

Public Finance Committee Meeting

Wed 19 April 2023, 14:00 - 16:00

Agenda

14:00 - 14:00 **1. Standing Items**

0 min

Michael Imperato

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes:

1.4.1. Strategy and Delivery meeting – 14th March 2023

1.4.2. Finance Committee meeting – 22nd March 2023

1.5. Action logs:

1.5.1. Following the Strategy and Delivery meeting held on 14th March 2023

1.5.2. Following the Finance meeting held on 22nd March 2023

1.6. Chair's Actions since previous meeting

14:00 - 14:00 **2. Items for Review and Assurance**

0 min

2.1. Financial Report – Month 12

Catherine Phillips Robert Mahoney

2.2. Unforeseen Cost Pressures Lessons Learnt Exercise

Catherine Phillips Robert Mahoney

2.3. Finance Committee Self Effectiveness Survey

James Quance

 2.3 Committee Effective Survey Cover Report.pdf (3 pages)

 2.3a ANNUAL_BOARD_EFFECTIVENESS_SURVEY_FINANCE(2).pdf (7 pages)

2.4 Key Operational Performance Indicators Report

Mohamed Saif
12/04/2023 12:46:19

Paul Bostock

📄 2.4 Key Operational Performance Indicators.pdf (11 pages)

2.5. Integrated Performance Report

Executives

📄 2.5 Integrated Performance Report April 2023.pdf (35 pages)

14:00 - 14:00 3. Items for Approval / Ratification

0 min

3.1. Finance and Performance Committee Terms of Reference and Workplan 2023-24

James Quance

14:00 - 14:00 4. Items for Information and Noting

0 min

No items

14:00 - 14:00 5. Agenda for Private Finance and Performance Committee Meeting

0 min

5.1. Approval of Private Strategy and Delivery Committee Minutes – 14.3.2023

5.2. Approval of Private Finance Committee Minutes – 22.3.2023

14:00 - 14:00 6. AOB

0 min

14:00 - 14:00 7. Review and Final Closure

0 min

7.1. Items to be deferred to Board / Committee

7.2. Date, time and venue of the next Committee meeting:

Wednesday 17th May 2023 at 2pm via MS Teams

14:00 - 14:00 8. Declaration

0 min

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah
12/04/2023 12:46:18

Report Title:	Finance Committee Self Effectiveness Survey 2022/23		Agenda Item no.	2.3	
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	19 April 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Head of Corporate Governance				
Main Report					
Background and current situation:					
<p>Routine monitoring of the effectiveness of the Board and its Committees is a vital part of ensuring strong and effective governance within the Health's Board's governance structure. Under its Standing Orders (SO 10.2.1), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Further, and where appropriate, the Board may determine that such evaluation may be independently facilitated.</p> <p>The Health Board undertook an annual review of the effectiveness of its Board and its Committees in February to March 2023 using survey questions derived from best practice guides, including the NHS Handbook, and using the following principles:</p> <ul style="list-style-type: none"> • the need for Committees to strengthen the governance arrangements of the Health Board and support the Board in the achievement of the strategic objectives; • the requirement for a Committee structure that strengthens the role of the Board in strategic decision making and supports the role of non-executive directors in challenging Executive management actions; • maximising the value of the input from non-executive directors, given their limited time commitment; and • supporting the Board in fulfilling its role, given the nature and magnitude of the Health Board's agenda. <p>For the 2022-2023 self-assessment, surveys were disseminated via Microsoft Forms to all Board and Committee Members and Board and Committee attendees, enabling an efficient yet effective reflection on Board effectiveness and mirroring the method used for the Committees.</p> <p>The purpose of this report is to present the findings of the Annual Board Effectiveness Survey 2022-2023, which relate to the Finance Committee (attached as Appendix 1).</p> <p>This year, as part of the annual review, it is proposed that a workshop will take place with the Board Committee Chairs to discuss any common themes and Committee wider learning from the Committees' survey results. Any actions flowing from the same will be set out in the action plan to be presented to the Audit and Assurance Committee on 11 May 2023.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<ul style="list-style-type: none"> • The survey questionnaires for the annual Board/Committee Effectiveness Surveys 2022-2023 were issued in February 2023. 					

- The individual findings of the Annual Board Committee Effectiveness Survey 2022-2023 relating to the Finance Committee are presented at Appendix 1 for information. There were no areas identified for improvement.
- Overall the findings were positive and that provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committee is effectively supporting the Board in fulfilling its role.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

To ensure effective governance the Board Committee Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March/April 2024 to coincide with the end of financial year reporting requirements of the Annual Governance Statement 2023-2024.

Recommendation:

The Committee is requested to:

- (a) **Note** the results of the Annual Board Effectiveness Survey 2022-2023 relating to the Finance Committee.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: Yes/No

n/a

Safety: Yes/No

n/a

Financial: Yes/No

n/a

Workforce: Yes/No	
n/a	
Legal: Yes/No	
n/a	
Reputational: Yes/No	
n/a	
Socio Economic: Yes/No	
n/a	
Equality and Health: Yes/No	
n/a	
Decarbonisation: Yes/No	
n/a	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit and Assurance Committee	11 May 2023




Mohamed Sarah
12/04/2023 12:46:18

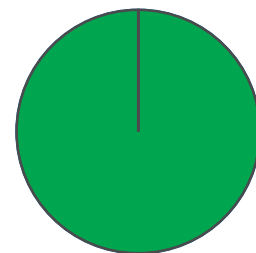
Annual Board Effectiveness Survey

Finance




Responses: 5

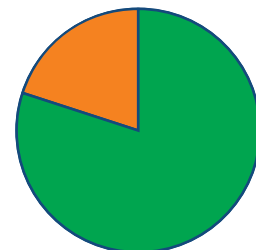
1. The Committee terms of reference clearly, adequately & realistically set out the Committee’s role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

 Strong	5
 Adequate	0
 Needs Improvements	0



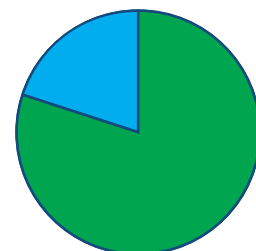
2. The Board was active in its consideration of Committee composition.

 Strong	4
 Adequate	1
 Needs Improvement	0



3. Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?

 Yes	4
 No	0
 Unsure	1



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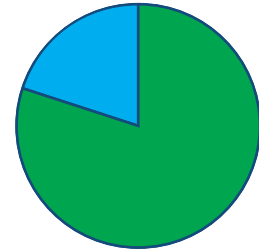


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CYMRU
NHS
WALES

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

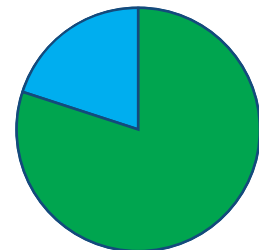
4. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?

 Yes	4
 No	0
 Unsure	1






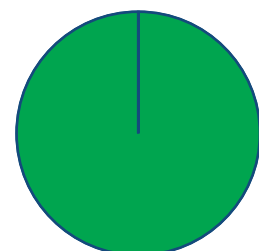
5. Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?

 Yes	4
 No	0
 Unsure	1






6. The Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

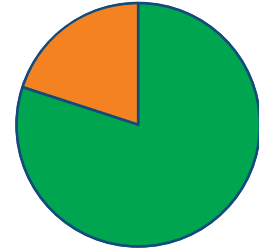
 Strong	5
 Adequate	0
 Needs Improvement	0






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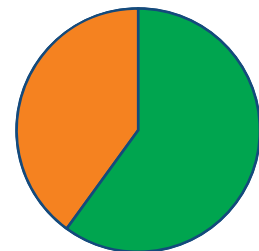
7. The Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

 Strong	4
 Adequate	1
 Needs Improvement	0






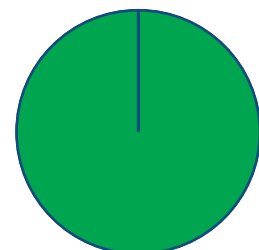
8. The Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.

 Strong	3
 Adequate	2
 Needs Improvement	0






9. Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the Committee's responsibilities.

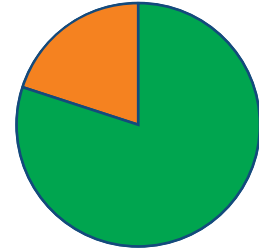
 Strong	5
 Adequate	0
 Needs Improvement	0






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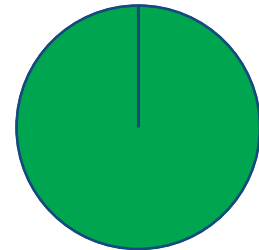
10. Appropriate internal or external support and resources are available to the Committee and it has sufficient membership and authority to perform its role effectively.

 Strong	4
 Adequate	1
 Needs Improvement	0




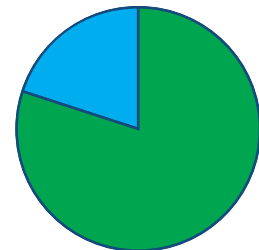
11. The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees.

 Strong	5
 Adequate	0
 Needs Improvement	0



12. Are changes to the Committee's current and future workload discussed and approved at Board level?

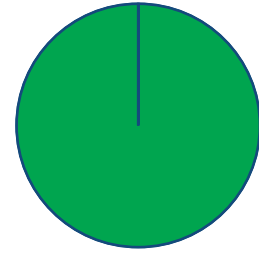
 Yes	4
 No	0
 Unsure	1






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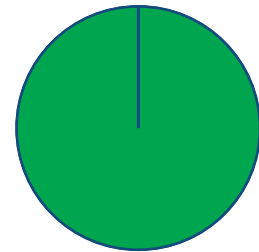
13. Are Committee members independent of the management team?

 Yes	5
 No	0
 Unsure	0



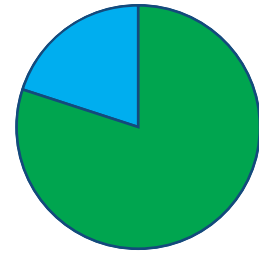
14. The Committee agenda-setting process is thorough and led by the Committee Chair.

 Strong	5
 Adequate	0
 Needs Improvement	0



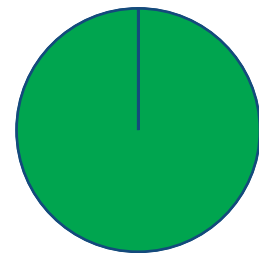
15. Has the Committee established a plan for the conduct of its work across the year?

 Yes	4
 No	0
 Unsure	1




16. Has the Committee formally considered how its work integrates with wider performance management and standards compliance?

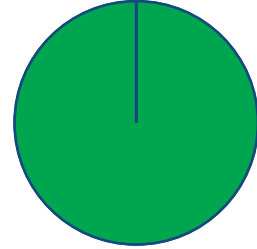
 Yes	5
 No	0
 Unsure	0






Mohamed Salah
12/04/2024 12:46:18

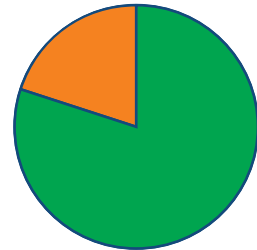
17. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?

 Yes	5
 No	0
 Unsure	0



18. The Committee's self-evaluation process is in place and effective.

 Strong	4
 Adequate	1
 Needs Improvement	0



Mohamed Sarah
12/04/2023 12:46:18

19. The Committee's self-evaluation process is in place and effective

- Strong
- The Finance Committee is well run and meets regularly. It has the required range of experience when the composition of the committee is considered.
- The Committee has the appropriate expertise to provide adequate scrutiny and support. The relationship between IMs and Executives is collegiate but with appropriate independence to provide professional scrutiny.
- Appropriate level of scrutiny achieved. Members independent to management team.
- Is capable of generating good and analytical discussions.

Mohamed Sarah
12/04/2023 12:46:18

Report Title:	Key Operational Performance Indicators		Agenda Item no.	2.4
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:
		Private	<input type="checkbox"/>	19/04/2023
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Performance and Planning Manager – Operations			

Main Report

Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care and Our programme for transforming and modernising planned care and reducing waiting lists in Wales

Whilst the Health Board is making good progress against its Operational plan, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

The Health Board submitted our final IMTP to Welsh Government at the end of June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23.

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

Operational Performance update

Urgent and Emergency Care:

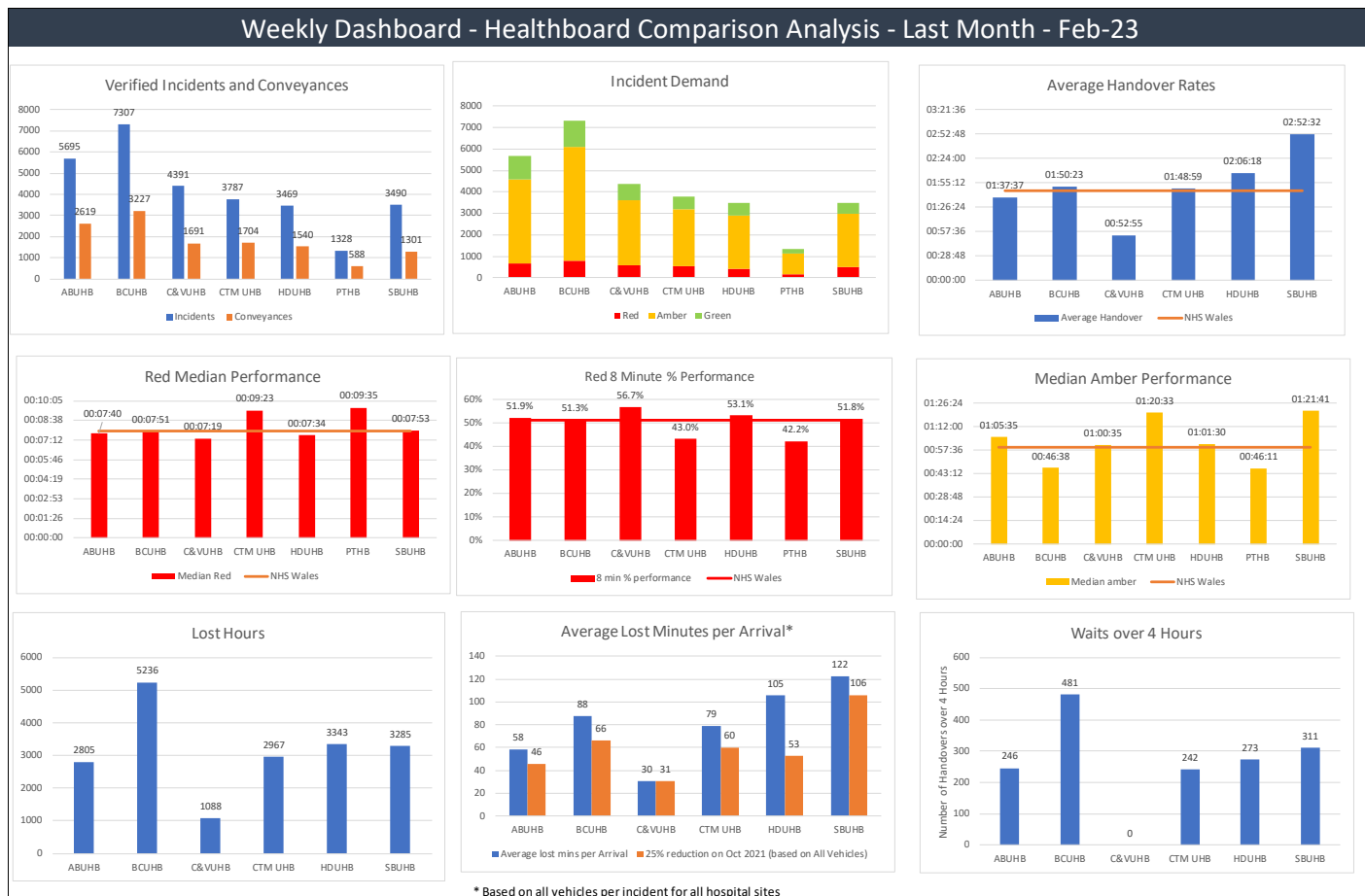
- Reportable Emergency Unit attendances reduced in February (10,979) compared with those reported in January (11,218), November (12,439) and December 2022 (12,699).
- 4-hour performance in EU was 70.87% in February, improved from 66.8% in January
- 12-hour EU waits remain high, but reduced in February with 715 reported in February 2023 compared to 876 reported in January
- No Ambulance handovers took place in over 4 hours during February 2023
- The percentage of red calls responded to within 8 minutes increased to from 56.7% in February from 50.2% in January

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 12-hour EU waits, ambulance response and handover times are shown above.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

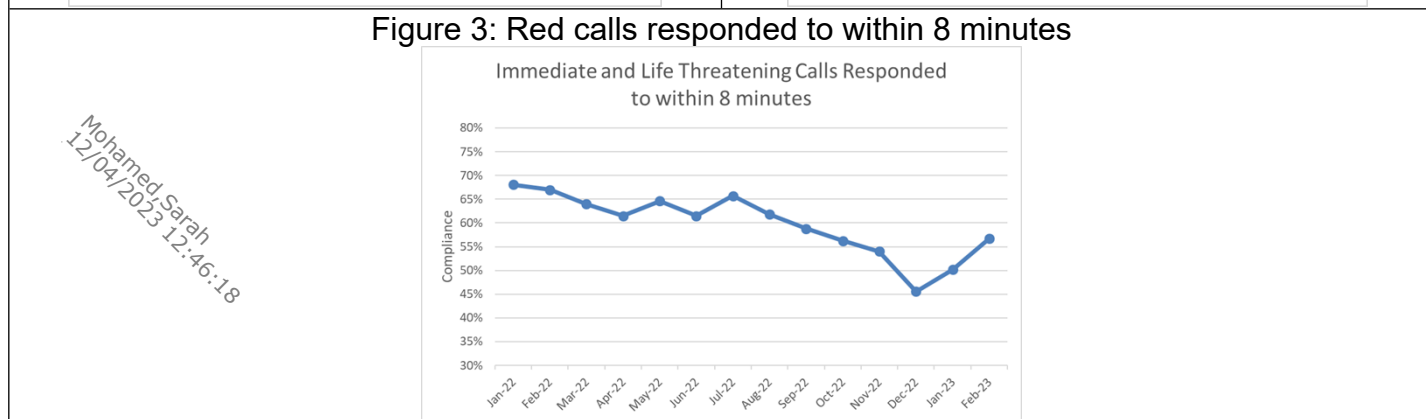
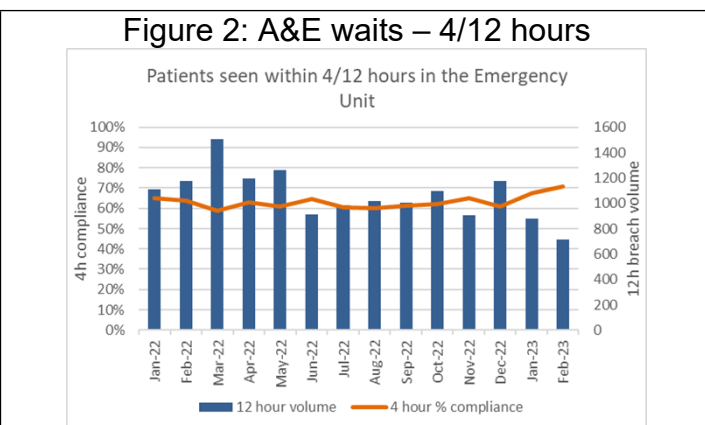
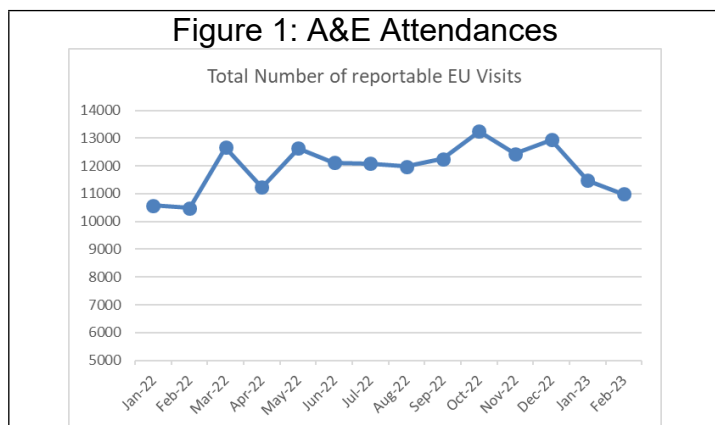
There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to in February 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.



Disclaimer
The information presented has been prepared using sources believed by the National Collaborative Commissioning Unit to be reliable and accurate. It must be used as management information only unless otherwise stated and is not for public release.

Source: National Collaborative Commissioning Unit (NCCU) weekly dashboard – For operational purposes only, not for public release.

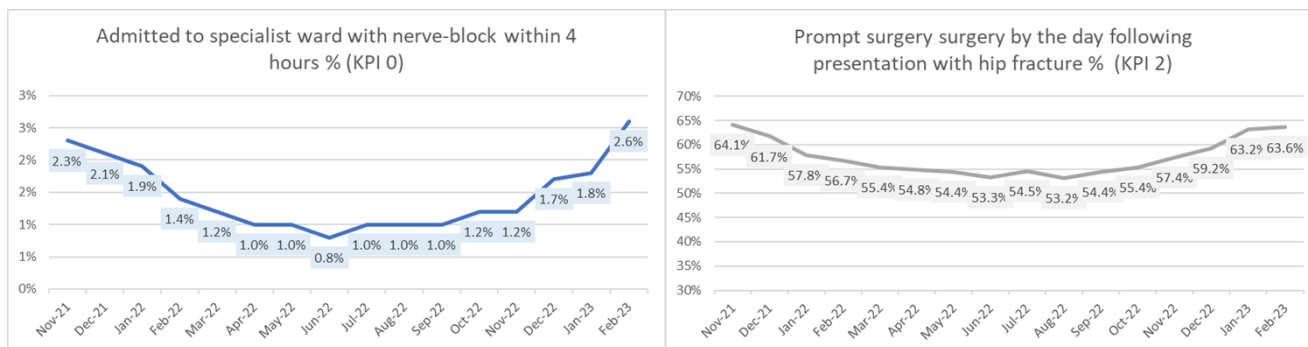


Mohamed Sarah
12/04/2023 12:46:18

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



A summit with key stakeholders was held in March with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. A follow-up session is planned for April to review the actions taken.

