

Local Partnership Forum

Thu 10 April 2025, 10:00 - 12:00

MS Teams



Chair: Peter Hewin

Agenda

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

2 min

Peter Hewin

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

2 min

Peter Hewin

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

2 min

Peter Hewin

10:06 - 10:11 4. Minutes of the Meeting held on the 13th February 2025

5 min


Peter Hewin

 4. LPF minutes 13.02.2025.pdf (8 pages)

10:11 - 10:16 5. Action Log

5 min

Peter Hewin

 5.LPF Action Log 13.2.2025.pdf (1 pages)

10:16 - 10:46 6. Chief Executive's Report

30 min

Verbal Update

Paul Bostock

10:46 - 11:06 7. High Level Staff Survey Results 2024

20 min

Claire Whiles

 7.Staff Survey Paper LPF April 2025 Final.pdf (11 pages)

 7.1 Appendix 1 2024 NHSW Staff Survey Report C&V.pdf (31 pages)

11:06 - 11:26 8. People and Culture Plan Priorities

20 min

Lianne Morse


 8. People & Culture Plan Priorities 25-26.pdf (6 pages)

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11:26 - 11:46 9. Integrated Performance Report

20 min

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

 9. C&V Integrated Performance Report March 2025.pdf (47 pages)

11:46 - 11:48 10. Local Partnership Forum Annual Report

2 min

 10. LPF Annual report 24-5.pdf (15 pages)


11:48 - 11:50 11. Workforce Partnership Group Annual Report

2 min

 11. WPG Annual Update 24-5.pdf (2 pages)

11:50 - 11:52 12. Local Partnership Forum Workplan 2025-2026

2 min

 12.LPF Work Plan 2025-26.pdf (3 pages)

11:52 - 11:54 13. Review of the Meeting (items to be brought to the attention of the Board)

2 min

11:54 - 11:56 14. Any other business previously agreed with the Co-Chairs

2 min

11:56 - 12:00 15. Future Meeting Arrangements

4 min

Thursday 12th June 2025 at 10am via MS Teams with a staff rep pre meet at 8.45am.

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LOCAL PARTNERSHIP FORUM MEETING
Thursday 13th February 2025 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (Co-chair)
Suzanne Rankin	Chief Executive
Rachel Pressley	Head of People Assurance and Experience
Mike Jones	Independent Member - Trade Union
Karina MacKay	BDA
Emma Cooke	Director of Therapies & Health Science
Lorna McCourt	UNISON
Peter Hewin	BAOT/UNISON
Bill Salter	UNISON
Cyrille Legras	UNISON
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement
Lianne Morse	Deputy Director of People and Culture
Claire Whiles	Assistant Director of OD, Wellbeing & Culture
Matt Phillips	Director of Corporate Governance
Mathew Thomas	UNISON
Annie Ashman	Deputy Director of Public Health
Bill Salter	UNISON
Fiona Salter	RCN

In attendance

Mitchell Jones	Head of Equity and Inclusion
Matthew Temby	Managing Director Planned Care Operations
Andrew Gough	Deputy Director of Finance

Apologies

Paul Bostock	Chief Operating Officer
Jonathan Pritchard	Assistant Director of People Resourcing
Janice Aspinall	UNISON
Andrew Crook	Head of People Assurance and Experience
Katherine Davies	RCN
Ceri Dolan	RCN
Claire Beynon	Executive Director of Public Health
Julia Davies	UNISON

Secretariat

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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LPF 25/001 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted.

LPF 25/002 DECLARATIONS OF INTEREST

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

LPF 25/003 MINUTES OF THE PREVIOUS MEETING

The minutes were noted as accurate with the following matters arising raised:

Mathew Thomas (MT) informed the group that there are some members of staff who have not received their email addresses and requested support to resolve. SR responded that she thought it had been completed and would enquire with David Thomas. Emma Cooke (EC) explained that for certain staff groups, access to computers is quite limited and asked whether drop-in sessions could be provided for staff to be informed on how to add email addresses to their mobiles and where they can access a computer at work. Mike Jones (MJ) reminded the forum that 5 years ago and funded by the staff lottery, a room was set up in the housekeeping corridor at UHL with a bank of computers. MT added that he is aware of this room being available for staff and noted the plan to identify digital champions within Capital Estates and Facilities to help support staff with Viva Engage, payslips, and any other needs.

Peter Hewin (PH) asked for clarification around the interpretation of the annual leave principles specifically referring to the implementation of the statement that 80% of leave should be booked by the 1st of December. PH informed the group that when it comes to implementing this locally, there is a differing interpretation with some believing that the December 1st deadline refers to having 80% of annual leave booked by the 1st of December of the preceding year which is incorrect. PH expressed the importance of clarifying the interpretation of this point. The view of the Trade Unions is that the statement should simply read, "80% of leave must be booked by December 1st," removing the reference to the leave year to avoid confusion.

Lianne Morse (LM) offered to speak with the team and will provide the clarification on the exact meaning of the statement.

Action: LM

LPF 25/004 ACTION LOG

The action log was noted, and the following updates were provided on the 2 outstanding actions relating to communicating the approach used at the Moderation Panel (Retire & Return)

LPF 24/056 - RG explained that most of the cases for nursing, therapy and non-clinical go through adding that some of the medic applications have been questioned because of job planning. RG informed the group that details on how best to keep everyone informed and to make sure the messaging is clear and aligned with what is happening internally will be communicated back to the Co-Chair. Suzanne Rankin (SR) expressed the opinion that the Moderation Panel for Retire and Return is a permanent feature to ensure consistency and equality across the Health Board noting the importance on making sure that all colleagues feel confident in the process and that it's being carried out fairly for everyone.

Dawn Ward (DW) expressed concern about the panel being a permanent feature as this would be outside of the All Wales policy and could lead to the Health Board becoming an outlier. DW queried the level of confidence in the decision making at the Clinical Board level, who scrutinises the local line managers' decision and asked how this is going to be addressed.

SR explained that the intention behind the initiative is to ensure that all colleagues are treated and managed equally. SR noted the concern around the ability of the leaders and managers to apply the policy effectively and acknowledged that this is an area that requires ongoing support and

improvement. SR added that the work of applying policies effectively is a priority and is part of a broader effort to build leadership and management capacity, which is included in next year's plan. The plan will focus on improving leadership, management, and the application of people policies to ensure consistency and fairness across the board.

Peter Hewin (PH) commented on addressing the general perception of the Moderation panel that it is an additional hurdle for people to overcome and referred to the statistics presented by Lianne Morse at the Workforce Partnership Group which showed that only 1 application had been turned down, suggesting that the perception is not accurate. PH informed the group he has had more than 1 case whereby a member has been told that their application has been turned down by the Moderation Panel, suggesting that something is going wrong in the middle and reiterated the importance of tackling the problem at source. RG agreed with the importance of delivering good communication to ensure colleagues are aware on the process.

Mathew Thomas queried whether it would be possible to have a member from Staff Side to sit on the Moderation panel. RG explained that this had been requested previously, and it was felt unnecessary but welcomed a one off attendance to explain the process.

Emma Cooke (EC) requested for more information to be available for staff on Retirement explaining that although the information is there, staff are not aware of it.

LPF 25/005 CHIEF EXECUTIVES UPDATE

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

- Thanked colleagues across the Health Board for their hard work and dedication, especially over the challenging Christmas and New Year period.
- **Reflection on the Winter Plan:** The Winter plan was well-executed, thanks to good planning and engagement. However, our models for respiratory viruses (COVID, flu, and RSV) didn't fully align with the actual rise in cases, which occurred much more rapidly than expected and led to a surge in demand. Despite the strain, colleagues managed the situation well. The additional planned capacity was utilised earlier than expected to address the increased demand. SR explained that because of the surge, patients were admitted to beds across the Health Board, often in the wrong specialties impacting our efficiency and added strain on our teams.
- **Reset Process:** To address these issues, a reset was implemented which has been valuable in improving the situation. The demand and pressure have lessened and there's been a noticeable improvement in operations. Matt Temby (MTem) informed the group that the reset was effective and there was excellent engagement from all staff including the Clinical Board leadership teams. An Action Plan for learning has been developed and will be shared with the Clinical Boards.
- **WAST critical incident** – was declared on the 31st December 2024 and concerns were raised about the ambulance handover performance. Despite the hard work to manage the front door effectively and avoid admissions, our patients aren't always benefiting from those efforts. SR has raised this and will continue to advocate for our community, though progress has been slower than hoped.
- **Vaccination Rates:** expressed disappointment with the vaccination rates, despite efforts through pop up clinics, the uptake was low and there were high sickness rates, from Winter respiratory viruses. SR expressed the need for Improvement in Vaccination Rates.

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Fiona Salter (FS) expressed her concern over the level of misinformation around vaccinations that is being portrayed on social media. SR explained that Public Health Wales run social media campaigns aimed at addressing the concerns mentioned however noted the concerns. Jo Brandon (JB) explained that the NHS remains a trusted brand and acknowledged the difficulty of combating the vast amount of misinformation spread on social media platforms. JB added that action is taken when significant misinformation is discovered such as with proactive campaigns to provide accurate information on the benefits of vaccination. JB requested that the Comms team are contacted should there be something of concern on social media.

Lorna McCourt (LM) queried whether the pop-up clinics, that were available for staff, could be advertised more and DW suggested whether more effective campaigning is needed. JB responded by explaining that there has been a comprehensive and multi-layered approach to communications surrounding public health efforts, including the winter campaign and vaccination initiatives such as from Public Health Wales, Welsh Government comms, and local-level Health Board campaigns. JB informed the group she would be happy to update the Forum with the details and analytics around the Winter comms campaign at a future meeting. Annie Ashdown (AA) added that great support has been received from the Comms team in trying to promote staff vaccination and noted the importance of knowing what could work next year.

Claire Whiles (CW) suggested integrating a more proactive, preventative approach into the vaccination campaign by using existing touchpoints like listening events and occupational health/well-being visits noting that this is a great way to reach individuals who may not have intended to get vaccinated.

- **Financial Position:** Referred to the challenging financial situation, with the deficit position fluctuating significantly over the course of the year. The original forecast of £15.9 million was difficult, but the re-forecasting to £27.7 million (then £34.5 million) shows how quickly things escalated. The subsequent £6.8 million from the Welsh Government was a small relief but didn't fully close the gap, leading to a more challenging target set by the Welsh Government, which was then adjusted to £9 million. Despite the frustration and challenges, the measures introduced in January seem to have had an impact and demonstrate the effectiveness of the measures in place. The temporary workforce measures seem to be a key area of progress. The shift towards deploying more bank staff over agency staff, along with improving the approval process for temporary staffing requests, seems to be paying off. SR informed the group that as 75% of requests are being approved, this gives a clear signal that the system is operating with a sensible rationale and that resources are being allocated effectively.

The sickness absence issue also appears to be a key concern, especially with the additional pressure on teams, which could be a contributing factor. Tackling this along with the staffing shortages could help improve both morale and efficiency.

- **Next Year:** the lessons learned from this years' experience will be crucial. Ensuring the systems are streamlined, policies are applied consistently, and management practices are improved will not only help control costs but also make the work environment more effective for teams.

FS raised a concern regarding the ban on overtime and how it could potentially be undermining staff terms and conditions. FS also queried whether the overtime ban is still more cost-effective than

relying on agency shifts, which are typically more expensive. RG explained that the intention behind the overtime adjustments isn't to breach terms and conditions, but rather to review how overtime and temporary staffing are being used within the organisation. RG added that the goal is to improve the sustainability of the workforce by relying more on permanent positions and ensuring that overtime is used effectively, rather than as a substitute for filling permanent roles.

DW informed the group that several staff who rely on regular overtime were caught off guard by the change to bank rates instead of overtime pay which has led to feelings of unfairness. SR acknowledged the feedback and commented that it is recognised there is a gap between the intention and the work we're doing and what is happening on the front line and requested the support of the Trade Unions to bridge the gap more effectively.

RG explained there are exceptions and provided the example of the numerous supernumerary staff who need to complete training, e.g for internationally educated nurses or scrub nurses. RG also referred to the 3,000+ hours of makeup shifts for nursing that are not being rostered, yet the requests for overtime are still being made. DW acknowledged the measures taken for nursing but queried the other staff groups explaining that many people are feeling that this is a punishment for them and queried where the money has gone.

SR responded by explaining there is a FAQ detailing where the money has gone and requested further ideas on alternative ideas on how spending across the organisation can be explained and communicated to colleagues.

EC expressed the opinion that SR's message is clear and well understood, but as it filters down through the organisation, it starts to change, and that's causing a lot of confusion. EC added that there appears to be some misunderstanding about how bank shifts are viewed in terms of pay and more could be done to highlight and communicate the benefits

LM added that the PMO has developed some comms explaining the benefits of bank shifts. LM also commented that overtime is voluntary, and staff can choose whether to work it or not, adding that nobody is forced to work additional hours. SR requested that the comms is shared with Joanne Brandon along with all the members of the forum.

Action: LM

- **Finance Next year** - there are several complex financial and operational challenges ahead. The immediate £111 million deficit position changes to £88 million once additional allocations are factored in. There's also the mandatory 2% cost improvement programme, which amounts to £40 million in savings, which we will be reframed as a quality and efficiency improvement programme to ensure it aligns with delivering better quality care while addressing productivity and cost concerns. We are likely to submit a deficit plan to Welsh government larger than they would be anticipating.

To improve our position, lessons will be learnt from our current work and will be applied in a more systematic and sustainable way, with a focus on improving messaging and handling. There's also the need for conversations about the structure of the organization, with Trade Union support, to ensure that any changes are carefully considered.

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SR referenced the growth in population, particularly working-age adults and refugees, which presents challenges but also opportunities for recruitment and growth. At the same time, the sector is facing widespread difficulty, and next year is likely to be tough for the public sector overall.

- **Staff Survey** – there has been an improvement in staff survey response rates and while the data shows familiar concerns such as bullying, harassment, and inequality, there are also some signs of progress in terms of compassion and engagement.
- The Royal College of Nursing's letter and the concerns around Corridor Care – the letter is being reviewed, and SR is open to working together with the team to address the issues.

LPF 25/006 SPEAKING UP SAFELY

Matt Phillips (MP), Director of Corporate Governance, provided a presentation on Speaking Up Safely. The main points were:

- To grow understanding, Speaking Up Safely will be promoted through face-to-face conversations. The success of the initiative will be slow, relying on trusted growth.
- The goal is to build trust in the system and that it grows organically becoming part of other conversations such as those around the staff survey.
- Response time is a key factor in the system's effectiveness, ensuring quick follow-up when issues are raised.
- The categorisation of issues will help correlate with staff survey results and identify specific areas in the organisation that may need attention.
- The system is anonymous, with complete control resting with the person raising the issue.
- Staff are used to operate the system, rather than external experts and approx. 30 volunteers have come forward, with 17 trained so far.
- Training includes learning about various subject matter experts and how to connect staff with solutions.
- Staff raising issues can see the names and departments of the Connectors, giving them control over who they wish to speak to.
- There's potential to pull more detailed data on when conversations are started, which will help refine the system.

DW praised the work and leadership of Paul Bostock and his ability to handle complex issues over the years and queried how we ensure we do not lose his involvement and credibility. MP explained that the plea from PB and others is to have early insight into issues so that proactive action can be taken adding that with the ability to track where issues are raised, the categories and locations of concerns can be identified more quickly. The goal is to provide information to enable proactive intervention.

LPF 25/007 SEXUAL SAFETY

Lianne Morse provided a presentation on Sexual Safety. The main points were:

- **Overall Aim:** The aims for tackling workplace sexual harassment were presented and the group were made aware of the Worker Protection Act that came in October 2024 which puts a duty on employers to take reasonable steps to prevent sexual harassment.
- **Staff Survey Results 2024** relating to unwanted behaviour was presented. It was noted that as only 21% of staff responded, the actual numbers are likely higher.
- With the preventative duty, the Equality and Human Rights Commission published an 8-step guide which the Health Board have been trying to put in place since October 2024. An update on progress was provided and include information on the Executive Sponsors and the establishment of an Action Group.
- The Speaking Up Safely system is fundamental in building the trust for individuals to speak up
- **Network/Group:** Initially considered, but it's been decided that a formal network should emerge organically based on staff demand.
- **The Sexual Safety procedure** has now been launched and will be communicated throughout the organisation. In addition, awareness training for all staff has also been developed along with specialised training for investigating officer who are handling complaints and will be included in the launch.
- **Well-being Support:** Enhanced support for individuals going through the harassment-related process
- **All Wales Work:** Collaboration with NHS Wales and learning from the Welsh Ambulance Service.

LPF 25/008 **WORKPLACE RACE EQUALITY STANDARDS**

Mitchell Jones (MIJ), Head of Equity and Inclusion, provided a presentation on the WRES. The main points were:

- An explanation of the WRES was provided and that its purpose is to create a clear data set that allows the organization to track and measure differences in the experiences of colleagues from ethnic minority communities compared to white colleagues.
- A summary of the key points from the WRES report was provided which identified for example that ethnic minority staff are underrepresented in the higher bands and executive positions within the Health Board.
- The report identified areas of focus and will be on progression and representation and examples were provided on some of the ideas and ways in which the areas of focus can be achieved. For example, the People Resourcing team is working to promote career pathways for diverse communities within Cardiff and Vale, ensuring that career advancement opportunities are visible and accessible.
- A data-driven approach to track representation and progression is being utilised. There is a focus on ensuring that the data is collected properly and used effectively.
- Work is taking place with the Welsh Government to efforts with national priorities, with support from Professor Anton Emmanuel.
- Key areas of progress were presented to include the establishment of a small Task and Finish Group to identify how we take forward the actions around representation and progression.
- There is ongoing work with the People Analytics team to improve the collection of equality monitoring data, with progress being made in ethnicity data collection.

A review of Staff Networks is taking place with the intention of improving the support and ensuring that these networks are more effective in supporting underrepresented groups.

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- Resources for self-education have been developed, including fact sheets on anti-racism and microaggressions, which have seen a good level of engagement.
- The organisation will continue to focus on progress and alignment with national efforts, aiming for a more inclusive environment through both structured actions and self-education resources.

DW queried the involvement of the Trade Unions at a local level in developing and delivering the Anti Racism and Equality Standards plan and asked for clarification on the role they will play moving forward. DW also asked MIJ about the delivery and consistency of compassionate management as members have informed their representatives, they want people who make judgements on their behaviour and performance assessments to have a similar background and perspective

MIJ explained they would welcome representation from the trade unions on the task and finish group. MIJ commented it is a bit more difficult in relation to the capability and disciplinary process in the organisation as he feels, it is important we get the representation right in the first instance. MIJ reiterated the guidance from the Welsh Government of focusing on something rather than everything and that our attention is on representation and progression. However, as a byproduct of the focus, it is anticipated we'll see greater representation and level of support available to people in the Health Board.

MT queried when he can add the WRES to his LPF agenda for CEF. MIJ responded that it can be done now and is happy to support. RG agreed that this can be shared and people can start owning it themselves noting that MIJ has the expertise and would be able to advise if required. RG also commented that the Speaking Up Safely and the Sexual Safety procedure can be socialised.

LPF 25/009 INTEGRATED PERFORMANCE REPORT

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

RG informed the group of the 3 workforce priorities for next year to include wellbeing & attendance, leadership and management and workforce planning. RG explained that this will be socialised with DW moving forward. This was welcomed by DW.

LPF 25/010 EPSG

LPF noted the report.

LPF 24/011 REVIEW OF THE MEETING

No comments were raised.

LPF 25/012 ANY OTHER BUSINESS

DW queried the loss of cashpoints in UHL.

MTEM explained there has been a change of contract which meant a significant cost pressure for the organisation so they have been put out of service until an alternative contract can be identified.

LPF 25/013 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on 10th April 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
ACTIONS IN PROGRESS					
LPF 25/003	13.02.2025	Minutes of the Previous meeting	To provide clarification on the interpretation of the annual leave principles	Lianne Morse	LM sent an explanation email after speaking with the Nursing and E-Rostering team. Since sending the email LM has confirmed that what was sent was not accurate and has escalated the action to Carys Fox, to arrange to meet with TU colleagues to explain the process in more detail.
COMPLETED ACTIONS					
LPF 25/005	13.02.2025	Chief Executive Update	To share the comms on the benefits of Bank Staff with the group to enable distribution within the organisation	Lianne Morse	Complete: Comms sent out to colleagues within the organisation to include reference to the dedicated SharePoint page.

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Report Title:	NHS Wales Staff Survey – Initial Results & Next Steps			Agenda Item no.	7
Meeting:	Local Partnership Forum			Meeting Date:	10 th April 2025
Status <i>(please tick one only):</i>	Assurance		Approval	Information	x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture				

Main Report

Background and current situation:

Situation

The 2024 NHS Wales Staff Survey results for Cardiff and Vale UHB were received in February 2025. These results are now being shared across the UHB, including this forum, to ensure transparency and joint accountability in shaping our response and next steps. (**Appendix 1** – CAVUHB Paginated Report)

Key headlines from the results:

- Participation has increased to 26.8% (up from 21.4% in 2023)
- Engagement has declined to 71% (down from 73% in 2023 and 74% in 2020)
- Wellbeing, inclusion and psychological safety remain key concerns
- Negative experiences such as work-related stress, discrimination and inappropriate behaviours continue to affect a significant number of staff
- Significant variation in results exists between Clinical Boards, requiring local ownership and targeted action

These results arrive at a time when the Health Board is also focusing on the critical priorities for 2025/26. Understanding and responding to the lived experiences of staff will be essential to achieving our strategic, clinical and operational ambitions.

Background

The NHS Wales Staff Survey is a national tool to understand the lived experience of NHS staff. It helps shape local and national priorities to improve working lives and delivery of high quality, compassionate care.

The 2024 survey maintains consistency in engagement questions to support year-on-year comparison and introduced enhanced capabilities in dashboard analysis to explore experiences by EDI characteristics and different organisational levels.

The survey ran from 1st October to 29th November 2024 and findings were analysed by the external provider procured via HEIW, IQVIA. Dashboards and reports were released on 3rd February 2025.

Narrative (free-text) responses have now been received and are currently being analysed by the OD and Culture Team to identify key themes. Where participation thresholds have been met, thematic insights will be shared at Tier 2 (Directorate) level to support local reflection and improvement planning.

This paper shares the high-level findings for discussion and highlights the next steps, with a focus on shared accountability and partnership working.

Assessment

While there are important and concerning findings in this year's results, it is also important to recognise areas where progress is being made. These areas of improvement provide an opportunity to build momentum, spread learning, and reinforce that change is possible even in a challenging context.

Participation and Engagement

Year	Participation Rate	Engagement Score
2020	22%	74%
2023	21.4%	73%
2024	26.8%	71%

Participation rates have increased across nearly all Clinical Boards (**Appendix 2** – Response Rate and Engagement Score by Clinical Board), but engagement has decreased. The biggest decrease within the engagement questions was in the question: "I am involved in changes that affect my work" (-7.6%).

Wellbeing and Negative Experiences

Key themes emerging from the negative experiences data:

- 41% of staff reported experiencing work-related stress
- 61% reported working when not feeling well enough
- 14% reported experiencing discrimination or preferred not to say (approximately 650 respondents)
- Verbal abuse from the public increased, with 30% reporting at least one incident
- Harassment/bullying by managers or colleagues was reported by approximately 800 respondents
- Unwanted sexual behaviour remains present in both public and colleague related responses

These figures highlight the importance of a thoughtful and collaborative approach to staff experience. While the percentage reporting negative experiences remains a minority, the actual numbers affected indicate a clear need for timely, compassionate, and inclusive action.

These themes also align closely with findings in the 2024 UNISON Safe Staffing Report, where 75% of Registered Nurses and Midwives reported being unable to deliver safe care on their previous shift, and 56% of all respondents stated staffing levels were unsafe. This reinforces the survey's broader narrative of staff experiencing strain, and the urgent need to review both workforce capacity and responsiveness to staff concerns.

Positive Trends and Variation Across Clinical Boards

Several Clinical Boards have demonstrated positive trends in their results:

- Burnout scores have improved (positivity scores) in areas such as Corporate, Specialist, and Capital, Estates & Facilities
- Work-life balance scores have increased (positivity scores) significantly in Medicine, CD&T, and Surgery
- VBA/appraisal ratings (positivity scores) have improved across AWMGS and Corporate, suggesting an increased focus on development and feedback
- Flexible working and morale (positivity scores) showed small but measurable improvements in a number of other areas

These examples demonstrate that despite ongoing system pressures, there are teams seeing tangible benefits from local leadership, team efforts and support interventions. We will look to understand and share learning from these areas to inform wider improvement.

The results show improvement in some areas such as:

- Burnout reduction in several Clinical Boards
- Work-life balance and PDR/appraisal scores improving in others

However, inclusion, involvement in change, and psychological safety have declined across many areas compared to 2023. Summary provided in **Appendix 3 - Clinical Board Trends**; **Appendix 4 – Negative Experiences 2023/24 Comparison**.

RECOMMENDATIONS

1. Share Results Widely and Transparently

- Paginated reports and dashboards already shared with Executive Team, Clinical Boards and TU partners
- Staff Survey Assembly established to ensure regular communication and co-ownership of the response, events planned for 2025/26

2. Clinical Board-Level Actions

Each Clinical Board to:

- Identify 2–3 priority focus areas
- Investigate low scores and local context; positive scores for learning
- Develop measurable improvement plans, co-designed with staff and TU reps and share findings, co-produce actions with teams
- Nominate a senior accountable lead for delivery

3. Targeted Interventions (UHB-Wide)

- Staff wellbeing and availability, actions include:
 - Sexual Safety: implementation of new procedure and awareness training
 - Burnout & Stress: Review of trauma pathway; trauma informed approaches
 - Inclusion & Psychological Safety: Data analysis by EDI team; cultural analysis and improvement
- Leadership and Management, actions include:
 - Training and development to develop understanding and effective implementation of people policies and skill development, underpinned by compassionate leadership principles
 - Training needs analysis and targeted bespoke development pathways
 - Development of leadership and management competencies, skills and behaviours
- Workforce Planning, actions include:
 - Training plan to support effective workforce planning
 - Develop data-driven workforce models
 - Develop plans to embed new roles

4. Ongoing Support

- People and Culture Teams to provide tools, data support, dashboard training and guidance
- Safe Staffing and Workforce Confidence: The Staff Survey and Safe Staffing Report both highlight the importance of responding meaningfully to staff concerns. A focus on developing more confident and responsive escalation routes, with regular feedback loops and joint TU working, is a priority area for 2025/26.

These actions directly support delivery of the Board's priorities, including:

- Financial sustainability: through improved retention, reduced sickness, and higher productivity
- Quality improvement: through stronger engagement and psychological safety
- The People and Culture Plan: through alignment with our shared priorities

Progress will be monitored via the People and Culture Committee.

