

Bundle Local Partnership Forum 3 April 2019

Agenda attachments

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Wednesday, 6 February 2019 at 10.00am
Corporate Meeting Room, HQ, University Hospital Wales

(N.B. the room will be available from 9.00am for a staff representatives pre-meeting)

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 3 April 2019 at 10.00 am in the HQ Meeting Room,
Headquarters, UHW

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on 6 February 2019	Chair
5	Action Log Review	Chair
For Consideration:		
6 10.10	Inclusivity	<i>Verbal – Equality Manager</i>
7 10.25	Prehab to Rehab	<i>Presentation Eras Faculty Lead, Improvement Unit/ CB Director</i>
8 10.45	Staff Survey Stakeholder Group – feedback and action plan	<i>Exec Director of Workforce & OD</i>
For Consultation/Negotiation:		
For Communication:		
9 11am	Update from the Chief Executive	<i>Verbal Deputy Chief Executive</i>
10 11.10	First Minister's Speech to the NHS Confederation	<i>Verbal - Exec Director of Workforce & OD</i>
For Appraisal:		
11 11.20	Finance Report	<i>Executive Director of Finance</i>
12 11.30	Workforce Report	<i>Executive Director of WOD</i>
PART 2: Items for information (for noting only)		
1	Patient Safety Quality and Experience report	
2	Performance Report	
3	Items to be brought to the attention of the Board	
4	Any other business previously agreed with the Co-Chairs	
5	Future Meeting Arrangements:	
Close by 11.45	Wednesday 6 th February at 10am in the HQ meeting Room, HQ, UHW (n.b. the room will be available from 9am for a staff representatives pre-meeting)	

**Minutes from the Local Partnership Forum Meeting held on 6 February 2019 at 10am
in the Meeting Room, Executive Headquarters, University Hospital of Wales**

PRESENT:

Mike Jones	Chair of Staff Representatives/UNISON (Co-Chair)
Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Steve Curry	Chief Operating Officer
Bill Salter	UNISON
Stave Gauci	UNISON
Stuart Egan	UNISON
Fiona Kinghorn	Executive Director of Public Health
Rebecca Christy	BDA
Dorothy Debrah	BDA
Graham Shortland	Medical Director
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Assistant Director of OD
Jason Roberts	Deputy Director of Nursing
Chris Lewis	Deputy Director of Finance
Janice Aspinall	RCN
Pauline Williams	RCN
Rhian Wright	RCN

IN ATTENDANCE:

Abigail Dodwell (observing)	Personal Secretary to DD of Workforce and OD & AD of OD
Colin McMillan	Head of Transport
John McGarrigle	Head of Energy and Performance

APOLOGIES:

Peter Welsh	Senior Manager, UHL and Barry
Dawn Ward	Independent Member – Trade Union
Fiona Salter	RCN
Len Richards	Chief Executive
Abigail Harris	Exec Director of Strategic Planning
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Bob Chadwick	Exec Director of Finance
Ceri Dolan	RCN
Zoe Morgan	CSP
Joe Monks	UNISON

LPF 19/001 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting and introductions were made.

Congratulations were offered to Mrs Kinghorn on her appointment as Executive Director of Public Health.

LPF 19/002 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/003 DECLARATIONS OF INTEREST

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

LPF 19/004 MINUTES OF THE PREVIOUS MEETING

The minutes from 10th of December 2018 were agreed as an accurate record of the meeting.

LPF 19/005 ACTION LOG

The Action Log was noted.

LPF 19/006 OPERATIONAL PRESSURES UPDATE

Mr Curry gave the Forum an update on seasonal pressures and the UHB response and plan. He said that there was better resilience across the whole system (planned and unplanned care) than in previous years though we are experiencing another difficult winter. The number of 4 and 12 hour waits and ambulance delays had improved but there had been 553 attendances at the emergency unit on Monday 4th February alone. Mr Curry reminded the Forum that there was traditionally also pressure to improve waiting times for patients at this time of year - three or four years ago they had been almost 7000 people waiting for more than 36 weeks for treatment this had now been reduced to 350 individuals, all of whom required complex care. There had also been significant improvements in diagnostics despite an increase in demand.

Mr Curry emphasised that these improvements were largely due to the staff response to pressures and to the teamwork they demonstrated. He stated that we were establishing ourselves as an organisation which delivered, and this was largely due to the people who gave above and beyond every day. He thanked everyone for their part and asked the staff representatives to share this with their members.

Dr Shortland noted that improved information meant that staff were more aware of the challenges they were due to face and that the organisation was now aspiring to no 12 hour breaches.

Mr Egan raised concerns about the length of time it took to read and report on scans. Mr Curry acknowledged that this was a pinch point and stated that the information and data needed to understand the delays had been requested.

LPF 19/007 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

Mr Curry reminded the forum that the IMTP was a three-year plan for the delivery of services focusing on finance, quality and activity. We have not had an approved plan for the last two years, mainly because it was not financially balanced. This year's IMTP was submitted to

Welsh Government on 31st January and we will know if it has been approved in the coming weeks. We plan to finish 2018/19 with a £9.9 million deficit which would leave us in a better position, especially with our improved performance, to have a plan approved. This will be a key factor in whether or not our escalation status (currently targeted intervention) is reviewed.

LPF 19/008 SUSTAINABLE TRAVEL PLAN

Mr McGarrigle and Mr McMillan were in attendance to talk about the sustainable travel plan and the alternatives available to driving to work. These include:

- The park and ride scheme at UHW which currently has 300 users per day. 85% of these are staff so there are continued efforts to promote the service among patients and visitors.
- Discussions are taking place with Cardiff Bus and the Council about the possibility of implementing a park and ride scheme at UHL
- Public transport including buses and trains, and incorporating these into an 'active commute'
- The cycle to work scheme and Nextbikes
- The pedestrian strategy safer route scheme for walking to work
- A car share scheme which puts people who could travel together in touch

Mr McGarrigle advised that there were also plans to develop a Sustainable Travel Hub on the UHW site in the future. This would include showers, a bus interchange and possibly electric charging.

Mr Jones asked if there was any scope to get additional buses from the Vale to UHL. Mr McMillan explained that there were regular conversations with the Vale Council but we were only in a position to place limited pressure because the services also have to be commercially viable.

Mrs Kinghorn stated that notwithstanding the infrastructure, these are important issues as getting active and air pollution are important aspects of the healthy travel charter.

The importance of wearing cycle helmets when using Nextbikes was noted.

LPF 19/009 DRAFT LPF WORK PROGRAMME 2019/20

The Draft work plan for the Local Partnership Forum for 2019/20 was approved with the following amendments:

- The work taking place to tackle stress (December/February)
- Staff Survey Action Plan (April/June)
- IMTP update to be received in February, not December
- Embedding Prevention paper to be brought forward to August rather than October

Action: Dr Pressley

It was noted that, as always, this plan was indicative and was likely to change as the year progressed.

LPF 19/010 FINANCE REPORT

Mr Lewis provided the forum with highlights from the Finance Report for the period ending 31 December 2018 noting that:

- We have a one-year plan with a £9.9 million deficit
- As well as the duty to have an approved plan, we also have a duty to breakeven over a three-year rolling period. We will be in breach of this duty for 2018/19, and 2019/20 will be an extremely challenging year while we try to achieve this.
- In December there were significant gains made in-month and year to date. This means we are back on plan for month nine and gives assurance to the Board and Welsh Government that we are going to deliver on the £9.9 million deficit.

Mr Salter raised concerns regarding the non-payment of an invoice which could impact directly on patient care in his department. Mr Lewis and Mr Curry both agreed to intervene to rectify this quickly.

LPF 19/011 WORKFORCE KPI REPORT

An updated version of the report dated December 2018 was tabled.

Mr Driscoll noted there had been a slight underspend in the monthly pay bill during the year, though the WTE had increased. The nurse recruitment day held on the 26th of January had attracted a lot of interest with over 50 offers made. During 2019/20 the UHB would be investing in overseas nurse recruitment outside of Europe - a supplier was currently being sought.

A group has been established to examine the staff survey results. Two workshops had been held and there were plans for one more. The group had considered the key themes and agreed where actions were likely to have the biggest impact, including bullying and stress. The results of these discussions would be communicated widely and would be brought back to the LPF.

Fire training was not at an acceptable level (66%) and Mr Driscoll would be taking a lead Exec role to tackle this. Mr Crook advised that the ESR portal had been updated and it was now considerably easier to access mandatory training.

Mr Jones had attended the recruitment day and advised that it had been a very well organised event. He was particularly pleased to see senior nurses present.

Mrs Debrah suggested that one reason for the low PADR rates might be that it was not possible, as far as she was aware, to show on ESR that a meeting to agree competencies with new starters had taken place but that process was not complete. Mrs Gidman explained that it was possible to do this, but she was aware that not all PADR conducted were being recorded on ESR.

Mr Crook advised that from 1 April 2019 pay progression will not be automatic for new starters or promotions.

LPF 19/011 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report
- Performance Report
- Employment Policy Subgroup Minutes from 9 January 2019

LPF 19/012 REVIEW OF THE MEETING

There were no specific items to be brought to the attention of the Board.

LPF 19/013 ANY OTHER BUSINESS

There was no other business raised.

LPF 19/014 FUTURE MEETING ARRANGEMENTS

The next meeting would be held on Wednesday, 3 April 2019 at 10 am with a staff representatives pre-meeting at 9 am in the HQ meeting room (n.b. the venue may change subject to move to Woodland House).

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/009	6 February 2019	LPF Work Plan	Amendments to be incorporated and a copy sent to Board	Dr Pressley	COMPLETE – attached as appendix to the LPF Summary Report submitted to Board on 28 March 2019

REPORT TITLE:	Staff Survey Employee Stakeholder Group										
MEETING:	Local Partnership Forum							MEETING DATE:	3 April 2019		
STATUS:	For Discussion	x	For Assurance		For Approval		For Information				
LEAD EXECUTIVE:	Executive Director of Workforce and OD										
REPORT AUTHOR (TITLE):	Workforce Governance Manager / Assistant HR Officer Intern										
PURPOSE OF REPORT:											

SITUATION:

In December 2018 the Local Partnership Forum received a report on the NHS Wales Staff Survey and its key findings. The Forum supported the creation of employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB.

This report summarises for the Forum the work undertaken by the Group to date and plans for the next steps.

REPORT:

BACKGROUND:

An All-Wales Staff Survey was undertaken in June 2018. The UHB results show positive improvements in most areas since the survey previous survey (conducted in 2016), and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Important areas which require attention include stress at work and harassment, bullying and abuse.

ASSESSMENT:

A wide range of communication tools were used to seek volunteers from across the UHB to be part of the working Group. Around fifty members of staff expressed an interest in being involved and were invited to attend a series of three workshops looking at:

- Expectations
- Key themes / issues
- Actions

The Group has met three times. The main issues have been identified, suggestions of how we can address these have been put forward and a draft action plan has been developed.

Key themes	Suggested improvements
Engagement	<ul style="list-style-type: none"> • Improved communication at every level <ul style="list-style-type: none"> ○ Email addresses for Band 5 nurses ○ Computer rooms ○ Protected time ○ Encouraging appropriate use of social media
Leadership	<ul style="list-style-type: none"> • Improved Exec visibility through: <ul style="list-style-type: none"> ○ Attendance at Corporate Induction ○ Departmental Visits ○ 'A day in the life...' where Execs experience front line roles
Culture and Values	<ul style="list-style-type: none"> • Gain a greater understanding of the causes of work related stress (by influencing future surveys) • Empower managers • Promote Freedom to Speak Up / Raising Concerns • Review Employee Wellbeing Service resources
Improving the Survey	<ul style="list-style-type: none"> • Accessibility • Shorten the length • Provide anonymity • Incentivise

A copy of the action plan is attached as Appendix 1.

It is not anticipated that the working group will meet again now that this initial piece of work has been completed. The next step is to look for volunteers to be directly involved in the implementation of the actions, both from within the group and other UHB staff as appropriate.