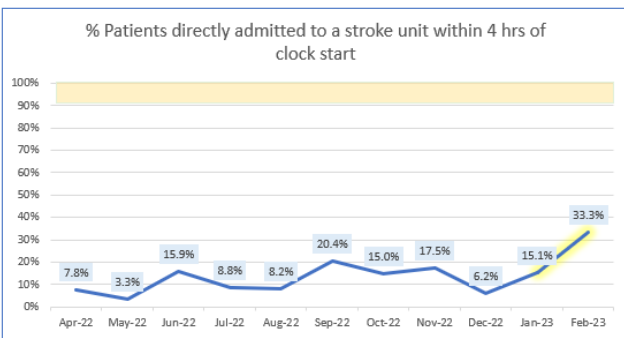
Stroke

Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

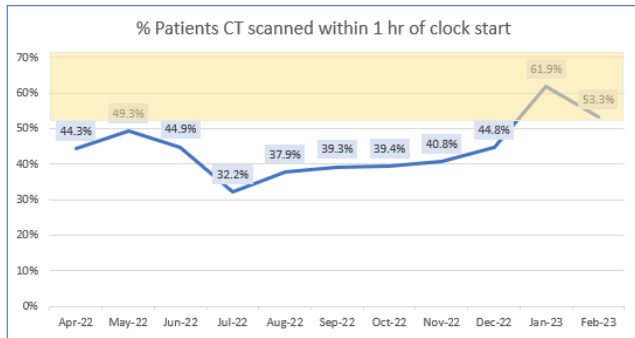
- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:

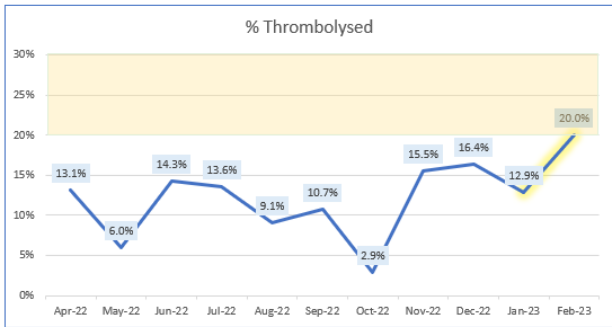
Mohamed Sarah
12/04/2023 12:46:18



SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



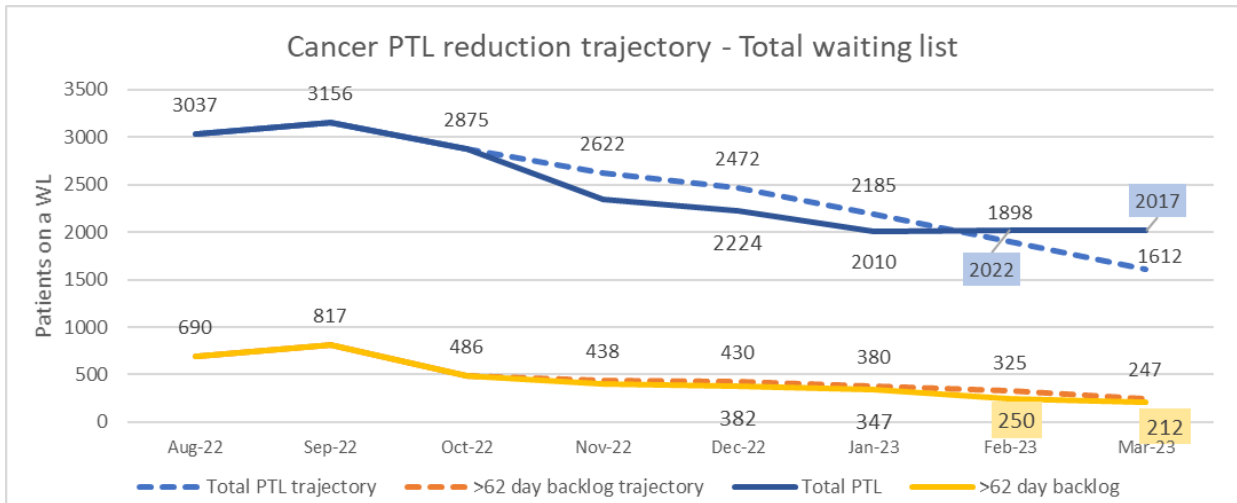
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr



SSNAP A grade: consistent 20% thrombolysis rate, 90% of eligible patients thrombolysed. 45 minute QIM (DU) 1 hour standard (SSNAP)

Cancer:

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 2017 suspected cancer patients on a single cancer pathway. 212 have waited over 62 days, of which 54 have waited over 104 days.

Of these, there are 1963 Cardiff and Vale patients (excluding tertiary patients) of which 158 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a

current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment.

Figure 4: Cancer referrals

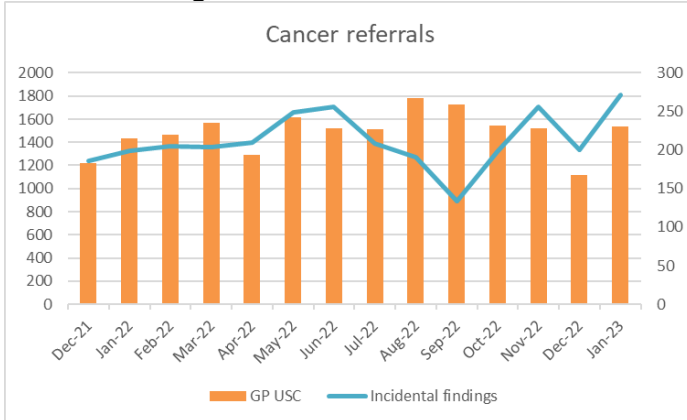


Figure 5: Single Cancer Pathway Performance

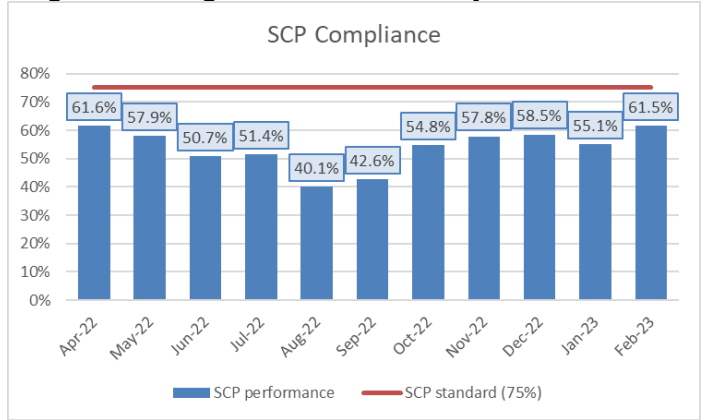


Figure 6: SCP Performance by tumour site

Tumour Site	October				November				December				January				February			
	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	2	3	5	40%	2	2	4	100%	5	6	11	45%	3	2	5	60%	2	0	2	100%
Upper GI	8	6	14	57%	10	5	15	67%	6	4	10	60%	5	6	11	45%	4	5	9	44%
Lower GI	9	15	24	38%	9	8	17	53%	16	15	31	52%	6	15	21	29%	9	9	18	50%
Lung	20	12	32	63%	24	5	29	83%	16	5	21	76%	12	12	24	50%	14	9	23	61%
Sarcoma	1	1	2	50%	1	1	2	50%	1	1	2	50%	0	2	2	0%				
Skin	1	3	4	25%	14	14	28	100%	17		17	100%	24	1	25	96%	33	3	36	92%
Breast	13	13	26	50%	12	22	34	35%	17	16	33	52%	22	10	32	69%	19	11	30	63%
Gynaecological	7	7	14	100%	2	11	13	15%	4	10	14	29%	4	11	15	27%	3	8	11	27%
Urological	19	14	33	58%	12	12	24	50%	17	15	32	53%	21	20	41	51%	23	21	44	52%
Haematological	3	3	6	50%	1	1	2	50%	4	1	5	80%	3	5	8	38%	3	2	5	60%
Acute Leukaemia													1	0	1	100%				
Other	3	2	5	60%	3	3	6	100%	1	1	2	50%	2	0	2	100%	0	1	1	0%
Total	86	71	157	54.78%	89	65	154	57.79%	103	73	176	58.52%	103	84	187	55.08%	110	69	179	61.45%

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	>63 days	Total
Brain/CNS	2	2	0	0				0	4
Breast	122	128	132	34	13	4	4	21	437
Children's Cancer	1	2	1	0	1			1	5
Gynaecological	40	72	57	12	19	19	9	47	228
Haematological		5	4	1	1			1	11
Head & Neck	61	33	21	8	4	1	2	7	130
Lower GI	110	126	97	22	19	9	8	36	391
Lung	8	23	33	12	8	5	1	14	90
Other			1		1			1	2
Sarcoma	1	1	4		2			2	8
Skin	60	72	48	7	2			2	189
Unknown	0							0	0
Upper GI	87	96	68	13	9	8	8	25	289
Urological	41	66	53	18	26	7	22	55	233
Total	533	626	519	127	105	53	54	212	2017

NB. Taken from Total Cancer PTL as at 04/04/2023

Planned Care:

The total number of patients waiting for planned care and treatment, the **Referral to Treatment (RTT)** waiting list was 122,635 as at February 2023. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – February – 929
- Patients over 104 weeks - February – 4,333
- Patients over 52 weeks – February – 23,745

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment **over 36 weeks** has decreased to 37,937 at the end of February 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a **follow-up outpatient** appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and will be an area of additional focus and support to improve the position over the next few months.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are over 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. Final figures were not available at the time of preparing this report. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Sept	Oct	Nov	Dec	Jan	Feb
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,108	3,491	2,704	2,152	1,611	1,216

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

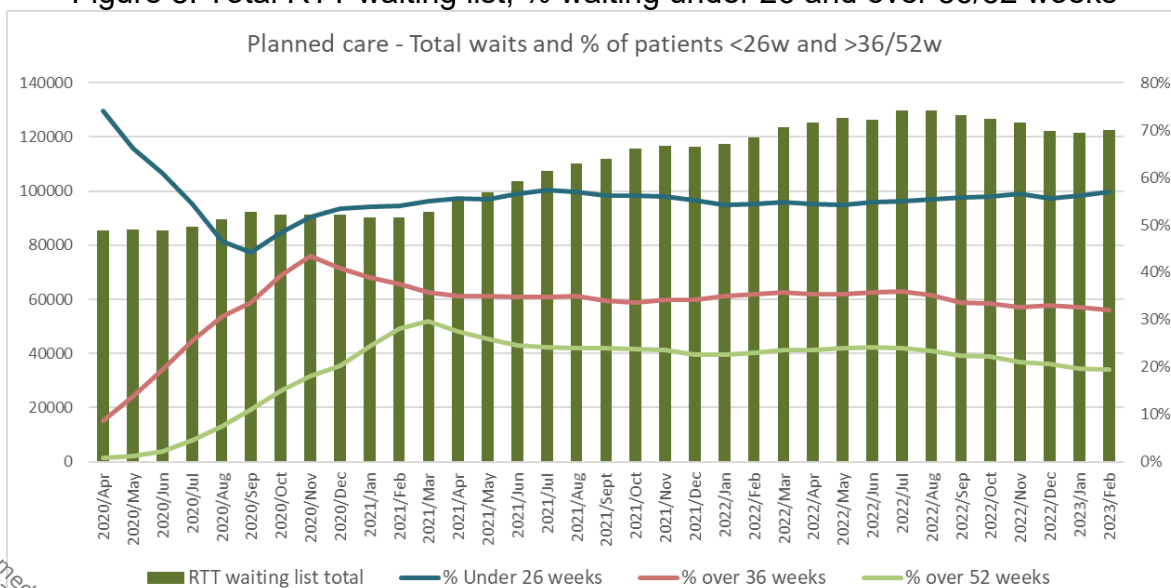
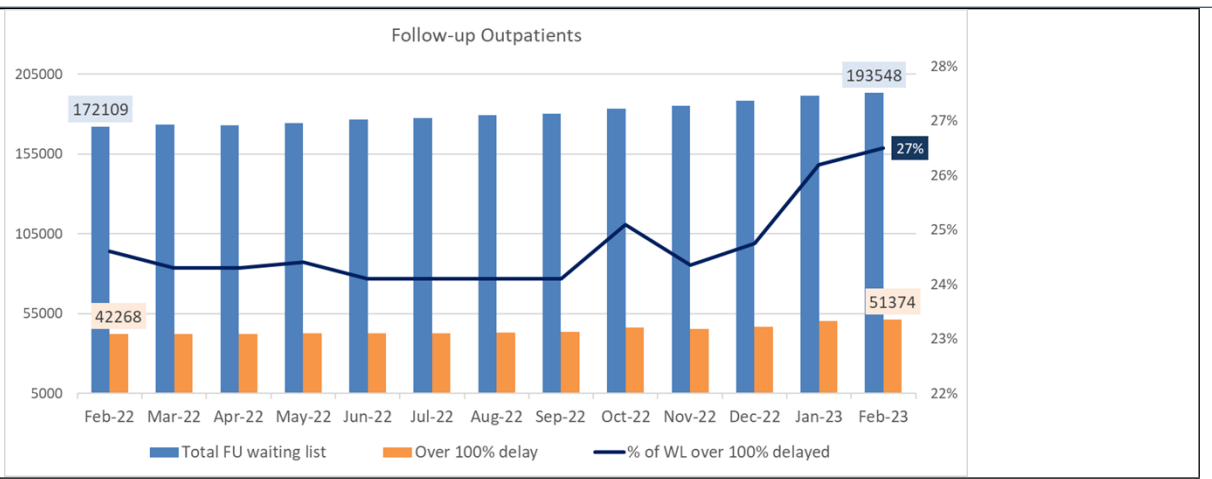


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed

Mohamed Sarah
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Diagnostics:

The volume of greater than eight-week **Diagnostic** waits has decreased to 4,421 at the end of February 2023 from 5,247 in December 2023, largely driven by reduced waits in Radiology, Cardiology and Endoscopy . The number patients waiting over 14 weeks for **Therapy** has reduced to 1,113 from in January to 1,113 in February, driven in a reduction in waits for Dietetics.

Figure 10: Diagnostics 8 week waits

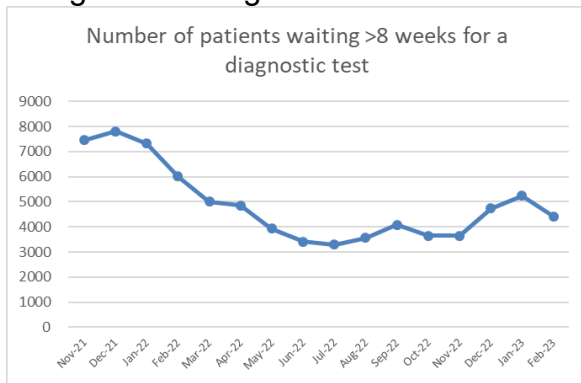
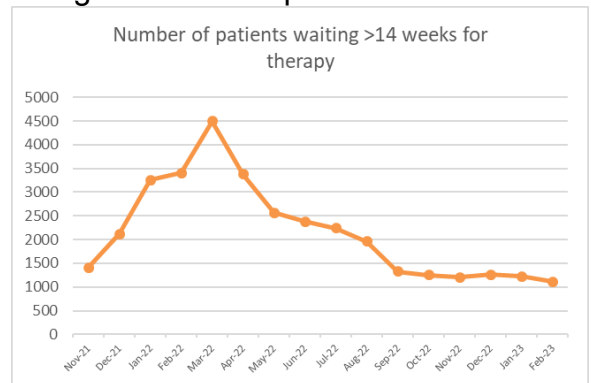


Figure 11: Therapies 14 week waits



Primary care:

The Health Board was 100% compliant in January 2023 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an ‘Emergency’ appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Mohamed Sarah
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Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

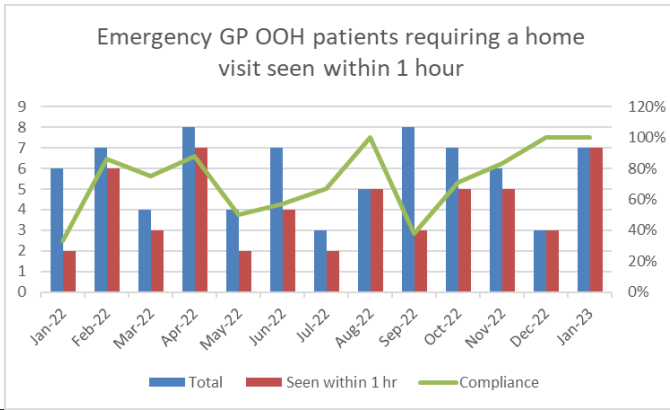
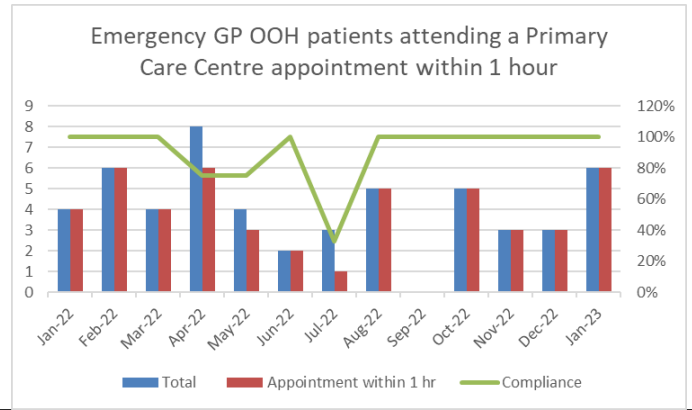


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In February the community nursing team supported over 3,400 patients to remain at home and the District Nursing team undertook 15, 527 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams’ activity across primary, secondary and social care can be seen below:

North & West Cardiff, South & East Cardiff & Vale Localities - Integrated Working - Primary, Secondary & Social Care

DURING FEBRUARY 2023...

Acute Response Team supported **1 PATIENT** with early discharge from hospital

Cardiff CRT & VCRS are currently supporting a total of **1,226 PATIENTS** to remain at home

Community Nursing is currently supporting a total of **3,439 PATIENTS** to remain at home

Cardiff CRT & VCRS supported **27 PATIENTS** to avoid hospital admission

Cardiff CRT & VCRS supported **92 PATIENTS** with early discharge from hospital

Nurse assessors supported and reviewed **1,635 PATIENTS** receiving NHS funded care in the community and nursing homes

District Nursing undertook **15,527 VISITS**

Cardiff CRT & VCRS supported **199 PATIENTS** requiring therapy support in the community

Thank you to the wards & teams who continue to make the most of community services

Mohamed, Sarah
 17/04/2023 12:46:18

Mental Health Measures:

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.

Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.6%, increased from 98.1% in January 2023. For CAMHs services, compliance increased from 90.7% in January to 97.9% in February.
- Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023, a reduction from the reported compliance in January 2023 (92.0%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023
- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

Figure 14: Mental Health Referrals

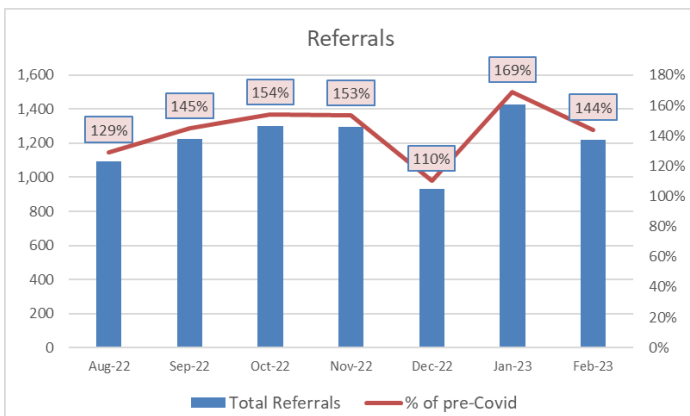


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

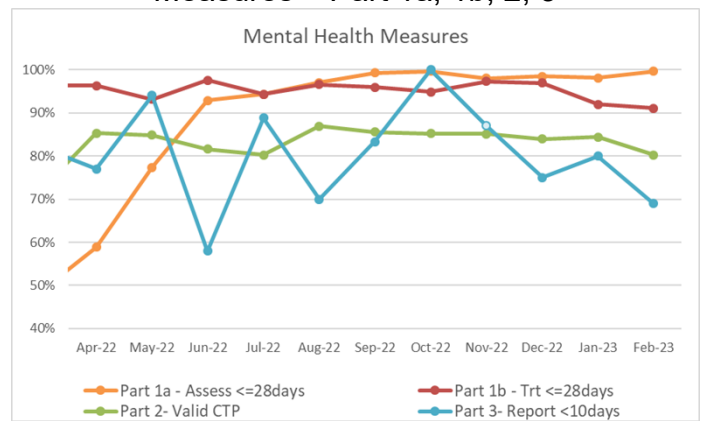
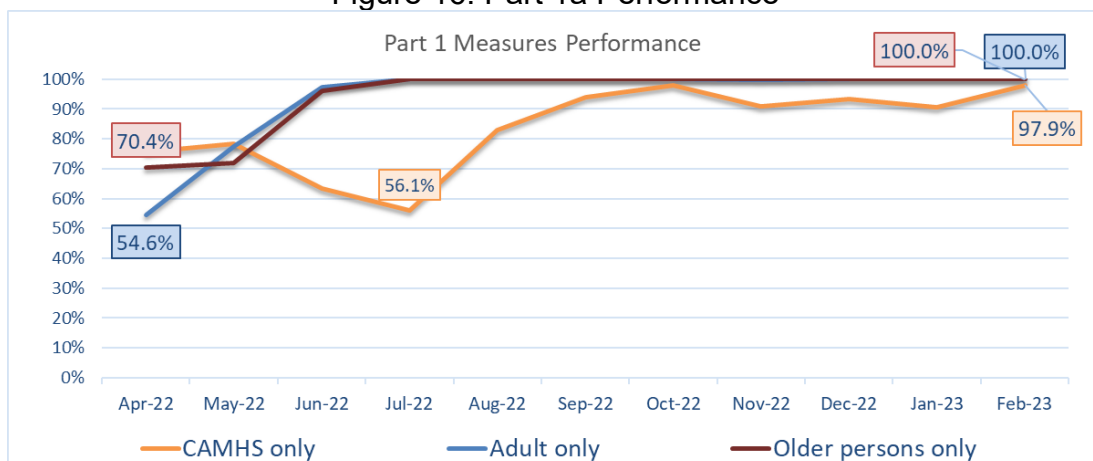


Figure 16: Part 1a Performance



Recommendation:

The Strategy and Delivery Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Mohammed
12/04/2023 15:46:18

Mohamed Sarah
12/04/2023 12:46:18

Report Title:	C&V Integrated Performance Report			Agenda Item no.	2.5
Meeting:	Finance and Performance Committee meeting	Public	X	Meeting Date:	19.4.2023
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report

Background and current situation:

This report provides the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This Balanced Scorecard comprises indicators that cover Population Health, Quality & Safety, Workforce, Performance and Finance for the Health Board.

