

# Local Partnership Forum

Thu 13 February 2025, 10:00 - 12:00

MS Teams



Chair: Rachel Gidman

## Agenda

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

2 min

*Rachel Gidman*

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

2 min

*Rachel Gidman*

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

2 min

*Rachel Gidman*

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**10:06 - 10:08 4. Minutes of the Meeting held on the 9th October 2024**

2 min

*Rachel Gidman*


 4. LPF minutes 09.10.2024.pdf (9 pages)

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**10:08 - 10:10 5. Action Log**

2 min

*Rachel Gidman*

 5.LPF Action Log 09.10.2024.pdf (2 pages)

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**10:10 - 10:40 6. Chief Executive's Report**

30 min

*Verbal Update*

*Suzanne Rankin*

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**10:40 - 10:50 7. Speaking Up Safely**

10 min

*Matt Phillips*

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**10:50 - 11:10 8. Speak Up Safely - Sexual Safety in the Workplace**

20 min

*Lianne Morse*

 8. Speak up Safety - Sexual Safety in the Workplace.pdf (7 pages)

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**11:10 - 11:30 9. Workplace Race Equality Standards (WRES)**

Bridson, Louise  
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20 min

*Mitchell Jones*

 9. WRES - LPF - 13.02.2025.pdf (8 pages)


 9.1 Appendix 1 - WRES - CAVUHB Report (LPF 10.2.25).pdf (18 pages)

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**11:30 - 11:50 10. Integrated Performance Report**

20 min

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

 10. Integrated Performance Report.pdf (42 pages)

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**11:50 - 11:55 11. EPSG minutes**

5 min

 11. EPSG Minutes 4 December 2024.pdf (5 pages)

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**11:55 - 11:57 12. Review of the Meeting (items to be brought to the attention of the Board)**

2 min

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**11:57 - 11:59 13. Any other Business previously agreed with Co-Chairs**

2 min

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**11:59 - 12:00 14. Future Meeting Arrangements**

1 min

Thursday 10th April 2025 at 10am via MS Teams with a staff rep pre meet at 8:45am.

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**LOCAL PARTNERSHIP FORUM MEETING**  
**Wednesday 9<sup>th</sup> October 2024 at 10am, via Teams**

**Present**

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Paul Bostock	Chief Operating Office
Suzanne Rankin	Chief Executive
Jonathan Pritchard	Assistant Director of People Resourcing
Janice Aspinall	UNISON
Rachel Pressley	Head of People Assurance and Experience
Mike Jones	Independent Member - Trade Union
Karina MacKay	BDA
Emma Cooke	Director of Therapies & Health Science
Andrew Crook	Head of People Assurance and Experience
Lorna McCourt	UNISON
Peter Hewin	BAOT/UNISON
Bill Salter	UNISON
Cyrille Legras	UNISON
Ceri Knight	Head of Communications and Engagement
Matt Phillips	Director of Corporate Governance
Mathew Thomas	UNISON
Katherine Davies	RCN
Ceri Dolan	RCN
Claire Beynon	Executive Director of Public Health

**In attendance**

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

Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Lianne Morse	Deputy Director of People and Culture
Rachel Gidman	Executive Director of People and Culture
Mitchell Jones	Head of Equity and Inclusion
Marie Davies	Interim Executive Director of Strategic Planning
Julia Davies	UNISON
Claire Whiles	Assistant Director of OD, Wellbeing & Culture

**Secretariat**

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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**LPF 24/053 WELCOME AND APOLOGIES**

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted. DW introduced Katherine Davies (KD) from the RCN who would be observing the meeting and who will be the interim lead for the Surgical Clinical Board from November. DW also welcomed Cyrille Legras (CL) to the meeting who is the newly appointed Deputy Lead Staff Side representative for the Mental Health Clinical Board. DW requested invites for future LPFs are sent to KD and CL.

**Action: LB**

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Rachel Pressley (RP) informed the Chair that item 8 of the agenda, the Workplace Race Equality Standards (WRES) has been pulled from the agenda as received apologies from the Head of Equity and Inclusion.

**LPF 24/054      DECLARATIONS OF INTEREST**

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

**LPF 24/055      MINUTES OF THE PREVIOUS MEETING**

Peter Hewin (PH) referred to page 4 of the minutes and queried its accuracy in relation to the request for a future meeting following the discussion on the cost saving initiatives being proposed by Clinical Boards.

**Action: LB**

**LPF 24/056      ACTION LOG**

The action log was noted as all actions being completed.

DW informed the group of the discussion at the Staff Representative Pre meet on the delivery and follow up of the LPF actions. DW asked RP if it would be appropriate to have a tracker of actions that could be updated to an end point rather than having an ongoing rolling action log. DW suggested discussing this further at a future Local Partnership Forum Development Session. RP explained that due to the potential increase in workload, this request would need further thought and consideration. It was agreed that this request could be discussed outside of the meeting.

Ceri Dolan (CD) referred to the All Wales Flexible Pensions Policy and the Partial Retirement option now in place and asked for how much longer the Moderation panels will be taking place since it was suggested it would only be short term. CD added that there isn't a staff side representative on the Moderation panel and asked if there will be, if the panel continues.

Paul Bostock (PB) explained the Moderation panels are continuing for the foreseeable future as the reason for these panels is to ensure consistency and fairness. PB informed the group that they haven't refused any requests but added that some of the forms haven't been filled in well which has resulted in a request for clarity from departments. PB added that there is no need for any staff side as, although decisions are being made, they are checking for consistency and to understand if the needs of the service have been considered.

Peter Hewin (PH) explained how he feels duty bound to reflect the views of a number of staff, noting that there is a perception of a hurdle being put in the way of their retirement plans. PH added that lots of people contact him about this issue and expressed the view that staff see it as punitive and an extra level of scrutiny that they have to go through which they feel is equivalent to the vacancy scrutiny panel. PB explained that there has to be an application process and staff have to complete an application form which needs to be signed off. PB added that the needs of the organisation also need to be considered but also expressed the importance of working together to disabuse this perception.

DW mentioned the Policy and how it refers to having a discussion with your line manager followed by approval of the application by the Clinical Board and suggested there is a training need to ensure consistency and fairness throughout the process. DW added that it is outside of the All Wales agreement for the Executives to have another level of scrutiny above this process.

CD informed the group of their experiences as managers are feeding back to staff who submitted their application that it is not their decision and it will be made by people higher up. CD reiterated the need to work together to help managers and staff.

Suzanne Rankin (SR) explained that she agrees with PB's position but if there is a perception of a punitive approach, then this needs to be addressed and expressed the importance that the policies and procedures are applied equally and fairly. SR also stated that statutory duties need to be delivered to meet the healthcare needs to the population and in order to do this, resources have to be deployed wisely.

PH explained the reasoning behind the suggestion of being part of the panel was about working in partnership and to give some staff some reassurance that decisions are being made for the right reasons. PH suggested whether a different way of achieving the same end could be found. DW reiterated the view of finding a solution in partnership.

PB informed the Forum that he meets weekly with Rachel Gidman and they sense check the application forms, rather than it being a panel. PB offered to set out what they do in an email which could then be shared with colleagues to show the consistent approach that it taken across the clinical boards and corporate areas.

**Action: PB**

Andrew Crook (AC) informed the Forum of the Flexible Retirement SharePoint page that will be available for staff to understand the options available, adding that Retire and Return is a far better and simpler option than Partial Retirement as there is no need to have a 10% reduction.

PB explained that a lot of retirement applications are not retire and return to the job to the same hours as many people want to reduce their hours. PB added that although it is simpler, it still means the service has to be covered.

CD commented on the difference between Partial Retirement and Retire and Return as a lot of staff were told they had to drop their grade whereas with Partial Retirement you stay in the same job. CD added that this is easier for members but more difficult for the organisation. PB stated that he had not seen any evidence of this, and that all Retire and Return applications he had been asked to review were for the same band and job.

DW added that the policy refers to applications being a line managers decision with approval at Clinical Board level and how it appears that an additional hurdle has been put in place with the Moderation panel. DW expressed the view of a training need to ensure consistency and fairness throughout for both line managers and the next level of senior managers.

SR requested the support of Ceri Knight (CK) and the Comms team in putting together some communications to help staff understand the purpose and the role of the Moderation panel and offer reassurance around some of the concerns which had been raised in this Forum.

**Action: CK**

**LPF 24/057 CHIEF EXECUTIVES UPDATE**

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

- SR gave thanks to staff for the hard work and contribution made to the Health Board.
- Staff Survey –A further workshop was held recently and another is planned at UHL before Christmas. Work will focus on solutions and what we can do to address the issues but it will take time to fix the cultural challenges. SR explained that since the last survey, time has been spent on engagement and talking to colleagues and informed the group of the plan to hold team Assemblies. It was felt that this will provides the opportunity for colleagues to bring items for discussion and SR welcomed support to get this idea started. The Staff

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Survey 2024 response rate is currently at 5% and the response rate by Clinical Board is currently being monitored.

- Team awards –it is hoped a celebration can be arranged for Spring / Summer 2025 with awards orientated around the strategic objectives with nominations from within teams and the public. A bid will be made to the charity for funding support.
- Patient Safety Week - The launch of the Shaping Our Future Quality Excellence work is underway to raise the profile of the mission that has been set in the organisation which is to eradicate avoidable harm. This is a mission for all of the strategic objectives.
- Winter respiratory vaccination Offer -Vaccination for COVID and flu is really accessible for colleagues and there are a number of pop up clinics which have been really well advertised.
- Delivery in the right places. A lot of work is taking place reorganising and relocating services. The Cardiothoracic team has been relocated back to UHW and lots of work taking place with new models of care in the community and the Safe at Home project.
- Financial position- A deficit position of £15.9m has been set and accepted by Welsh Government but although operating on best endeavours, we will struggle to deliver. It is difficult to address how we will recover the position at this point and even with large scale reconfiguration and workforce reshaping, it will cause a lot of disruption and is unlikely to deliver the as ask. The main opportunity over the coming six months is in the temporary workforce controls and continuing the focus on reduction of premium agency workforce conversion to bank and increasing the substantive workforce to full establishment. The reasons for the position we are in is mostly activity driven. SR explained this is an odd position due to the level of substantive recruitment for example the investments in medical workforce. The Clinical Boards have been generating a list of cost saving suggestions which will be reviewed by the Executives. SR added that most of this will be for next year. If we miss our financial target, the underlying deficit position will deepen and the ask for next year becomes more challenging. The shortened list of suggestions will be shared with the Forum.
- The South Wales Fire and Rescue Service prosecution – This is currently scheduled to go to trial on the 21st of October.

Mathew Thomas (MT) asked how the action taken from the Staff Survey can be disseminated to staff who might not have emails to provide the engagement with the next survey. SR responded she is happy to take suggestions noting the preference for TU reps to also explain to colleagues that it is not the case that nothing has been done.

SR explained that the annualization of the survey provides longitudinal data and this is required every year in order to get the themes and trends. SR added that we are unable to generate solutions to problems within a 9 month window explaining the importance of letting staff know that we are at the beginning of a journey. SR suggested a number of ways in helping to advocate the survey further to include a possible newsletter, everyone advocating the survey alongside the other digital approaches such as Viva Engage and Ask Suzanne.

DW added that across Capital Estates and Facilities, less than 75 people took part in the survey. SR explained that some of this can be attributed to the digital enablement and reiterated the commitment in ensuring everybody has an email address in the organisation.

DW offered to support SR with the suggestions made in the Chief Executive update for Team Assemblies and the Celebration awards. SR thanked DW and made the request for conversations to take place with colleagues around what topics they would like discussed at the assemblies. DW agreed to support and explained the Trade Unions have been running a safe space offer and have experience of what works. SR also noted the importance of diversity in the group too.

DW asked a question around the investment that has taken place with the medics noting that job planning is low at 32%. DW added that the TUs are fully cited on the work taking place such as the restructuring and delivering in the right places.

PB explained that some of the job plans haven't been done because it's been part of the reorganisation of the rotas and gave the example of the Gastroenterologists and the move of the acute gastro work and the acute physicians and the 7 day working who have all been re job planned. Each month at the Executive review, the Board Director provides an update on job planning and when the 85% standard can be expected.

DW thanked PB for the detail adding that there has been a lot of disruption in the system, introducing health rostering and noting the requirement for fairness and equity across the piece.

PH thanked SR for the update and the level of detail provided, particularly around the court case.

PH referred to the Performance report and the encouraging data on Temporary staffing and asked if there is much left to go at and asked whether the pay award will be funded.

PB explained that the assumption is that the pay award will be funded centrally.

SR acknowledged the huge improvement in reducing the temporary workforce. Jonathan Pritchard (JP) informed the forum that the agency spend in relation to nursing, has reduced by 51% noting the success in recruiting into substantive vacancies and also due to the work in improving the efficiencies of rostering led by Carys Fox and the other Directors of Nursing. JP added that the focus is now looking at some other staff groups to check we are working in the most efficient way adding that the Health Roster system, used for nursing staff, has been able to provide the data to identify where these improvements could be made.

#### **LPF 24/058 COVID INQUIRY**

Matt Phillips (MP), Director of Corporate Governance, provided an update on the modules of the COVID Inquiry.

- Module 1 is completed and the Inquiry published its first report into Resilience and Preparedness.
- Module 2 covers the political and administrative decision making. The report writing is ongoing noting that approx. 95% of what the inquiry is working on is through written submissions.
- Module 3 – the healthcare module - UHW provided a single statement of witness and have complied with a request for some follow up data. MP explained that the Inquiry hasn't called anyone from the organisation to give evidence yet in the public hearings.
- Module 4 refers to Vaccines and Therapeutics and the All Wales Therapeutics Centre have been providing evidence.
- Module 5 is procurement.
- Module 6 is the Care sector
- Module 7 refers to Test and Trace.
- Modules 8 investigates the impact the pandemic had on children and young people.
- Module 9 will examine the economic interventions taken by the Government.
- Module 10 is the final module of the Inquiry and will examine the impact of Covid on society with a focus on key workers, the most vulnerable, mental health and wellbeing. MP explained the organisation maybe brought back into this conversation.
- The Senedd Covid Inquiry Committee from Welsh Government will be reconvening soon and aims to identify any gaps from the Inquiry that it believes should be subject to further examination.

- Every Story Matters – provides the opportunity for members of the public to share their story of the pandemic with the Inquiry. These stories will be collated, analysed and fed into the Inquiry's investigations.

## **LPF 24/059 HEALTHBOARD PLANNING PROCESS AND ASSUMPTIONS**

Adam Wright (AW), Director of Operational Planning and Performance gave a presentation and the key points included:

- Delivering our Strategy –the vision for 2035 - people being healthier and unfair differences in health outcomes are reduced and delivering outstanding care. The vision is set out in the new strategy and the key goals for delivering the strategy were explained.
- The objectives should be delivered through a 3-pronged approach of strategic portfolios, the IMTP process and the operating model.
- Plan development and each step of the plan architecture was explained to include operational strategy, strategic plans, IMTP and delivery plans.
- The plan process for 2025/2026 described how we move from the Summer to the Winter through a planning process. This includes a period of interacting with Clinical Boards and partners across the organisation. We are currently in the period of alignment and testing which will then follow on to prioritisation. The SLB prioritisation workshop is scheduled for the 7<sup>th</sup> November. From December to March, the plan will be finalised with the SLB finalisation workshop scheduled for the 6<sup>th</sup> February.
- Planning alignment – the Health Board strategic priorities and IMTP is one of a number of different plans that come together across health and social care and highlighted the work with the Local Authority and partners.
- Planning assumptions – these were explained to the Forum and an example was provided around organisational capacity. It was noted that our assumptions are never 100% accurate but do provide some reasonable foundation and a base to develop further modelling.
- The assumptions that were made in the 2024/25 IMTP were provided and covered areas such as Population Health, Digital and Estate and also People and Culture.
- Developing the strategic planning assumptions – IMTP assumptions are up to 3 years in the future and the strategic planning team work on the longer strategic assumptions which are up to 1 year. Examples of some of the inputs to the strategic intentions were provided such as Horizon Scanning.
- Modelling our assumptions - assumptions are helpful to set direction and agree a shared vision. C&VUHB has a lot of data but does not have a strong history of extracting and utilising it in a consistent way. There are pockets of good practice across Finance, Workforce and Operations. An example was provided from Urgent and Emergency Care and the operational planning work where data indicated increased trend around the demand for emergency care in the future and will be an area that requires further testing. AW added that a lot of this work is still in its infancy but they are committed to improve in the future.

DW thanked AW for the presentation. DW commented on the Healthier Wales Strategy and queried if there any assumptions about a tipping point for change within the next 5 years, noting assumptions exist around workforce modelling and finding new ways of working along with the worsening of our estates.

AW explained they will not be able to know exactly when the tipping point is adding there are a lot of scenarios of, for example, people getting older, birth decreasing and the impact for social care.

Over the next few months and years, the information that we have will provide us with more specific idea of timescales. Understanding the numbers and combining the information that we have in health with the information in social care is key.

Claire Beynon (CB) commented that we know the population is ageing and expressed the importance of providing support in order to have a healthier life. CB informed the group they have just developed a 10 year public health plan which will help to achieve the aims identified in the strategy and vision of a Healthier Wales. CB added they have business cases coming forward for obesity and for smoking to support the delivery of the organisation's ambitions. CB referred to the update provided by SR regarding the financial situation, and explained it is difficult to make the case for prevention when we are having such demand and reiterated the importance of switching the cycle.

PB informed the Forum of a recent conversation held with an experienced Health Visitor around the difficulties of persuading families to get their children vaccinated. PB expressed the opinion that although this may not be a problem now, it could be in 10-20 years' time. PB added that if Health Visitors are struggling, there is an issue about comms. Smoking might be easier due to having the right resource and support in place and people will stop. PB explained that the Health Board can do its bit but reiterated the importance of everyone advocating for Public Health in our personal lives as well as our working lives.

#### **LPF 24/060 INTEGRATED PERFORMANCE REPORT**

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

##### **Population Health:**

CB reminded the Forum of their focus on 3 main priorities: reduce the levels of smoking, increase the levels of vaccination and reduce the levels of obesity.

CB referred to the Spring Covid campaign and highlighted an analysis from Public Health Wales on vaccination data and ethnicity where it was found that there was a 30% differential in uptake between our white population and our ethnic minority groups. CB explained that work is required to reach out to communities to build trust. CB also noted the plan to have a volunteer programme to allow communities to talk to each other to understand the barriers and facilitators to vaccination.

With reference to healthy weight, CB noted that only 77% of children entering school are of a healthy weight and commented that there is a differential between the most deprived and the least deprived areas. Work will focus on targeting resources to those that need it the most. CB reminded the Forum that the Director of Public Health report will focus on child health and the team will be looking at the 0-5 age range.

For smoking, there are 4 staff who run 16 clinics across the community and work is continuing to innovate. Work is also taking place nationally in terms of their advocacy role and how we influence the tobacco and vapes Bill that is coming in soon.

MT asked for clarification on smoking cessation as he had been made aware of the requirement for a monthly consultation before a prescription for the following month is issued. CB explained that people who wish to quit smoking are offered 3 different solutions. One option is a telephone consultation on a regular basis, the second is going to the local pharmacy, and the third is the face to face sessions where they can access their prescriptions for nicotine replacement therapy. CB added

that if people have support when they're trying to quit smoking, they're three times more likely to quit smoking than if they just try to do it by themselves.

**Operational Performance:**

PB explained there has been a big increase in demand noting the 10% increase in majors over the last year, equating to approx. 500 more people coming through a month. There has been a reduction in length of stay which has helped to offset some of the demand. PB made reference to the 7 day working mentioned in the Chief Exec Update and how we are now starting to see the benefits. Incremental improvements are still being made.

The cancer performance for patients with a confirmed diagnosis of cancer, is at 68% for August -the standard is 75% - this is the second best performance we have delivered and are close to achieving the 70/75%. This is on the backdrop of a 10% increase in referrals through the single cancer pathway.

There is a lot of attention on Planned Care from the First Minister and we have signed up to deliver what we said we would deliver but have now been asked to identify how much it will cost and a proposal has been submitted. We are expecting some additional money but a concern is that it is going to be non recurrent. Currently we are waiting to hear how much money we have got to identify what we can do to reduce the longest waits. PB noted that we do not have any patients waiting over 4 years and we have given a commitment that we won't have anybody waiting over three years at the end of December. Currently we have approx 90 patients who have waited over three years and to meet the commitment by the end of December, will need to treat 290 patients. These are within three specialties:- ophthalmology, urology, and spinal.

For diagnostics, non elective ultrasound and endoscopy are our pinch points and we hold the biggest waiting list in Wales which is 43% of the 8 week backlog. Reasons for this are due to reprofiling the endoscopy capacity and having non recurrent money in previous years to spend on outsourcing for ultrasound or mobile units. There is willingness from Welsh Government to provide support with this.

In Mental health, there have been good improvements in children's services and we have delivered against the trajectory of 80% treatments within 28 days. The follow up summit for adults is planned next week where further information is expected around the proposed model for community care and the options around ADHD.

In PCIC, the community services are reviewing enhanced community care noting the level of workload in this area.

DW referred to the maternity services support being offered to Cwm Taff Morgannwg Health Board currently and asked PB for the position on maternity care at the moment. PB expressed the importance of supporting CTMUHB but explained the difficulty's experienced in terms of the assumptions in the number of women who would want to attend Cardiff and those who wanted to go to Prince Charles. Further conversations are taking place and it is felt support will be required for a further 4 weeks.

**Finance:**

Andrew Gough has agreed to attend the next LPF Development session to talk about the Cost reduction programme.

**LPF 24/062 STAFF BENEFITS GROUP REPORT**

LPF noted the report.

**LPF 24/063 WELSH LANGUAGE REPORT**

LPF noted the Welsh Language Annual Report.