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

We would like to thank our Trade Union partners for their support in encouraging staff to participate in the survey and for their active involvement in the staff survey focus groups. Their role in promoting engagement, advocating for transparency, and working collaboratively with the UHB is highly valued and makes a meaningful difference in shaping a collective response.

Understanding and responding to the staff survey results is central to our ability to deliver safe, high-quality care. These results reflect the lived experience of our people. Some of what we see is difficult, but we are committed to listening, learning and improving together.

We recognise the central role of Trade Union partners in shaping the way forward. Their insight, challenge and co-leadership will help ensure our response is inclusive, compassionate and realistic.

The Safe Staffing Report further validates our Staff Survey findings. Together, these highlight the human cost of operational pressure and the need to ensure that escalation routes are trusted, that concerns are acted upon visibly, and that we build both workforce confidence and wellbeing. These findings are not just about data – they are about people. We must use these insights to build psychologically safe environments, enable meaningful staff voice, and ensure our people feel safe, supported, and valued. The link between culture, wellbeing, and care quality is clear.

This work is integral to delivering our Shaping Our Future Wellbeing Strategy, our commitment to the Duty of Quality, and our People and Culture Plan. Without this cultural foundation, we cannot achieve financial sustainability, equity, or clinical excellence.

We will take this opportunity to create our approach – together – and ensure every colleague feels safe, respected and empowered.

Recommendation:

Local Partnership Forum is asked to:

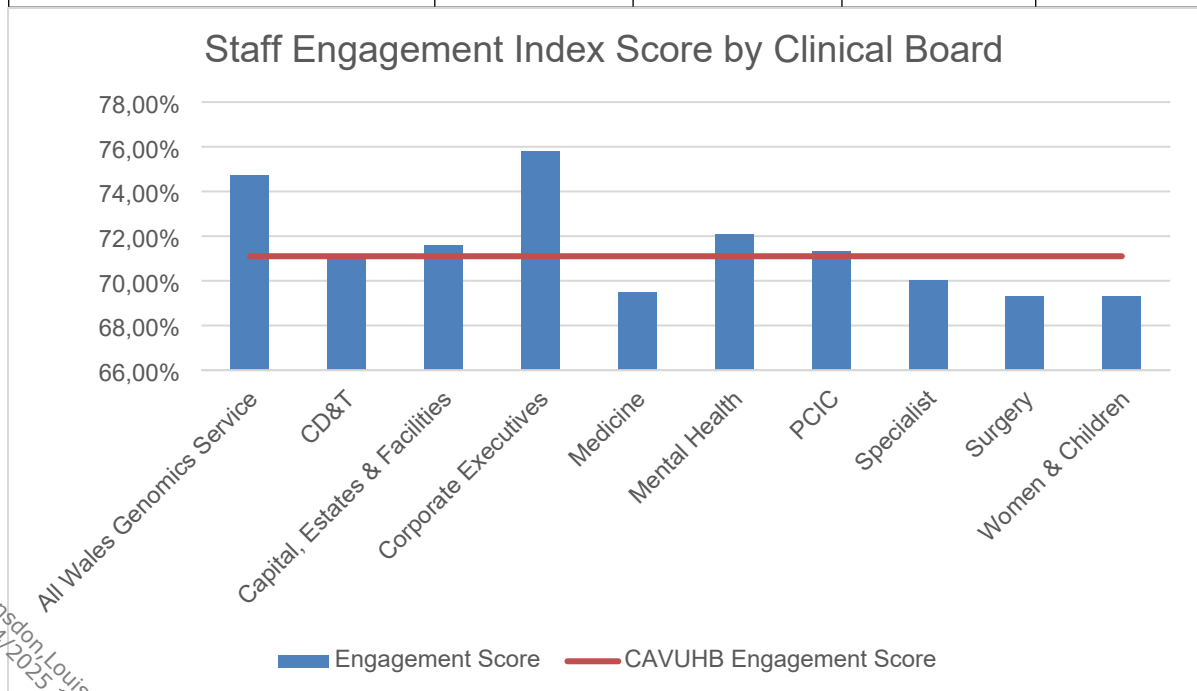
1. **Note** the 2024 staff survey findings and local variation across Clinical Boards.
2. **Endorse** the next steps outlined in the recommendations section.

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Appendix 1 – Cardiff and Vale University Health Board Paginated Report (separate document attached)

Appendix 2 – Response rate and engagement score by Clinical Board

Clinical Board	Headcount	No. of Completions	Response Rate %age	2023 Response rate %age
All Wales Genomics Service	347	144	▼ 41.49%	45.37%
Capital, Estates & Facilities	1455	390	▲ 26.80%	6.37%
CD&T	2605	842	▲ 32.13%	24.34%
Corporate	1043	472	▲ 45.25%	38.82%
Medicine	2054	508	▲ 24.70%	17.01%
Mental Health	1582	368	▲ 23.26%	17.54%
PCIC	1168	297	▲ 25.42%	24.19%
Specialist	2262	497	▲ 21.97%	19.11%
Surgical	2398	538	▲ 22.47%	14.95%
Women & Children	2381	550	▲ 23.30%	20.08%
NA/ Unknown		33		
TOTAL	17295	4639	26.82%	



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Appendix 3 – Clinical Board top 3 areas of improvement and declines since 2023; highest and lowest positivity scores by sub category

Clinical Board	Response Rate	Engagement Index Score	Top 3 areas showing an improvement since 2023 (Increase in positivity score)	Top 3 areas showing a decline since 2023 (Decrease in positivity score)	Highest Scoring Areas 2024 (Positivity Scores)	Lowest Scoring Areas 2024 (Positivity Scores)
AWMGS	41.49%	74.9%	<ul style="list-style-type: none"> PDR/ Appraisal (+4.5%) Work Pressure (+4.3%) Staff Advocacy & Recommendation (+3%) 	<ul style="list-style-type: none"> Ability to contribute towards involvement at work (-8.6%) Raising concerns (-6.8%) Support for work-life balance (-6.8%) 	<ul style="list-style-type: none"> Negative Experiences (88.1%) PDR/ Appraisal (82.4%) Diversity and Equality (80.1%) 	<ul style="list-style-type: none"> Burnout (36%) Health and Safety climate (51.1%) Work pressure (53.2%)
CD&T	32.13%	71.2%	<ul style="list-style-type: none"> Support for work-life balance (+6.9%) Thinking about leaving (+4.8%) Line management (+4.5%) 	<ul style="list-style-type: none"> Work pressure (-2.9%) Intrinsic psychological engagement (motivation) (-1.8%) Health & Safety climate (-1.2%) 	<ul style="list-style-type: none"> Negative Experiences (81.7%) PDR/ Appraisal (74.5%) Autonomy and control (71.5%) 	<ul style="list-style-type: none"> Burnout (28.8%) Health and Safety climate (37.5%) Work pressure (38.9%)
Capital, Estates & Facilities	26.80%	71.6%	<ul style="list-style-type: none"> Burnout (+14.1%) Support for work-life balance (+12.5%) Thinking about leaving (+7.5%) 	<ul style="list-style-type: none"> Inclusion (-6.5%) Abilities to contribute towards improvement at work (-4.8%) Compassionate culture (-4.2%) 	<ul style="list-style-type: none"> Negative Experiences (79.8%) PDR/ Appraisal (74.2%) Autonomy and control (71.2%) 	<ul style="list-style-type: none"> Burnout (38.3%) Health and Safety climate (43.7%) Work pressure (44.6%)
Corporate Executives	45.25%	75.8%	<ul style="list-style-type: none"> Patient safety (+10.2%) Burnout (+5.3%) Diversity & equality (+4.0%) 	<ul style="list-style-type: none"> Intrinsic psychological engagement (motivation) (-3.1%) Autonomy and control (-1.7%) Staff advocacy and recommendation (-1.2%) 	<ul style="list-style-type: none"> Negative Experiences (89.4%) Inclusion (81.1%) PDR/ Appraisal (80%) 	<ul style="list-style-type: none"> Burnout (36%) Health and Safety climate (48.8%) Work pressure (51.2%)

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Clinical Board	Response Rate	Engagement Index Score	Top 3 areas showing an improvement since 2023 (Increase in positivity score)	Top 3 areas showing a decline since 2023 (Decrease in positivity score)	Highest Scoring Areas 2024 (Positivity Scores)	Lowest Scoring Areas 2024 (Positivity Scores)
Medicine	24.70%	69.5%	<ul style="list-style-type: none"> Support for work-life balance (+8.6%) Burnout (+6.4%) Compassionate leadership (+4.6%) 	<ul style="list-style-type: none"> Ability to contribute towards improvement at work (-3.2%) Development (-2.9%) Team working (-2.1%) 	<ul style="list-style-type: none"> PDR/ Appraisal (74.3%) Negative Experiences (72.2%) Autonomy and control (71.9%) 	<ul style="list-style-type: none"> Burnout (25.1%) Health and Safety climate (30.9%) Work pressure (33.5%)
Mental Health	23.26%	72.1%	<ul style="list-style-type: none"> Compassionate Leadership (+3.8%) Burnout (+3.7%) Health & Safety climate (+3.7%) 	<ul style="list-style-type: none"> Intrinsic psychological engagement (motivation) (-7.3%) Ability to contribute towards improvement at work (-3.8%) Inclusion (-3.2%) 	<ul style="list-style-type: none"> Inclusion (78.4%) Compassionate Leadership (77.3%) Negative experiences (72.2%) 	<ul style="list-style-type: none"> Burnout (30.2%) Health and safety climate (42.3%) Work pressure (44%)
PCIC	25.42%	71.3%	<ul style="list-style-type: none"> Thinking about leaving (+4.6%) Patient safety (+3.9%) Intrinsic psychological engagement (Motivation) (+3.9%) 	<ul style="list-style-type: none"> We recognise everyone's contribution (-3.3%) Inclusion (-3.3%) Autonomy and control (-2.8%) 	<ul style="list-style-type: none"> PDR/ Appraisal (79%) Negative experiences (78.4%) Compassionate culture (78.3%) 	<ul style="list-style-type: none"> Burnout (29.8%) Health and safety climate (44.3%) Work pressure (46.1%)
Specialist	21.97%	70%	<ul style="list-style-type: none"> Burnout (+6.2%) Support for work-life balance (+6.0%) Compassionate leadership (+6.0%) 	<ul style="list-style-type: none"> Ability to contribute towards improvement at work (-3.1%) Inclusion (-1.7%) Autonomy and control (-1.6%) 	<ul style="list-style-type: none"> Negative experiences (79.2%) PDR/ Appraisal (73.1%) Autonomy and control (71%) 	<ul style="list-style-type: none"> Burnout (26.6%) Health and safety climate (35.7%) Work pressure (39.2%)
Surgery	22.47%	69.3%	<ul style="list-style-type: none"> Support for work-life balance (+5.6%) Patient Safety (+5.5%) Staff advocacy and recommendation (+3.9%) 	<ul style="list-style-type: none"> Development (-5.0%) Inclusion (-4.8%) Ability to contribute towards improvement at work (-3.7%) 	<ul style="list-style-type: none"> Negative experiences (77.9%) Compassionate culture (68.9%) PDR/ Appraisal (68.9%) 	<ul style="list-style-type: none"> Burnout (24.2%) Health and safety climate (33.7%) Work pressure (37.1%)

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Clinical Board	Response Rate	Engagement Index Score	Top 3 areas showing an improvement since 2023 (Increase in positivity score)	Top 3 areas showing a decline since 2023 (Decrease in positivity score)	Highest Scoring Areas 2024 (Positivity Scores)	Lowest Scoring Areas 2024 (Positivity Scores)
Women & Children	20.08%	69.3%	<ul style="list-style-type: none"> • Patient Safety (+3.7%) • Burnout (+2.3%) • Support for work-life balance (+0.1%) 	<ul style="list-style-type: none"> • Ability to contribute towards improvement at work (-11.5%) • Autonomy and control (-8.8%) • Staff advocacy and recommendation (-8.2%) 	<ul style="list-style-type: none"> • Negative experiences (80%) • Compassionate culture (72.9%) • PDR/ Appraisal (68.7%) 	<ul style="list-style-type: none"> • Burnout (24.4%) • Health and Safety climate (30.6%) • Work pressure (31.5%)

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Appendix 4 - We nurture Healthy Working Environments - Negative Experiences 2023 and 2024

Question (Patients, service users, their relatives, members of the public)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public? % 2023	80.25%	10.79%	4.34%	1.15%	2.68%	0.79%
Number of people - 2023	2939	395	158	42	98	29
Percentage - 2024	70%	16%	7%	2%	4%	1%
Number of people - 2024	3212	750	310	102	174	60
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public? % 2023	69.16%	16.63%	6.66%	2.05%	3.82%	1.67%
Number of people - 2023	2533	608	243	75	140	61
Percentage - 2024	72%	16%	6%	2%	3%	1%
Number of people - 2024	3291	714	287	101	131	59
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public? % 2023	89.79%	6.01%	2.13%	0.55%	1.17%	0.35%
Number of people - 2023	3288	220	78	20	43	13
Percentage - 2024	91%	5%	2%	1%	1%	0%
Number of people - 2024	4186	254	79	45	37	21
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 sexualised conversation (including jokes), touching or assault from a patient or service user? % 2023	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
Number of people - 2023	3232	258	90	23	32	26
Percentage - 2024	88%	7%	2%	1%	1%	1%
Number of people - 2024	4074	344	107	25	29	30

Question (Colleagues / Manager)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers or team leaders? % 2023	78.35%	10.68%	3.99%	1.39%	1.88%	3.71%
Number of people - 2023	2869	391	146	50	68	135
Percentage - 2024	81%	10%	3%	2%	2%	3%
Number of people - 2024	3679	436	159	74	81	133
In the last 12 months how many times have you personally experienced harassment or bullying at work from colleagues? % 2023	74.82%	14.77%	4.29%	1.28%	1.77%	3.06%
Number of people	2740	540	157	46	64	112
Percentage - 2024	76%	13%	5%	2%	2%	3%
Number of people - 2024	3457	579	210	75	74	137
In the last 12 months how many times have you personally experienced physical violence at work from managers or team leaders? % 2023	99.40%	0.22%	0	0	0.03%	0.35%
Number of people	3640	8	0	0	2	13
Percentage - 2024	99%	0%	0%	0%	0%	0%
Number of people - 2024	4550	12	6	3	3	17
In the last 12 months how many times have you personally experienced physical violence at work from colleagues? % 2023	98.72%	0.68%	0.16%	0.03%	0.03%	0.38%
Number of people	3615	24	6	2	2	13
Percentage - 2024	99%	0%	0%	0%	0%	0%
Number of people - 2024	4533	15	11	3	4	20
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 sexualised conversation (including jokes), touching or assault from colleague? % 2023	94.23%	3.83%	0.68%	0.08%	0.36%	0.85%
Number of people	3450	140	24	2	13	31
Percentage - 2024	94%	3%	1%	0%	0%	1%
Number of people - 2024	4347	153	37	9	20	35

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Contents of report

This report contains information on the results of the 2024 NHS Wales Staff Survey for Cardiff and Vale University Health Board, including:

1. Survey response rate
2. Staff Engagement Index score
3. Summary of responses by theme and sub-theme
4. Summary of responses by question
5. Equality, diversity and inclusion (EDI) information on respondents

For information

The 2024 NHS Wales Staff survey was open to all employees in NHS Wales for the 2 month period of between 1st October 2024 and 29th November 2024. The questions in the survey are organised by 10 themes and 20 sub-themes.

Data source

The data presented in this report has been provided by IQVIA Inc., the organisation responsible for delivering the 2024 and 2023 NHS Wales Staff Surveys. The data is stored, and has been collected from, the Health Education and Improvement Wales (HEIW) data warehouse.

Methodology

To ensure the anonymity of survey respondents, the data in section 5 of this report has been suppressed for instances of less than 10 responses. For example, where less than 10 people with a particular characteristic completed a survey, the number and % of people completing a survey with this particular characteristic is not shown. Any blank responses to questions have also been excluded from the analysis.

Positivity scores have been calculated for each theme and sub-theme, and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document therefore relates to Health Board organisations. The organisations included in this benchmark group are: Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB, and Swansea Bay UHB.

Contact details: This report has been developed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Please contact HEIW.ATeam@wales.nhs.uk with any queries or feedback.

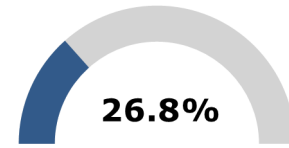


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Health Education and
Improvement Wales (HEIW)

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1. Survey response rate

4639 people employed at Cardiff and Vale University Health Board completed the survey in 2024. This equates to a response rate of **26.8%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.



2. Staff Engagement Index score

Cardiff and Vale University Health Board achieved a **Staff Engagement Index score of 71.1%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.

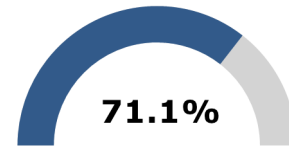


Table 1: Responses to Staff Engagement Index questions in the 2024 survey for Cardiff and Vale University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
Ability to contribute towards improvements at work		
23a) I am able to make improvements in my area of work.	58.7%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	47.3%	47.9%
Intrinsic psychological engagement		
22a) I look forward to going to work.	48.7%	51.2%
22b) I am enthusiastic about my job.	64.7%	65.7%
22c) I am happy to go the extra mile at work when required.	77.8%	78.7%
Staff advocacy and recommendation		
23b) I would recommend my organisation as a place to work.	55.4%	56.4%
23c) I am proud to tell people I work for my organisation.	64.4%	60.0%

About the Staff Engagement Index

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a 5-point scale (with 1 representing the least positive response, and 5 the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases. More information on how the Staff Engagement Index score is calculated is available on page 1 of this report.

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3. Summary of responses by theme and sub-theme

Table 2: Positivity scores by theme in 2024 for Cardiff and Vale University Health Board (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	52.1%	54.8%
Patient safety	57.4%	58.7%
Staff engagement	59.1%	59.6%
We are all able to speak up	65.9%	66.3%
We are compassionate and inclusive	70.3%	70.1%
We are continuously learning and improving	65.6%	66.8%
We are stronger together	68.0%	69.4%
We champion flexible working	58.7%	61.8%
We nurture healthy working environments	55.0%	57.7%
We recognise everyone's contribution	60.4%	62.4%

Table 3: Positivity scores by theme in 2024 and 2023 for Cardiff and Vale University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	52.1%		54.0%	-1.9%
	2024	52.1%	0.0% ▲	54.8%	-2.7%
Patient safety	2023	53.8%		53.1%	0.7%
	2024	57.4%	3.5% ▲	58.7%	-1.4%
Staff engagement	2023	60.9%		60.3%	0.6%
	2024	59.1%	-1.8% ▼	59.6%	-0.5%
We are all able to speak up	2023	66.0%		65.7%	0.3%
	2024	65.9%	-0.1% ▼	66.3%	-0.4%
We are compassionate and inclusive	2023	69.8%		69.7%	0.2%
	2024	70.3%	0.5% ▲	70.1%	0.2%
We are continuously learning and improving	2023	65.4%		66.0%	-0.5%
	2024	65.6%	0.2% ▲	66.8%	-1.2%
We are stronger together	2023	67.8%		68.4%	-0.5%
	2024	68.0%	0.2% ▲	69.4%	-1.4%
We champion flexible working	2023	54.3%		57.9%	-3.7%
	2024	58.7%	4.5% ▲	61.8%	-3.0%
We nurture healthy working environments	2023	53.7%		56.0%	-2.3%
	2024	55.0%	1.3% ▲	57.7%	-2.7%
We recognise everyone's contribution	2023	60.5%		61.6%	-1.1%
	2024	60.4%	-0.1% ▼	62.4%	-2.1%

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Table 4: Positivity scores by theme and sub-theme for Cardiff and Vale University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	56.4%		57.4%	-1.0%
		2024	56.1%	-0.3% ▼	57.8%	-1.7%
	Thinking about leaving	2023	54.9%		54.3%	0.6%
		2024	55.2%	0.3% ▲	56.1%	-0.9%
	Work pressure	2023	39.6%		46.6%	-7.0%
		2024	40.0%	0.4% ▲	47.2%	-7.2%
Patient safety	No related sub-theme	2023	53.8%		53.1%	0.7%
		2024	57.4%	3.5% ▲	58.7%	-1.4%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	55.8%		56.0%	-0.2%
		2024	52.5%	-3.4% ▼	53.9%	-1.4%
	Intrinsic psychological engagement (Motivation)	2023	65.3%		65.6%	-0.4%
		2024	63.5%	-1.8% ▼	64.9%	-1.3%
	Staff Advocacy and recommendation (Advocacy)	2023	59.4%		56.4%	2.9%
		2024	59.2%	-0.1% ▼	57.5%	1.7%
We are all able to speak up	Autonomy and control	2023	72.8%		72.3%	0.5%
		2024	71.5%	-1.3% ▼	71.9%	-0.4%
	Raising concerns	2023	59.3%		59.0%	0.2%
		2024	60.3%	1.1% ▲	60.7%	-0.4%
We are compassionate and inclusive	Compassionate culture	2023	71.2%		70.4%	0.9%
		2024	72.0%	0.8% ▲	70.6%	1.4%
	Compassionate Leadership	2023	65.1%		66.5%	-1.4%
		2024	67.6%	2.5% ▲	69.0%	-1.4%
	Diversity and Equality	2023	62.2%		62.4%	-0.2%
		2024	63.9%	1.7% ▲	64.3%	-0.3%
Inclusion	2023	72.9%		73.2%	-0.2%	
	2024	70.1%	-2.8% ▼	71.6%	-1.5%	
We are continuously learning and improving	Development	2023	60.3%		60.3%	0.0%
		2024	59.8%	-0.5% ▼	60.8%	-1.0%
	PDR/Appraisal	2023	73.2%		74.2%	-1.0%
		2024	74.1%	0.8% ▲	75.4%	-1.4%
We are stronger together	Line management	2023	64.6%		65.8%	-1.2%
		2024	66.9%	2.3% ▲	68.4%	-1.5%
	Team working	2023	70.5%		70.5%	0.0%
		2024	68.9%	-1.5% ▼	70.1%	-1.2%
We champion flexible working	Support for work-life balance	2023	54.3%		57.9%	-3.7%
		2024	58.7%	4.5% ▲	61.8%	-3.0%

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Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	Burnout	2023	24.9%		27.0%	-2.1%
		2024	28.8%	3.9% ▲	30.9%	-2.0%
	Health and safety climate	2023	37.0%		42.5%	-5.5%
		2024	37.9%	1.0% ▲	43.7%	-5.7%
	Negative experiences	2023	79.8%		80.8%	-1.0%
		2024	79.7%	0.0% ▼	81.4%	-1.7%
We recognise everyone's contribution	No related sub-theme	2023	60.5%		61.6%	-1.1%
		2024	60.4%	-0.1% ▼	62.4%	-2.1%

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4. Summary of responses by question

Table 5: Percentage of people that responded positively and negatively to likert scale questions included in the 2024 survey for Cardiff and Vale University Health Board, with questions organised by theme

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
Morale				
02a) I have unrealistic time pressures.	2023	24.3%	27.6%	35.8%
	2024	25.4%	28.9%	33.2%
02b) I am able to meet all the conflicting demands on my time at work.	2023	47.1%	51.2%	17.8%
	2024	47.8%	51.5%	17.4%
02c) I have adequate supplies, materials and equipment to do my work.	2023	46.2%	59.2%	22.3%
	2024	45.3%	58.1%	24.2%
02d) There are enough staff at this organisation for me to do my job properly.	2023	28.0%	31.3%	40.1%
	2024	29.8%	34.2%	38.0%
04a) My immediate manager (line manager) encourages me at work.	2023	69.0%	69.6%	13.8%
	2024	70.3%	71.7%	12.5%
14a) I always know what my work responsibilities are.	2023	82.4%	81.2%	8.4%
	2024	82.8%	81.6%	8.6%
14d) I have a choice in deciding how to do my work.	2023	66.8%	67.2%	14.9%
	2024	69.9%	71.8%	14.1%
15f) Relationships at work are strained.	2023	44.8%	47.3%	28.6%
	2024	43.6%	47.3%	30.2%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	54.2%	24.7%
	2024	47.3%	47.9%	28.4%
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	57.0%	56.5%	19.6%
	2024	56.6%	57.1%	19.7%
24b) I often think about leaving this organisation.	2023	45.8%	47.0%	29.8%
	2024	45.9%	48.4%	30.1%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	53.9%	53.0%	21.0%
	2024	55.0%	56.0%	21.0%
24d) As soon as I can find another job, I will leave this organisation.	2023	62.0%	61.1%	15.2%
	2024	63.2%	63.9%	15.3%
Patient safety				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	46.3%	43.7%	11.4%
	2024	52.2%	52.2%	14.7%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	74.2%	73.9%	8.0%
	2024	75.7%	76.5%	9.7%

13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	53.0%	<div style="width: 53.0%;"></div>	53.0%	13.1%	<div style="width: 13.1%;"></div>
	2024	56.9%	<div style="width: 56.9%;"></div>	57.7%	15.4%	<div style="width: 15.4%;"></div>
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	43.1%	<div style="width: 43.1%;"></div>	42.8%	22.3%	<div style="width: 22.3%;"></div>
	2024	46.9%	<div style="width: 46.9%;"></div>	48.8%	25.5%	<div style="width: 25.5%;"></div>

Staff engagement

22a) I look forward to going to work.	2023	48.6%	<div style="width: 48.6%;"></div>	50.7%	14.6%	<div style="width: 14.6%;"></div>
	2024	48.7%	<div style="width: 48.7%;"></div>	51.2%	16.2%	<div style="width: 16.2%;"></div>
22b) I am enthusiastic about my job.	2023	68.0%	<div style="width: 68.0%;"></div>	66.8%	7.6%	<div style="width: 7.6%;"></div>
	2024	64.7%	<div style="width: 64.7%;"></div>	65.7%	9.1%	<div style="width: 9.1%;"></div>
22c) I am happy to go the extra mile at work when required.	2023	79.6%	<div style="width: 79.6%;"></div>	80.0%	4.6%	<div style="width: 4.6%;"></div>
	2024	77.8%	<div style="width: 77.8%;"></div>	78.7%	4.7%	<div style="width: 4.7%;"></div>
23a) I am able to make improvements in my area of work.	2023	57.8%	<div style="width: 57.8%;"></div>	58.5%	16.4%	<div style="width: 16.4%;"></div>
	2024	58.7%	<div style="width: 58.7%;"></div>	60.6%	17.1%	<div style="width: 17.1%;"></div>
23b) I would recommend my organisation as a place to work.	2023	56.1%	<div style="width: 56.1%;"></div>	55.2%	16.8%	<div style="width: 16.8%;"></div>
	2024	55.4%	<div style="width: 55.4%;"></div>	56.4%	17.9%	<div style="width: 17.9%;"></div>
23c) I am proud to tell people I work for my organisation.	2023	64.2%	<div style="width: 64.2%;"></div>	58.8%	10.0%	<div style="width: 10.0%;"></div>
	2024	64.4%	<div style="width: 64.4%;"></div>	60.0%	11.8%	<div style="width: 11.8%;"></div>
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	<div style="width: 54.9%;"></div>	54.2%	24.7%	<div style="width: 24.7%;"></div>
	2024	47.3%	<div style="width: 47.3%;"></div>	47.9%	28.4%	<div style="width: 28.4%;"></div>

