirements to support multi-professional team development.
7A	Develop an exemplar model for the successful deployment of Physician Associate (PA) role in primary and urgent primary care settings and associated professional governance infrastructure required.
8B	Undertake demand modelling to identify size of education & training pipeline increases needed over the medium to long-term using scenario-based planning across all settings including consideration of supervisory requirements within 'demand for labour' calculations (aligned with wider demand & capacity work programme).
8D	Include recommendations for increases in specific roles considering population health need and equity of access as part of future Education and Training Plan submissions as outlined within the Strategic Workforce Plan.
14E	Develop Advanced Training Practice model in Optometry and support the delivery of at least 2 practices offering higher qualifications in every cluster area across Wales
18	Provide equitable access to national leadership programmes for our senior primary care workforce (for example, Advanced Clinical Leadership Programme) to embed a compassionate and collective leadership model and continue to develop self-directed learning and professional development opportunities through the Gwella leadership portal.
19	Evaluate and further develop existing bespoke leadership programmes and support for Cluster and Collaborative leads and those aspiring to these roles.
21A	Building a collection of development opportunities for management roles across primary care settings including a menu of learning interventions and extending opportunities (formal and informal) to meet specific needs including options for accredited training and development.
22	Working with the Chief Digital Officer and DHCW, develop a digital roadmap for primary care, assessing implications on the future workforce requirements including education and training
25	Promote the availability of Welsh language training to all staff within primary care in line with the "More than just Words" action plan and existing statutory duties.

Group 2

Action No.	Description of Action
2E	Providing appropriate induction and learning modules for the non-clinical workforce including population health and health inequalities
7B	Develop competency profiles, standardised job descriptions and education and training pathways that support the development of non-registered roles within primary care (e.g. community health workers, care navigators, social prescribers, social welfare advisors and others).
8A	Develop a simplified workforce planning methodology for adoption at all levels of the primary care system to support workforce matched to health needs to help address the Inverse Care Law
8C	Embed the new framework for enhanced, advanced and Consultant practice to increase the number of people working in enhanced, advanced and extended roles within primary care settings
9C	Support Health Boards to consider local action on primary care retention as part of the local retention plans and national community of practice (facilitated by HEIW).
12	Working with NHS Wales Shared Services Partnership (NWSSP), undertake a feasibility study to facilitate temporary staffing solutions for other groups of staff working in primary care.
13A	Through the multi-professional primary care Academies, facilitate a structured annual approach to ensuring the HEIW CPD strategy is utilised to support the education and learning.
13B	Provide access to core skills training in Shared Decision Making (SDM), Quality Improvement (QI), Making Every Contact Count (MECC) and Mental Health training utilising the Academy infrastructure and Y Ty Dysgu Learning Management System.
13C	Provide staff working with health inclusion groups and in communities with significant socioeconomic deprivation with appropriate training and education pathways that support inclusion health including the development of a competency framework for prison health staff.
13G	Provide education and training programmes that increase the range of people in primary care who can prescribe independently
13H	Develop a competency framework and training/education pathway for practitioners in primary care who are working with people with mental health needs (aligned with Mental Health Strategic Plan).
13I	Commission specific education and training that supports remote clinical decision making (RCDM) for all professionals.
13J	Deliver education and training to expand the range of competencies for clinical and non-clinical staff working in urgent care settings as part of the Urgent Care Practitioner Framework.
14B	Increase the number of foundation doctors who have placements in primary care during foundation training (F1 and F2)
14F	Develop an educator development plan to drive quality and consistency in standards, recognise and value the educator workforce, and enable the development of a multi-professional, cross sector approach to ensuring the deliverability and quality of the future workforce supply.
23	Roll out the new HEIW digital competency tool in primary care through the use of champions and roadshows and through Primary Care Academies identify training and education requirements.

Group 3

Action No.	Description of Action
1	Working with independent contractors and their representatives, develop a bespoke scheme to measure staff experience, engagement & wellbeing in primary care (all contractors, all settings).
2F	Develop a structured induction programme for pharmacy professionals (pharmacists and pharmacy technicians) who transition to new roles in primary care
2G	Develop a structured programme for newly qualified staff working in areas of greater deprivation and/or with health inclusion groups learning from similar programmes elsewhere in the UK
9A	Explore options for improving understanding about why people stay in or leave their roles in primary care (including urgent primary care settings) focussing initially on professionals who are on the Performer's List
9B	Explore options for development of a bespoke scheme to support retention in key areas including reviewing the scope and scale of the GP retainer scheme
9D	Promote good practice in retention through the adaptation of tools and guidance appropriate for primary care settings.
10	Create a national role to increase the number of apprenticeships in primary care covering both clinical and non-clinical roles, considering any policy changes
11B	Reviewing levers to decrease reliance on locum or temporary staffing solutions including development of all Wales locum guidance
13D	Consider the opportunities offered by the new dual qualification route for GPs and Public Health practitioners and the GP with an Extended Role (GPwER) Framework for population health and health inequalities
13E	Implement training programmes to support the Optometry contract reform including MECC, QI and Infection Prevention and Control (IPC)
13F	Develop a training plan and career pathway for staff who are working to support patients with long-term conditions recognising the need to continue to develop the 'expert generalist' workforce and those working in specialist roles (such as specialist nurses and AHPs).
15	Develop primary care specific guidance to increase opportunities for different models such as rotational roles, career portfolio models and flexible working across the multi-professional workforce to improve choice, flexibility and career development.
17	Actively promote careers in primary care to attract our future workforce through the continued development of Careersville and ensure primary care is considered within the development of an all-age Careers Strategy by HEIW ensuring services in more deprived areas are positively represented.
20	Create a Clinical Fellowship in health inequalities/population health to identify actions that should be embedded in pre and post registration programmes.
21B	Reviewing succession requirements for staff working in primary care management roles and career development pathways including apprenticeship opportunities

Group 4

Action No.	Description of Action
2A	Preceptorship that is appropriate to the role including preceptorship for newly qualified General Practice Nurses (in line with WG guidance)
2B	Formal mentorship scheme for newly qualified GPs, including GPs working in areas of greater deprivation, to help transition into partnership roles reviewing good practice within Wales and elsewhere
2C	Mentorship for newly qualified staff in urgent primary care settings
11A	Identifying levers to encourage the workforce to take up partnership or salaried roles including exploring roles for experienced GPs that help to retain them in the workplace ensuring equitable spread across areas
14A	Increase the number of pre-registration training placements in primary care for pharmacists, nurses, AHPs, healthcare scientists and other professionals to support high quality placements considering other requirements such as the need for Practice Education Facilitator roles and support placements in more socioeconomically deprived areas
14C	Expand post-registration (including GP specialty) provision in line with education & training pipeline and demand modelling (links with action 8b)
14D	Provide equitable access to programmes that support successful integration into primary care for the multi-professional workforce (including newly qualified staff and those transitioning from other part of the health and care system). Priorities include expanding GPN Foundation programme, new programme for AHPs and embedding changes in pharmacy initial education & training requirements
16	Working with Welsh Government, review, with a view to remodelling, current incentive schemes to attract and recruit people and consider applicability across all professional groups in areas where recruitment is challenging.
24	Working with DHCW Digital Futures Team, improve access to immersive technologies for the workforce during their healthcare education and development in Wales.
26	Support under-represented and socially disadvantaged groups in accessing primary care careers through HEIW widening access programme.

Report Title:	H&S Update			Agenda Item no.	4.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	09.07.24
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report

Background and current situation:

The Health Board is committed to ensuring that suitable arrangements are in place in line with statutory requirements to minimise the risk of any hazards that could lead to a safety related incident to one of its patients, visitors, employees, contractors or other stakeholders.

Health Surveillance

A gap has been identified in the robustness of the UHB staff health surveillance programme. Whilst health hazard monitoring has previously been conducted, the H&S department are working on a joint project with Occupational Health to strengthen the Health Surveillance process.

Revised Standard Operating Procedures that require input from both H&S and Occupational Health have been approved at an all Wales level and are being implemented locally on a rolling basis, starting with Hand Arm Vibration and Noise. Areas for surveillance have been identified through risk assessment and new equipment is being procured to conduct the monitoring. This is due to commence in mid July 2024.

Case Management

As part of the all Wales Anti-Violence Collaborative, (AVC) the Obligatory Response to Violence (ORV) has been re-signed on an All Wales basis. The relaunch was conducted on 30th May through a presentation at the WG offices attended by the police Chief Constables in Wales, Judith Paget and representatives from the UHBs'.

The document sets out the responsibilities of the partners when dealing with incidents relating to violence or aggression in the NHS. The ORV agreement is between the 4 police forces in Wales, CPS Cymru and the NHS in Wales.

South Wales Fire and Rescue Service

The South Wales Fire & Rescue Service prosecution of the UHB is associated with EN3/21 for alleged non-compliance with Articles 8 of The Regulatory Reform (Fire Safety) Order 2005. Several dates have been set for trial but it is now currently fixed for 21st October 2024. The Assistant Director of Health, Safety and Fire is working closely with the Director of Corporate Governance and external legal team in formulating a defence.