Population Health							
Immunisation	Standard	Trend	2022 / 23 Qtr 3	Tobacco	Standard	Trend	2022 / 23 Qtr 3
% of children up to date with scheduled vaccines by 4 years of age	95%	na	81.8%	% of smokers who become treated smokers	5%	na	0.4%
% of adults aged 50 years and over who have received a Covid-19 Autumn 2022/23 booster	na	na	72%	% of treated smokers who quit at 4 weeks	40%	na	64%
% of people aged 5-49 years in a clinical risk group who have received a Covid-19 Autumn 2022/23 booster vaccination	na	na	39%				

Quality & Safety							
Patient Satisfaction	Standard	Trend	Feb-23	Mortality	Standard	Trend	Nov-22
30 day complaints response compliance %	75%		81%	Myocardial infarction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		4.5%
Patient Experience	na		77%	Stroke within 30 days of admission (Rolling 12 Months)	na		14.1%
Falls	na		268	Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.1%
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		37	Crude Mortality (Last Week of the month)	0		41
Nationally Reportable Incident (SI)**	na		13	Still births (Rolling 12 Months)	na	na	32
Number of Never Events	0	na	0	Infection Control	743		768
				All Reported Infections (Rolling 12 Months)			

Workforce							
Sickness Absence Rate (in-Month)	Standard	Trend	Jan-23	Turnover Rate	Standard	Trend	Jan-23
Sickness Absence Rate (12-Month Cumulative)	6%		6.8%	Mandatory Training Compliance	7% - 9%		13.3%
Values-Based Appraisal Compliance	85%		51.4%	Fire Training Compliance	85%		76.1%
Medical Based Appraisal Compliance	85%		80.3%				68.4%

Operational Performance							
A&E 12 hour waiting times	Standard	Trend	Feb-23	Mental Health Part 1a - Assessments within 28 days	Standard	Trend	Feb-23
A&E 4 hour waiting %	95%		71%	Mental Health Part 1b - Therapy Commencing within 28 days	80%		99.0%
Ambulance Handover Times >1 hour	0		568	Total number of medically fit for discharge patients	na	na	303
Ambulance Handover Times >4 hour	0		0	Total number of bed days lost	na	na	10413
Number of 12 hour trolley waits	0		109	Average number of bed days lost per patient	na	na	34
Number of Patients over 24 hours in EU	0		1107	Number of Patients Delayed over 100% for follow-up Appt	0		51374
RTT Waiting less than 26 weeks %	95%		56.9%	Single Cancer Pathway	75%		61.5%
RTT Waiting Over 36 Weeks	0		37937	Total number of patients on Single Cancer Pathway	na		2052
RTT Waiting Over 52 Weeks	0		23745	Total number of patients on Single Cancer Pathway over 62 days	0		160
RTT Waiting Over 104 Weeks	0		4333	Total number of patients on Single Cancer Pathway over 104 days	0		89
RTT Waiting Over 156 Weeks	0		929	Stroke: thrombolysed patients door to needle performance <=45 mins	100%		8%
Diagnoses >8 weeks Wait	0		4421	Stroke: CT scan performance 1 hour	100%		53.3%
GP OOH 'emergency' patients requiring an attendance at a primary care centre within 1 hour	90%		80%	Stroke: 4 hours to ward	100%		30.0%
GP OOH 'emergency' patients requiring a home visit within one hour	90%		100%				
INOF: Time to ward performance (4 hours)	na		3.0%				
INOF: Time to theatre (36 hours)	na		64.0%				

Finance							
Deliver 2022/23 Draft Financial Plan	Standard	Trend	Feb-23	Delivery of £4m non recurrent target	Standard	Trend	Feb-23
Remain within capital resource limits.	£17.1m planned deficit	na	£24.658m deficit	Creditor payments compliance 30 day Non NHS (Cumulative)	£4m	na	£6.622m
Reduction in Underlying deficit (Forecast)	Under discussion with WG and private finance committee	na	-	Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Delivery of recurrent £15-400m 1.5% devolved target (Forecast)	£15.4m	na	£12.721m	Maintain Positive Cash Balance	Positive Cash Bal.	na	£2.025m

* Those who had received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses

** No new never events

No patients reported within this measure during this time period

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

POPULATION HEALTH

Covid-19 and respiratory infections epidemiology update:

- In the second week of March 2023, most Covid indicators were stable or falling, following a small rise during February 2023.
- This included stable care home clusters and declining incidence recorded by LFD and PCR in Cardiff and the Vale
- Of note, there was a slight increase in hospital clusters in early March, along with hospital admissions, though it is not clear if this is the start of a wider trend.
- The XBB.1.5 variant of Omicron increased in prevalence during February to overtake CH1.1.
- Prevalence of seasonal flu infection remains at a low level.

Test, trace and protect (TTP):

- Testing and contact tracing services continue to operate as previously reported through to the end of March 2023.
- UHB and partnership teams have developed a business case to respond to the 2023/24 funding letters received from Welsh Government (which were reported in the last update).
- The UHB testing and vaccination teams have agreed a delivery model for 2023/24.
- Partner organisations have agreed interim arrangement whilst work takes place both regionally and nationally to develop a sustainable and integrated health protection system for the future, which is able to respond to an all hazards remit

Covid-19 2022/23 booster and flu vaccination:

- We are now coming towards the end of the Covid-19 autumn 2022 booster and flu vaccination programmes for the current Autumn/Winter season.
- As of 1st March 2023, uptake for Covid-19 autumn 2022 booster vaccines amongst people aged 65 years and over is 82.9%. C&V UHB has also achieved the national ambition of 75% for flu vaccination amongst people aged 65 years and over with 75.6% vaccinated. However, we have not yet met the 75% ambition for flu vaccine for other eligible groups including those in clinical risk groups, school-aged children and healthcare workers. We are therefore continuing to offer walk-in appointments at Woodland House MVC to all eligible groups (including children) yet to receive their Covid-19 vaccines (1st dose, 2nd dose, 2021 booster, 2022 booster) or flu vaccinations.
- Planning has commenced for the Spring 2023 and Autumn 2023 Covid-19 booster vaccination programmes following Joint Committee for Vaccination and Immunisation (JCVI) interim recommendations published on 25 January. The JCVI has indicated that for a small group of people (e.g., those in older age groups and those who are immunosuppressed) an extra booster vaccine dose may be offered in Spring 2023 whilst for Autumn 2023 persons at higher risk of severe Covid-19 would be offered a booster vaccine dose. Surge responses may also be required should a novel variant emerge.
- Holm View MVC site is now closed. Planning underway for a new Vale provision for Spring and Autumn 2023 programmes.
- An announcement is expected from the JCVI for a new infant vaccination programme (infants aged 6m to 4y in a clinical risk group – to be defined).

Tobacco Control update:

- **Smoking Cessation**

Tier 1 Smoking Cessation:

Currently awaiting updates to national performance indicators, there is no updated data since Quarter 2, 2022-2023 - 0.5% of smokers set a firm quit date ('Treated Smokers') and of those,

Mohamed Samir
12/04/2023 11:46:23

80% quit smoking at 4 weeks (the highest cumulative quit rate in any quarter since Tier 1 reporting commenced). For all 3 Smoking Cessation Providers, 4 week quit rates exceeded 78%.

Community Pharmacies delivering the Level 3 (L3) Enhanced Smoking Cessation Service achieved a 90% 4 week quit rate (Quarter 2, 2022-2023) – the highest quarterly rate for L3 since 2018.

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**

The most recent data is for Quarter 3, 2022-2023, 51% of pregnant women were referred to MAMSS for stop smoking advice, reflecting a slight decrease from 66%, reported in Quarter 2, and 65% for Quarter 1.

As part of on-going performance monitoring, and reflecting changes being implemented across all MAMSS programmes in Wales, a revised pilot pathway was introduced in November 2022 to increase engagement levels to quit smoking beyond initial support and advice. 27% of those referred to MAMSS received an initial intervention, but less than a third accepted on-going support to quit smoking (Quarters 1 and 2 combined, 2022-2023). In Quarter 3, 2022-2023, 75% of all pregnant women who received an initial intervention with MAMSS, accepted on-going support – reflecting a significant increase – suggesting the changes implemented are having a positive impact. However, recognising the many varied health and social needs of those within this target group, smoking quit rates remain low. Working with the Midwifery team, recommendations for future delivery following the one-year pilot, may include a generic support worker role, with stop smoking support included within this, as part of a wider patient centred approach.

MAMSS programmes across Wales contribute to the NHS Performance Ministerial priorities, to reduce smoking in pregnancy rates in Wales. 15% of pregnant women were recorded as smoking at initial assessment in Wales 2021-2022, (9.3%, Cardiff and Vale University Health Board), with 12% smoking at birth (10.8%, Cardiff and Vale University Health Board). Smoking rates both at booking and on delivery are higher in younger women in Wales - 33%, 16-19 years, (initial assessment), compared to 10.6%, 30-34 years. On delivery 29%, 16-19 years are recorded as smokers, compared to 9.5%, 30-34 years (Maternity and Birth Statistics, 2021-2022, Welsh Government).

A review of all MAMSS programmes in Wales is currently being undertaken by Public Health Wales on behalf of Welsh Government. As part of a consultation process, local and national meetings have taken place, noting our revised delivery model with improved delivery outcomes noted.

- **Smoking Prevalence**

National Survey for Wales, annual data. Previously reported on (July 2022). Cardiff and Vale UHB 12% smoking prevalence; 26% smoking rates reported in the most deprived and 11% in the least deprived areas. Next release, July 2023.

QUALITY AND SAFETY

Concerns

Mohamed Sarab
12/04/2023 14:16:18

During January and February 23, it is pleasing to note that, despite the current demand on the service, we have achieved a slight improvement in our overall 30 working day response time for all concerns. We closed 77% of concerns in January within 30 working days and 81 % in February.

30-day performance

October 85%

November 77%

December 80%

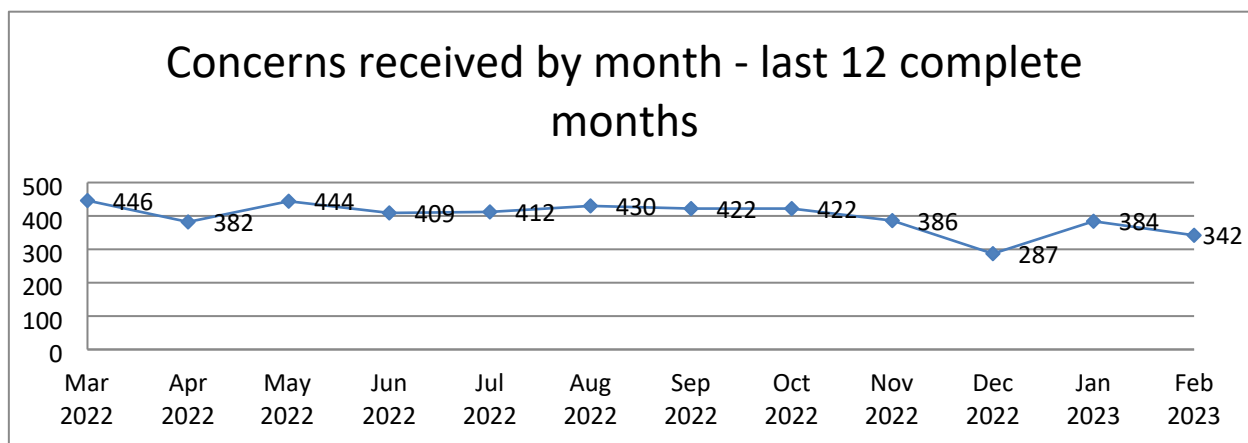
January 77%

February 81%

In January and February, we noted a slight increase in the number of concerns processed in line with Early Resolution (ER) (*this process can be utilised dependent upon the nature of the concern*). We managed 65 % of concerns under ER which is an increase of 2% in comparison to December and January. Early Resolution aims to ensure a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

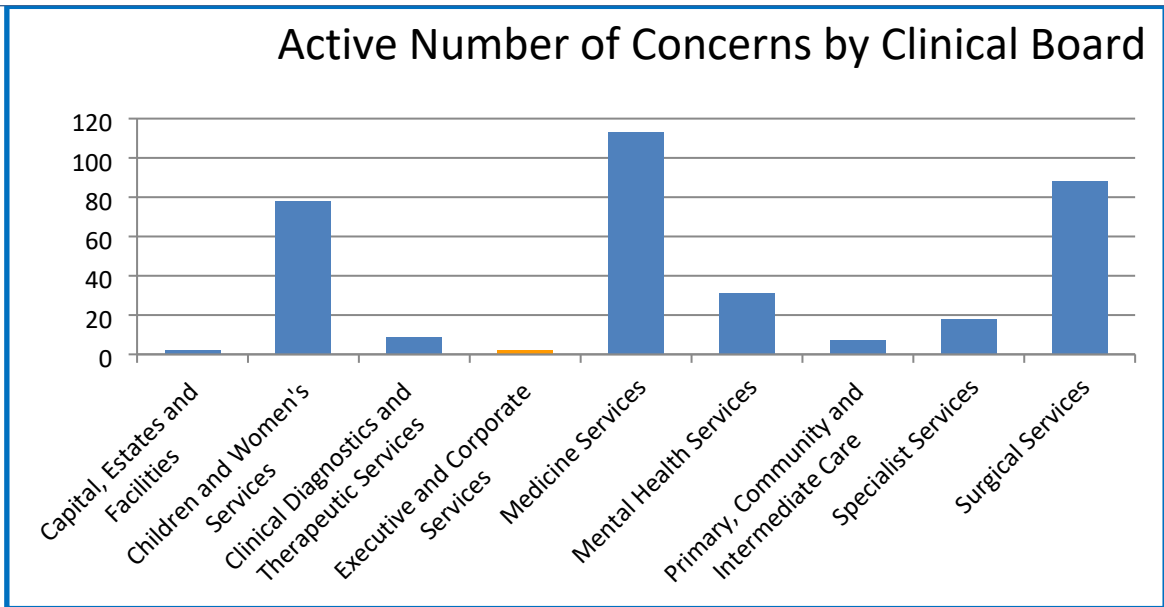
It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved. We will continue to monitor the performance and conversion rates from Early resolution to formal process.

As anticipated, we have noted an increase in concerns since the previously reported decrease during the Christmas holiday period. Whilst the Health Board continues to feel the pressure due to the current demands on the service we continue to be focused upon responding to concerns and improving the response times whenever possible. We continue to feedback to Clinical Boards the themes identified in the concerns (complaints, claims and redress process) aligned with the patient feedback and compliments data.

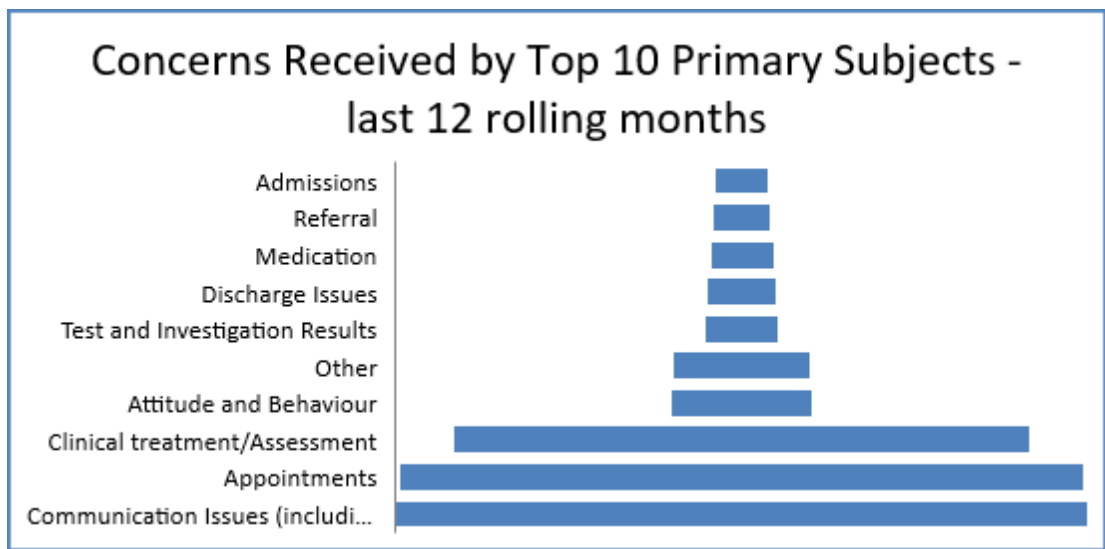


We currently have 348 active concerns. Surgery and Medicine Clinical Boards consistently receive the highest number of concerns, the high volumes of concerns received in Medicine and Surgery Clinical Board is in line with the number of patient contacts and complex care both Clinical Board's provide. The number of cancellations and delays due to Covid or Industrial action and the significant increase and demand on services like EU are reflected in the numbers and nature of concerns received.

Approved: Sarah
17/04/2023 12:46:18



The graph below demonstrates the 10 main themes noted in Concerns.



Communication and Clinical treatment have historically been noted as the primary subject in concerns, however, concerns regarding cancellations of appointments have increased and follows closely behind Communication. We continue to see an increase in concerns regarding environment, facilities and attitudes and behaviours.

Compliments

It is pleasing to note that we are seeing an increase in the number of compliments being shared. We have received 85 compliments during January and February

Every Friday on Social Media we publish some feedback from our Kiosks which receive positive comments on twitter. The feedback from staff and patients to these tweets is very positive

Mohamed Sarah
12/04/2023 12:46:18

This lovely comment was left on our Happy or Not feedback machines at University Hospital Llandough.

"I saw my consultant today and the appointment was really good, he explained everything clearly, and all the staff in the department were polite and helpful."



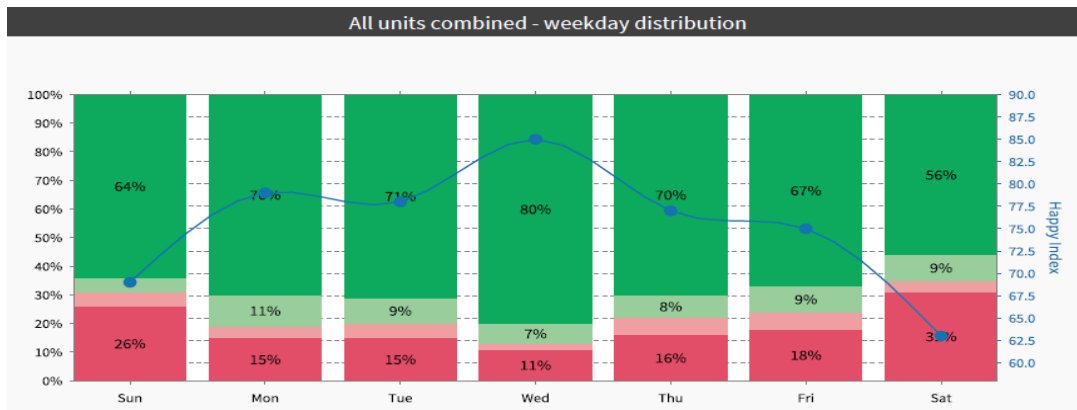
Patient Experience Feedback HappyOrNot feedback (All locations)

In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: **How would you rate the care you have received?**

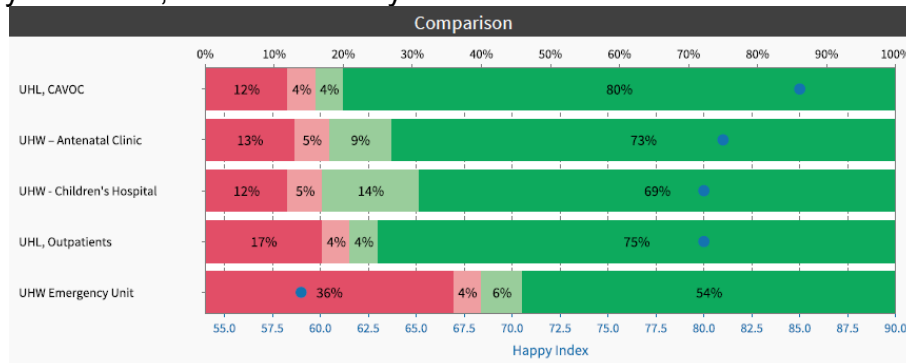
A breakdown of the feedback for December and January is:

Summary values	December	January
Surveys completed	1669	1232
Response: Very happy button (Excellent/Very	65%	69%
Response: Happy button (Good/Positive)	7%	8%
Response: Unhappy button (Fair/Negative)	4%	5%
Response: Very unhappy button (Poor/Very	24%	18%
Respondents satisfied	72%	77%

Below Gives the January feedback, broken down by which day of the week the feedback was received:



There is a theme of satisfaction being lowest on a weekend across the UHB
Gives the January feedback, broken down by kiosk location:



HappyOrNot feedback (EU areas only)

The table below is a basic summary of the information received from the HappyOrNot EU feedback:

Summary values	December	January
Surveys completed	803	277
Respondents satisfied	60%	60%

Civica 'Once for Wales' platform

Mohamed, Sarah
12/04/2023 12:46:16

Our system went live on Friday 28th October and we are currently surveying up to 600 patients daily via SMS. At the time of reporting we have contacted some 37.227 people for feedback via text messaging we are seeing a return rate of 18%. It is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year with an aim for a minimum return of 25%.

The table and figures below give some of the summary information received during December and January.

Summary values	December	January
Surveys completed	1148	1599
Respondents satisfied	88%	89%

For the above, the 'Respondents satisfied' figure is based on those who answered the rating scale question: *Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?* and gave a score of 7 or more.

Table below. Gives a detailed breakdown of January's rating question feedback.