RECOMMENDATION:

The Local Partnership Forum is asked to **CONSIDER** the contents of this report and the attached action plan and to **SUPPORT** the implementation of these actions by nominating staff representatives to join the task and finish groups.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	x
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	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	Involvement	x
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Not Applicable



Appendix 1 - Staff Survey Action Plan

	Description	Key Tasks	Outcome (what do we want to see?)	Success- how will we measure it?
Theme 1	ENGAGEMENT (Enhanced communication and engagement - accessibility and quality)	<p>EASIER</p> <ul style="list-style-type: none"> • More team facebook and WhatsApp groups (n.b guidance for staff needed e.g. no patient info) • Using our smart phones – encourage twitter, promote ESR App etc • CEO podcast or video – accessible from outside UHB PCs • Group champion role <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> • IT access/email addresses/agile working - e.g. Band 5 nurses • Improved strategy for staff communication • Engagement rather than just information – getting our messages right • Supporting/developing the right people to lead engagement (Clinical Board role - Execs can't do it all) 	<ul style="list-style-type: none"> • Guidance on social media and contacting patients by text • Option of having CEO Connects and CAV You Heard sent to personal emails (bring this up in induction?) • Publicise ESR App and its benefits <ul style="list-style-type: none"> • Investments in tablets, as computer used for patient results and can't always be accessed (?? Charitable funds/lottery) 	<ul style="list-style-type: none"> • Completion of written guidance on whatsapp and social media <ul style="list-style-type: none"> • Successful bid for funding
Theme 2	LEADERSHIP (Exec and other leaders profile / credibility)	<p>EASIER</p> <ul style="list-style-type: none"> • Attend Corporate Induction • Continue with Exec Live programme etc – needs to gain momentum. Submitting questions beforehand? Is it filmed for people to watch afterwards if they can't get there? • Publicise walkabouts so people know it happens anyway • Communicate outcomes from this group and work going on behind the scenes so staff believe the Execs are listening <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> • 'Day in the life...' Execs / CB leaders to spend a day (individually) in a department experiencing how they work and getting to know staff and the day to day issues first hand 	<ul style="list-style-type: none"> • "Induction toolkit"/ "Managers Guide" for new managers (checklist) • Increased engagement, awareness, etc. • Podcasts • Personal profiles – 'Exec of the Month' • Roll out to clinical board and directorate level for other senior leaders. • Implement 'Day in the Life' concept • Structured shadowing and mentoring scheme 	<ul style="list-style-type: none"> • Launch of toolkit and number of 'hits' <ul style="list-style-type: none"> • Next staff survey results
Theme 3	CULTURE & BEHAVIOURS (Work related stress/bullying/harassment)	<p>EASIER</p> <ul style="list-style-type: none"> • Promote freedom to speak up helpline – why are there no posters anywhere?? • Expand zero tolerance campaign to include staff behaviour • Influence next survey to separate WRS and bullying/harassment and get better understanding of the causes and complexities • Training e.g. dignity at work <p>MORE DIFFICULT</p> <ul style="list-style-type: none"> • Embed values and behaviours – what are the consequences if we don't live by them? • Increase employee voice – how?? • Employee wellbeing investment (but this will deal with the effects, not the causes) • Training/developing our leaders/managers appropriately to deal with the stresses they will face 	<ul style="list-style-type: none"> • Greater involvement and partnership working with Trade Unions (Freedom to Speak Up) • Influencing questions for the next survey • Implement values based recruitment • Raise awareness of Freedom to Speak Up (improve web pages) • Telling stories to demonstrate why living the values work e.g patient benefits, engagement, etc. • Encouraging spirituality for wellbeing • Recruit organisational psychologist • Pulse Surveys • Vox Pop • Skills to supervise 	<ul style="list-style-type: none"> • ER and Mediation case numbers • Reporting concerns raised formally • Staff survey results • EWS referrals • Pulse survey results • Exit questionnaires

Theme 4	INVOLVEMENT (Improving responses to the next survey)	<p>EASIER</p> <ul style="list-style-type: none">• Anonymous (no staff number)• Too long• Incentives (like flu)• Let people know that we are responding to what we have been told <p>MORE DIFFICULT</p> <ul style="list-style-type: none">• Staff with two roles only had one opportunity to answer but sometimes had very different responses for the 2 areas• triangulation with other information e.g. exit questionnaires• Review qualitative data for improvement ideas (they say we won't listen – if we don't read it, are they right?)	<ul style="list-style-type: none">• Clear and unambiguous questions• Anonymous (optional)• Transparency around follow up with clear timescales• Prompts – posters, build up• Increased Trade Union collaboration to send the message• Protected time to fill out survey e.g. Friday afternoon survey time• Share results locally• Creative/ innovative/ fun ways to promote• Personal incentive eg. Draw for vouchers• Pulse surveys for drilling down on certain questions• Survey Champions• Promote through local newsletters and team meetings (participation and results)	<ul style="list-style-type: none">• Response rate• Improved positive results
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Report Title:	Finance Report for the Period Ended 28th February 2019						
Meeting:	Local Partnership Forum				Meeting Date:	3 April 2019	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Deputy Director of Finance						

SITUATION

The UHB's 2018/19 operational plan includes a £9.9m planned deficit. This is dependent upon managing the following key challenges:

- identifying and delivering a £33.780m savings target;
- identifying and delivering a further £9.266m of financial improvement;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme and financial improvement plan in place and the delivery of these and management of delegated budgets is key to the success of the plan. The variance reported against the operational plan improved by £0.015m to an underspend of £0.283m at month 11. The UHB has undertaken a detailed budget forecasting exercise which provides assurance that the UHB will deliver its forecast position by the year end.

REPORT

BACKGROUND

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not acceptable due to assumptions around additional funding. The UHB then revised its financial plan but was not in a position to submit an IMTP to Welsh Government for approval as the revised plan was some way from being financially balanced.

Consequently the UHB was required to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 planning deficit of £29.2m. This was discussed at Targeted Intervention meetings and was not acceptable to Welsh Government.

The Health Board reconsidered its position at its March 2018 Board Meeting and following dialogue with Welsh Government reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement target. This decision was shared with Welsh Government and on the 10th July 2018 the UHB submitted its one year operational plan to Welsh Government. This position has been accepted and the UHB has received £10m additional annual operating plan funding and consequently the UHB

has reduced its forecast deficit to £9.9m. A summary of this plan and how it has changed from the draft submitted in January 2018 is provided in Table 1.

Table 1: Operational Plan 2018/19

	Jan Plan £m	Final Plan £m	Var £m
b/f underlying deficit	(49.0)	(49.0)	0.0
Non Recurrent Cost Improvement Plans	8.4	8.4	0.0
Net allocation uplift (inc LTA inflation)	20.0	20.0	0.0
Cost pressures	(33.3)	(31.1)	2.2
Cost Pressures due to population growth	(4.5)	(3.5)	1.0
Investments	(4.3)	(3.3)	1.0
Recurrent cost improvement plans	25.3	25.3	0.0
Additional funding assumed	15.5	0.0	(15.5)
In year Financial Plan	27.2	15.9	(11.3)
Planned Surplus/(Deficit)	(21.9)	(33.2)	(11.3)
Planned c/f from 2017/18 (non recurrent)	0.0	4.0	4.0
Financial Improvement Target	0.0	9.3	9.3
Revised Planned Surplus/(Deficit) March 2018	(21.9)	(19.9)	2.0
Additional Annual Operating Plan Funding July 2018		10.0	(10.0)
Revised Planned Surplus/Deficit July 2018	(21.9)	(9.9)	(12.0)

The actual and forecast performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against 3 year financial break even duty

	Actual / forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass of fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.900)	(65.996)	Fail



















The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. **The above table shows that the UHB breached its statutory financial duty in**

both 2016/17 and 2017/18 and the plan current approved by the Board will also result in a breach of financial duty at the end of 2018/19.

ASSESSMENT

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

Table 3: Finance Dashboard @ February 2019

Measure	n	STATUS REPORT				
		February 2019	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£8.792m deficit at month 11. £0.283m favourable variance against plan	R 	↑ 	2018/19 planned deficit £9.9m	M11 2018-19
Remain within capital resource limits.	37	Expenditure at the end of February was £30.273m against a plan of £33.083m.	G 	9 	Approved planned expenditure £46.727m	M11 2018-19
Reduction in Underlying deficit	36a	£36.3m assessed underlying deficit position at month 11	R 	9 	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M11 2018-19
Delivery of recurrent 3% savings target	36b	Fully Identified Savings Plan	G 	9 	£25.335m	M11 2018-19
Delivery of non recurrent 1% savings target	36c		G 	9 	£8.445m	M11 2018-19
Delivery of financial improvement target	36d		G 	9 	£9.3m	M11 2018-19
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.2% in February	G 	9 	95% of invoices paid within 30 days	M11 2018-19
Remain within Cash Limit	37b	Forecast cash surplus of £1.856m	G 	↑ 	To remain within Cash Limit	M11 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £4.112m	G 	9 	To Maintain Positive Cash Balance	End of Feb. 2019

Month 11 Cumulative Financial Position

The UHB reported a deficit of £8.792m at month 11 as follows:

- £9.075m planned deficit (11/12th of £9.900m);
- £(0.283)m favourable variance against plan.

Table 4 analyses the operating variance between income, pay, non pay and planned deficit.

Table 4: Summary Financial Position for the period ended 28th February 2019

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(118.227)	(117.703)	0.524	(1,250.813)	(1,248.397)	2.416	(1,381.687)	(1,381.687)	0.000
Pay	52.532	51.921	(0.611)	562.274	560.298	(1.976)	612.412	612.412	0.000
Non Pay	66.520	66.592	0.072	697.615	696.891	(0.723)	779.175	779.175	0.000
Variance to Draft Plan £m	0.825	0.810	(0.015)	9.076	8.792	(0.283)	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(9.075)	0.000	9.075	(9.900)	0.000	9.900
Total £m	(0.000)	0.810	0.810	0.000	8.792	8.792	(0.000)	9.900	9.900

Income

The year to date and in month financial position for income is shown in Table 5.

Table 5: Income Variance @ February 2019

Income	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(80.108)	(80.108)	0.000	(837.288)	(837.288)	0.000
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(17.764)	(17.764)	0.000
Accommodation & Catering	(0.358)	(0.329)	0.029	(3.341)	(3.211)	0.130
Education & Training	(3.295)	(3.259)	0.035	(34.921)	(34.857)	0.065
Injury Cost Recovery Scheme (CRU) Income	(0.214)	(0.157)	0.056	(1.951)	(1.601)	0.351
NHS Patient Related Income	(25.631)	(25.431)	0.201	(271.649)	(270.519)	1.130
Other Operating Income	(6.119)	(5.989)	0.130	(74.157)	(73.528)	0.629
Overseas Patient Income	(0.005)	(0.005)	(0.000)	(0.056)	(0.258)	(0.203)
Private Patient Income	(0.107)	(0.098)	0.008	(1.254)	(0.958)	0.296
Research & Development	(0.776)	(0.711)	0.065	(8.431)	(8.413)	0.018
Total £m	(118.227)	(117.703)	0.524	(1,250.813)	(1,248.397)	2.416

An in month deficit of £0.524m and a cumulative deficit of £2.416m is reported against income budgets. The main adverse variances to note are:

- £1.130m adverse variance on NHS patient related income where the position has deteriorated in month. The cumulative under-recovery is due to underperformance against orthopaedics and a reduction of flows to the haematology and urology services further to an increase in capacity in neighbouring health boards. The adverse in month position is primarily due to underperformance on LTAs and a reduction in the level and complexity of services provided to English residents in February.
- £0.629m adverse variance on other operating income due to underperformance against critical care, PICU and NICU activity targets. This in month deficit is due to reduced activity in PICU & NICU.
- £0.351m adverse variance against the Injury Cost Recovery Scheme where the position deteriorated by £0.056m in month due to the withdrawal of cash previously receipted from the CRU.

LTA Provider Performance

The UHB receives circa £270m income from its contracts with WHSSC and LHBs, in addition to 'non-LTA' income for IPFRs/SLAs and English income. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

Income from LTAs and individual patient contracting moved adversely in month by £0.136m, bringing the cumulative adverse variance to £1.143m. The Month 11 reported position is summarised in Table 6. This is driven significantly by under delivery against contracts with LHBs of £1.622m, offset by a favourable income position on WHSSC and NHS England.

The Month 11 reported position continues to reflect the under-performance trend for Aneurin Bevan and an in-year adverse movement on Cwm Taf. The latter is driven by recruitment into vacancies in Cwm Taf, reducing flows into Cardiff; most notably in Haematology and Urology. A key issue driving LHB positions is the low performance on 'out of area' orthopaedic services, particularly spinal work.

The favourable WHSSC position continues to reflect a benefit that has started to accrue from the contingency for LTA risks, which is crystallising as no longer required. However, most WHSSC contract performance is reflected directly in Clinical Board positions linked to activity delivery. The LTA position continues to materially over perform against baseline.

There has been a non-Welsh income adverse movement in month of £0.077m, due to reduced English inpatient volume and case mix, bringing the cumulative variance to £0.078m favourable.

Table 6: Month 11 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(218.640)	(201.876)	(202.277)	(0.402)
Aneurin Bevan	(29.369)	(26.963)	(26.035)	0.929
Other LHBs	(38.589)	(35.157)	(34.464)	0.694
Non-Welsh	(3.593)	(3.660)	(3.737)	(0.078)
	(290.192)	(267.656)	(266.513)	1.143

Pay

In total pay budgets are showing a cumulative underspend of £1.976m as reported in Table 7.

Table 7: Analysis of fixed and variable pay costs

	2017/18 Total Spend £m	2017/18 Month 1 to Month 10 £m	2018/19 Month 1 to Month 10 £m	2017/18 Month 11 £m	2018/19 Month 11 £m	2017/18 Cum. to Month 11 £m	2018/19 Cum. to Month 11 £m
Basic	515.377	425.825	440.937	43.245	44.189	469.070	485.126
Enhancements	24.533	19.822	21.218	2.679	1.972	22.501	23.190
Maternity	4.088	3.443	3.397	0.299	1.054	3.742	4.451
Protection	0.676	0.567	0.521	0.052	0.045	0.619	0.565
Total Fixed Pay	544.674	449.657	466.072	46.275	47.260	495.932	513.333
Agency (mainly registered Nursing)	8.767	6.683	8.932	0.978	1.202	7.661	10.134
Nursing Bank (mainly Nursing)	14.439	11.677	10.781	1.301	1.156	12.978	11.937
Internal locum (Medical & Dental)	4.306	3.523	4.223	0.384	0.144	3.907	4.367
External locum (Medical & Dental)	7.118	5.768	5.868	0.585	0.749	6.353	6.617
On Call	2.224	1.774	2.000	0.260	0.247	2.033	2.248
Overtime	5.758	4.472	5.156	0.466	0.592	4.938	5.748
WLL's & extra sessions (Medical)	5.111	3.599	5.344	0.550	0.571	4.149	5.915
Total Variable Pay	47.722	37.495	42.305	4.523	4.661	42.018	46.965
Total Pay	592.396	487.152	508.377	50.798	51.921	537.950	560.298
Pay Budget	594.938	489.288	509.742	51.014	52.532	540.303	562.274
Budget Variance (Fav)/Adv £m	(2.541)	(2.136)	(1.365)	(0.216)	(0.611)	(2.352)	(1.976)

The 2018/19 pay levels reflect the additional cost of the 2018/19 annual pay award. The UHB set aside a reserve to cover the initial 1% planning assumption and the cost of the additional wage award is covered by Welsh Government funding which was allocated to the UHB in November 2018.