SWFRS Audit

Since the regulatory fire audits conducted in Hafan Y Coed in April and May, SWFRS have conducted a further three planned visits across Mental Health Services for Older People at UHL and the Children's Hospital for Wales at UHW. There have been no significant findings with only relatively minor non-conformances identified, resulting in informal notices being issued. All notices have been replied to and outstanding actions are being addressed through a suitable time-based action plan.

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

To note that the highest risk Health and Safety issues across the UHB will feed into the People and Culture meeting.

Recommendation:

The Board is requested to: Note the findings of this report.

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	X	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	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

No:

Safety: Yes/No

No:

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No:

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

People & Culture

9th July 2024

Regan
09/07/24
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Report Title:	Capital, Estates & Facilities Update		Agenda Item no.	
Meeting:	People & Culture Committee	Public	√	Meeting Date: 19/07/2024
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Director of Capital Estates & Facilities			

Main Report

Background and current situation:

The purpose of this paper is to provide People and Culture Committee with an interim brief update regarding the previously reported estate infrastructure failings, and provide assurance that Capital Estates and Facilities (CEF) continue to manage the situations to minimize disruption to patients and clinical services.

At the previous meeting, held 14th May 2024, the Director of Capital, Estates and Facilities (CEF) provided a comprehensive overview of the recent issues across the estate;

- UHW Roof Leaks
- UHW Water Main Rupture
- UHW Foul Drainage Programme
- Operation POET

Capital Management Group, at their meeting held on 20th May 2024, supported the project mandate, documentation for the schemes below, which provides appropriate approval, to progress the developments to Business Justification Case stage for submission to Welsh Government to seek appropriate funding support:

- Replacement of the Roof at UHW, including the Ward Block and Tower Blocks 1 & 2
- Replacement of the main water distribution pipework which runs around the perimeter of the buildings, including the replacement of all Valves to effect appropriate isolation

Critical Risk Review

The committee has previously been informed and updated with regards the progress and findings resulting from a comprehensive review of potential critical infrastructure risks. To date, 75 items have been identified and reviewed by the CEF team, with 13 high level (>20) risks added to the Service Board Risk Register.

UHW load shedding failure	loss of power to site
UHW main steam header	unable to isolate steam to site for maintenance and emergencies
UHW Main fuse board phls and CU	board non-compliant and 50 years old
UHW pumped water main to roof tanks	loss of water to site
UHW boiler house blowdown vessel	non-compliance and unable to do maintenance
UHL boiler house chimney	failure of internal flue liners, steam failure
UHL boiler house boilers 1&3	loss of steam, heating, hot water
UHW 11KV electrical network distribution	lack of expansion capability
UHW E7 & E8 standby generator	loss of power in emergency
UHW DHW plate heat exchanger phase 2	DHW plate exchanger capacity legionella issue
UHL CAVOC plate heat exchangers	loss of service CAVOC
UHW CHFV Phase 1 cold water tanks	no compliant tanks loss of water to CHFV PAHSE 1
UHW cold water emergency connections	loss of water in emergency

Operation POET

The project team has been re-established to commence the preparatory works to undertake the annual full power outage exercise at UHW. The exercise will also be extended to include UHL with the intention to complete this in 2024-25.

It has been agreed to undertake the tests on clinical audit days which has reduced patient activity, thereby reducing some of the associated risk. Whilst it is recognised that the electrical load will not be at full capacity on this day, the team are able to demonstrate that the High Voltage (HV) generator and local generators have adequate provision to support the site(s) in the event of unexpected loss of power.

The planned dates are:

- UHL Thursday 19th September 2024
- UHW Friday 18th October 2024

Backlog Maintenance & Patient Safety Funds 2024/25

The UHB received a request from NWSSP Specialist Estate Services (SES) on Monday 13th May 2024, advising that WG had acquired £30m to support backlog maintenance issues across Health Boards and Trusts across NHS Wales.

SES were advising WG in the prioritisation of the funding which would consider the actions from Audits undertaken by the Authorising Engineers in respect of specialist engineering systems.

Capital, Estates and Facilities referenced its Risk Register to inform the process, along with the estate infrastructure schemes considered as part of the annual capital planning process. A schedule indicating 20 priority schemes were included in the UHB submission with an estimated cost of £11.5m.

The UHB has received confirmation that the Minister has approved the schemes shown in the table below, which are to be delivered by the end of March 2025 at a total cost of £4.434m.

Description	Site	Value £m
UHW Main Chiller Plant	UHW	0.709
HSDU Ventilation & Chiller	UHW	0.700
UHW Continuation of Foul Drainage system replacement	UHW	0.500
CAVOC Chillers	UHL	0.500
UHW Water Mains	UHW	0.750
UHW AVSU Replacement	UHW	0.300
UHW Hot Water Valve Replacement	UHW	0.075
UHW Roof Upgrades (Lift Plant Rooms)	UHW	0.150
UHW Secondary Hot water Plate Heat Exchanger	UHW	0.250
UHL AVSU and Oxygen Transfer over to new oxygen line	UHL	0.200
UHB Fire Doors	UHB Wide	0.200
Fire Doors		0.100

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

- The 2024-25 UHB's Discretionary Capital Allocation is significantly constrained with limited contingency allowance available to upgrade or replace critical infrastructure
- The increase in the number of risks ranked above 20 and added to the CEF risk register as part of the on-going critical risk review.
- The intention to repeat Operation POET at UHW in October 2024 and introduce a similar exercise for UHL in September 2024.
- The welcome approval by the Minister for the funding to address some of the UHB priority backlog schemes.

Recommendation:

The Committee are requested to:

NOTE: the content of the paper and recognise the on-going works to provide a comprehensive risk register for the estate, which will inform submissions to WG when funding becomes available and the development of the estates strategy.

SUPPORT: the UHBs intention to develop 2 Business Justification Cases to secure capital funding for the 2 schemes mentioned previously in the paper

SUPPORT: the UHBs intention to undertake Operation 'POET' at UHW & UHL during 2024-25, in line with the requirements of the relevant Health Technical Memorandum.

NOTE: the approval of the WG funding of £4.434m received to support a number of key infrastructure projects which will reduce the risk profile and address some aspects of the UHB backlog maintenance.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Maintaining an aging environment

Safety: Yes

Some risks do have safety implication that is currently being managed.	
Financial: Yes	
Most risk do incur funding, hence the application for external funding via EFAB and WG 'All Wales' Capital funding via Business case submissions	
Workforce: No	
Legal: Yes	
Statutory compliance failures could lead to HSE involvement	
Reputational: Yes	
Patient complaints and press reports are on occasion received	
Socio Economic: Yes/No NO	
Equality and Health: Yes/No NO	
Decarbonisation: Yes/No NO	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Regan, Nikki
09/07/2024 08:46:17

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Reggie Nikki
09/07/2024 08:46:17



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NHS
WALES

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

CAVUHB Digital Communications Analytics

April - June 2024

Figures from 22nd April – 25 June 2024

Regan, Nikki
09/07/2024 08:46:17

Last Updated: 25 June
2024


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Articles that have performed well include changes to existing processes, safety advice for staff, staff benefits and competitions, awards, new service launches and human interest stories.



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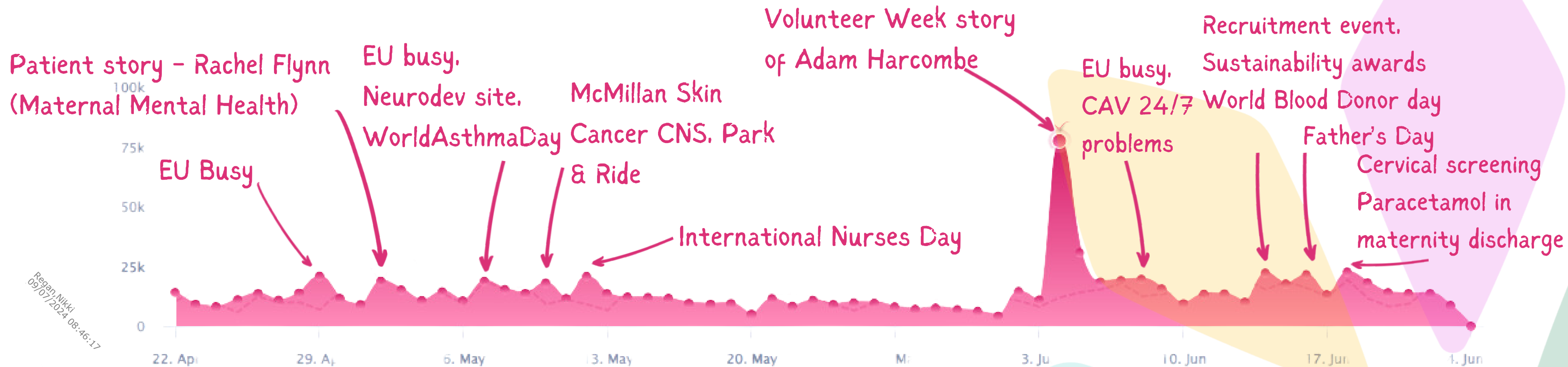


Number of posts: 163 ↓ 70



Post engagement: 2.38% ↑ 0.3%

Our engagement rates are above average for health sector (1.17)



Our metrics have gone down due to restrictions regarding pre-election period.