We are all able to speak up

14a) I always know what my work responsibilities are.	2023	82.4%	<div style="width: 82.4%;"></div>	81.2%	8.4%	<div style="width: 8.4%;"></div>
	2024	82.8%	<div style="width: 82.8%;"></div>	81.6%	8.6%	<div style="width: 8.6%;"></div>
14b) I am trusted to do my job.	2023	88.1%	<div style="width: 88.1%;"></div>	87.5%	5.1%	<div style="width: 5.1%;"></div>
	2024	87.0%	<div style="width: 87.0%;"></div>	86.9%	5.8%	<div style="width: 5.8%;"></div>
14c) There are frequent opportunities for me to show initiative in my role.	2023	73.3%	<div style="width: 73.3%;"></div>	72.6%	11.7%	<div style="width: 11.7%;"></div>
	2024	71.3%	<div style="width: 71.3%;"></div>	72.5%	13.0%	<div style="width: 13.0%;"></div>
14d) I have a choice in deciding how to do my work.	2023	66.8%	<div style="width: 66.8%;"></div>	67.2%	14.9%	<div style="width: 14.9%;"></div>
	2024	69.9%	<div style="width: 69.9%;"></div>	71.8%	14.1%	<div style="width: 14.1%;"></div>
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	75.2%	<div style="width: 75.2%;"></div>	73.4%	9.6%	<div style="width: 9.6%;"></div>
	2024	74.2%	<div style="width: 74.2%;"></div>	74.5%	11.3%	<div style="width: 11.3%;"></div>
14j) I would feel secure raising concerns about unethical behaviour.	2023	76.8%	<div style="width: 76.8%;"></div>	76.7%	11.1%	<div style="width: 11.1%;"></div>
	2024	74.3%	<div style="width: 74.3%;"></div>	75.7%	12.8%	<div style="width: 12.8%;"></div>
14k) I am confident my organisation would address my concern.	2023	50.6%	<div style="width: 50.6%;"></div>	51.3%	19.8%	<div style="width: 19.8%;"></div>
	2024	52.2%	<div style="width: 52.2%;"></div>	53.5%	22.2%	<div style="width: 22.2%;"></div>
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	57.2%	<div style="width: 57.2%;"></div>	55.8%	19.0%	<div style="width: 19.0%;"></div>
	2024	60.0%	<div style="width: 60.0%;"></div>	58.5%	19.0%	<div style="width: 19.0%;"></div>
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	39.7%	<div style="width: 39.7%;"></div>	40.1%	24.5%	<div style="width: 24.5%;"></div>
	2024	44.4%	<div style="width: 44.4%;"></div>	43.6%	25.5%	<div style="width: 25.5%;"></div>
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	<div style="width: 54.9%;"></div>	54.2%	24.7%	<div style="width: 24.7%;"></div>
	2024	47.3%	<div style="width: 47.3%;"></div>	47.9%	28.4%	<div style="width: 28.4%;"></div>

We are compassionate and inclusive

01h) I feel valued by my team.	2023	67.1%	<div style="width: 67.1%;"></div>	67.4%	16.9%	<div style="width: 16.9%;"></div>
	2024	66.3%	<div style="width: 66.3%;"></div>	67.1%	18.1%	<div style="width: 18.1%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.3%	<div style="width: 75.3%;"></div>	75.3%	12.7%	<div style="width: 12.7%;"></div>
	2024	72.8%	<div style="width: 72.8%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.3%	<div style="width: 66.3%;"></div>	66.9%	15.1%	<div style="width: 15.1%;"></div>
	2024	68.1%	<div style="width: 68.1%;"></div>	69.3%	14.4%	<div style="width: 14.4%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	68.9%	<div style="width: 68.9%;"></div>	69.8%	14.3%	<div style="width: 14.3%;"></div>
	2024	70.4%	<div style="width: 70.4%;"></div>	71.4%	14.4%	<div style="width: 14.4%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.9%	<div style="width: 63.9%;"></div>	65.5%	14.8%	<div style="width: 14.8%;"></div>
	2024	66.6%	<div style="width: 66.6%;"></div>	67.9%	15.3%	<div style="width: 15.3%;"></div>
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2023	63.0%	<div style="width: 63.0%;"></div>	62.9%	11.6%	<div style="width: 11.6%;"></div>
	2024	64.6%	<div style="width: 64.6%;"></div>	64.8%	12.7%	<div style="width: 12.7%;"></div>
15c) The people I work with are understanding and kind to one another.	2023	75.4%	<div style="width: 75.4%;"></div>	75.4%	9.8%	<div style="width: 9.8%;"></div>
	2024	72.4%	<div style="width: 72.4%;"></div>	73.8%	10.9%	<div style="width: 10.9%;"></div>
15d) The people I work with are polite and treat each other with respect.	2023	76.1%	<div style="width: 76.1%;"></div>	76.3%	9.2%	<div style="width: 9.2%;"></div>
	2024	72.1%	<div style="width: 72.1%;"></div>	73.8%	10.8%	<div style="width: 10.8%;"></div>
16a) People here are compassionate towards colleagues when they face problems.	2023	75.6%	<div style="width: 75.6%;"></div>	76.5%	8.4%	<div style="width: 8.4%;"></div>
	2024	74.4%	<div style="width: 74.4%;"></div>	75.7%	9.4%	<div style="width: 9.4%;"></div>
16b) People here give good support to colleagues who are distressed.	2023	76.8%	<div style="width: 76.8%;"></div>	77.5%	8.4%	<div style="width: 8.4%;"></div>
	2024	75.6%	<div style="width: 75.6%;"></div>	77.5%	9.2%	<div style="width: 9.2%;"></div>
16c) People here are compassionate in the way they behave towards patients/ service users.	2023	84.5%	<div style="width: 84.5%;"></div>	83.4%	3.0%	<div style="width: 3.0%;"></div>
	2024	83.8%	<div style="width: 83.8%;"></div>	83.5%	4.0%	<div style="width: 4.0%;"></div>
16d) People here take effective action to help patients/service users in distress.	2023	83.6%	<div style="width: 83.6%;"></div>	82.9%	2.7%	<div style="width: 2.7%;"></div>
	2024	83.6%	<div style="width: 83.6%;"></div>	83.1%	3.6%	<div style="width: 3.6%;"></div>
17a) Care of patients / service users is my organisation's top priority.	2023	69.6%	<div style="width: 69.6%;"></div>	67.2%	11.8%	<div style="width: 11.8%;"></div>
	2024	72.3%	<div style="width: 72.3%;"></div>	67.3%	10.9%	<div style="width: 10.9%;"></div>
17b) My organisation acts on concerns raised by patients / service users.	2023	66.2%	<div style="width: 66.2%;"></div>	63.3%	7.7%	<div style="width: 7.7%;"></div>
	2024	68.3%	<div style="width: 68.3%;"></div>	64.2%	8.0%	<div style="width: 8.0%;"></div>
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2023	57.8%	<div style="width: 57.8%;"></div>	54.1%	17.0%	<div style="width: 17.0%;"></div>
	2024	61.2%	<div style="width: 61.2%;"></div>	55.3%	15.5%	<div style="width: 15.5%;"></div>
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	57.2%	<div style="width: 57.2%;"></div>	55.8%	19.0%	<div style="width: 19.0%;"></div>
	2024	60.0%	<div style="width: 60.0%;"></div>	58.5%	19.0%	<div style="width: 19.0%;"></div>

We are continuously learning and improving

18a) This organisation offers me challenging work.	2023	75.1%	<div style="width: 75.1%;"></div>	71.2%	7.5%	<div style="width: 7.5%;"></div>
	2024	72.4%	<div style="width: 72.4%;"></div>	71.3%	7.9%	<div style="width: 7.9%;"></div>
18b) There are opportunities for me to develop my career in this organisation.	2023	54.2%	<div style="width: 54.2%;"></div>	51.6%	23.2%	<div style="width: 23.2%;"></div>
	2024	52.0%	<div style="width: 52.0%;"></div>	51.7%	24.7%	<div style="width: 24.7%;"></div>
18c) I have opportunities to improve my knowledge and skills.	2023	66.4%	<div style="width: 66.4%;"></div>	67.6%	15.4%	<div style="width: 15.4%;"></div>
	2024	66.5%	<div style="width: 66.5%;"></div>	68.2%	16.9%	<div style="width: 16.9%;"></div>

18d) I feel supported to develop my potential.	2023	53.9%	<div style="width: 53.9%;"></div>	55.3%	20.9%	<div style="width: 20.9%;"></div>
	2024	54.4%	<div style="width: 54.4%;"></div>	56.0%	22.7%	<div style="width: 22.7%;"></div>
18e) I am able to access the right learning and development opportunities when I need to.	2023	50.4%	<div style="width: 50.4%;"></div>	55.7%	22.2%	<div style="width: 22.2%;"></div>
	2024	52.8%	<div style="width: 52.8%;"></div>	56.2%	22.1%	<div style="width: 22.1%;"></div>
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?	2023	76.6%	<div style="width: 76.6%;"></div>	80.3%	20.1%	<div style="width: 20.1%;"></div>
	2024	81.7%	<div style="width: 81.7%;"></div>	84.2%	15.1%	<div style="width: 15.1%;"></div>
We are stronger together						
01a) The team I work in has a set of shared objectives.	2023	75.0%	<div style="width: 75.0%;"></div>	75.1%	12.1%	<div style="width: 12.1%;"></div>
	2024	75.1%	<div style="width: 75.1%;"></div>	75.4%	12.0%	<div style="width: 12.0%;"></div>
01b) The team I work in often meets to discuss the team's effectiveness.	2023	60.4%	<div style="width: 60.4%;"></div>	62.7%	25.6%	<div style="width: 25.6%;"></div>
	2024	60.6%	<div style="width: 60.6%;"></div>	63.6%	25.9%	<div style="width: 25.9%;"></div>
01c) Team members trust each other.	2023	69.0%	<div style="width: 69.0%;"></div>	67.1%	15.6%	<div style="width: 15.6%;"></div>
	2024	65.8%	<div style="width: 65.8%;"></div>	66.3%	17.7%	<div style="width: 17.7%;"></div>
01d) Team members understand each other's roles.	2023	71.5%	<div style="width: 71.5%;"></div>	70.8%	16.2%	<div style="width: 16.2%;"></div>
	2024	70.1%	<div style="width: 70.1%;"></div>	70.4%	16.7%	<div style="width: 16.7%;"></div>
01e) Team members take time out to reflect and learn.	2023	51.1%	<div style="width: 51.1%;"></div>	52.2%	26.0%	<div style="width: 26.0%;"></div>
	2024	51.5%	<div style="width: 51.5%;"></div>	54.2%	25.0%	<div style="width: 25.0%;"></div>
01f) Team members are able to communicate closely with each other to achieve the team's objectives.	2023	70.0%	<div style="width: 70.0%;"></div>	69.7%	14.5%	<div style="width: 14.5%;"></div>
	2024	67.4%	<div style="width: 67.4%;"></div>	69.6%	16.7%	<div style="width: 16.7%;"></div>
01g) I enjoy working with the colleagues in my team.	2023	82.2%	<div style="width: 82.2%;"></div>	81.4%	5.8%	<div style="width: 5.8%;"></div>
	2024	80.0%	<div style="width: 80.0%;"></div>	79.7%	8.0%	<div style="width: 8.0%;"></div>
01h) I feel valued by my team.	2023	67.1%	<div style="width: 67.1%;"></div>	67.4%	16.9%	<div style="width: 16.9%;"></div>
	2024	66.3%	<div style="width: 66.3%;"></div>	67.1%	18.1%	<div style="width: 18.1%;"></div>
01i) I feel able to ask other members of this team for help when I need it.	2023	84.7%	<div style="width: 84.7%;"></div>	83.7%	6.0%	<div style="width: 6.0%;"></div>
	2024	81.6%	<div style="width: 81.6%;"></div>	81.7%	9.1%	<div style="width: 9.1%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.3%	<div style="width: 75.3%;"></div>	75.3%	12.7%	<div style="width: 12.7%;"></div>
	2024	72.8%	<div style="width: 72.8%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
01k) Team members work well with other teams.	2023	70.3%	<div style="width: 70.3%;"></div>	70.8%	11.7%	<div style="width: 11.7%;"></div>
	2024	70.3%	<div style="width: 70.3%;"></div>	71.7%	11.9%	<div style="width: 11.9%;"></div>
04a) My immediate manager (line manager) encourages me at work.	2023	69.0%	<div style="width: 69.0%;"></div>	69.6%	13.8%	<div style="width: 13.8%;"></div>
	2024	70.3%	<div style="width: 70.3%;"></div>	71.7%	12.5%	<div style="width: 12.5%;"></div>
04b) My immediate manager (line manager) gives me clear feedback on my work.	2023	61.2%	<div style="width: 61.2%;"></div>	62.7%	19.1%	<div style="width: 19.1%;"></div>
	2024	63.5%	<div style="width: 63.5%;"></div>	65.2%	16.7%	<div style="width: 16.7%;"></div>
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.	2023	56.6%	<div style="width: 56.6%;"></div>	57.0%	25.1%	<div style="width: 25.1%;"></div>
	2024	57.6%	<div style="width: 57.6%;"></div>	60.2%	23.4%	<div style="width: 23.4%;"></div>
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.	2023	67.8%	<div style="width: 67.8%;"></div>	68.3%	15.6%	<div style="width: 15.6%;"></div>
	2024	70.0%	<div style="width: 70.0%;"></div>	71.2%	14.6%	<div style="width: 14.6%;"></div>
04e) My immediate manager (line manager) values my work.	2023	70.3%	<div style="width: 70.3%;"></div>	71.3%	12.1%	<div style="width: 12.1%;"></div>
	2024	72.0%	<div style="width: 72.0%;"></div>	73.0%	12.7%	<div style="width: 12.7%;"></div>

04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.3%	<div style="width: 66.3%;"></div>	66.9%	15.1%	<div style="width: 15.1%;"></div>
	2024	68.1%	<div style="width: 68.1%;"></div>	69.3%	14.4%	<div style="width: 14.4%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	68.9%	<div style="width: 68.9%;"></div>	69.8%	14.3%	<div style="width: 14.3%;"></div>
	2024	70.4%	<div style="width: 70.4%;"></div>	71.4%	14.4%	<div style="width: 14.4%;"></div>
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.	2023	70.5%	<div style="width: 70.5%;"></div>	69.7%	13.9%	<div style="width: 13.9%;"></div>
	2024	70.8%	<div style="width: 70.8%;"></div>	71.5%	14.2%	<div style="width: 14.2%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.9%	<div style="width: 63.9%;"></div>	65.5%	14.8%	<div style="width: 14.8%;"></div>
	2024	66.6%	<div style="width: 66.6%;"></div>	67.9%	15.3%	<div style="width: 15.3%;"></div>





































































We champion flexible working

14e) I am satisfied with the opportunity for flexible working patterns.	2023	55.9%	<div style="width: 55.9%;"></div>	59.1%	24.1%	<div style="width: 24.1%;"></div>
	2024	60.4%	<div style="width: 60.4%;"></div>	63.8%	21.8%	<div style="width: 21.8%;"></div>
14f) My organisation is committed to helping me balance my work and home life.	2023	47.3%	<div style="width: 47.3%;"></div>	51.5%	25.0%	<div style="width: 25.0%;"></div>
	2024	52.9%	<div style="width: 52.9%;"></div>	56.0%	23.2%	<div style="width: 23.2%;"></div>
14g) I achieve a good balance between my work life and my home life.	2023	54.2%	<div style="width: 54.2%;"></div>	57.3%	25.5%	<div style="width: 25.5%;"></div>
	2024	56.4%	<div style="width: 56.4%;"></div>	59.7%	23.6%	<div style="width: 23.6%;"></div>
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.	2023	65.9%	<div style="width: 65.9%;"></div>	68.1%	14.8%	<div style="width: 14.8%;"></div>
	2024	68.8%	<div style="width: 68.8%;"></div>	71.0%	14.2%	<div style="width: 14.2%;"></div>

We nurture healthy working environments

02a) I have unrealistic time pressures.	2023	24.3%	<div style="width: 24.3%;"></div>	27.6%	35.8%	<div style="width: 35.8%;"></div>
	2024	25.4%	<div style="width: 25.4%;"></div>	28.9%	33.2%	<div style="width: 33.2%;"></div>
02b) I am able to meet all the conflicting demands on my time at work.	2023	47.1%	<div style="width: 47.1%;"></div>	51.2%	17.8%	<div style="width: 17.8%;"></div>
	2024	47.8%	<div style="width: 47.8%;"></div>	51.5%	17.4%	<div style="width: 17.4%;"></div>
02c) I have adequate supplies, materials and equipment to do my work.	2023	46.2%	<div style="width: 46.2%;"></div>	59.2%	22.3%	<div style="width: 22.3%;"></div>
	2024	45.3%	<div style="width: 45.3%;"></div>	58.1%	24.2%	<div style="width: 24.2%;"></div>
02d) There are enough staff at this organisation for me to do my job properly.	2023	28.0%	<div style="width: 28.0%;"></div>	31.3%	40.1%	<div style="width: 40.1%;"></div>
	2024	29.8%	<div style="width: 29.8%;"></div>	34.2%	38.0%	<div style="width: 38.0%;"></div>
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	69.2%	<div style="width: 69.2%;"></div>	72.6%	29.2%	<div style="width: 29.2%;"></div>
	2024	71.8%	<div style="width: 71.8%;"></div>	75.9%	26.9%	<div style="width: 26.9%;"></div>
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	78.3%	<div style="width: 78.3%;"></div>	79.4%	17.9%	<div style="width: 17.9%;"></div>
	2024	80.6%	<div style="width: 80.6%;"></div>	81.7%	16.4%	<div style="width: 16.4%;"></div>
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	74.8%	<div style="width: 74.8%;"></div>	76.4%	22.1%	<div style="width: 22.1%;"></div>
	2024	76.3%	<div style="width: 76.3%;"></div>	78.0%	20.7%	<div style="width: 20.7%;"></div>
10a) 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 sexualised conversation (including jokes), touching or assault. From patients / service users	2023	88.3%	<div style="width: 88.3%;"></div>	89.9%	11.0%	<div style="width: 11.0%;"></div>
	2024	88.4%	<div style="width: 88.4%;"></div>	90.7%	11.0%	<div style="width: 11.0%;"></div>







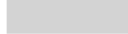




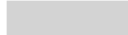


















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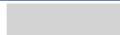
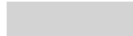




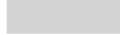



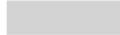
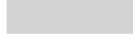




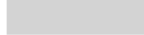




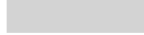





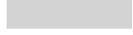





10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	94.2%		94.7%	4.9%	
	2024	94.5%		95.5%	4.8%	
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	80.3%		82.3%	19.0%	
	2024	69.7%		73.2%	29.0%	
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?	2023	41.6%		41.4%		
	2024	48.5%		48.7%		
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	89.8%		91.2%	9.9%	
	2024	90.6%		92.4%	9.0%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	99.4%		99.3%	0.2%	
	2024	99.1%		99.2%	0.5%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.7%		98.8%	0.9%	
	2024	98.8%		99.0%	0.7%	
20a) How often, if at all, do you find your work emotionally exhausting?	2023	16.4%		18.8%	44.7%	
	2024	19.0%		21.0%	38.8%	
20b) How often, if at all, do you feel burnt out because of your work?	2023	23.9%		26.0%	39.1%	
	2024	27.7%		30.8%	34.0%	
20c) How often, if at all, does your work frustrate you?	2023	14.0%		15.5%	47.5%	
	2024	20.1%		20.3%	39.5%	
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	28.9%		31.9%	36.4%	
	2024	36.2%		39.6%	28.9%	
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	14.9%		17.6%	49.5%	
	2024	19.1%		21.7%	42.9%	
20f) How often, if at all, do you feel that every working hour is tiring for you?	2023	47.3%		48.3%	21.5%	
	2024	51.6%		54.8%	19.8%	
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?	2023	29.6%		32.0%	31.6%	
	2024	28.5%		30.2%	35.3%	
21a) My organisation takes positive action on health and wellbeing.	2023	44.0%		46.6%	18.2%	
	2024	46.3%		49.4%	20.1%	
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2023	39.9%		38.9%	60.1%	
	2024	38.6%		39.5%	61.4%	
21e) Have you felt pressure from your manager to come to work?	2023	79.4%		79.0%	20.6%	
	2024	77.0%		79.3%	23.0%	
We recognise everyone's contribution						
04e) My immediate manager (line manager) values my work.	2023	70.3%		71.3%	12.1%	
	2024	72.0%		73.0%	12.7%	
15a) I get recognition for good work.	2023	56.7%		57.3%	21.0%	

15a) I get recognition for good work.	2024	55.6%	<div style="width: 55.6%; background-color: #4CAF50;"></div>	58.4%	21.8%	<div style="width: 21.8%; background-color: #E91E63;"></div>
15b) The organisation values my work.	2023	47.0%	<div style="width: 47.0%; background-color: #4CAF50;"></div>	47.9%	22.5%	<div style="width: 22.5%; background-color: #E91E63;"></div>
	2024	47.9%	<div style="width: 47.9%; background-color: #4CAF50;"></div>	49.6%	22.9%	<div style="width: 22.9%; background-color: #E91E63;"></div>
15e) The people I work with show appreciation to one another.	2023	71.2%	<div style="width: 71.2%; background-color: #4CAF50;"></div>	72.0%	10.2%	<div style="width: 10.2%; background-color: #E91E63;"></div>
	2024	68.9%	<div style="width: 68.9%; background-color: #4CAF50;"></div>	70.5%	11.9%	<div style="width: 11.9%; background-color: #E91E63;"></div>











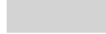




















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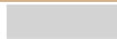



























Table 6: Number and percentage of responses to each question for Cardiff and Vale University Health Board. %s are rounded so may not add up to 100%.

Question and response	Total responses	%	
01a) The team I work in has a set of shared objectives.			
Strongly agree	1148	25%	
Agree	2322	50%	
Neither agree nor disagree	596	13%	
Disagree	343	7%	
Strongly disagree	209	5%	
01b) The team I work in often meets to discuss the team's effectiveness.			
Strongly agree	909	20%	
Agree	1891	41%	
Neither agree nor disagree	624	14%	
Disagree	775	17%	
Strongly disagree	423	9%	
01c) Team members trust each other.			
Strongly agree	1139	25%	
Agree	1902	41%	
Neither agree nor disagree	763	17%	
Disagree	548	12%	
Strongly disagree	269	6%	
01d) Team members understand each other's roles.			
Strongly agree	1095	24%	
Agree	2139	46%	
Neither agree nor disagree	609	13%	
Disagree	538	12%	
Strongly disagree	234	5%	
01e) Team members take time out to reflect and learn.			
Strongly agree	652	14%	
Agree	1724	37%	
Neither agree nor disagree	1082	23%	
Disagree	796	17%	
Strongly disagree	356	8%	
01f) Team members are able to communicate closely with each other to achieve the team's objectives.			
Strongly agree	1024	22%	
Agree	2084	45%	
Neither agree nor disagree	736	16%	
Disagree	515	11%	
Strongly disagree	253	5%	

Question and response	Total responses	%	
01g) I enjoy working with the colleagues in my team.			
Strongly agree	1758	38%	
Agree	1942	42%	
Neither agree nor disagree	557	12%	
Disagree	187	4%	
Strongly disagree	182	4%	
01h) I feel valued by my team.			
Strongly agree	655	28%	
Agree	875	38%	
Neither agree nor disagree	361	16%	
Disagree	236	10%	
Strongly disagree	182	8%	
01i) I feel able to ask other members of this team for help when I need it.			
Strongly agree	1783	39%	
Agree	1984	43%	
Neither agree nor disagree	425	9%	
Disagree	244	5%	
Strongly disagree	178	4%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.			
Strongly agree	627	27%	
Agree	1050	46%	
Neither agree nor disagree	286	12%	
Disagree	190	8%	
Strongly disagree	150	6%	
01k) Team members work well with other teams.			
Strongly agree	1136	25%	
Agree	2112	46%	
Neither agree nor disagree	823	18%	
Disagree	328	7%	
Strongly disagree	222	5%	
02a) I have unrealistic time pressures.			
Always	241	10%	
Often	529	23%	
Sometimes	958	41%	
Rarely	452	20%	
Never	136	6%	
02b) I am able to meet all the conflicting demands on my time at work.			
Always	235	10%	
Often	870	38%	
Sometimes	803	35%	

Question and response	Total responses	%	
Rarely	325	14%	
Never	77	3%	
02c) I have adequate supplies, materials and equipment to do my work.			
Always	357	15%	
Often	690	30%	
Sometimes	705	31%	
Rarely	419	18%	
Never	140	6%	
02d) There are enough staff at this organisation for me to do my job properly.			
Always	196	8%	
Often	493	21%	
Sometimes	745	32%	
Rarely	547	24%	
Never	333	14%	
03a) How many hours a week are you contracted to work?			
30 or more hours	3831	83%	
I am a bank worker	24	1%	
Unknown	1	0%	
Up to 29 hours	738	16%	
03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call.			
0 Hours	3544	77%	
11 or more hours	260	6%	
6-10 hours	254	6%	
Up to 5 hours	528	12%	
03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.			
0 Hours	2103	46%	
11 or more hours	156	3%	
6-10 hours	411	9%	
Up to 5 hours	1942	42%	
04a) My immediate manager (line manager) encourages me at work.			
Strongly agree	734	32%	
Agree	892	39%	
Neither agree nor disagree	397	17%	
Disagree	169	7%	
Strongly disagree	121	5%	

Question and response	Total responses	%	
04b) My immediate manager (line manager) gives me clear feedback on my work.			
Strongly agree	1218	26%	
Agree	1714	37%	
Neither agree nor disagree	911	20%	
Disagree	504	11%	
Strongly disagree	269	6%	
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.			
Strongly agree	1129	24%	
Agree	1537	33%	
Neither agree nor disagree	879	19%	
Disagree	657	14%	
Strongly disagree	423	9%	
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.			
Strongly agree	1613	35%	
Agree	1627	35%	
Neither agree nor disagree	714	15%	
Disagree	379	8%	
Strongly disagree	296	6%	
04e) My immediate manager (line manager) values my work.			
Strongly agree	771	33%	
Agree	893	39%	
Neither agree nor disagree	355	15%	
Disagree	162	7%	
Strongly disagree	131	6%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.			
Strongly agree	700	30%	
Agree	874	38%	
Neither agree nor disagree	402	17%	
Disagree	196	8%	
Strongly disagree	138	6%	
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.			
Strongly agree	756	33%	
Agree	872	38%	
Neither agree nor disagree	351	15%	
Disagree	193	8%	
Strongly disagree	141	6%	
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.			
Strongly agree	1581	34%	

Question and response	Total responses	%	
Agree	1690	37%	
Neither agree nor disagree	691	15%	
Disagree	358	8%	
Strongly disagree	298	6%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.			
Strongly agree	712	31%	
Agree	827	36%	
Neither agree nor disagree	420	18%	
Disagree	207	9%	
Strongly disagree	148	6%	
05a) Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?			
Don't know	1160	25%	
No	693	15%	
Prefer not to say	213	5%	
Yes	2545	55%	
05b) In the last 12 months have you sought a progression opportunity in your workplace?			
Don't know	190	4%	
No	2737	59%	
Prefer not to say	195	4%	
Yes	1493	32%	
05d) In the coming 12 months would you consider applying for a progression opportunity in your workplace?			
Don't know	905	20%	
No	1692	37%	
Prefer not to say	142	3%	
Yes	1883	41%	
06a) In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?			
No	3913	85%	
Prefer not to say	247	5%	
Yes	460	10%	
07a) In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?			
No	3819	86%	
Prefer not to say	323	7%	
Yes	324	7%	
08a) In the last 12 months have you personally experienced discrimination at work from other colleagues?			
No	3857	86%	

Question and response	Total responses	%
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Prefer not to say	308	7%
Yes	346	8%

09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public

1-2	714	16%
3-5	287	6%
6-10	101	2%
More than 10	131	3%
Prefer not to say	59	1%
Never	3291	72%

09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders

1-2	436	10%
3-5	159	3%
6-10	74	2%
More than 10	81	2%
Prefer not to say	133	3%
Never	3679	81%

09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues

1-2	579	13%
3-5	210	5%
6-10	75	2%
More than 10	74	2%
Prefer not to say	137	3%
Never	3457	76%

09d) The last time you experienced harassment or bullying at work, did you or a colleague report it?