**LPF 24/064 NON PAY ELEMENT OF THE PAY DEAL**

LPF noted the submission and commented that staff side are really content with the way work has progressed. DW noted the high quality work and expressed the view of it being exemplar across Wales.

**LPF 24/065 REVIEW OF THE MEETING**

No comments were raised.

**LPF 24/066 ANY OTHER BUSINESS0053**

No other business was raised.

**LPF 24/067 FUTURE MEETING ARRANGEMENTS**

The next meeting will be held on 11<sup>th</sup> December at 10am with a staff representatives pre-meeting at 8.45am. The meeting will be held remotely.

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
<b>ACTIONS IN PROGRESS</b>					
LPF24/053	09/10/2024	Welcome and Apologies	To invite the 2 new staff side Clinical Board representatives to future LPF and LPF Development Session meetings.	Louise Blunsdon	<b>Complete:</b> Teams meeting links have been emailed and distribution lists updated.
LPF24/055	09/10/2024	Minutes of the previous meeting	To check the minutes from the October LPF meeting dated 5/8/24 in relation to the request for a discussion around proposed cost saving initiatives / early sight of the plans around the unpalatable list.	Louise Blunsdon	<p>The Acton log from the 5/8/24 notes that Andrew Gough has been invited to attend the LPF Development session in November to provide the update on saving schemes and initiatives being reviewed.</p> <p><b>Complete:</b> This type of ongoing tracker is not used at Board, Committees or other Board advisory groups and there is not sufficient capacity to manage this within the secretariat team. RP and DW will continue to review and look for alternative ways of capturing the requests made for additional information.</p>
LPF 24/056	09/10/2024	Action Log	To set out in an email the approach used at the Moderation panel.	Paul Bostock	
LPF 24/056	09/10/2024	Action Log	To create a communication to help staff understand the	Ceri Knight	

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			purpose and role of the Moderation panel.		
<b>COMPLETED ACTIONS</b>					

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Report Title:	Speak up Safely - Sexual Safety in the Workplace			Agenda Item no.	8	
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	13.02.25	
		Private				
Status (please tick one only):	Assurance		Approval		Information	X
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Deputy Director of People & Culture					

## Main Report

### Background and current situation:

Cardiff and Vale University Health Board along with all other NHS organisations in Wales and England has a culture that has allowed misogyny and sexual harassment to become 'common practice', things that occur on a day-to-day basis often without consequence. This is evident in the NHS Staff Survey results. This is unacceptable and completely against the UHB's Values and we must put measures in place to improve our culture, address existing behaviour of this nature, and minimise the risk of behaviour of this nature escalating further.

It is important to note that creating a culture and environment where staff feel safe is complex and requires our staff to feel psychologically safe to speak up when something is not right. Whilst this paper outlines the agreed way forward, this is the start of a journey to ensure our colleagues are well supported and aware that they will have a voice that counts. It must be recognised that there are examples where we have not got this support right and learning from these situations is already feeding into the work that is being progressed. Equally, as with any complex and sensitive situation, there will continue to be further learning for the Health Board to take as we progress the next steps. Preventing sexual harassment means placing people at the centre of a compassionate culture built on the principles of dignity and respect, which should form part of the organisation's framework for equality, diversity and inclusion (EDI).

#### How is Sexual Harassment defined by law in the UK?

- Sexual harassment is 'unwanted conduct of a sexual nature which has the purpose or effect of violating the dignity of a worker, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them' (S26(2) Equality Act).
- This includes individuals treated less favourably because they rejected or submitted to unwanted sexual conduct (S26(3) Equality Act).

#### Examples of Sexual Harassment

- Written or verbal comments of a sexual nature, such as remarks about an individual's appearance, questions about their sex life, or offensive jokes.
- The employer or colleagues displaying pornographic or explicit images.
- Receiving unwanted communications, such as emails, with content of a sexual nature.
- Sexual assault.

The Health Board has a duty of care to protect colleagues from unlawful discrimination. They are also vicariously liable for colleagues' actions if steps to prevent sexual harassment have not been taken.

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### Change to the Law in October 2024 (The Worker Protection)

A new duty on employers to take “reasonable steps” to prevent sexual harassment of employees in the course of their employment came into force on 26 October 2024. The preventative duty only applies to sexual harassment which consists of unwanted conduct of a “sexual nature”. Although the law has primarily been introduced to protect women, it applies equally to people of any gender and an intersectional approach will be required.

The Equality and Human Rights Commission (EHRC) published updated workforce sexual harassment guidance ahead of the change to the law.

- Sexual Harassment and harassment at work: technical guidance [Sexual harassment and harassment at work: technical guidance | EHRC](#)
- Employer 8-step guide: Preventing sexual harassment at work [Employer 8-step guide: Preventing sexual harassment at work | EHRC](#)

The practical steps below illustrate the types of action the UHB can take to prevent and deal with sexual harassment in the workplace. These steps are not an exhaustive list, but implementing these steps should help us take positive action to prevent and deal with sexual harassment at work.

- Step 1: Develop an effective anti-harassment policy
- Step 2: Engage your staff
- Step 3: Assess and take steps to reduce risk in your workplace
- Step 4: Reporting
- Step 5: Training
- Step 6: What to do when a harassment complaint is made
- Step 7: Dealing with harassment by third parties
- Step 8: Monitor and evaluate your actions

The EHRC now has the enforcement powers to investigate the Health Board if they suspect the preventative duty has not been complied with. The preventative duty does not depend upon an incident of sexual harassment taking place to be enforceable. They can issue an unlawful act notice, confirming the Health Board has breached the Act and the requirement to prepare an action plan setting out how we will remedy any continuing breach of the law and prevent future breaches.

### **Local Findings**

In the recent NHS Staff Survey colleagues were asked the following questions:

- **In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualized conversation (including jokes), touching or assault from a patient or service user?**

Frequency	Never	1-2	3-5	6-10	More than 10	Prefer not to say
Percentage	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
Number of colleagues	3232	258	90	23	32	26

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- In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualized conversation (including jokes), touching or assault from a colleague?

Frequency	Never	1-2	3-5	6-10	More than 10	Prefer not to say
Percentage	94.23%	3.83%	0.68%	0.08%	0.36%	0.85%
Number of colleagues	3450	140	24	2	13	31

On first viewing, although unacceptable the percentages look small, but in the context of the number of individuals that sit underneath the smaller percentages, this means that as a minimum:

- 179 colleagues experienced unwanted behaviour of a sexual nature from other colleagues
- 31 colleagues chose 'prefer not to say'

It is important to note that the staff survey was completed by just 21.4% in 2023 (3662) of the workforce of the Health Board, therefore the actual number is likely to be higher.

'This means that, even from this small sample size, the number of people who have confirmed that they have experienced unwanted behaviour of a sexual nature is high (between 429 and 608 colleagues)'.

Importantly, this does not include any of the 78.6% of staff who did not complete the staff survey, meaning the actual numbers of staff impacted are likely to be much higher.

We await the findings of the 2024 Staff Survey and will review them as they become available to compare with 2023 to see if there has been any change reported.

### National Findings

- Nationally, the recent staff survey results have revealed that almost 5% of staff reported unwarranted sexual approaches from other colleagues last year, equating to 1050 NHS workers. (Note, 4.66% reported experiencing unwanted behaviour out of 22,535 respondents)
- NHS England has released a charter on **sexual safety at work**, which asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards colleagues. [NHS England » Sexual safety in healthcare – organisational charter](#)
- NHS England have also developed a Policy, Framework and e-learning package [NHS England » NHS England sexual misconduct policy](#)
- There has been significant work in this area by **Surviving in Scrubs** who published the Surviving in Healthcare report in 2023 <https://www.survivinginscrubs.co.uk/app/uploads/2023/11/Surviving-in-Scrubs-Surviving-in-Healthcare-Report.pdf> which received significant media attention. The organisation was born from a 2021 report from the BMA which reported:

***“91% of women doctors had experienced sexism in the last 2 years and 47% felt they had been treated less favourably due to their gender”***

The [Surviving in Scrubs](#) website has a section for anonymous reporting of incidents which are very challenging to read but demonstrates that Healthcare must tackle this issue seriously in a post 'me-too' era.

Other reports that have been published recently include:

- **Breaking the Silence - Sexual Misconduct in Surgery (September 2023).** [Breaking The Silence Addressing Sexual Misconduct In Healthcare.pdf \(wpsms.org.uk\)](https://www.wpsms.org.uk/Breaking_The_Silence_Addressing_Sexual_Misconduct_In_Healthcare.pdf)
- **Sexual assault in surgery: a painful truth (August 2021).** [Sexual assault in surgery: a painful truth \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/sexual-assault-in-surgery-a-painful-truth)
- **Surviving Healthcare: Sexism and Sexual Violence in the Healthcare Workforce (2023)** [Surviving Healthcare Report \(survivinginscrubs.co.uk\)](https://www.survivinginscrubs.co.uk/Surviving_Healthcare_Report)

All of this information provides evidence that sexual safety is a concern for our Health Board and the wider NHS and highlights that steps need to be taken to create a safe and supportive environment for our colleagues and students. As a Health Board, as leaders and as managers, we need to unequivocally refuse to accept sexual misconduct and violence in any of its forms, despite this being an endemic problem for society and the wider NHS.

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

Many Health organisations in England and Wales are addressing this issue through focused cultural work, examples of what WAST and AACE have done to date are outlined below:

- [Reducing Misogyny and Improving Sexual Safety in the Ambulance Service - aace.org.uk](https://www.aace.org.uk/reducing-misogyny-and-improving-sexual-safety-in-the-ambulance-service)
- [Uncomfortable Conversations: abuse of position of trust - aace.org.uk](https://www.aace.org.uk/uncomfortable-conversations-abuse-of-position-of-trust)
- [Understanding Resistance \(aacesite.s3.eu-west-2.amazonaws.com\)](https://aacesite.s3.eu-west-2.amazonaws.com/Understanding%20Resistance.pdf)
- [BBC Wales Today – Sexism and Sexual Safety at the Welsh Ambulance Service - YouTube](https://www.bbc.com/wales/healthcare/2024/09/sexism-sexual-safety-welsh-ambulance-service)
- [NHS England](https://www.nhs.uk/news/2024/10/nhs-england-policy-framework-e-learning) also launched their Policy, Framework and e-learning package in October 2024.
- [NHS Wales](https://www.nhs.uk/news/2024/10/nhs-wales-sexual-harassment-policy) are in the process of developing a Sexual Harassment Policy which closely mirrors the one implemented in NHS England, it is anticipated that the policy will be at the consultation stage by the end of January 2025. Work will then continue to develop guidance and training.

**The Senior Leadership Board (SLB) agreed a way forward on 17<sup>th</sup> October 2024 which will allow the Health Board to take the reasonable steps needed to prevent sexual harassment and to reduce misogyny and improve sexual safety. Progress against the agreed plan is below:**

- Identify an Executive Sponsor – At the SLB meeting Paul Bostock, Chief Operating Officer volunteered to be the Executive Sponsor supported by Rachel Gidman, Executive Director of People & Culture.
- An Action Group to be established chaired by the Deputy Director of People & Culture. The group are responsible for progressing the work needed and will consider learning/recommendations from previous cases, as well as the reports mentioned in the previous section, to understand if any learning or actions would be appropriate.

The group have reviewed data and information we currently hold (discovery) and developed a programme of work for the next 12-24 months, aligning the movement to the Speak up Safely Framework and the launch of 'Work in Confidence'. The plan incorporates the actions below:

- **Speak up Safely** – aligned to the programme of work being led by the Director of Governance, ensuring we have a mechanism for colleagues to raise concerns and be signposted to the appropriate wellbeing services and external specialist to support with sexual safety concerns.

The 'Work in Confidence platform was implemented on 10<sup>th</sup> December 2024 and provides a mechanism for reporting and monitoring.

- **CAV Procedure** – a Sexual Harassment Procedure was developed using the NHS England Policy as a baseline. This was approved by the Employment Policies Sub Group on 29<sup>th</sup> January 2025. The group felt it was necessary to progress the Procedure internally even though this may need to be superseded by the NHS Wales Policy once it has been developed and agreed.
- **Toolkit** - A Sexual Safety in the Workplace Guide /Toolkit is in development, aligned to the Procedure. This will be further developed and shaped by those who have lived experience. Line managers play a pivotal role in fostering a working climate that prevents sexual harassment and challenges any form of unfair treatment. They need to have the knowledge to recognise sexual harassment when they see it and the confidence to intervene early.
- **Communication & Engagement** – Development and implementation of a communication and engagement plan to promote the launch of work of the Procedure and Toolkit will be essential, including CEO video message, manager briefing document for team meetings, staff network engagement, all staff webinar, etc. We will be asking senior managers to proactively raise and talk about the programme of work and show commitment.
- **Training** - Sexual safety training commenced in January 2025 to raise awareness and support the sexual safety at work Procedure and Toolkit. It is intended that this can be accessed by any of our colleagues. The training will also be built into all management and leadership development programmes. Training and education for colleagues will increase knowledge of what constitutes sexual harassment, as well as how to spot and report alleged incidents.

In addition, training for Investigating Officers, specific to sexual harassment was introduced and supported by the Legal & Risk team, commencing in January 2025.

- **Wellbeing support** for colleagues going through a formal employment process will be essential, colleagues are normally offered six counselling sessions by the Employee Wellbeing team, we recognise that this may need to be extended depending on the need of the individual.
- **Internal audits of sexual harassment cases** – audits commenced in December 2024 to ensure that cases are being managed appropriately and to aid learning.
- **Establish a mechanism to encourage, support and learn from staff stories and experiences** – the development of a staff network is currently being scoped out, aligned to the staff survey feedback.

We recognise that there is a lot to do, it is important that we continually adjust the plan as work progresses. Whilst we appreciate the need for pace, we also appreciate that this work must be done correctly to ensure that it embeds into our Health Board culture, a balance that needs to be struck.

#### **Link to Board Assurance Framework (BAF)**

There are several potential risks and implications of sexual misconduct to the Health Board, with this impacting several BAF risks, including any that have a dependency on colleagues. There are links to the following BAF risks:

- Attract, recruit and retain
- Culture
- Wellbeing

**Recommendation:**

The Local Partnership Forum is requested to:

- Note and Support the work outlined in this report
- Note that a progress update will come back to the Forum in 6 months.

**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	
Decarbonisation: Yes/No	
<b>Approval/Scrutiny Route:</b>	
Committee/Gro up/Exec	Date:
People and Culture Committee	21.01.25
Local Partnership Forum	13.02.25

DRAFT

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Shaping Our Future  
**Workforce**

# Workforce Race Equality Standards (WRES)

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Mitchell Jones

Pennaeth Tegwch a Chynhwysiant

Head of Equity & Inclusion

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# The WRES

- Anti-racist Wales Action Plan (ArWAP) and CAVUHB Anti-racist Action Plan

*“A key component of the ArWAP was a wide consultation, and it became clear that NHS staff felt that to advance race equality in the service, it was important to have a robust dataset to allow a detailed understanding of the problem, as well as a means of monitoring it.”*

- ESR and NHS Wales Staff Survey Data

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 **GIG CYMRU NHS WALES**  **Gofal Cymdeithasol Cymru**  
Social Care Wales  **Llywodraeth Cymru**  
Welsh Government

**Safon Cydraddoldeb Hil y Gweithlu (SCHG)**  
Gweithlu cynhwysol sy'n darparu'r gofal gorau

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**Workforce Race Equality Standard (WRES)**  
An inclusive workforce provides the best care



# The Indicators

	No.	Indicators
<b>Leadership &amp; Representation</b>	1	Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce.
	2	Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce
	3	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion
	4	Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and Minority Ethnic staff compared to White colleagues
	5	Relative likelihood of staff being appointed from shortlisting across all posts
<b>Professional Development &amp; Training</b>	6	Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or minority ethnic colleagues
	7	Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal
<b>Disciplinary &amp; Capability</b>	8	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues
	9	Relative likelihood of Black, Asian or Minority Ethnic staff entering capability processes compared to White colleagues
<b>Discrimination, Bullying &amp; Harassment</b>	10	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White colleagues
	11	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White colleagues
	12	Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, personally experiencing discrimination at work from either manager/team leader or other colleagues

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# The Report - Key Points

- Ethnic minority staff are under-represented in higher bands and executive positions in CAVUHB, and they often feel disadvantaged in career progression compared to White colleagues.
- Black and Asian applicants face lower appointment rates, and White staff are more frequently referred to disciplinary processes, particularly in Admin and Clerical services.
- Harassment is experienced differently among ethnic groups, with Black staff targeted by patients and the public, and Asian/Mixed-race staff more by colleagues. Those experiencing the highest discrimination rates are least likely to declare ethnicity.
- No racial inequality exists in training access, but data collection and governance issues arise due to the absence of reported capability processes among approximately 17,500 staff.

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# The Report – Areas of focus

1. Absence of ethnic minority board membership
2. Progression of ethnic minority staff to senior grades
3. Poor levels of declaration of ethnicity, especially given that staff reporting worst experiences were those who did not declare ethnicity
4. Clarification of data recording process around disciplinary and capability processes, given the zero record for the latter and the identification of only cases in the Administration service for the former. An audit of governance and cross-correlation with staff network leads would be important first steps





# Health Board Focus

- Glass ceiling at Band 5
- 1. Progression
  - Removing barriers
  - Development opportunities
  - Educating staff
  - Data driven
- 2. Representation
  - Inclusive recruitment
  - Data collection and analysis
- Work with Welsh Government

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# Key areas of progress

- Task and finish group
- Integrating ArWAP ambitions
- Annual reporting and organisational focus
- Improving data collection
- Engaging with marginalised communities
- Review of Staff Networks

Factsheets

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# Diolch Unrhyw gwestiynau?

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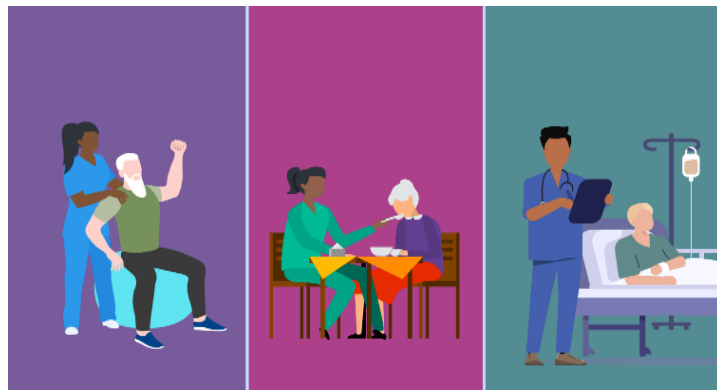
## Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

## Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

# The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

**CARDIFF & VALE UNIVERSITY HOSPITAL BOARD**

**2024**



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**CARDIFF & VALE UNIVERSITY HOSPITAL BOARD**

## Foreword

When the NHS was created in 1948, launched by Tredegar-born Health Secretary, Aneurin Bevan, it was based on three core values: that the services were for everyone, that healthcare was free at the point of delivery and that care would be provided based on need rather than ability to pay. All of these are predicated on principles of fairness and equity and apply to patients and staff equally. Sadly, in the 76 years of the NHS, those ideals have not always been lived up to, not least with regard to race. The COVID pandemic brought to the forefront what had been clear to many minoritised people for a long time. The publication of the Anti-racist Wales Action Plan (ArWAP) by Welsh Government in 2022 was a recognition that to halt this damaging inequity, we needed to actively identify and eradicate the structures and processes that result in worse outcomes for individuals from an ethnic minority.

A key component of the ArWAP was a wide consultation, and it became clear that NHS staff felt that to advance race equality in the service, it was important to have a robust dataset to allow a detailed understanding of the problem, as well as a means of monitoring it. This was the basis of the Workforce Race Equality Standard, and the inaugural data is published in this report. To have achieved this within two years of the launch of the ArWAP is a signal of the commitment of the Welsh government and NHS Wales organisations to this important task, and it is the intention that this data is but the first step in undertaking the transformation of our systems and processes that perpetuate injustice.

This report shows the detail of the workforce in Cardiff and Vale University Health Board. It is structured around the themes of representation, development, disciplinary equality, and institutional culture. It is the ambition that this allows identification of the areas of greatest deficit, and hence a call to action to develop a local strategy to tackle that. This report is not shared with other NHS organisations, but will complement a published national WRES report displaying the state of these themes across the whole of Wales.

These reports should give pause for brief reflection by national and local leadership, and then a commitment to action to improve both equality for our Black, Asian and minority ethnic staff and the experience of patients.