Successful Facebook posts

Longer posts with colleague or patient photos receive the most likes and comments.

Cardiff and Vale University Health Board
Published by Orlo · 4 June at 14:02 ·

Adam Harcombe suffered a devastating brain injury in an unprovoked attack in 2020. But thanks to his rehabilitation, under the expert care of Cardiff and Vale UHB clinicians, he was able to make a remarkable recovery.

To give something back to the staff who helped him through his ordeal, the 29-year-old has spent the past year volunteering as a "patient befriender" on B4 neurosurgery ward at the University Hospital of Wales, giving hope to those going through similar traumas.

He described the experience as a "massive stepping stone" into paid employment which he never thought possible just a few years ago.

To mark #VolunteersWeek, Adam has shared his inspirational story – read more here <https://orlo.uk/Ztl1>



Job posts consistently receive the most clicks.

Cardiff and Vale University Health Board
28 April ·

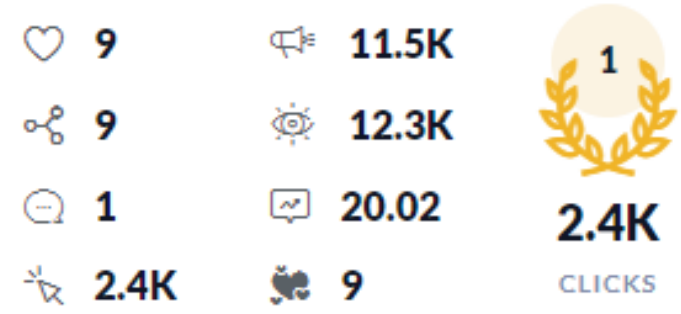
#JOBS | Take a look at some of the exciting roles we have available this week

Nursing and Midwifery
<https://orlo.uk/2mcdw>
<https://orlo.uk/5H18z>
<https://orlo.uk/ivyko>

Health Professionals
<https://orlo.uk/XDIQ5>
<https://orlo.uk/Fap01>

Medical and Dental
<https://orlo.uk/uOSoF>
<https://orlo.uk/fErLF>

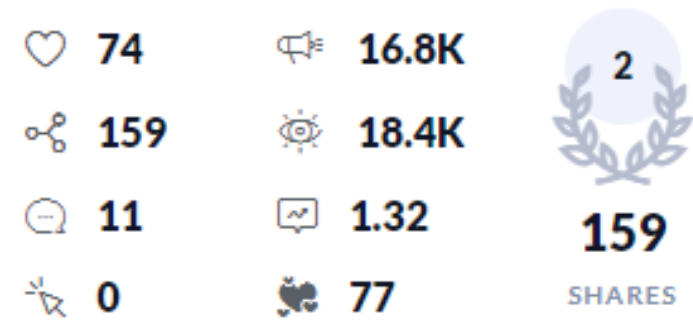
Administrative Services
<https://orlo.uk/89fvO>
<https://orlo.uk/jDdMd>
<https://orlo.uk/J2G5f>
 #NHSJobs #CAVJobs



Introducing the new eTriage system generated interest with the public with many questions on how it would work



Introducing eTriage to the Emergency Unit
77 · 15 comments · 10K views



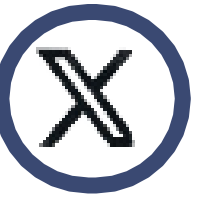
Insights

Outside of job postings, stories about people continue to perform well, whether they're colleagues or patients.

Routinely, these perform the best week on week.



Twitter X engagement



Followers: 28.8k ↑ 69

Post impressions: 158.3k ↓ 65.7k

Link clicks: 674 ↓ 133



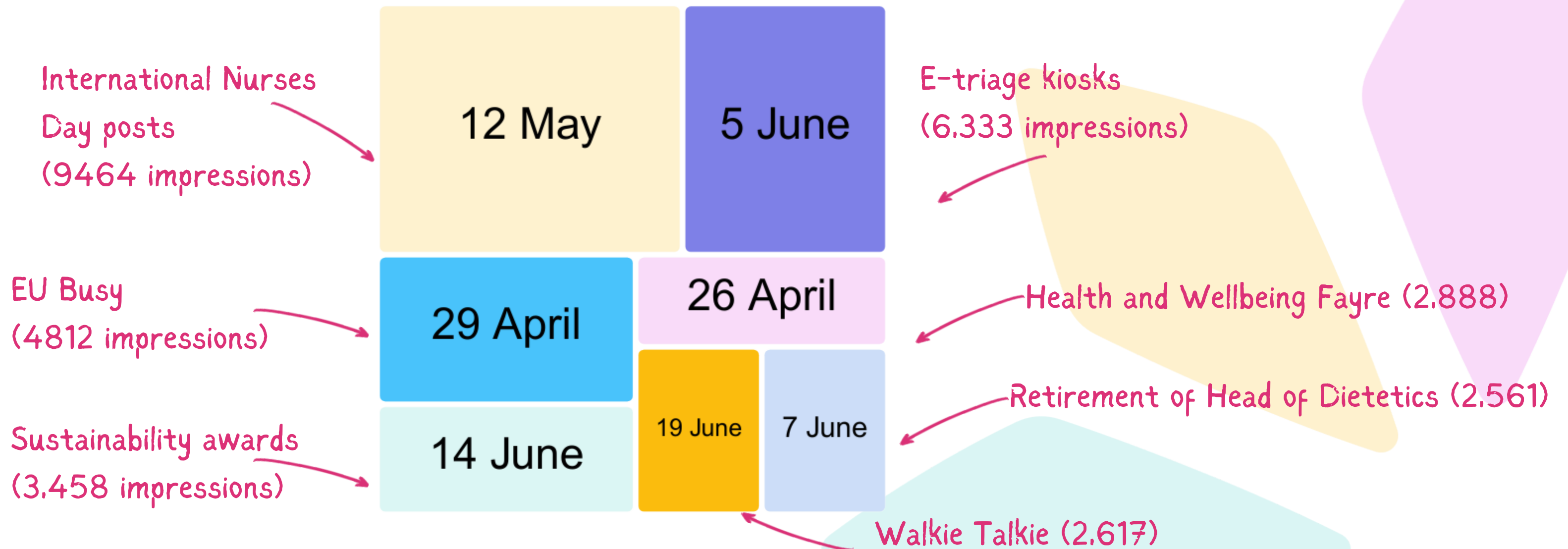
Number of posts: 127 ↓ 40



Post engagement: 1.14% ↑ 0.16%

Our engagement rates are average for health sector.

From 14 June X analytics is now a paid-for service. The account reach is no longer available in graph form. Top posts by impressions



Regan, Nikki
09/07/2024 08:46:17

Successful Twitter X posts

Colleague photos receive the most likes and comments.

Cardiff and Vale University Health Board @CV_UHB

Promote ...

Happy #InternationalNursesDay2024 #IND2024
 Today is an opportunity to say thank you to the thousands of nurses who work for Cardiff and Vale University Health Board. Every day they seek to deliver outstanding quality of care for the patients they see.

orlo.uk/2c6qN

54 Likes
 1.83 Comments
 4.8K Impressions
 1 Retweet
 15 Replies

Short videos receive a high number of impressions

Cardiff and Vale University Health Board @CV_UHB

Promote ...

Our Emergency Unit may look a little different the next time you attend.

We now have eTriage kiosks to check you in on arrival – please follow the instructions on the screens.

This video below shows you what you can expect. 📺

2:31 PM · Jun 5, 2024 · 6,306 Views

42 Likes
 1 Comment
 6.3K Impressions
 1 Retweet
 0 Replies

Urgent, serious messaging is widely shared.

Cardiff and Vale University Health Board @CV_UHB

Promote ...

⚠️ PLEASE SHARE ⚠️

The Emergency Unit at UHW is incredibly busy which is leading to long waits in the department.

We are urging the public to only attend the unit in an emergency. 🚨

9 Likes
 0.56 Comments
 4.8K Impressions
 17 Shares
 1 Retweet
 0 Replies

Insights

Colleague achievements and recognition performs very well.



Our X engagement is declining. It is speculated that this is due to platform changes to user experience.