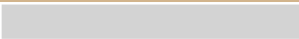





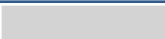

















Don't know	131	5%
No	1234	52%
Yes, a colleague reported it	161	7%
Yes, I reported it	863	36%







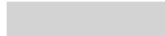



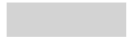
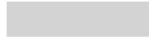



















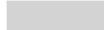
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users

1-2	344	7%
3-5	107	2%
6-10	25	1%
More than 10	29	1%
Prefer not to say	30	1%

































Question and response	Total responses	%
Never	4074	88%
10b) 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 sexualised conversation (including jokes), touching or assault. From staff / colleagues		
1-2	153	3%
3-5	37	1%
6-10	9	0%
More than 10	20	0%
Prefer not to say	35	1%
Never	4347	94%
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?		
1-2	750	16%
3-5	310	7%
6-10	102	2%
More than 10	174	4%
Prefer not to say	60	1%
Never	3212	70%
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?		
Don't know	57	4%
No	645	48%
Yes, a colleague reported it	94	7%
Yes, I reported it	535	40%
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public		
1-2	254	5%
3-5	79	2%
6-10	45	1%
More than 10	37	1%
Prefer not to say	21	0%
Never	4186	91%
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders		
1-2	12	0%
3-5	6	0%
6-10	3	0%
More than 10	3	0%
Prefer not to say	17	0%

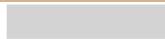








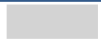






















Rhys Iwan Jones
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 Rhys Iwan Jones
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Question and response	Total responses	%	
Never	4550	99%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues			
1-2	15	0%	
3-5	11	0%	
6-10	3	0%	
More than 10	4	0%	
Prefer not to say	20	0%	
Never	4533	99%	
12d) The last time you experienced physical violence at work, did you or a colleague report it?			
Don't know	15	3%	
No	129	30%	
Yes, a colleague reported it	45	10%	
Yes, I reported it	247	57%	
13a) In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?			
No	2338	55%	
Prefer not to say	250	6%	
Unknown	1	0%	
Yes	1694	40%	
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.			
Strongly agree	561	14%	
Agree	1519	38%	
Neither agree nor disagree	1322	33%	
Disagree	405	10%	
Strongly disagree	180	5%	
13c) My organisation encourages us to report errors, near misses or incidents.			
Strongly agree	1143	27%	
Agree	2020	48%	
Neither agree nor disagree	610	15%	
Disagree	257	6%	
Strongly disagree	146	3%	
13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.			
Strongly agree	739	18%	
Agree	1593	39%	
Neither agree nor disagree	1136	28%	
Disagree	426	10%	
Strongly disagree	206	5%	

Question and response	Total responses	%	
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.			
Strongly agree	591	14%	
Agree	1321	32%	
Neither agree nor disagree	1127	28%	
Disagree	716	18%	
Strongly disagree	326	8%	
14a) I always know what my work responsibilities are.			
Strongly agree	689	30%	
Agree	1226	53%	
Neither agree nor disagree	199	9%	
Disagree	145	6%	
Strongly disagree	55	2%	
14b) I am trusted to do my job.			
Strongly agree	1826	39%	
Agree	2197	48%	
Neither agree nor disagree	330	7%	
Disagree	168	4%	
Strongly disagree	102	2%	
14c) There are frequent opportunities for me to show initiative in my role.			
Strongly agree	1353	29%	
Agree	1934	42%	
Neither agree nor disagree	726	16%	
Disagree	410	9%	
Strongly disagree	190	4%	
14d) I have a choice in deciding how to do my work.			
Strongly agree	585	25%	
Agree	1032	45%	
Neither agree nor disagree	368	16%	
Disagree	224	10%	
Strongly disagree	103	4%	
14e) I am satisfied with the opportunity for flexible working patterns.			
Strongly agree	1142	25%	
Agree	1652	36%	
Neither agree nor disagree	823	18%	
Disagree	563	12%	
Strongly disagree	444	10%	
14f) My organisation is committed to helping me balance my work and home life.			
Strongly agree	876	19%	
Agree	1568	34%	

Question and response	Total responses	%	
Neither agree nor disagree	1107	24%	
Disagree	628	14%	
Strongly disagree	444	10%	
14g) I achieve a good balance between my work life and my home life.			
Strongly agree	828	18%	
Agree	1779	38%	
Neither agree nor disagree	926	20%	
Disagree	687	15%	
Strongly disagree	405	9%	
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.			
Strongly agree	1356	29%	
Agree	1820	39%	
Neither agree nor disagree	786	17%	
Disagree	350	8%	
Strongly disagree	306	7%	
14i) I would feel secure raising concerns about unsafe clinical practice.			
Strongly agree	1302	28%	
Agree	2123	46%	
Neither agree nor disagree	669	14%	
Disagree	308	7%	
Strongly disagree	214	5%	
14j) I would feel secure raising concerns about unethical behaviour.			
Strongly agree	1273	28%	
Agree	2147	47%	
Neither agree nor disagree	594	13%	
Disagree	352	8%	
Strongly disagree	236	5%	
14k) I am confident my organisation would address my concern.			
Strongly agree	758	16%	
Agree	1646	36%	
Neither agree nor disagree	1180	26%	
Disagree	617	13%	
Strongly disagree	408	9%	
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)			
Strongly agree	696	15%	
Agree	2295	50%	
Neither agree nor disagree	1050	23%	
Disagree	396	9%	

Question and response	Total responses	%	
Strongly disagree	193	4%	
15a) I get recognition for good work.			
Strongly agree	628	14%	
Agree	1943	42%	
Neither agree nor disagree	1041	23%	
Disagree	685	15%	
Strongly disagree	323	7%	
15b) The organisation values my work.			
Strongly agree	526	11%	
Agree	1685	37%	
Neither agree nor disagree	1348	29%	
Disagree	704	15%	
Strongly disagree	352	8%	
15c) The people I work with are understanding and kind to one another.			
Strongly agree	1095	24%	
Agree	2245	49%	
Neither agree nor disagree	770	17%	
Disagree	336	7%	
Strongly disagree	166	4%	
15d) The people I work with are polite and treat each other with respect.			
Strongly agree	1079	23%	
Agree	2246	49%	
Neither agree nor disagree	787	17%	
Disagree	340	7%	
Strongly disagree	158	3%	
15e) The people I work with show appreciation to one another.			
Strongly agree	1009	22%	
Agree	2151	47%	
Neither agree nor disagree	881	19%	
Disagree	380	8%	
Strongly disagree	165	4%	
15f) Relationships at work are strained.			
Strongly agree	426	9%	
Agree	966	21%	
Neither agree nor disagree	1212	26%	
Disagree	1393	30%	
Strongly disagree	616	13%	
16a) People here are compassionate towards colleagues when they face problems.			
Strongly agree	1023	22%	

Question and response	Total responses	%	
Agree	2416	52%	
Neither agree nor disagree	747	16%	
Disagree	316	7%	
Strongly disagree	120	3%	
16b) People here give good support to colleagues who are distressed.			
Strongly agree	1132	25%	
Agree	2356	51%	
Neither agree nor disagree	700	15%	
Disagree	297	6%	
Strongly disagree	127	3%	
16c) People here are compassionate in the way they behave towards patients/ service users.			
Strongly agree	1388	30%	
Agree	2464	54%	
Neither agree nor disagree	558	12%	
Disagree	121	3%	
Strongly disagree	65	1%	
16d) People here take effective action to help patients/service users in distress.			
Strongly agree	1451	32%	
Agree	2385	52%	
Neither agree nor disagree	587	13%	
Disagree	106	2%	
Strongly disagree	59	1%	
17a) Care of patients / service users is my organisation's top priority.			
Strongly agree	1173	25%	
Agree	2170	47%	
Neither agree nor disagree	777	17%	
Disagree	389	8%	
Strongly disagree	116	3%	
17b) My organisation acts on concerns raised by patients / service users.			
Strongly agree	916	20%	
Agree	2234	48%	
Neither agree nor disagree	1093	24%	
Disagree	275	6%	
Strongly disagree	96	2%	
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.			
Strongly agree	728	16%	
Agree	2094	45%	
Neither agree nor disagree	1077	23%	

Question and response	Total responses	%
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Disagree	526	11%
Strongly disagree	189	4%

17d) I feel safe to speak up about anything that concerns me in this organisation.

Strongly agree	367	16%
Agree	1017	44%
Neither agree nor disagree	484	21%
Disagree	294	13%
Strongly disagree	145	6%

17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.

Strongly agree	526	11%
Agree	1526	33%
Neither agree nor disagree	1389	30%
Disagree	771	17%
Strongly disagree	407	9%

18a) This organisation offers me challenging work.

Strongly agree	993	22%
Agree	2339	51%
Neither agree nor disagree	911	20%
Disagree	267	6%
Strongly disagree	95	2%

18b) There are opportunities for me to develop my career in this organisation.

Strongly agree	629	14%
Agree	1767	38%
Neither agree nor disagree	1074	23%
Disagree	740	16%
Strongly disagree	398	9%

18c) I have opportunities to improve my knowledge and skills.

Strongly agree	817	18%
Agree	2241	49%
Neither agree nor disagree	763	17%
Disagree	525	11%
Strongly disagree	254	6%

18d) I feel supported to develop my potential.

Strongly agree	706	15%
Agree	1791	39%
Neither agree nor disagree	1054	23%
Disagree	668	15%
Strongly disagree	375	8%

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Question and response	Total responses	%	
18e) I am able to access the right learning and development opportunities when I need to.			
Strongly agree	612	13%	
Agree	1820	40%	
Neither agree nor disagree	1155	25%	
Disagree	672	15%	
Strongly disagree	348	8%	
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?			
Can't Remember	149	3%	
No	696	15%	
Yes	3775	82%	
19b) If yes, to what extent do you agree with the following statements? It helped me to improve how I do my job.			
No	1339	36%	
Yes, definitely	674	18%	
Yes, to some extent	1753	47%	
19c) It helped me agree clear objectives for my work.			
No	890	24%	
Yes, definitely	1040	28%	
Yes, to some extent	1835	49%	
19d) It left me feeling that my work is valued by my organisation.			
No	1024	27%	
Yes, definitely	1078	29%	
Yes, to some extent	1659	44%	
20a) How often, if at all, do you find your work emotionally exhausting?			
Always	417	9%	
Often	1372	30%	
Sometimes	1947	42%	
Rarely	649	14%	
Never	230	5%	
20b) How often, if at all, do you feel burnt out because of your work?			
Always	429	9%	
Often	1140	25%	
Sometimes	1768	38%	
Rarely	935	20%	
Never	341	7%	
20c) How often, if at all, does your work frustrate you?			
Always	430	9%	
Often	1386	30%	
Sometimes	1858	40%	

Question and response	Total responses	%
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Rarely	656	14%
Never	269	6%

20d) How often, if at all, are you exhausted at the thought of another day/shift at work?

Always	434	9%
Often	898	19%
Sometimes	1605	35%
Rarely	1140	25%
Never	529	11%

20e) How often, if at all, do you feel worn out at the end of your working day/shift?

Always	626	14%
Often	1350	29%
Sometimes	1750	38%
Rarely	651	14%
Never	228	5%

20f) How often, if at all, do you feel that every working hour is tiring for you?

Unknown	1	0%
Always	304	7%
Often	605	13%
Sometimes	1313	29%
Rarely	1562	34%
Never	807	18%

20g) How often, if at all, do you not have enough energy for family and friends during leisure time?



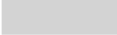

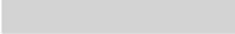











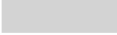
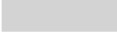




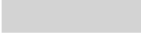




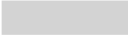



Always	443	10%
Often	1182	26%
Sometimes	1667	36%
Rarely	939	20%
Never	376	8%

21a) My organisation takes positive action on health and wellbeing.

Strongly agree	341	7%
Agree	1785	39%
Neither agree nor disagree	1546	34%
Disagree	662	14%
Strongly disagree	262	6%






21b) In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?

No	3348	73%
Yes	1245	27%

Question and response	Total responses	%	
21c) During the last 12 months have you felt unwell as a result of work-related stress?			
No	2729	59%	
Yes	1872	41%	
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?			
No	1785	39%	
Yes	2834	61%	
21e) Have you felt pressure from your manager to come to work?			
No	2179	77%	
Yes	651	23%	
22a) I look forward to going to work.			
Always	569	12%	
Often	1678	36%	
Sometimes	1620	35%	
Rarely	527	11%	
Never	220	5%	
22b) I am enthusiastic about my job.			
Always	1139	25%	
Often	1844	40%	
Sometimes	1206	26%	
Rarely	314	7%	
Never	105	2%	
22c) I am happy to go the extra mile at work when required.			
Always	1785	39%	
Often	1781	39%	
Sometimes	805	18%	
Rarely	121	3%	
Never	94	2%	
23a) I am able to make improvements in my area of work.			
Strongly agree	567	12%	
Agree	2142	46%	
Neither agree nor disagree	1117	24%	
Disagree	545	12%	
Strongly disagree	246	5%	
23b) I would recommend my organisation as a place to work.			
Strongly agree	594	13%	
Agree	1960	42%	
Neither agree nor disagree	1234	27%	
Disagree	518	11%	
Strongly disagree	306	7%	

Question and response	Total responses	%
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23c) I am proud to tell people I work for my organisation.

Strongly agree	899	20%	
Agree	2063	45%	
Neither agree nor disagree	1098	24%	
Disagree	356	8%	
Strongly disagree	186	4%	




23d) I am involved in deciding on changes introduced that affect my work/area/team/department.

Strongly agree	183	12%	
Agree	544	35%	
Neither agree nor disagree	374	24%	
Disagree	262	17%	
Strongly disagree	174	11%	






24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.

Strongly agree	814	18%	
Agree	1791	39%	
Neither agree nor disagree	1094	24%	
Disagree	560	12%	
Strongly disagree	346	8%	






24b) I often think about leaving this organisation.

Strongly agree	425	9%	
Agree	954	21%	
Neither agree nor disagree	1104	24%	
Disagree	1305	28%	
Strongly disagree	800	17%	

24c) I will probably look for a job at a new organisation in the next 12 months.

Strongly agree	372	8%	
Agree	593	13%	
Neither agree nor disagree	1105	24%	
Disagree	1419	31%	
Strongly disagree	1107	24%	

24d) As soon as I can find another job, I will leave this organisation.

Strongly agree	315	7%	
Agree	385	8%	
Neither agree nor disagree	986	22%	
Disagree	1377	30%	
Strongly disagree	1523	33%	





















Created by Louise
04/02/2025 12:56:58

5. Equality, diversity and inclusion (EDI) information on respondents

This section of the report provides demographic information on people employed at Cardiff and Vale University Health Board that completed a survey in 2024. This includes a breakdown of the number and percentage of people who completed a survey in 2024 by the following characteristics:

- Age
- Gender
- Gender reassignment
- Sexual orientation
- Ethnicity
- Religion
- Disability
- Neurodiversity

Table 7: Number and percentage of responses to survey questions related to equality, diversity and inclusion (EDI) characteristics, for people employed at Cardiff and Vale University Health Board that completed a survey in 2024

Question and response	Total responses	%	
25) What best describes your gender?	4593		
Female	3238	70%	
Male	1002	22%	
Non-binary	13	0%	
Prefer not to say	305	7%	
Prefer to self describe (please specify)	35	1%	
26) Is this the same as the sex you were assigned at birth?	4576		
No	23	1%	
Prefer not to say	266	6%	
Yes	4287	94%	
27) Which of the following terms best describes your sexual orientation?	4568		
Asexual	50	1%	
Bisexual	159	3%	
Gay or lesbian	137	3%	
Heterosexual or Straight	3688	81%	
Prefer not to say	474	10%	
Prefer to self-describe (please specify)	60	1%	
28) Age	4615		
16-20	18	0%	
21-30	702	15%	
31-40	1028	22%	
41-50	1096	24%	
51-65	1338	29%	
66+	52	1%	
Prefer not to say	381	8%	
29) Which race or ethnicity best describes you?	4599		
Another race or ethnicity – please identify	46	1%	
Arabic	14	0%	

Question and response	Total responses	%
Asian / British Asian: Banglad	<10	<10
Asian / British Asian: Bangladeshi	13	0%
Asian / British Asian: Chinese	14	0%
Asian / British Asian: Indian	161	4%
Asian / British Asian: Other	49	1%
Asian / British Asian: Pakistani	16	0%
Black / British Black: African	44	1%
Black / British Black: Caribbean	12	0%
Black / British Black: Other	<10	<10
Mixed Race: Asian & White	19	0%
Mixed Race: Black & Asian	<10	<10
Mixed Race: Black & White	26	1%
Mixed Race: Other	129	3%
Prefer not to say	428	9%
Traveller: Gypsy or Roma	<10	<10
Traveller: Irish	<10	<10
White: British (British / Engl	20	0%
White: British (British / English / Northern Irish / Scottish / Welsh)	3234	70%
White: European	308	7%
White: Irish	53	1%

30) What do you consider your religion to be? 4558

Buddhist	22	0%
Christian	1756	39%
Hindu	57	1%
Jewish	16	0%
Muslim	62	1%
No religion	1990	44%
Prefer not to say	557	12%
Prefer to self-describe (please specify)	93	2%
Sikh	<10	<10

31) Do you have an impairment that can affect day-to-day activities, this can be either a physical or hidden disability? 4612

No	3427	74%
Prefer not to say	434	9%
Yes	751	16%

33) Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia) 4562

No	3644	80%
Prefer not to say	393	9%
Yes	525	12%

Blunsdon, Louise
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Putting People First

People and Culture Plan

Priorities for 25/26

Blunsdon Louise
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Priorities 25/26

Our emphasis will be on getting the *Brilliant Basics* right—ensuring a strong foundation with a focus around three key themes:

- **Improving Wellbeing and Availability to Work** - targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing
- **Management and Leadership Development** – support our managers to manage well
- **Build Workforce Planning Expertise** - ensuring that senior leaders are trained in workforce planning principles, enabling strategic decision-making across all departments.

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Improving Wellbeing and Availability to Work

Our focus on well-being ensures colleagues are supported during demanding times. In 25/26 we will:

- Take targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing
- Ambition to reduce sickness absence by 2%, to get to 5% in the next 12 months
- Focus on reducing long-term sickness, supporting staff experiencing stress, anxiety, and depression, and enhancing workplace safety to lower the number of workplace accidents
- Our Occupational Health and Employee Wellbeing service will be enhanced to reduce waiting times and explore the possibility to incorporate primary care support for staff
- Use sickness absence data to identify areas that require additional support through a multi-disciplinary approach with areas such as application of the policy, management of cases and expert advice
- Staff experience will be assessed through regular pulse surveys and feedback mechanisms to ensure a compassionate and proactive approach to wellbeing

Blunsdon, Lorraine
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Management and Leadership Development

Effective management and leadership capability are critical in these challenging times. We will support our managers to manage well.

In 25/26, we will:

- Standardise people practices ensuring consistency in HR and management approach across the organisation
- Expand management and leadership training programs at all levels, including digital literacy
- Foster an inclusive leadership culture that empowers staff
- Implement mentoring and coaching schemes to support career growth

Blunsdon-Lowe
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Build Workforce Planning Expertise

To build a sustainable workforce, we will ensure that senior leaders are trained in basic workforce planning principles, enabling strategic decision-making across all departments.

We will:

- Develop data-driven workforce models for better resource allocation
- Strengthen partnerships with educational institutions to expand talent pipelines
- Improve forecasting to anticipate workforce demands
- Develop flexible and agile roles that align with evolving models of care and ensure that educational commissioning supports long-term workforce sustainability

Develop workforce plans for all areas, aligned to service needs and ensuring affordability

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We will measure success through the following:

Priority	Overall Target	Q1	Q2	Q3	Q4
Sickness Absence	<5.5% cumulative	6%	5.8%	5.6%	5.5%
Engagement Score	Increase from 72% to 74%	72%	-	-	74%
Turnover	<9%	9%	<9%	<9%	<9%
Job Planning	>90%	70%	75%	80%	90%
Values Based Appraisal (VBA)	85%	80%	82%	84%	85%
Medical Appraisal	85%	85%	85%	85%	85%
Statutory & Mandatory Training	85%	82%	84%	85%	85%
Monthly agency spend as a % of total pay bill	Reduction	0.41%	0.38%	0.35%	0.3%
Monthly variable pay as a % of total pay bill	Reduction	7.60%	7%	6.5%	6%
Welsh Language Skills Registration	85%	58.75%	67.5%	76.25%	85%
Welsh Language Skills Ability (Level 1-5)	32.5 %	20%	25%	30%	32.5%
Welsh Language Skills Assessments	50%	10%	20%	35%	50%

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Cardiff and Vale Integrated Performance Report

2024/25

March 2025

Blunsdon Louise
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Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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

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

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

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

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

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	<p>Measure: Number of delayed transfers of care.</p> <p>National standard/ambition: 12 month reduction trend</p> <p>Reporting period: Monthly</p>	Reduction against 23/24	Yes	Mar-25	163 Feb-25	Hyperlink to section
Primary and Community Care	<p>Measure: General Medical Services – Number of GP practices achieving core access standards</p> <p>National standard/ambition: 100%</p> <p>Reporting period: Annual – in month position for information</p>	100%	Yes	Mar-25	98.2% Apr-24	Hyperlink to section
	<p>Measure: General Dental Services - % of contract value fulfilled</p> <p>National standard: 30% of contract value by end Q2, 100% Q4</p> <p>Reporting period: Monthly</p>	25% Q1 50%Q2 75% Q3 100% Q4	Yes	Mar-25	84.5% (Apr-24 to Jan-25)	Hyperlink to section
Urgent and Emergency Care	<p>Measure: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p> <p>National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025</p> <p>Reporting period: Monthly</p>	670 Sept-24 532 Mar-25	Yes	Mar-25	801 Feb-25	Hyperlink to section
	<p>Measure: Number of ambulance patient handovers over 1 hour</p> <p>National standard/ambition: 30% reduction by December 2024</p> <p>Reporting period: Monthly</p>	232	Yes	Dec-24	385 Feb-25	Hyperlink to section

Blunsdon-Louise
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Performance Key: Meeting standard / trajectory off target/trajjectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	80%	Yes	Dec-24	93% Jan-25	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	99%	Yes	Dec-24	99% Jan-25	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trjectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>16,004 Sep-24</p> <p>15,925 Mar-25</p>	No		<p>16,439 Jan-25</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>4,447 Dec-24</p>	No		<p>3,581 Jan-25</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Mar-25</p>	Yes	Dec-24	<p>65.6% Jan-25</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>14,796 Dec-24</p>	No		<p>16,088 Jan-25</p>	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 2: Cardiff and Vale Performance Report

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

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

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

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

[Return to Main Menu](#)

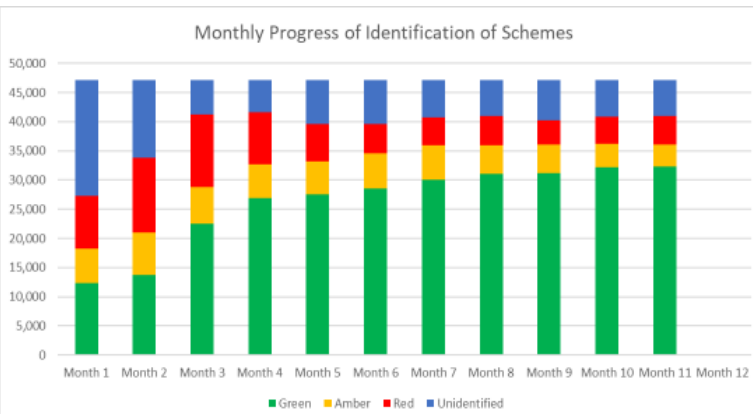
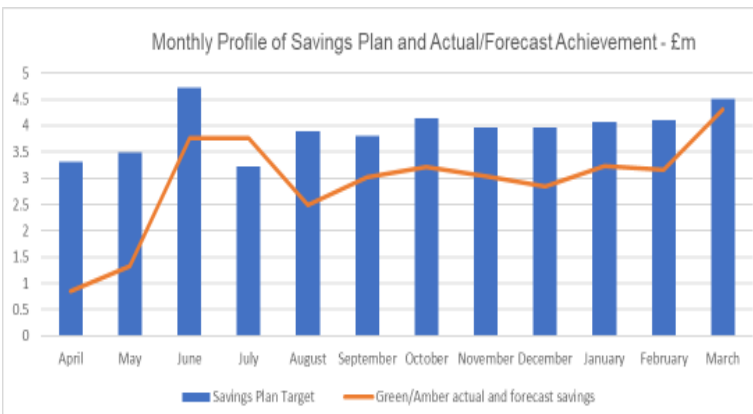
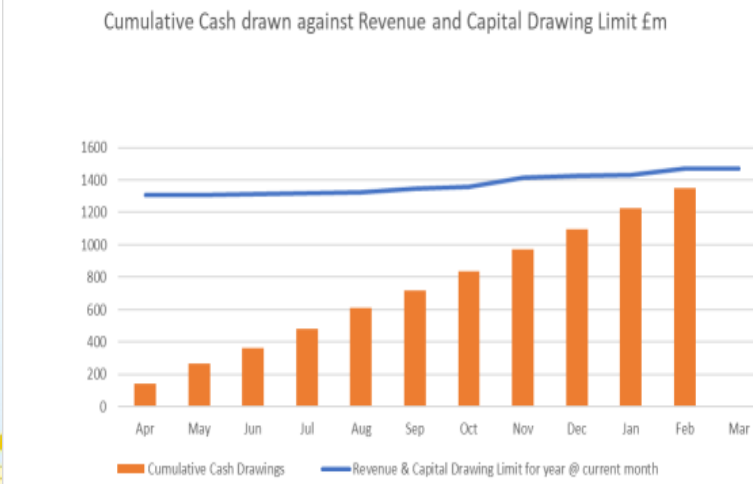
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