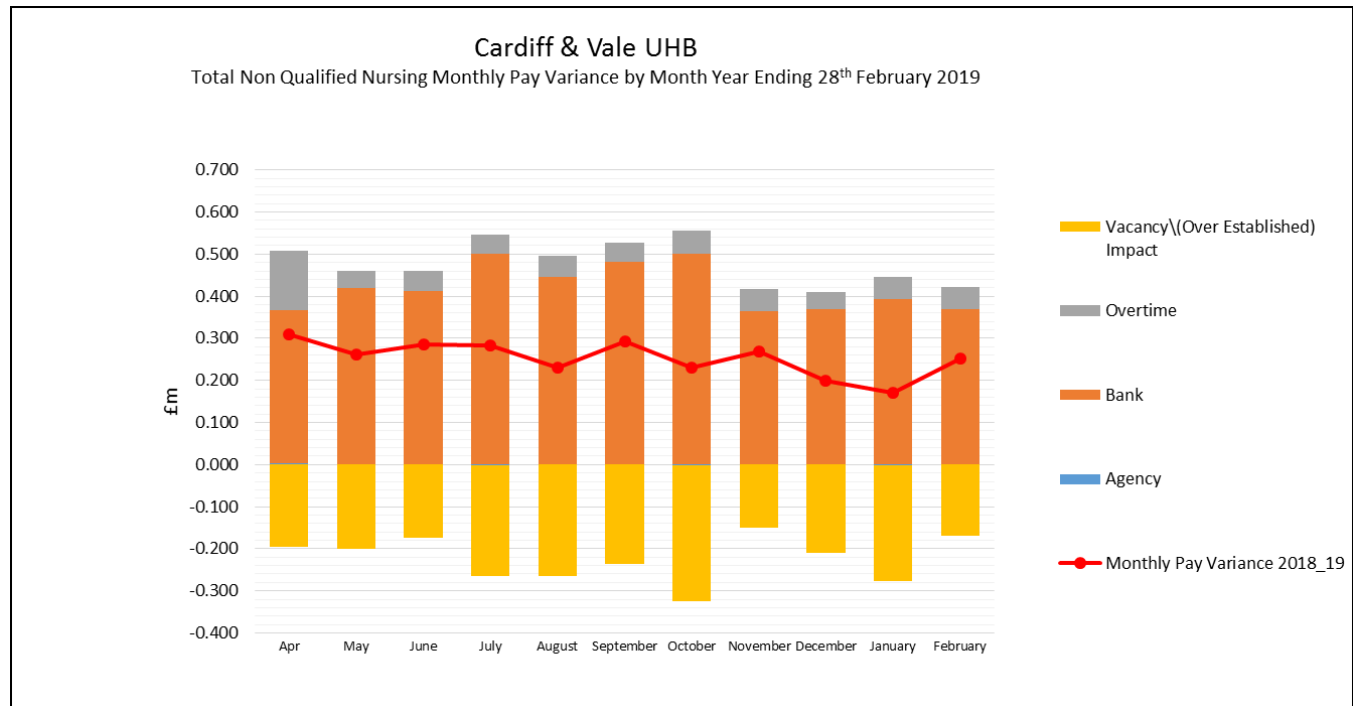
An analysis of pay expenditure by staff group is shown in Table 8.

Table 8: Analysis of pay expenditure by staff group @ February 2019

Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.077	2.037	(0.039)	22.242	21.532	(0.711)
Management, admin & clerical	6.274	6.184	(0.090)	65.554	64.719	(0.835)
Medical and Dental	13.559	13.307	(0.252)	144.393	144.531	0.138
Nursing (registered)	15.666	15.396	(0.270)	168.696	167.552	(1.143)
Nursing (unregistered)	4.117	4.370	0.252	45.143	47.926	2.783
Other staff groups	7.884	7.769	(0.116)	84.155	83.186	(0.969)
Scientific, prof & technical	2.955	2.858	(0.097)	32.091	30.852	(1.239)
Total £m	52.532	51.921	(0.611)	562.274	560.298	(1.976)

Total pay budgets improved by £0.611m in month to an underspend for the year to date of £1.976m in part due to confirmation of additional funding to cover pay costs.

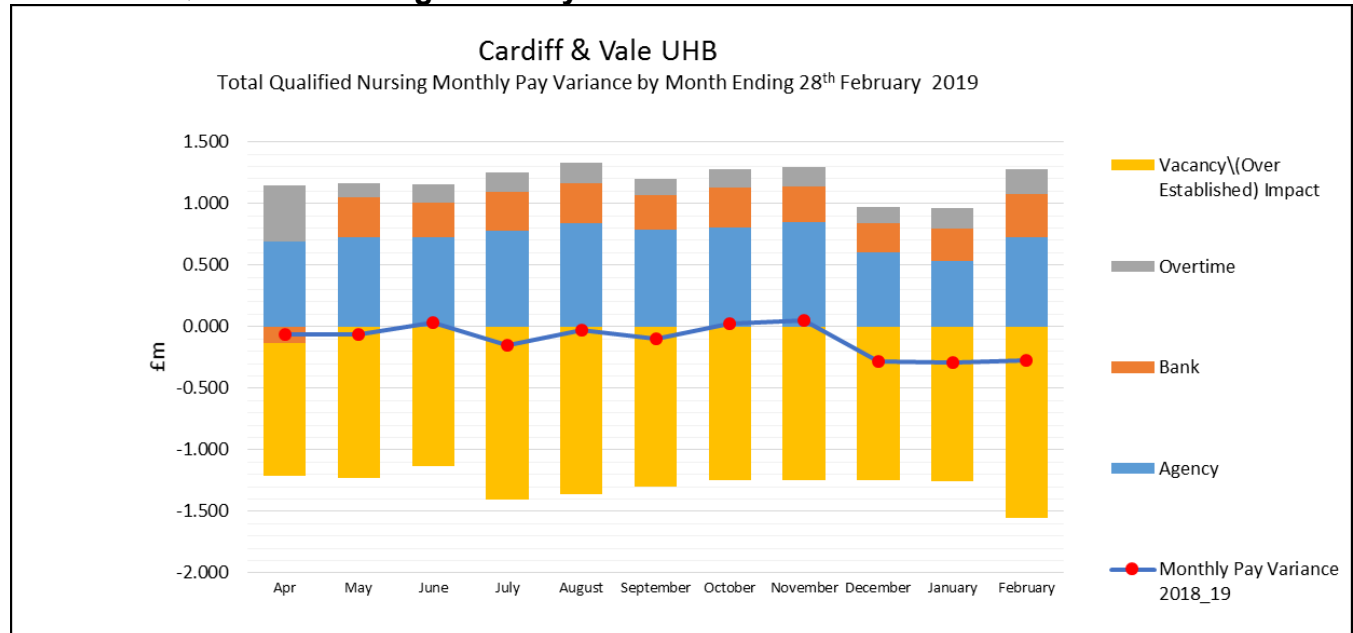
Table 9 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.001	0.003
Bank	0.368	4.618
Overtime	0.052	0.620
Adverse Impact	0.421	5.241
Vacancy\ (Over Established) Impact	(0.169)	(2.458)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.252	2.783

Table 9 indicates that the £2.783m adverse variance against non-qualified nursing assistants is due to overspends of £4.618m on bank staff and £0.620m on overtime which is partly offset by an underspend against established posts.

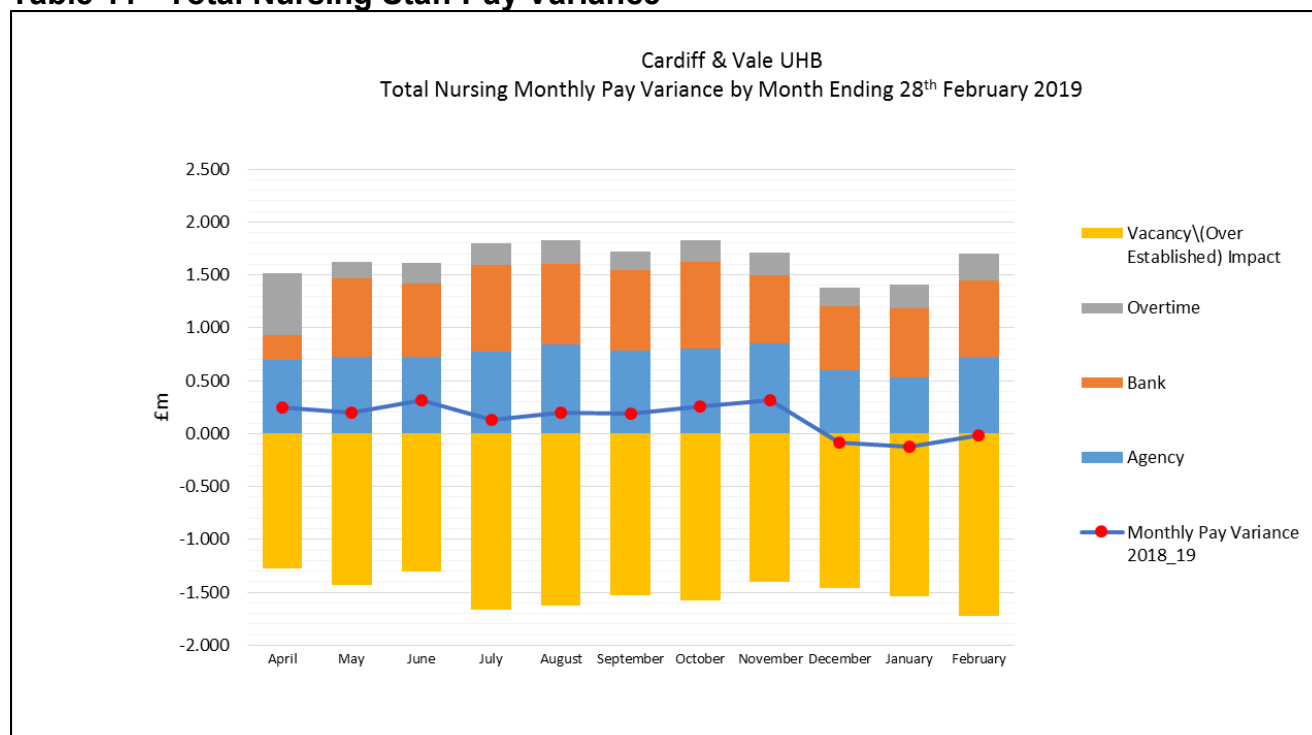
Table 10 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.729	8.065
Bank	0.352	2.848
Overtime	0.200	1.996
Adverse Impact	1.281	12.909
Vacancy\ (Over Established) Impact	(1.550)	(14.052)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.270)	(1.143)

Table 10 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing. The significant in month underspend is due to seasonal reductions in expenditure.

Table 11 - Total Nursing Staff Pay Variance

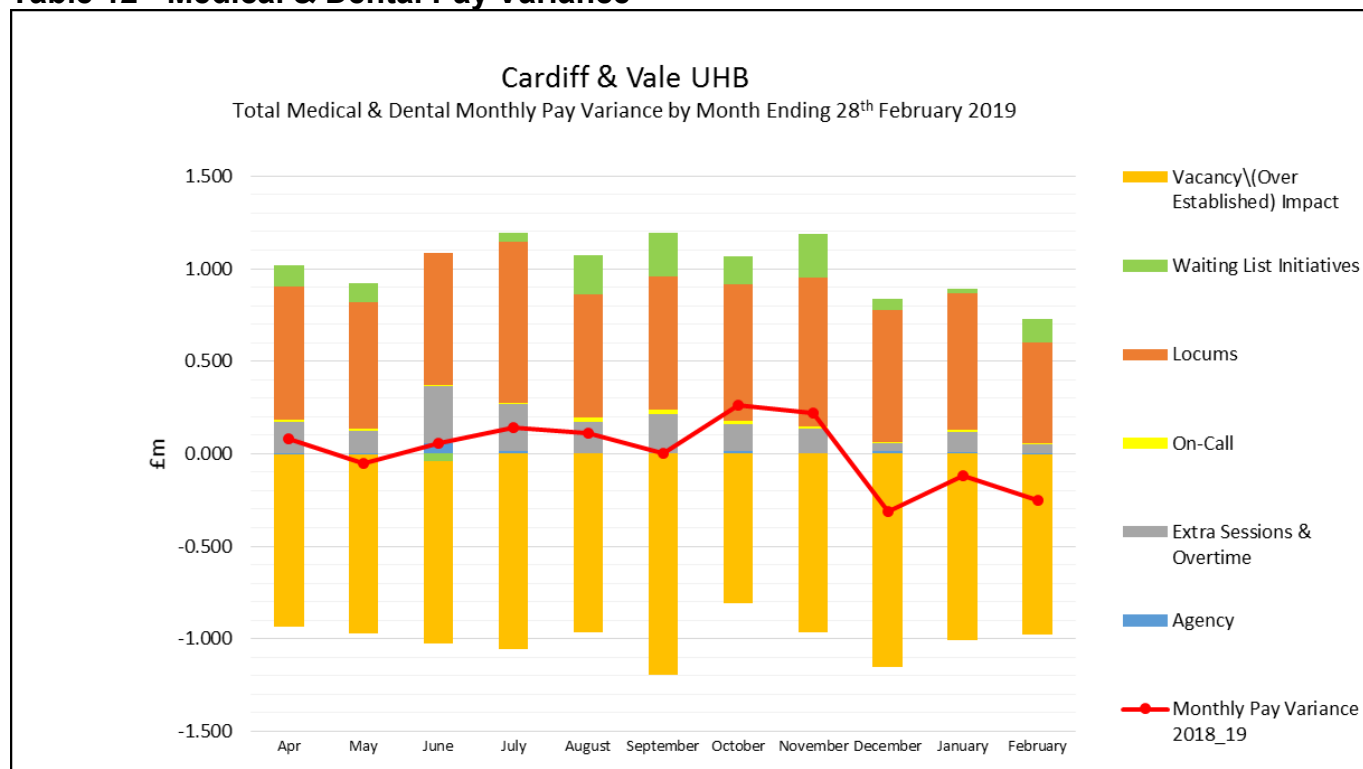


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.729	8.068
Bank	0.720	7.465
Overtime	0.252	2.616
Adverse Impact	1.702	18.150
Vacancy\ (Over Established) Impact	(1.719)	(16.510)
Total Pay Variance - (Fav)/Adv £m	(0.017)	1.640

Table 11 identifies expenditure against substantive nursing posts for the year to date which is £1.640m more than budget. The £16.510m surplus against established posts is offset by a £18.150m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2018/19.