Instagram engagement





 Followers: 764  101

 Post impressions: 8.5k  0.8k

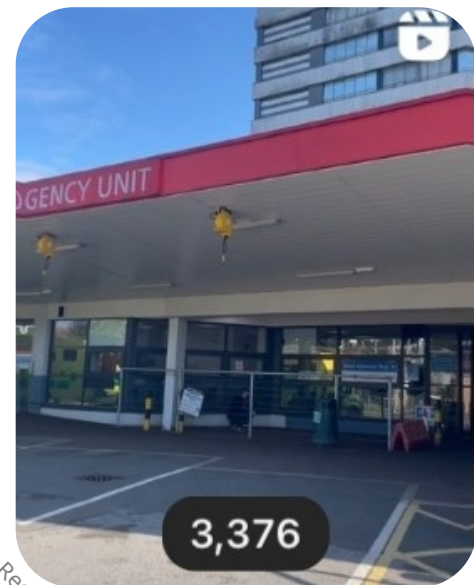
 Number of posts: 22  1

 Number of reels: 8  1

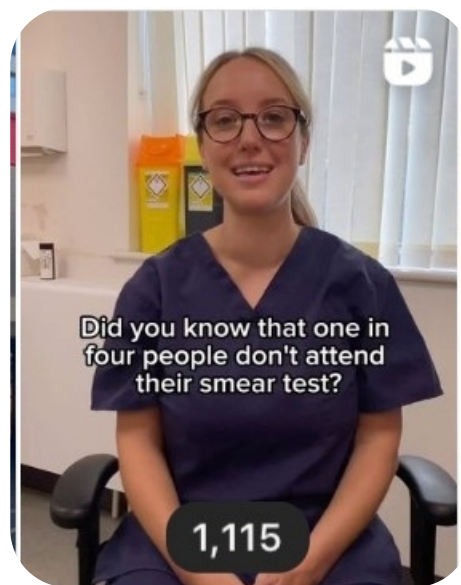
 Post engagement: 4.25%  1.13%

Our engagement rates are above average for health sector (1.7%)

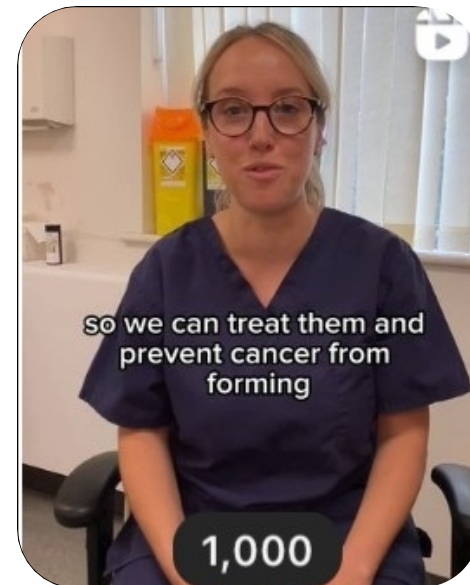
Top content based on reach



5 June



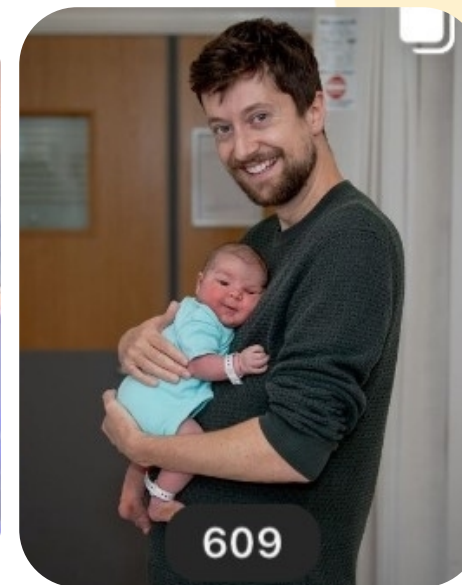
17 June



18 June



14 June



16 June

Insights

Reels outperform posts.

Animations and graphics do not perform nearly as well as photographs and videos.

Posts with photos of colleagues - especially group shots - do very well.

Regan, Nikki
09/07/2024 08:46:17

LinkedIn engagement



Followers: 14.3k ↑ 583

Post impressions: 40.7k ↑ 14.8k

Link clicks: 1167 ↑ 1020



Number of posts: 21 ↑ 12



Post engagement: 4.47% ↑ 2.2%

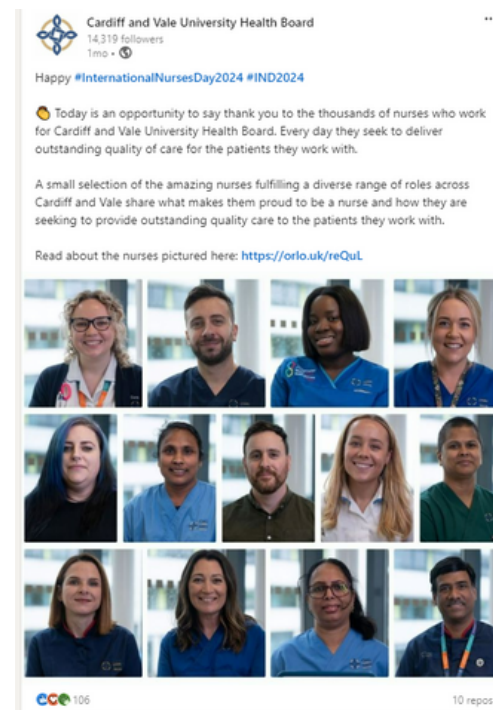
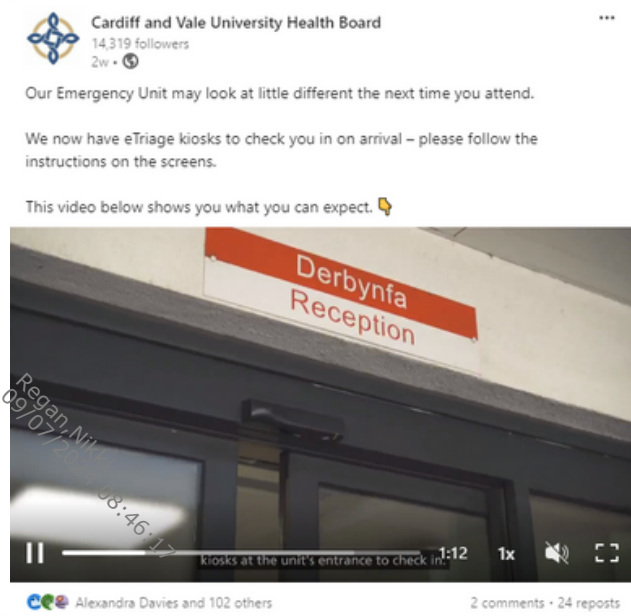
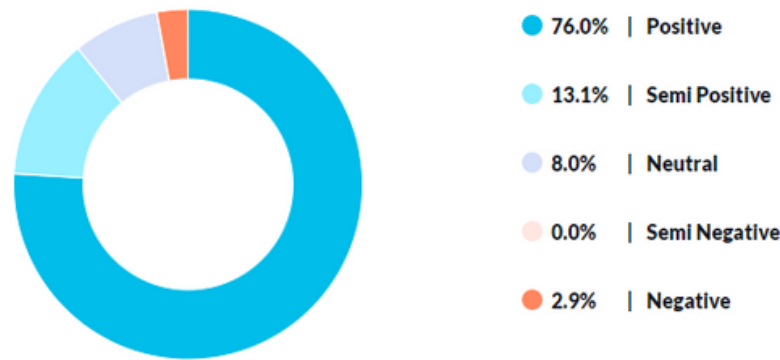
Our engagement rates are above average for health sector (1.23%)

Insights

We have tailored posts to our LinkedIn channel to greater effect over the last couple of months, with positive results.

Sustainability messages, role-specific awareness days and job posts all perform well.

Comments and engagement is generally much more positive than other channels.



All 103 👍 97 👏 3 💬 3

All 106 👍 97 ❤️ 5 👏 3 💬 1

TikTok engagement



Followers: 1,008 63% increase
 Views: 185,000 2637.6% increase
 Likes: 3,095
 Number of new posts: 12



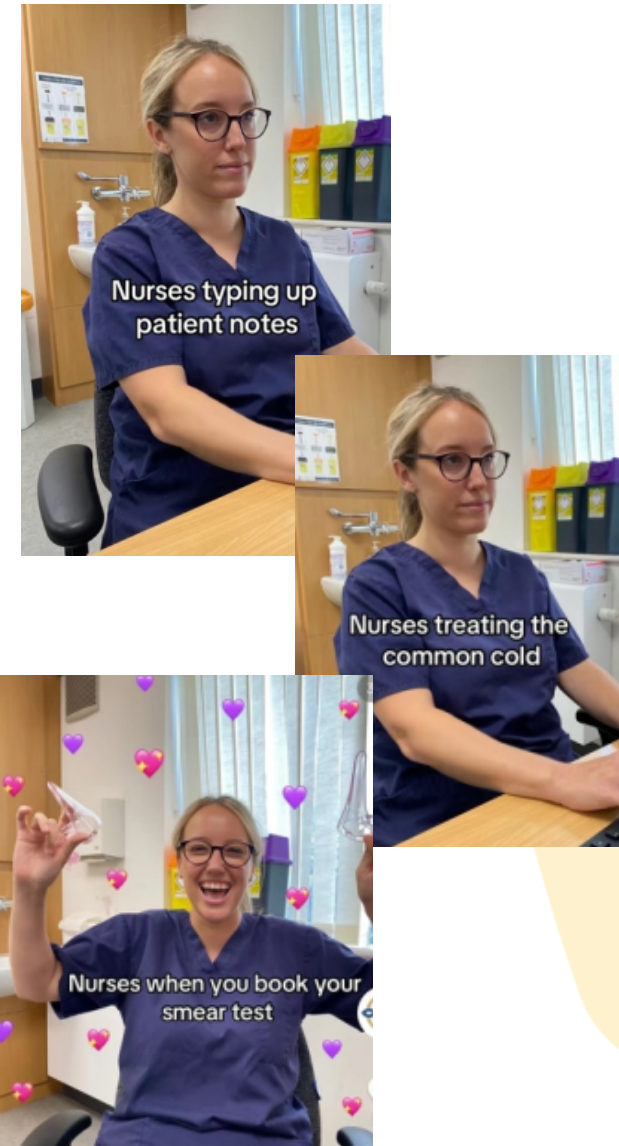
The account received 310 new followers from this video

66,565 130
 1,062 452



Comments from the public that they have booked their smear tests due to seeing these videos.