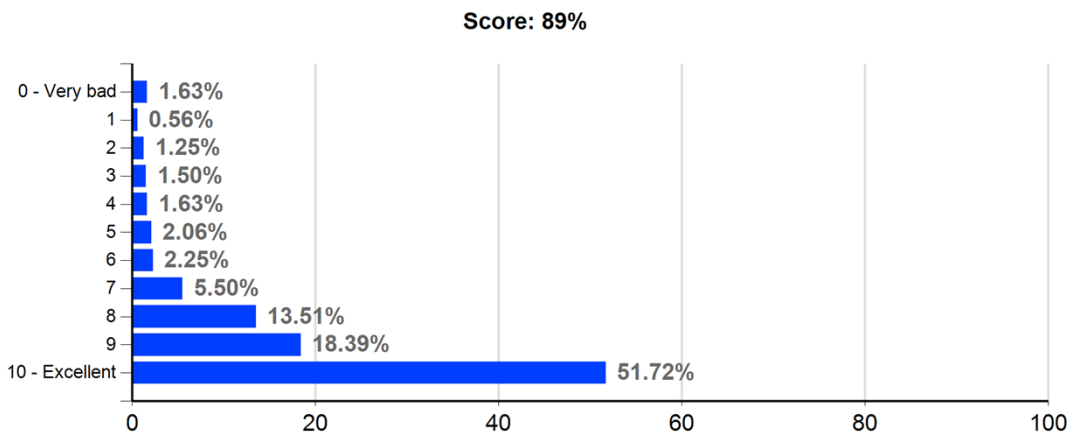
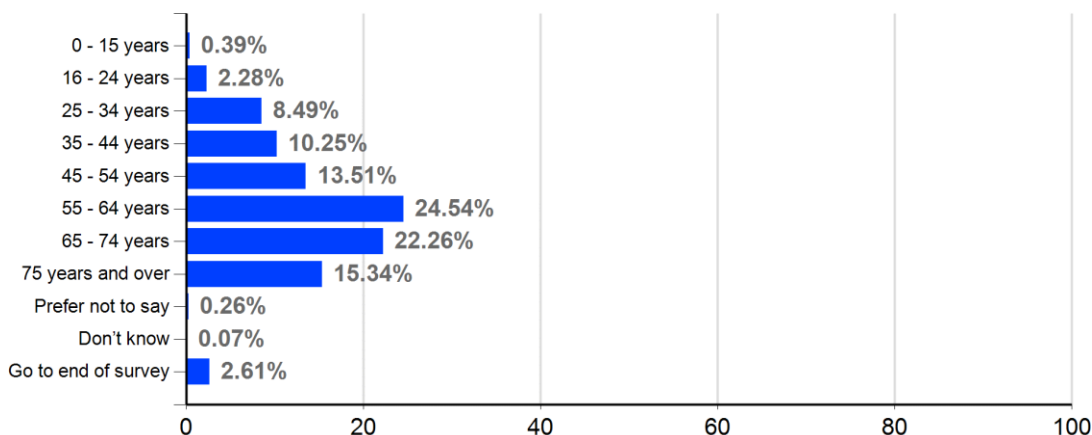


Table below. Gives January's feedback, broken down by age group of respondents.



The reports available via the Civica platform are quite detailed and include:

- Survey summary
- Heat map
- Comment report
- Custom reports

It is hoped that in coming months the platform will act as our main 'hub' to collect and collate feedback from various sources e.g. SMS, paper, other links, tablets and kiosks. The system will also enable users to create and deploy their own survey designs and analyse their feedback.

In order to improve the services, we provide, the Patient Experience Team are looking to increase the ways we receive feedback from patients relating to the care they receive. Throughout the month of February, the team including volunteers will be visiting all ward and clinic areas to install the attached stickers/posters.

The Feedback poster will be in A5 size and is a washable adhesive backed sheet which we will place on bedside cabinets, along with this we will place the Feedback Poster at the entrances of all ward areas. Finally, the sticker will be used in communal areas

Embedded within the poster/sticker is a QR code to the survey, along with a contact number and email address for patients who are not able to access the survey digitally. We will monitor the calls to the mobile Patient Experience number and redirect or address queries where appropriate.

The Patient Experience team will review results from the survey which will then be shared with Clinical Boards

We are developing the poster in other languages and will target the areas where we currently know there is a high demand for interpretation services in the specific languages -as the process develops we will also have the BSL survey established

The roll out will be coordinated through our Patient Experience staff and volunteers.

We anticipate this will provide us with more meaningful real time data for ward and clinical areas

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

Dywedwch wrthym am eich profiad diweddar
Please tell us about your recent experience

Mae eich adborth yn bwysig i ni
I gwblhau arolwg byr ar eich profiad diweddaraf sganiwch y cod QR isod

Your feedback matters to us
To complete a short survey please scan the QR Code below

Am fwy o wybodaeth, ffoiniwch 07980 732555
(mae'r llinellau ffôn ar agor o ddydd Llun i ddydd Gwener 10am - 1pm)
neu e-bostiwch: Pe.cav@wales.nhs.uk

For more information, please call 07980 732555
(phone lines are open Monday - Friday 10am - 1pm)
or email: Pe.cav@wales.nhs.uk

Mohamed Sarah
12/04/2023 12:46:18

PATIENT SAFETY – Incident reporting

The chart below illustrates patient safety incidents reported during February 2023 by incident type. A total of 1490 incidents were reported affecting patients/service users, during this period. As is usual, accident/injury (falls) and pressure damage, are the most commonly reported incidents.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Avoidable pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Falls investigations are subject to a scrutiny panel, a new UHB Falls Lead is being appointed within the Corporate Team to lead on this crucial improvement work.

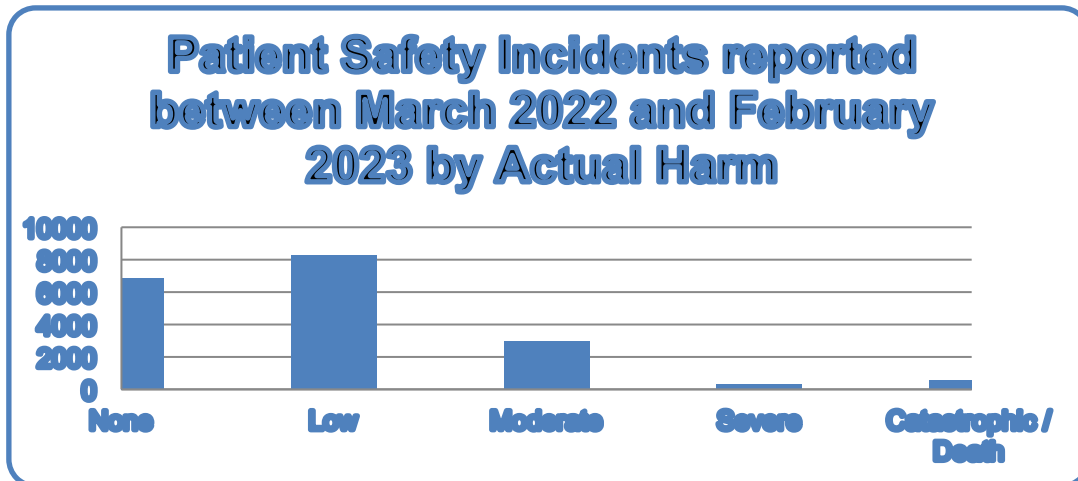
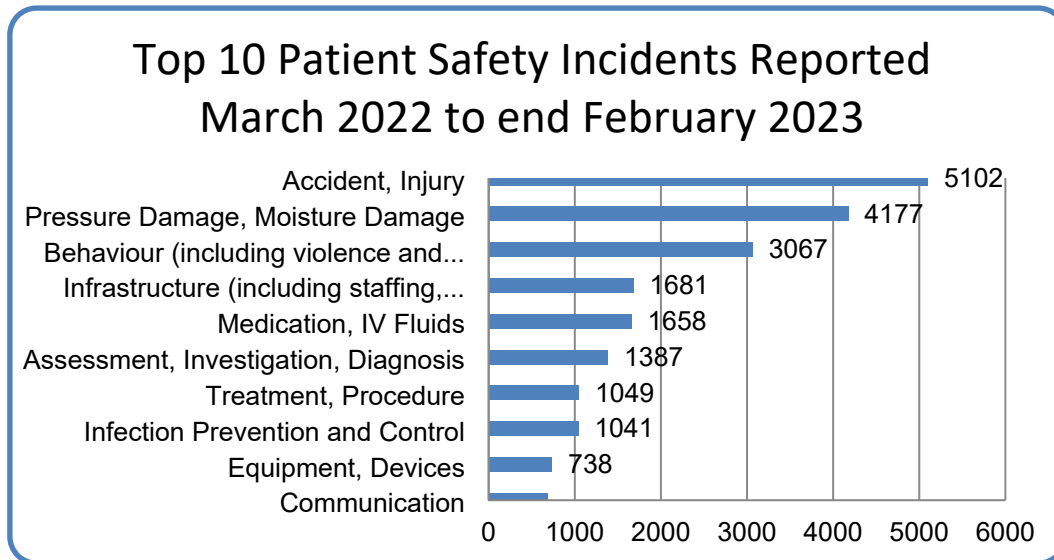


Figure above shows the breakdown of patient safety incidents reported between March 2022 and February 2023 by harm – this is the initial harm grading assigned by the incident reporter. None and low are the highest reported category which is reassuring and demonstrates an open reporting culture that recognises the importance of ‘near miss monitoring’.

We now have a full years’ worth of data entered into the new RL Datix OfWCMS system. Between 1st March 2022 and 28th February 2023, C&V reported 19,184 patient safety incidents, 20% (3,913) of these would have met the criteria for triggering DoC (reported as moderate harm and above), an important consideration when planning for Duty of Candour. We are aware that there will be a significant amount of review required in relation to the grading to ensure that the Duty of Candour is implemented in line with the regulations. The Patient Experience Team have been working with the Clinical Boards and Primary Care contractors to raise awareness and agree the processes from 1 April 23 .

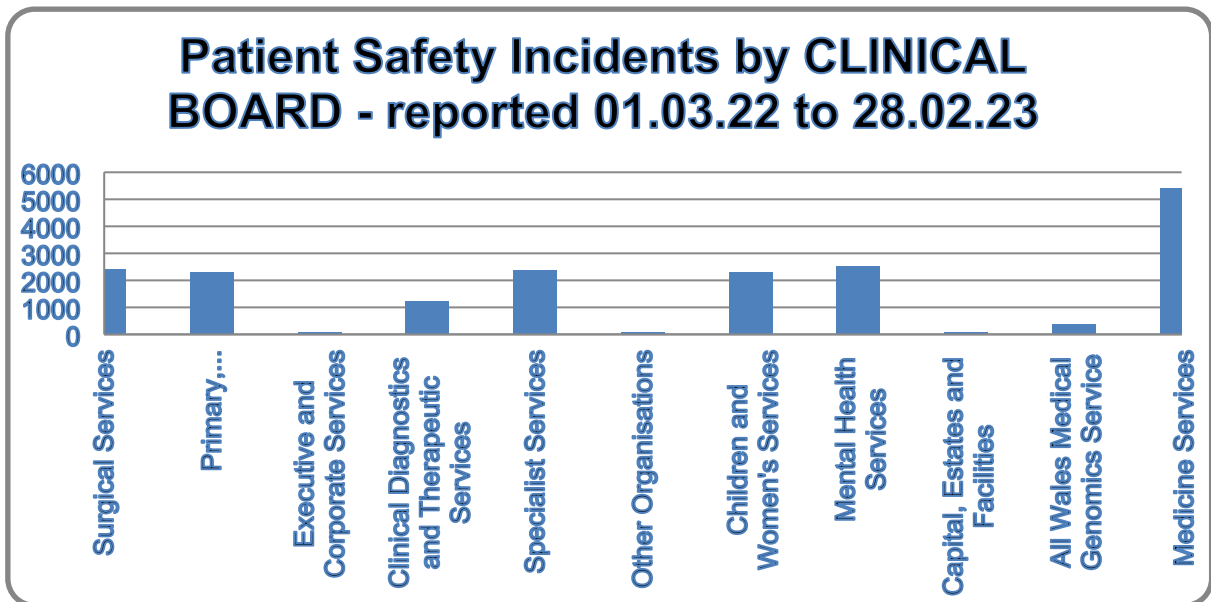
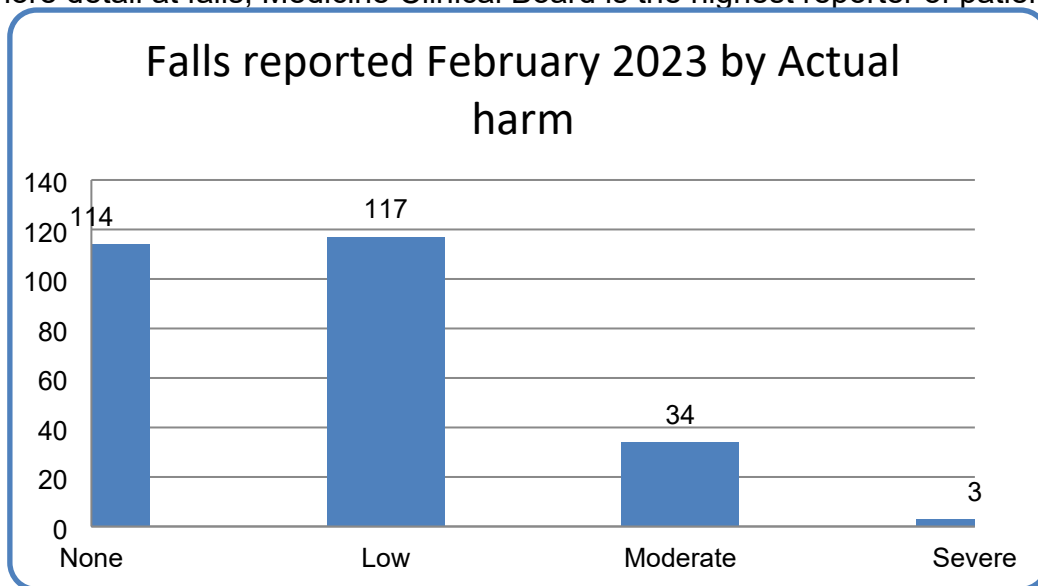


Figure above shows that Medicine Clinical Board is the highest reporter of patient safety incidents reporting 28% of the total for that year, as already highlighted, a significant proportion (21%) of these are reporting falls.

Falls

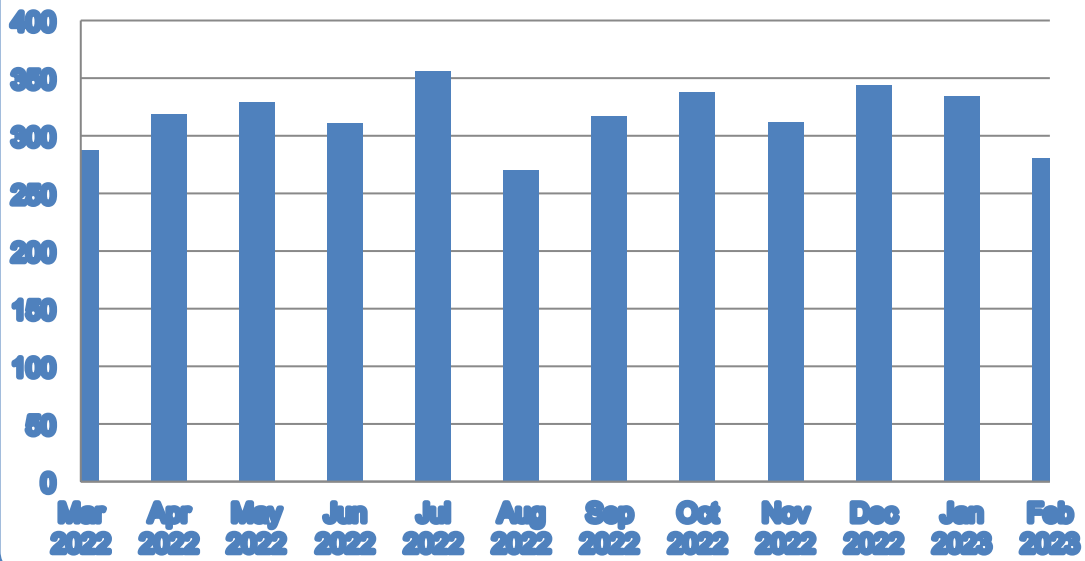
Looking in more detail at falls, Medicine Clinical Board is the highest reporter of patient falls.



As can be seen above, the majority of falls reported are associated with no or low harm.

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Falls Incidents by Date Reported (Month and year)



The table shows the reporting trend for patient falls between March 2022 and February 2023.

Patient Falls by Cause reported in February 2023

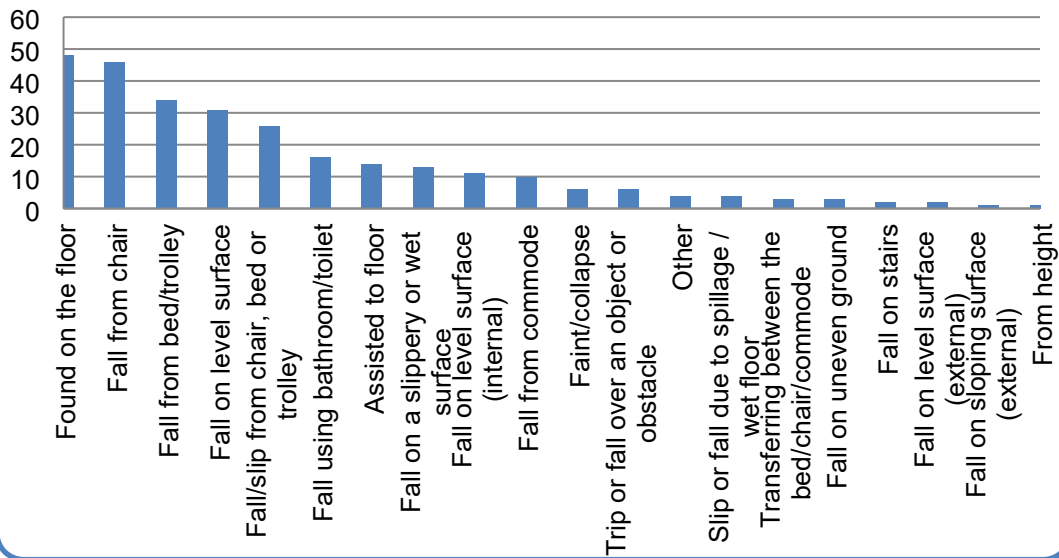
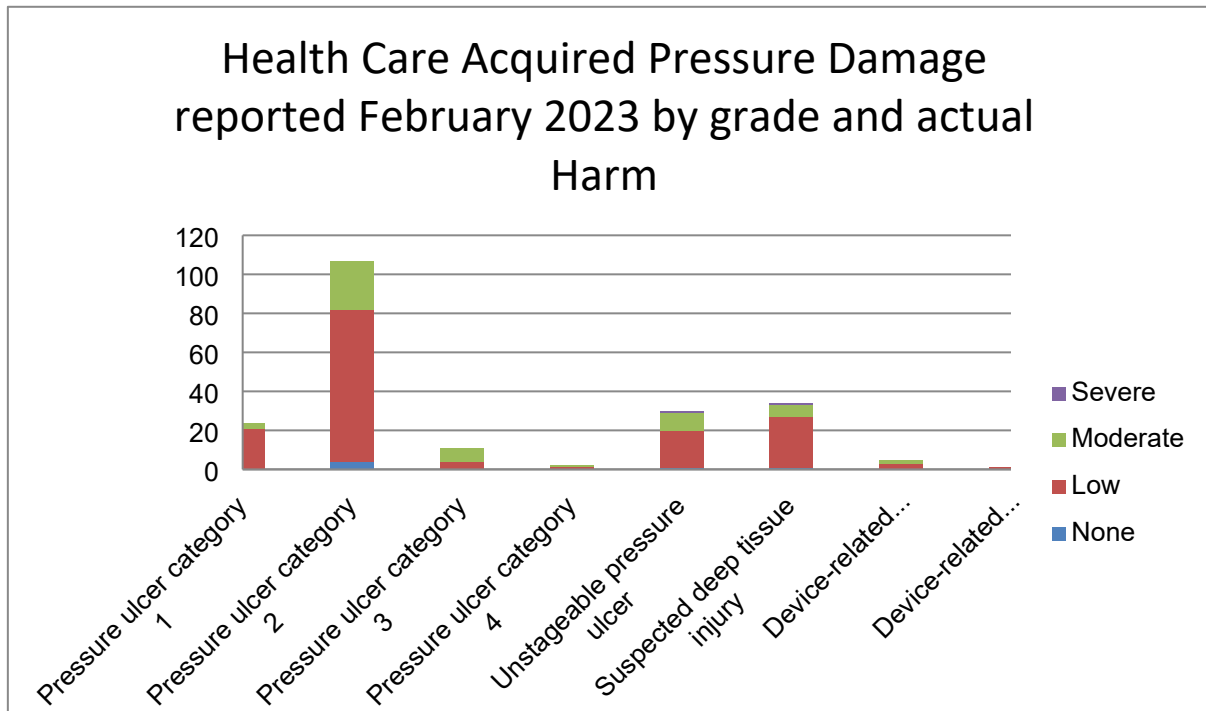


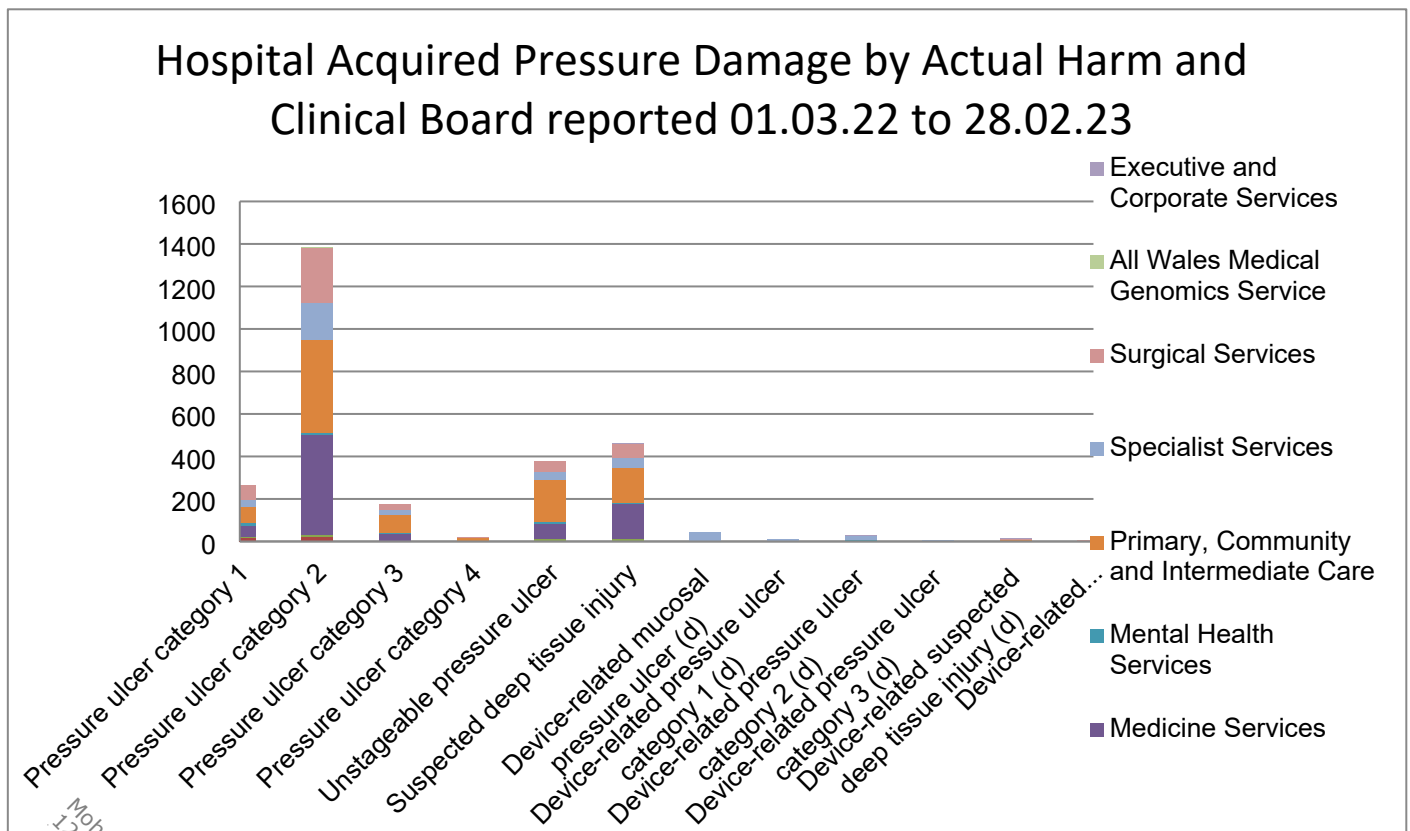
Fig. 7 shows that 'found on floor' is the highest reported patient fall cause.