Table 12 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.138m at month 11.

Table 12 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.004)	0.098
Extra Sessions & Overtime	0.049	1.724
On-Call	0.007	0.129
Locums	0.542	7.913
Waiting List Initiatives	0.127	1.285
Adverse Impact	0.722	11.148
Vacancy\ (Over Established) Impact	(0.974)	(11.010)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.252)	0.138

The key areas of concern are a £0.070m in month overspend and a £1.007m cumulative overspend within the Women and Children Clinical Board and a cumulative £0.361m overspend in the CD&T Clinical Board following a £0.056m in month underspend.

Non Pay

Table 13 highlights an in month overspend of £0.072m and a £0.723m cumulative underspend against non pay budgets.

The key pressure area is in clinical services and supplies where there was an in month deterioration of £0.798m and the cumulative overspend for the first 11 months of the year is now £2.421m. A large part of the in month variance was due to expenditure within Laboratories and

Radiology which was in turn linked to increased activity along with an increase in spend in ALAS.

The in month improvement in commissioned services follows final agreement on Interventional Neuro Radiology (INR) costs and a number of successful Non Contracted Activity challenges.

Table 13: Non Pay Variance @ February 2019

Non Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	8.177	8.975	0.798	90.005	92.426	2.421
Commissioned Services	14.717	14.545	(0.172)	154.512	154.050	(0.462)
Continuing healthcare	5.074	5.074	(0.000)	57.465	58.193	0.728
Drugs / Prescribing	12.164	12.155	(0.009)	140.036	139.132	(0.904)
Establishment expenses	1.212	1.141	(0.071)	10.309	10.583	0.274
General supplies & services	0.775	0.797	0.022	7.681	8.009	0.328
Other non pay	6.104	5.434	(0.670)	53.016	50.128	(2.887)
Premises & fixed plant	4.575	4.740	0.165	31.342	31.424	0.082
Primary Care Contractors	13.721	13.730	0.009	153.249	152.947	(0.302)
Total £m	66.520	66.592	0.072	697.615	696.891	(0.723)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 11 variance of £0.827m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

- Underperformance on Velindre drugs is offset against IPFR spend and over performance on activity, overall there is a favourable variance of £0.466m to month 11 for Velindre.
- Continued under performance on the ABMU and Cwm Taf LTAs.
- The WHSSC position which has moved favourably in-month due to a slight reduction on the C&V provider position in specialities where the UHB is a higher risk share, alongside IPFR and slippage on investments. The position continues to provide for the financial risk of ongoing negotiations between WHSSC and NHSE over the impact of HRGv4+, 50% of this provision has been released into the position.
- There is an improvement in month 11 on the UHB's expenditure for non-contracted activity. This is due to the release of the settlement with North Bristol Trust on INR outsourcing for 2017/18, compared to provisions made last year, £0.400m non-recurrent benefit is anticipated by year-end. The underlying NCA position continues to grow, partly driven by Panel approved referrals to England for services not available locally.

Table 14: Month 11 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	119.617	109.823	109.838	0.015
Velindre	16.406	15.075	14.608	(0.467)
LHBs	22.878	20.970	20.524	(0.446)
Other / NCAs	1.970	1.729	1.799	0.070
	160.871	147.597	146.770	(0.827)

The overall position on commissioned services is worse than the LTA position mainly due to out of area placements in Mental Health and Primary Care which whilst they were relatively flat in the month have a year to date adverse variance of £0.3m.

Financial Performance of Clinical Boards

Budgets are set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the eleven months to 28th February 2019 by Clinical Board is shown in Table 15.

Table 15: Financial Performance for the period ended 28th February 2019

Clinical Board	M10 Budget Variance £m	M11 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.861	1.060	0.199	1.06%
Children & Women	1.550	1.685	0.135	1.78%
Capital Estates & Facilities	0.070	0.067	(0.003)	0.11%
Dental	0.432	0.470	0.038	2.55%
Executives	(0.578)	(0.602)	(0.023)	(1.66%)
Medicine	1.571	1.806	0.235	1.68%
Mental Health	0.125	0.001	(0.124)	0.00%
PCIC	(1.048)	(1.406)	(0.358)	(0.46%)
Specialist	(0.683)	(0.531)	0.152	(0.35%)
Surgery	1.197	1.158	(0.040)	0.96%
Central Budgets	(3.765)	(3.991)	(0.226)	(2.18%)
SubTotal	(0.268)	(0.283)	(0.015)	(0.02%)
Planned Deficit	8.250	9.075	0.825	0.73%
Total	7.982	8.792	0.810	0.70%

In month and cumulative overspends were reported by 4 Clinical Boards in February. The largest in month overspend was in Medicine where the majority of the overspend was due to nursing pay. Expenditure within Laboratories and Radiology linked to demand was the main pressure in CD & T and the overspend in the Specialist Clinical Board was due to pressures in

clinical services and supplies. Pressures against activity related income and medical staff were again reported in the Women and Children Clinical Board.

Performance against Clinical Board Budget Forecasts

All budget holders undertook a detailed financial forecast position profiled for the remainder of the year after month 5. Overall Clinical Board financial performance at the end of month 11 was some £1m lower than the forecast profile as shown in Table 16.

Table 16: Budget Holder Financial Forecasts & Performance

Clinical Board	Year End Forecast (Surplus)/ Deficit Variance £m	M11 Forecast Profile (Surplus)/ Deficit Variance £m	M11 Actual Position (Surplus)/ Deficit Variance £m	Variance to Forecast Profile £m
Clinical Diagnostics & Therapies	1.124	1.000	1.060	0.060
Children & Women	1.654	1.672	1.685	0.013
Capital Estates & Facilities	(0.011)	0.195	0.067	(0.128)
Dental	0.600	0.521	0.470	(0.051)
Executives	(0.003)	(0.091)	(0.602)	(0.511)
Medicine	0.759	0.849	1.806	0.957
Mental Health	0.798	0.800	0.001	(0.799)
PCIC	(1.353)	(1.078)	(1.406)	(0.328)
Specialist	(0.010)	0.010	(0.531)	(0.541)
Surgery	0.967	1.074	1.158	0.084
Central Budgets	(4.525)	(3.991)	(3.991)	0.000
SubTotal	(0.000)	0.961	(0.283)	(1.244)
Planned Deficit	9.900	9.075	9.075	0.000
Total	9.900	10.036	8.792	(1.244)

The UHB has sufficient non recurrent opportunities to bridge the projected overspend in delegated budgets and therefore the forecast deficit of £9.9m remains intact. The favourable variance to profile provides additional assurance that the UHB will achieve its year end forecast position of a £9.9m deficit.

Savings Programme

The UHB has agreed a 3% recurrent savings target of £25.3m and a further 1% non-recurrent savings targets of £8.4m for delegated budget holders.

At month 11 the UHB has fully identified schemes to deliver against the £33.780m savings target as summarised in Table 17. This includes income generation schemes of £2.812m and accounting gains of £3.388m. The latest position is shown in **Appendix 1**.

For the 11 months to the end of February the UHB had fully achieved its profiled savings target (including income generation schemes & non recurrent accounting gains) of £29.442m in part

due to identification of non recurrent corporate opportunities to cover the shortfall against delegated savings targets.

Table 17: Progress against the 2018/19 Savings Programme at Month 11

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	33.780	33.780	0.000

In addition the UHB has a fully established £9.266m financial improvement plan.

Underlying Financial Position

A key risk to the UHB is its c/f deficit from 2018/19 into 2019/20. The recurrent underlying deficit in 2017/18 b/f into 2018/19 was £49.0m. Successful delivery of the 2018/19 plan would reduce this to £36.3m by the year end. This is shown in Table 18.

Table 18: Summary of Underlying Financial Position

	2018/19 Plan £m	Forecast Position @ Month 9	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	49.000	0.000	49.000
Income	(33.958)	14.000	(19.958)
Cost pressures less mitigating actions	37.904		37.904
Less CIPs (includes £3.517m income generation & NR technical opportunities)	(33.780)	8.445	(25.335)
Unallocated Reserves (Positive Value)	(3.545)	0.995	(2.550)
Other mitigating actions required to deliver the financial improvement target	(5.721)	5.721	0.000
Reduction in recurrent baseline costs confirmed in November 2018 (WEQAS & biosimilar drugs)			(2.800)
Deficit £m	9.900	29.161	36.261

Key points to note in the forecast underlying position are:

- The UHB has received £4m non recurrent income from Welsh Government in recognition of 2017/18 financial performance;
- Welsh Government confirmed an additional £10m of non-recurrent Annual Operating Plan funding in July 2018.
- The 1% non-recurrent savings target included in the plan of £8.445m;

- Of the £9.266m Financial Improvement Target £2.550m has been identified recurrently through reserves for the Welsh Risk Pool (£0.550m) and curtailing spend on investments (£2.000m) and £0.995m non recurrently through curtailing investments (£0.700m) and cost pressure funding (£0.295m). An additional £5.721m non recurrent opportunities have been identified to fully deliver the financial improvement target.
- The reduction in recurrent baseline costs includes an additional £1m of cost savings that are expected to arise from the reduction the cost of biosimilar drugs in 2019/20 and a £1.8m reduction in UHB liabilities arising from a planned capital purchased for WEQAS.

The UHB has submitted a 2019/20-2021/22 Integrated Medium Term Plan (IMTP) to Welsh Government which contains a balanced financial plan. This includes measures to recurrently address the UHBs underlying deficit.

Balance Sheet

The balance sheet at month 11 is detailed in **Appendix 2**.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the fact that the spend on capital projects incurred to date and the upward valuation of Land and Buildings due to indexation exceed depreciation and impairment charges incurred in the year.

Overall trade debtors have fallen by £19.2m (8.6%) since the start of the year primarily due to a reduction in amounts due from the Welsh Risk Pool in respect of clinical negligence cases.

The value of Trade and other payables has fallen by around £23.6m since the start of the year due to a reduction in capital creditors and the cash settlement of clinical negligence claims and year end commissioner risk sharing liabilities with WHSCC and other LHB's.

Cash Flow Forecast

The cash flow projection is shown in **Appendix 3** with a forecast year end cash balance of £1.9m.

Amounts shown on the sale of assets line reflect the full value of anticipated in year sale proceeds. The UHB expects to reinvest £0.3m of these receipts in the purchase of property, plant & equipment.

Since the approval of the UHB request for capital working balances support in month 7 the UHBs approved CRL and expected additional allocations has increased by circa £15m which in turn has eased the pressure on the UHBs capital cash. As a consequence the UHB does not intend to draw down £3.930m of its approved capital drawing limit as at 7th March 2019, nor any cash in respect of any further allocations approved in Capital Resource Letters issued in the remainder of the year. It is the UHBs understanding that Welsh Government will amend the UHBs final CRL to show this as undrawn working balances cash (as opposed to undrawn capital resource).

Public Sector Payment Compliance

The UHB's cumulative performance fell from 95.3% at the end of January to 95.2% to the end of February with an in-month compliance rate of 93.8%.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of February 2019 is summarised in Table 19 and is detailed in **Appendix 4**.

Table 19: Progress against Capital Resource Limit @ February 2019

	£m
Planned Capital Expenditure at month 11	33.083
Actual net expenditure against CRL at month 11	30.273
Variance against planned Capital Expenditure at month 11	(2.810)

Year-end expenditure is expected to recover and remain within the Capital Resource Limit. Planned spends for the year reflect the latest CRL received from Welsh Government dated 7th March 2019.

In February the UHB received an additional £3.600m for Medical Equipment, £0.320m re Eye Care Sustainability and £0.010m re the ETTF National Mobilisation Project.

Financial Risks

The UHB's forecast year end position is a £9.900m deficit and the UHB is confident that this will be achieved by year end.

Key Concerns and Recovery Actions

At month 11, the key concern is set out below:

1. Concern - Managing down the underlying deficit.

Action – The underlying deficit has fallen by £12.8m since the start of the year. The UHB has submitted a 2019/20-2021/22 Integrated Medium Term Plan (IMTP) to Welsh Government for their consideration and approval, which includes a balanced financial plan and measures to recurrently address the UHBs underlying deficit. This is dependent on the delivery of a 3.8% savings target.

ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 11 position which is in lower than with the profiled deficit within the Annual Operational Plan.

RECOMMENDATION

The Local Partnership Forum Committee is asked to:

- **NOTE** that the UHB has an accepted one year operational plan that has a planned deficit of £9.900m for the year;
- **NOTE** the £8.792m deficit at month 11 which includes a planning deficit of £9.075m and budget underspends of £0.283m;
- **NOTE** the key concern and action being taken to manage risks.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	x
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.							