*Anton Emmanuel, Lead for the WRES NHS Wales and Social Care*

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KEY FINDINGS WRES 2024

**CARDIFF & VALE UNIVERSITY HOSPITAL BOARD**

	CVUHB	NHS Wales
Undeclared ethnicity rate overall (%)	12.1%	10.8%
Undeclared ethnicity number Band 8 +	63	579
Staff survey completion rate	21.4%	20.7%
Workforce reflective of local population	yes	yes
Full appointment data (Ind 5)	no	incomplete
Ind 1: Board representation	-9.2%	-5.9%
Ind 2: ESP representation	-9.2%	-6.4%
Ind 2: Disparity ratio lower to middle	1.87	1.51
Ind 2: Disparity ratio middle to upper	2.66	1.81
Ind 2: Disparity ratio upper to senior	0.78	0.72
Ind 3: Equitable perception of progression opportunity (% difference)	27.2%	18.8%
Ind 5: Equitable likelihood ratio of appointment Overall	0.68	0.57
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.66	0.47
Ind 5: Equitable likelihood ratio of appointment Clinical	0.66	0.58
Ind 5: Equitable likelihood ratio of appointment Medical	nil	0.57
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.98	0.98
Ind 8: Equitable likelihood of entering formal disciplinary process	0.38	1.07
Ind 9: Equitable likelihood of entering local capability process	0*	3.46
Ind 10: Equitable % experiencing harassment from patients/public (% difference)	6.90%	8.54%
Ind 11: Equitable % experiencing harassment from colleagues (% difference)	14.1%	13.2%
Ind 12: Equitable % experiencing discrimination from managers (% difference)	-2.3%	10.3%

**Colour rating explanation:**

**Green** = within zone of parity of four-fifths rule

**Amber** = within 2 standard deviations of the mean

**Red** = outside 2 standard deviations of the range

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## Introduction

The NHS is the largest employer in Wales with some 111,000 employees. This first WRES data report requires the organisations employing these staff to report against eleven of twelve indicators of race equality. The data is presented in a nuanced fashion with stratification and disaggregation by gender to enable leaders to identify how the intersection of discriminations affects individuals, and where energy should be best directed to reverse inequity. These indicators (detailed in Appendix A) cover the four core domains which experience and the literature show are responsible for differential attainment:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2024)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Cardiff and Vale University Health Board (CVUHB), this report identifies some uncertainty around the accuracy of recording disciplinary and capability proceedings. Additionally, the key headline areas of inequality relate to:

1. absence of ethnic minority board membership
2. progression of ethnic minority staff to senior grades
3. poor levels of declaration of ethnicity, especially by staff experiencing harassment and discrimination

This data reflects the systematised and complex picture that applies to racial discrimination. It provides both a tool for improvement, and a stimulus to transformational action. Translating data into delivering enduring change is a challenge that must be met by all organisations locally, as well as at a national level.

The data insights must be read and used by HR Directors, Clinical Leaders and Boards to develop evidence-based policy interventions. A foundational principle of change theory is to identify the data that is most unequal and focus actions on improving that – too often we see ineffective action targeted at either trying to make perfect what is already ‘good’, or worse, a continuation of actions unsupported by any data.

The indicators are displayed for your organisation, and shown in comparison to the national picture – this is to help focus intention to those areas of greatest need within the organisation, while comparing it to an all-Wales picture.

The WRES Team is keen to work with CVUHB to draw on the knowledge of what works, based on the literature and on learning from other organisations in Wales. In producing this report, the intention is to support organisations to focus on the approach they will adopt to end the cycle of inequality that harms staff and patients.

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## Methodology

### Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2023 for the staff survey derived indicators and April 2024 for the other indicators.

### Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

### Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn't adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes AfC recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

There is no data available for indicator 7, since the anti-racist training programme was not available at the time of data collection. This will however be available for all future data collections.

For indicators 8 and 9, the calculation uses a review of the period April 2023 to April 2024.

The results in this report are as at **31<sup>st</sup> March 2024**, and revisions were permitted up to **31<sup>st</sup> May 2024**.

## Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

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**INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce**

**Cardiff & Vale UHB**

Ethnicity	Workforce Overall	Executive Membership	Non-Executive Membership	Overall Board Membership
Asian	8.26%	0.00%	12.50%	5.26%
Black	2.35%	0.00%	0.00%	0.00%
Mixed & Other	3.84%	0.00%	0.00%	0.00%
White	73.42%	90.91%	87.50%	89.47%
Unknown	12.13%	9.09%	0.00%	5.26%
Total	100.00%	100.00%	100.00%	100.00%

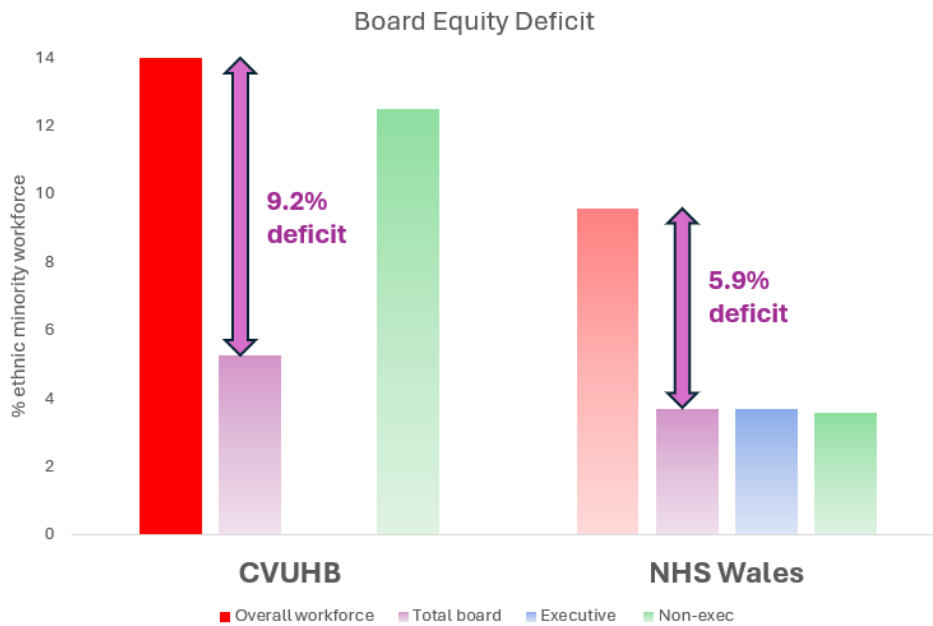
**NHS Wales**

Ethnicity	Workforce Overall	Executive Membership	Non-Executive Membership	Overall Board Membership
Asian	5.35%	2.22%	2.41%	2.29%
Black	1.56%	0.74%	1.20%	0.92%
Mixed & Other	2.64%	0.74%	0.00%	0.46%
White	79.67%	77.78%	60.24%	71.10%
Unknown	10.78%	18.52%	36.14%	25.23%
Total	100.00%	100.00%	100.00%	100.00%

**Table 1: Board make up of CVUHB compared with NHS Wales, disaggregated by ethnicity**

**Summary:** 1. There is no executive ethnic minority Board membership in CVUHB

Overall, there is a 9.2% deficit between composition of the Black, Asian and minority ethnic workforce and the make up of leadership in CVUHB (compared to 5.9% nationally) (Figure 1).

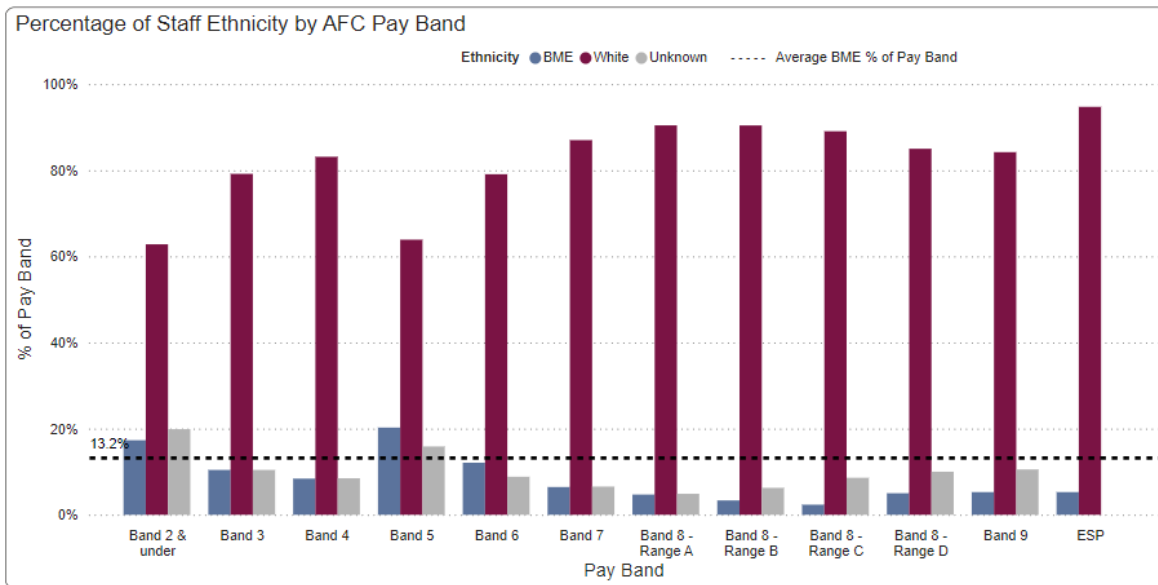


**Figure 1: Composition of representation of ethnic minority workforce with board membership in CVUHB and NHS Wales**

**Summary:** There is a 9.2% deficit in ethnic minority Board representation in CVUHB, greater than the national average

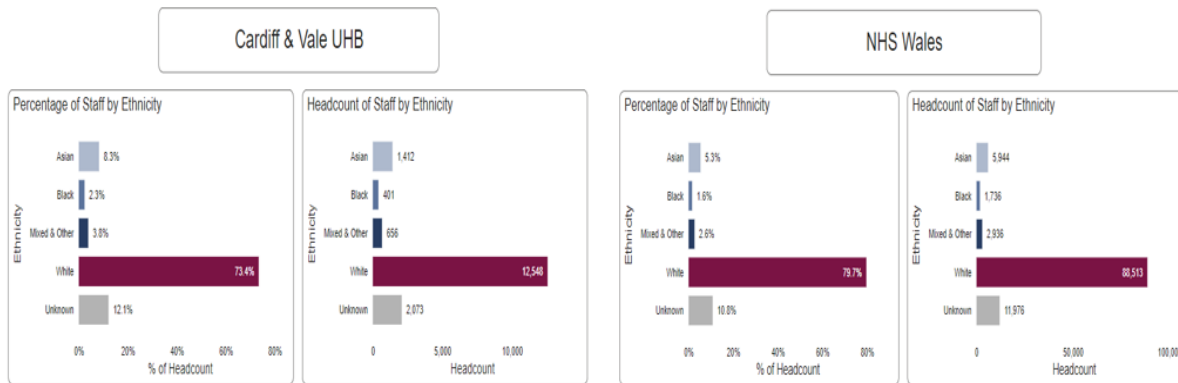
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**INDICATOR 2:** Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce



**Figure 2: Percentage of staff by AfC pay band and ethnicity for CVUHB**

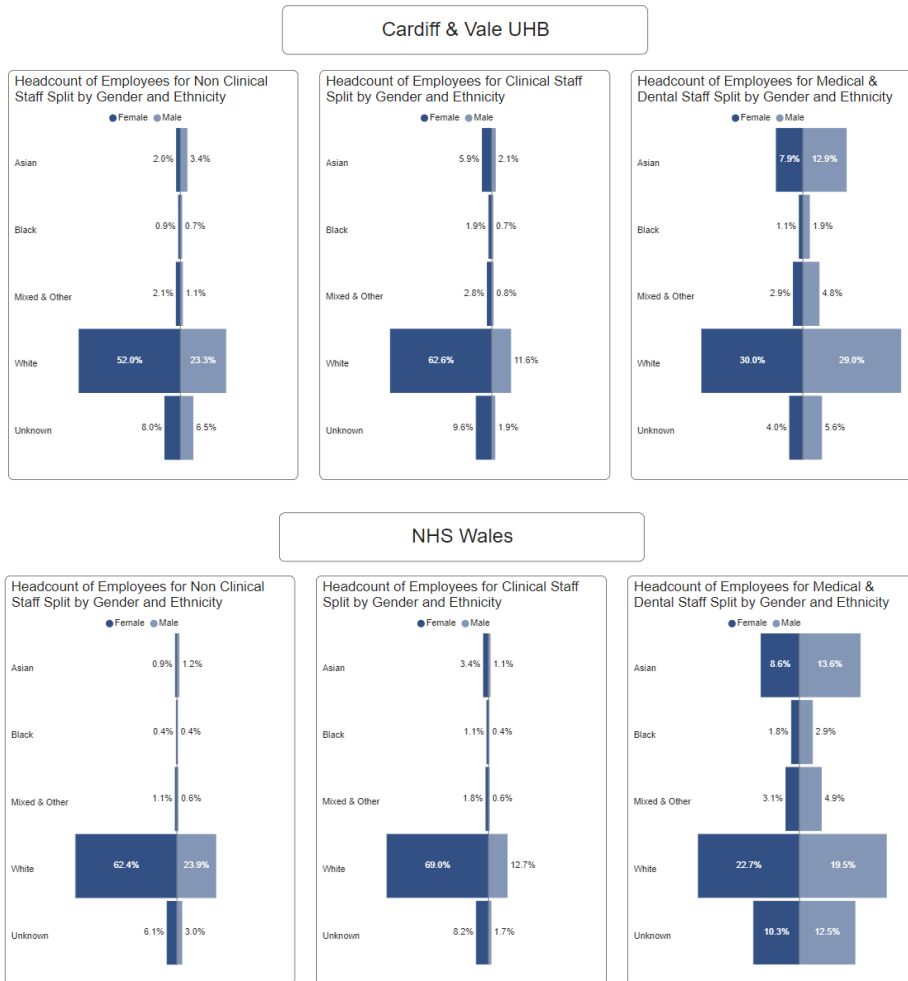
- Summary:*
1. Ethnic minority staff under-represented above Band 5
  2. Over 12% staff have no declared ethnicity – especially in lower Bands



**Figure 3: Comparison of ethnicity make up of CVUHB compared to NHS Wales**

*Summary:* Minority ethnic make up of CVUHB similar to, but higher than, the national picture

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**Figure 4: Comparison of ethnicity make up of CVUHB compared to NHS Wales disaggregated by gender for non-clinical, clinical and medical/dental professions**

*Summary:* Minority ethnic make up of CVUHB similar to, but higher than, the national picture

There is one ethnic minority ESP in CVUHB, a **9.2% deficit compared to the whole workforce**. This compares to the national figure of a 6.3% ethnicity deficit at ESP levels.

	Lower – Middle	Middle – Upper	Upper – Senior
CVUHB	1.87	2.66	0.78
NHS Wales	1.51	1.81	0.72

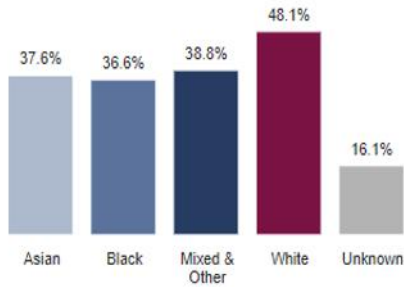
**Table 2: Comparing disparity ratio for CVUHB with NHS Wales:** the disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. (Lower bands refer to band 5 and below, middle bands 6 and 7, upper bands 8a to 9, and senior relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff.)

*Summary:* Ethnic minority staff are under-represented in all grades above AfC Band 5 in CVUHB

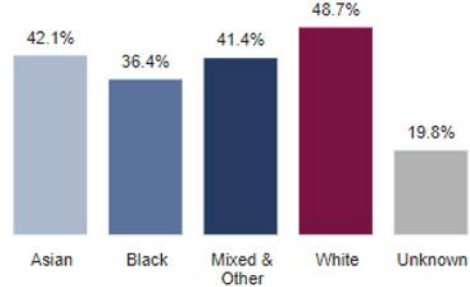
**INDICATOR 3:** Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 21.4%

**Cardiff & Vale UHB**

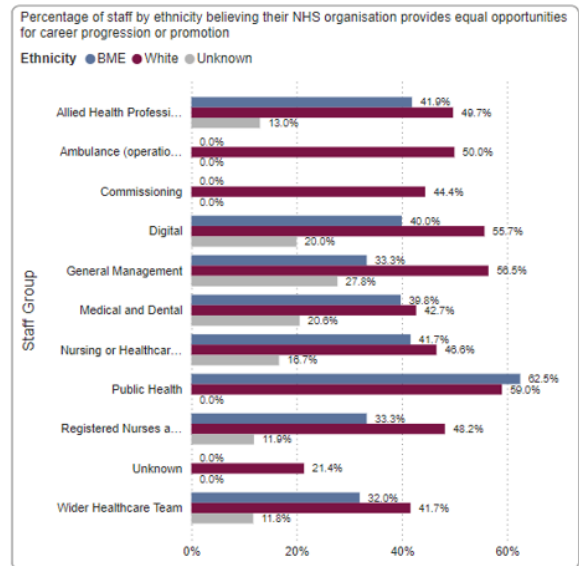
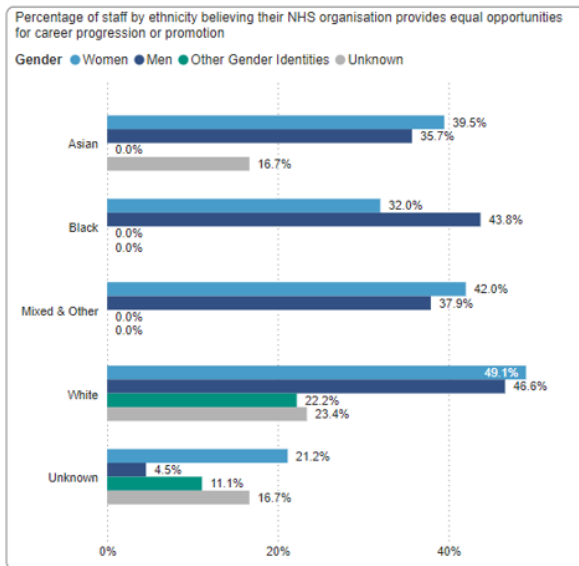


**NHS Wales**



**Figure 5: Comparing percentage of staff (in CVUHB versus NHS Wales) believing that they have equal opportunities for career progression or promotion, disaggregated by ethnicity**

**Summary:** All ethnic minority staff in CVUHB are especially likely to feel disadvantaged in terms of career progression compared to White colleagues



**Figure 6: Comparison of gender, ethnicity and profession for staff believing that CVUHB provides equal opportunities for career progression or promotion**

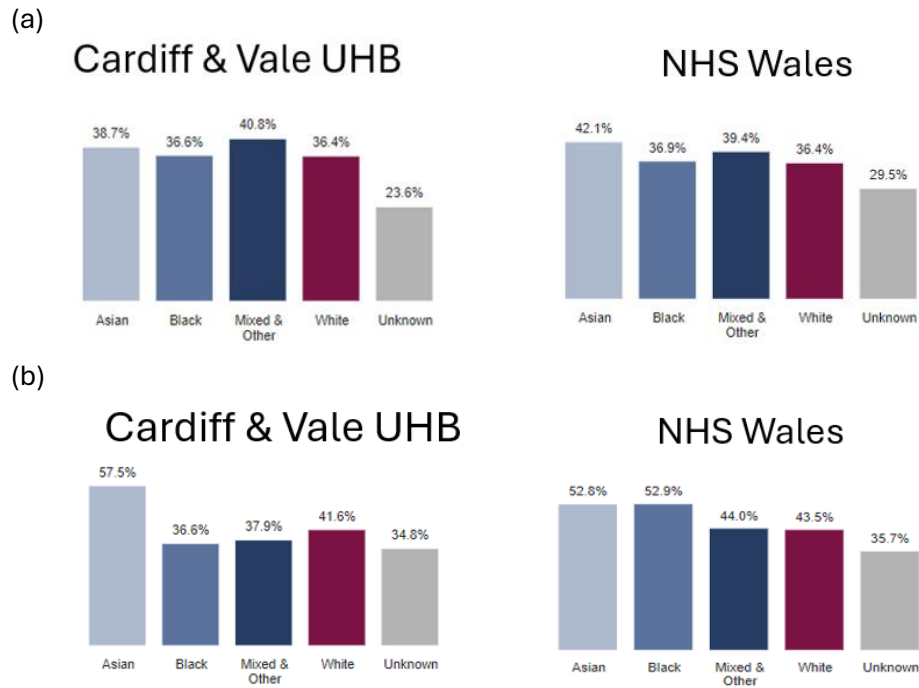
**Summary:**

1. Men reported greater discrimination than women, except Black men. Those reporting greatest dissatisfaction were less likely to declare ethnicity.
2. Discrimination reported especially general management, nurses and midwives and the wider healthcare teams.