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Pressure Damage



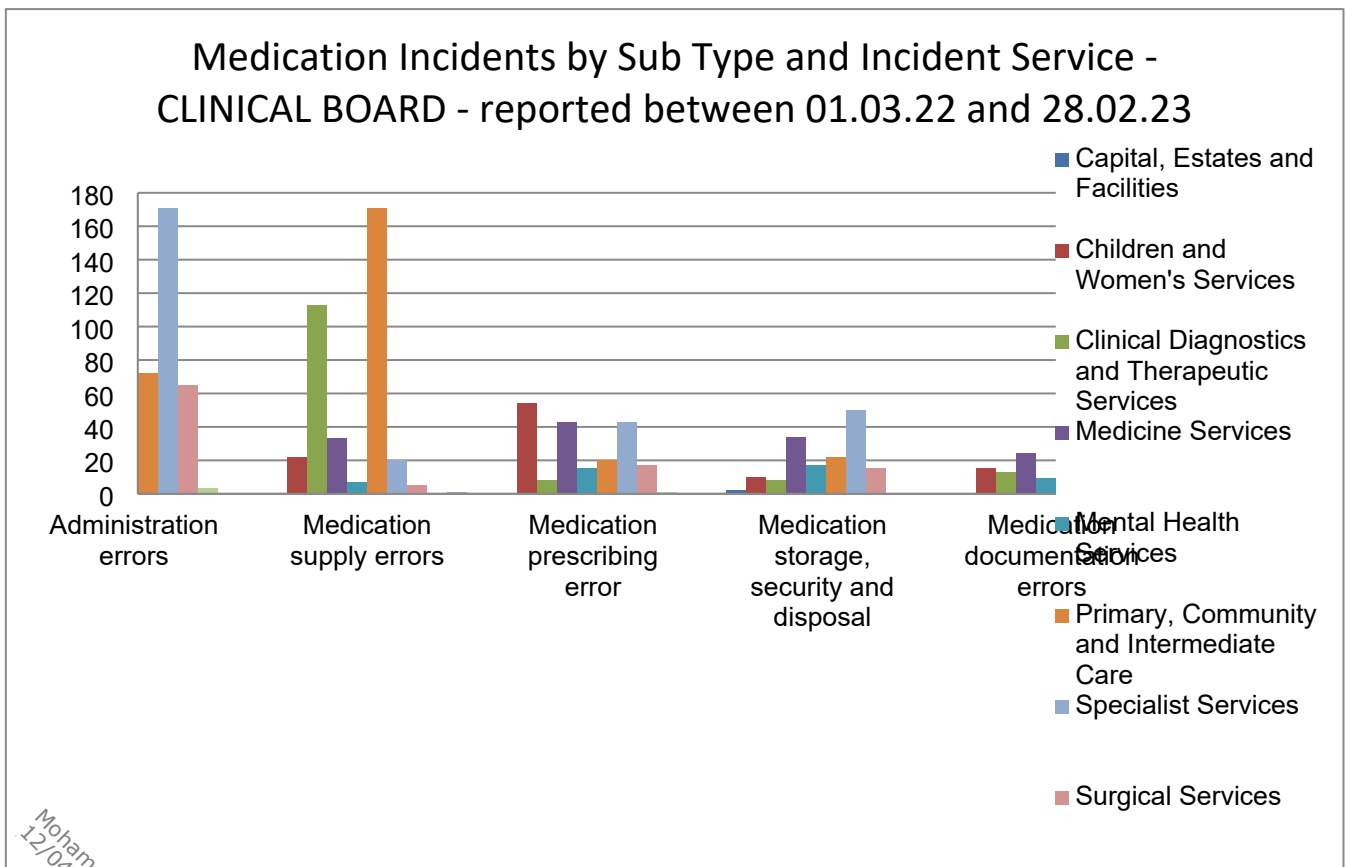
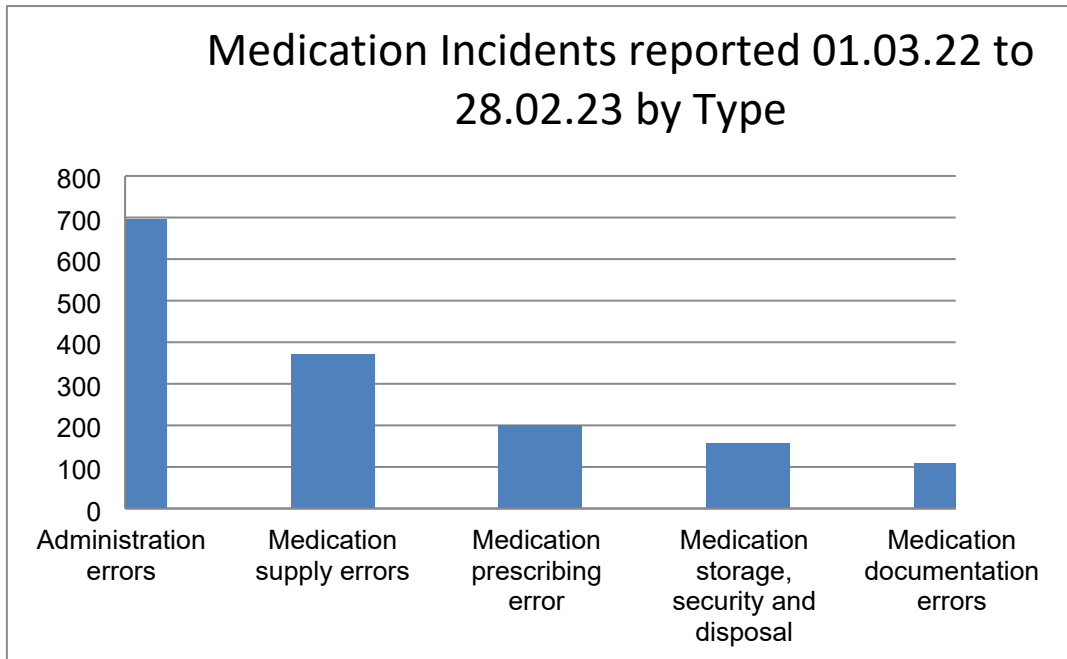
The table shows a breakdown of hospital acquired pressure damage reported in February. Category 2 is the usually the highest reported occurrence.



The graph above shows that Medicine and Primary care are the highest reporters of care acquired pressure damage.

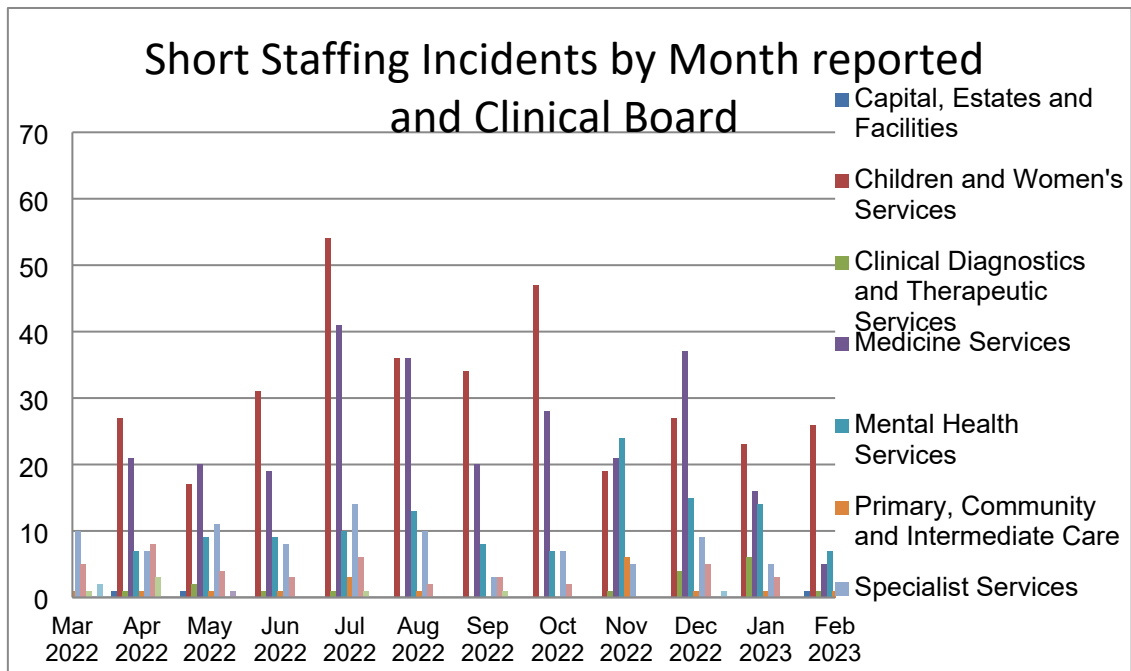
Medication Errors

Looking at medication errors for the period of March 2022 to February 2023, administration errors are the most commonly reported medication incident (Fig.9); Medication Safety was the topic of the last World Patient Safety Day.



The table shows that Primary Care and CD&T more commonly report medication supply incidents, whereas Medicine, Specialist and Children and Women more commonly report medication administration incidents.

Staffing



Children and Women and Medicine are the Clinical Boards who report the higher levels of short staffing incidents.

Nationally Reportable Incidents (NRIs)

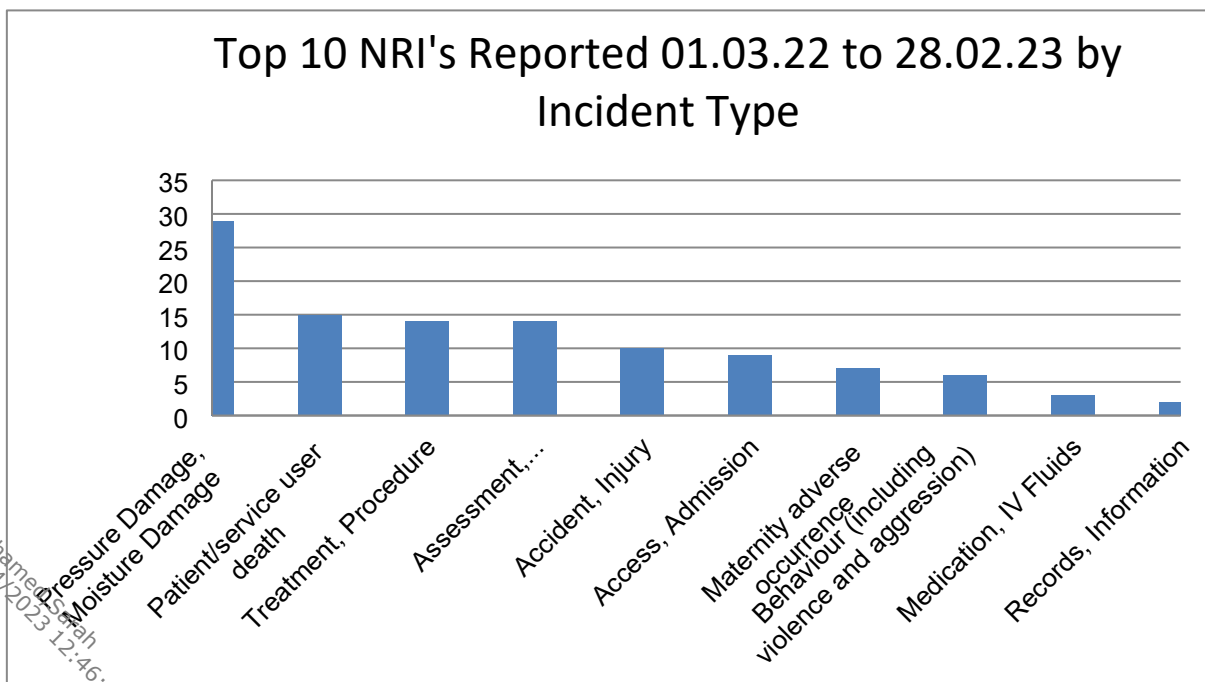
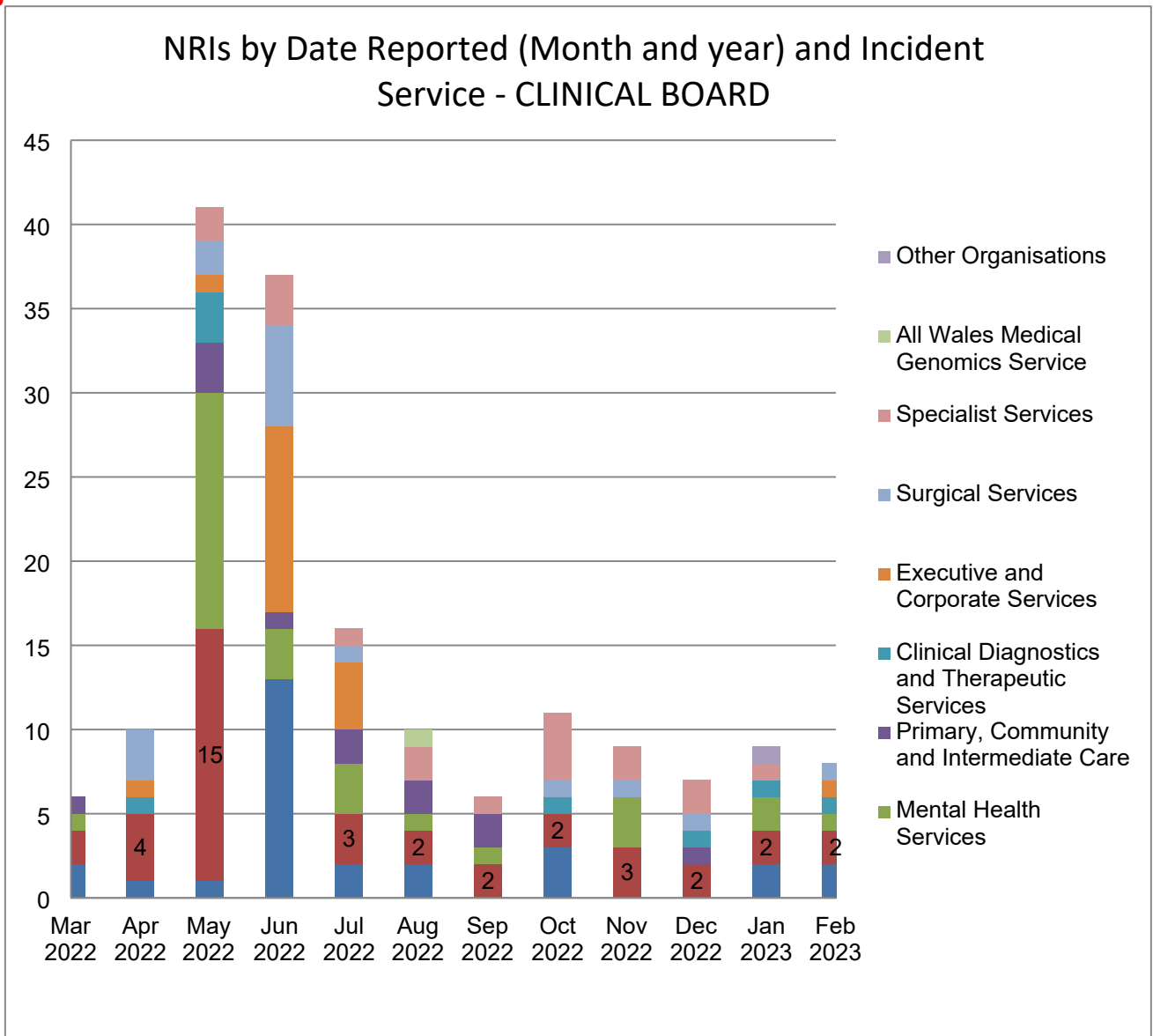
The table illustrates performance of Nationally Reportable Incidents until 28th February 2023. It is an improving position and reflects the focus and hard work of the Clinical Boards and Patient Safety Team. However, the number of open and overdue NRIs increased in February.

	Open	Overdue
September 2022	53	34
October 2022	48	29
November 2022	51	26
December 2022	43	19
January 2023	46	20
February 2023	57	26

Clinical Board	Open NRIs as of 03.03.23	Overdue NRIs as of 03.03.23
Children and Women	10 ↑	5 ↓
CD&T	4 ↑	0 ↔
Executive	3 ↑	2 ↔
Medicine	7 ↑	3 ↓
Mental Health	12 ↓	6 ↑
Surgery	6 ↓	3 ↔
PCIC	3 ↔	2 ↔
Specialist	10 ↔	5 ↑
Total	57 ↑	26 ↑

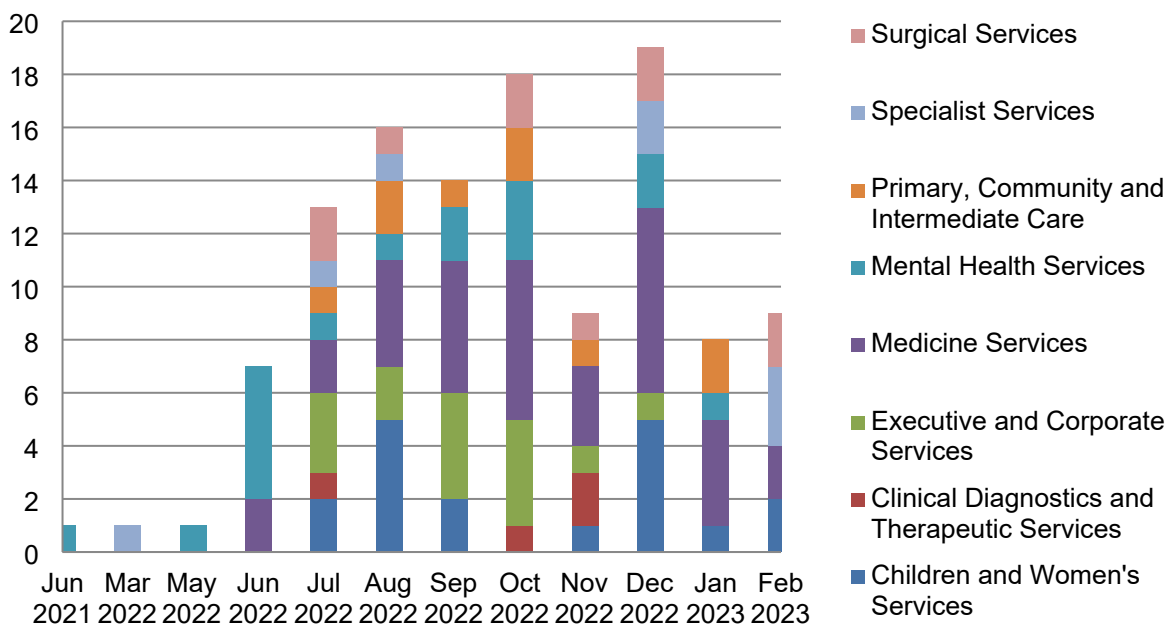
The above shows that most Clinical Boards have seen an increase in open NRIs over the last month. The following chart shows the trend over the last year for NRIs reported by Month and by Clinical Board. The high reporting figures in May and June reflect the requirement for Clinical Boards to migrate their ongoing open NRIs from the old datix system to the new RL Datix OfWCMS. -Once for Wales System

Fig.12



Pressure damage continues to be the highest reported NRI to NHS Wales Delivery Unit.

NRIs Closed between 01.02.22 and 28.02.23 by month and Clinical Board



A significant number of the closure forms submitted by Medicine Clinical Board relates to hospital acquired avoidable pressure damage.

Mortality

The November 2022 Quality Safety and experience committee agreed a three-tier model for reporting and monitoring mortality data across the Health Board.

Tier 1 Health Board wide mortality measures which will be reported including All-Cause Mortality and Crude inpatient mortality.

Tier 2 - Clinical Board level mortality indicators which includes some condition specific mortality indicators.

Tier 3 – speciality level mortality indicators to include condition and intervention specific mortality data.