Month 11 In-Year Effect

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall Performance Review Month 11
	£'000	£'000	£745	£'000	£'000	£'000
Children & Women	3,550	2,508	745	3,253	569	297
Medicine	3,754	3,487	513	4,000	584	-246
CD&T	3,442	2,655	853	3,509	941	-67
Surgery	4,714	4,163	439	4,602	1,398	113
Dental	800	233	0	233	84	567
Mental Health	2,940	2,870	70	2,940	20	0
Capital Estates and Facilities	2,580	1,822	758	2,580	133	0
PCIC	6,600	6,952	122	7,074	150	-474
Corporate Execs	1,362	1,128	23	1,151	457	211
Specialist Services	4,038	3,712	396	4,108	618	-70
Total	33,780	29,530	3,918	33,448	4,954	332

2018-19 Full Year Effect

Clinical Board	18-19 Target	Identified Green	Clinical Board - Amber	Total Green & Amber	Pipeline Red	Shortfall Performance Review Month 10
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	4,950	5,666	122	5,788	424	-838
Specialist Services	3,029	2,418	612	3,030	828	-1
CD&T	2,582	1,072	1,621	2,694	1,036	-112
Mental Health	2,205	1,812	30	1,842	20	363
Medicine	2,816	3,660	93	3,753	830	-937
Capital Estates and Facilities	1,935	864	1,145	2,009	380	-74
Surgery	3,535	3,054	492	3,545	2,674	-10
Children & Women	2,663	1,632	920	2,552	774	110
Corporate Execs	1,022	532	13	545	491	477
Dental	600	94	0	94	110	506
Total	25,335	20,804	5,048	25,852	7,567	-518

BALANCE SHEET AS AT 31st FEBRUARY 2019

	Opening Balance 1 st April 2018	Closing Balance 28 th February 2019
Non-Current Assets	£'000	£'000
Property, plant and equipment	657,424	668,172
Intangible assets	2,245	1,740
Trade and other receivables	57,469	31,821
Other financial assets		
Non-Current Assets sub total	717,138	701,733
Current Assets		
Inventories	15,697	16,187
Trade and other receivables	166,189	172,642
Other financial assets	0	0
Cash and cash equivalents	1,856	4,113
Non-current assets classified as held for sale	0	206
Current Assets sub total	183,742	193,148
TOTAL ASSETS	900,880	894,881
Current Liabilities		
Trade and other payables	180,290	157,217
Other financial liabilities	0	0
Provisions	120,512	131,139
Current Liabilities sub total	300,802	288,356
NET ASSETS LESS CURRENT LIABILITIES	600,078	606,525
Non-Current Liabilities		
Trade and other payables	9,635	9,110
Other financial liabilities	0	0
Provisions	60,471	29,038
Non-Current Liabilities sub total	70,106	38,148
TOTAL ASSETS EMPLOYED	529,972	568,377
FINANCED BY:		
Taxpayers' Equity		
General Fund	417,207	451,440
Revaluation Reserve	112,765	116,937
Total Taxpayers' Equity	529,972	568,377

Appendix 3

CASH FLOW FORECAST AS AT 28th FEBRUARY 2019

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	86,045	81,620	90,750	61,720	82,480	62,180	70,755	83,707	79,653	68,475	72,830	76,021	916,236
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,590	1,380	1,540	1,650	1,450	1,760	1,480	1,695	1,815	1,500	1,918	19,378
WG Revenue Funding - Other (e.g. invoices)	3,850	3,165	2,366	2,378	2,618	2,391	1,255	1,503	1,255	1,255	4,352	4,587	30,975
WG Capital Funding - Cash Limit	8,000	6,000	1,500	1,600	7,200	4,300	1,930	2,378	2,747	3,000	3,000	14,192	55,847
Sale of Assets	0	0	0	170	0	0	0	0	0	0	0	120	290
Income from other Welsh NHS Organisations	32,230	31,149	46,893	34,472	39,938	29,879	37,489	45,120	34,533	33,472	39,464	44,588	449,227
Other - (Specify in narrative)	8,139	5,359	5,198	14,605	8,136	6,049	14,735	9,650	7,569	13,098	5,843	8,871	107,252
TOTAL RECEIPTS	139,864	128,883	148,087	116,485	142,022	106,249	127,924	143,838	127,452	121,115	126,989	150,297	1,579,205
PAYMENTS													
Primary Care Services : General Medical Services	5,267	4,164	8,167	4,908	4,063	6,324	4,345	4,184	6,855	5,676	4,305	6,325	64,583
Primary Care Services : Pharmacy Services	134	135	123	106	128	131	134	123	267	497	462	266	2,506
Primary Care Services : Prescribed Drugs & Appliances	7,008	7,632	15,311	3	15,555	3	7,339	15,141	7,635	3	7,373	7,968	90,971
Primary Care Services : General Dental Services	1,755	1,800	1,766	1,974	1,684	1,828	1,894	1,651	1,681	2,324	1,918	1,845	22,120
Non Cash Limited Payments	1,958	2,086	2,111	2,093	2,040	2,215	2,079	2,043	2,262	2,041	2,149	2,032	25,109
Salaries and Wages	47,471	47,804	47,732	47,215	47,922	47,429	47,642	51,990	52,780	49,861	49,455	49,762	587,063
Non Pay Expenditure	54,604	51,324	57,727	54,191	44,288	43,936	53,164	50,695	42,795	53,630	49,053	59,345	614,752
Capital Payment	12,496	1,679	1,935	2,308	6,758	2,324	2,290	3,351	2,560	2,701	3,132	14,601	56,135
Other items (Specify in narrative)	8,721	8,960	17,124	3,343	15,476	3,933	8,996	15,181	10,602	4,055	9,166	10,409	115,966
TOTAL PAYMENTS	139,414	125,584	151,996	116,141	137,914	108,123	127,883	144,359	127,437	120,788	127,013	152,553	1,579,205
Net cash inflow/outflow	450	3,299	(3,909)	344	4,108	(1,874)	41	(521)	15	327	(24)	(2,256)	
Balance b/f	1,856	2,306	5,605	1,696	2,040	6,148	4,274	4,315	3,794	3,809	4,136	4,112	
Balance c/f	2,306	5,605	1,696	2,040	6,148	4,274	4,315	3,794	3,809	4,136	4,112	1,866	

Appendix 4

PROGRESS AGAINST CRL AS AT 28th FEBRUARY 2019

Approved CRL issued March 7 th 2019 £'000s			46,727			
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Relocation of the Central Processing Unit	0	0	0	0	0	0
Neonatal BJC 2	13,098	10,559	(2,539)	13,990	13,990	0
CRI Safeguarding	548	474	(74)	548	474	(74)
Rookwood Emergency Works	499	122	(377)	499	299	(200)
Anti Ligature Works	100	163	63	100	163	63
UHW Interventional Radiology Suite	500	1,068	568	500	1,069	569
Acceleration and implementation of National Clinical Systems	128	64	(64)	597	597	0
Reurbishment of the Renal Facilities at UHW	1,016	933	(83)	1,197	1,149	(48)
Purchase of Woodland House	2,950	3,996	1,046	2,950	3,996	1,046
Rookwood Replacement	3,051	2,089	(962)	4,420	3,220	(1,200)
ETTF Funding re BEST Software for ALAC	10	21	11	21	21	0
UHL Theatres	100	71	(29)	1,000	500	(500)
IM&T Discretionary	100	0	(100)	1,786	1,786	0
Digital Cellular Path	124	125	1	124	125	1
Renal IM&T	0	0	0	17	17	0
Microbiology Labs Works	0	0	0	160	160	0
Additional Medical Equipment	0	0	0	3,600	3,600	0
ETTF- National Mobilisation Project	0	0	0	10	10	0
Eye Care Sustainability	0	0	0	320	320	0
Sub Total	22,224	19,685	(2,539)	31,839	31,496	(343)
Discretionary:						
I.T.	598	709	111	904	904	0
Equipment	702	507	(195)	1,933	1,933	0
Statutory Compliance	1,747	1,498	(249)	2,022	2,022	0
Estates	8,462	8,524	62	10,990	11,333	343
Sub Total	11,509	11,238	(271)	15,849	16,192	343
Donations:						
Charitable Funds Equipment	480	480	0	675	675	0
Sub Total	480	480	0	675	675	0
Asset Disposals:						
Carbon Reduction Emissions Surrendered	170	170	0	170	170	0
Amy Evans	0	0	0	0	0	0
Colcott Clinic	0	0	0	116	116	0
Iorweth Jones	0	0	0	0	0	0
Sub Total	170	170	0	286	286	0
CHARGE AGAINST CRL	33,083	30,273	(2,810)	46,727	46,727	0
PERFORMANCE AGAINST CRL (Under)/Over £'000s		(16,454)			0	

Workforce Key Performance Indicators January 2019

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	Performance vs Target & Comparison with Previous Month	2018-19 target	Notes
1. Sickness Absence Rate	5.07%	5.11%	5.86%	↑ 0.08%	4.60%	YTD is cumulative rate from April to date
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	5.05%	6.08%	↑ 0.12%	4.20%	All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%	42.38%	42.38%	↑ 2.93%	85.00%	Compliance - a recorded job plan in ESR with a review having taken place within the last 12 months.
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.60%	6.60%	↑ 0.24%	6.34%	Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	-0.27%	-1.10%	↓ 0.05%	Underspend	YTD is April-18 to current month, value shown is the amount of over/underspend as a % of budget
5. Variable Pay Rate	8.06%	8.32%	8.08%	↓ 0.03%	No target	YTD is April-18 to current month, value shown is variable pay as a % of pay bill
6. Establishment (Budget) WTE	13554.74		13839.84	↑ 27.78 WTE	No target	
7. Actual (Contracted) WTE	12738.43		12939.37	↑ 32.40 WTE	No target	
8. Fire Safety Mandatory Training Rate	65.32%	66.65%	66.65%	↑ 0.26%	85.00%	YTD is 12-month cumulative rate
9. PADR Rate	57.19%	56.36%	56.36%	↓ 0.71%	85.00%	YTD is 12-month cumulative rate

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> Nurse Recruitment: The January 2019 nurse vacancy rate at Band 5 was 15.95% (313 vacancies), up by 5.25% from January 2018. Turnover has risen by 0.63% over the same period to 12.22%. There has been a net decrease of 64 wte fewer in post, and 108 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. PADR: A PADR survey has been developed and circulated with a deadline of 8th February to complete. The aim of the survey is to understand and explore the reasons for low compliance, and will help to inform changes to the process and documentation. 	<ul style="list-style-type: none"> MH: Rebecca Marsh, Asst Head of Workforce and OD to join Mental Health Clinical Board on 18 February 2019 MH: Martin Harper appointed as the Service Lead for the Primary Care Liaison Service (MH practitioners working in GP Practices following a successful pilot – improving patient access and moving services closer to home) MH: At the recent recruitment event 3 Band 5 nurses were offered posts. MH: The student streamlining goes live by 1st March 2019 PCIC: Moved to Woodland House on 21 January 2019. Some settling in issues are being worked through and will hopefully be resolved regarding IT, travel etc

- **Medical Recruitment:** As at end of January 2019 there are 23.00 WTE hard-to-fill vacancies 5 WTE of which are consultant posts. This represents 1.63% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts.
- **Statutory and Mandatory Training:** Mandatory May classroom training dates have been organised and will be advertised next month. Phase 2 of uploading the Training Needs Analysis (TNA) into ESR for mandatory training (levels 2 and 3) has commenced, which will mean staff will have a complete record of mandatory training compliance requirements at all levels. Monitoring processes are being put in place to ensure staff are being invited to Corporate Induction as close to their hire date as possible and that the mandatory training modules are being completed within 2 months.
- **Staff Engagement:** The results of the national and local surveys are available and results included in the Clinical Board engagement plans.
- A task and finish group, which includes a selection of self nominated staff throughout the UHB, has met twice; this group is chaired by the Executive Director of Workforce and OD. The key themes have been identified and the group have used an ease/impact matrix to consider what priority actions will be given. Outside the meeting a small group will look at how best to achieve these. There will be one more meeting scheduled.
- **Employee Wellbeing:** 62 people self-referred to EWS in January. 43 people attended a 1st appointment, 11 people were then discharged, having been signposted to a range of interventions. A total of 130 appointments were attended. Anxiety and Stress were the most common reason for referral.

- **PCIC:** Clare Evans appointed to the Head of Primary Care post and will commence on 4 March 2019
- **PCIC:** Nicola Marvelley, Asst Head of Workforce and OD to move to Specialist Services Clinical Board and Rebecca Williams, from ABMU to take up post as AHWOD for PCIC both to commence 18 March 2019
- **PCIC: The Clinical Board** was represented at the Nursing Recruitment event on 26 January 2018 and 10 District Nurses were successfully recruited.

1. Sickness Rate (Year-to-Date Cumulative)

	WTE	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Corporate	688.04	2.59%	2.64%	2.69%	2.71%	3.78%	3.71%	3.71%	3.53%	3.34%	3.18%	3.17%	3.21%	3.18%	3.18%
CDT	2105.59	3.68%	3.87%	3.93%	3.96%	3.53%	3.56%	3.60%	3.60%	3.60%	3.55%	3.52%	3.49%	3.45%	3.49%
Dental	398.91	3.39%	3.50%	3.50%	3.54%	3.89%	4.44%	4.61%	4.80%	4.73%	4.53%	4.38%	4.27%	4.18%	4.12%
Children & Women	1739.45	4.30%	4.70%	4.77%	4.74%	3.98%	3.93%	3.99%	4.15%	4.31%	4.39%	4.48%	4.54%	4.62%	4.69%
Specialist Services	1697.40	4.12%	4.39%	4.49%	4.52%	5.05%	4.99%	4.79%	4.75%	4.79%	4.83%	4.95%	5.02%	5.01%	4.96%
Surgical Services	1753.55	4.42%	4.88%	4.94%	4.90%	4.63%	4.54%	4.58%	4.58%	4.63%	4.63%	4.67%	4.74%	4.84%	4.97%
PCIC	672.59	4.67%	5.24%	5.32%	5.19%	4.41%	4.87%	4.92%	5.26%	5.44%	5.52%	5.63%	5.83%	5.96%	6.08%
Mental Health	1230.41	6.09%	6.98%	6.97%	6.81%	5.06%	5.38%	5.75%	5.89%	5.91%	5.98%	6.04%	6.10%	6.18%	6.24%
Medicine	1586.61	5.16%	5.65%	5.74%	5.75%	5.16%	5.20%	5.37%	5.55%	5.72%	5.86%	6.01%	6.11%	6.22%	6.38%
Capital, Estates & Facilities	1066.82	7.05%	8.07%	7.98%	7.88%	5.89%	5.29%	5.26%	5.49%	5.80%	5.97%	6.31%	6.59%	6.89%	7.22%
uHB	12939.37	4.60%	5.05%	5.10%	5.07%	4.56%	4.56%	4.61%	4.70%	4.78%	4.81%	4.89%	4.96%	5.03%	5.11%

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

Note:

This new indicator shows the sickness absence rate calculated on a cumulative basis from April 1st, so the May rate is the sum of absence for April and May represented as a percentage of the sum of availability for April and May, and so on. This replicates the methodology utilised by Finance for reporting pay spend.

The RAG-rating for sickness for December 2017 to March 2018, as shown in each of the 3 matrices, are based on the 2017-18 sickness targets (overall 4.20%).