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**INDICATOR 4:** Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

Based on staff survey: response rate 21.4%

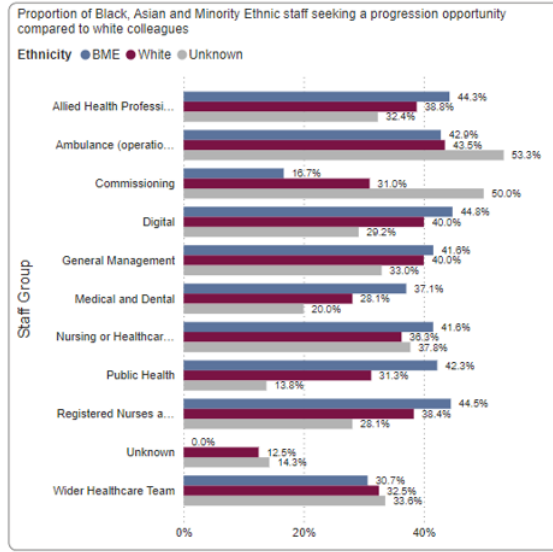
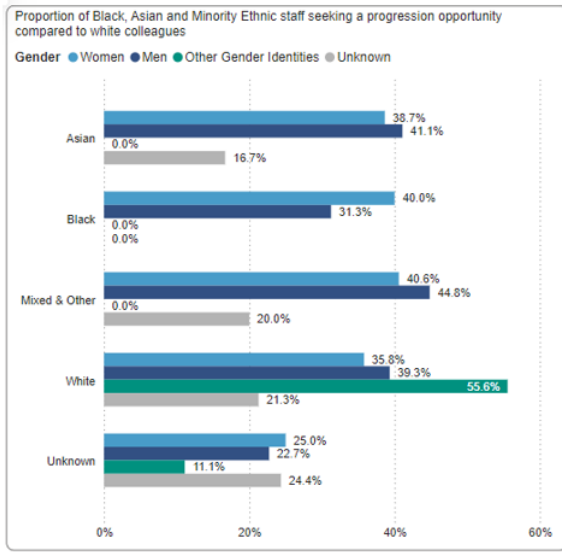


**Figure 7: Comparing percentage of staff (in CVUHB versus NHS Wales) who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity**

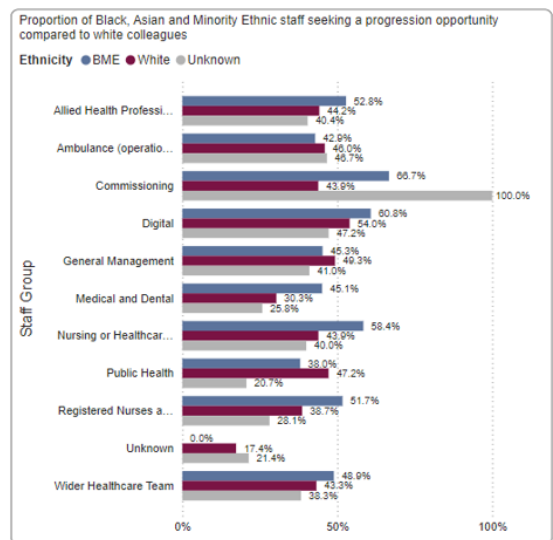
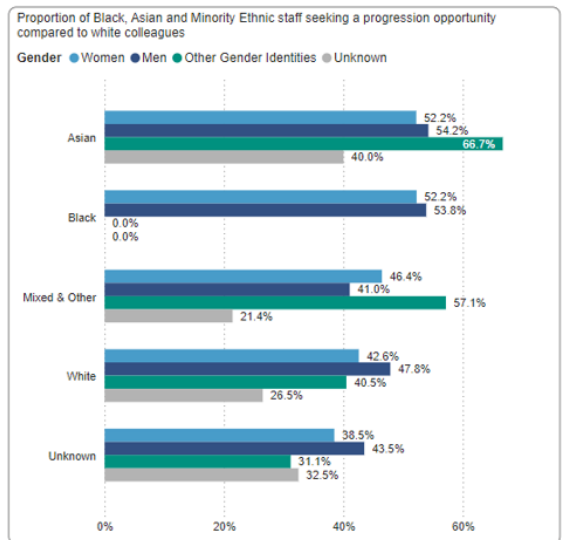
- Summary:*
1. All ethnic minority staff in CVUHB have more often sought progression than White colleagues
  2. Asian staff are more likely to have sought and be seeking progression opportunities than White staff

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(a)



(b)



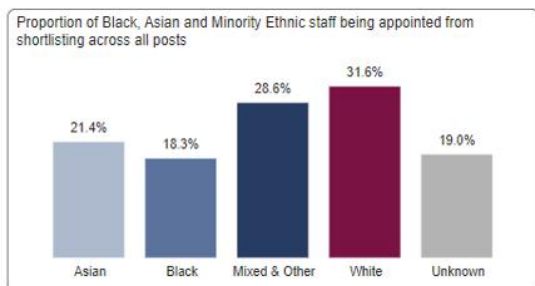
**Figure 8: Comparison of gender, ethnicity and profession for staff in CVUHB who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity**

**Summary:** Widely variable rates of seeking progression, probably reflective of small numbers in survey

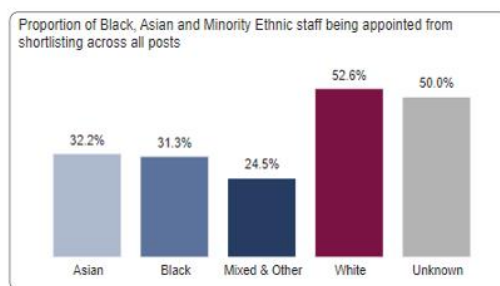
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**INDICATOR 5:** Relative likelihood of staff being appointed from shortlisting across all posts

**Cardiff & Vale UHB**



**NHS Wales**



**Figure 9: Comparison of ethnicity make up of CVUHB compared to NHS Wales for likelihood of appointment from shortlist**

*Summary:* Black and Asian applicants are less likely to be appointed than White colleagues.

Overall in CVUHB, once shortlisted, Black and ethnic minority applicants were only 66% as likely to be appointed as their White peers.

**INDICATOR 6:** Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

Likelihood ratio overall	
<b>CVUHB</b> (%minoritised : %White)	<b>0.98</b> (97.1% : 99.2%)
<b>NHS Wales</b> (%minoritised : %White)	<b>0.98</b> (93.8% : 96.2%)

**Table 3: Likelihood ratio of staff accessing non-mandatory training, by ethnicity**

*Summary:* There is no racial inequality in access to training in CVUHB or NHS Wales

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**INDICATOR 8:** Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

Likelihood ratio overall	
<b>CVUHB</b> (%minoritised : %White)	<b>0.33</b> (0.11% : 0.33%)
<b>NHS Wales</b> (%minoritised : %White)	<b>1.07</b> (0.66% : 0.62%)

**Table 4: Likelihood ratio of staff entering formal disciplinary process, by ethnicity**

*Summary:* White staff in CVUHB were more likely to be referred into disciplinary processes, specifically this related to referrals from the Administration and Clerical service.

**INDICATOR 9:** Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

Likelihood ratio overall	
<b>CVUHB</b> (%minoritised : %White)	<b>0</b> (0% : 0%)
<b>NHS Wales</b> (%minoritised : %White)	<b>3.46</b> (0.21% : 0.06%)

**Table 5: Likelihood ratio of staff entering formal disciplinary process, by ethnicity**

*Summary:* There were no capability processes reported in CVUHB in the preceding year with a staff of approximately 17,000.

\* This raises questions about the accuracy of data collection or the governance of such occurrences. An audit to verify data integrity would be sensible.

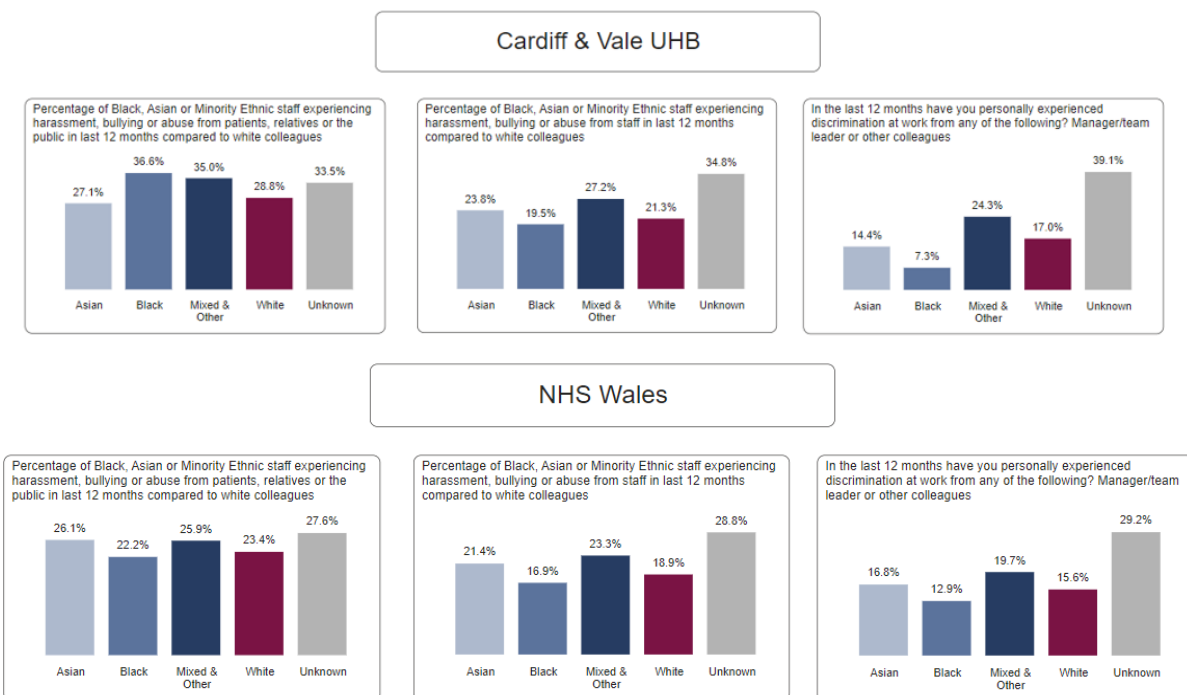
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**INDICATOR 10:** Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues

**INDICATOR 11:** Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues

**INDICATOR 12:** Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

Based on staff survey: response rate 21.4%



**Figure 10: Comparison of experiences of bullying, harassment and discrimination, disaggregated by ethnicity**

- Summary:*
1. At CVUHB, Black staff are most likely to have experienced harassment from patients, carers and public, while Asian and Mixed race/other staff were most likely to have experienced harassment from co-workers
  2. At CVUHB staff with highest rates of harassment and discrimination were the least likely to declare ethnicity
  3. Black staff completing the survey were least likely to report discrimination from a manager.

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## Conclusions and Next Steps

If the NHS is to become a model employer the establishment of an equitable and just workplace culture should become a key metric by which leadership is judged. The data shared in this report reflects the current state and complexity of race inequality in CVUHB and the NHS in Wales.

If this WRES is to achieve its intended goal in CVUHB, it must speak to the community it affects. It must recognise the context and the need for action to reverse uncomfortable facts presented by the data. The only way to tackle this effectively is for the organisational leadership to prioritise race and gender equality. At a time of low staff morale, and with the knowledge that inclusion benefits all staff, not just the minoritised, it is an ambition that workforce equality should become an indicator of how the system values its workforce.

The detailed demographic analysis of your organisation, juxtaposed with the national data, allows for a focus to be taken on the necessary targets to address. To advance race equality in CVUHB will take a clear and continuous targeting of a small number of key indicators in this first stage. Focussing specifically on the data in CVUHB the following is a list of metrics with the areas of greatest race inequality, and associated possible areas for action to tackle them:

1. absence of ethnic minority board membership
  - talent pipeline management
  - sponsorship of staff by seniors
  - batch recruitment to boards
  - active search strategy for non-executives and use of all-Wales programmes
2. progression of ethnic minority staff to senior grades
  - board members to have specific measurable inclusion objectives to which they will be individually and collectively accountable
  - talent pipeline management
  - embed fair and inclusive recruitment processes
  - implement appropriate induction and onboarding processes for internationally-recruited staff
3. poor levels of declaration of ethnicity, especially given that staff reporting worst experiences were those who did not declare ethnicity
  - set targets for declaration for all staff, including specifically senior members
  - programmes to drive increased self-declaration via payslip, outreach, etc
4. clarification of data recording process around disciplinary and capability processes, given the zero record for the latter and the identification of only cases in the Administration service for the former. An audit of governance and cross-correlation with staff network leads would be important first steps.

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. This requires an understanding of the dataset presented and resourcing a small number of actions. Trying to address too broad a range of actions is not an effective way of delivering meaningful and sustained change.

Additionally, the Health Board will want to understand its own data to see whether the above metrics have arisen from a single site where focussed action is needed. This sort of curiosity

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about staff experience is also crucial in delivering effective improvement. Such local intelligence is critical to embedding processes which have buy-in from the relevant teams.

Developing an inclusive workforce which has a sense of belonging requires local action; the function of national structures being to align that with wider regulatory ambitions and to share examples of best practice from other healthcare organisations, and indeed other sectors.

Local implementation will be allied to identifying key measures of success which need to be monitored in a range of ways, including the subsequent annual WRES data collection. The WRES thus represents a recurring and future-focussed catalyst for action, helping organisations improve race and gender equality and fulfil their requirements to both the Equality Act 2010 and the Antiracist Wales Action Plan, challenging us to be better for our workforce and our patients.

A workshop took place at the beginning of June 2024 where examples of data sets within this report were shared with NHS Wales Equality Leads Network, in order to help them to interpret your organisations data and understand the opportunities to respond. Your Equality Leads have a pivotal role with regard to both local action and liaison within the network of their peers in other organisations. Their understanding of the needs of local staff networks and how the data relates to the lived experience of the workforce is vital in terms of defining effective actions. The leadership of the organisation equally have a critical role in setting the tone and in embedding these actions in the fibre of the organisation: translating ideas into actions is what effective leadership teams do, and the data in this report compels a systematic approach to be developed to tackle the systemic nature of inequality and discrimination in our NHS. It is in our individual and joint gift to meet this challenge, and it is in our patients' and national interests for us to do so.

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## APPENDIX A: The Workforce Race Equality Standards indicators

Domain		Indicator
Leadership and Representation	1	Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce
	2	Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce
	3	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion
	4	Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues
	5	Relative likelihood of staff being appointed from shortlisting across all posts
Professional development and training	6	Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues
	7	Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal
Disciplinary and capability	8	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues
	9	Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues
Discrimination, bullying and harassment	10	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues
	11	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues
	12	Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

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# Cardiff and Vale Integrated Performance Report

2024/25

January 2025

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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.

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
<b>Enhanced Care in the Community</b>	<p><b>Measure:</b> Number of delayed transfers of care.</p> <p><b>National standard/ambition:</b> 12 month reduction trend</p> <p><b>Reporting period:</b> Monthly</p>	Reduction against 23/24	Yes	Mar-25	154 Nov-24	<a href="#">Hyperlink to section</a>
<b>Primary and Community Care</b>	<p><b>Measure:</b> General Medical Services – Number of GP practices achieving core access standards</p> <p><b>National standard/ambition:</b> 100%</p> <p><b>Reporting period:</b> Annual – in month position for information</p>	100%	Yes	Mar-25	98.2% Apr-24	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> General Dental Services - % of contract value fulfilled</p> <p><b>National standard:</b> 30% of contract value by end Q2, 100% Q4</p> <p><b>Reporting period:</b> Monthly</p>	25% Q1 50%Q2 75% Q3 100% Q4	Yes	Mar-25	61% (Apr-24 to Oct-24)	<a href="#">Hyperlink to section</a>
<b>Urgent and Emergency Care</b>	<p><b>Measure:</b> 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><b>National standard/ambition:</b> 20% reduction by September 2024, further 20% reduction by March 2025</p> <p><b>Reporting period:</b> Monthly</p>	670 Sept-24  532 Mar-25	Yes	Mar-25	953 Dec-24	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Number of ambulance patient handovers over 1 hour</p> <p><b>National standard/ambition:</b> 30% reduction by December 2024</p> <p><b>Reporting period:</b> Monthly</p>	232	Yes	Dec-24	493 Dec-24	<a href="#">Hyperlink to section</a>

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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><b>Measure:</b> 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><b>National standard/ambition:</b> 80% by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Dec-24	99% Nov-24	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> 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><b>National standard/ambition:</b> 80% by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	99%	Yes	Dec-24	100% Nov-24	<a href="#">Hyperlink to section</a>

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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><b>Measure:</b> Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p><b>National standard/ambition:</b> 40% reduction by end of September 2024, 0 by end of March 2025</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>16,004</b> Sep-24</p> <p><b>15,925</b> Mar-25</p>	No		<p><b>16,598</b> Nov-24</p>	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Number of patients waiting more than 104 weeks for referral to treatment</p> <p><b>National standard/ambition:</b> 0 by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>4,447</b> Dec-24</p>	No		<p><b>3,866</b> Nov-24</p>	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p><b>National standard/ambition:</b> 60% by end of December 2024, 70% by end of March 2025</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>70%</b> Dec-24</p>	Yes	Dec-24	<p><b>72.5%</b> Oct-24</p>	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p><b>National standard/ambition:</b> 95% of patients waiting less than 8 weeks by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>14,796</b> Dec-24</p>	No		<p><b>16,556</b> Nov-24</p>	<a href="#">Hyperlink to section</a>

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Performance Key: Meeting standard / trajectory      off target/trjectory

## 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.

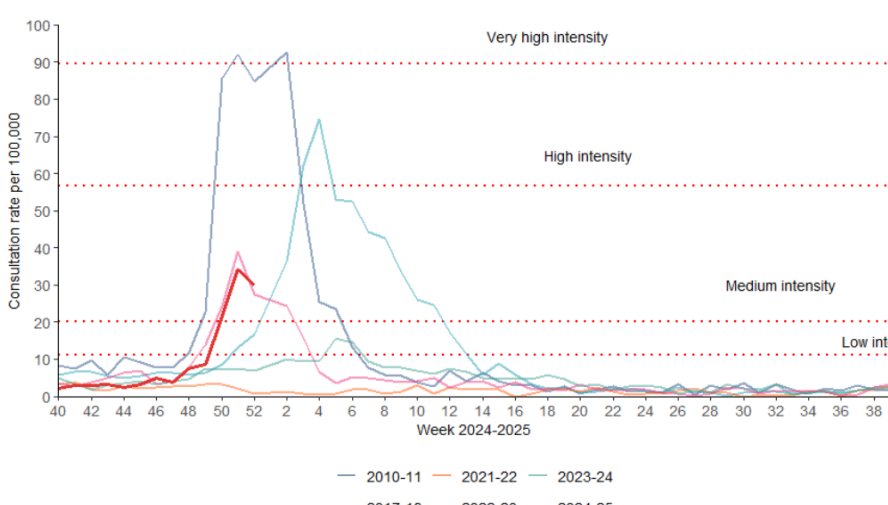
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

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	<a href="#">Public Health</a>
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 <a href="#">Inpatient Flow, Discharge and Front Door</a> <a href="#">Alternatives to Admission</a> <a href="#">Community and Urgent Primary Care</a> <a href="#">Priority Services</a> <a href="#">RTT Waiting Times</a> Planned Care <a href="#">Cancer, Diagnostics and Therapies</a> <a href="#">Primary and Community Care</a> <a href="#">Whole System Evaluation and Supporting Patients Whilst Waiting</a> <a href="#">Mental Health</a>
Aim 3	The health and social care workforce in Wales is motivated and sustainable	<a href="#">People and Culture</a>
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.	<a href="#">Quality, Safety and Experience</a> <a href="#">Financial Performance</a>

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p><b>Seasonal respiratory infections</b></p> <p><b>Immunisation</b> – COVID-19 and influenza</p> <ul style="list-style-type: none"> <li>The Covid-19 autumn winter booster campaign is underway, with vaccine uptake among the eligible population in Cardiff and Vale of 43.0% at 2 January, compared with 43.2% for all Wales.</li> <li>Influenza vaccine uptake is 66.9% for eligible over 65s (67.9% all Wales) and 31.1% for at-risk individuals (33.8% all Wales). Staff uptake is 29% (27.6% all Wales)</li> </ul> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Influenza is circulating with activity now at “medium” intensity levels and the peak of the season likely imminent</li> <li>The number of confirmed cases of community acquired Covid-19 admitted to hospital across Wales decreased to 27 in the most recent week.</li> <li>The overall proportion of samples testing positive decreased to 2.8% in hospital and non-sentinel GP practices. Confirmed cases of Covid-19 in sentinel GP patients are decreasing</li> <li>KP.3, a sub-variant of both Omicron and JN.1, remains the most prevalent variant in Wales. XEC, another derivative of JN.1, is increasing in prevalence</li> <li>There are currently <b>3</b> Covid-19 outbreaks and <b>1</b> incident in hospitals in C&amp;V UHB; and <b>1</b> influenza outbreak and <b>6</b> incidents.</li> <li>Since the start of April 2024, in C&amp;V UHB there have been <b>49</b> influenza incidents or outbreaks, with <b>138</b> bed days lost. In the same period there have been <b>143</b> Covid-19 incidents or outbreaks, with <b>625</b> bed days lost. Combined, influenza and Covid-19 incidents and outbreaks represent an estimated opportunity cost of <b>£381,500</b> to the UHB since 1 April 2024</li> <li>Updated figures for staff sickness due to Covid-19 and flu are awaited</li> <li>Respiratory Syncytial Virus (RSV) is circulating, activity has decreased in the most recent week and is now at Medium intensity levels.</li> </ul>	Week 52	Below target	<p><a href="#">Wales COVID-19 vaccination surveillance weekly report.pdf</a></p> <p>Infant COVID-19 vaccination.  <a href="https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination">https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</a></p> <p>Weekly COVID-19 vaccination report by health board  <a href="https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcd8bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf">https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcd8bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</a></p>  <p>Source: <a href="#">PHW weekly ARI summary</a> (new from Nov 2024)</p>

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

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p><b>Routine childhood immunisation</b></p> <ul style="list-style-type: none"> <li>83.6% of children are up to date with vaccination at age 4, which although an improvement is below the target of 95% and a Welsh average of 85.7%, uptake of all childhood vaccinations at age 5 is 85.2% which is still below the Welsh average of 87.8%</li> <li>The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached due to lower than expected uptake.</li> </ul>	Jul-Sep 2024	Below target	<p>Source quarterly <a href="#">COVER</a> data</p>
Health Protection	<p><b>Health Protection System</b></p> <ul style="list-style-type: none"> <li>The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024)</li> <li>An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach and has been produced in collaboration with partners across the regional system, seeking views on where the partnership has added value and where there is still the opportunity for further collaborative working.</li> </ul>	Q3 2024/25	On target	n/a

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Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p><b>Healthy weight:</b></p> <ul style="list-style-type: none"> <li>77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23). Cardiff and Vale have the highest proportion of healthy weight children compared to other Health Board areas based on the latest available data; the English average for 2022/23 was also 77.5%). The healthy weight local target for 2022/23 was 75%, which we met. Data produced annually.</li> <li>40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.</li> <li>Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale.</li> </ul> <p><b>Weight management services</b></p> <ul style="list-style-type: none"> <li>We have developed an Investment Plan to outline how the services will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3.</li> </ul>	Q4 2023/24	<p><b>Healthy weight:</b></p> <p>On target</p> <p><b>Weight management services:</b></p> <p>Below target</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> <table border="1"> <caption>Estimated data from the bar chart</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB (%)</th> <th>Cardiff (%)</th> <th>Vale of Glamorgan (%)</th> <th>Wales (%)</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>72</td><td>70</td><td>71</td><td>70</td></tr> <tr><td>2012/13</td><td>74</td><td>72</td><td>73</td><td>72</td></tr> <tr><td>2013/14</td><td>75</td><td>73</td><td>74</td><td>73</td></tr> <tr><td>2014/15</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2015/16</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2016/17</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2017/18</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2018/19</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2019/20</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2020/21</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2021/22</td><td>76</td><td>74</td><td>75</td><td>74</td></tr> <tr><td>2022/23</td><td>77.5</td><td>75</td><td>76</td><td>75</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB (%)	Cardiff (%)	Vale of Glamorgan (%)	Wales (%)	2011/12	72	70	71	70	2012/13	74	72	73	72	2013/14	75	73	74	73	2014/15	76	74	75	74	2015/16	76	74	75	74	2016/17	76	74	75	74	2017/18	76	74	75	74	2018/19	76	74	75	74	2019/20	76	74	75	74	2020/21	76	74	75	74	2021/22	76	74	75	74	2022/23	77.5	75	76	75
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*For areas of underperformance please see cover paper for details on actions being taken*