Blunsdon Louise
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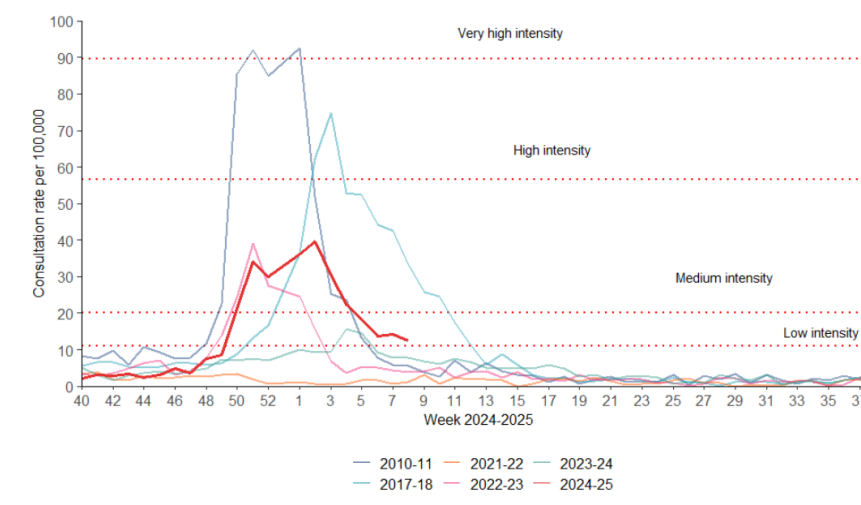
Financial Performance

Priority	Performance Summary	Reported Period	Data																																		
<p>Deliver 2024/25 Draft Financial Plan</p>	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <p>The UHBs initial draft 2024-25 planning deficit was £15.9m. Following a review 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.</p> <p>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:</p> <table border="1"> <thead> <tr> <th></th> <th>2024/25 £m</th> </tr> </thead> <tbody> <tr> <td>Draft Planned Financial Position £m</td> <td>15.9</td> </tr> <tr> <td>Additional In Year Recurrent Funding</td> <td>(6.8)</td> </tr> <tr> <td>Revised WG Control Target (deficit) £m</td> <td>9.1</td> </tr> <tr> <td>Forecast Savings Programme Deficit</td> <td>11.2</td> </tr> <tr> <td>Forecast Operational Deficit</td> <td>9.5</td> </tr> <tr> <td>Further Recovery Actions</td> <td>(2.1)</td> </tr> <tr> <td>Revised Year-End Forecast £m</td> <td>27.7</td> </tr> </tbody> </table> <p>The reported position at month 11 is an overspend of £27.591m per the table opposite.</p>		2024/25 £m	Draft Planned Financial Position £m	15.9	Additional In Year Recurrent Funding	(6.8)	Revised WG Control Target (deficit) £m	9.1	Forecast Savings Programme Deficit	11.2	Forecast Operational Deficit	9.5	Further Recovery Actions	(2.1)	Revised Year-End Forecast £m	27.7	Feb 2025	<table border="1"> <thead> <tr> <th></th> <th>Month 11 Position £m</th> <th>Forecast Year- End Position £m</th> </tr> </thead> <tbody> <tr> <td>Revised Planning Control (Deficit)</td> <td>8.342</td> <td>9.100</td> </tr> <tr> <td>Savings Programme Deficit</td> <td>11.441</td> <td>11.200</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>7.808</td> <td>9.500</td> </tr> <tr> <td>Further Recovery actions</td> <td></td> <td>(2.100)</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>27.591</td> <td>27.700</td> </tr> </tbody> </table>		Month 11 Position £m	Forecast Year- End Position £m	Revised Planning Control (Deficit)	8.342	9.100	Savings Programme Deficit	11.441	11.200	Operational position (Surplus) / Deficit	7.808	9.500	Further Recovery actions		(2.100)	Financial Position £m (Surplus) / Deficit £m	27.591	27.700
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<p>Achieve financial sustainability and recurrent financial balance by the end of 2025/26</p>	<p>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 and the full year effect of demand led pressures in 2024-25</p> <p>Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £25.4m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £25.4m. 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 £59.9m before the assessment of new year cost pressures and the additional funding available.</p>	Feb. 2025																																			
<p>Management of operational budget pressures</p>	<p>The UHB reported a £7.808m operational overspend at month 11, which is an improvement of £1.753m from the £9.561m reported at month 10.</p> <p>A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure. This includes a daily Programme Management Office (PMO) which meets twice a day and a daily joint Executive/PMO meeting which convenes at the end of each weekday. The PMO has overseen:-</p> <ul style="list-style-type: none"> • Authorisation for any necessary remaining agency expenditure • Authorisation for any necessary variable bank expenditure • Authorisation for any training (outside the statutory training required for professional registration or clinical training to ensure patient safety). 	Feb. 2025																																			

Blunsdon-Louise
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	Priority	Performance Summary	Reported Period	Data
	<p>Delivery of recurrent £47.2m savings target</p>	<p>£36.145m Green and Amber schemes identified at month 11 of which £19.761m 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>Feb. 2025</p>	<p>Savings Graph 1- Progress in Identification of Savings Schemes</p>  <p>Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement</p> 
	<p>Remain within Cash Limit</p>	<p>The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances.</p> <p>The UHB is continuing to actively plan and manage its cashflow in the final month of the year.</p>	<p>Feb. 2025</p>	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none"> The Covid-19 autumn winter booster campaign is underway, and it has delivered 79,631 vaccines since the 1st of October when the campaign started for a total eligible population of 154,079 in Cardiff and the Vale. The vaccine uptake is officially at 47.97%, this is among the highest of all Health Boards, and slightly higher than the Welsh average of 47.23%. With regards to Influenza the uptake of vaccines in the over 65 is at 70.1% which is in line with Welsh average. <p>Surveillance</p> <ul style="list-style-type: none"> Surveillance indicators suggest that the peak of the influenza season has passed, however there remains potential for further increases in influenza B cases COVID-19 case numbers have fallen in recent weeks XEC remains the most prevalent variant of Covid-19 in Wales There is currently 1 Covid-19 outbreak and 0 incidents in hospitals in C&V UHB; and 2 influenza outbreaks and 0 incidents. Since the start of April 2024, in C&V UHB there have been 92 influenza incidents or outbreaks, with 279 bed days lost. In the same period there have been 187 Covid-19 incidents or outbreaks, with 726 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the loss of 1,005 bed days, representing an estimated opportunity cost of £502,500 to the UHB since 1 April 2024 RSV incidence in children aged up to 5y is now at baseline levels 	Week 8	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1ea880257062003b246b/cf7a9a9adcd8bb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf</p>  <p>Source: PHW weekly ARI summary (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>Routine childhood immunisation</p> <ul style="list-style-type: none"> 81.5% 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% The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached we have restarted action on this with our local authority colleagues. 	Jul-Sep 2024	Below target	<p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024) An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach 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. The UHB is undertaking a range of preparedness actions in response to the World Health Organization's declaration of a public health emergency of international concern in relation to the upsurge of Mpox cases in the Democratic Republic of Congo and surrounding countries; actions include a review of pathways across primary and secondary care. UHB teams and members of the regional partnership, including SRS, participated in a national tabletop exercise on 5th September 2024 to test our response. Planning for future pandemic response is underway, with workshops gathering learning from COVID-19 currently underway. The UHB will participate in Exercise Pegasus, a Tier 1 exercise recently announced by UK government, in Autumn 2025. 	Q4 2024/25	On target	n/a

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Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23) this is in line with the English average. Data produced annually. 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. <p>Weight management services</p> <ul style="list-style-type: none"> Dietetics developed an Investment Plan to outline how 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. 	Q4 2023/24	<p>Healthy weight:</p> <p>On target</p> <p>Weight management services:</p> <p>Below target</p>	<table border="1"> <caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>72.0</td><td>70.0</td><td>71.0</td><td>70.0</td></tr> <tr><td>2012/13</td><td>74.0</td><td>72.0</td><td>73.0</td><td>72.0</td></tr> <tr><td>2013/14</td><td>75.0</td><td>73.0</td><td>74.0</td><td>73.0</td></tr> <tr><td>2014/15</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2015/16</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2016/17</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2017/18</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2018/19</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2019/20</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2020/21</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2021/22</td><td>76.0</td><td>74.0</td><td>75.0</td><td>74.0</td></tr> <tr><td>2022/23</td><td>77.5</td><td>75.0</td><td>76.0</td><td>75.0</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	72.0	70.0	71.0	70.0	2012/13	74.0	72.0	73.0	72.0	2013/14	75.0	73.0	74.0	73.0	2014/15	76.0	74.0	75.0	74.0	2015/16	76.0	74.0	75.0	74.0	2016/17	76.0	74.0	75.0	74.0	2017/18	76.0	74.0	75.0	74.0	2018/19	76.0	74.0	75.0	74.0	2019/20	76.0	74.0	75.0	74.0	2020/21	76.0	74.0	75.0	74.0	2021/22	76.0	74.0	75.0	74.0	2022/23	77.5	75.0	76.0	75.0
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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>Diabetes</p> <ul style="list-style-type: none"> Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes <ul style="list-style-type: none"> General downward trend since Spring 2024, in CVUHB and across Wales. Whilst overall completion rates is c. 45%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be data artefact rather than actual lack of care process completion. 	Jan 2025	Below target	Downward/static trend – January 2025 45.53% CVUHB

For areas of underperformance please see cover paper for details on actions being taken. Note that the diabetes performance measure is listed under Quadruple Aim 2

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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>Tobacco</p> <ul style="list-style-type: none"> 13% of Cardiff and Vale of Glamorgan smoke. NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually. In Quarter 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"> HMQ community – 41% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –18% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 49% of Treated Smokers had quit smoking at 4 weeks. 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. A new Smoking Cessation Adviser started in post at the beginning of Dec. They will work with pregnant women and birthing people and will be part of the Help Me Quit community team at the Public Health Team. We will keep this model under close review. We are working towards implementing an 'opt out' model. A varied programme of commissioned communications activity has been delivered Plans are in place to promote HMQ on No Smoking Day – March 12th 	Q2 24/25	<p>Smokers setting quit date:</p> <p>Below target for percentage of adult smokers who make a quit attempt</p> <p>Below target for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in %'s</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hosp (%)</th> <th>QTR total (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 22/23</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> </tr> <tr> <td>Q2 22/23</td> <td>75</td> <td>88</td> <td>75</td> <td>75</td> </tr> <tr> <td>Q3 22/23</td> <td>72</td> <td>35</td> <td>85</td> <td>65</td> </tr> <tr> <td>Q4 22/23</td> <td>78</td> <td>35</td> <td>85</td> <td>65</td> </tr> <tr> <td>Q1 23/24</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> </tr> <tr> <td>Q2 23/24</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> </tr> <tr> <td>Q3 23/24</td> <td>78</td> <td>40</td> <td>75</td> <td>70</td> </tr> <tr> <td>Q4 23/24</td> <td>78</td> <td>55</td> <td>45</td> <td>70</td> </tr> <tr> <td>Q1 24/25</td> <td>40</td> <td>10</td> <td>60</td> <td>35</td> </tr> <tr> <td>Q2 24/25</td> <td>40</td> <td>18</td> <td>48</td> <td>38</td> </tr> </tbody> </table>	Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Q1 22/23	78	30	78	65	Q2 22/23	75	88	75	75	Q3 22/23	72	35	85	65	Q4 22/23	78	35	85	65	Q1 23/24	70	25	45	60	Q2 23/24	75	25	85	68	Q3 23/24	78	40	75	70	Q4 23/24	78	55	45	70	Q1 24/25	40	10	60	35	Q2 24/25	40	18	48	38
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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% Below target	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. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	2024/25	40%	37% Below target	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% Below Target	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% Below target Average for 23/24: 90%	92%	94%	94%	
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	15% Below target Average for 23/24: 46%	16%	15%	16%	



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%	85.2% 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: 01.09.2024 - 31.03.2025 (autumn booster campaign underway)</i>	1 Sep 24 to 31 Mar 25	75%	70.1% Below target	26/11/24	31/12/24	04/02/2025	27/02/25
					61.2%	66.9%	69.7%	70.1%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2024 - 30.06.2024 Autumn Booster 01.09.2024 - 31.03.2025 (autumn booster campaign underway)</i>	1 Sep 24 to 31 Mar 25	75%	48.0% Below target	28/11/24	2/1/25	06/02/25	20/02/25
					30.89%	43.0%	47.9%	48.0%

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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	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	160	160		

Diabetes

NHS Wales Performance Framework measure

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	See Quadruple Aim 2, measure no. 12			

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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	Dec-24	90%	7.4% 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>19.00%</td> <td>23.70%</td> <td>12.30%</td> <td>7.40%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	19.00%	23.70%	12.30%	7.40%
Sep-24	Oct-24	Nov-24	Dec-24										
19.00%	23.70%	12.30%	7.40%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-24	90%	79.8% 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>99.20%</td> <td>98.40%</td> <td>97.60%</td> <td>79.80%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	99.20%	98.40%	97.60%	79.80%
Sep-24	Oct-24	Nov-24	Dec-24										
99.20%	98.40%	97.60%	79.80%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jan-25	95%	96.2% Above standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>95.50%</td> <td>96.70%</td> <td>96.90%</td> <td>96.20%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	95.50%	96.70%	96.90%	96.20%
Oct-24	Nov-24	Dec-24	Jan-25										
95.50%	96.70%	96.90%	96.20%										

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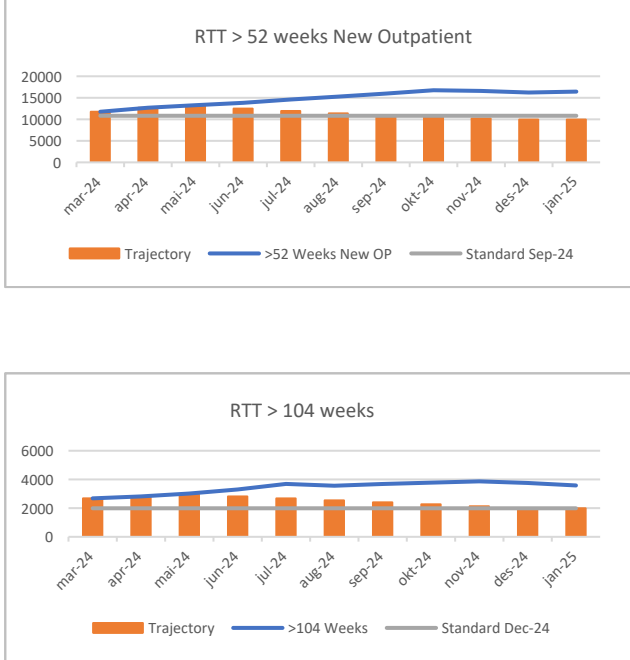
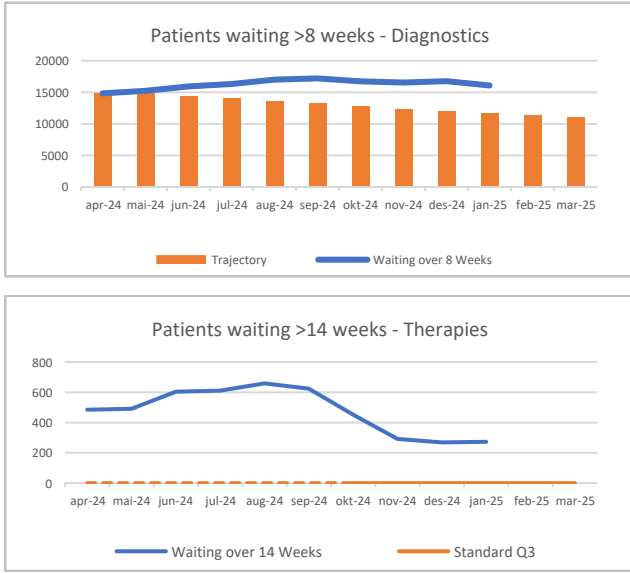
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In February utilisation was 88%, this is below our commitment – work ongoing to right size the capacity across all clusters is expected to bring utilisation back above 90%</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024. Next update end of Q4</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q2 to date 92% compliance with 8-hour standard</p>	<p>Feb-25</p> <p>Q1</p> <p>Jan-25</p>	<p>88% utilisation Below standard</p> <p>200 accepted referrals Q1 Below standard</p> <p>92% Above standard</p>	<p>UPCC Utilisation</p>
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In February we reported 10 2-hour ambulance delays, above our ambition of 0 In February we reported 385 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In February lost minutes per arrival decreased to 27</p> <p>ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In February we reported a decrease in patients waiting 12-hours in EU compared to January. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q3</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In January we reported an increase in activity compared to December, but below our January 2024 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>Feb-25</p> <p>Feb-25</p> <p>Jan-25</p>	<p>10 2-hour delays Above standard</p> <p>385 1-hour delays Above standard</p> <p>27 minutes lost/arrival Above standard</p> <p>92.2% patients <12h Below standard</p> <p>1786 SDEC attends Below standard</p>	<p>Ambulance handover >1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p>
<p>Reducing time in hospital and Continuity of Care</p>	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 59.6% of patients in acute beds had a LOS of >7 days, 34% >21 days – a decrease from January’s snapshot but above our ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In February 2025 the number of POCDs was 163 – this is below the number of delays reported in January 2025</p>	<p>Feb-25</p> <p>Feb-25</p>	<p>59.6% >7d Above standard</p> <p>34.0% >21d Above standard</p> <p>163 Below standard</p>	<p>Delayed Pathways of Care)</p>

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In January 51.9% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In January 4.9% of stroke patients were thrombolysed, below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In January 32.9% 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>Jan-25</p>	<p>51.9% CT Below standard</p> <p>4.9% Thrombolysis Below standard</p> <p>32.9% Door-to-ward Below standard</p>	<p>The data section for the stroke pathway includes three line charts. Each chart plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows a standard of 70% and performance fluctuating between approximately 45% and 60%. The second chart, 'Stroke patient thrombolysis rate', shows a standard of 20% and performance fluctuating between approximately 10% and 30%. The third chart, 'Direct admission to stroke unit within 4 hours', shows a standard of 80% and performance fluctuating between approximately 40% and 60%.</p>
<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In January our annualised compliance showed 39% 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>Jan-25</p>	<p>39.0% (Annualised) Below standard</p>	<p>The data section for the hip fracture pathway includes one line chart titled 'Admitted within 4 hours'. It plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from March 2024 to March 2025. The standard is set at 60%, and the performance fluctuates between approximately 40% and 50%.</p>

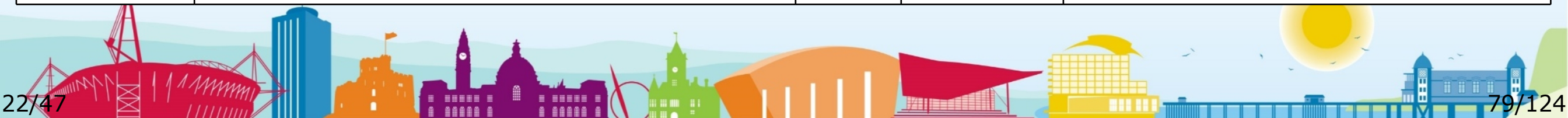
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In January 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of January 84.5% of the contract value had been delivered.</p>	Jan-25	100% At standard	<p>GDS contract value fulfillment</p>
	<p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In January 100% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Jan-25	100% Above standard	
Cancer	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In January 65.6% of patients received their first definitive treatment within 62 days. This was below our trajectory and ambition of 70% by December and we will aim to remain on trajectory to meet 70% by March 2025.</p>	Jan-25	65.6% 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>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In January there were 16,439 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In January there were 3,581 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>Jan-25</p>	<p>16,439 patients Above standard</p> <p>3,581 patients Above standard</p>	 <p>The first chart, 'RTT > 52 weeks New Outpatient', shows monthly data from March 2024 to January 2025. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and '>52 Weeks New OP' (blue line) are consistently above the 'Standard Sep-24' (grey line).</p> <p>The second chart, 'RTT > 104 weeks', shows monthly data from March 2024 to January 2025. The y-axis ranges from 0 to 6,000. The 'Trajectory' (orange bars) and '>104 Weeks' (blue line) are consistently above the 'Standard Dec-24' (grey line).</p>
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In January 16,088 patients were waiting over 8 weeks for a specified diagnostic, A decrease from December 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>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In January 273 patients were waiting over 14 weeks for therapies, a increase from December and 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>Jan-25</p>	<p>16,088 patients Diagnostics Above standard</p> <p>273 patients Therapies Above standard (Q3)</p>	 <p>The first chart, 'Patients waiting >8 weeks - Diagnostics', shows monthly data from April 2024 to March 2025. The y-axis ranges from 0 to 20,000. The 'Trajectory' (orange bars) and 'Waiting over 8 Weeks' (blue line) are consistently above the 'Standard Q3' (grey line).</p> <p>The second chart, 'Patients waiting >14 weeks - Therapies', shows monthly data from April 2024 to March 2025. 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>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In January there were 63 patients waiting over 16 weeks for a new outpatient appointment and 23 patients waiting over 52 weeks for surgery</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In January there were 12 patients waiting over 18 weeks for a new outpatient appointment and 10 patients waiting over 40 weeks for surgery</p>	<p>Jan-25</p>	<p>63 Outpatients Above standard</p> <p>24 patients Treatment Above standard (Q3)</p> <p>10 patients Treatment Above standard (Q4)</p>	
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 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. Data for Q4 is currently unavailable, the service are working to provide this dataset</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>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In January there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In January there were 205 paediatric patients waiting over 14 weeks for Therapies (85 in Dietetics and 120 in Occupational Therapy)</p>	<p>Jan-25</p>	<p>0 Meeting standard</p> <p>205 Above standard</p>	<p>Paediatric patients waiting >14 weeks for therapies</p>
<p>Emotional Health and Wellbeing</p>	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1 In January 93% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In January 92% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In January 92% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Jan-25</p>	<p>93% Part 1a Above standard</p> <p>92% Part 1b Above standard</p> <p>92% Part 2 Above standard</p>	<p>LPMHSS assessments started 28 days < 18 years</p> <p>Therapeutic interventions started 28 days < 18 years</p> <p>Valid Treatment Plan < 18 Years</p>
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In January the longest wait for a neurodevelopment assessment was 195 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>Jan-25</p>	<p>195 Above standard (Q4)</p>	<p>Neurodevelopment assessment weeks wait</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																			
Mental Health Measures – Part 1a	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2</p> <p>In January 41% 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>	Jan-25	41% Part 1a Below standard (Q2)	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>18</td><td>80</td></tr> <tr><td>May-24</td><td>20</td><td>80</td></tr> <tr><td>Jun-24</td><td>15</td><td>80</td></tr> <tr><td>Jul-24</td><td>12</td><td>80</td></tr> <tr><td>Aug-24</td><td>18</td><td>80</td></tr> <tr><td>Sep-24</td><td>22</td><td>80</td></tr> <tr><td>Oct-24</td><td>18</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>28</td><td>80</td></tr> <tr><td>Jan-25</td><td>41</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Mar-24	55	80	Apr-24	18	80	May-24	20	80	Jun-24	15	80	Jul-24	12	80	Aug-24	18	80	Sep-24	22	80	Oct-24	18	80	Nov-24	25	80	Dec-24	28	80	Jan-25	41	80															
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Mental Health Measures – Part 1b	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1</p> <p>In January 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Jan-25	99% Part 1b Above standard	<p>LPMHSS interventions started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Oct-23</td><td>98</td><td>99</td></tr> <tr><td>Nov-23</td><td>98</td><td>99</td></tr> <tr><td>Dec-23</td><td>98</td><td>99</td></tr> <tr><td>Jan-24</td><td>98</td><td>99</td></tr> <tr><td>Feb-24</td><td>98</td><td>99</td></tr> <tr><td>Mar-24</td><td>98</td><td>99</td></tr> <tr><td>Apr-24</td><td>98</td><td>99</td></tr> <tr><td>May-24</td><td>98</td><td>99</td></tr> <tr><td>Jun-24</td><td>98</td><td>99</td></tr> <tr><td>Jul-24</td><td>98</td><td>99</td></tr> <tr><td>Aug-24</td><td>98</td><td>99</td></tr> <tr><td>Sep-24</td><td>98</td><td>99</td></tr> <tr><td>Oct-24</td><td>98</td><td>99</td></tr> <tr><td>Nov-24</td><td>98</td><td>99</td></tr> <tr><td>Dec-24</td><td>98</td><td>99</td></tr> <tr><td>Jan-25</td><td>98</td><td>99</td></tr> </tbody> </table>	Month	Trajectory (%)	Performance (%)	Oct-23	98	99	Nov-23	98	99	Dec-23	98	99	Jan-24	98	99	Feb-24	98	99	Mar-24	98	99	Apr-24	98	99	May-24	98	99	Jun-24	98	99	Jul-24	98	99	Aug-24	98	99	Sep-24	98	99	Oct-24	98	99	Nov-24	98	99	Dec-24	98	99	Jan-25	98	99
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Jan-25	98	99																																																					
Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In January 58% 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>	Jan-25	58% Part 2 Below standard (Q3)	<p>Valid Treatment Plan - Adults</p> <table border="1"> <caption>Approximate data for Valid Treatment Plan - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q3 (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>55</td><td>80</td></tr> <tr><td>Apr-24</td><td>58</td><td>80</td></tr> <tr><td>May-24</td><td>55</td><td>80</td></tr> <tr><td>Jun-24</td><td>55</td><td>80</td></tr> <tr><td>Jul-24</td><td>60</td><td>80</td></tr> <tr><td>Aug-24</td><td>60</td><td>80</td></tr> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q3 (%)	Mar-24	55	80	Apr-24	58	80	May-24	55	80	Jun-24	55	80	Jul-24	60	80	Aug-24	60	80	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80															
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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%	100% 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	Dec-24	Improvement compared to the same month in the previous year	45.4% Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>46.90%</td> <td>46.30%</td> <td>46.20%</td> <td>45.40%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	46.90%	46.30%	46.20%	45.40%
Sep-24	Oct-24	Nov-24	Dec-24										
46.90%	46.30%	46.20%	45.40%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-24/Jan-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	84.5% Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>61.00%</td> <td>69.70%</td> <td>77.60%</td> <td>84.50%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	61.00%	69.70%	77.60%	84.50%
Oct-24	Nov-24	Dec-24	Jan-25										
61.00%	69.70%	77.60%	84.50%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-24	Increase compared to the same month in the previous year	2,390 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>1777</td> <td>2070</td> <td>2085</td> <td>2390</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	1777	2070	2085	2390
Sep-24	Oct-24	Nov-24	Dec-24										
1777	2070	2085	2390										
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	Jan-25	80%	93% Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>96%</td> <td>99%</td> <td>99%</td> <td>93%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	96%	99%	99%	93%
Oct-24	Nov-24	Dec-24	Jan-25										
96%	99%	99%	93%										
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	Jan-25	80%	92% Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>88%</td> <td>84%</td> <td>80%</td> <td>92%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	88%	84%	80%	92%
Oct-24	Nov-24	Dec-24	Jan-25										
88%	84%	80%	92%										
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	Jan-25	80%	40.6% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>19.1%</td> <td>23.0%</td> <td>26.0%</td> <td>40.6%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	19.1%	23.0%	26.0%	40.6%
Oct-24	Nov-24	Dec-24	Jan-25										
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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	Jan-25	80%	99.4% Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>99.4%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	100.0%	100.0%	100.0%	99.4%
Oct-24	Nov-24	Dec-24	Jan-25										
100.0%	100.0%	100.0%	99.4%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jan-25	65%	49% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>50%</td> <td>43%</td> <td>49%</td> <td>49%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	50%	43%	49%	49%
Oct-24	Nov-24	Dec-24	Jan-25										
50%	43%	49%	49%										
20.	Median emergency response time to amber calls	Jan-25	12 month reduction trend	02:04:11 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>01:54:59</td> <td>01:57:37</td> <td>02:39:41</td> <td>02:04:11</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	01:54:59	01:57:37	02:39:41	02:04:11
Oct-24	Nov-24	Dec-24	Jan-25										
01:54:59	01:57:37	02:39:41	02:04:11										