65,873 528
 1,245 54



21,000 28
 377 15

Insights

Content being posted more frequently has significantly increased our following and visibility

Recent short videos aligned to trends or using a trending sound have outperformed all existing content on the account for engagement

Engaging with comments has supported further boosting videos in the algorithm

CEO Communications

CEO Connects

April



Decarbonisation



161
views



Watchtime:
12.0 hours

June



Cystic Fibrosis



169



Watchtime:
19.8 hours



April

116 views

63

attendees

May

190 views

86

attendees

June

64 views

96

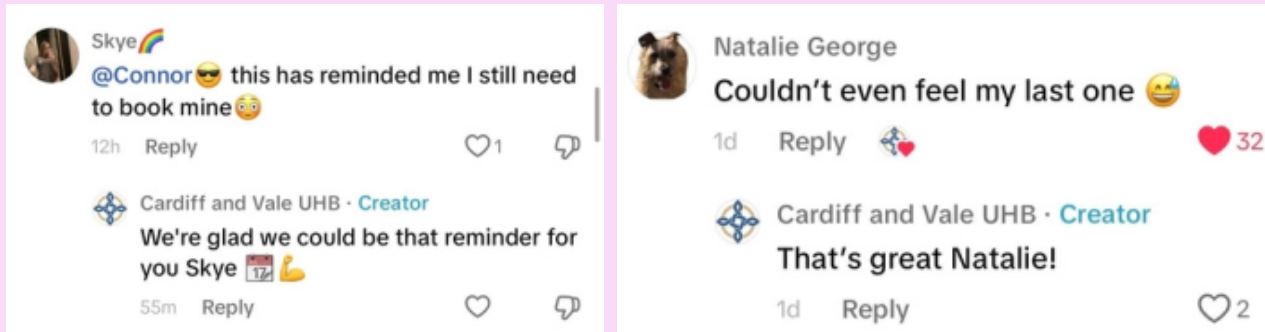
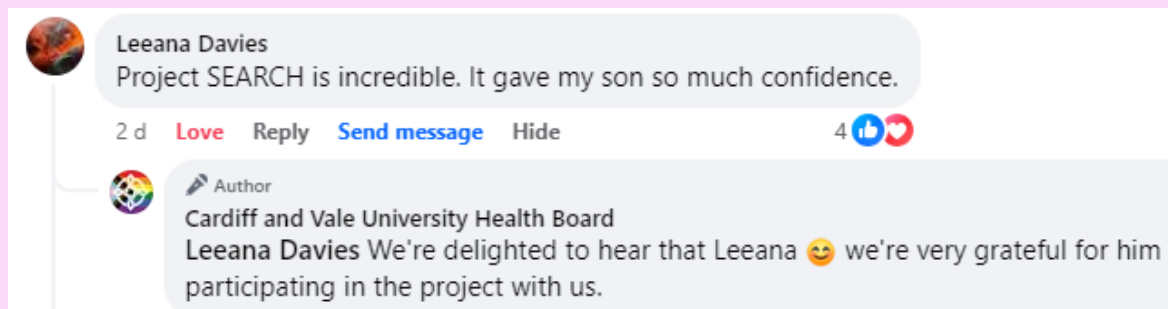
attendees

Deputised session.

The 'ready to watch' May SharePoint story was included in the Staff Weekly Update but the June story wasn't.

Social Media Tips

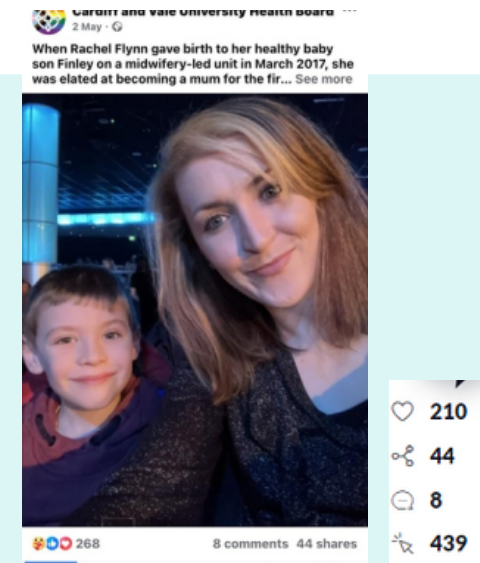
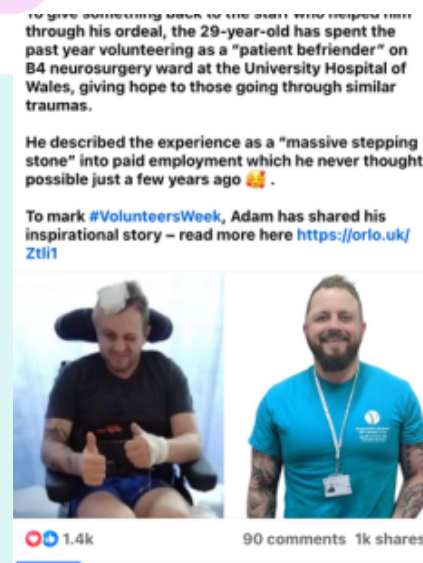
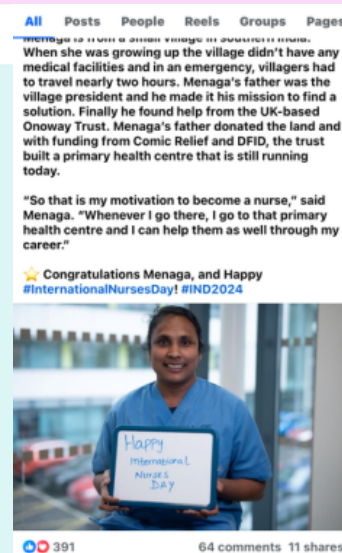
Actively liking, reacting and replying to comments boosts engagement and visibility of content on feeds.



Using videos that fit with trends or trending sounds help to receive more views and engagement.

The app Nextdoor is growing in popularity with over 55s. NHS organisations are increasingly using Nextdoor as the messages of public sector organisations are automatically sent to all Nextdoor members in a geographic area.

Long-form good news stories about a patient or colleague overcoming a barrier are very well liked.



Best Practice

Avoid including links in Facebook posts.

Data shows link traffic from Facebook to news sites has collapsed.

There has been a 75% fall in people navigating away from Facebook to news sites.

Tell the story on the platform itself so people don't click away. Or if you absolutely have to, put a link in the comments.

	Posts From Friends and People Followed	Posts from Groups joined	Posts from Pages followed	Unconnected Posts	Other	Grand Total
Post with a link	2.0%	0.2%	0.0%	2.4%	0.1%	4.8%
Post with no link	45.1%	15.4%	0.0%	23.3%	11.3%	95.2%
Grand total	47.1%	15.6%	0.0%	25.8%	11.5%	100.0%

Organic Feed content views in the US during Q4 2023, broken down by whether the individual post contained a link to an external site or app.

[Ref: Dan Slee](#)

Average Communications Output

Amount of posts per week

Website news

**4-5 bilingual
ARTICLES**
PER WEEK

All staff emails

**4.2
ALL STAFF EMAILS**
PER WEEK

SharePoint news

**18
ARTICLES**
PER WEEK

Social Media

**42 bilingual
SOCIAL POSTS**
PER WEEK

**15 bilingual
Twitter / X Posts**
**19-20 bilingual
Facebook Posts**
**3 bilingual
Instagram posts**
**1 bilingual
Instagram reel**
**2-3 bilingual
LinkedIn posts**
**1 bilingual
TikTok post**