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	<p><b>Tobacco</b></p> <ul style="list-style-type: none"> <li>13% of Cardiff and Vale of Glamorgan smoke.</li> <li>NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually.</li> <li>In Quarter 2- 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 37 % of these quit smoking at 4 weeks,- CO Validated (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . Although still below target, this is an improvement from the previous quarter. This breaks down by service as follows:                         <ul style="list-style-type: none"> <li>HMQ community – 41% of Treated Smokers had quit smoking at 4 weeks.</li> <li>Level 3 Pharmacy –18% of Treated Smokers had quit smoking at 4 weeks.</li> <li>Hospital Service - 49% of Treated Smokers had quit smoking at 4 weeks.</li> </ul> </li> <li>CO validation was re introduced for quits in April 24 by Welsh Gov. This has resulted in a drop in recorded 4 week quits. In Q2 there were an additional 31 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 16 self reported quits that have not been recorded. Communications have been shared with all services to publicise this change, and CO monitors supplied where necessary.</li> <li>Client episodes                         <ul style="list-style-type: none"> <li>When a person who smokes accepts help from our 'Help Me Quit' smoking cessation services, a client episode is created. While not a measure of 'treated smokers' or '4 week quits' episode data gives us an idea of numbers of people engaging with the service</li> <li>Numbers engaging HMQ have been <b>higher</b> in 2024 with a decrease towards the end of the year</li> <li>For pregnant smokers, numbers are small but currently consistently <b>lower</b> than in 2024</li> <li>Once they commence in post, it is anticipated that the dedicated maternity smoking cessation advisor will lead to numbers increasing.</li> </ul> </li> </ul>	Q2 24/25	<p>Smokers setting quit date:</p> <p><b>Below target for percentage of adult smokers who make a quit attempt</b></p> <p><b>Below target for 4 week quits</b></p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <p>Client episodes 2024 (2023 figures in brackets for comparison):</p> <ul style="list-style-type: none"> <li>April 173 (151)</li> <li>May 171 (156)</li> <li>June 173 (138)</li> <li>July 163 (143)</li> <li>August 157 (137)</li> <li>September 157 (151)</li> <li>October 94 (114)</li> <li>November 93 (105)</li> </ul>

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

## Smoking and substance misuse

### NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	2024/25	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.5% <b>Below target</b>	0.5%	0.5%		
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. <b>CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.</b>	2024/25	40%	33% <b>Below target</b>	33%	37%		
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% <b>Below Target</b>	32.8%			

### Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	2024/25	100%	94% <b>Below target</b> Average for 23/24: 90%	92%	94%		
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	15% <b>Below target</b> Average for 23/24: 46%	16%	15%		



## Immunisation and vaccination

*NHS Wales Performance Framework measures and Chair’s objectives*

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
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)	Apr-Jun 24	95%	85.8% Below target	84.1%	85.8%	85.2%	
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign) (still awaiting end of campaign data for the 2024 HPV campaign)</i>	1 January 2024 to 30 June 2024	90%	62.1% Below target		62.1%		
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 Sep 24 to 31 Mar 25	75%	66.9% Below target	29/10/24	26/11/24	31/12/24	
					41.6%	61.2%	66.9%	
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 Sep 24 to 31 Mar 25	75%	43.0% Below target	31/10/24	28/11/24	2/1/25	
					12.63%	30.89%	43.0%	

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## Weight Management Services

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

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2		
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a	Q1	Q2		
					1440	1680		
n/a	Increase L3 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=176)	n/a	Q2	Q2		
					160	160		

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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	Oct-24	90%	<b>23.7%</b> Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>17.86%</td> <td>17.30%</td> <td>19.00%</td> <td>23.70%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	17.86%	17.30%	19.00%	23.70%
Jul-24	Aug-24	Sep-24	Oct-24										
17.86%	17.30%	19.00%	23.70%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Sep-24	90%	<b>99.2%</b> Above standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>93.39%</td> <td>97.90%</td> <td>98.20%</td> <td>99.20%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	93.39%	97.90%	98.20%	99.20%
Jun-24	Jul-24	Aug-24	Sep-24										
93.39%	97.90%	98.20%	99.20%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Nov-24	95%	<b>96.7%</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>98.08%</td> <td>95.70%</td> <td>95.50%</td> <td>96.70%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	98.08%	95.70%	95.50%	96.70%
Aug-24	Sep-24	Oct-24	Nov-24										
98.08%	95.70%	95.50%	96.70%										

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Primary, Community and Out of Hospital Care</b></p>	<p><b>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation</b> In November utilisation was 96% , this is below our commitment – work taken to right size the capacity across all clusters is expected to bring utilisation back above 90%</p> <p><b>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4</b> Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p><b>Community visits – 95% of face-to-face visits within 8 hours</b> Q2 to date 98% compliance with 8-hour standard</p>	<p>Nov-24</p> <p>Q1</p> <p>Nov-24</p>	<p>96% utilisation <b>Below standard</b></p> <p>200 accepted referrals Q1 <b>Below standard</b></p> <p>97% <b>Above standard</b></p>	<p>UPCC Utilisation</p>
<p><b>Emergency Department and Same Day Emergency Care</b></p>	<p><b>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to &lt;20. National Commitment to reduce 1-hour delays by 30% by December</b> In December we reported 49 2-hour ambulance delays, above our ambition of 0 In December we reported 493 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In December lost minutes per arrival increased to 27</p> <p><b>ED waits - No patients waiting &gt;24 hours in ED, 93% of patients waiting &lt;12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)</b> In December we reported a reduction in patients waiting 12-hours in EU compared to November. This equates to 91.4% of attendances waiting less than 12-hours and below our ambition for Q3</p> <p><b>SDEC units – Increase attendances compared to the same period 23/24</b> In November we reported a decrease in activity compared to October, and slightly below our November 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p>	<p>Dec-24</p> <p>Dec-24</p> <p>Nov-24</p>	<p>49 2-hour delays <b>Above standard</b></p> <p>493 1-hour delays <b>Above standard</b></p> <p>27 minutes lost/arrival <b>Above standard</b></p> <p>91.4% patients &lt;12h <b>Below standard</b></p> <p>1716 SDEC attends <b>Below standard</b></p>	<p>Ambulance handover &gt;1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p>
<p><b>Reducing time in hospital and Continuity of Care</b></p>	<p><b>Length of stay - &lt;20% patients in acute beds to have a LOS &gt;21 days, &lt;40% patients in acute beds to have a LOS &gt;7 days</b> This data is a monthly snapshot taken at on the final Friday of each month. At the end off December 62.3% of patients in acute beds had a LOS of &gt;7 days, 35.5% &gt;21 days – increased from September's snapshot and above out ambition</p> <p><b>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24</b> In December 2024 the number of POCDs was 154 – this below the number of</p>	<p>Dec-24</p> <p>Dec-24</p>	<p>62.3% &gt;7d <b>Above standard</b></p> <p>35.5% &gt;21d <b>Above standard</b></p> <p>154 <b>Below standard</b></p>	<p>Delayed Pathways of Care)</p>

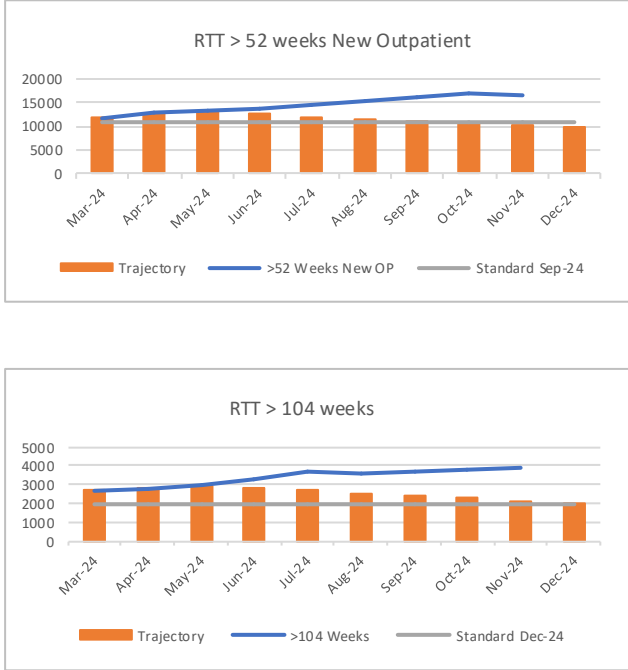
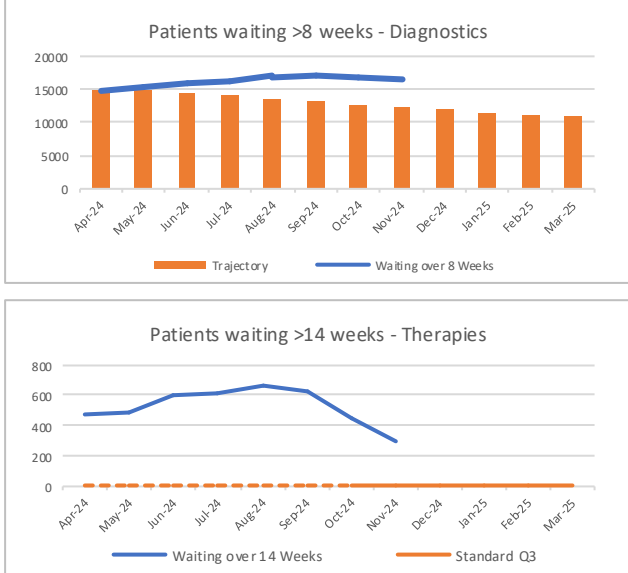
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>High Impact Pathways - Stroke</b></p>	<p><b>CT scan – 70% of patients scanned within 1 hour of arrival at EU</b> In September 43.8% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p><b>Thrombolysis – 20% thrombolysis rate</b> In September 12.5% of stroke patients were thrombolysed, an increase from August but below our ambition</p> <p><b>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours</b> In September 51.9% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B.</p> <p>The SSNAP dataset has been updated and will be presented here when the data has been validated and released for October and November</p>	<p>Sep-24</p>	<p>43.8% CT Below standard</p> <p>12.5% Thrombolysis Below standard</p> <p>51.9% Door-to-ward Below standard</p>	<p>The data section for the stroke pathway includes three line charts comparing monthly performance (blue line) against a standard (orange line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between approximately 45% and 65%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 10% and 30%, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 40% and 60%, below the 80% standard.</p>
<p><b>High Impact pathways – Hip fracture</b></p>	<p><b>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4</b> Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In October our annualised compliance showed 39.5% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.</p>	<p>Oct-24</p>	<p>39.5% (Annualised) Below standard</p>	<p>The data section for hip fracture includes a line chart titled 'Admitted within 4 hours' comparing monthly performance (blue line) against a standard (orange line) from March 2024 to March 2025. Performance fluctuates between 40% and 50%, consistently below the 60% standard.</p>

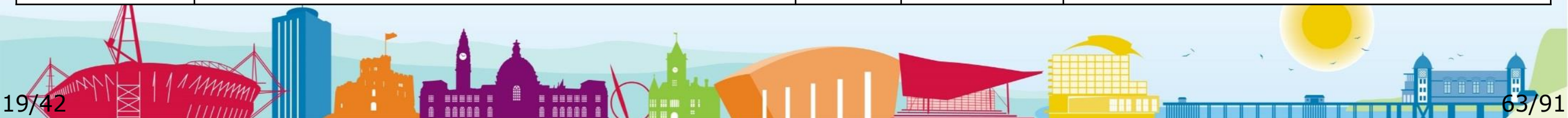
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p><b>GMS access – 100% of practices achieving core access standards</b> In September 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p><b>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4</b> At the end of September 50.5% of the contract value had been delivered.</p> <p><b>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter</b> In September 100% of practices were providing CCPS services</p> <p><b>Optometry – 95% of practices providing WGOS1+2</b> All practices are currently providing WGOS 1&amp;2</p>	Sept-24	100% At standard	<p>GDS contract value fulfillment</p>
		Sept-24	61% At standard (Apr-24 - Oct-24)	
Cancer	<p><b>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory</b> In October 72.5% of patients received their first definitive treatment within 62 days. This was above our trajectory and we aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	Sep-24	72.5% At standard, but below SCP standard of 75%	<p>% cancer patients starting treatment withing 62 days</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Outpatient and Treatment waiting times</b></p>	<p><b>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment</b> In November there were 16,598 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p><b>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment</b> In November there were 3,866 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition.</p> <p>We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks</p>	<p>Nov-24</p>	<p>16,598 patients <b>Above standard</b></p> <p>3,866 patients <b>Above standard</b></p>	 <p>The top chart, 'RTT &gt; 52 weeks New Outpatient', shows monthly data from Mar-24 to Dec-24. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and '&gt;52 Weeks New OP' (blue line) are consistently above the 'Standard Sep-24' (grey line).</p> <p>The bottom chart, 'RTT &gt; 104 weeks', shows monthly data from Mar-24 to Dec-24. The y-axis ranges from 0 to 5,000. The 'Trajectory' (orange bars) and '&gt;104 Weeks' (blue line) are consistently above the 'Standard Dec-24' (grey line).</p>
<p><b>Diagnostics and Therapies</b></p>	<p><b>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic</b> In November 16,556 patients were waiting over 8 weeks for a specified diagnostic, A decrease from October but above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper</p> <p><b>Therapies – No patients waiting over 14 weeks for Therapy – Q3</b> In November 292 patients were waiting over 14 weeks for therapies, a decrease from October but above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past two months</p>	<p>Nov-24</p>	<p>16,556 patients Diagnostics <b>Above standard</b></p> <p>292 patients Therapies <b>Above standard (Q3)</b></p>	 <p>The top chart, 'Patients waiting &gt;8 weeks - Diagnostics', shows monthly data from Apr-24 to Mar-25. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and 'Waiting over 8 Weeks' (blue line) are consistently above the 'Standard' (grey line).</p> <p>The bottom chart, 'Patients waiting &gt;14 weeks - Therapies', shows monthly data from Apr-24 to Mar-25. The y-axis ranges from 0 to 800. The 'Waiting over 14 Weeks' (blue line) is consistently above the 'Standard Q3' (orange line).</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Waiting times</b></p>	<p><b>Cardiothoracic Surgery – Reduce wait for outpatients to &lt;16 weeks Q2, reduce wait to treatment to &lt;52 weeks Q2</b>                      In November there were 38 patients waiting over 16 weeks for a new outpatient appointment and 26 patients waiting over 52 weeks for surgery</p> <p><b>Neurosurgery – Reduce wait for treatment to &lt;40 weeks Q3, reduce wait for outpatients to &lt;18 weeks Q4</b>                      In November there were 4 patients waiting over 18 weeks for a new outpatient appointment and 4 patients waiting over 40 weeks for surgery</p>	<p>Nov-24</p>	<p>38 Outpatients                      Above standard (Q2)</p> <p>26 patients Treatment                      Above standard (Q3)</p> <p>4 patients Treatment                      Above standard (Q4)</p>	
<p><b>Intensive Care Unit</b></p>	<p><b>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24</b>                      October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Oct-24</p>	<p>12.0%                      Above standard</p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Paediatric waiting times</b></p>	<p><b>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1</b>                      In November there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p><b>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3</b>                      In November there were 144 paediatric patients waiting over 14 weeks for Therapies (45 in Dietetics and 99 in Occupational Therapy)</p>	<p>Nov-24</p>	<p>0                      Meeting standard</p> <p>144                      Above standard (Q3)</p>	
<p><b>Emotional Health and Wellbeing</b></p>	<p><b>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 &lt;28 days in Q1</b>                      In November 99% of assessments were completed within 28 days</p> <p><b>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</b>                      In November 84% of interventions were started within 28 days, this is below the standard for Q3 but in line with the forecasts for the early part of this year</p> <p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</b>                      In November 89% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Nov-24</p>	<p>99% Part 1a                      Above standard</p> <p>84% Part 1b                      Above standard</p> <p>89% Part 2                      Above standard</p>	
<p><b>Neurodevelopment</b></p>	<p><b>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4</b>                      In November the longest wait for a neurodevelopment assessment was 186 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Nov-24</p>	<p>186                      Above standard (Q4)</p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<b>Mental Health Measures – Part 1a</b>	<p><b>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 &lt;28 days in Q2</b></p> <p>In November 22% 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>	Nov-24	22% Part 1a Below standard (Q2)	
<b>Mental Health Measures – Part 1b</b>	<p><b>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</b></p> <p>In November 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>	Nov-24	100% Part 1b Above standard	
<b>Mental Health Measures – Part 2</b>	<p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</b></p> <p>In November 61% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance</p>	Nov-24	61% Part 2 Below standard (Q3)	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	<b>100%</b> Above 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	Sep-24	Improvement compared to the same month in the previous year	<b>46.9%</b> Above standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>47.30%</td> <td>47.30%</td> <td>47.10%</td> <td>46.90%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	47.30%	47.30%	47.10%	46.90%
Jun-24	Jul-24	Aug-24	Sep-24										
47.30%	47.30%	47.10%	46.90%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-Oct-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	<b>61%</b> Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>32.70%</td> <td>41.70%</td> <td>50.50%</td> <td>61.00%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	32.70%	41.70%	50.50%	61.00%
Jul-24	Aug-24	Sep-24	Oct-24										
32.70%	41.70%	50.50%	61.00%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Oct-24	Increase compared to the same month in the previous year	<b>2,070</b> Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>1877</td> <td>1803</td> <td>1777</td> <td>2070</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	1877	1803	1777	2070
Jul-24	Aug-24	Sep-24	Oct-24										
1877	1803	1777	2070										
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	Nov-24	80%	<b>99%</b> Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>99%</td> <td>95%</td> <td>96%</td> <td>99%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	99%	95%	96%	99%
Aug-24	Sep-24	Oct-24	Nov-24										
99%	95%	96%	99%										
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	Nov-24	80%	<b>84%</b> Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>2%</td> <td>95%</td> <td>88%</td> <td>84%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	2%	95%	88%	84%
Aug-24	Sep-24	Oct-24	Nov-24										
2%	95%	88%	84%										
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	Nov-24	80%	<b>19%</b> Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>18.0%</td> <td>20.9%</td> <td>19.1%</td> <td>18.6%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	18.0%	20.9%	19.1%	18.6%
Aug-24	Sep-24	Oct-24	Nov-24										
18.0%	20.9%	19.1%	18.6%										
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	Nov-24	80%	<b>100%</b> Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>100.0%</td> <td>99.6%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	100.0%	99.6%	100.0%	100.0%
Aug-24	Sep-24	Oct-24	Nov-24										
100.0%	99.6%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-24	65%	<b>49%</b> Below standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>48%</td> <td>50%</td> <td>43%</td> <td>49%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	48%	50%	43%	49%
Sep-24	Oct-24	Nov-24	Dec-24										
48%	50%	43%	49%										
20.	Median emergency response time to amber calls	Oct-24	12 month reduction trend	<b>01:54:59</b> Above standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>01:23:17</td> <td>01:07:42</td> <td>01:50:05</td> <td>01:54:59</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	01:23:17	01:07:42	01:50:05	01:54:59
Jul-24	Aug-24	Sep-24	Oct-24										
01:23:17	01:07:42	01:50:05	01:54:59										

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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	Oct-24	15 minutes or less	<b>9</b> Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>4</td> <td>9</td> <td>15</td> <td>9</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	4	9	15	9
Jul-24	Aug-24	Sep-24	Oct-24										
4	9	15	9										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Oct-24	60 minutes or less	<b>71</b> Above standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>73</td> <td>72</td> <td>75</td> <td>71</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	73	72	75	71
Jul-24	Aug-24	Sep-24	Oct-24										
73	72	75	71										
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	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 95%	<b>60.1%</b> Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>60.8%</td> <td>61.4%</td> <td>58.9%</td> <td>60.1%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	60.8%	61.4%	58.9%	60.1%
Sep-24	Oct-24	Nov-24	Dec-24										
60.8%	61.4%	58.9%	60.1%										
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	Dec-24	Reduction compared to the same month in the previous year, towards the national target of zero	<b>953</b> Above standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>966</td> <td>1108</td> <td>1022</td> <td>953</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	966	1108	1022	953
Sep-24	Oct-24	Nov-24	Dec-24										
966	1108	1022	953										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Oct-24	12 month improvement trend towards a national target of 80% by 31 March 2026	<b>72.5%</b> Below standard	<table border="1"> <tr> <th>Jun-24</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> </tr> <tr> <td>64.6%</td> <td>57.1%</td> <td>68.4%</td> <td>70.9%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	64.6%	57.1%	68.4%	70.9%
Jun-24	Jul-24	Aug-24	Sep-24										
64.6%	57.1%	68.4%	70.9%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-24	0	<b>16,556</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>17016</td> <td>17210</td> <td>16744</td> <td>16556</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	17016	17210	16744	16556
Aug-24	Sep-24	Oct-24	Nov-24										
17016	17210	16744	16556										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-24	100%	<b>87.97%</b> Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>82.67%</td> <td>85.60%</td> <td>85.90%</td> <td>87.97%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	82.67%	85.60%	85.90%	87.97%
Aug-24	Sep-24	Oct-24	Nov-24										
82.67%	85.60%	85.90%	87.97%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-24	0	<b>292</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>659</td> <td>624</td> <td>452</td> <td>292</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	659	624	452	292
Aug-24	Sep-24	Oct-24	Nov-24										
659	624	452	292										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Nov-24	0	<b>52</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>59</td> <td>15</td> <td>48</td> <td>52</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	59	15	48	52
Aug-24	Sep-24	Oct-24	Nov-24										
59	15	48	52										