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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	Dec-24	15 minutes or less	10 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>15</td> <td>9</td> <td>12</td> <td>10</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	15	9	12	10
Sep-24	Oct-24	Nov-24	Dec-24										
15	9	12	10										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Dec-24	60 minutes or less	78 Above standard	<table border="1"> <tr> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> </tr> <tr> <td>75</td> <td>71</td> <td>83</td> <td>78</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	75	71	83	78
Sep-24	Oct-24	Nov-24	Dec-24										
75	71	83	78										
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	Jan-25	Improvement compared to the same month in the previous year, towards the national target of 95%	63.2% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>61.4%</td> <td>58.9%</td> <td>60.1%</td> <td>63.2%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	61.4%	58.9%	60.1%	63.2%
Oct-24	Nov-24	Dec-24	Jan-25										
61.4%	58.9%	60.1%	63.2%										
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	Jan-25	Reduction compared to the same month in the previous year, towards the national target of zero	1,054 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>1108</td> <td>1022</td> <td>953</td> <td>1054</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	1108	1022	953	1054
Oct-24	Nov-24	Dec-24	Jan-25										
1108	1022	953	1054										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-25	12 month improvement trend towards a national target of 80% by 31 March 2026	65.6% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>72.5%</td> <td>66.8%</td> <td>66.7%</td> <td>65.6%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	72.5%	66.8%	66.7%	65.6%
Oct-24	Nov-24	Dec-24	Jan-25										
72.5%	66.8%	66.7%	65.6%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-25	0	16,088 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>16744</td> <td>16556</td> <td>16770</td> <td>16088</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	16744	16556	16770	16088
Oct-24	Nov-24	Dec-24	Jan-25										
16744	16556	16770	16088										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jan-25	100%	82% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>85.90%</td> <td>87.97%</td> <td>86.24%</td> <td>82.00%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	85.90%	87.97%	86.24%	82.00%
Oct-24	Nov-24	Dec-24	Jan-25										
85.90%	87.97%	86.24%	82.00%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jan-25	0	273 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>452</td> <td>292</td> <td>269</td> <td>273</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	452	292	269	273
Oct-24	Nov-24	Dec-24	Jan-25										
452	292	269	273										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jan-25	0	195 Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>48</td> <td>52</td> <td>117</td> <td>195</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	48	52	117	195
Oct-24	Nov-24	Dec-24	Jan-25										
48	52	117	195										

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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	Jan-25	0	16,439 Above standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>16757</td> <td>16598</td> <td>16227</td> <td>16439</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	16757	16598	16227	16439
Oct-24	Nov-24	Dec-24	Jan-25										
16757	16598	16227	16439										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-25	Reduction compared to the same month in the previous year	20,017 Below standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>19526</td> <td>18940</td> <td>20232</td> <td>20017</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	19526	18940	20232	20017
Oct-24	Nov-24	Dec-24	Jan-25										
19526	18940	20232	20017										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jan-25	0	3,581 Above standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>3776</td> <td>3866</td> <td>3754</td> <td>3581</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	3776	3866	3754	3581
Oct-24	Nov-24	Dec-24	Jan-25										
3776	3866	3754	3581										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jan-25	Month on month reduction towards the national target of zero by 30 June 2025	35,008 Above standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>37078</td> <td>36377</td> <td>35712</td> <td>35008</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	37078	36377	35712	35008
Oct-24	Nov-24	Dec-24	Jan-25										
37078	36377	35712	35008										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-25	80%	9% Below standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>15%</td> <td>13%</td> <td>10%</td> <td>9%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	15%	13%	10%	9%
Oct-24	Nov-24	Dec-24	Jan-25										
15%	13%	10%	9%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-25	80%	71% Below standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>71%</td> <td>72%</td> <td>69%</td> <td>71%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	71%	72%	69%	71%
Oct-24	Nov-24	Dec-24	Jan-25										
71%	72%	69%	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	Dec-24	Jan-25	Trend
Outpatients	% DNAs - New appointments	5%	10.4%	10.1%	10.1%	9.9%	10.9%	9.5%	9.1%	9.7%	9.7%	10.0%	9.9%	9.9%	10.1%	10.4%	9.7%	
	% DNAs - Follow-up appointments	5%	11.6%	12.7%	12.3%	11.7%	13.0%	11.6%	11.8%	11.9%	11.4%	11.8%	11.9%	11.6%	11.7%	12.0%	12.1%	
Endoscopy	% room utilisation	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	
	% utilisation (activity points available)	95%								84%	81%	80%	83%	85%	87%	85%	84%	
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	162	15.9	
	% of theatre session utilisation	95%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	
	% in session utilisation	85%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	
	<24 hour elective cancellations		285	269	239	226	212	243	289	247	309	249	190	363	198	217	315	
	% 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	154605	153519	
Inpatient	Delayed pathways of Care - Mental Health	217	41	36	37	38	41	38	39	34	29	36	26	26	32	29	30	
	Delayed Pathways of Care - non-Mental Health		150	114	173	200	170	145	140	160	142	138	144	135	130	115	146	
	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%	62.3%	60.5%	
	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%	35.5%	37.3%	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Mar-24; the rates have fallen from 11.41% at Mar-24 to 8.98% in Feb-25 UHB wide. This is a net 2.43% decrease, which represents 357 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>	February 2025	
Sickness Absence	<p>The monthly sickness rate for Feb-25 was 5.74%. The 12-month cumulative rate has settled over the past year, and is 6.32% at Feb-25 (an increase of 0.07% by comparison with the rate at Feb-24).</p>	February 2025	
Statutory and Mandatory Training	<p>The overall compliance rates rose marginally for Feb-25 to 81.88%, 3.12% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; and Children & Women's and PCIC are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 70.30% for Feb-25. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	February 2025	
Values Based Appraisal	<p>VBA compliance has fallen for Feb-25 to 74.54%, the lowest rate in 12 months. Capital, Estates & Facilities is the only Board presently above the 85% target rate%.</p>	February 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases 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>	February 2025	

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Priority	Performance Summary	Reported Period	Data																																																				
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 49.33% have an agreed job plan that has been signed off within the past 12 months, and a further 15.37% have an agreed job plan that was last reviewed and signed off before Mar-24.	February 2025	<table border="1"> <caption>Job Plan Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Job Plan Agreed</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>50%</td><td>35%</td></tr> <tr><td>Apr-24</td><td>50%</td><td>30%</td></tr> <tr><td>May-24</td><td>55%</td><td>35%</td></tr> <tr><td>Jun-24</td><td>55%</td><td>35%</td></tr> <tr><td>Jul-24</td><td>55%</td><td>35%</td></tr> <tr><td>Aug-24</td><td>55%</td><td>45%</td></tr> <tr><td>Sep-24</td><td>55%</td><td>45%</td></tr> <tr><td>Oct-24</td><td>55%</td><td>45%</td></tr> <tr><td>Nov-24</td><td>55%</td><td>45%</td></tr> <tr><td>Dec-24</td><td>55%</td><td>45%</td></tr> <tr><td>Jan-25</td><td>55%</td><td>45%</td></tr> <tr><td>Feb-25</td><td>55%</td><td>45%</td></tr> </tbody> </table>	Month	% Job Plan Agreed	% Compliance	Mar-24	50%	35%	Apr-24	50%	30%	May-24	55%	35%	Jun-24	55%	35%	Jul-24	55%	35%	Aug-24	55%	45%	Sep-24	55%	45%	Oct-24	55%	45%	Nov-24	55%	45%	Dec-24	55%	45%	Jan-25	55%	45%	Feb-25	55%	45%													
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Medical Appraisals	The rate of compliance with Medical Appraisal fell slightly to 84.11% for Feb-25, slightly below the 85% target.	February 2025	<table border="1"> <caption>Medical Appraisal Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>85%</td></tr> <tr><td>Apr-24</td><td>85%</td></tr> <tr><td>May-24</td><td>85%</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>85%</td></tr> <tr><td>Sep-24</td><td>85%</td></tr> <tr><td>Oct-24</td><td>85%</td></tr> <tr><td>Nov-24</td><td>85%</td></tr> <tr><td>Dec-24</td><td>85%</td></tr> <tr><td>Jan-25</td><td>85%</td></tr> <tr><td>Feb-25</td><td>84.11%</td></tr> </tbody> </table>	Month	% Compliance	Mar-24	85%	Apr-24	85%	May-24	85%	Jun-24	85%	Jul-24	85%	Aug-24	85%	Sep-24	85%	Oct-24	85%	Nov-24	85%	Dec-24	85%	Jan-25	85%	Feb-25	84.11%																										
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Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 406 WTE, to 15,489.16 WTE at Feb-25. 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.	February 2025	<table border="1"> <caption>WTE Permanent and Fixed-Term Staff in Post Numbers Data</caption> <thead> <tr> <th>Month</th> <th>Employed Staffing WTE</th> <th>Permanent Staff WTE</th> <th>Fixed-Term Temp Staff WTE</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Apr-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>May-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Jun-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Jul-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Aug-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Sep-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Oct-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Nov-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Dec-24</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Jan-25</td><td>15,000</td><td>1,500</td><td>1,000</td></tr> <tr><td>Feb-25</td><td>15,489.16</td><td>1,700</td><td>1,000</td></tr> </tbody> </table>	Month	Employed Staffing WTE	Permanent Staff WTE	Fixed-Term Temp Staff WTE	Mar-24	15,000	1,500	1,000	Apr-24	15,000	1,500	1,000	May-24	15,000	1,500	1,000	Jun-24	15,000	1,500	1,000	Jul-24	15,000	1,500	1,000	Aug-24	15,000	1,500	1,000	Sep-24	15,000	1,500	1,000	Oct-24	15,000	1,500	1,000	Nov-24	15,000	1,500	1,000	Dec-24	15,000	1,500	1,000	Jan-25	15,000	1,500	1,000	Feb-25	15,489.16	1,700	1,000
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Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Mar-24 the percentage was 9.34% of the total spend on pay, but in Feb-25 had fallen to 7.44%. It must however be borne in mind that the total pay bill is increasing. There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	February 2025	<table border="1"> <caption>Proportion of Total Pay Bill Attributable to Variable Pay Data</caption> <thead> <tr> <th>Month</th> <th>% Variable Pay</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>9.34%</td></tr> <tr><td>Apr-24</td><td>7.5%</td></tr> <tr><td>May-24</td><td>8.0%</td></tr> <tr><td>Jun-24</td><td>8.0%</td></tr> <tr><td>Jul-24</td><td>8.0%</td></tr> <tr><td>Aug-24</td><td>8.0%</td></tr> <tr><td>Sep-24</td><td>8.0%</td></tr> <tr><td>Oct-24</td><td>8.0%</td></tr> <tr><td>Nov-24</td><td>6.0%</td></tr> <tr><td>Dec-24</td><td>8.0%</td></tr> <tr><td>Jan-25</td><td>7.5%</td></tr> <tr><td>Feb-25</td><td>7.44%</td></tr> </tbody> </table>	Month	% Variable Pay	Mar-24	9.34%	Apr-24	7.5%	May-24	8.0%	Jun-24	8.0%	Jul-24	8.0%	Aug-24	8.0%	Sep-24	8.0%	Oct-24	8.0%	Nov-24	6.0%	Dec-24	8.0%	Jan-25	7.5%	Feb-25	7.44%																										
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Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. By the end of Feb-25 32.58% of staff have received the flu vaccine, and 28.31% of staff have received the COVID-19 vaccine.	February 2025	<table border="1"> <caption>Staff Vaccination Rate Data</caption> <thead> <tr> <th>Month</th> <th>% COVID-19</th> <th>% Flu</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>0%</td><td>0%</td></tr> <tr><td>Apr-24</td><td>0%</td><td>0%</td></tr> <tr><td>May-24</td><td>0%</td><td>0%</td></tr> <tr><td>Jun-24</td><td>0%</td><td>0%</td></tr> <tr><td>Jul-24</td><td>0%</td><td>0%</td></tr> <tr><td>Aug-24</td><td>0%</td><td>0%</td></tr> <tr><td>Sep-24</td><td>0%</td><td>0%</td></tr> <tr><td>Oct-24</td><td>20%</td><td>25%</td></tr> <tr><td>Nov-24</td><td>25%</td><td>30%</td></tr> <tr><td>Dec-24</td><td>30%</td><td>35%</td></tr> <tr><td>Jan-25</td><td>30%</td><td>35%</td></tr> <tr><td>Feb-25</td><td>28.31%</td><td>32.58%</td></tr> </tbody> </table>	Month	% COVID-19	% Flu	Mar-24	0%	0%	Apr-24	0%	0%	May-24	0%	0%	Jun-24	0%	0%	Jul-24	0%	0%	Aug-24	0%	0%	Sep-24	0%	0%	Oct-24	20%	25%	Nov-24	25%	30%	Dec-24	30%	35%	Jan-25	30%	35%	Feb-25	28.31%	32.58%													
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Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency has risen in the past 2 months. At Mar-24 the percentage was 0.60% of the total spend on pay, but after falling during summer months has risen again to 0.63% at Feb-25. It must however be borne in mind that the total pay bill is increasing.	February 2025	<table border="1"> <caption>Agency Spend as % of Total Pay Bill Data</caption> <thead> <tr> <th>Month</th> <th>Agency Spend as % of Total Pay Bill</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>0.60%</td></tr> <tr><td>Apr-24</td><td>0.80%</td></tr> <tr><td>May-24</td><td>0.80%</td></tr> <tr><td>Jun-24</td><td>0.60%</td></tr> <tr><td>Jul-24</td><td>0.70%</td></tr> <tr><td>Aug-24</td><td>0.80%</td></tr> <tr><td>Sep-24</td><td>0.60%</td></tr> <tr><td>Oct-24</td><td>0.40%</td></tr> <tr><td>Nov-24</td><td>0.40%</td></tr> <tr><td>Dec-24</td><td>0.50%</td></tr> <tr><td>Jan-25</td><td>0.60%</td></tr> <tr><td>Feb-25</td><td>0.63%</td></tr> </tbody> </table>	Month	Agency Spend as % of Total Pay Bill	Mar-24	0.60%	Apr-24	0.80%	May-24	0.80%	Jun-24	0.60%	Jul-24	0.70%	Aug-24	0.80%	Sep-24	0.60%	Oct-24	0.40%	Nov-24	0.40%	Dec-24	0.50%	Jan-25	0.60%	Feb-25	0.63%																										
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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 66.7 days. The figure for Cardiff & Vale uHB for Feb-25 was 87.5 days, but over the past 12 months the trend is broadly downwards.	February 2025	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 5.9 days. The figure for Cardiff & Vale uHB for Feb-25 was 10.7 days.	February 2025	
Exit Questionnaire Completion	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	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Feb-25 the rate was 4.38%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	February 2025	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Feb-25 34.18% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	February 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 47% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Feb-25 6.61% of staff have identified their Welsh Skills as between level 2 and level 5.	February 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Feb-25	12 month reduction trend (6%)	5.74% Below standard	Nov-24	Dec-24	Jan-25	Feb-25
					6.63%	7.28%	6.59%	5.74%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Feb-25	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	8.98% Above standard	Nov-24	Dec-24	Jan-25	Feb-25
					9.50%	9.47%	9.40%	8.98%
38.	Agency spend as a percentage of the total pay bill	Feb-25	12 month reduction trend	0.63% Below standard	Nov-24	Dec-24	Jan-25	Feb-25
					0.38%	0.41%	0.63%	0.63%
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)	Feb-25	85%	75.12% Below standard	Nov-24	Dec-24	Jan-25	Feb-25
					79.40%	79.30%	78.28%	75.12%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																				
<p>Concerns 30 day performance</p>	<p>During Jan and Feb 25, the Health Board :</p> <ul style="list-style-type: none"> •Received 436 Concerns •Closed 383 concerns •67 % closed within 30 working days (including Early Resolution) • 29 % closed under Early Resolution (within 2 days including day of receipt) •Received 506 Enquiries •Received 58 Compliments •We currently have 270 active concerns <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> • Clinical Treatment and Assessment • Concerns around appointments (waiting times/cancellations) • Communication 	<p>Jan / Feb 25</p>	<p>66 %</p>	<p>% of concerns closed within 30 working days by month</p> <table border="1"> <caption>% of concerns closed within 30 working days by month</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Feb-24</td><td>80</td></tr> <tr><td>Mar-24</td><td>80</td></tr> <tr><td>Apr-24</td><td>78</td></tr> <tr><td>May-24</td><td>80</td></tr> <tr><td>Jun-24</td><td>82</td></tr> <tr><td>Jul-24</td><td>82</td></tr> <tr><td>Aug-24</td><td>78</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>62</td></tr> <tr><td>Dec-24</td><td>60</td></tr> <tr><td>Jan-25</td><td>60</td></tr> <tr><td>Feb-25</td><td>70</td></tr> </tbody> </table>	Month	%	Feb-24	80	Mar-24	80	Apr-24	78	May-24	80	Jun-24	82	Jul-24	82	Aug-24	78	Sep-24	80	Oct-24	75	Nov-24	62	Dec-24	60	Jan-25	60	Feb-25	70								
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Jan-25	60																																							
Feb-25	70																																							
<p>Duty of Candour</p>	<p>Key Updates:</p> <ul style="list-style-type: none"> •Since April 1st, 2023, 48,597 incidents have been reported across the Health Board. •We continue to support DOC awareness sessions across Primary and Secondary care. •Since April 1st, 2023, we have triggered the DOC on 256 occasions. •We have conducted internal audits of the process and compliance. <p>Themes and Trends for Triggered Duty of Candour:</p> <ul style="list-style-type: none"> • Avoidable pressure damage. • Avoidable falls. • Patients lost to follow-up. • Failure to prescribe or administer appropriate medication. • Administration of incorrect medication. • Missed opportunities to diagnose 	<p>Dec/Jan 2025</p>	<p>n/a</p>	<p>Incident grading changed following review</p> <table border="1"> <caption>Incident grading changed following review</caption> <thead> <tr> <th>Service Area</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>Wales Genomics Service</td><td>~100</td><td>~100</td></tr> <tr><td>Surgical Services</td><td>~1000</td><td>~1000</td></tr> <tr><td>Specialist Services</td><td>~1500</td><td>~1500</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>~1000</td><td>~1000</td></tr> <tr><td>Other Organisations</td><td>~100</td><td>~100</td></tr> <tr><td>Mental Health Services</td><td>~1000</td><td>~1000</td></tr> <tr><td>Medicine Services</td><td>~1000</td><td>~1000</td></tr> <tr><td>Executive and Corporate Services</td><td>~100</td><td>~100</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>~1000</td><td>~1000</td></tr> <tr><td>Children and Women's Services</td><td>~1000</td><td>~1000</td></tr> <tr><td>Capital, Estates and Facilities</td><td>~100</td><td>~100</td></tr> </tbody> </table>	Service Area	No	Yes	Wales Genomics Service	~100	~100	Surgical Services	~1000	~1000	Specialist Services	~1500	~1500	Primary, Community and Intermediate Care	~1000	~1000	Other Organisations	~100	~100	Mental Health Services	~1000	~1000	Medicine Services	~1000	~1000	Executive and Corporate Services	~100	~100	Clinical Diagnostics and Therapeutic Services	~1000	~1000	Children and Women's Services	~1000	~1000	Capital, Estates and Facilities	~100	~100
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Priority	Performance Summary	Reporting Period	Performance against standard	Data																						
<p>Patient Feedback – Civica</p>	<p>The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent over 179,000 texts and are seeing a response of 16%.</p> <p>In February, we sent 14,560 texts and had 2,224 completions (15% response).</p> <p>Of those respondents who were discharged during January/February and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service.</p> <p>Currently, our response rate overall is 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>Jan/Feb 2025</p>		<p>Breakdown of rating question (Random, EU and MH)</p>																						
<p>Patient Safety</p>	<p>Cardiff and Vale reported 19 NRIs in February 2025 and 13 NRIs were closed. In total, at the end of February, there were 121 open NRIs (Nationally Reportable Incidents) and of these 57 were overdue for closure.</p> <p>One Never Event was reported in February (wrong site surgery), 7 have been reported since July 2024. A number of improvement actions are underway to help reduce future risk of Never Event occurrence.</p> <p>Healthcare associated pressure damage was again the highest reported NRI category followed by accident/injury (patient falls).</p> <p>There were 1659 patient safety incidents reported in February 2025, a reduction from 2393 in January. Of this number, 78% were reported with no or low harm attributed, 3% were reported with an initial harm category of severe or catastrophic harm.</p> <p>(Data tables from Beacon dashboard opposite have not been updated to reflect February data at the time of writing this report).</p>	<p>Feb 2025</p>		<p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 07/02/2025</p> <p>CVU UHB top 10 NRI categories occurring by volume (incident dates between Feb-24 and Jan-25) as of 07/02/2025</p> <table border="1"> <thead> <tr> <th>NRI category</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Neonate</td> <td>36</td> </tr> <tr> <td>Unexpected death</td> <td>24</td> </tr> <tr> <td>Pressure ulcer developed or worsened during care in this clinical care area/caseload</td> <td>16</td> </tr> <tr> <td>Treatment or procedure issues</td> <td>15</td> </tr> <tr> <td>Clinical assessment, clinical diagnosis</td> <td>13</td> </tr> <tr> <td>Diagnostic testing - Pathology</td> <td>4</td> </tr> <tr> <td>Medical devices</td> <td>3</td> </tr> <tr> <td>Screening and surveillance</td> <td>3</td> </tr> <tr> <td>Access to services or admission delayed</td> <td>2</td> </tr> <tr> <td>Communication issues</td> <td>2</td> </tr> </tbody> </table> <p>Note: NRI categories can be expanded down to the level of 'sub category' using the +/- icons beside the category label, or by hovering the cursor over the 'total' figure</p>	NRI category	Total	Neonate	36	Unexpected death	24	Pressure ulcer developed or worsened during care in this clinical care area/caseload	16	Treatment or procedure issues	15	Clinical assessment, clinical diagnosis	13	Diagnostic testing - Pathology	4	Medical devices	3	Screening and surveillance	3	Access to services or admission delayed	2	Communication issues	2
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>Inpatient Mortality</p> <p>Crude inpatient mortality continues in line with the five year average, with influenza and flu continuing to have an impact. All deaths are being reviewed by the Medical examiner 20% of all deaths were returned to the UHB for further consideration. These cases are considered at the UHB mortality review group where the approach to propionate investigation is agreed. The identification and escalation of deteriorating patients, mental capacity assessment and advanced care planning and use of treatment escalation plans are recurrent themes.</p> <p>All Cause Mortality The all cause mortality continues to track the seasonal variation noted over the five year average with increased mortality associated with acute respiratory infection since November 2024.</p>	<p>January 2025</p>		<p>Crude Mortality: Weekly Deaths In Hospital</p> <p>Sum of Death</p>
<p>Infection Control</p>	<p>In January we had 92 infection outbreaks</p> <p>Covid 19: 22 (24% of total) Flu: 33 (36%) Norovirus: 34 (37%) D&V: 2 (2%) C-Diff: 1 (1%)</p> <p>There is an antimicrobial plan in place to review all outbreaks in detail and action any improvements</p>	<p>January 25</p>		<p>Graph 1: C. difficile Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p> <p>Graph 2: E. coli Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p> <p>Graph 3: MRSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p> <p>Graph 4: P. Aeruginosa Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p> <p>Graph 5: MRSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p> <p>Graph 6: Klebsiella Spp Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB</p>

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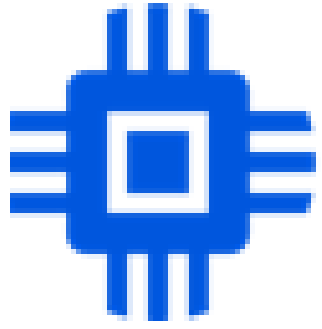
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-24	12 month improvement trend	62.4% Below standard	<table border="1"> <tr> <td>Aug-24</td> <td>Sep-24</td> <td>Oct-24</td> <td>Nov-24</td> </tr> <tr> <td>66.40%</td> <td>67.90%</td> <td>67.20%</td> <td>62.40%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	66.40%	67.90%	67.20%	62.40%
Aug-24	Sep-24	Oct-24	Nov-24										
66.40%	67.90%	67.20%	62.40%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Nov-24	90%	26.3% 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>14.30%</td> <td>71.60%</td> <td>59.60%</td> <td>26.30%</td> </tr> </table>	Aug-24	Sep-24	Oct-24	Nov-24	14.30%	71.60%	59.60%	26.30%
Aug-24	Sep-24	Oct-24	Nov-24										
14.30%	71.60%	59.60%	26.30%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <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	Feb-25	12 month reduction trend	163 Above standard	<table border="1"> <tr> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> <td>Feb-25</td> </tr> <tr> <td>154</td> <td>145</td> <td>176</td> <td>163</td> </tr> </table>	Nov-24	Dec-24	Jan-25	Feb-25	154	145	176	163
Nov-24	Dec-24	Jan-25	Feb-25										
154	145	176	163										
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	Jan-25	90%	91.5% Above standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>91.4%</td> <td>89.2%</td> <td>91.1%</td> <td>91.5%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	91.4%	89.2%	91.1%	91.5%
Oct-24	Nov-24	Dec-24	Jan-25										
91.4%	89.2%	91.1%	91.5%										
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	Jan-25	90%	57.5% Below standard	<table border="1"> <tr> <td>Oct-24</td> <td>Nov-24</td> <td>Dec-24</td> <td>Jan-25</td> </tr> <tr> <td>61.2%</td> <td>61.0%</td> <td>57.8%</td> <td>57.5%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	61.2%	61.0%	57.8%	57.5%
Oct-24	Nov-24	Dec-24	Jan-25										
61.2%	61.0%	57.8%	57.5%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Jan/Feb 25	(Some system issues)	5731	In January and February we sent 31,162 texts								