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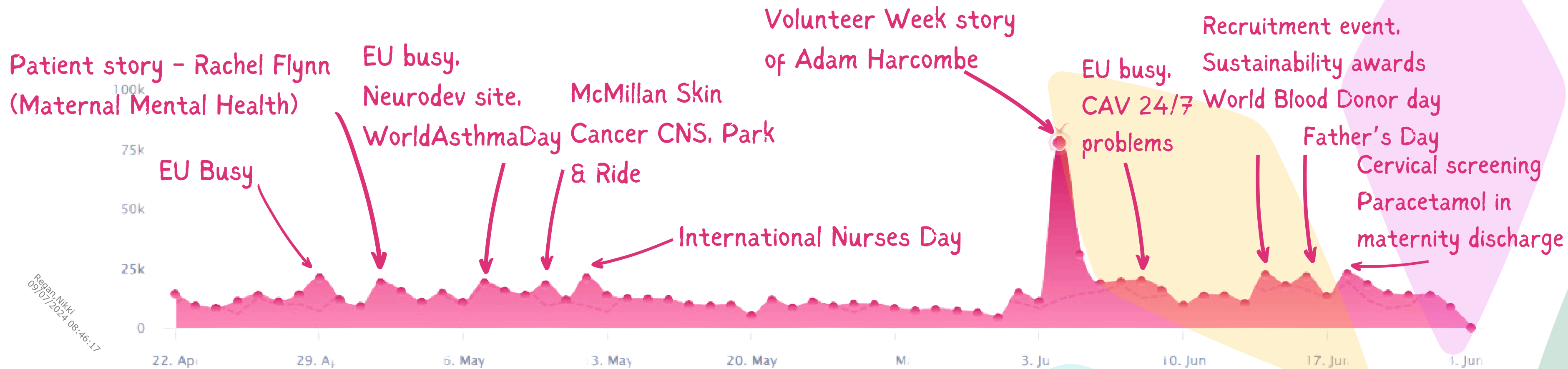


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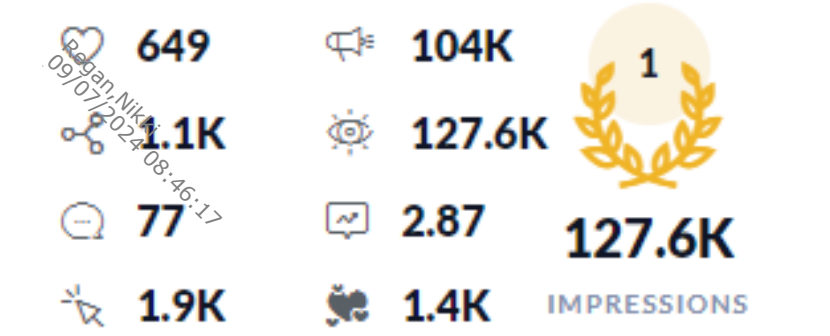
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Cardiff and Vale University Health Board
28 April · 🌐

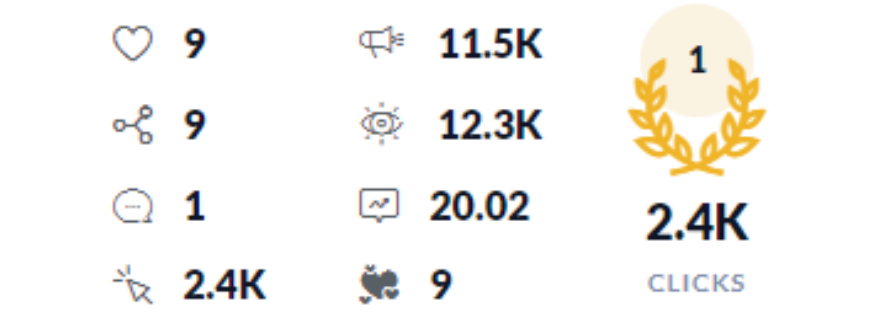
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<https://orlo.uk/5H18z>
<https://orlo.uk/ivyko>

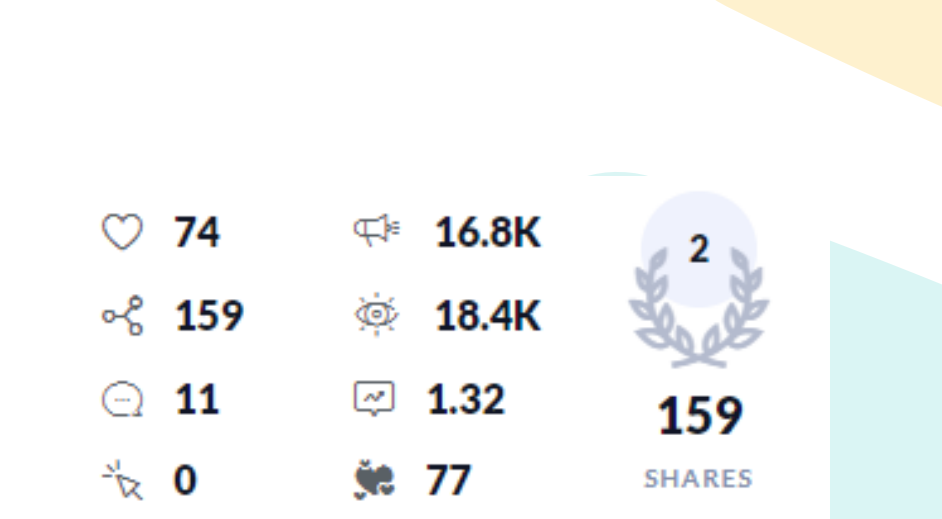
Health Professionals
<https://orlo.uk/XDIQ5>
<https://orlo.uk/Fap01>

Medical and Dental
<https://orlo.uk/uOSoF>
<https://orlo.uk/fErLF>

Administrative Services
<https://orlo.uk/89fvO>
<https://orlo.uk/jDdMd>
<https://orlo.uk/J2G5f>
 #NHSJobs #CAVJobs



Introducing the new eTriage system generated interest with the public with many questions on how it would work



Insights

Outside of job postings, stories about people continue to perform well, whether they're colleagues or patients.

Routinely, these perform the best week on week.

Twitter X engagement



Followers: 28.8k ↑ 69

Post impressions: 158.3k ↓ 65.7k

Link clicks: 674 ↓ 133



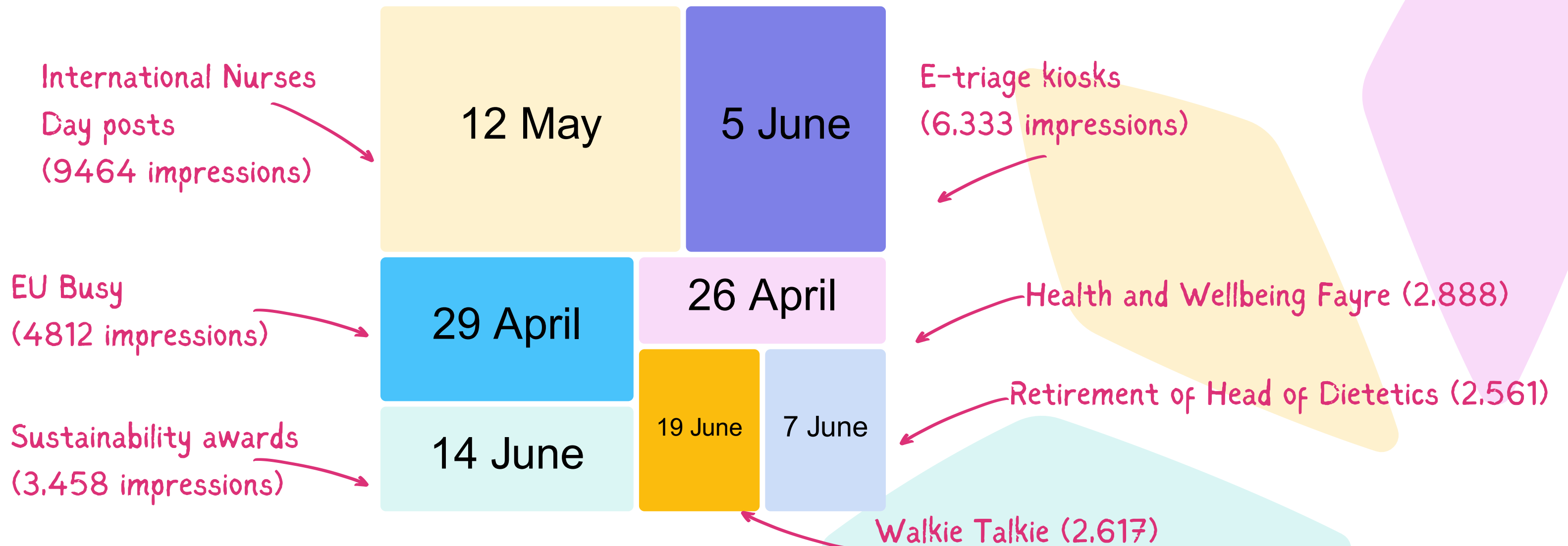
Number of posts: 127 ↓ 40



Post engagement: 1.14% ↑ 0.16%

Our engagement rates are average for health sector.

From 14 June X analytics is now a paid-for service. The account reach is no longer available in graph form. Top posts by impressions



Regan, Nikki
09/07/2024 08:46:17

Successful Twitter X posts

Colleague photos receive the most likes and comments.

Cardiff and Vale University Health Board @CV_UHB

Promote

Happy #InternationalNursesDay2024 #IND2024
 Today is an opportunity to say thank you to the thousands of nurses who work for Cardiff and Vale University Health Board. Every day they seek to deliver outstanding quality of care for the patients they see.

orlo.uk/2c6qN



54 Likes
 17 Comments
 1 Retweet
 15 Replies
 4.8K Impressions
 1.83 Retweets
 54 Retweets
 1 Like

Short videos receive a high number of impressions


Cardiff and Vale University Health Board @CV_UHB

Promote

Our Emergency Unit may look a little different the next time you attend.