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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	Nov-24	0	<b>16,598</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>15280</td> <td>15983</td> <td>16757</td> <td>16598</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	15280	15983	16757	16598
Aug-24	Sep-24	Oct-24	Nov-24										
15280	15983	16757	16598										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-24	Reduction compared to the same month in the previous year	<b>18,940</b> Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>21500</td> <td>20806</td> <td>19526</td> <td>18940</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	21500	20806	19526	18940
Aug-24	Sep-24	Oct-24	Nov-24										
21500	20806	19526	18940										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Nov-24	0	<b>3,866</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>3561</td> <td>3683</td> <td>3776</td> <td>3866</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	3561	3683	3776	3866
Aug-24	Sep-24	Oct-24	Nov-24										
3561	3683	3776	3866										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Nov-24	Month on month reduction towards the national target of zero by 30 June 2025	<b>36,377</b> Above standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>36204</td> <td>36738</td> <td>37078</td> <td>36377</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	36204	36738	37078	36377
Aug-24	Sep-24	Oct-24	Nov-24										
36204	36738	37078	36377										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Oct-24	80%	<b>15%</b> Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>17%</td> <td>17%</td> <td>16%</td> <td>15%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	17%	17%	16%	15%
Jul-24	Aug-24	Sep-24	Oct-24										
17%	17%	16%	15%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Oct-24	80%	<b>71%</b> Below standard	<table border="1"> <tr> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> </tr> <tr> <td>68%</td> <td>68%</td> <td>67%</td> <td>71%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	68%	68%	67%	71%
Jul-24	Aug-24	Sep-24	Oct-24										
68%	68%	67%	71%										

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Productivity and Efficiency measures

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Measure		Internal standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Outpatients	% DNAs - New appointments	5%	10.4%	10.1%	10.1%	9.9%	10.9%	9.6%	9.2%	9.7%	9.8%	10.1%	10.1%	9.9%	10.4%	
	% DNAs - Follow-up appointments	5%	11.6%	12.7%	12.3%	11.7%	13.0%	11.7%	11.9%	12.0%	11.5%	11.9%	12.0%	11.7%	11.9%	
Endoscopy	% room utilisation	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	68%	78%	
	% utilisation (activity points available)	95%								84%	81%	80%	83%	85%	87%	
Theatres	Average turnaround time (minutes)	10	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	
	% of theatre session utilisation	95%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	83%	84%	
	% in session utilisation	85%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	80%	82%	
	<24 hour elective cancellations		285	269	239	226	212	243	289	247	309	249	190	366	202	
	% 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	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	156194	154994	
Inpatient	Delayed pathways of Care - Mental Health	217	41	36	37	38	41	38	39	34	29	36	26	26	32	
	Delayed Pathways of Care - non-Mental Health		150	114	173	200	170	145	140	160	142	138	144	135	130	
	7 day LOS on Acute Wards (snapshot)	<40%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
<b>Turnover</b>	<p>The overall trend is downwards since Jan-24; the rates have fallen from 11.47% at Jan-24 to 9.47% in Dec-24 UHB wide. This is a net 2.00% decrease, which represents 294 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and Voluntary Resignation - Work Life Balance'.</p>	December 2024	
<b>Sickness Absence</b>	<p>The monthly sickness rate for Dec-24 was 6.42%. The 12-month cumulative rate has settled over the past year, and is 6.23% at Dec-24 (the same as for Dec-23).</p>	December 2024	
<b>Statutory and Mandatory Training</b>	<p>The overall compliance rates rose marginally for Dec-24 to 81.33%, 3.67% below the overall target. The compliance for Capital, Estates &amp; Facilities, All-Wales Genomics Services and Clinical Diagnostics &amp; Therapeutics are above the 85% target; Corporate Executives, Children &amp; Women's and PCIC are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 70.22% for Dec-24. All Wales Genomics Service have reached 87.76%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	December 2024	
<b>Values Based Appraisal</b>	<p>VBA compliance has fallen marginally for Dec-24 to 79.36%. Capital, Estates &amp; Facilities and All-Wales Genomics Services are the only Clinical Boards to exceed the 85% target. Clinical Diagnostics &amp; Therapeutics and Children &amp; Women's are above 80%.</p>	December 2024	
<b>Employee Relations</b>	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	December 2024	

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Priority	Performance Summary	Reported Period	Data
<b>Job Plans</b>	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 44.71% have an agreed job plan that has been signed off within the past 12 months. A further 19.45% have an agreed job plan that was last reviewed and signed off before Jan-24.	December 2024	
<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal fell marginally; to 78.39% for Dec-24, and remains below the 85% target.	December 2024	
<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 231 WTE, to 15,339.72 WTE at Dec-24. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has remained steady during the past 12 months.	December 2024	
<b>Variable Pay (Bank, Agency, Overtime..)</b>	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jan-24 the percentage was 9.55% of the total spend on pay, but in Dec-24 had fallen to 7.60%. It must however be borne in mind that the total pay bill is increasing.	December 2024	
<b>Staff Winter Vaccination Programme</b>	The winter vaccination programme for 2024-25 commenced in Oct-24.  By the end of Dec-24 31.90% of staff have received the flu vaccine, and 25.87% of staff have received the COVID-19 vaccine.	December 2024	
<b>Agency Spend as % of Total Pay Bill</b>	The overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Jan-24 the percentage was 1.16% of the total spend on pay, but in Dec-24 had fallen to 0.41%. It must however be borne in mind that the total pay bill is increasing.	December 2024	

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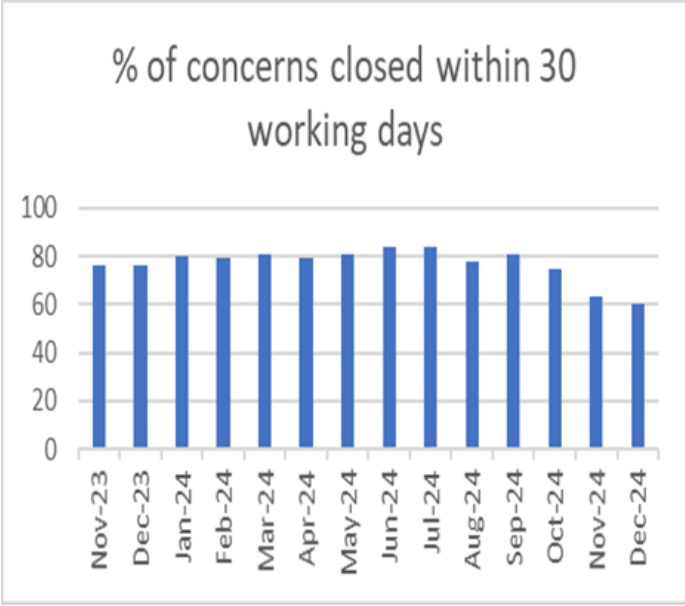
Priority	Performance Summary	Reported Period	Data
<b>Time to Hire</b>	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59.3 days. The figure for Cardiff & Vale uHB for Dec-24 was 74.5 days, and over the past 12 months the trend is broadly downwards.	December 2024	
<b>Time to Shortlist</b>	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.0 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.8 days.	December 2024	
<b>Exit Questionnaire Completion</b>	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%.  At Nov-24 the return rate was 25%.	November 2024	
<b>Nursing &amp; Midwifery Band 5 &amp; 6 Vacancy Rates</b>	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Dec-24 the rate was 2.96%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	December 2024	
<b>Provision of EDI Data in ESR</b>	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.  At Dec-24 33.84% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	December 2024	
<b>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</b>	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 48% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.  At Dec-24 6.61% of staff have identified their Welsh Skills as between level 2 and level 5.	December 2024	

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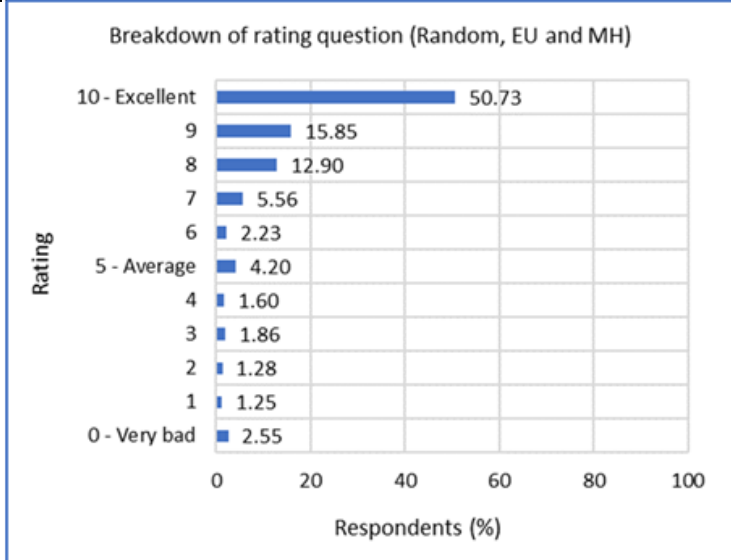
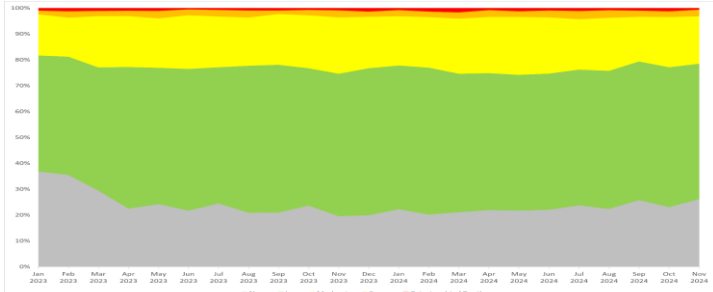
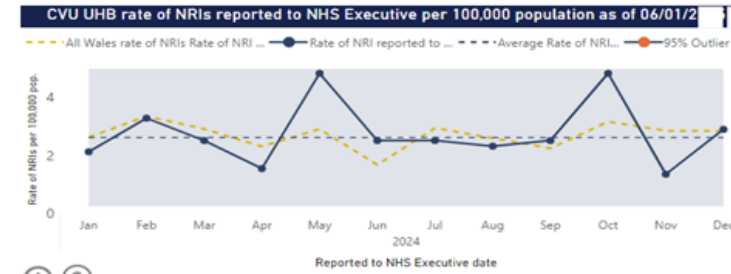
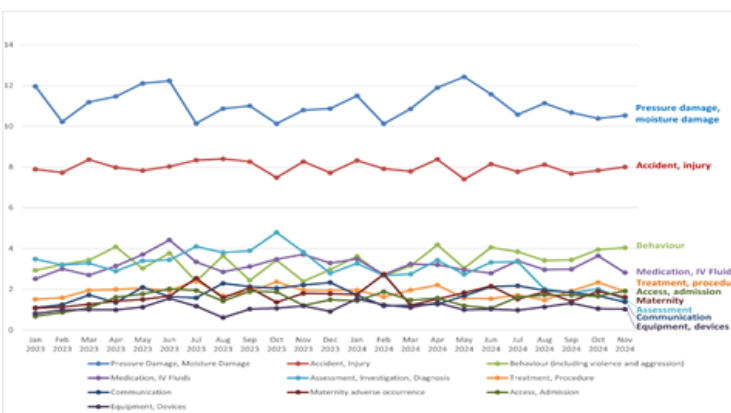
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Dec-24	12 month reduction trend (6%)	<b>6.42%</b> Below standard	Sep-24	Oct-24	Nov-24	Dec-24
					6.16%	6.73%	6.54%	6.42%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Dec-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	<b>9.47%</b> Above standard	Sep-24	Oct-24	Nov-24	Dec-24
					9.68%	9.54%	9.50%	9.47%
38.	Agency spend as a percentage of the total pay bill	Dec-24	12 month reduction trend	<b>0.41%</b> Below standard	Sep-24	Oct-24	Nov-24	Dec-24
					0.57%	0.45%	0.38%	0.41%
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)	Dec-24	85%	<b>79.30%</b> Below standard	Sep-24	Oct-24	Nov-24	Dec-24
					79.37%	79.44%	79.40%	79.30%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																														
<p><b>Concerns</b> 30 day performance</p>	<p><b>Welsh Government target for responding to concerns is 75% within 30 working days</b></p> <p><b>During November and December 24, the Health Board received :</b></p> <ul style="list-style-type: none"> <li>Received 365 Concerns</li> <li>Closed 338 concerns</li> <li>203 closed within 30 working days (including Early Resolution)</li> <li>Received 425 Enquiries</li> <li>Received 50 Compliments</li> <li>We currently have 277 active concerns</li> </ul> <p><b>Top 3 themes and trends</b></p> <ul style="list-style-type: none"> <li>Communication</li> <li>Concerns around appointments (waiting times/cancellations)</li> <li>Clinical Treatment and Assessment</li> </ul>	<p>Nov/Dec 2024</p>	<p>60 %</p>	 <p><b>% of concerns closed within 30 working days</b></p> <table border="1"> <caption>Data for % of concerns closed within 30 working days</caption> <thead> <tr> <th>Month</th> <th>% of concerns closed</th> </tr> </thead> <tbody> <tr><td>Nov-23</td><td>75</td></tr> <tr><td>Dec-23</td><td>75</td></tr> <tr><td>Jan-24</td><td>80</td></tr> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>80</td></tr> <tr><td>Apr-24</td><td>80</td></tr> <tr><td>May-24</td><td>80</td></tr> <tr><td>Jun-24</td><td>85</td></tr> <tr><td>Jul-24</td><td>85</td></tr> <tr><td>Aug-24</td><td>75</td></tr> <tr><td>Sep-24</td><td>80</td></tr> <tr><td>Oct-24</td><td>75</td></tr> <tr><td>Nov-24</td><td>65</td></tr> <tr><td>Dec-24</td><td>60</td></tr> </tbody> </table>	Month	% of concerns closed	Nov-23	75	Dec-23	75	Jan-24	80	Feb-24	80	Mar-24	80	Apr-24	80	May-24	80	Jun-24	85	Jul-24	85	Aug-24	75	Sep-24	80	Oct-24	75	Nov-24	65	Dec-24	60
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<p><b>Duty of Candour</b></p>	<p><b>Key Updates:</b></p> <ul style="list-style-type: none"> <li>Since April 1, 2023, <b>42,161 incidents</b> have been reported by staff across the Health Board.</li> <li>Since April 1, 2023, the <b>DOC has been triggered on 225 occasions.</b></li> </ul> <p><b>Themes and Trends for Triggered Duty of Candour:</b></p> <ul style="list-style-type: none"> <li>Avoidable pressure damage.</li> <li>Avoidable falls.</li> <li>Patients lost to follow-up.</li> <li>Failure to prescribe or administer appropriate medication.</li> <li>Administration of incorrect medication.</li> <li>Missed opportunities to diagnose</li> </ul>	<p>Nov 2024</p>	<p>n/a</p>																															

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																								
<p><b>Patient Feedback – Civica</b></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. <b>Over the past 12 months, we have sent over 175,000 texts</b> and are seeing a response of 16%.</p> <p>In December, we sent 13,889 texts and had 1,989 completions (14% response).</p> <p>Of those respondents who were discharged during November/December and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 85% were satisfied with our service.</p> <p>Currently, our response rate overall is 16% 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>Nov/Dec 2024</p>		 <p><b>Breakdown of rating question (Random, EU and MH)</b></p> <table border="1"> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>10 - Excellent</td><td>50.73</td></tr> <tr><td>9</td><td>15.85</td></tr> <tr><td>8</td><td>12.90</td></tr> <tr><td>7</td><td>5.56</td></tr> <tr><td>6</td><td>2.23</td></tr> <tr><td>5 - Average</td><td>4.20</td></tr> <tr><td>4</td><td>1.60</td></tr> <tr><td>3</td><td>1.86</td></tr> <tr><td>2</td><td>1.28</td></tr> <tr><td>1</td><td>1.25</td></tr> <tr><td>0 - Very bad</td><td>2.55</td></tr> </tbody> </table>	Rating	Percentage	10 - Excellent	50.73	9	15.85	8	12.90	7	5.56	6	2.23	5 - Average	4.20	4	1.60	3	1.86	2	1.28	1	1.25	0 - Very bad	2.55
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<p><b>Patient Safety</b></p>	<p>Cardiff and Vale reported 5 NRIs in December 2024a rate of 2.61 per 100000 population comparable to a national rate of 2.84</p> <p>There were 103 open NRIs across all clinical areas of which 27 are reporting pf perinatal mortality review tools ( (intrauterine deaths from 24 weeks gestation and perinatal deaths up to 28 days after birth) . 47 NRIs are overdue for closure. There are five Never Events, that continue to be reviewed.</p> <p>There are 7327 open patient safety incidents, 1712 new patient safety incidents were reported in November 2024 of these 79% were reported as having caused no or low harm. Pressure damage followed by falls are the highest reported patient safety incident category.</p> 	<p>Jan 2025</p>		 <p><b>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 06/01/24</b></p> <p>Legend: All Wales rate of NRIs Rate of NRI ... Rate of NRI reported to ... Average Rate of NRI... 95% Outlier</p>  <p>Legend: Pressure damage, moisture damage; Accident, injury; Behaviour; Medication, IV fluids; Treatment, procedure; Access, admission; Maternity; Assessment; Communication; Equipment, devices; Medication, IV fluids; Assessment, Investigation, Diagnosis; Treatment, Procedure; Access, Admission; Maternity adverse occurrence; Equipment, Devices</p>																								

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Tier 1 Mortality</b></p>	<p>Inpatient Mortality Crude Mortality remains in line with the five year average.</p> <p>Work is underway nationally to agree an All Wales adjusted Mortality measure that allows national benchmarking</p> <p>All Cause Mortality Excess deaths in line with the five year average for the past two months. Excess mortality rates have been observed across the UK including Wales since late 2022.</p>	<p>August 2024</p>		
<p><b>Infection Control</b></p>	<p><b>C'diff</b> - numbers have been higher than in recent years and the reason for this is unknown. Whole Genome sequencing data demonstrates that most cases are not linked. Most areas in the UHK are also experiencing a rise in numbers of cases. We continue to review the RCA data to identify trends</p> <p><b>MRSA</b> – the number of MRSA cases is lower than in previous areas and at present CAVUHB have the lowest rate per 100,000 population. Adherence to ANTT continues to be promoted particularly to medical teams as compliance is poor in that staff group</p> <p><b>MSSA</b> – Number of cases remains elevated; CAV has the highest rate at 35.80 cases per 100,000 population. Executive review of hospital acquired cases is taking place along with promotion of ANTT compliance. RCA reviews are undertaken on all cases to identify if there is any learning. Approximately 34% of cases have been acquired in hospital</p> <p><b>E.coli</b> - CAVUHB continues to have the lowest rate per 100,000 population across all acute Health Boards in Wales</p> <p><b>Klebsiella sp.</b> - monthly number of cases remain variable and there are slightly more cases to the equivalent period last year</p> <p><b>Paer</b> – The numbers of cases continues to rise compared to the same period last year and CAVUHB currently has the highest rate per 100,000 across all acute Health Boards.. All cases are fully investigated but no link between cases has been identified</p>	<p>November 24</p>		

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Priority	Performance Summary	Reported Period	Data
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Financial Performance

**Deliver 2024/25 Draft Financial Plan**

**Financial Plan Approved by Board and submitted to Welsh Government**

The UHBs initial draft 2024-25 planning deficit was £15.9m. Following a review and recognition of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m.

Welsh Government issued a revised control target letter dated the 25th November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. On this basis the UHB's revised year end forecast is £27.7m as follows:

	2024/25 £m
<b>Draft Planned Financial Position £m</b>	<b>15.9</b>
Additional In Year Recurrent Funding	(6.8)
<b>Revised WG Control Target (deficit) £m</b>	<b>9.1</b>
Forecast Savings Programme Deficit	11.2
Forecast Operational Deficit	9.5
Further Recovery Actions	(2.1)
<b>Revised Year-End Forecast £m</b>	<b>27.7</b>

The reported position at month 9 is an overspend of £27.501m per the table opposite.

Dec 2024

	Month 9 Position £m	Forecast Year- End Position £m
Revised Planning Control (Deficit)	6.825	9.100
Savings Programme Deficit	9.550	11.200
Operational position (Surplus) / Deficit	11.126	9.500
Further Recovery actions		(2.100)
<b>Financial Position £m (Surplus) / Deficit £m</b>	<b>27.501</b>	<b>27.700</b>

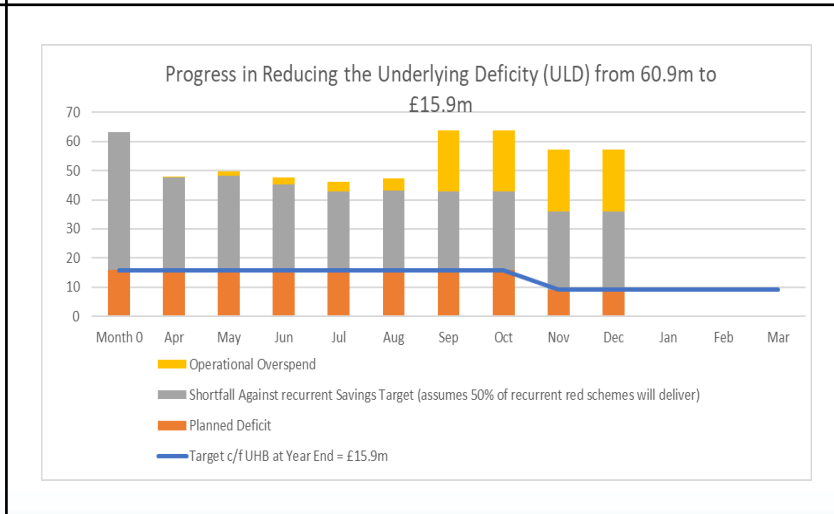
**Achieve financial sustainability and recurrent financial balance by the end of 2025/26**

The planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :-

- The planned 2024-25 financial deficit of £15.9m
- Savings made non recurrently in 2024-25
- The full year effect of cost pressures including inflation.
- The full year effect of demand led pressures in 2024-25

Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £26.9m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £21.1m. The additional costs are abated by the additional £6.8m recurrent funding provided in 2024/25. This projects an underlying deficit for 2025-26 of £57.1m before the assessment of new year cost pressures and any additional funding available.