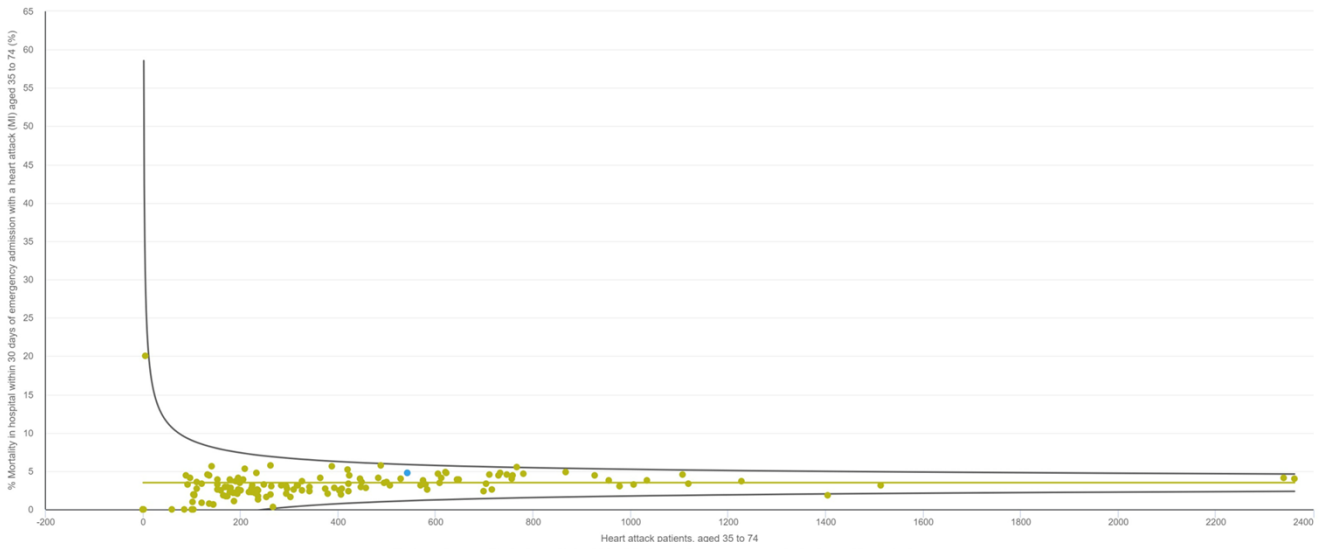
Tier 1 mortality data will be included as part of the quality indicators report on a regular basis and Tier 2 indicators will be reported to board a six-monthly.

Tier 1 Mortality

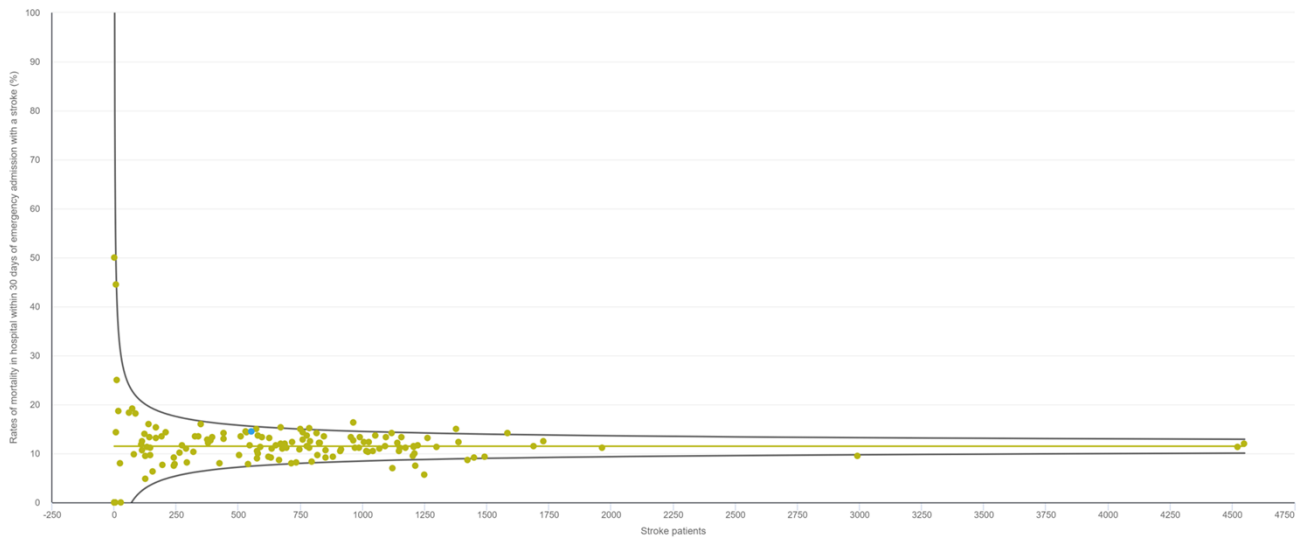
Measuring the actual number of deaths over time (crude mortality) supports the monitoring of trends in mortality rates. The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

Crude all-cause mortality demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan regardless of where they occurred. COVID – 19 deaths the pink line illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic (Spring 2020 and Winter 2020/21).

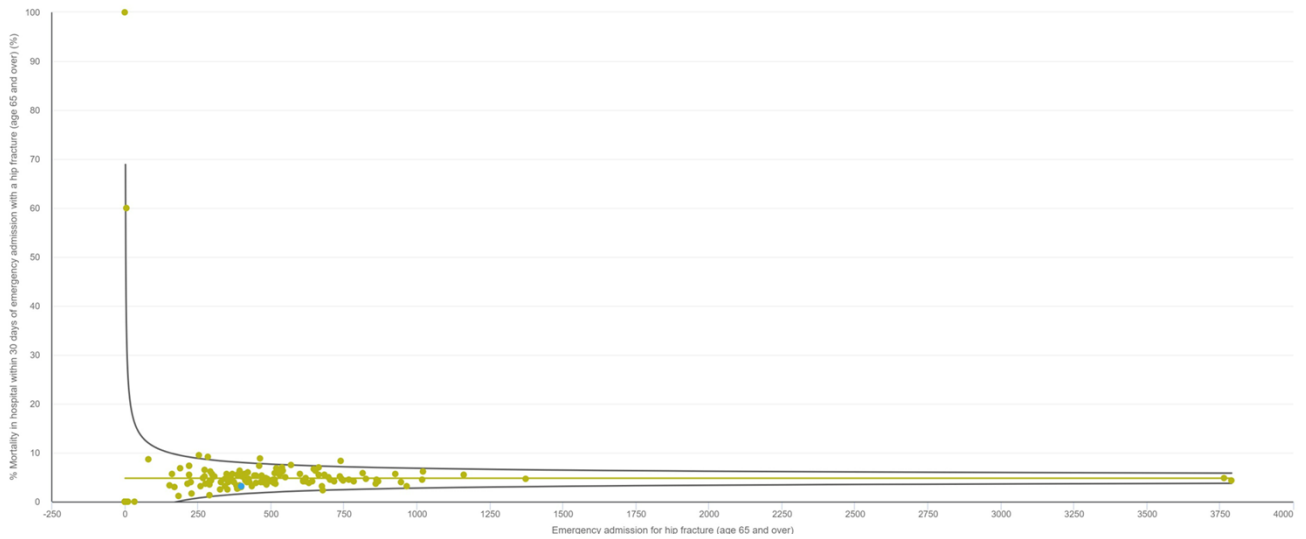
% Mortality in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74



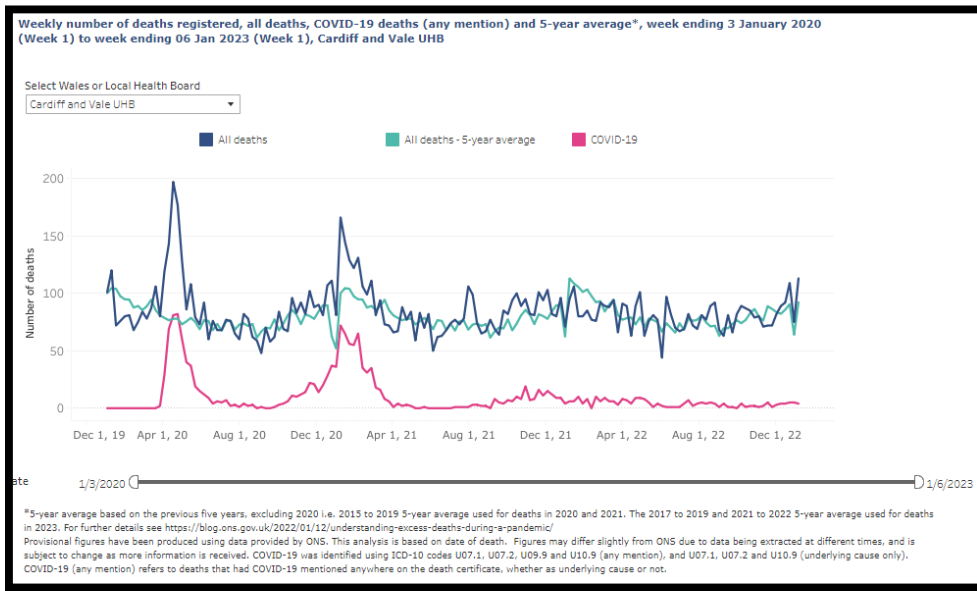
Rates of mortality in hospital within 30 days of emergency admission with a stroke



% Mortality in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)

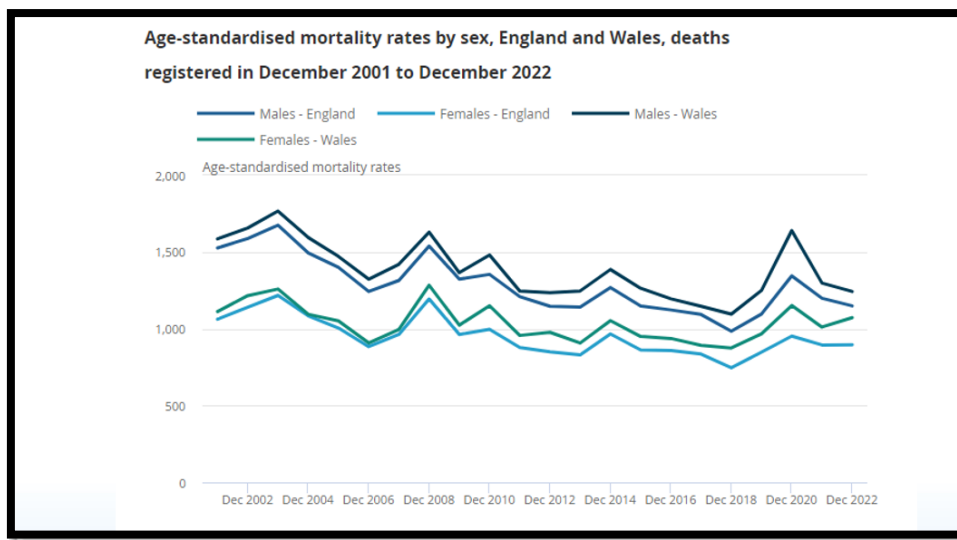


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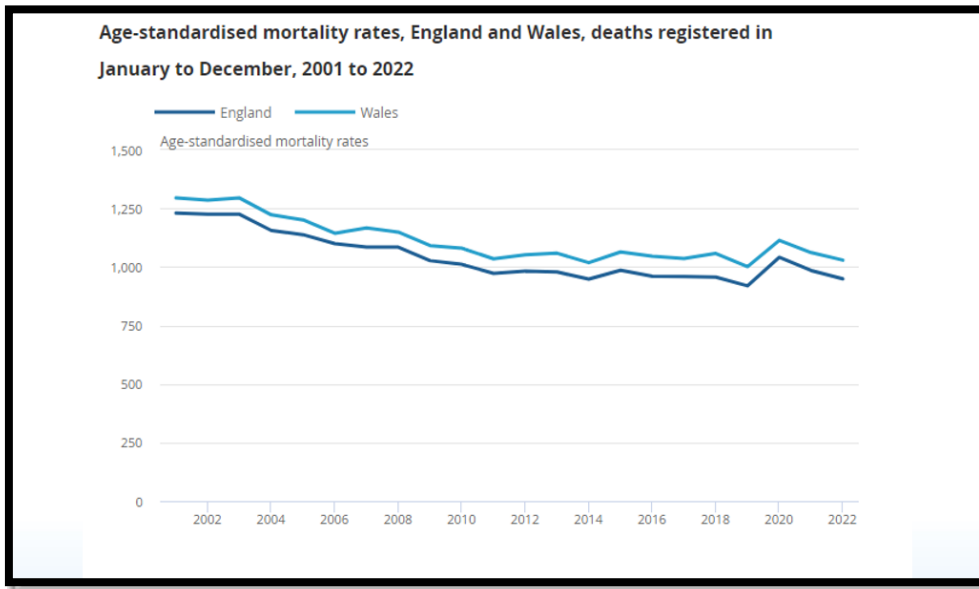
Source: Public Health Wales Covid Dashboard, ONS Mortality ([CovidDashboard_ONSmortality | Tableau Public](#))

Age standardised mortality by sex is shown to be lower in December 2022 (figure 3) when compared to the same period in 2021, although this reduction is not statistically significant in Wales. The age-standardised mortality rates in 2022 were significantly lower than most other years since 2001 in Wales and England (figure 4), although it remains above the rate observed in 2019.



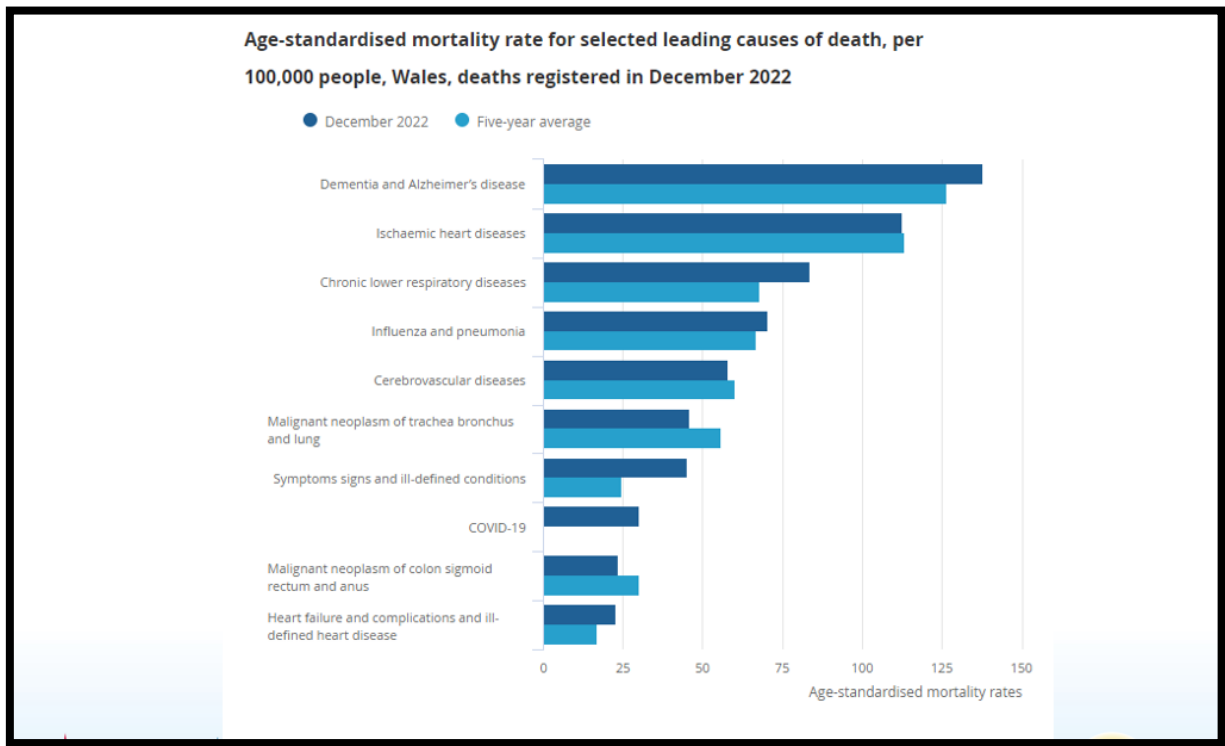
Source: [Monthly mortality analysis, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Mohamed Sarah
12/04/2023 12:46:18



Source: Monthly mortality analysis, England and Wales - Office for National Statistics (ons.gov.uk)

Figure 5 illustrates that Alzheimer's and dementia remains the leading cause of death in Wales in December 2022, with a rate higher than the five-year average.

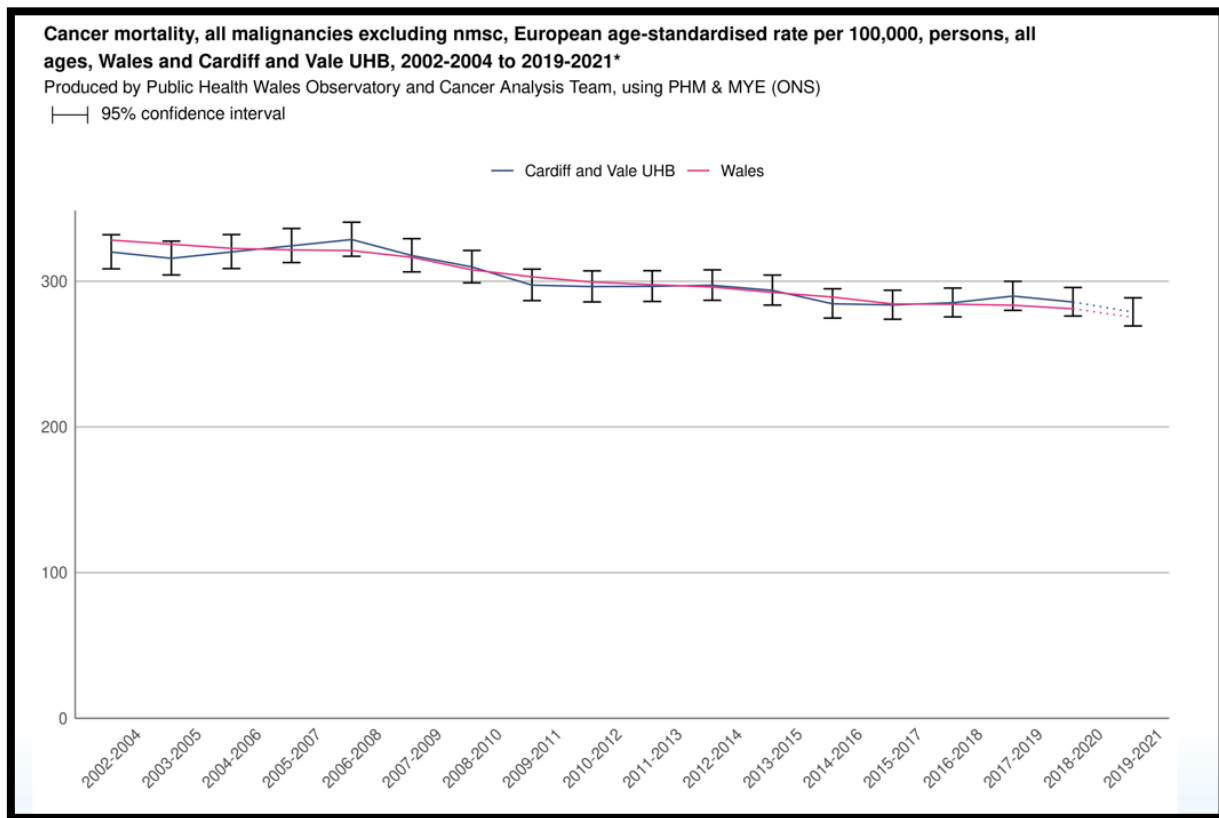


Source: Monthly mortality analysis, England and Wales - Office for National Statistics (ons.gov.uk)

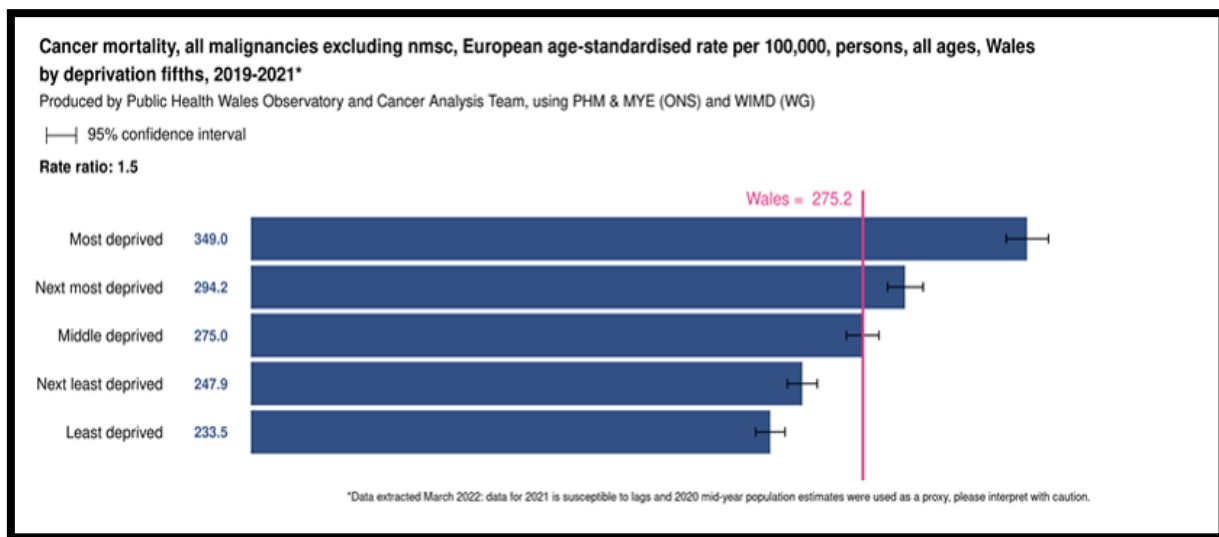
Figure 6 illustrates cancer mortality rates per 100,000 population (excluding non-melanoma malignant neoplasm) and demonstrated a reducing trend in population rates in Wales and in Cardiff and Vale UHB area.

Figure 6

Mohamed Sarah
12/04/2023 12:46:18



The age standardised cancer mortality, reported as mortality per 100,000 population, demonstrates significant variation in relation to deprivation. Mortality rates in those living in the most deprived fifths in Wales are around 50% higher than those living in the least deprived areas. The pandemic has impacted on this for some diagnoses, particularly marked in colorectal cancer mortality, where inequalities in cancer mortality increased rapidly from a 30% relative difference between the most and least deprived areas of Wales in 2019 to 80% by 2021.