Sickness Rate (In-Month)

	WTE	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Corporate	688.04	2.59%	4.11%	3.51%	3.39%	3.78%	3.65%	3.70%	2.99%	2.60%	2.30%	3.12%	3.50%	3.00%	3.17%
Dental	398.91	3.39%	3.75%	3.69%	4.31%	3.89%	4.98%	4.95%	5.37%	4.42%	3.54%	3.55%	3.47%	3.53%	3.56%
CDT	2105.59	3.68%	4.47%	4.74%	4.39%	3.53%	3.59%	3.66%	3.61%	3.60%	3.31%	3.34%	3.24%	3.15%	3.90%
Specialist Services	1697.40	4.12%	5.81%	5.47%	4.77%	5.05%	4.93%	4.40%	4.62%	4.93%	5.04%	5.65%	5.54%	4.87%	4.61%
Children & Women	1739.45	4.30%	6.15%	5.54%	4.53%	3.98%	3.88%	4.11%	4.62%	4.95%	4.80%	4.95%	5.02%	5.20%	5.34%
Surgical Services	1753.55	4.42%	5.85%	5.69%	4.48%	4.63%	4.46%	4.65%	4.58%	4.83%	4.67%	4.91%	5.19%	5.69%	6.06%
Mental Health	1230.41	6.09%	7.56%	7.04%	5.45%	5.06%	5.69%	6.51%	6.28%	6.00%	6.36%	6.38%	6.53%	6.79%	6.78%
PCIC	672.59	4.67%	6.81%	6.38%	4.05%	4.41%	5.31%	5.02%	6.24%	6.17%	5.92%	6.24%	7.26%	7.00%	7.13%
Medicine	1586.61	5.16%	6.47%	6.60%	5.83%	5.16%	5.24%	5.73%	6.09%	6.38%	6.56%	6.89%	6.82%	7.11%	7.74%
Capital, Estates & Facilities	1066.82	7.05%	9.26%	7.03%	6.79%	5.89%	4.70%	5.22%	6.16%	7.00%	6.86%	8.31%	8.54%	9.31%	10.11%
uHB	12939.37	4.60%	6.08%	5.70%	4.88%	4.56%	4.56%	4.73%	4.95%	5.09%	5.00%	5.36%	5.47%	5.54%	5.86%

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

Sickness Rate (12- Month Cumulative)

	WTE	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Corporate	688.04	2.59%	2.55%	2.58%	2.71%	2.88%	3.01%	3.16%	3.21%	3.28%	3.28%	3.29%	3.29%	3.18%	3.23%
CDT	2105.59	3.68%	3.83%	3.86%	3.96%	4.09%	4.08%	4.08%	4.08%	4.05%	3.94%	3.90%	3.82%	3.74%	3.67%
Dental	398.91	3.39%	3.50%	3.49%	3.54%	3.77%	3.82%	3.90%	4.15%	4.16%	4.12%	4.10%	4.13%	4.09%	4.10%
Children & Women	1739.45	4.30%	4.66%	4.70%	4.74%	4.78%	4.79%	4.75%	4.74%	4.81%	4.85%	4.84%	4.83%	4.80%	4.75%
Surgical Services	1753.55	4.42%	4.93%	4.96%	4.90%	4.91%	4.94%	4.99%	5.02%	5.01%	4.95%	4.91%	4.90%	4.94%	4.98%
Specialist Services	1697.40	4.12%	4.40%	4.40%	4.52%	4.57%	4.69%	4.68%	4.72%	4.87%	4.89%	5.01%	5.10%	5.10%	4.99%
PCIC	672.59	4.67%	5.28%	5.38%	5.19%	5.18%	5.28%	5.39%	5.52%	5.55%	5.67%	5.68%	5.80%	5.86%	5.93%
Mental Health	1230.41	6.09%	6.84%	6.84%	6.81%	6.76%	6.66%	6.67%	6.65%	6.60%	6.59%	6.55%	6.41%	6.30%	6.23%
Medicine	1586.61	5.16%	5.53%	5.63%	5.75%	5.74%	5.79%	5.78%	5.78%	5.77%	5.82%	5.95%	6.09%	6.17%	6.35%
Capital, Estates & Facilities	1066.82	7.05%	7.99%	7.96%	7.88%	7.83%	7.61%	7.43%	7.25%	7.06%	7.06%	7.10%	7.06%	7.00%	7.17%
uHB	12939.37	4.60%	5.01%	5.04%	5.07%	5.11%	5.12%	5.12%	5.13%	5.14%	5.13%	5.15%	5.15%	5.13%	5.14%

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

3. Voluntary Resignation Turnover Rate (12-Month WTE, excluding junior medical staff)

	Average WTE	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Dental	342.66	6.34%	2.54%	2.38%	2.73%	3.10%	2.95%	3.12%	2.89%	4.18%	3.16%	2.79%	3.37%	2.97%	4.60%
Capital, Estates & Facilities	1073.18	6.34%	4.74%	4.37%	4.20%	4.07%	3.86%	4.23%	4.28%	4.65%	4.63%	4.35%	4.48%	3.96%	4.75%
Mental Health	1199.03	6.34%	5.62%	5.55%	5.72%	5.60%	5.18%	5.25%	5.15%	5.70%	5.21%	5.12%	5.47%	5.29%	5.21%
Specialist Services	1520.74	6.34%	6.46%	6.66%	6.96%	7.09%	6.92%	6.81%	6.81%	6.71%	6.41%	6.49%	6.37%	6.95%	6.25%
CDT	1573.91	6.34%	6.68%	7.04%	6.98%	7.40%	7.48%	7.01%	6.96%	7.41%	7.58%	7.53%	7.69%	7.50%	6.70%
Surgical Services	1435.59	6.34%	5.80%	5.62%	5.92%	5.99%	6.00%	6.32%	6.56%	6.44%	6.61%	6.37%	6.99%	6.09%	6.70%
Medicine	1449.01	6.34%	6.81%	6.91%	7.02%	6.79%	6.77%	6.42%	6.49%	6.67%	6.86%	6.62%	6.48%	6.85%	6.84%
Corporate	679.26	6.34%	7.13%	6.77%	6.51%	6.22%	5.90%	6.44%	7.04%	7.29%	7.43%	7.20%	7.55%	5.93%	7.11%
Children & Women	2033.13	6.34%	5.39%	5.29%	5.64%	5.72%	5.58%	6.01%	6.11%	6.93%	7.08%	6.62%	7.19%	5.72%	7.43%
PCIC	662.14	6.34%	9.99%	10.22%	10.37%	10.37%	10.63%	10.36%	10.23%	10.65%	9.43%	9.30%	10.01%	10.72%	9.94%
uHB	11968.65	6.34%	6.19%	6.20%	6.34%	6.38%	6.29%	6.31%	6.37%	6.69%	6.63%	6.44%	6.71%	6.36%	6.60%

Worse than March
2018 rate (6.34%)

Better than March
2018 rate (6.34%)

Note:

Voluntary Resignation Turnover represents the number of leavers in a 12-month period where the recorded reason for leaving is voluntary resignation, represented as a percentage of the average of the number of staff for the same 12-month period.

Turnover data in respect of junior medical staff in training has been excluded from these calculations. There are other areas (notably Dental) that are training centres where student turnover may skew the turnover rates.

6 & 7. uHB Staffing Position

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Change since March 18
Worked WTE	12977.01	12997.31	13035.00	13049.31	12991.99	12996.03	12797.28	12737.56	12905.15	12878.15	12996.81	13089.88	13009.35	12974.35	-74.96
Establishment WTE	13517.18	13474.49	13514.62	13554.74	13656.97	13834.54	13736.93	13731.17	13752.65	13786.49	13719.38	13774.31	13812.06	13839.84	285.10
Actual (Contracted) WTE	12830.08	12800.43	12789.43	12738.43	12774.81	12717.21	12685.27	12778.46	12687.47	12718.97	12838.32	12933.54	12906.97	12939.37	200.94

2. Job Plans Compliance - % Consultants and SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
PCIC	10	20.00%	70.00%	77.78%	100.00%	100.00%	88.89%	63.64%	66.67%	66.67%	61.54%	53.85%	90.91%	80.00%	80.00%	Under 75%
Children & Women	107	8.41%	57.41%	54.21%	53.27%	52.78%	50.91%	45.95%	39.66%	41.88%	38.14%	35.90%	36.13%	38.18%	59.81%	75% - 85%
Surgical Services	186	4.84%	23.94%	71.96%	71.28%	70.21%	70.05%	64.52%	63.98%	62.90%	59.57%	55.03%	54.50%	54.84%	54.30%	Over 85%
Dental	52	15.38%	79.63%	77.78%	74.07%	70.91%	72.22%	68.52%	67.27%	69.64%	53.45%	52.63%	50.88%	51.85%	51.92%	
Specialist Services	109	5.50%	33.63%	30.09%	32.74%	31.03%	42.31%	46.15%	47.12%	43.52%	41.82%	41.23%	40.35%	49.54%	47.71%	
Mental Health	45	20.00%	35.42%	28.57%	22.45%	18.37%	17.39%	17.78%	16.67%	11.76%	11.54%	11.54%	23.53%	25.00%	26.67%	
Medicine	107	13.08%	39.62%	44.23%	45.28%	42.86%	40.95%	42.45%	43.40%	34.26%	24.07%	20.56%	20.75%	18.27%	19.63%	
CDT	66	1.52%	31.75%	25.40%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%	9.09%	6.06%	
Capital, Estates & Facilities																
Corporate																
uHB	682	8.50%	39.71%	51.31%	50.80%	48.99%	50.15%	48.83%	46.68%	44.44%	39.47%	36.92%	37.73%	39.45%	42.38%	

Source - ESR

Note:

'Headcount' above shows the number of consultant and SAS doctors (both uHB contracted and honorary) by Clinical Board for the current reporting month. These are contractually required to have a job plan, which should be reviewed every 12 months. The '% with No Recorded Plan' shows the percentage (at the current month) of the Consultant and SAS doctors for whom no job plan has been recorded in ESR. The 12-month trend shows the percentage of consultant and SAS doctors for whom a record of the job plan having been signed off in the past 12 months has been recorded in ESR.

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
PCIC	8	12.50%	100.00%	100.00%	100.00%	100.00%	100.00%	75.00%	77.78%	77.78%	77.78%	66.67%	100.00%	87.50%	87.50%
Dental	19	0.00%	100.00%	95.24%	90.00%	85.00%	95.00%	90.00%	85.00%	85.71%	80.00%	76.19%	76.19%	71.43%	73.68%
Children & Women	98	7.14%	60.23%	55.06%	56.18%	52.81%	50.55%	46.15%	41.05%	43.75%	41.24%	39.80%	39.60%	41.18%	65.31%
Surgical Services	184	3.80%	24.31%	74.18%	73.48%	72.38%	72.22%	66.85%	66.29%	65.17%	61.67%	56.91%	56.35%	55.43%	54.89%
Specialist Services	104	5.77%	37.62%	33.66%	34.31%	32.38%	45.16%	49.46%	50.00%	45.92%	44.00%	43.27%	42.31%	50.00%	48.08%
Mental Health	30	16.67%	36.67%	25.81%	16.67%	23.33%	25.00%	25.00%	24.14%	16.13%	16.13%	16.13%	35.48%	37.50%	40.00%
Medicine	92	14.13%	45.45%	51.16%	52.27%	49.43%	47.67%	49.43%	49.43%	38.20%	26.67%	22.22%	23.60%	20.22%	21.74%
CDT	66	1.52%	31.75%	25.40%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%	9.09%	6.06%
Capital, Estates & Facilities															
Corporate															
uHB	601	6.66%	40.31%	53.89%	53.02%	51.21%	53.36%	52.28%	49.91%	47.10%	42.91%	40.00%	40.83%	41.91%	45.26%

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
PCIC	2	50.00%	25.00%	33.33%	100.00%	100.00%	50.00%	33.33%	33.33%	33.33%	25.00%	25.00%	75.00%	50.00%	50.00%
Specialist Services	5	0.00%	8.33%	0.00%	18.18%	18.18%	18.18%	18.18%	20.00%	20.00%	20.00%	20.00%	20.00%	40.00%	40.00%
Dental	33	24.24%	66.67%	66.67%	64.71%	62.86%	58.82%	55.88%	57.14%	60.00%	39.47%	38.89%	36.11%	39.39%	39.39%
Medicine	15	6.67%	11.11%	11.11%	11.11%	11.11%	10.53%	10.53%	15.79%	15.79%	11.11%	11.76%	5.88%	6.67%	6.67%
Children & Women	9	22.22%	45.00%	50.00%	38.89%	52.63%	52.63%	45.00%	33.33%	33.33%	23.81%	15.79%	16.67%	0.00%	0.00%
Mental Health	15	26.67%	33.33%	33.33%	31.58%	10.53%	5.56%	5.88%	5.26%	5.00%	4.76%	4.76%	5.00%	0.00%	0.00%
Surgical Services	2	100.00%	14.29%	14.29%	14.29%	14.29%	14.29%	12.50%	12.50%	12.50%	12.50%	12.50%	12.50%	0.00%	0.00%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	81	22.22%	36.61%	37.61%	39.09%	37.50%	33.64%	31.25%	30.43%	31.03%	22.50%	20.87%	21.24%	20.99%	20.99%

4. Pay Bill Over/Underspend (Year-to-Date from April)

	Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	April-18 to Date (£)
PCIC	£31,776,011	-2.67%	-2.68%	-2.02%	-4.27%	-3.12%	-2.61%	-2.50%	-2.90%	-2.64%	-2.50%	-2.46%	-2.88%	-2.84%	-£777,491
Specialist Services	£84,207,669	-0.94%	-0.79%	-0.89%	-1.87%	-1.96%	-1.69%	-1.95%	-2.05%	-2.27%	-2.24%	-1.90%	-2.54%	-2.24%	-£1,649,547
Corporate	£30,421,782	-0.91%	-0.89%	-1.58%	1.25%	0.86%	1.64%	0.71%	-0.13%	-0.58%	-1.18%	-1.38%	-1.53%	-1.58%	-£418,457
Dental	£16,992,555	0.06%	0.17%	0.10%	-3.13%	-2.09%	-1.65%	-1.82%	-1.64%	-1.54%	-1.42%	-1.18%	-1.15%	-1.34%	-£197,024
Capital, Estates & Facilities	£28,395,275	-0.11%	-0.22%	0.04%	2.51%	0.90%	1.53%	-0.23%	-0.72%	-0.53%	-0.70%	-0.71%	-0.69%	-0.89%	-£222,195
CDT	£81,987,487	-0.46%	-0.48%	-0.40%	-0.29%	-0.45%	-0.65%	-0.72%	-0.18%	-0.21%	-0.31%	-0.22%	-0.36%	-0.64%	-£459,016
Surgical Services	£90,927,699	-1.88%	-1.90%	-1.78%	1.08%	0.09%	-0.40%	-0.15%	0.13%	0.05%	0.39%	0.46%	0.17%	0.12%	£97,052
Mental Health	£50,813,728	-0.94%	-1.02%	-0.86%	1.68%	1.20%	1.32%	1.35%	1.29%	1.07%	0.53%	0.39%	0.32%	0.15%	£66,340
Children & Women	£78,330,148	0.45%	0.49%	0.50%	0.37%	0.30%	0.55%	0.66%	0.65%	0.59%	0.81%	0.88%	1.08%	1.16%	£780,845
Medicine	£79,164,932	1.88%	1.79%	1.76%	1.64%	2.07%	2.18%	2.03%	2.19%	2.26%	2.27%	2.32%	2.21%	2.14%	£1,493,371
uHB	£583,455,771	-0.44%	-0.44%	-0.43%	0.16%	-0.04%	0.05%	-0.07%	-0.03%	-0.10%	-0.10%	-0.03%	-0.22%	-0.27%	-£1,365,262

Over Budget
Under Budget

Note:

The pay budget for January 2019 was £51,671,039 and the pay bill was £51,102,854. This represents an underspend of £568,185. For the financial year 2018-19 the 12-month pay budget is £583,455,771.