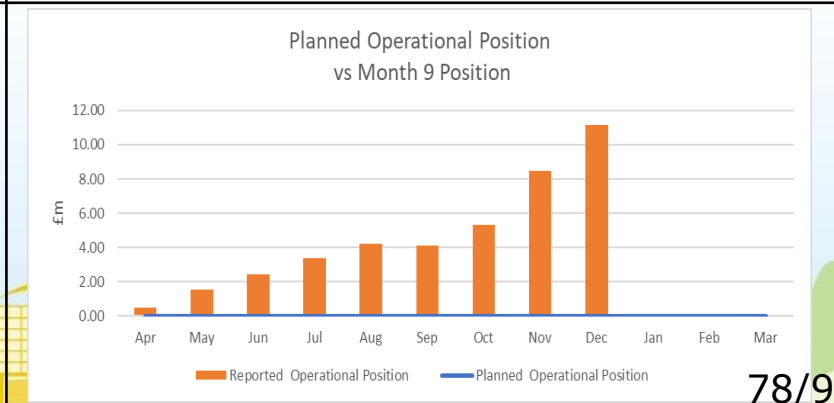
Dec. 24

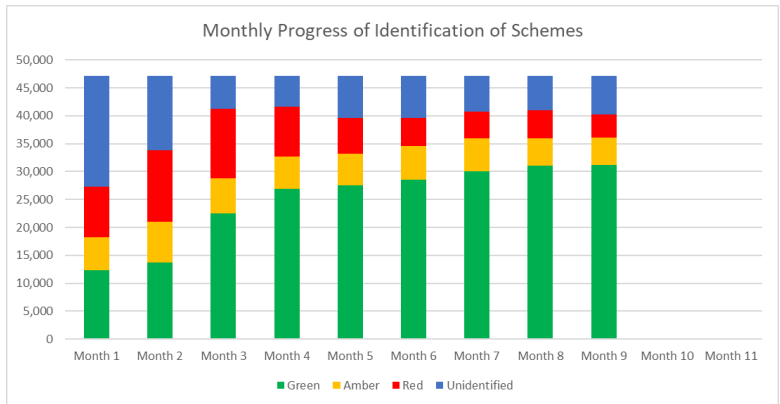
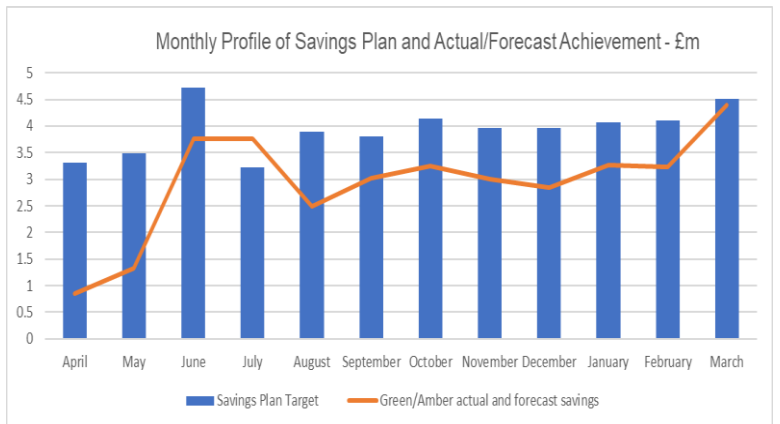
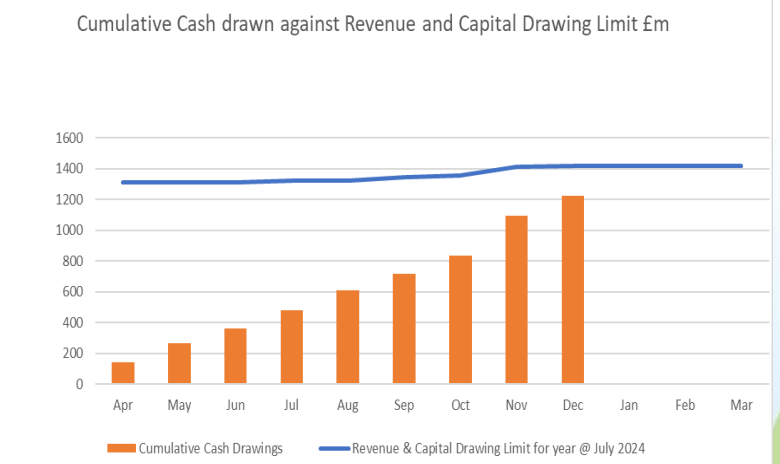


**Management of operational budget pressures**

The UHB reported a £11.126m operational overspend at month 9, which is a deterioration of £2.670m from the £8.456m reported at month 8.

Dec. 24



	Priority	Performance Summary	Reported Period	Data
	<p><b>Delivery of recurrent £47.2m savings target</b></p>	<p>£36.062m Green and Amber schemes identified at month 9 of which £20.386m were recurrent savings. Savings Graph 1 illustrates progress in the identification of savings.</p> <p>The planned profile and actual/forecast delivery of savings is outlined in Savings Graph 2.</p>	<p>Dec. 24</p>	<p><b>Savings Graph 1- Progress in Identification of Savings Schemes</b></p>  <p><b>Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement</b></p> 
	<p><b>Remain within Cash Limit</b></p>	<p>The UHB forecasts to remain within its 2024/25 cash limit, on the assumptions that strategic cash support is provided for the original and revised planned forecast deficit, that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances.</p> <p>A formal response from Welsh Government to the UHB's request for Strategic Cash Support will be provided in due course</p> <p>The UHB has developed a plan of mitigating actions to manage cash in the final quarter of the year.</p>	<p>Dec. 24</p>	<p><b>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</b></p> 

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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	Sep-24	12 month improvement trend	<b>67.9%</b> Below standard	<table border="1"> <tr> <td>Jun-24</td> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> </tr> <tr> <td>68.80%</td> <td>67.20%</td> <td>66.40%</td> <td>67.90%</td> </tr> </table>	Jun-24	Jul-24	Aug-24	Sep-24	68.80%	67.20%	66.40%	67.90%
Jun-24	Jul-24	Aug-24	Sep-24										
68.80%	67.20%	66.40%	67.90%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-24	90%	<b>59.6%</b> Below standard	<table border="1"> <tr> <td>Jul-24</td> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> </tr> <tr> <td>70.30%</td> <td>14.30%</td> <td>71.60%</td> <td>59.60%</td> </tr> </table>	Jul-24	Aug-24	Sep-24	Oct-24	70.30%	14.30%	71.60%	59.60%
Jul-24	Aug-24	Sep-24	Oct-24										
70.30%	14.30%	71.60%	59.60%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	<b>16.1%</b> 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>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	Nov-24	12 month reduction trend	<b>154</b> Above standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>174</td> <td>170</td> <td>161</td> <td>154</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	174	170	161	154
Aug-24	Sep-24	Oct-24	Nov-24										
174	170	161	154										
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	Nov-24	90%	<b>89.2%</b> Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>94.6%</td> <td>92.1%</td> <td>91.4%</td> <td>89.2%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	94.6%	92.1%	91.4%	89.2%
Aug-24	Sep-24	Oct-24	Nov-24										
94.6%	92.1%	91.4%	89.2%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Nov-24	90%	<b>61.0%</b> Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>60.8%</td> <td>60.6%</td> <td>61.2%</td> <td>61.0%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	60.8%	60.6%	61.2%	61.0%
Aug-24	Sep-24	Oct-24	Nov-24										
60.8%	60.6%	61.2%	61.0%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Nov/Dec 24	(Some system issues)	<b>5175</b>	In November we send over 15,500 / December 13,800 SMS								

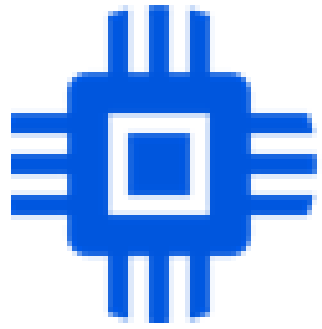
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No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Nov-24	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	<b>86</b> <b>29</b> 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)	Nov-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	<b>56.81 cases per 100,000 population</b> <b>36.98 cases per 100,000 population</b> 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	Nov-24	25 cases per 100,000 population	<b>45.27 cases per 100,000 population</b> Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Nov-24	Reduction compared to the same month in the previous year	<b>30.3%</b> On standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>35.00%</td> <td>31.70%</td> <td>25.60%</td> <td>30.30%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	35.00%	31.70%	25.60%	30.30%
Aug-24	Sep-24	Oct-24	Nov-24										
35.00%	31.70%	25.60%	30.30%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-24	12 month improvement trend towards national target of 95%	<b>67.0%</b> Below standard	<table border="1"> <tr> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> </tr> <tr> <td>63.00%</td> <td>63.00%</td> <td>66.00%</td> <td>67.00%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	63.00%	63.00%	66.00%	67.00%
Aug-24	Sep-24	Oct-24	Nov-24										
63.00%	63.00%	66.00%	67.00%										
52.	Number of ambulance patient handovers over one hour	Dec-24	0	<b>493</b> Over standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>411</td> <td>466</td> <td>456</td> <td>493</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	411	466	456	493
Sep-24	Oct-24	Nov-24	Dec-24										
411	466	456	493										
53.	Percentage of ambulance patient handovers within 15 minutes	Dec-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	<b>12.10%</b> Below standard	<table border="1"> <tr> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> </tr> <tr> <td>12.43%</td> <td>12.80%</td> <td>13.45%</td> <td>12.10%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	12.43%	12.80%	13.45%	12.10%
Sep-24	Oct-24	Nov-24	Dec-24										
12.43%	12.80%	13.45%	12.10%										
54.	Number of National Reportable incidents that remain open 90 days or more	Dec -24	12 month reduction trend	➡ <b>64</b>									

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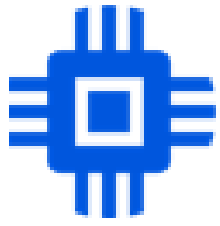


Shaping Our Future

**Digital  
Services**

# Digital & Health Intelligence

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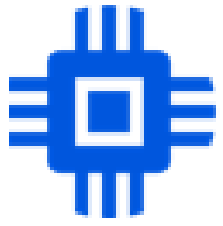


### Executive Scorecard

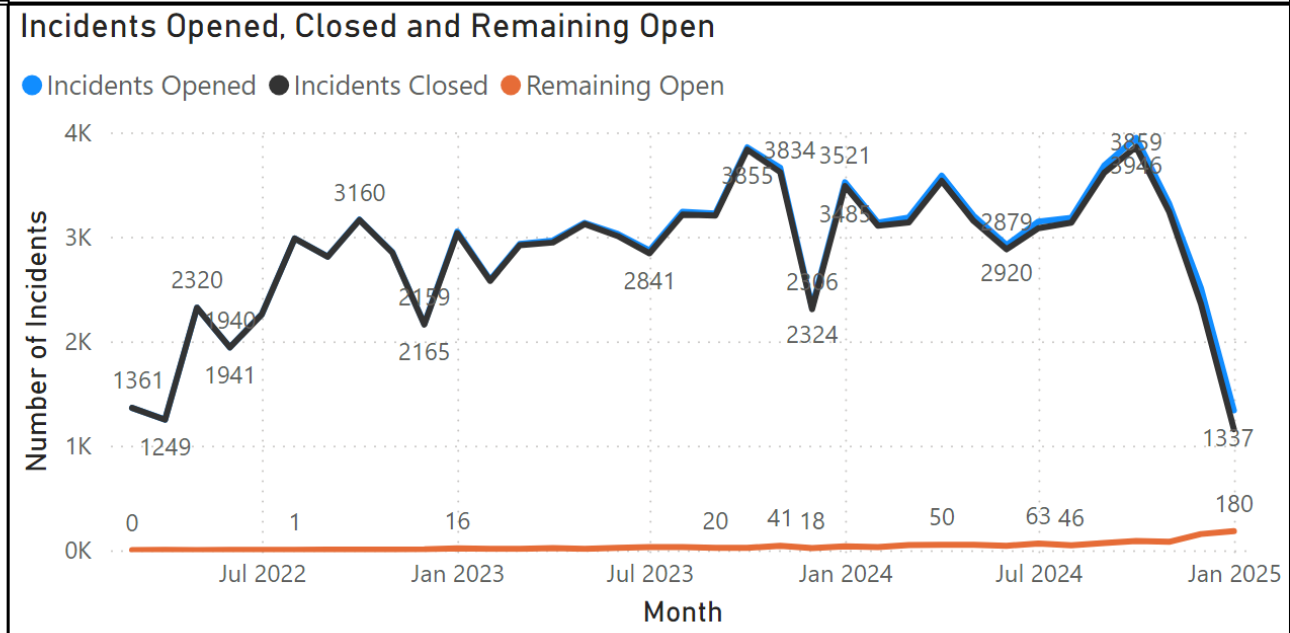
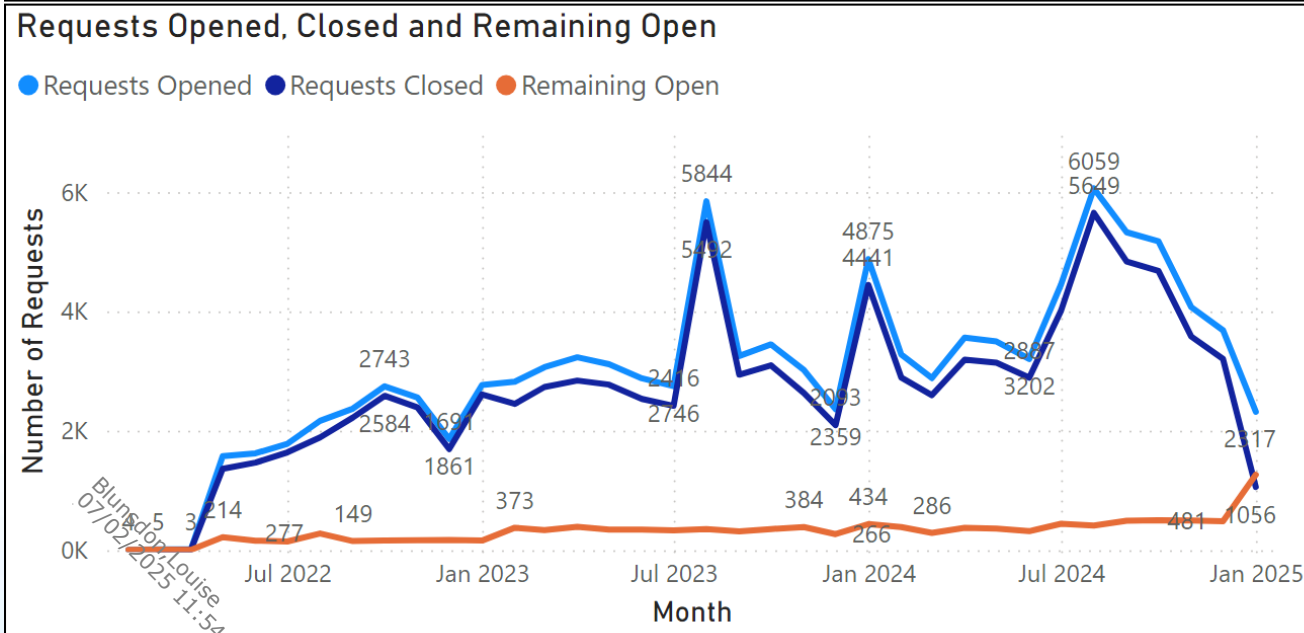
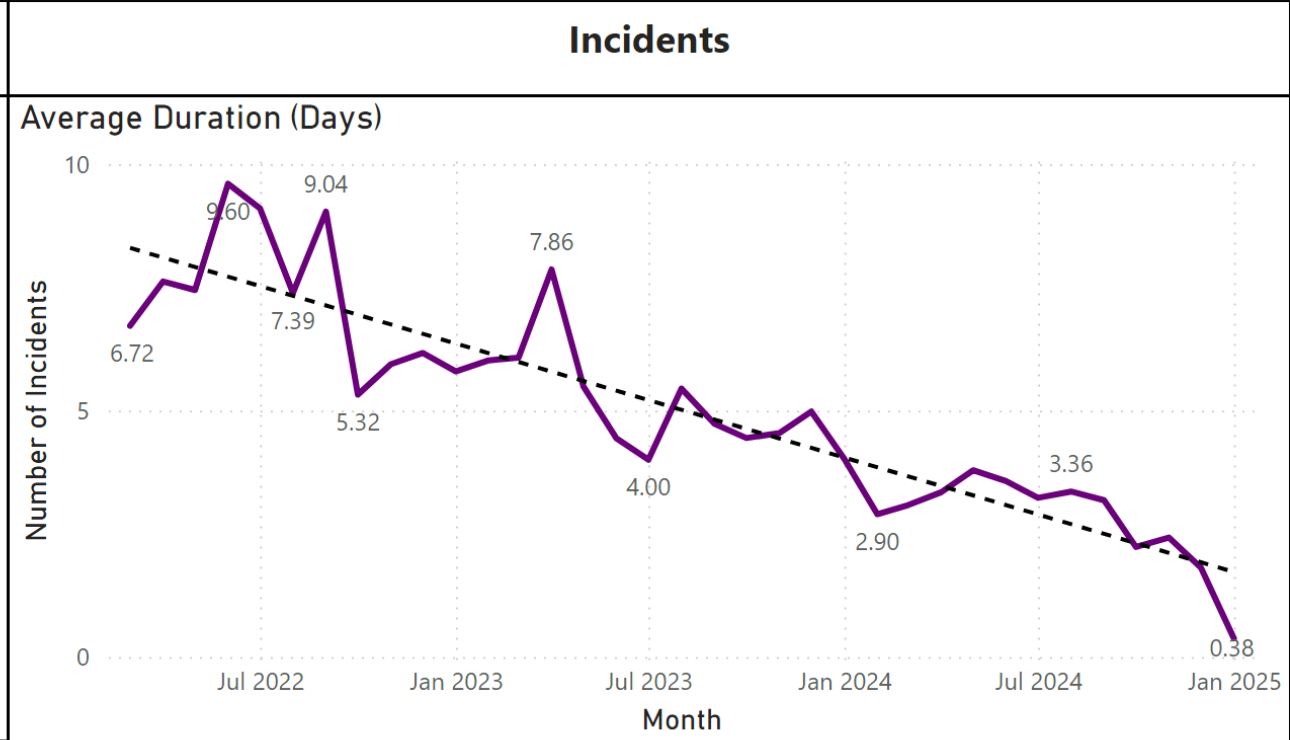
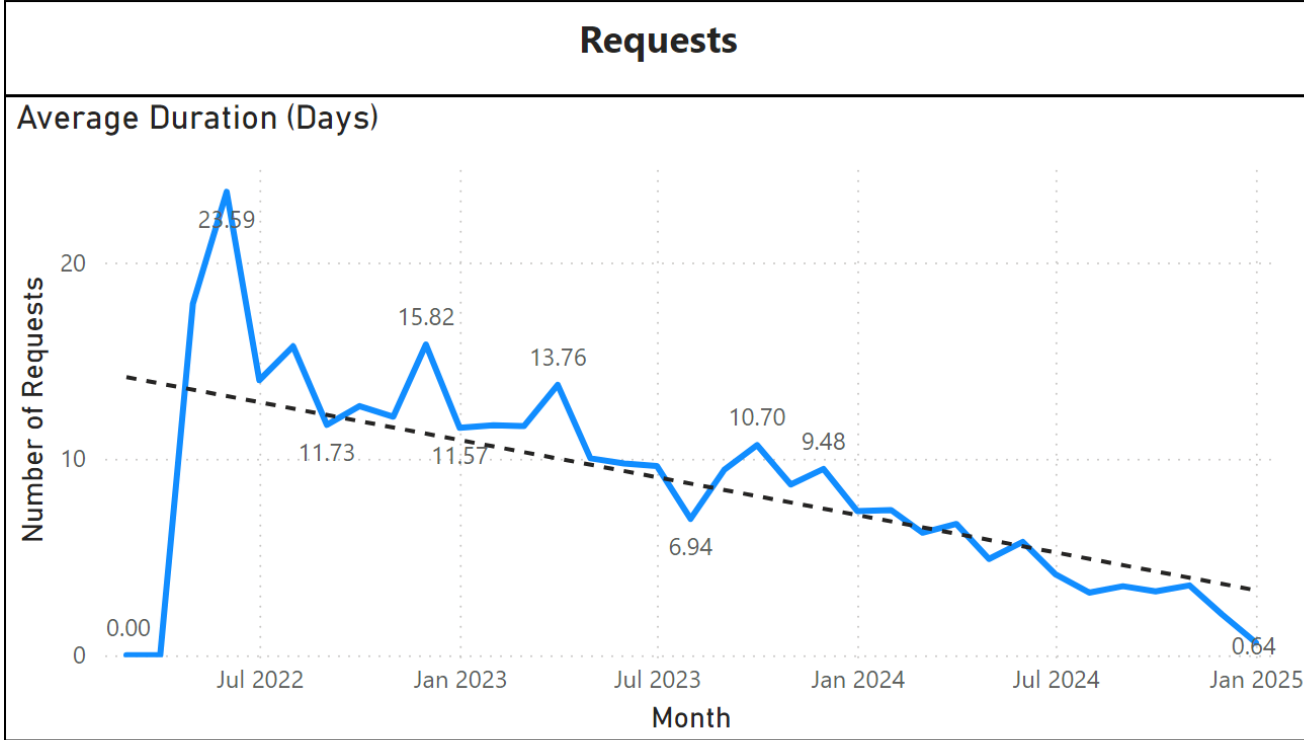
Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>39321</b> Incidents Opened	<b>50046</b> Requests Opened	<b>1337</b> Incidents Opened	<b>2317</b> Requests Opened	<b>1337</b> Incidents Opened	<b>2317</b> Requests Opened
<b>38573</b> Incidents Closed	<b>45086</b> Closed Requests	<b>1157</b> Incidents Closed	<b>1056</b> Closed Requests	<b>1157</b> Incidents Closed	<b>1056</b> Closed Requests
<b>748</b> Remaining Open	<b>4960</b> Remaining Open	<b>180</b> Remaining Open	<b>1261</b> Remaining Open	<b>180</b> Remaining Open	<b>1261</b> Remaining Open
<b>3.10</b> Avg Duration (Days)	<b>4.61</b> Avg Duration (Days)	<b>0.38</b> Avg Duration (Days)	<b>0.64</b> Avg Duration (Days)	<b>0.38</b> Avg Duration (Days)	<b>0.64</b> Avg Duration (Days)