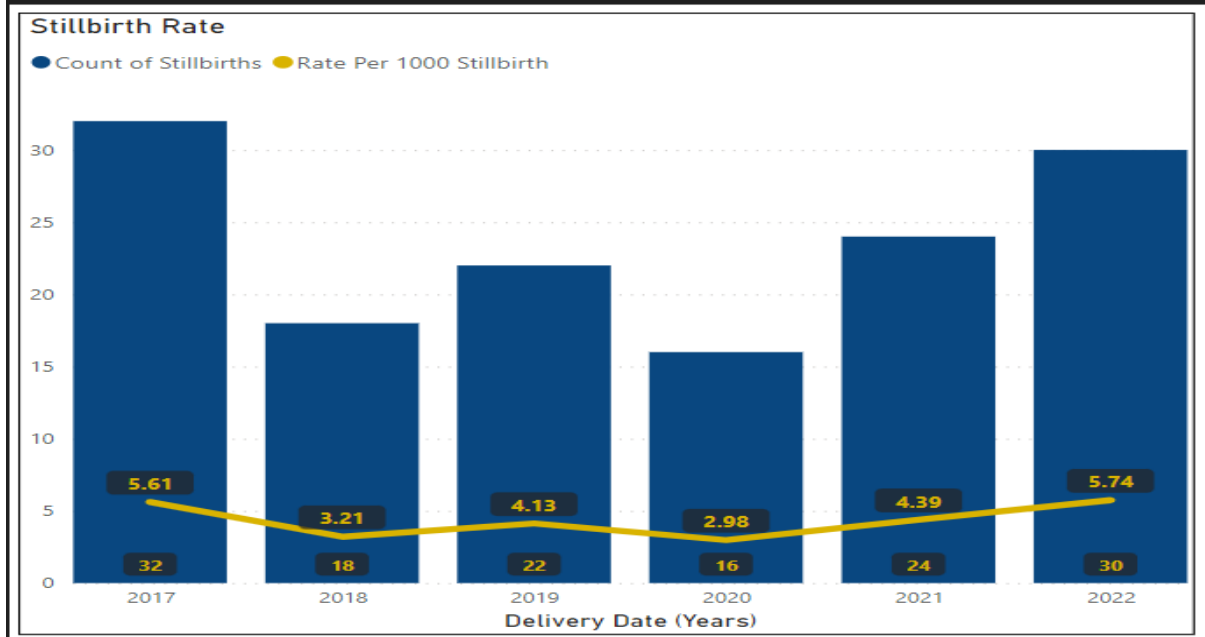


Maternity Outcome

Still birth rates in the UK fell to 3.9 per 1000 births in 2019 and 2020 with increased rates associated with ethnicity in several populations, in particular, Bangladeshi, Pakistani, Black African and Black Caribbean. Provisional figures from the office of National Statistics suggest that still birth rates increased in 2021 to 4.2 per 1000 births with a particular increase noted in the second half of 2021, national rates for 2022 are not yet reported. Still Birth Rates in Cardiff and Vale UHB increased from 2.98 in 2020 to 4.39 in 2021 and to 5.74 in 2022. The presence of a Fetal Medicine

unit means that the Health Board provide specialist diagnosis and treatment of complications which might arise in unborn babies.

All still births and perinatal deaths are reported through the Perinatal Mortality Review Tool (PMRT) and are reviewed at the Health Board Perinatal Mortality Review Meeting, where all aspects of maternity and neonatal care from booking to birth and beyond are discussed.



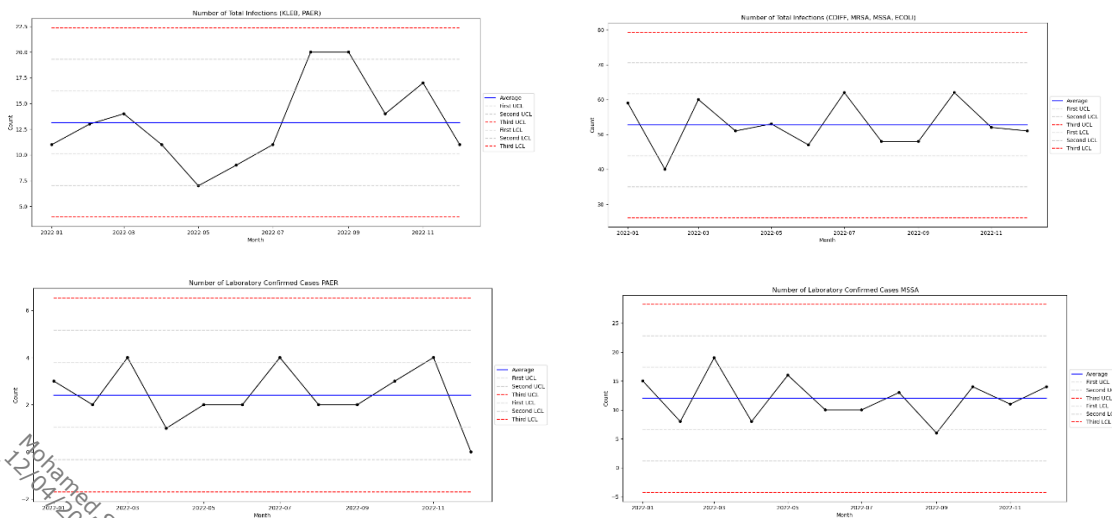
The national still birth rate in 2021 was 4.2 stillbirths per 1000 births (provisional ONS data) and C&V rate was 4.39.

The aim is by 2030 to be at 2.5 still births per 1000 births or less *in line with the aim embedded in Saving Babies Lives –the care bundle for reducing perinatal mortality*

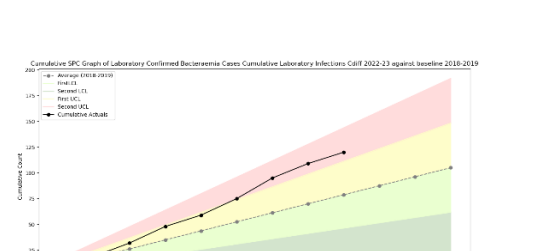
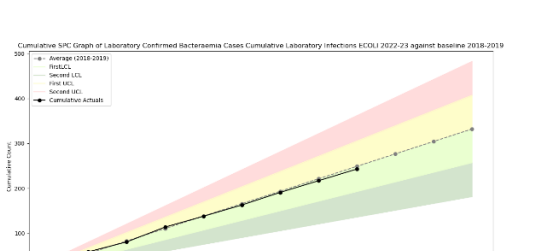
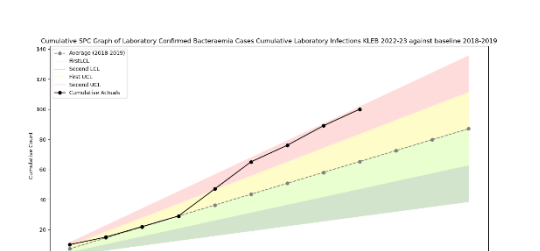
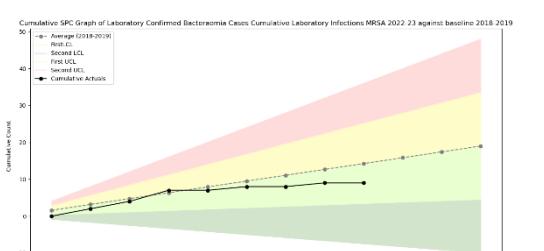
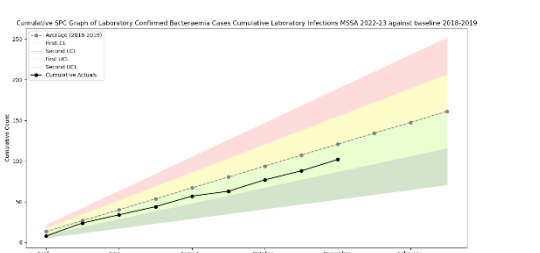
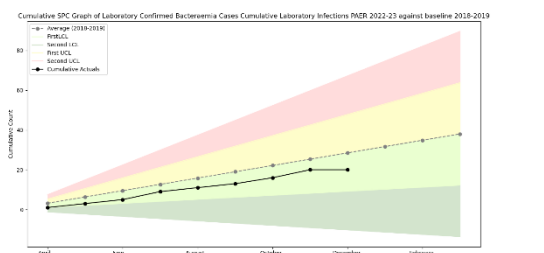
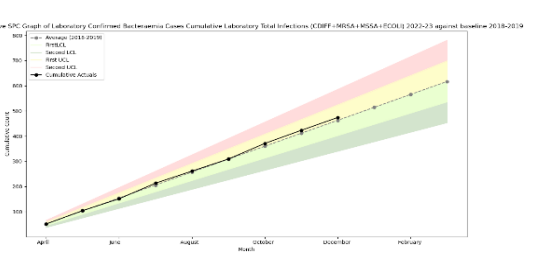
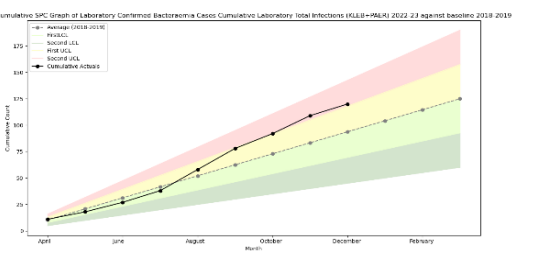
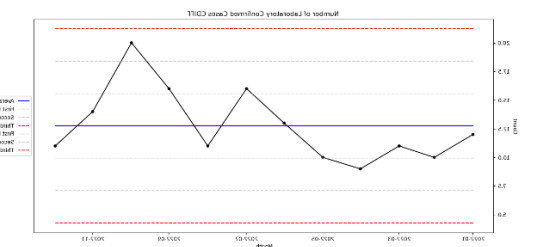
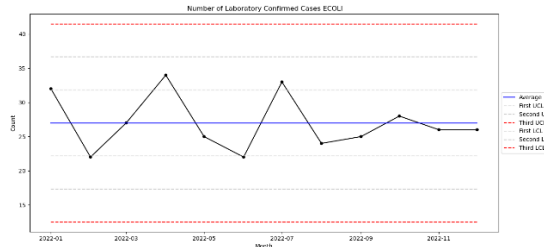
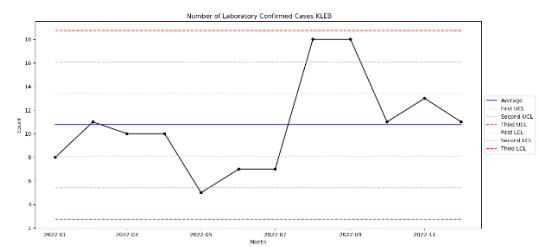
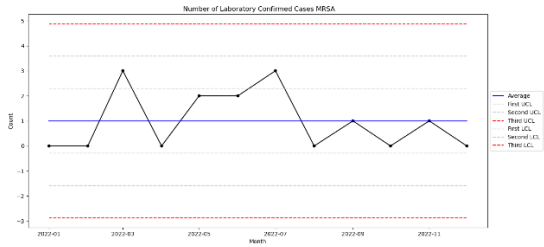
Infection control

Hospital Infections – the total infection rates are falling. MRSA and E coli have slightly reduced.

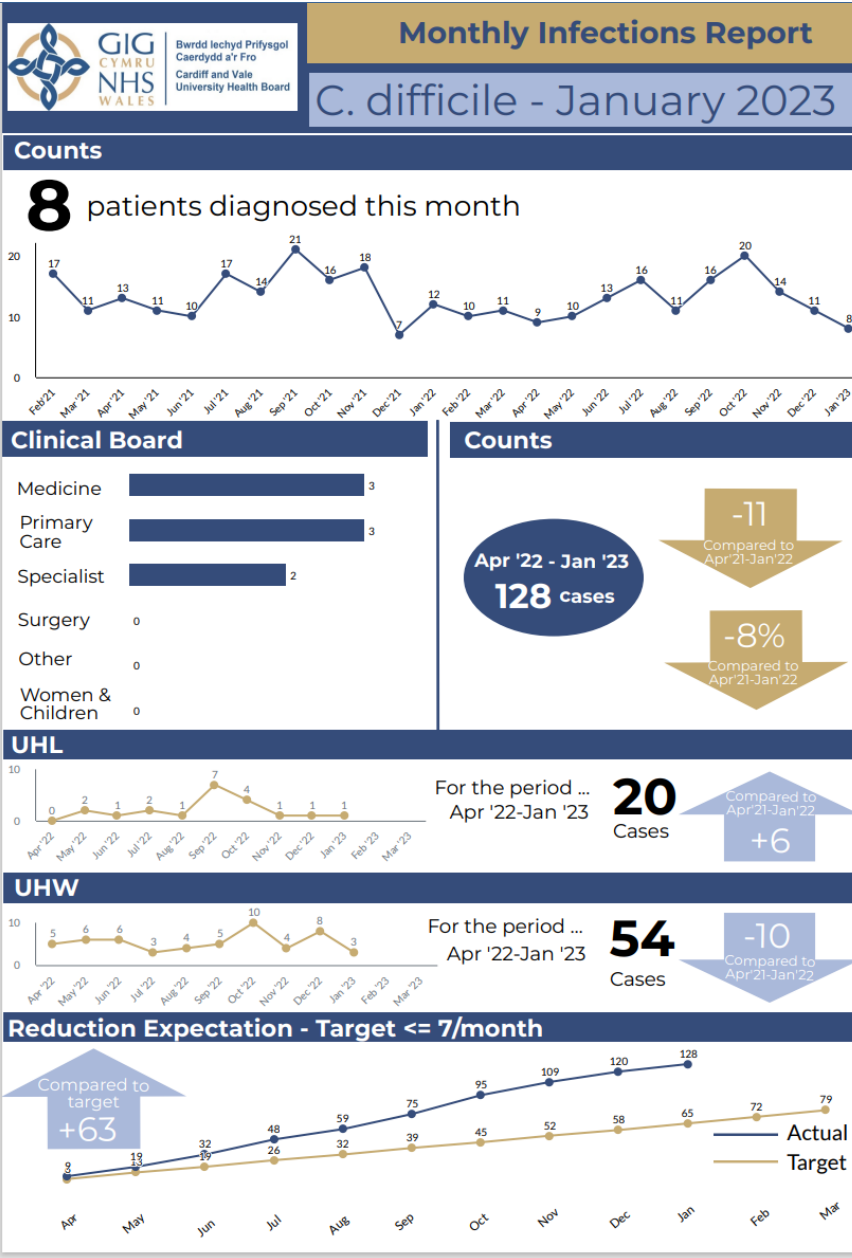
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.



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- CAV UHB cannot achieve the expected reduction for 2022/23 however we have 8% fewer cases than the equivalent period 2021/22.
- We are performing 2nd best in Wales (behind Cwm Taff HB).
- The *C'diff* oversight group meetings have commenced ... with the 1st meeting held in January. The meetings are led by the EDON and Deputy Medical Director supported by the IP+C Consultants and the HOV for IP&C and Clinical teams, are invited to discuss individual cases to identify learning and drive improvement.
- IP&C hold weekly *C'diff* review meetings which are attended by the IP&C nurses and Drs, Clinical Scientists in PHW, Antimicrobial Pharmacists and Microbiology registrars, in person review of new cases are also held.
- Since October 22 we have an IP&C nurse specifically to support PCIC CB. The work will include reviewing community *C'diff* cases and gathering themes from RCA's completed for each case to support learning.
- The IP&C Team are developing new education materials to support clinical teams.

Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing.
- Plan to reinstate MDT review rounds with the above.

- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams.
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage.
- ICNET SSI surveillance to begin within the next month.
- Working with clinical teams to further standardize products/procedures including IV access teams.
- Regular audits of clinical environments and equipment.
- Working with Capital/Estate/Facilities teams to improve clinical environments.
- Build on the existing Education programme to widen staff groups included.

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Turnover** rate trend is upwards since Jan-22; the rates have risen in the past 12 months from 12.57% to 13.33% in Jan-23 UHB wide. This is a net 0.76% increase, which equates roughly to an additional 102 WTE leavers. 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'
- **Sickness Absence** rates remain high; the monthly sickness rate for January 2023 was 6.82% The revised rate for December 2023 was 8.37%, which is the highest ever monthly absence rate (higher even than the first month of the COVID-19 pandemic). There is a rising trend since Apr-22 and the current rates are significantly higher than for previous years. The cumulative rate has risen over the past 3 months to 7.05%. This figure is derived from absence since April.

The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Cold, Cough, Flu – Influenza', 'Chest & respiratory problems', 'Other musculoskeletal problems' and 'Gastrointestinal Problems'

The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/01/23 there were 220 (a reduction of 64 – 22.53%). There are 78 staff on long term absence where Covid-19 has been identified as a Related Reason.

- The **Statutory and Mandatory** training compliance rate has risen, to 76.06% for January, 8.94% below the overall target.
- Compliance with **Fire** training has risen during January, to 68.38%.
- The trend of the rate of compliance with **Values Based Appraisal** has risen over the last 6 months; the compliance at January 2023 was 51.44%. Clinical Boards have been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (74.28%) and Clinical Diagnostics & Therapeutics (64.69%) have exceeded the 60% transitory target, and PCIC are presently at 59%.

Appendix 1 Workforce Key Performance metrics dashboard for January 2022.

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As noted in the last report, over the winter months the People and Culture Team are focusing on the 'Main Effort' and the team are aligned to the following UHB priorities and the People and Culture Plan:

- Wellbeing (including cost of living support)
- Recruitment
- Retention
- Workforce Planning

In addition to these areas, the People Services Team will be supporting managers with operational matters, e.g. Employee Relations, Managing Attendance, Change Management, Terms & Conditions, etc.

The remainder of this report focuses on progress against the above:

Wellbeing

- Activity continues to take place to support staff with their financial wellbeing/cost of living.
- EWS continue to deliver bespoke support and development in areas of need.
- An Employee Health and Wellbeing Strategy and Framework proposal has been developed in collaboration with TU partners and is due to be presentation to the Strategic Wellbeing Group, Clinical and Service Boards senior leadership teams.
- Sustaining Resilience at Work Practitioner (StRaW) training has taken place within Children and Women Clinical Board to support the development of a peer support network. Further development of the network, including the training of four StRaW Managers will follow in March 2023.
- The pilot collaboration between the Occupational Health Department in CAVUHB and CTMUHB continues, with benefits being realised after 12 months. A review will take place in March 2023.
- Analysis of engagement results and feedback from wellbeing surveys has indicated low levels of staff morale, engagement and wellbeing. A dashboard of results is being produced for sharing with CBs.
- Communications also being developed to thank staff for participation in surveys / platforms; to communicate key themes and to outline actions being taken / planned (March 2023).

Recruitment

- 84% of the required skill mix for IACU has been recruited/deployed to support the winter capacity plan.
- The Nursing Hub are continuing to recruit high numbers of HCSW's as part of the ongoing recruitment campaign. The supply of HCSW's onto the internal Staff Bank continues to improve.
- Approval to proceed with further International Recruitment is currently on hold, whilst further workforce redesign takes place. It is likely that a blended approach will be required.
- A communications plan has been implemented to stop use of HCSW agency workers by 1 April 2023. Agency HCSWs are being encouraged to join the internal Staff Bank.
- An open evening was held in January to investigate the recruitment pool for Assistant Practitioner posts and the 'Return to Registration' programme. An accelerated development programme is being developed to support the rapid recruitment of these individuals.
- A Business case and implementation plan has been developed to implement the modernisation of the Ward skill mix with the introduction of Assistant Practitioners (Band 4).

Retention

- The focused work which was taking place within EU/AU has largely been completed, though support will continue and a bespoke coaching framework is to be developed.
- A retention toolkit is being developed and will be made available for managers throughout the UHB to adapt to their own areas. This will include cultural surveys, engagement self-assessment tools, and examples of good practice.
- The team are involved in the All-Wales Retention Group looking at a toolkit as part of the National Workforce Implementation Plan.
- The first Career Clinic for nurses will take place on 1st March with the intention of giving staff advice and support on career pathways, development, education and opportunities to develop careers in UHB without the need to move to neighbouring HBs.
- The 'New Starter' survey is about to be distributed to all newly qualified nurses who started last Autumn. Its aim is to identify how their experience as a new employee of the UHB has gone and to identify any actions need to be taken to improve their experience.
- A Culture and Leadership Programme focusing on cultural assessment to identify good practice and areas for improvement is being trialled in ALAS prior to roll out as part of the wider retention toolkit. The survey element has been completed with a response rate of over 50%, and focus groups will commence in Feb/March 2023 facilitated by the Assistant Director of OD and the Head of ECOD.
- The CAVUHB Anti-Racist Plan draft has been outlined through a co-production approach with colleagues from across the UHB and the One Voice Network. The progress made with the plan will be presented to S&D Committee in March 2022.
- The Welsh Language Commissioner is undertaking an investigation into our compliance with the Welsh Language Standards around registration of the staff with Welsh Language skills. A campaign to improve our workforce data around Equality and Welsh language skills is underway to enable us to we understand the diversity of representation at all levels and our organisational Welsh language skills.
- The amount of formal Disciplinary Investigations has continued to reduce by embedding and promoting Just Culture and Disruptive HR principles and we are currently reporting at just 8 cases (non-medical staff). The People Services Team are continuing to develop a new on demand training course for investigating officers to try and further reduce the length of time that investigations take.
- We have seen an increase in the amount of appeals received for flexible working requests. A trend analysis is being undertaken to identify any actions required.

Workforce Planning

- Engagement with all Clinical Boards to develop a baseline summary of nursing workforce data continues and aims to be completed by 1 March 2023. This will be rolled out to other staff groups at a later date.
- Strategic Workforce Planning training to develop knowledge and capability in longer term planning of our workforce is scheduled for March 2023.
- Activity is taking place to support the introduction and roll out of the Assistant Practitioner role to release the professional expertise of the nurse using prudent healthcare principles ensuring clear communication, engagement and supervision for the benefits to be realised. The Physician Associate role continues to increase (20wte) but funding to support recruitment and CPD budgets remain challenging.

Future updates

Work is currently taking place to re-focus the information provided to the Strategy and Delivery Committee and future People & Culture Committee. Rather than providing high level, UHB wide

data we will examine the KPIs at a Clinical Board level. Areas performing well or improving will be noted, and we will set out what actions we are taking to provide focused support to directorates/teams who are struggling. As this new style of reporting takes shape we will also change the focus of the People section of the Integrated Performance Report to provide assurance to the Board.

OPERATIONAL PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway in most specialties by the end of March 2023.

Emergency & Urgent Care

Performance against the 4-hour standard, 24-hour EU waits, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

There continues to be a challenging position across the urgent & emergency care system, largely driven by high levels of adult bed occupancy, as a result of the high number of patients who are delayed transfers of care (DTC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. However, the Winter Plan, that was approved at the public board meeting in September, continues to deliver some improvements.