5. Variable Pay Rate (Year-to-Date from April)

	Budget	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	No Target
Corporate	£30,421,782	2.53%	2.52%	2.53%	2.84%	2.48%	2.29%	2.24%	2.32%	2.32%	2.30%	2.38%	2.34%	2.31%	
Dental	£16,992,555	2.56%	2.75%	2.84%	2.32%	2.79%	2.92%	2.99%	3.15%	3.22%	3.18%	2.88%	2.84%	2.76%	
Capital, Estates & Facilities	£28,395,275	5.28%	5.25%	5.50%	5.49%	6.30%	5.73%	3.27%	3.12%	3.32%	3.46%	3.63%	3.85%	3.80%	
PCIC	£31,776,011	3.79%	3.88%	3.98%	3.23%	3.62%	3.40%	3.77%	3.74%	3.79%	3.84%	3.81%	3.79%	3.81%	
Children & Women	£78,330,148	4.64%	4.68%	5.04%	4.41%	4.68%	4.96%	5.02%	5.14%	5.15%	5.13%	4.91%	4.79%	4.74%	
CDT	£81,987,487	4.56%	4.71%	5.00%	5.30%	5.46%	5.39%	5.15%	5.36%	5.24%	5.14%	5.03%	4.90%	4.82%	
Specialist Services	£84,207,669	7.47%	7.54%	7.98%	7.73%	7.78%	8.15%	8.59%	8.54%	8.54%	8.54%	8.61%	8.38%	8.15%	
Surgical Services	£90,927,699	8.91%	9.13%	9.43%	9.58%	9.44%	9.55%	9.79%	9.98%	10.08%	10.34%	10.43%	10.24%	10.33%	
Mental Health	£50,813,728	10.21%	10.30%	10.55%	10.56%	10.97%	11.18%	11.42%	11.48%	11.40%	11.32%	11.12%	10.99%	10.89%	
Medicine	£79,164,932	16.09%	16.22%	16.60%	18.90%	18.37%	18.03%	17.95%	17.83%	17.86%	17.79%	17.67%	17.62%	17.87%	
uHB	£583,455,771	7.70%	7.81%	8.06%	8.43%	8.46%	8.47%	8.46%	8.52%	8.52%	8.53%	8.45%	8.35%	8.32%	

Note:

The matrix above shows variable pay represented as a percentage of total pay bill. The percentage of spend on variable pay is 0.62% higher than for January 2018. The proportion of the paybill attributable to bank and agency for January 2019 (5.81%) is 0.24% higher than for January 2018.

Medicine: The Board continues to have pressures covering nursing vacancies (c120) and sickness (7.8%) which is driving the temporary staff overspend, £1.063m for the year to date. Overall Actual variable pay spend increased in M10 (£1.464m) compared to previous months (M9 & M8 £1.3m). There has been an increase in both registered and unregistered nursing bank staff primarily to back fill the seconded winter staff positions (£392k M10 v £327k M9), which was offset slightly by a reduction in registered agency spend - availability rather than demand (£377k M10 v £391 M9). The Medical and dental budget was £381k overspent in month compared to M9 (£349k), the increase mainly relating to the Emergency department as a result of ongoing vacancies.

Mental Health: The overall in month nursing overspend reduced again to £25k in month, with temporary spend reducing to £305k in the month; the lowest since April. Temporary spend represents 10.5% of total nursing spend in the month – a reduction from previous months. The nursing financial position is being monitored closely by the Clinical Board with routine scrutiny in place for high spend areas. The medical variable pay is made up of both locums and Staff flow and is due to the requirement to fill/backfill vacancies. The overall medical staff variance is £0.265 underspent and overall spend consistent with previous months. £50k has been paid in the financial year to date to date on external provider / agency fees.

Surgical Services: Agency, Bank and Overtime usage accounts for 55% of the total variable pay. Vacancies decreased in month, but they still remain the main driver of the use of temporary staffing, accounting for 44% of the total hours worked in month, whilst sickness accounts for 19% of the hours worked. Total variable pay increased by 21% in month, this is as a result of a significant increase in theatre activity (Sessional increase of 13% across the HB). There was also an increase in specializing in month. Expenditure on Locums, Staff Flow, WLIs and Extra Sessions accounts for 43% and on-call accounting for the remaining 2%. WLIs increased with the activity this month, but they have reduced from previous months that also saw high activity, as vacancies are being filled.

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Dental	582	88.84%	88.94%	89.21%	88.70%	88.46%	88.41%	88.23%	87.75%	85.54%	85.16%	85.55%	85.97%	85.33%
CDT	2422	80.28%	80.51%	80.18%	79.03%	80.86%	80.73%	80.34%	79.71%	79.35%	79.94%	81.17%	82.06%	81.64%
Corporate	800	79.37%	81.03%	81.46%	81.93%	81.86%	81.38%	81.41%	80.77%	80.24%	80.31%	80.30%	81.53%	81.16%
Capital, Estates & Facilities	1240	64.30%	66.43%	65.04%	62.42%	61.05%	60.36%	64.87%	66.45%	67.74%	70.53%	74.86%	78.74%	79.92%
Children & Women	2178	73.94%	76.33%	77.07%	80.78%	79.12%	79.49%	80.02%	80.16%	78.17%	77.96%	78.08%	78.74%	79.27%
Mental Health	1434	66.31%	68.33%	69.59%	72.29%	74.24%	74.83%	75.30%	75.27%	75.21%	75.49%	75.37%	75.37%	75.77%
PCIC	927	71.99%	73.24%	74.12%	75.92%	76.48%	77.56%	77.70%	77.01%	75.83%	76.29%	76.31%	76.22%	75.69%
Specialist Services	1885	67.09%	68.25%	68.44%	69.14%	70.13%	71.27%	72.27%	72.50%	70.34%	69.95%	70.29%	71.04%	71.16%
Medicine	1820	65.63%	67.46%	67.52%	68.71%	69.93%	71.45%	70.93%	71.67%	70.86%	70.65%	70.36%	70.26%	69.86%
Surgical Services	1996	59.81%	60.27%	61.21%	62.71%	64.71%	65.54%	65.35%	65.76%	64.73%	64.41%	64.67%	64.77%	64.37%
uHB	15284	70.41%	71.73%	72.04%	73.01%	73.67%	74.14%	74.61%	74.76%	73.87%	74.11%	74.73%	75.45%	75.42%

Under 75%

75% - 85%

Over 85%

8. Statutory and Mandatory Training Rate (12- Month Cumulative) by Topic

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Equality	15284	75.78%	76.54%	76.81%	77.83%	78.69%	79.16%	79.78%	79.87%	79.41%	79.79%	80.53%	81.06%	81.12%
Fire	15284	63.37%	64.74%	65.32%	66.98%	66.68%	66.51%	67.61%	67.56%	66.35%	66.01%	65.50%	66.39%	66.65%
Health & Safety	15284	78.81%	79.67%	80.22%	80.56%	81.79%	82.58%	83.11%	82.67%	81.76%	81.96%	82.58%	82.75%	82.30%
IPC	15284	78.87%	79.48%	79.82%	80.50%	82.24%	82.93%	82.85%	82.60%	81.69%	81.25%	81.47%	81.36%	81.00%
Information Governance	15284	71.16%	71.45%	70.69%	70.33%	68.20%	68.00%	68.49%	69.54%	67.70%	68.53%	69.60%	70.98%	70.50%
Manual Handling	15284	67.43%	69.15%	69.13%	69.13%	69.61%	69.86%	70.00%	70.74%	69.05%	68.49%	69.49%	71.32%	70.41%
Resuscitation	15284	50.67%	53.91%	53.87%	56.81%	59.28%	60.46%	61.53%	61.57%	62.29%	64.26%	66.08%	67.46%	68.86%
Safeguarding Adults	15284	72.11%	73.59%	74.39%	75.62%	76.20%	76.54%	76.55%	76.44%	75.48%	75.91%	76.23%	76.22%	75.89%
Safeguarding Children	15284	72.67%	73.91%	74.52%	75.50%	75.95%	76.63%	77.11%	77.01%	76.16%	76.08%	76.81%	77.00%	76.81%
Violence & Aggression	15284	73.27%	74.81%	75.58%	76.79%	78.08%	78.78%	79.03%	79.64%	78.83%	78.78%	78.96%	79.93%	80.63%

Under 75%

75% - 85%

Over 85%

All staff (i.e. inclusive of junior medical staff in training) are expected to achieve and maintain compliance. Staff are being measured individually against 13 subjects (Dementia Awareness, Mental Capacity Act and Violence Against Women, Domestic Abuse and Sexual Violence have been added to the list of topics) but the Health Board compliance is calculated for the 10 subjects as listed.

9. Combined PADR and Medical Appraisal Rate (12- Month Cumulative)

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Capital, Estates & Facilities	1235	52.37%	54.20%	57.08%	54.08%	53.13%	53.83%	55.18%	54.99%	50.53%	55.91%	66.00%	66.45%	66.88%	Under 75%
PCIC	870	75.90%	74.22%	68.60%	71.20%	74.88%	72.95%	72.10%	71.68%	66.40%	63.91%	63.76%	65.70%	64.71%	75% - 85%
Mental Health	1405	50.04%	49.70%	50.80%	57.53%	59.93%	58.68%	63.66%	62.58%	62.91%	61.83%	62.59%	61.16%	59.72%	Over 85%
Specialist Services	1764	65.57%	65.40%	62.46%	63.28%	64.54%	66.93%	66.41%	66.10%	65.32%	62.67%	61.56%	61.17%	59.30%	
Dental	475	71.05%	70.11%	66.81%	68.12%	73.36%	68.21%	65.82%	64.21%	67.85%	63.98%	63.23%	59.96%	56.63%	
Children & Women	2053	66.58%	67.64%	60.74%	55.79%	63.52%	63.24%	64.04%	63.47%	62.88%	58.87%	56.00%	54.69%	53.68%	
Medicine	1708	62.79%	62.92%	57.85%	60.00%	60.68%	60.27%	61.87%	62.62%	63.39%	62.94%	58.73%	55.71%	53.34%	
Surgical Services	1819	53.20%	51.39%	48.07%	50.31%	52.08%	58.04%	52.31%	52.57%	53.17%	53.67%	52.31%	51.27%	53.27%	
CDT	2367	63.24%	60.92%	56.19%	63.27%	54.46%	51.56%	49.70%	48.73%	46.40%	49.11%	51.71%	53.39%	53.23%	
Corporate	782	57.16%	53.40%	52.56%	52.21%	52.67%	52.77%	52.77%	52.85%	50.59%	48.70%	47.42%	48.20%	47.95%	
uHB	14478	61.14%	59.40%	57.19%	58.66%	59.54%	57.61%	59.35%	59.00%	57.93%	57.52%	57.55%	57.07%	56.36%	

9a. Medical Appraisal Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
CDT	72	87.50%	85.92%	84.72%	86.11%	84.72%	83.56%	83.33%	84.72%	86.11%	87.67%	87.50%	86.11%	88.89%	Under 75%
Children & Women	152	84.17%	79.69%	71.23%	68.92%	70.83%	71.03%	68.97%	70.55%	71.23%	72.66%	72.14%	65.13%	65.79%	75% - 85%
Corporate	1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Over 85%
Dental	52	65.96%	63.83%	65.22%	62.50%	64.58%	63.83%	55.32%	62.00%	67.35%	70.00%	70.00%	67.31%	67.31%	
Medicine	143	71.52%	71.05%	67.90%	67.90%	69.33%	70.12%	74.15%	73.97%	79.14%	82.14%	82.86%	80.42%	80.42%	
Mental Health	60	73.33%	75.41%	75.00%	78.33%	80.33%	75.41%	79.03%	80.65%	79.03%	79.03%	77.42%	73.33%	68.33%	
PCIC	7	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Specialist Services	158	75.32%	76.28%	76.58%	76.10%	76.25%	78.13%	77.56%	78.71%	80.00%	78.98%	78.85%	77.85%	79.11%	
Surgical Services	228	79.28%	78.73%	78.03%	78.57%	79.82%	80.18%	84.21%	85.58%	86.06%	87.92%	83.57%	78.95%	79.39%	
Capital, Estates & Facilities															
uHB	873	77.65%	76.83%	74.66%	74.49%	75.45%	75.68%	76.71%	78.04%	79.74%	81.10%	79.40%	76.29%	76.63%	