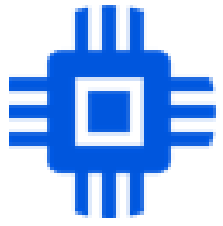
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### Executive Trending





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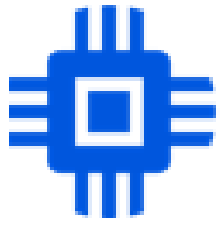
# Digital Services

## Service Desk Scorecard

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>18227</b> Incidents Opened	<b>26776</b> Requests Opened	<b>565</b> Incidents Opened	<b>1238</b> Requests Opened	<b>565</b> Incidents Opened	<b>1238</b> Requests Opened
<b>18113</b> Incidents Closed	<b>24975</b> Closed Requests	<b>478</b> Incidents Closed	<b>657</b> Closed Requests	<b>478</b> Incidents Closed	<b>657</b> Closed Requests
<b>114</b> Remaining Open	<b>1801</b> Remaining Open	<b>87</b> Remaining Open	<b>581</b> Remaining Open	<b>87</b> Remaining Open	<b>581</b> Remaining Open
<b>3.70</b> Avg Duration (Days)	<b>3.23</b> Avg Duration (Days)	<b>0.32</b> Avg Duration (Days)	<b>0.40</b> Avg Duration (Days)	<b>0.32</b> Avg Duration (Days)	<b>0.40</b> Avg Duration (Days)

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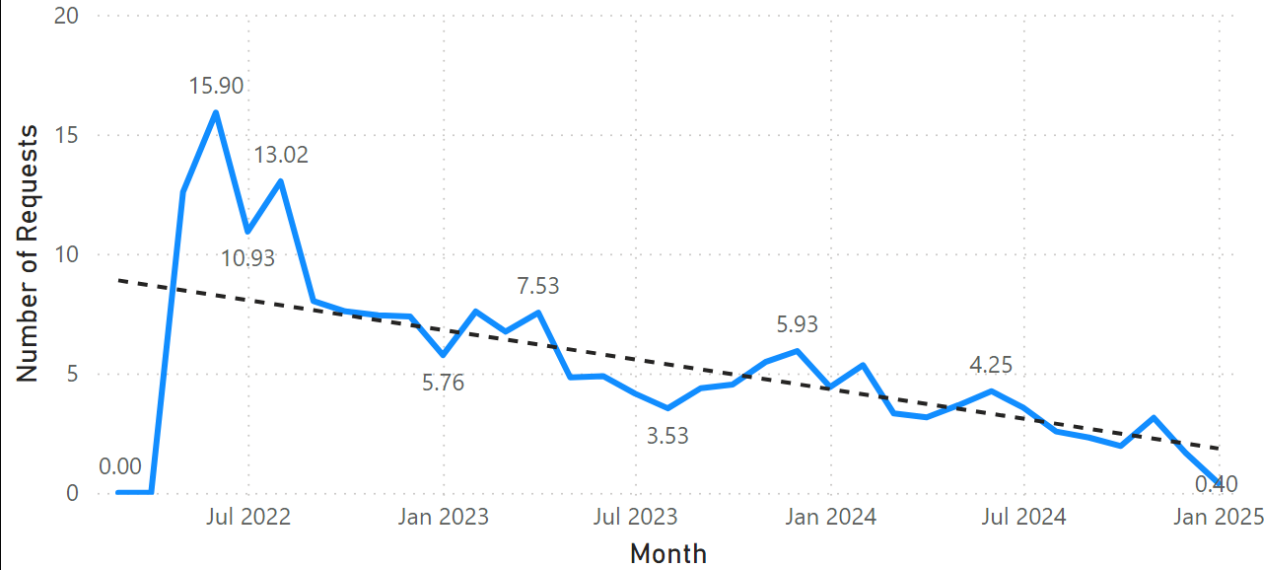




### Service Desk Trending

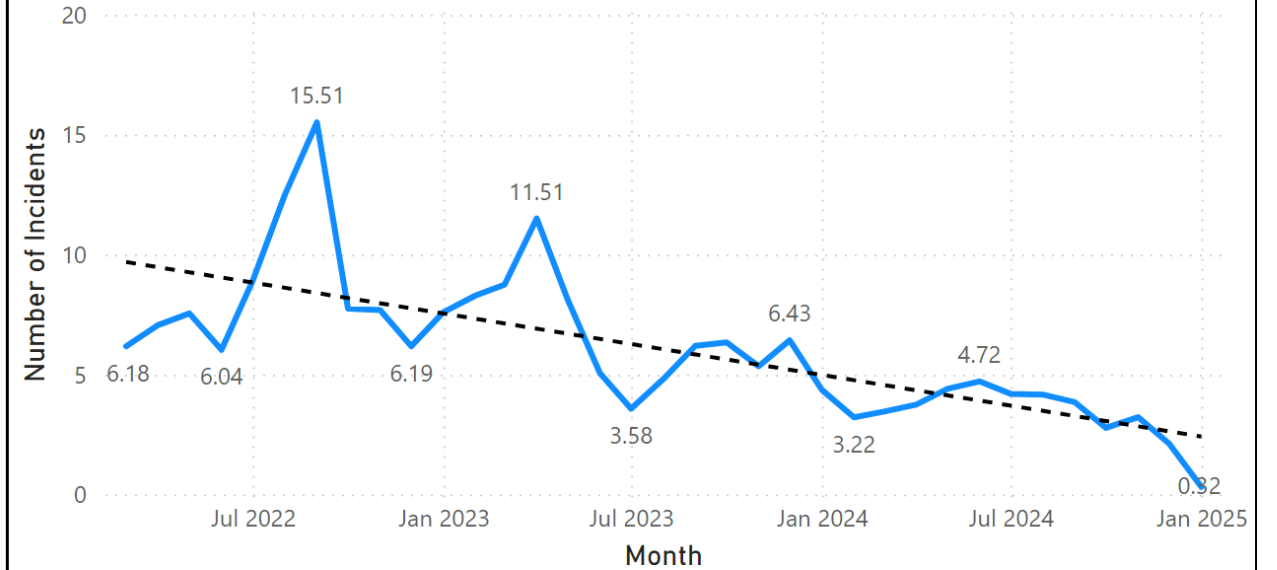
#### Requests

##### Average Duration (Days)



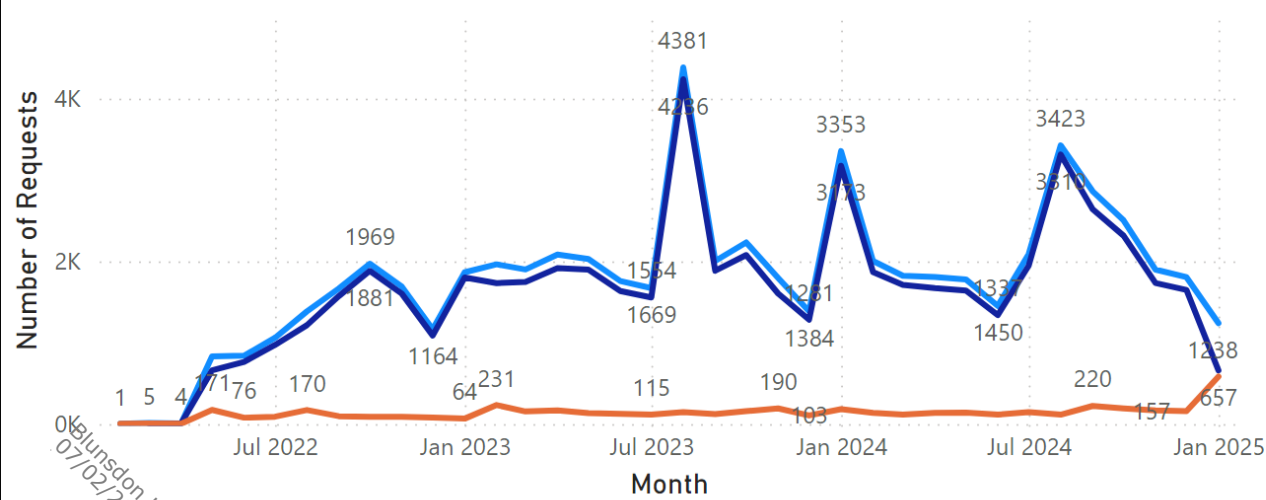
#### Incidents

##### Average Duration (Days)



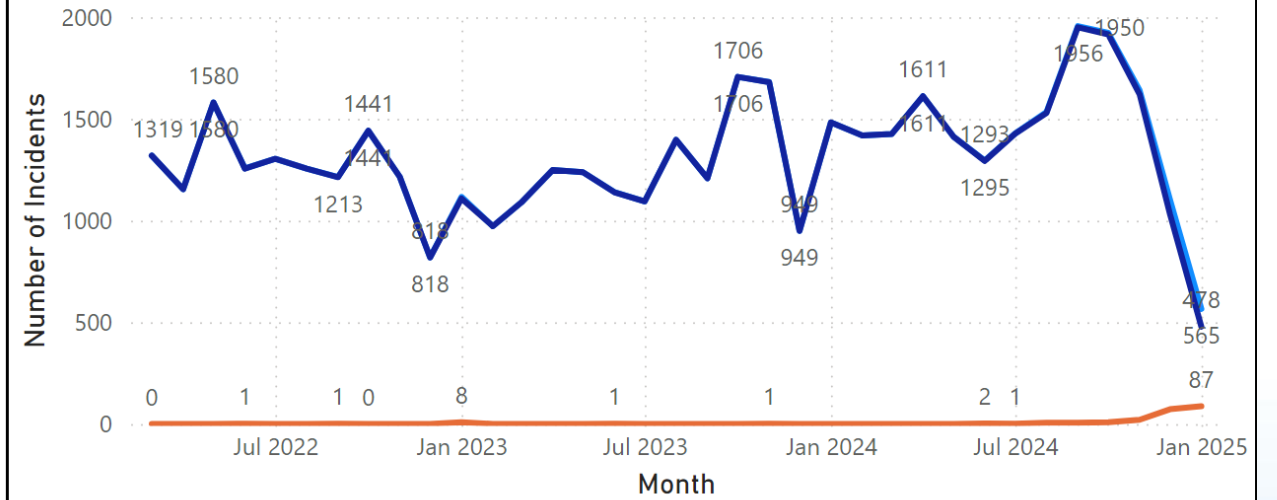
#### Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



#### Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



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**MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am  
ON 4 DECEMBER 2024 VIA MICROSOFT TEAMS**

**Present:**

Rachel Pressley	Head of People Assurance and Experience
Peter Hewin	UNISON/BAOT Representative (Co-Chair)
Janice Aspinall	Trade Union Representative – Health and Safety
Roisin Kirby	Trade Union Representative – Employee Relations
Helen Palmer	People Assurance and Experience Advisor (minutes)
Rachel Flay	People Services Manager
Leanne Morris	Head of People Services
Lisa Franklin	Head of Education, Culture and Organisational Development

**In attendance:**

Violet Thomas	HCSW Development Manager
Jenna McLaren	Senior ECOD Manager
Sian Thomas	People Services Advisor

**EPSG 24/031 WELCOME AND INTRODUCTIONS**

Rachel Pressley (RP) welcomed the group.

**EPSG 24/032 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mitchell Jones, Rebecca Corbin, Mike Jones, Mathew Thomas, Dawn Ward, Mark Dunford.

**EPSG 24/033 MINUTES FROM THE LAST MEETING**

The Employment Policy Sub Group agreed the minutes from 25 September 2024. There were no matters arising raised that were not on Agenda.

**EPSG 24/034 ACTION LOG**

The Group noted the Action log.

EPSG 24/025 – Action Log – Education and Training to be incorporate into procedures – RP commented that Mathew Thomas (MT) was hoping to have a box added to the current procedure template around Education considerations. RP advised that this is not in our gift to do this as it is a UHB template. However, it was hoped that MT’s concerns would be addressed by the development of a checklist which could be used by People and Culture and staff representative leads when a policy, procedure or guideline was developed or reviewed. This checklist would help the leads ensure that various factors including the tone of the language used, engaging with stakeholders, equity and inclusion considerations and any educational/training factors were considered.

EPSG 24/025 – Action Log – Mandatory Training Procedure – Lisa Franklin (LF) advised that Rebecca Corbin (RC) has already done a lot of work on this procedure. LF confirmed that

she would now be leading on this instead of RC. LF advised that nationally there is a new education leads group that has been established, Mandatory Training is one of the key issues why the group has been brought together. LF suggested that an update be done on the current procedure to ensure it is fit for purpose and meets our needs until it is known what will come out of the National work. Janice Aspinall (JA) is the staff rep working on the procedure so it was agreed that LF would send JA a copy of the amendments that RC has already made. RP suggested the procedure be updated as an interim with a one year review period until the National work has been progressed.

**ACTION: Lisa Franklin**

EPSP 24/025 – Action Log – Communication of changes to the Redeployment Procedure – Leanne Morris (LM) advised that the conversations were ongoing, the changes will be incorporated to Managing Attendance at Work training to get the message out. The training is being reviewed at present, MT is involved in this.

**ACTION: Leanne Morris and Mathew Thomas**

EPSP 24/27 – Values Based Appraisal Procedure – RP advised that following discussion with PH it was felt that this procedure should be paused following the approval of the All Wales Job Evaluation Policy. This procedure touches on the review of job description and pushes it into the appraisal space. It was agreed that a separate meeting should be arranged outside of this forum to discuss this and look at the wider implications for the procedure before any further work is carried out. RP, PH, LM, LF and MT will meet to discuss this. PH referred to Andrew Crook's (AC) comments from the previous meeting and suggested these were useful, it was agreed that AC would be invited to the meeting also.

**ACTION: Rachel Pressley**

## **EPSP 24/035      ACADEMIC MALPRACTICE AND FAIR ASSESSMENT IN THE DELIVERY OF ACCREDITED LEARNING PROCEDURE**

Jenna McLaren presented the Academic Malpractice and Fair Assessment in the Delivery of Accredited Learning Procedure. This procedure has been presented at the previous meeting and there was some further detail that need to be added as follow:

- Further detail to be added to the scope with regard to the Accrediting Body. This is solely related to Agored as the accrediting centre, this is the only centre that is being used at the present.
- Capability Policy added to documents to read alongside the procedure

PH commented the revisions did everything that was requested, however asked if it is possible to add reference to Agored in the title. LF suggested it would be renamed Academic Malpractice in the Delivery of Agored Cymru Accredited Education. PH also referred to Section 1.3 awarding bodies and that this section was no longer relevant as Agored Cymru is the only awarding body. It was agreed that this section would now read: The awarding body covered by this procedure is Agored Cymru.

**ACTION: Jenna McLaren**

The EPSG **APPROVED** the procedure subject to the two amendments agreed.

**EPSG 24/036      SUPPORTING STAFF EXPERIENCE: GENDER BASED  
VIOLENCE, DOMESTIC ABUSE AND SEXUAL VIOLENCE  
PROCEDURE**

RP advised that this procedure is closely linked to two other procedures that are coming to this meeting in January; the Sexual Misconduct Procedure and the Managing Safeguarding Allegations Procedure. Following conversations with PH outside of the meeting, it was agreed to postpone this discussion so that all three procedures should be considered together at the next meeting.

PH advised that there were concerns was around the concept of confidentiality and he felt that further clarity was required. He noted that at the outset it is stated that everything is treated confidentiality, however at various points throughout the procedures it is stated that there are occasions where exceptions would need to be made. He felt that the document would be strengthened if these could be brought into one section and that some extra work needs to be done to make sense of where the parameters are. It was agreed that a conversation would take place outside of this meeting with RP, PH, LM, Katrina Griffiths (KG) and another Staff Side Rep to discuss this.

**ACTION: Rachel Pressley**

**EPSG 24/037      AMENDMENT TO MANAGING ATTENDANCE AT WORK  
POLICY – SICKNESS DURING PERIOD OF ANNUAL LEAVE**

RP advised that this was an amendment to an All Wales Policy and had been brought to EPSG for noting.

LM advised that the amendments were as follows:

- When an employee falls sick during annual leave, they will be required to report that illness in line with normal notification procedures. In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the notification (this includes leave booked that falls on a Bank Holiday).
- In the majority of situations, normal sickness certification requirements will apply. However, where a requirement for Fit Notes for all absences is in place as part of a managing attendance process, or in cases where managers can evidence concerns regarding the individual's health and wellbeing and/or pattern of absence, Fit Notes can be requested from Day 1 of absence. This should only be in exceptional cases with evidence to support the requirement provided.

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- Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered workday, booked as leave), there is no entitlement to an additional day off.
- With regard to shift workers and other staff working in the 24/7 environment, if an individual is sick on a Bank Holiday that was scheduled as a rest day, then the Bank Holiday will not be deducted from their annual leave entitlement. If an individual is sick on a Bank Holiday that they are scheduled to work, then the Bank Holiday will be deducted and paid as annual leave."

LM advised the All Wales Policy will not be updated with these changes until it is reviewed, however we have applied this imminently within Cardiff and Vale. RP asked what we are doing to help managers understand the changes as the policy does not currently reflect the changes. LM advised that the team have been working with managers already, it will also be incorporated into the training. PH advised that he would publicise it through the staff reps group as well.

**ACTION: Leanne Morris and Peter Hewin**

#### **EPSG 24/038 ALL WALES FLEXIBLE PENSION POLICY**

The EPSG **NOTED** that the All Wales Flexible Pension Policy was approved by People and Culture Committee on the 19 November 2024.

RP advised that this policy replaces the Retirement Policy and the Retire and Return Procedure.

#### **EPSG 24/239 NHS WALES PREGNANCY LOSS SUPPORT POLICY**

The EPSG **NOTED** that the NHS Wales Pregnancy Loss Procedure was approved by People and Culture Committee on the 19 November 2024.

#### **EPSG 24/040 ALL WALES PROCEDURE FOR THE RECOVERY OF OVERPAYMENTS – SALARY & EXPENSES**

The EPSG **NOTED** that the All Wales Procedure for the Recovery of Overpayments – Salary & Expenses was approved by People and Culture Committee on the 19 November 2024.

This replaces the local Over and Underpayments policy. RP recognised that this procedure does not tackle the problems of why overpayments occur and advised that there is a task and finish group that is meeting with Clinical Boards, Finance, Payroll to look at how we can reduce the number of overpayments that we receive.

PH commented that this procedure was developed by NWSSP and is an operational procedure for their staff to know what to do when an overpayment occurs. However, it is important to be conscious that it doesn't tell us how we should manage staff when an

overpayment occurs, the wider management and cultural issues and root causes, this work still needs to happen.

RP advised Ceri-Ann Lawless has agreed to come to a future meeting of the Workforce Partnership Group to talk about the work that the task and finish group are doing, which would be the time to pick up those concerns.

LM advised that following a recent overpayment as a result of an OCP she is on the All Wales Group that is looking to develop Short Term Pay Protection guidance for managers to support in the OCP process, so a lot of work is going on in the background to negate any overpayments.

### **EPSG 24/041          NHS WALES JOB EVALUATION POLICY AND PROCEDURE**

The EPSG **NOTED** that the NHS Wales Job Evaluation Policy and Procedure. This hasn't been received through official channels as yet, but when it is it will be taken to People and Culture Committee for adoption and implementation.

### **EPSG 24/042          ANY OTHER BUSINESS**

EPSG Teams Channel – RP advised that a Teams Channel would be developed to improve and modernise the way the Group is working, all papers can be published there, the chat can be used for updating the group on developments. For the next meeting the papers will be published on the Teams channel instead of sent out by email. An email will be sent out at the time as a reminder.

LF raised a concern with regard to governance around practice, and governance frameworks around advanced practice, HCSW medicines management. ECOD are fundamental to developing these, but they usually go to Nursing and Midwifery Board and Director of Therapies Groups, Medicines Management Group's. LF asked whether they should also be coming to this group and asked if a discussion could take place with RP and PH to discuss this.

**ACTION: Lisa Franklin**

RP acknowledged that it was Roisin Kirby's (RK) last meeting and thanked her for her work in the group. RK thanked everyone for being so welcoming.

### **EPSG 24/043          DATE AND TIME OF NEXT MEETING**

The next meeting of EPSG is scheduled to take place on Wednesday 29 January 2025 at 10am (staff pre-meet 9am).

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