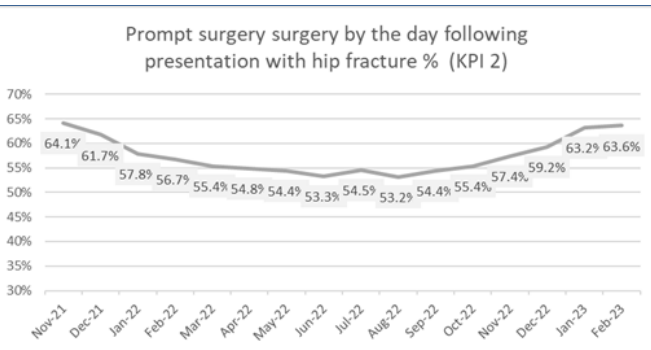
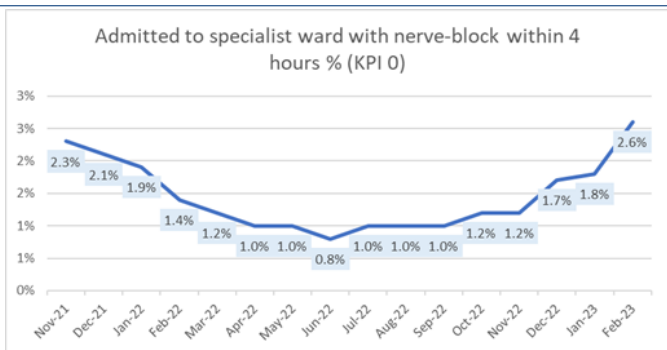
There has been significant improvement in ambulance handover times which has led to an improvement in total number of lost hours and the volume of crews waiting greater than 4 hours to handover.

The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to 0 in February 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover.

Fractured Neck of Femur

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In February 2023, 2.6% of patients were admitted to a specialist ward with a nerve block within 4 hours, with a significant reduction in the median time patients are waiting to move to the ward.

In February, 63.6% of patients received surgery within 36 hours, this is reflective of the general trend during 2022 but a small reduction when compared to October 2021 performance (64.6%). Our performance is above the national average of 56% over the last 12 months.



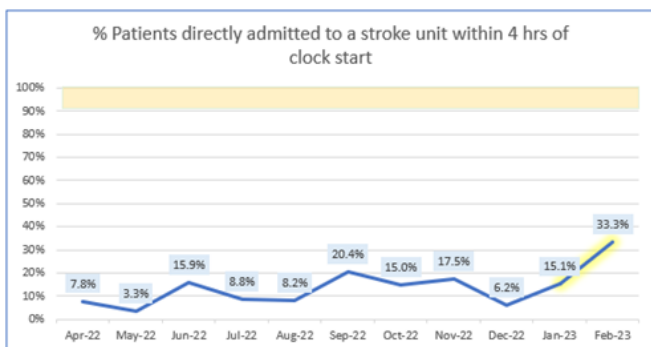
A summit with key stakeholders was held in March with the ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. A follow-up session is planned for April to review the actions taken.

Stroke

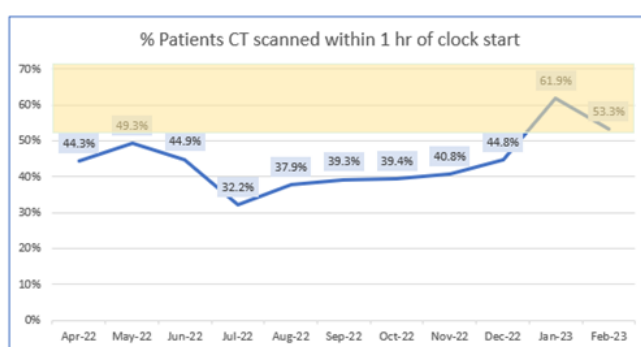
Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), but February saw an improvement in the thrombolysis rate and door to ward performance. In February:

- 8.3% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 14.3%. The percentage of patients given thrombolysis improved to 20%, above the All Wales Average of 15.9%
- The percentage of CT scans that were started within 1 hour in February was 53.3%, the All Wales average was 59.7%
- The percentage of patients who were admitted directly to a stroke unit within 4 hours saw improvement to 33.3% in February, the All Wales average was 22.8%

The UHB has held three internal Stroke summits and a number of improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP and the gaps for some of the indicators are shown below:

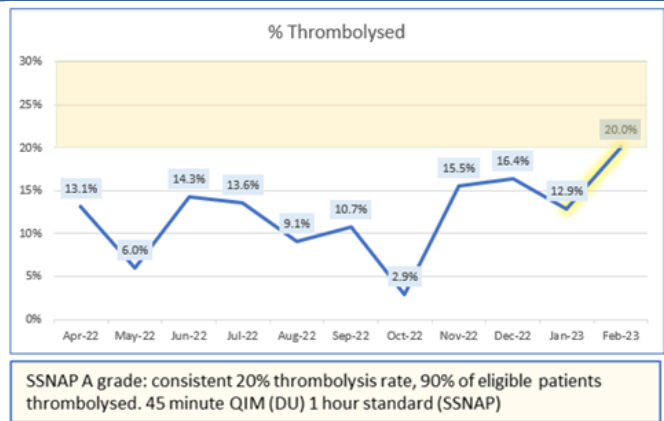


SSNAP A grade: consistent 90% admitted within 4 hours with a median time of <2hr. 90% of patients to spend 90% of their UHW stay on the stroke unit



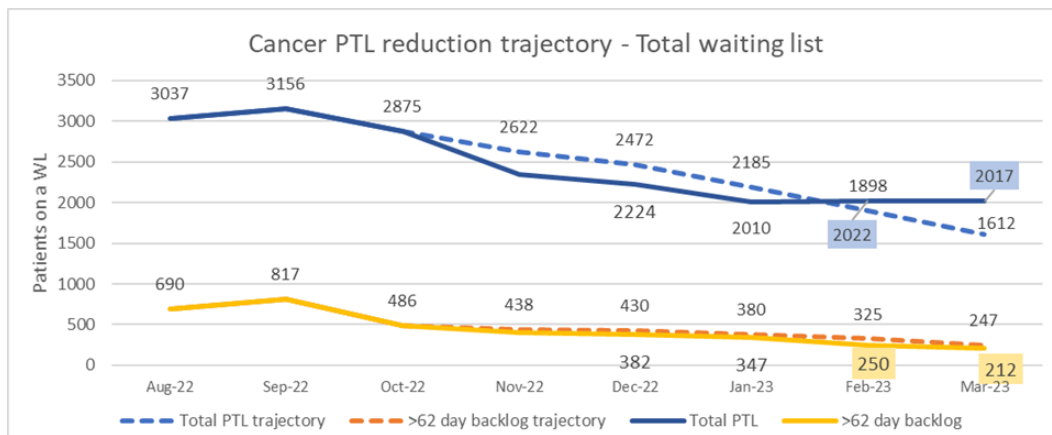
SSNAP A grade: consistent 50% scanned within 1 hour, 95% within 12 hours with a median time of <1hr

Mohamed Sarah
12/04/2023 12:46:18



Cancer

There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. February saw another improvement of 6% compared with January with 61.5% of patients receiving treatments within 62 days.



At the time of writing there are a total of 2017 suspected cancer patients on a single cancer pathway. 212 have waited over 62 days, of which 54 have waited over 104 days. Of these, there are 1963 Cardiff and Vale patients (excluding tertiary patients) of which 158 have waited over 62 days.

There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. In addition to internal Cancer summits and the demand and capacity exercise discussed at the last meeting, there is a current focus on eliminating the number of patients waiting over 104 days to start their definitive treatment.

Planned Care

The total number of patients waiting for planned care and treatment, the Referral to Treatment (RTT) waiting list was 122,635 as at February 2023. The tail of this waiting list breaks down as follows

- Patients over 156 weeks – February – 929
- Patients over 104 weeks - February – 4,333
- Patients over 52 weeks – February – 23,745

Work continues to reduce the number of these long waiting patients.

The number of patients waiting for planned care and treatment over 36 weeks has decreased to 37,937 at the end of February 2023. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a follow-up outpatient appointment at the end of February 2023 was 193,548. 98.6% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 51,374. This is of concern and will be an area of additional focus and support to improve the position over the next few months.

Ministerial Measures

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against trajectories shared with the NHS Wales Delivery Unit.

Measure	WG Ambition	IMTP commitment	Trajectory shared with DU	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of patients waiting over 52 weeks for a new outpatient appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,723 (end of December 2022)	15,588	15,810	16,272	16,584	16,179	15,291	14,697	13,311	11,775	10,951	10,707
Number of patients waiting over 104 weeks for treatment (all stages)	0 (end of March 2023)	750 (end of March 2023)	6415 (end of March 2023)	9,066	8,820	8,300	8,308	7,687	7,038	6,309	5,553	5,099	4,587	4,333

Where we are not able to deliver against the 104-week ambition, we are working to eliminating 3 year waits in these specialties by March 2023. We have some further work to do to give full assurance on this for all specialties, it is estimated that there are over 635 patients in this cohort requiring a plan across ENT, Ophthalmology, Spines, General Surgery and Urology. Final figures were not available at the time of preparing this report. The reduction in this 3 year wait cohort is tracked on a weekly basis and reported monthly:

Cohort	Sept	Oct	Nov	Dec	Jan	Feb
Number of patients who will have waited more than 156 weeks for treatment (all stages) by end of March 2023	4,108	3,491	2,704	2,152	1,611	1,216

Diagnostics and Therapies

The volume of greater than eight-week Diagnostic waits has decreased to 4,421 at the end of February 2023 from 5,247 in December 2023, largely driven by reduced waits in Radiology, Cardiology and Endoscopy. The number patients waiting over 14 weeks for Therapy has reduced to 1,113 from in January to 1,113 in February, driven in a reduction in waits for Dietetics.

Mental Health

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1219 referrals in February 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services:

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 99.6%, increased from 98.1% in January 2023. For CAMHS services, compliance increased from 90.7% in January to 97.9% in February.
- Part 1b: 91.1% of therapeutic treatments started within 28 days following assessment at the end of February 2023, a reduction from the reported compliance in January 2023 (92.0%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of February 2023

- Part 3: 69% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in February 2023

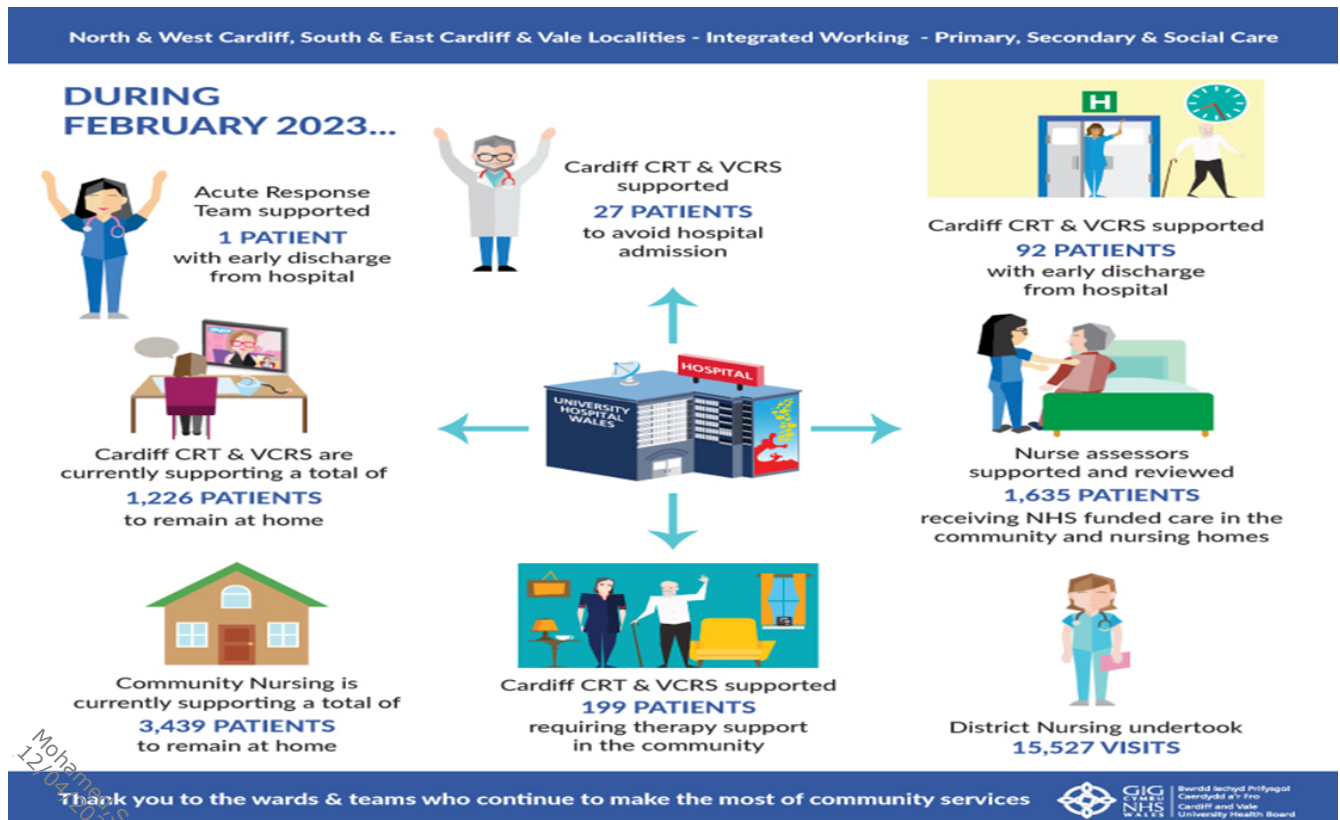
Primary Care

The Health Board was 100% compliant in January 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 7 of 7 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care centre in January the Health Board was 100% compliant, with 6 of 6 patients receiving an appointment within 1 hour.

Pressure has continued within GMS. There were 9 practices reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. General Dental services were operating at around 68% of pre-Covid activity in December, with the uptake of the new Dental Contract this measure has been discontinued and will be replaced for 23/24 reporting. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

Integrated working

Our community teams continue to provide valuable services to the residents of Cardiff and the Vale. Our teams work to care for patients in the community and also provide timely and supportive discharges from secondary care. In February the community nursing team supported over 3,400 patients to remain at home and the District Nursing team undertook 15, 527 visits – seeing 25% more patients than attend the EU each month. A breakdown of our teams' activity across primary, secondary and social care can be seen below:



FINANCE

How are we doing?

The Health Board agreed and submitted a final financial plan to Welsh Government at the end of June 2022. The final plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

This resulted in a 2022-23 planning deficit of £17.1m.

Following discussions with Welsh Government, the Finance Committee and Board, the forecast deficit increased to £26.900m at month 8 in recognition of the cumulative year to date position and additional unforeseen cost pressures that had emerged in 2022-23.

Reported month 11 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The financial position reported to Welsh Government for month 11 is a deficit of £24.658m and this is summarised in Table 1.

Table 1 : Month 11 Financial Position

	Cumulative to Month 11 £m	Forecast Year-End Position £m
Planned deficit	15.675	17.100
Operational position (Surplus) / Deficit	8.983	9.800
Financial Position £m (Surplus) / Deficit £m	24.658	26.900

The month 11 deficit of £24.658m comprised of the following:

- £15.675m planned deficit (11/12th of £17.100m);
- £8.983m adverse variance against plan.

In line with assumptions in the financial plan, Welsh Government has now confirmed funding to cover the additional costs of the management of COVID and exceptional cost pressures. At month 11, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £56.712m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £20.223m.

Savings Programme

The UHB expects to broadly deliver the revised £19.400m savings target

Creditor payment compliance

The UHB's public sector payment compliance performance was 94.3% at the end of February, which is just below the target of 95%.

Remain within capital resource limit

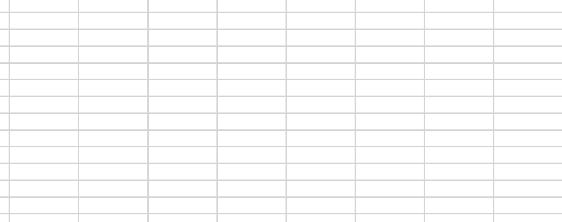
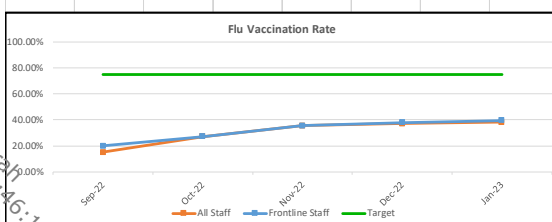
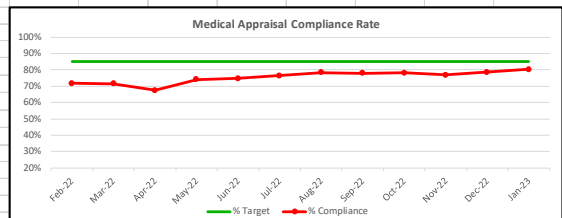
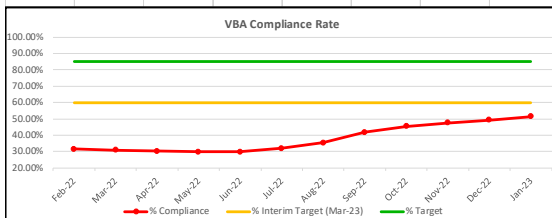
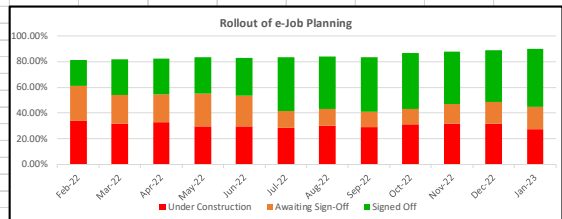
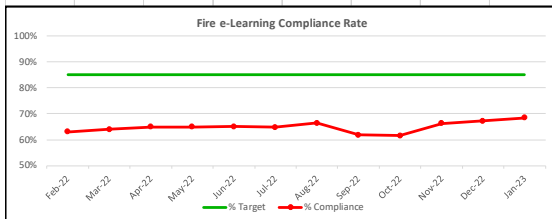
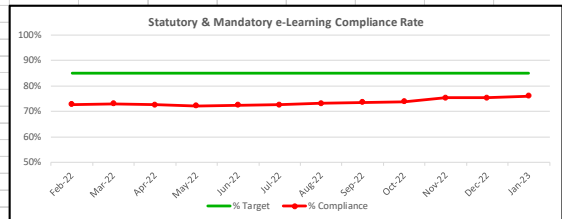
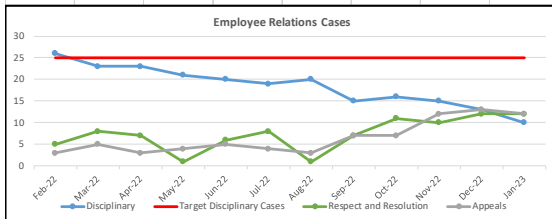
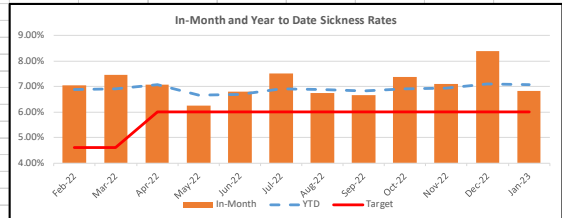
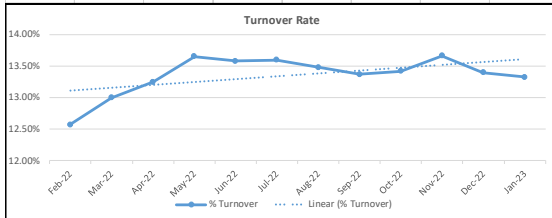
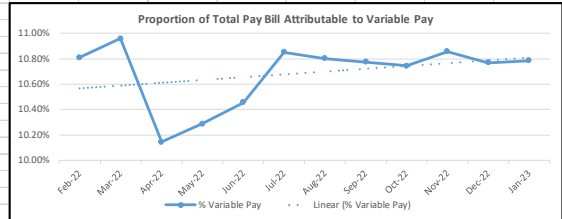
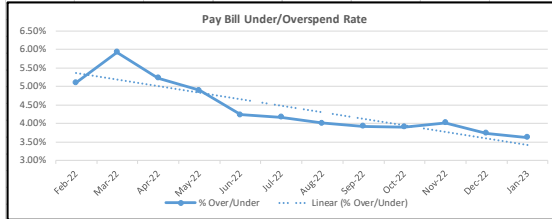
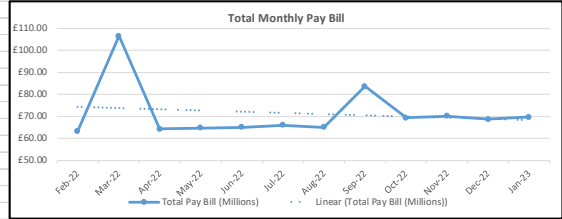
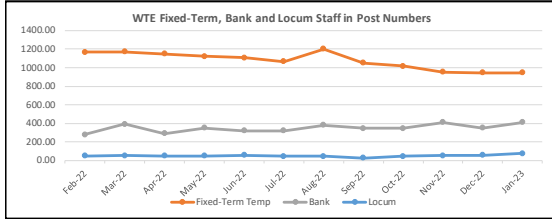
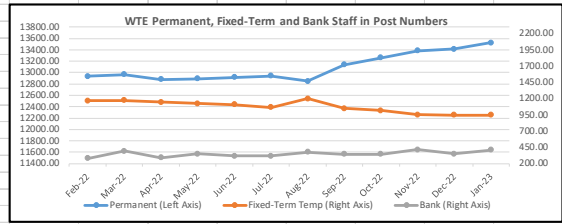
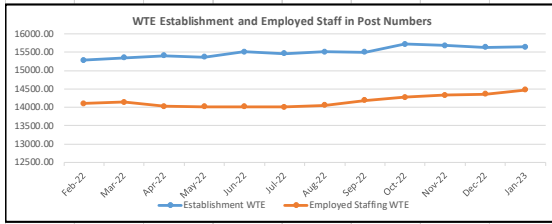
The UHB's approved annual capital resource limit was £51.535m at the end of February 2023. Net expenditure to the end of February was 63% of the UHB's approved Capital Resource Limit.

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £17.1m and forecast deficit of £26.900m

Mohamed Sarah
12/04/2023 12:46:18

Workforce Key Performance Indicators Trends January 2023



Mohamed, Sarah
12/04/2023 12:46:18

Recommendation:

The Board / Committee are requested to:

NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

N.A

Safety: Yes/No

N.A

Financial: Yes/No

N.A

Workforce: Yes/No

N.A

Legal: Yes/No

N.A

Reputational: Yes/No

N.A

Socio Economic: Yes/No

N.A

Equality and Health: Yes/No

N.A

Decarbonisation: Yes/No

N.A

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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