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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>	Apr-24 – Jan-25	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	107 34 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Apr-24 – Jan-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	55.68 cases per 100,000 population 36.57 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-24 – Jan-25	25 cases per 100,000 population	42.23 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Jan-25	Reduction compared to the same month in the previous year	45.1% On standard	<table border="1"> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> </tr> <tr> <td>25.60%</td> <td>30.30%</td> <td>38.30%</td> <td>45.10%</td> </tr> </table>	Oct-24	Nov-24	Dec-24	Jan-25	25.60%	30.30%	38.30%	45.10%
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25.60%	30.30%	38.30%	45.10%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-24	12 month improvement trend towards national target of 95%	70.3% 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>63.00%</td> <td>66.00%</td> <td>67.00%</td> <td>70.30%</td> </tr> </table>	Sep-24	Oct-24	Nov-24	Dec-24	63.00%	66.00%	67.00%	70.30%
Sep-24	Oct-24	Nov-24	Dec-24										
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52.	Number of ambulance patient handovers over one hour	Feb-25	0	385 Over standard	<table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>456</td> <td>493</td> <td>466</td> <td>385</td> </tr> </table>	Nov-24	Dec-24	Jan-25	Feb-25	456	493	466	385
Nov-24	Dec-24	Jan-25	Feb-25										
456	493	466	385										
53.	Percentage of ambulance patient handovers within 15 minutes	Feb-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	10.46% Below standard	<table border="1"> <tr> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> </tr> <tr> <td>13.45%</td> <td>12.10%</td> <td>10.62%</td> <td>10.46%</td> </tr> </table>	Nov-24	Dec-24	Jan-25	Feb-25	13.45%	12.10%	10.62%	10.46%
Nov-24	Dec-24	Jan-25	Feb-25										
13.45%	12.10%	10.62%	10.46%										
54.	Number of National Reportable incidents that remain open 90 days or more	Feb -25	12 month reduction trend	61									

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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
39321 Incidents Opened	50046 Requests Opened	8305 Incidents Opened	11313 Requests Opened	3624 Incidents Opened	5434 Requests Opened
38799 Incidents Closed	45363 Closed Requests	7548 Incidents Closed	9042 Closed Requests	3485 Incidents Closed	4805 Closed Requests
522 Remaining Open	4683 Remaining Open	757 Remaining Open	2271 Remaining Open	139 Remaining Open	629 Remaining Open
3.70 Avg Duration (Days)	5.30 Avg Duration (Days)	1.83 Avg Duration (Days)	2.36 Avg Duration (Days)	2.46 Avg Duration (Days)	2.79 Avg Duration (Days)

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Service Desk Scorecard

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
18240 Incidents Opened	26781 Requests Opened	3708 Incidents Opened	5728 Requests Opened	565 Incidents Opened	822 Requests Opened
18215 Incidents Closed	25041 Closed Requests	3386 Incidents Closed	4770 Closed Requests	2053 Incidents Closed	409 Closed Requests
25 Remaining Open	1740 Remaining Open	322 Remaining Open	958 Remaining Open	142 Remaining Open	413 Remaining Open
4.06 Avg Duration (Days)	3.43 Avg Duration (Days)	2.50 Avg Duration (Days)	1.95 Avg Duration (Days)	0.54 Avg Duration (Days)	0.35 Avg Duration (Days)

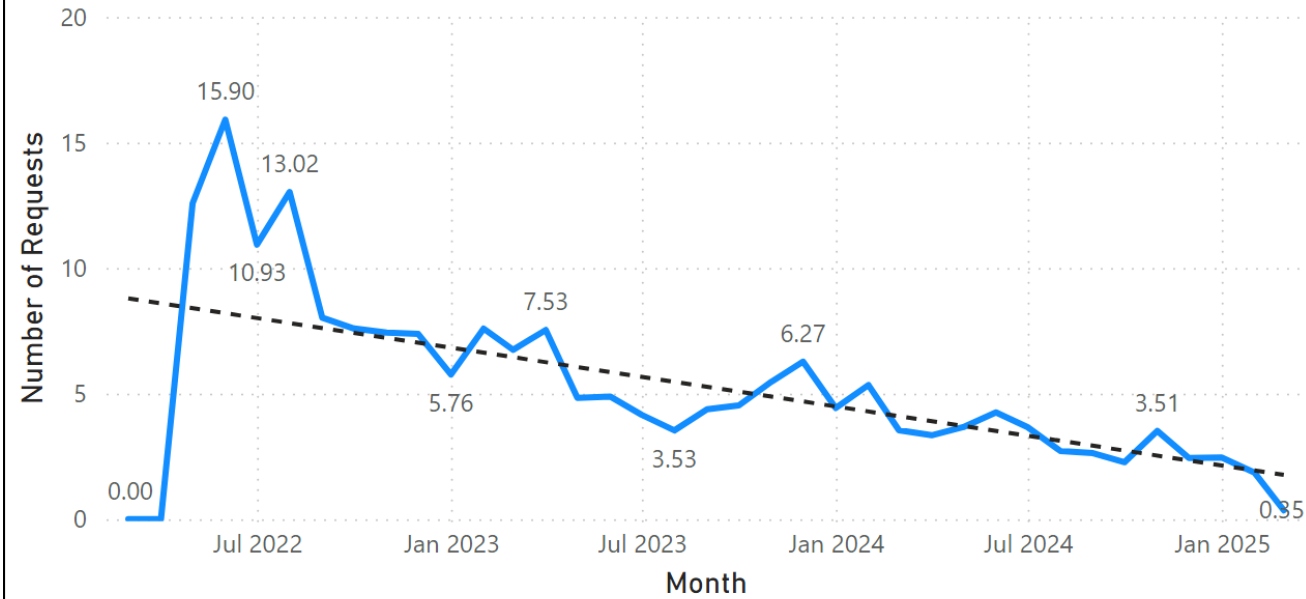
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Service Desk Trending

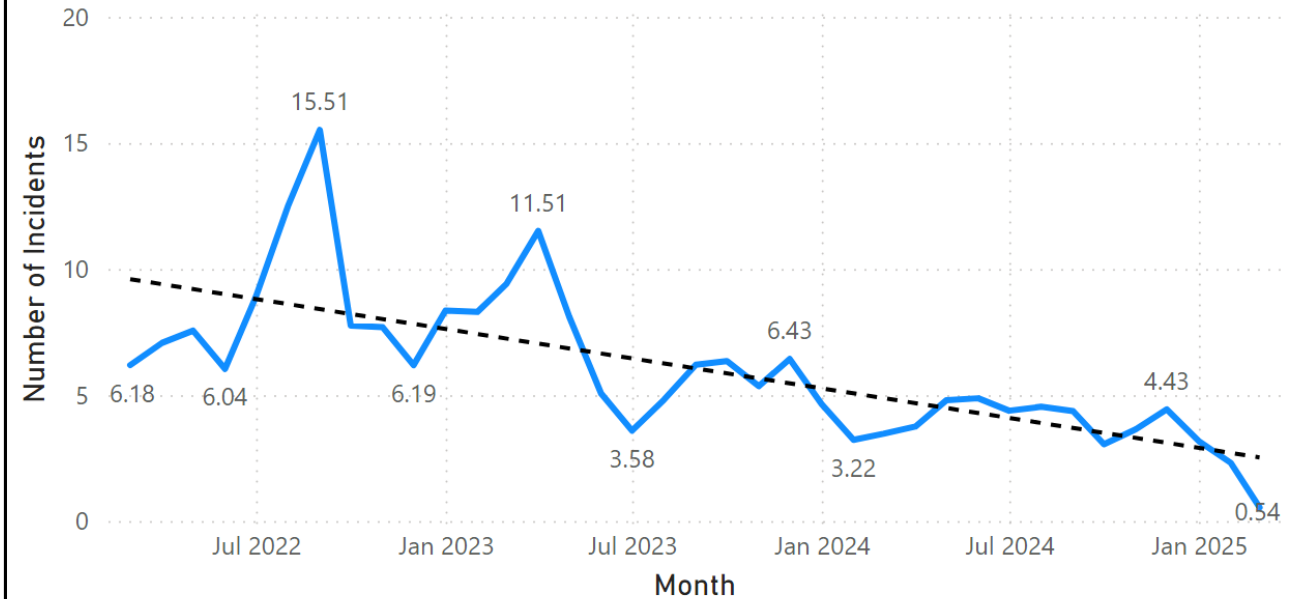
Requests

Incidents

Average Duration (Days)

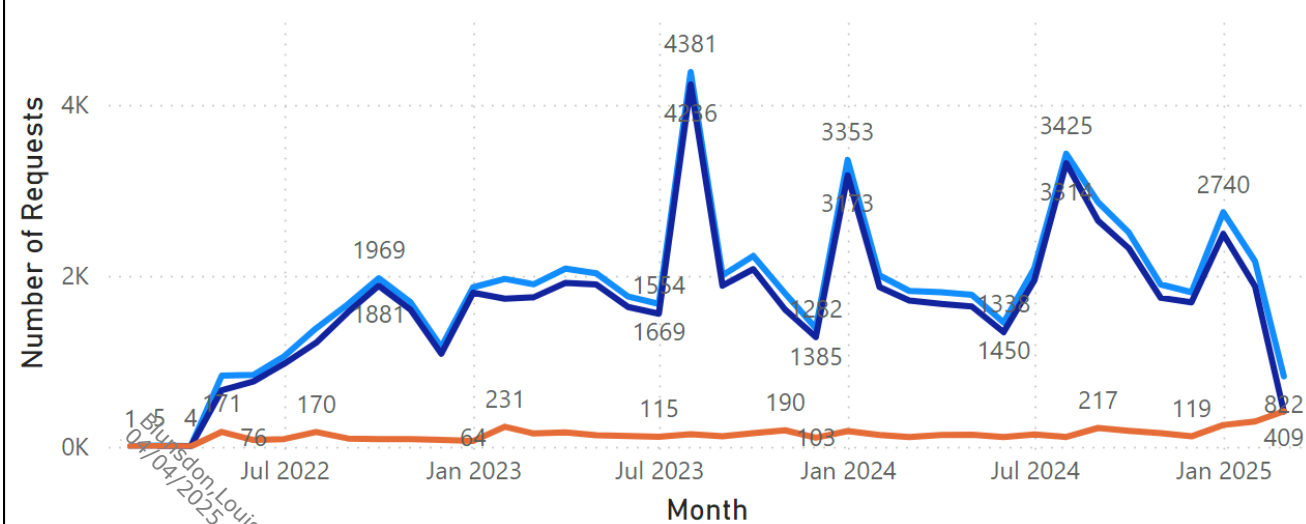


Average Duration (Days)



Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



Created by Year

Created by Month

- February 2022
- March 2022
- April 2022
- May 2022
- June 2022
- July 2022
- August 2022
- September 2022
- October 2022
- November 2022

OwnerTeam

- BI Applications and Warehouse
- Business Intelligence & Informatics
- Digital Services Management (DSM)
- ePMA IT
- EUD
- IM&T Security
- ISM Admin
- IT Procurement
- M365
- Network
- Paris
- Pending Approval
- PMS Administration
- PMS Development
- PMS Implementation
- PMS Support
- Server/Infrastructure

822

Requests Opened

409

Closed Requests

344

Remaining Open

0.34

Duration (Days)

86

Older than 30 Days

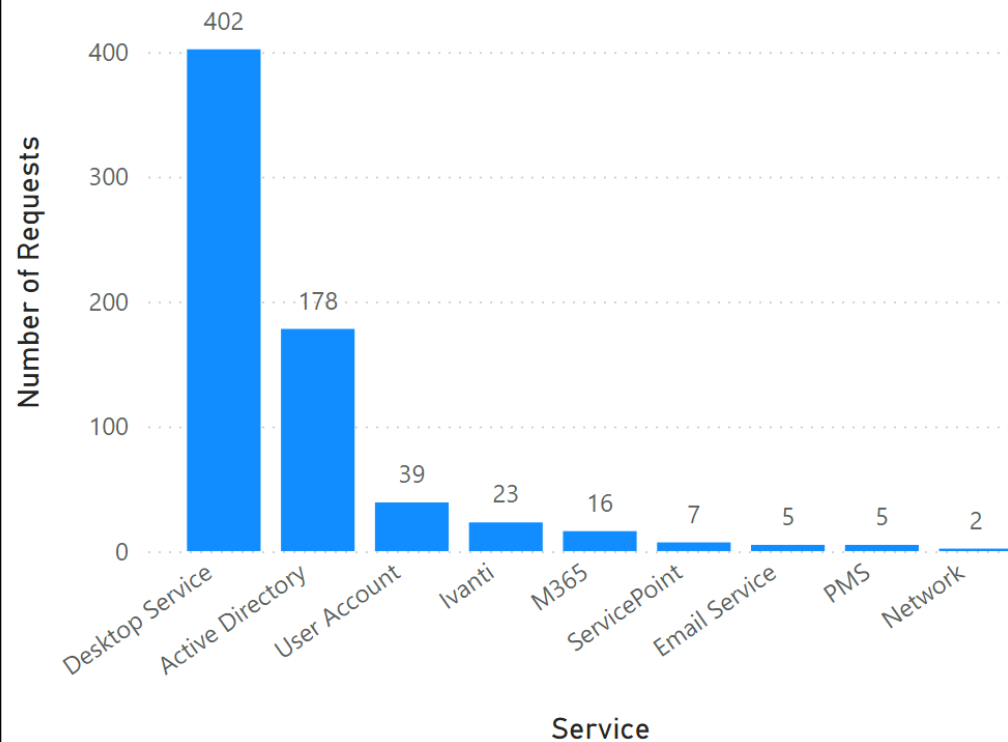
16

Pending Approval

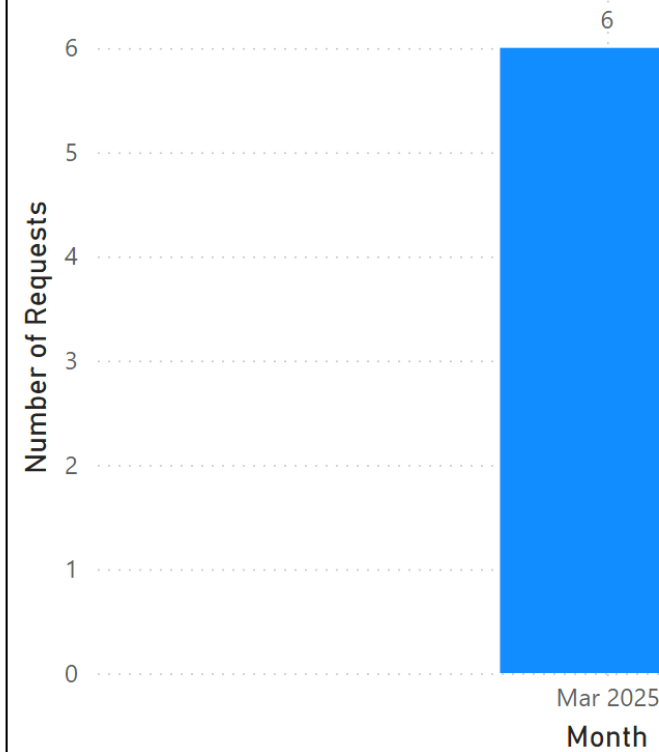
IT Procurement Requests

Status

Number by Service



Automation Requests



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Date by Year

- Date By Month**
- March 2022
 - April 2022
 - May 2022
 - June 2022
 - July 2022
 - August 2022
 - September 2022
 - October 2022
 - November 2022
 - December 2022

- OwnerTeam**
- BI Applications and Warehouse
 - Digital Services Management (DS)
 - ePMA IT
 - IM&T Security
 - Network
 - Paris
 - PMS Development
 - PMS Support
 - Server/Infrastructure

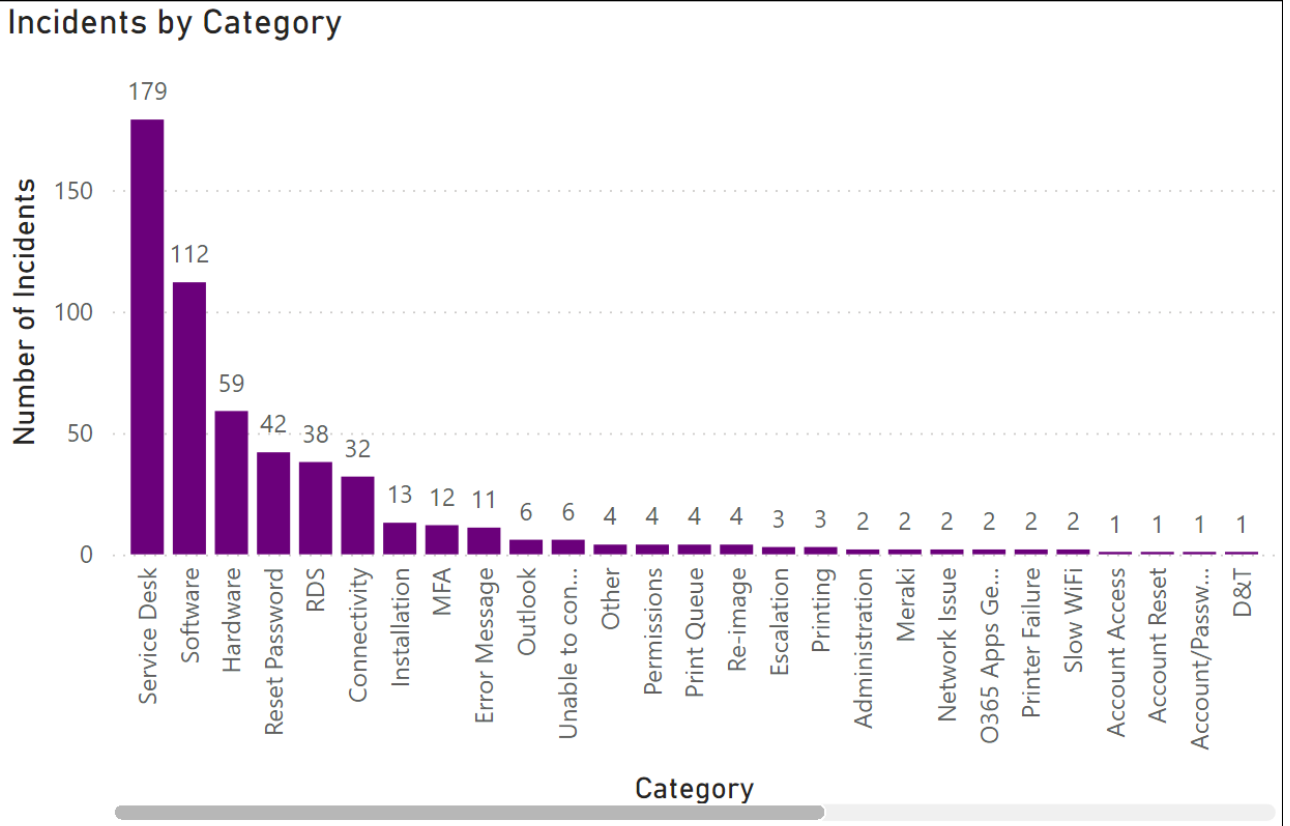
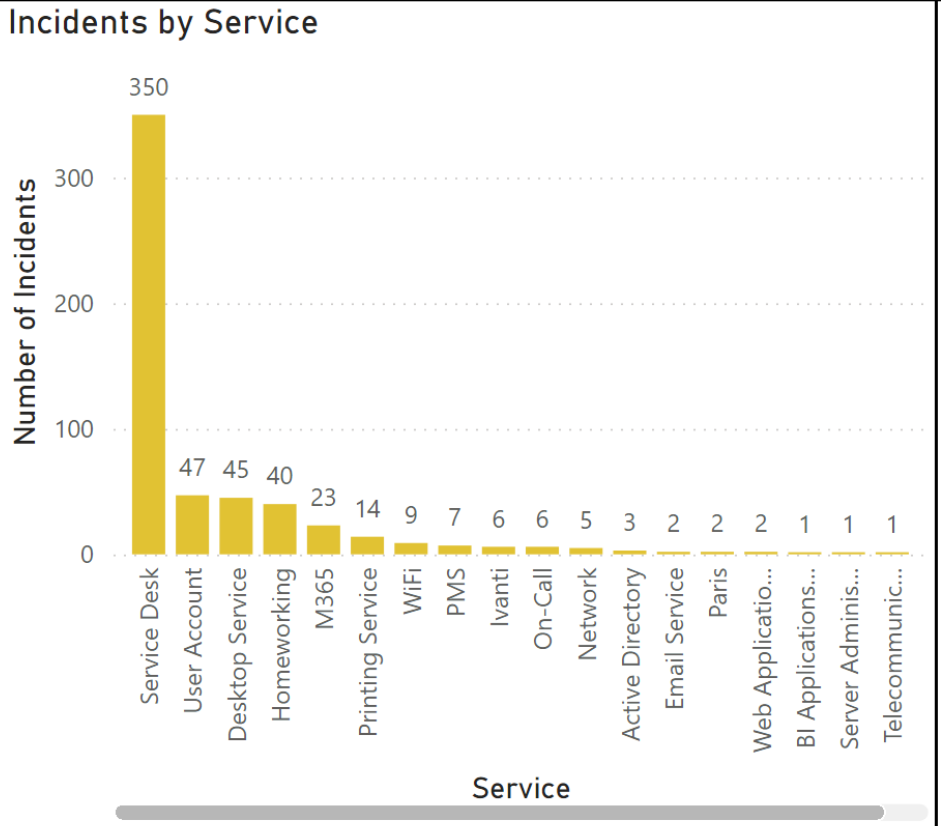
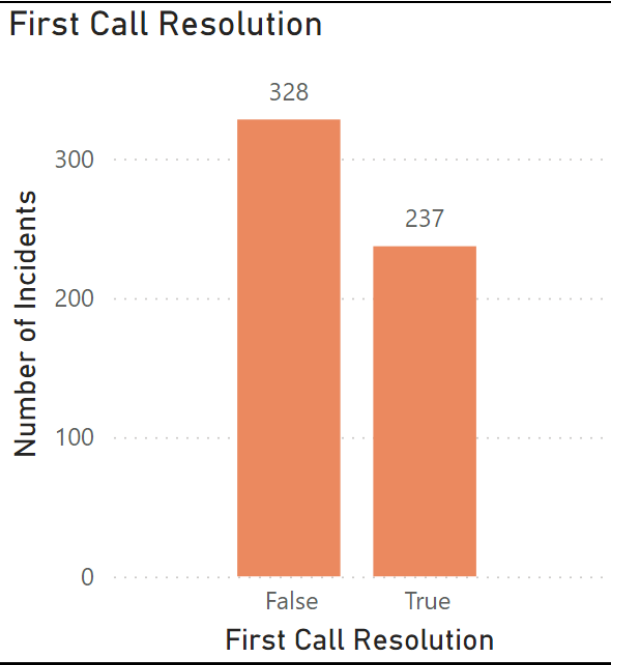
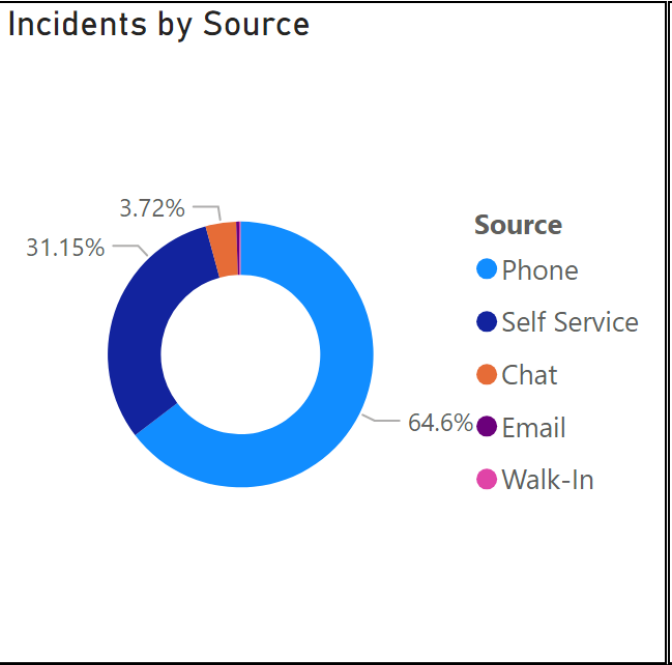
- Site**
- At Home
 - Avon House
 - Barry Hospital
 - Broad Street Clinic
 - Cardiff Edge
 - CRI
 - Hamadrvad Centre