We now have eTriage kiosks to check you in on arrival – please follow the instructions on the screens.

This video below shows you what you can expect. 📺



2:31 PM · Jun 5, 2024 · 6,306 Views

42 Likes
 19 Comments
 2 Retweets
 0 Replies
 6.3K Impressions
 1 Retweet
 42 Retweets
 6.3K Impressions

Urgent, serious messaging is widely shared.


Cardiff and Vale University Health Board @CV_UHB

Promote

⚠️ PLEASE SHARE ⚠️

The Emergency Unit at UHW is incredibly busy which is leading to long waits in the department.

We are urging the public to only attend the unit in an emergency. 🚑



9 Likes
 17 Comments
 1 Retweet
 0 Replies
 4.8K Impressions
 0.56 Retweets
 9 Retweets
 3 Likes
 17 Shares

Insights


Colleague achievements and recognition performs very well. ↑

Our X engagement is declining. It is speculated that this is due to platform changes to user experience. ↓

Instagram engagement



 Followers: 764  101

 Post impressions: 8.5k  0.8k

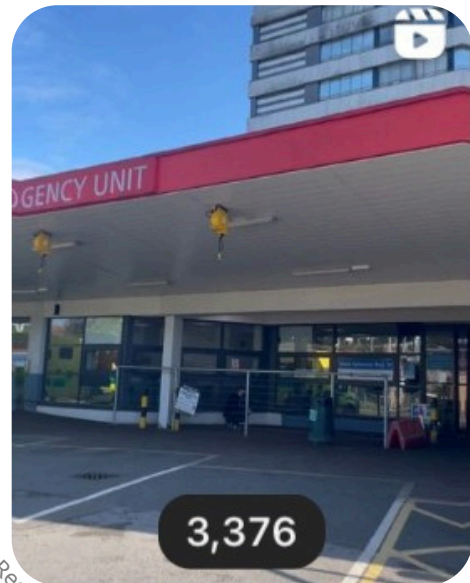
 Number of posts: 22  1

 Number of reels: 8  1

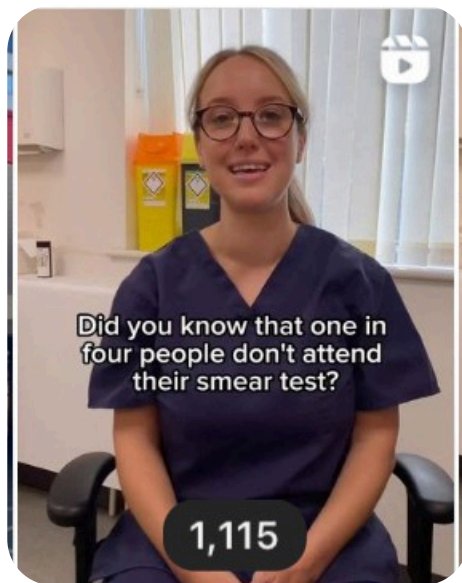
 Post engagement: 4.25%  1.13%

Our engagement rates are above average for health sector (1.7%)

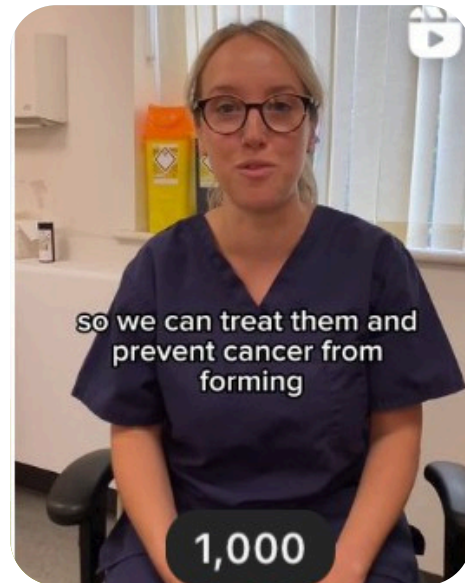
Top content based on reach



5 June



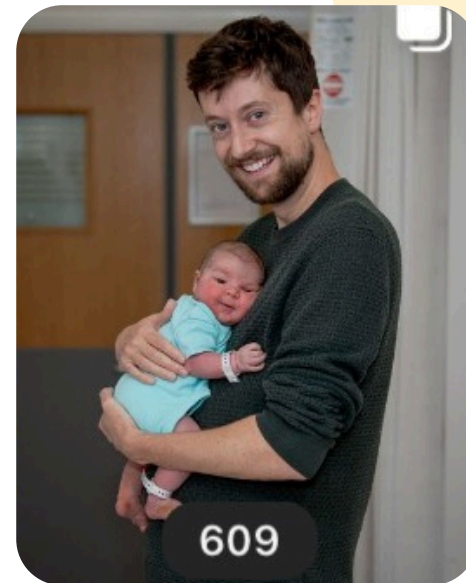
17 June



18 June



14 June



16 June

Insights

Reels outperform posts.

Animations and graphics do not perform nearly as well as photographs and videos.

Posts with photos of colleagues - especially group shots - do very well.

Regan, Nikki
09/07/2024 08:46:17

LinkedIn engagement



Followers: 14.3k 583

Post impressions: 40.7k 14.8k

Link clicks: 1167 1020



Number of posts: 21 12



Post engagement: 4.47% 2.2%

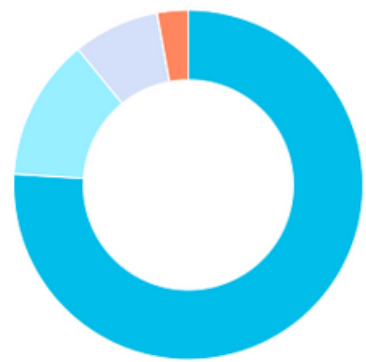
Our engagement rates are above average for health sector (1.23%)

Insights

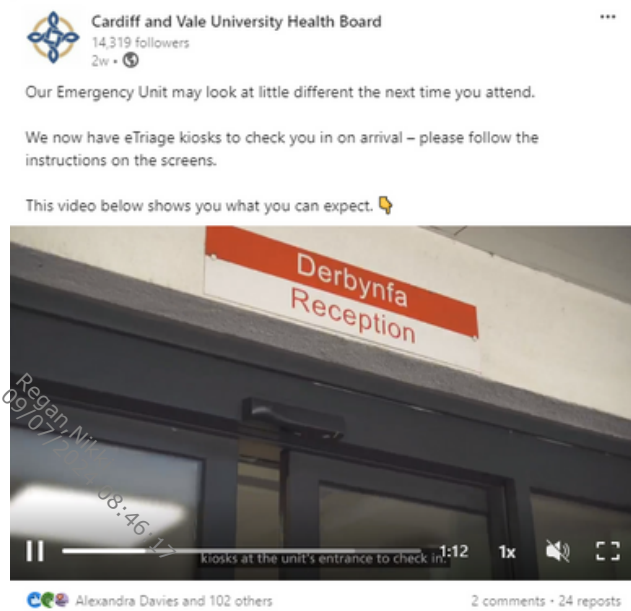
We have tailored posts to our LinkedIn channel to greater effect over the last couple of months, with positive results.

Sustainability messages, role-specific awareness days and job posts all perform well.

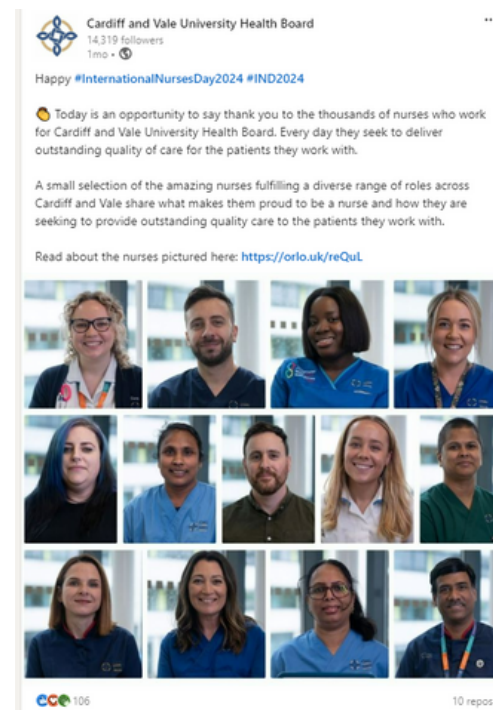
Comments and engagement is generally much more positive than other channels.