565
Incidents Opened

423
Incidents Closed

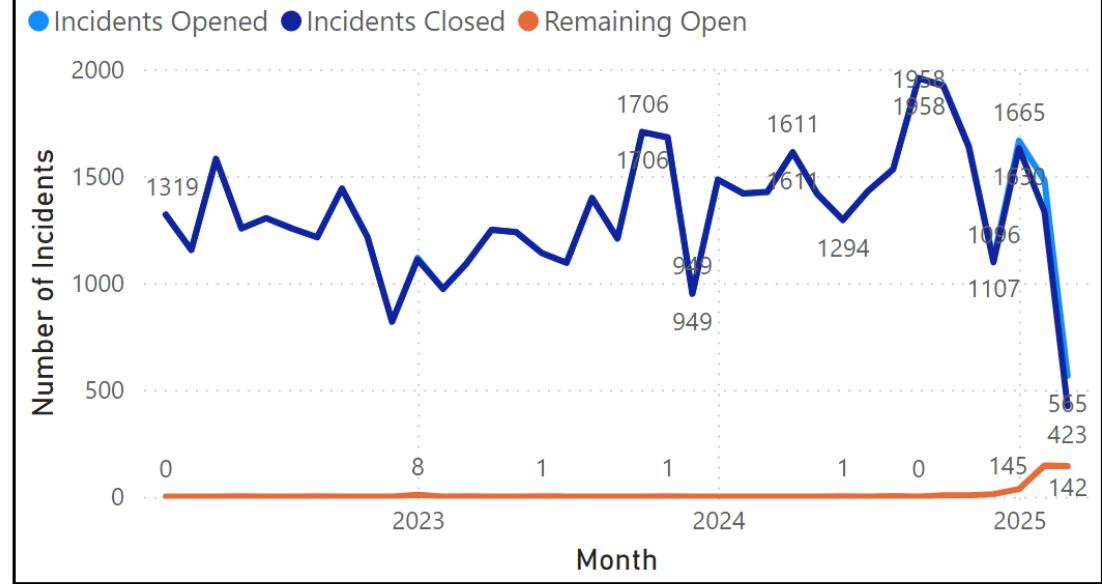
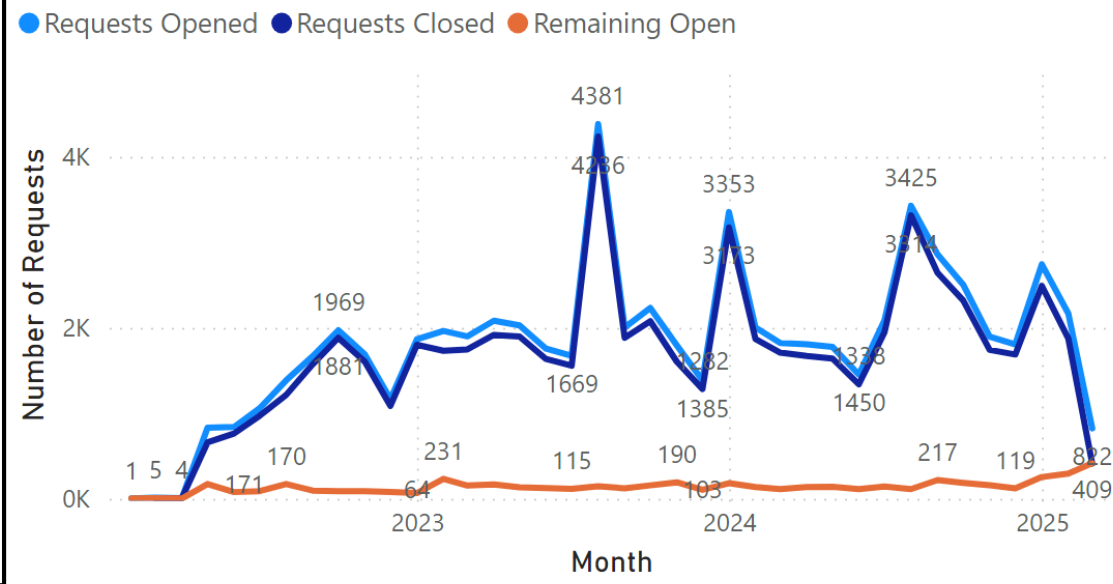
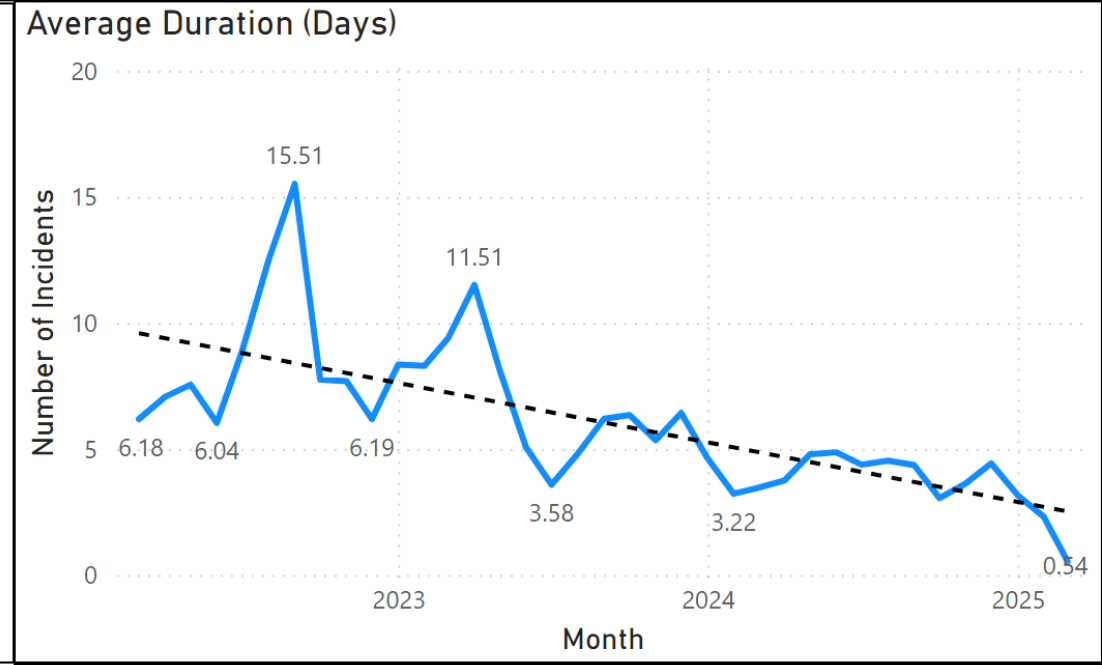
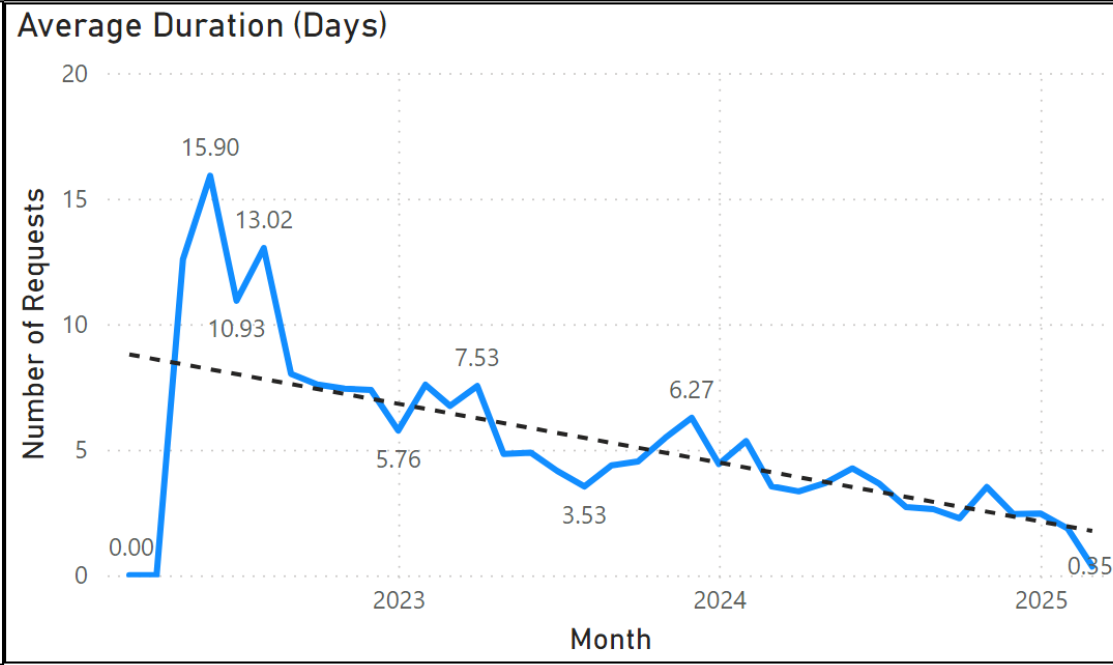
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Avg Duration (Days)

142
Older then 30 Days



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Brendon Love

Trending



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GIG
CYMRU
NHS
WALES

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

Annual Report of the Local Partnership Forum 2024-25

Blunsdon, Louise
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1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2024-25.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, and senior members of the People and Culture team. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2024 to 31 March 2025. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

	11/04	13/06	05/08	09/10	11/12	13/02
Director of People and Culture (co-Chair)	Y	Y	Y			Y
Chief Executive	*	*	Y	Y		Y
ED of Finance						*
Executive Nurse Director			*			

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Medical Director		Y				
ED of Strategy and Planning		*				
ED of Therapies and Health Science			Y	Y		Y
Chief Operating Officer	Y			Y		*
ED of Public Health	Y	*	Y	Y		Y
Director of Corporate Governance	Y	Y	Y	Y		Y
Director of Communications and Engagement		Y	Y	*		Y
Deputy Director of People and Culture	Y	Y		*		Y
AD of OD, Wellbeing and Culture			Y			Y
AD of People Resourcing	Y	Y		Y		Y
Head of People Assurance and Experience		Y		Y		Y

Note:

Interim Executive Medical Director: Dr Richard Skone April – September 2024 replaced by, Executive Medical, Life Sciences and Precision Medicine Director: Dr David Fluck October 2024

Executive Director of Therapies and Health Sciences: Fiona Jenkins to May 2024 replaced by Executive Director of Allied Health Professionals, Health Scientists and Community Services Development, Emma Cooke June 2024.

4.0 TERMS OF REFERENCE

The Terms of Reference are incorporated into the Partnership and Recognition Agreement. This was reviewed by the Local Partnership Forum on 17 June 2021 and was approved by the Board on 29th July 2021. These are now due for a review and will be updated in the context of the Social Partnership Duty.

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5.0 WORK UNDERTAKEN

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key topics considered during the period April 2024 – March 2025 are set out below.

5.1 11 April 2024

The Executive Director of People and Culture gave a presentation on the Staff Survey, noting that Cardiff and Vale UHB had a response rate 21.4%, compared to 22% in 2020. A 50% response rate is the ambition moving forward. Mrs Gidman gave an overview of some of the key results including the 'friends and family question', which is seen as an important indicator, and questions about bullying and harassment. It was noted that the results shared to date were of a high level and there would be further analysis at Clinical Board and Directorate level. Trade Unions expressed concern that the results were not a true reflection given the number of staff who had not taken part. It was felt that the poor response rate was because staff had not seen tangible results following on from previous surveys. The importance of culturally embedding the revised Respect and Resolution Policy and taking on board the results of the Diverse Cymru audit into institutional racism were noted.

The Deputy Director of People and Culture (Lianne Morse) and the Lead Staff Representative for Mental Health (Peter Hewin) presented information on the progress made in relation to the non-pay elements of the collective pay deal. This update focused on career progression, flexible working, working hours, reduction in the use of agency workers, a retention strategy, Retire and Return, Continuous Professional Development (CPD and Health & Wellbeing. Additional information, including clarity around the need for delivery in partnership of certain non-pay elements and timescales, had been provided via a recent Welsh Health circular from Judith Padgett as the Director General of NHS Wales to all the Chief Executives of Health Boards and Health Organisations in Wales. It was agreed that a Task and Finish Group would be set up to work in partnership around the delivery of these elements. The circular is very clear that this work is the responsibility of the Local Partnership Forum as a group and it was agreed that there should be time allocated to the agenda at the next

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LPF meeting to sign off the assurance report required for the end of May. Trade Union members felt that the joint training undertaken on Managing Attendance and Respect and Resolution has had a positive impact empowering staff around being treated fairly and that it helps support cultural change. It was felt that more joint training on Policies would be beneficial.

The **LPF Annual Workplan for 2024-25** was approved.

The following **items were received for noting**:

- Local Partnership Forum Annual Report
- Workforce Partnership Group Annual Report

5.2 13 June 2024

The principal lead for tobacco in the Public Health team provided an update on some of the smoking cessation work taking place. It was noted that although it is illegal to smoke on hospital sites and fines of £100 can be issued, these fines can only be issued by Local Authorities. Conversations are currently taking place to determine if this can be implemented. There is a range of signage and loud speaker messages in place across the sites outlining the ban is in place but smoking on the site is a problem.

The Programme Director for Strategic Clinical Redesign provided a presentation on the Clinical Services Plan. She explained that the Plan was being refreshed in line with the new Strategy and would act as a framework for setting the direction of travel for our services. It will describe the models and function so that people can then start to develop plans around workforce planning, digital planning etc. The importance of developing the Plan collaboratively was noted. In the next quarter, work will take place with stakeholder groups and the Board to formulate some of the planning assumptions and what this means for the teams when looking at service redesign. Trade Union members of the Forum expressed concern that there is a disconnect between the strategies that are agreed at a corporate level and the delivery of them at a local level. They suggested that the Trade Unions can play a big part in driving this forward.

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The Director of Communications provided a presentation on the progress of the Communications plan, looking at the approaches adopted and types of audiences targeted. It was noted that Viva engage, an internal engagement platform to allow staff to share learning, ideas and to build relationships across the organisation, was due to be launched imminently. There was a discussion about how to ensure that the workforce doesn't feel engaged and communicated with, and whether the Trade Unions could help with this. In general, when face to face opportunities are available very few people attend, particularly from clinical areas because they can't leave their wards or areas. As a result, we are heavily reliant upon the cascade system through line managers as the evidence shows that this is a more trusted form of communication than corporate emails.

The revised Terms of Reference of the Employment Policy Sub Group were noted and approved.

5.3 5 August 2024

The Nurse Staffing Levels report previously received by Board was presented to the LPF by the Executive Director of Nursing and the Nurse Staffing Levels Lead and the following points were noted:

- the successes around data collection were primarily due to the introduction of SafeCare
- short term sickness can be problematic as it cannot be planned for, and can have an impact on the supervisory status of ward managers
- Welsh Government have signed a memorandum of understanding with Kerala State government in India on an All Wales basis. 70 nurses have been approved for CAVUHB and they will be coming over in the next few months – steps are taking place to ensure that they have a positive experience including the established of a Community of Practice based on the Florence Nightingale Principles.

Carys Fox, Assistant Director of Nursing Workforce, provided a presentation on Staff Retention. The key points included:

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- The UHB turnover trend was presented and a positive trajectory indicated. The current turnover rate stands at 11.2% whereas for the same period last year, 13% was reported.
- Data is gathered through local surveys (including surveys among new employees, existing employees and leavers)
- Steps are being taken to strengthen of our data and intelligence and to integrate this using Power BI into a centralised workforce dashboard that offers forecasting for the future.
- A Retention Framework to assist with the implementation of local retention plans is being developed
- The Nurse Internal Movement Scheme is to be relaunched in September 2024 which will allow staff to permanently move within the UHB without the formal recruitment process and use of TRAC. An evaluation and impact process will be included in order to measure success.
- Evaluation occurs through the annual NHS Staff Survey, the metrics within the People and Culture Plan and via the Executive reviews to identify any emerging hotspots and also to celebrate areas of good practice.

The Employment Policy Sub Group minutes from 5 June 2024 were noted.

5.4 9 October 2024

The Director of Corporate Governance provided an update on the Covid 19 Public Inquiry modules and the implications for the UHB. The most directly module is Module 3: Healthcare. The UHB has provided a single statement of witness relating to UHW and has complied with a request for some follow up data. The Inquiry hasn't called anyone from the organisation to give evidence in the public hearings to date.

Adam Wright, Director of Operational Planning and Performance gave a presentation on the Health Board planning processes and assumptions. Each step of the plan architecture was explained, including operational strategy, strategic plans, IMTP and delivery plans. He also explained how a planning process is used to move from Summer to Winter. Planning assumptions were explained to

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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.

5.5 13 February 2025

The Director of Corporate Governance, provided a presentation on Speaking Up Safely and the launch of the Work in Confidence Platform. It was noted that the success of the platform will be slow, relying on trust in the process to grow.

The Deputy Director of People and Culture provided a presentation on Sexual Safety. Highlights included:

- The context, specifically in terms of legislation and the staff survey results. The Worker Protection Act was introduced in October 2024 and puts a duty on employers to take reasonable steps to prevent sexual harassment.
- The Sexual Safety procedure has now been launched and will be communicated throughout the organisation.
- Awareness training for all staff has been developed, along with specialised training for investigating officer who are handling complaints.
- Enhanced wellbeing support is available for individuals going through processes related to harassment

The Head of Equity and Inclusion was in attendance and provided a presentation on the WRES (Workplace Race Equality Standards). A summary of the key points from the WRES report was provided, and it was noted that work will focus initially on progression and representation. A review of Staff Networks is taking place with the intention of improving the support and ensuring that these networks are more effective in supporting underrepresented groups. Resources for self-education have also been developed, including fact sheets on anti-racism and microaggressions, and these have seen a good level of engagement.

6.0 STANDARD AGENDA ITEMS

6.1 Chief Executives Report

At each meeting the Chief Executive, or a deputy, provides a verbal update to the LDF on key topics. Highlights noted at each meeting are described below.

6.1.1 11 April 2024

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The Chief Operating Officer, deputising for the Chief Executive, provided an update report to the Forum. Key points included:

- Mr Bostock thanked staff for their efforts over the last few months. It was noted that we are in a better shape than we have been previously and although there is still a long way to go, we are starting to see the benefits for our patients and staff.
- The focus over the next few months is on how we redesign our medical models of care. A lot of work is taking place, particularly within the Medicine Clinical Board, about different models of care and improving 7-day working so that systems and processes are in place over the weekends. This will put us into a stronger position for Winter 2024/5.
- Cardiothoracic Services will be moving back to UHW in August from UHL and plans are in place to make good use of the space at UHL, including the treatment of more short stay patients.
- Mr Bostock thanked everyone for their efforts and support in achieving the financial target for 2023/24. He explained that this year the target is approx. £47m with the focus on efficiency, productivity and service redesign

6.1.2 13 June 2024:

The Director of Corporate Governance provided an update report to the Forum on behalf of the Chief Executive. Key points included:

- Welsh Government have responded to the annual plans submitted and CAVUHB have not been asked to revise and resubmit our plans. The financial difficulty ahead and the challenging £47 million savings target was recognised. At the Sustainability Programme Board, it was identified that of the £47million pounds, £32 million, has been identified, but £12 million is still in the red category and progress is not where it needs to be.
- An email was sent out by the Chief Executive on 7/6/2024 where a number of control actions were outlined to strengthen the savings plan and take control of expenditure. This includes scrutiny over the use of agency staff, the holding of new job vacancies and the review of Retire and Return applications by an Executive moderation panel.

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- An initial pilot on the Call for Concern (a scheme which provides the opportunity for patients and family members to seek a second opinion) has been completed successfully and the next steps involve the creation of a standard operating procedure which can be implemented across the organisation by September.
- The importance of Decarbonisation and the focus on the decarbonisation agenda.
- The Infected Blood Inquiry report. The Haemophilia Centre have a really strong relationship with patients in the represented groups and there's a genuine passion within the team to look after them. The Chief Executive has expressed the importance of not being complacent about the past but to understand what are we potentially naive about and to understand if this could possibly be happening now and if similar decisions, mistakes and behaviours are taking place.

6.1.3 5 August 2023:

The Chief Executive, Suzanne Rankin (SR), provided an update report to the Forum. Key points included:

- The refreshed Strategy was relaunched at the last Annual General Meeting and work is taking place to establish the portfolio groups that will provide oversight of the delivery of the strategic objectives. SR is pleased with how quickly the refresh strategy has embedded into the organisation and explained we are now moving towards the delivery and planning for next year.
- We have not been required by Welsh Government to resubmit our Annual Plan, although they have concerns around our ability to deliver in relation to the financial position and in terms of performance, specifically around planned care. SR noted that at this point we have £29 million secured but have a long way to go to meeting the requirement despite the great work being done particularly in the workforce arena.

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- Staff Survey Focus Group - SR led the session on the 1 July 2024 which discussed the initial CAVUHB staff survey results and noted good engagement with representation from across the organisation from all professional groups. Key topics discussed included the importance of equity, dignity and respect for all, access to education and training for all along with a reflection about the quality of line management. SR explained that the output from these discussions will be used to inform the planning around responding to the Staff survey
- WRES data – this is the first time the Workforce Race Equality Standards (WRES) has been run in Wales. A meeting with the Welsh Government will take place to help us understand and interpret the data. Following this meeting, WRES will be brought back to the LPF for further discussion
- Clinical Boards were encouraged to engage with staff and trade unions, especially around the difficult decisions to be made as without proper conversations it is not possible to make a balanced assessment of the options.

6.1.4 9 October 2023:

The Chief Executive, Suzanne Rankin (SR), provided an update report to the Forum. Key points included:

- Work continues to respond to the feedback from the 2023 Staff Survey through Staff Assemblies and the dissemination of results. The 2024 Survey has now been launched and will run till the end of November. Work will focus on solutions and what we can do to address the issues but it will take time to fix the cultural challenges. The importance of the survey was noted, with the annualization of the survey providing longitudinal data required to get the themes and trends.
- 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.

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- The launch of the Shaping Our Future Quality Excellence work was underway as part of Patient Safety Week to raise the profile of the mission that has been set in the organisation which is to eradicate avoidable harm.
- Vaccination for COVID and flu is readily accessible for colleagues and there are a number of pop up clinics which have been really well advertised.
- A lot of work is taking place reorganising and relocating services to ensure delivery is taking place in the right places. The Cardiothoracic team has been relocated back to UHW and lots of work is taking place with new models of care in the community and the Safe at Home project.
- The CEO provided the Forum with an update on the UHB financial position, noting that the main opportunities over the coming six months are 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

6.1.5 13 February 2025

The Chief Executive, Suzanne Rankin (SR), provided an update report to the Forum.

Key points included:

- A reflection on the winter plan and the reset process
- A Welsh Ambulance Service critical incident was declared on 31 December 2024. The implications of this for the Health Board were considered
- The low uptake of vaccinations for winter respiratory viruses
- The financial position and what this meant for 2025/26
- The 2024 staff survey response rate and headline results

6.2 Integrated Performance Report

The Local Partnership Forum receives a copy of the Integrated Performance Report prepared for Board at each meeting. This report includes a summary position for the

following areas:

- Population Health
- Quality and Safety

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- People
- Operational Performance
- Finance

6.3 Reports from Sub Groups

The Local Partnership Forum has 3 sub-groups - the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

The **Workforce Partnership Group (WPG)** is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture, who also chair LPF. The WPG generally meets 6 times a year and the items discussed tend to be more operational or detailed than those brought to the LPF. The LPF regularly refers matters to the WPG for follow up and further consideration. The Workforce Partnership Group reports to LPF annually, though matters can be escalated as required.

Key items discussed in 2024/25 include:

- Updates from the Task and Finish Group for the non pay element of the pay deal.
- Updates on the Assistant Practitioner Role
- Reshaping work
- Staff Survey results
- Lessons Learnt from the Mental Health Overpayments
- Widening Access Framework
- LGBTQ +
- Employee Relations Activity Report
- IMTP

At a more local level, each Clinical Board also has monthly or bi-monthly Local Partnership Forums which enable the Clinical Board leadership team to engage with trade union representatives on local matters. The Clinical Board Partnership Forums also report annually to the UHB LPF.

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The **Employment Policy Sub Group (EPSG)** is made up of representatives from People and Culture and Trade Unions and is co-chaired by the Deputy Head of People Assurance and Experience and a TU representative. EPSG is the primary forum for the development and review of employment policies, procedures and guidelines. It usually meets 6 times a year and a copy of the minutes of each meeting are submitted to the Local Partnership Forum for noting.

In 2024-5 the Terms of Reference for EPSG have been reviewed and a new way of working has been introduced for the Trade Union Members. Whereas previously they have attended in a generic capacity, representing all trade union interests and members, from March 2024 they will be elected to represent specific areas including Education, Employee Relations, Equity and Inclusion, and Wellbeing.

In 2024-25 the key documents considered and approved by EPSG are:

- Maternity Risk Assessment and Breast Feeding Procedure
- Supporting Carer's Guidelines
- New Parent Support and Pay Procedure
- Redeployment Procedure
- Annual Leave Procedure
- Academic Malpractice and Fair Assessment in the Delivery of Accredited Learning Procedure
- Supporting Staff Experience: Gender Based Violence, Domestic Abuse and Sexual Violence Procedure
- Safeguarding Allegations/Concerns About Practitioners and those in Positions of Trust Procedure
- Sexual Misconduct Procedure

The Staff Benefits Group explores and co-ordinates discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group meets quarterly and discusses and agrees 'best deals' for staff. It also provides employee support via its internal staff benefits e.g. financial benefits, health and wellbeing, childcare support. Their work is reported to the Charitable Funds Committee and the Local Partnership Forum.

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6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

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Report Title:	Workforce Partnership Group Annual Update		Agenda Item no.	11	
Meeting:	Local Partnership Forum	Public	<input checked="" type="checkbox"/>	Meeting Date:	10/4/2025
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>		
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these. LPF, in turn, has three sub-groups: the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are senior representatives of the People and Culture team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety and the Staff Side Secretary. The Independent Member – Trade Union also has a standing invitation to attend, as do Clinical Board and senior Nursing representatives.

The WPG generally meets 6 times a year, alternating with the LPF.

WPG provides a forum for the Health Board and Trade Unions (including Professional Organisations and Staff Associations) to work together on issues of service development, engagement and communication specifically as they affect the workforce. Its purpose, as set out in the Terms of Reference, fall into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce. The items discussed tend to be more operational or detailed than those brought to the LPF, and the LPF regularly refers matters to the WPG for follow up and further consideration.

Significant issues which the WPG has considered during 2024-25 include:

- Updates from the Task and Finish Group for the non pay element of the pay deal.
- Updates on the Assistant Practitioner Role
- Reshaping work
- Staff Survey results
- Lessons Learnt from the Mental Health Salary Overpayments
- Widening Access Framework
- LGBTQ + Action Plan
- Employee Relations Activity Report

Employee Relations Activity is reported at every meeting as a standard agenda item. The number of disciplinary cases is considered and the data broken down by: staff group, Clinical Board, stage of the process, type of allegation and work status. Additional information e.g. fast track data has been provided on request. Numbers of Employment Tribunals, Appeals and Grievances/Respect and Resolution Cases are also reported at each meeting.

All agenda items are aligned to the themes of the People and Culture Plan to ensure it is embedded in all WPG activity.

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

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high level summary of items considered by WPG in 2024-25

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LOCAL PARTNERSHIP FORUM WORKPLAN 2025/26

	10 April	12 June	06 August	08 October	11 Dec	12 Feb
Chair	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture	Chair of Staff Representatives	ED of People & Culture
Preliminaries						
Minutes of Previous Meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
CEO Update	X	X	X	X	X	X
For Consideration:						
Operational Update			X		X	
OD Wellbeing & Culture	X (OD Wellbeing & Retention Framework)	X (Cultural Leadership Programme)				

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P&C Plan Priorities	X (Overview)	X (Wellbeing & availability of staff)	X (Leadership and management capability)	X (Workforce planning capability)	X	X
For Consultation/Negotiation:						
Items which require formal engagement e.g. major changes to services (as required)	X	X	X	X	X	X
For Communication:						
IMTP Update				X		X
Staff survey	X		X			
Nurse Staffing Act			X			
Public Health			X (PH Report)		X (smoking)	
EDI		X (Annual Equality Report) For noting X (SEP)		X (Welsh Lang)		X (topic tbc)
Speaking Up Safely						X
Comms – update on colleague comms			X			
For Appraisal:						



Integrated Performance Report	X	X	X	X	X	X
Items for information (for noting only)						
EPSG Minutes		X		X		X
LPF Annual Report	X					
Staff Benefits Group Report			X		X	
WPG Annual Report	X					
CB LPF Annual Reports	X					
LPF Workplan	X					

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