- 76.0% | Positive
- 13.1% | Semi Positive
- 8.0% | Neutral
- 0.0% | Semi Negative
- 2.9% | Negative



All 103 97 3 3



All 106 97 5 3 1

TikTok engagement

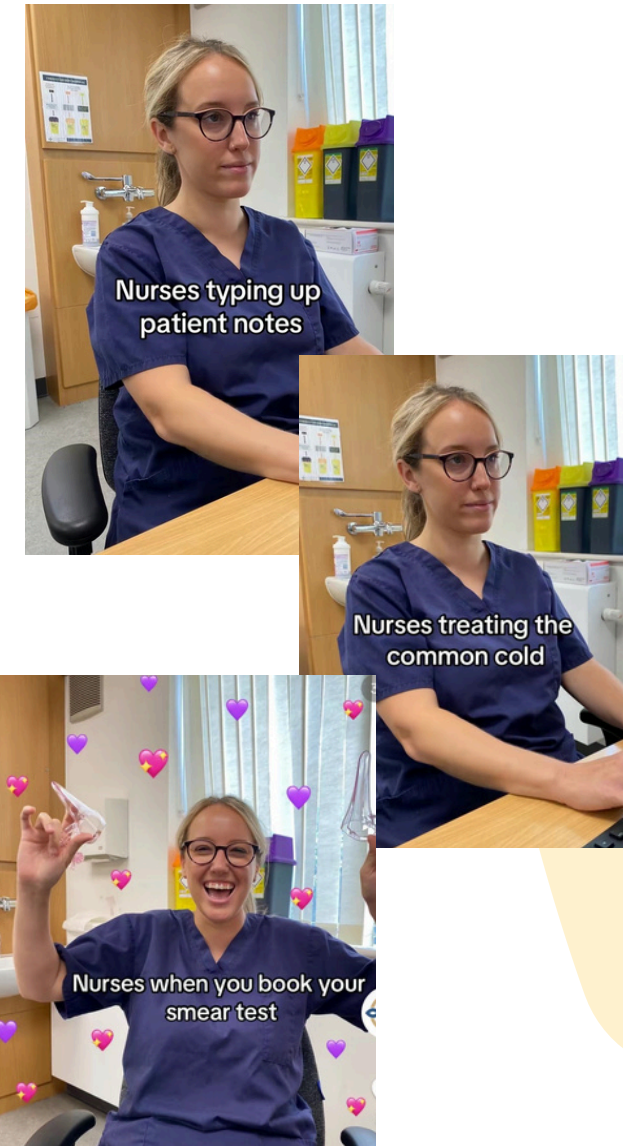


Followers: 1,008 ↑
63% increase

Views: 185,000 ↑
2637.6% increase

Likes: 3,095 ↑

Number of new posts: 12 ↑



Insights

Content being posted more frequently has significantly increased our following and visibility

Recent short videos aligned to trends or using a trending sound have outperformed all existing content on the account for engagement

Engaging with comments has supported further boosting videos in the algorithm

The account received 310 new followers from this video

Comments from the public that they have booked their smear tests due to seeing these videos.

66,565 Views
130 Comments
1,062 Likes
452 Shares

65,873 Views
528 Comments
1,245 Likes
54 Shares

21,000 Views
28 Comments
377 Likes
15 Shares

CEO Communications

CEO Connects

April



161 views



Watchtime:
12.0 hours

Decarbonisation

June



169



Watchtime:
19.8 hours

Cystic Fibrosis



April

116 views

63 attendees

May

190 views

86 attendees

June

64 views

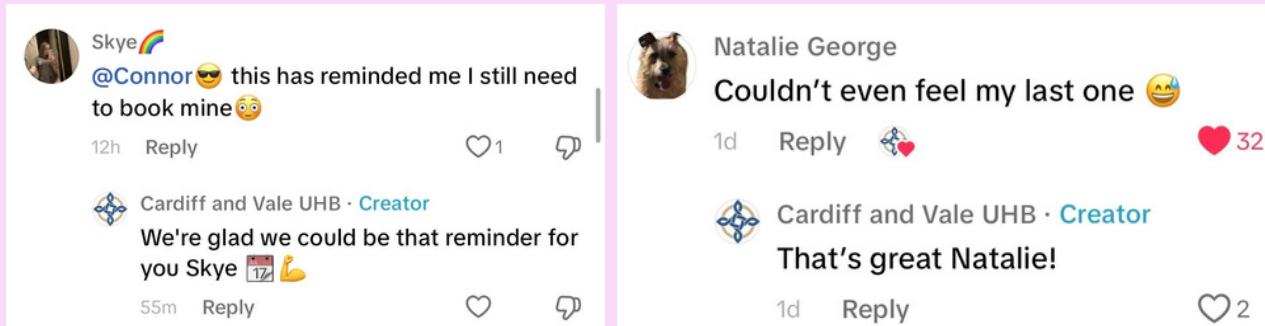
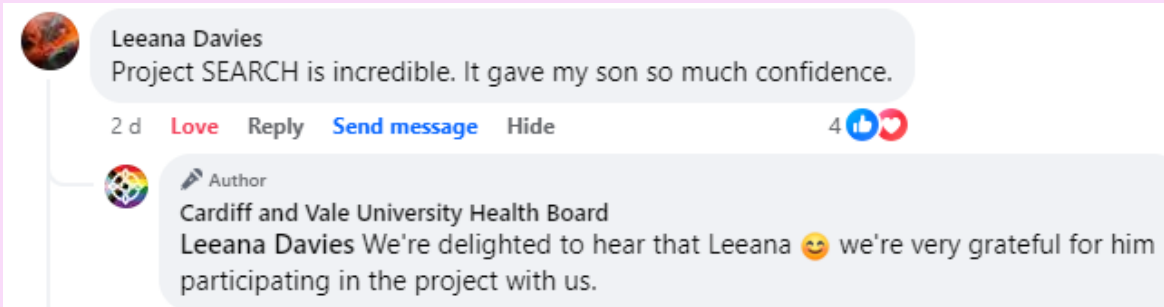
96 attendees

Deputised session.

The 'ready to watch' May SharePoint story was included in the Staff Weekly Update but the June story wasn't.

Social Media Tips

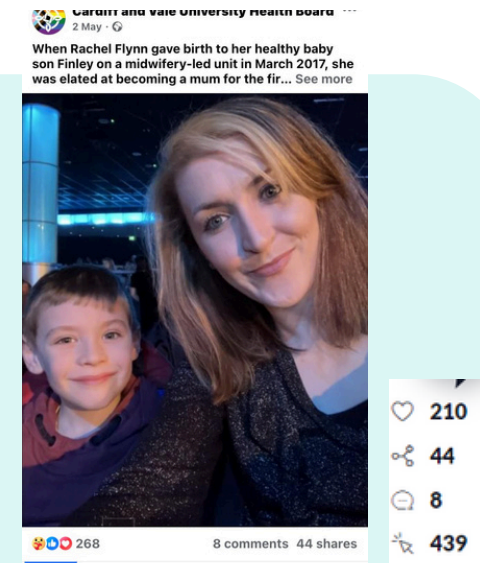
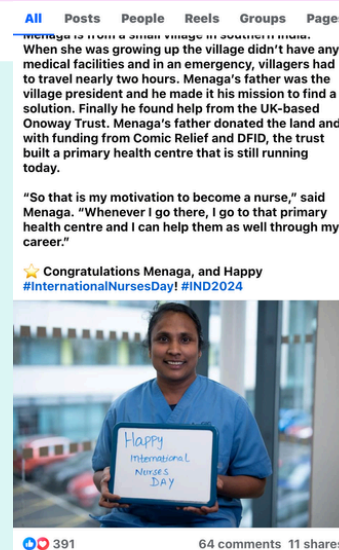
Actively liking, reacting and replying to comments boosts engagement and visibility of content on feeds.



Using videos that fit with trends or trending sounds help to receive more views and engagement.

The app Nextdoor is growing in popularity with over 55s. NHS organisations are increasingly using Nextdoor as the messages of public sector organisations are automatically sent to all Nextdoor members in a geographic area.

Long-form good news stories about a patient or colleague overcoming a barrier are very well liked.



Best Practice

Avoid including links in Facebook posts.

Data shows link traffic from Facebook to news sites has collapsed.

There has been a 75% fall in people navigating away from Facebook to news sites.

Tell the story on the platform itself so people don't click away. Or if you absolutely have to, put a link in the comments.

	Posts From Friends and People Followed	Posts from Groups joined	Posts from Pages followed	Unconnected Posts	Other	Grand Total
Post with a link	2.0%	0.2%	0.0%	2.4%	0.1%	4.8%
Post with no link	45.1%	15.4%	0.0%	23.3%	11.3%	95.2%
Grand total	47.1%	15.6%	0.0%	25.8%	11.5%	100.0%

Organic Feed content views in the US during Q4 2023, broken down by whether the individual post contained a link to an external site or app.

Ref: Dan Slee

Average Communications Output

Amount of posts per week

Website news

**4-5 bilingual
ARTICLES
PER WEEK**

All staff emails

**4.2
ALL STAFF EMAILS
PER WEEK**

SharePoint news

**18
ARTICLES
PER WEEK**

Social Media

**42 bilingual
SOCIAL POSTS
PER WEEK**

**15 bilingual
X POSTS**
**19-20 bilingual
FACEBOOK POSTS**
**3 bilingual
INSTA POSTS**
**1 bilingual
INSTA REELS**
**2-3 bilingual
LINKEDIN POSTS**
**1 bilingual
TIKTOK**

Regan, Nikki
09/07/2024 08:46:17