9a i. Consultant Medical Appraisal Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Corporate	1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Under 75%
PCIC	6	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75% - 85%
CDT	72	87.50%	85.92%	85.92%	87.32%	85.92%	84.72%	84.51%	85.92%	87.32%	87.50%	87.50%	86.11%	88.89%	Over 85%
Specialist Services	118	85.09%	83.33%	82.20%	84.75%	84.75%	84.75%	81.51%	84.03%	87.39%	87.18%	87.18%	86.44%	88.14%	
Mental Health	32	81.25%	84.38%	81.82%	87.88%	93.94%	84.85%	87.88%	90.91%	88.24%	90.91%	90.91%	90.63%	87.50%	
Surgical Services	194	85.26%	85.11%	85.19%	86.32%	86.84%	87.30%	87.70%	88.77%	88.77%	90.81%	87.87%	86.08%	86.60%	
Medicine	101	85.57%	84.38%	85.57%	85.57%	87.63%	87.63%	87.50%	86.46%	86.60%	85.86%	83.84%	84.16%	85.15%	
Children & Women	94	91.67%	87.50%	81.72%	77.42%	78.49%	78.95%	78.49%	79.79%	82.11%	83.87%	83.87%	81.91%	82.98%	
Dental	36	75.68%	72.97%	72.97%	72.97%	72.97%	72.97%	64.86%	72.97%	77.78%	78.38%	78.38%	80.56%	80.56%	
Capital, Estates & Facilities															
uHB	654	85.78%	84.52%	83.57%	84.21%	84.98%	84.57%	83.67%	85.25%	86.53%	87.40%	86.00%	85.32%	86.24%	

9a ii. SAS Medical Appraisal Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Medicine	17	82.35%	82.35%	77.78%	72.22%	72.22%	73.68%	73.68%	73.68%	73.68%	94.44%	94.44%	100.00%	100.00%	Under 75%
PCIC	1	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75% - 85%
Surgical Services	5	100.00%	100.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	Over 85%
Children & Women	16	82.35%	82.35%	88.89%	88.89%	88.24%	88.24%	82.35%	82.35%	82.35%	82.35%	82.35%	87.50%	87.50%	
Specialist Services	10	66.67%	75.00%	72.73%	63.64%	72.73%	72.73%	80.00%	80.00%	80.00%	80.00%	80.00%	70.00%	70.00%	
Mental Health	19	75.00%	76.19%	76.19%	76.19%	76.19%	71.43%	77.27%	77.27%	76.19%	76.19%	71.43%	68.42%	52.63%	
Dental	16	30.00%	30.00%	33.33%	27.27%	36.36%	30.00%	20.00%	30.77%	38.46%	46.15%	46.15%	37.50%	37.50%	
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	84	73.81%	75.00%	75.00%	70.93%	71.76%	71.43%	71.43%	71.26%	72.09%	78.82%	75.00%	75.00%	71.43%	

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Mental Health	1												0.00%	100.00%	Under 75%
Medicine	15	37.50%	40.00%	38.46%	42.31%	46.15%	46.15%	55.56%	55.56%	55.56%	44.44%	38.89%	53.33%	53.33%	75% - 85%
Specialist Services	26	43.33%	51.85%	51.85%	42.86%	41.38%	51.72%	56.00%	56.00%	48.00%	48.00%	48.00%	50.00%	50.00%	Over 85%
Surgical Services	25	25.00%	28.57%	29.17%	29.17%	33.33%	33.33%	50.00%	46.15%	53.85%	46.15%	38.46%	24.00%	24.00%	
Children & Women	25	72.73%	53.85%	28.57%	28.57%	34.78%	31.82%	29.17%	37.50%	30.43%	30.00%	30.00%	20.00%	20.00%	
Capital, Estates & Facilities															
CDT															
Corporate															
Dental															
PCIC															
uHB	92	40.45%	43.02%	37.76%	36.36%	39.22%	41.58%	46.91%	48.75%	45.57%	42.86%	40.26%	34.78%	35.87%	

9a iv. Other Medical Appraisal Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Surgical Services	4	100.00%	100.00%	40.00%	20.00%	25.00%	25.00%	33.33%	66.67%	66.67%	75.00%	50.00%	50.00%	50.00%	Under 75%
Medicine	10	15.38%	13.33%	14.29%	14.29%	13.64%	18.18%	7.14%	7.69%	40.00%	100.00%	80.00%	50.00%	40.00%	75% - 85%
Mental Health	8	37.50%	37.50%	33.33%	33.33%	28.57%	42.86%	42.86%	42.86%	42.86%	28.57%	28.57%	25.00%	25.00%	Over 85%
Specialist Services	4	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	40.00%	20.00%	25.00%	25.00%	
Children & Women	17	25.00%	33.33%	42.86%	50.00%	54.55%	54.55%	54.55%	45.45%	45.45%	33.34%	30.00%	17.65%	17.65%	
Capital, Estates & Facilities															
CDT				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%				
Corporate															
Dental															
PCIC		100.00%	0.00%												
uHB	43	34.29%	32.43%	30.61%	31.37%	29.79%	34.04%	34.21%	30.56%	42.86%	51.61%	43.33%	30.23%	27.91%	

9b. Non-Medical PADR Rate

	Headcount	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Capital, Estates & Facilities	1235	52.37%	54.20%	57.08%	54.08%	53.13%	52.11%	55.18%	54.99%	50.53%	55.91%	66.00%	66.45%	66.88%
CDT	2295	62.44%	60.11%	55.28%	62.37%	53.46%	50.29%	48.63%	47.59%	45.14%	47.88%	50.59%	52.36%	52.11%
Children & Women	1901	65.43%	66.81%	59.91%	54.90%	62.93%	63.22%	63.65%	62.90%	62.22%	57.86%	54.71%	53.85%	52.71%
Corporate	781	57.11%	53.34%	52.50%	52.15%	52.60%	52.11%	52.71%	52.79%	50.52%	48.63%	47.35%	48.13%	47.89%
Dental	423	71.64%	70.83%	66.99%	68.78%	74.39%	67.46%	66.98%	64.47%	67.91%	63.28%	62.41%	59.06%	55.32%
Medicine	1565	61.94%	62.23%	56.83%	59.18%	59.77%	59.68%	60.71%	61.54%	61.98%	61.22%	56.52%	53.44%	50.86%
Mental Health	1345	48.92%	48.46%	49.69%	56.57%	58.97%	58.46%	62.94%	61.74%	62.16%	61.02%	61.92%	60.61%	59.33%
PCIC	863	75.61%	73.97%	68.31%	70.92%	74.76%	71.97%	71.87%	71.45%	66.13%	63.62%	63.47%	65.42%	64.43%
Specialist Services	1606	64.57%	64.26%	61.04%	61.97%	63.33%	65.04%	65.31%	64.86%	63.87%	61.06%	59.85%	59.51%	57.35%
Surgical Services	1591	49.52%	47.43%	43.94%	46.28%	48.16%	48.27%	48.11%	48.23%	48.87%	49.22%	47.83%	47.29%	49.53%
uHB	13605	60.09%	59.40%	56.06%	57.60%	58.48%	57.61%	58.26%	57.80%	56.58%	56.07%	56.14%	55.84%	55.06%

Under 75%
75% - 85%
Over 85%

REPORT TITLE:	Patient Safety Quality and Experience Report							
MEETING:	Local Partnership Forum					MEETING DATE:	3 April 2019	
STATUS:	For Discussion		For Assurance		For Approval		For Information	x
LEAD EXECUTIVE:	Executive Nurse Director							
REPORT AUTHOR (TITLE):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108							
PURPOSE OF REPORT:								

SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from January to February 2019.

REPORT:

BACKGROUND:

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

ASSESSMENT

The Local Partnership Forum should note that:

Serious Incidents - The number of serious incidents being reported on a monthly basis has reduced significantly and this is as a result of revised Guidance on the reporting of Pressure Damage which was issued in December 2018. This now requires the UHB to retrospectively report pressure damage of Grade 3, 4 or unstageable if the investigation concludes that it was avoidable and healthcare acquired.

Concerns performance - In Quarter 3, 2018, the All Wales percentage of concerns that had received a final reply (regulation 24) or an interim reply (regulation 26) within 30 days, was 81% in comparison to 59% in Quarter 3 2017 – a significant improvement.

Number of concerns received - Concerns data for January and February 2019, shows a marked increase in the number of concerns received. There were 495 in total, in comparison to the previous 2

months, where 393 concerns were logged. There are no particular themes or issues that account for this rise in the number received. This is a trend that the UHB will continue to monitor.

The Health Board's Information and Support Centers have been awarded the Macmillan Quality Standard for Cancer Information and Support Services.

RECOMMENDATION:

The Local Partnership Forum is asked to:

- **NOTE** the content of this report.
- **NOTE** the areas of current concern and the current actions being taken.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	Involvement
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.				



Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During January and February 2019, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	<ul style="list-style-type: none"> There was a delay in the treatment of a child due to a breakdown in the referral process between Health Boards.
Medicine	5	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
	1	<ul style="list-style-type: none"> Further clinical investigations required by a patient being treated for malignant melanoma were not undertaken for a considerable period of time.
Mental Health	3	<ul style="list-style-type: none"> Falls where the patient sustained significant injury.
	1	<ul style="list-style-type: none"> A patient was absent without leave from a secure ward area. He was later found by police and was unharmed following the incident.
	1	<ul style="list-style-type: none"> A patient has potentially self-harmed and sustained significant injuries requiring admission to Critical Care
	5	<ul style="list-style-type: none"> Unexpected deaths of patients known to Mental Health services, including substance misuse services. It is thought that the Coroner is likely to conclude suicide in 3 of the patient's deaths. For the remaining 2 patients, the circumstances of their deaths are not yet confirmed.
Primary Care & Intermediate Care	1	<ul style="list-style-type: none"> A medication error occurred on a Mental Health Services for Older People's ward whereby oramorph (an oral solution to treat pain) was accidentally injected sub-cutaneously. This is being managed as a Never Event.
	1	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting

		timeframe.
Specialist	1	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
Surgery	2	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
	4	<ul style="list-style-type: none"> Falls where the patient sustained significant injury. This is an increase since the previous reporting timeframe.
	1	<ul style="list-style-type: none"> A retrospective SI has been reported following receipt of an independent expert's report for an issue raised through the clinical negligence claims process. It relates to a woman whose diagnosis of a high grade lymphoma was delayed due to misdiagnosis.
Total	27	

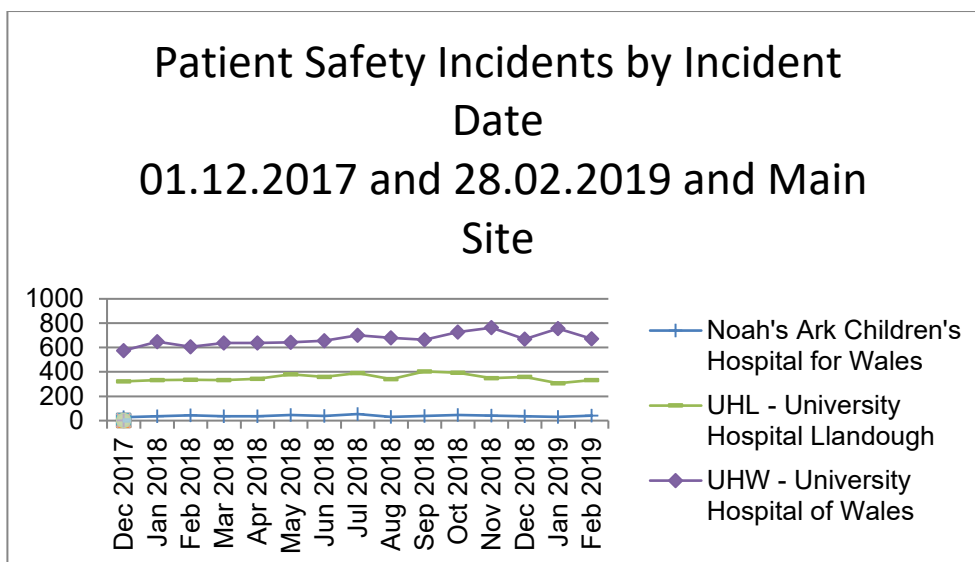
No Surprises		
Clinical Board	Number	Description
Children & Women	1	<ul style="list-style-type: none"> A No Surprises was reported to Welsh Government ahead of media coverage following the death of a child well known to the Children's Hospital for Wales.
	1	<ul style="list-style-type: none"> A No Surprises was reported following a couple anonymously contacting the media following their experience in the Women's Unit.
Executive Nurse	1	<ul style="list-style-type: none"> The UHB was informed that hospital property had been found at the home of a nurse who had previously been employed within the Health Board on an agency basis.
	1	<ul style="list-style-type: none"> It was reported that a nurse was convicted in court of salary overpayments from her former employer, prior to joining Cardiff and Vale UHB.
Medicine	1	<ul style="list-style-type: none"> Welsh Government was alerted to an Ombudsman Section 16 public report which was published in January 2019. This was described in the last reports to Board and Quality, Safety and Experience

	1	<p>Committee. Concerns were raised regarding recognition of Acute Kidney Injury, the management of a Safeguarding concern and implementation of the Putting Things Right process.</p> <ul style="list-style-type: none"> An outbreak of Norovirus temporarily affected ward areas.
PCIC	1	<ul style="list-style-type: none"> A patient known to the healthcare wing in HMP Cardiff died. His death was due to physical ill health and was reported in line with procedures following a death in custody.
Surgery	2	<ul style="list-style-type: none"> An outbreak of diarrhoea and vomiting and respiratory illness temporarily affected ward areas.
Other Health Board	2	<ul style="list-style-type: none"> An outbreak of diarrhoea and vomiting and respiratory illness temporarily affected ward areas.
Total	11	

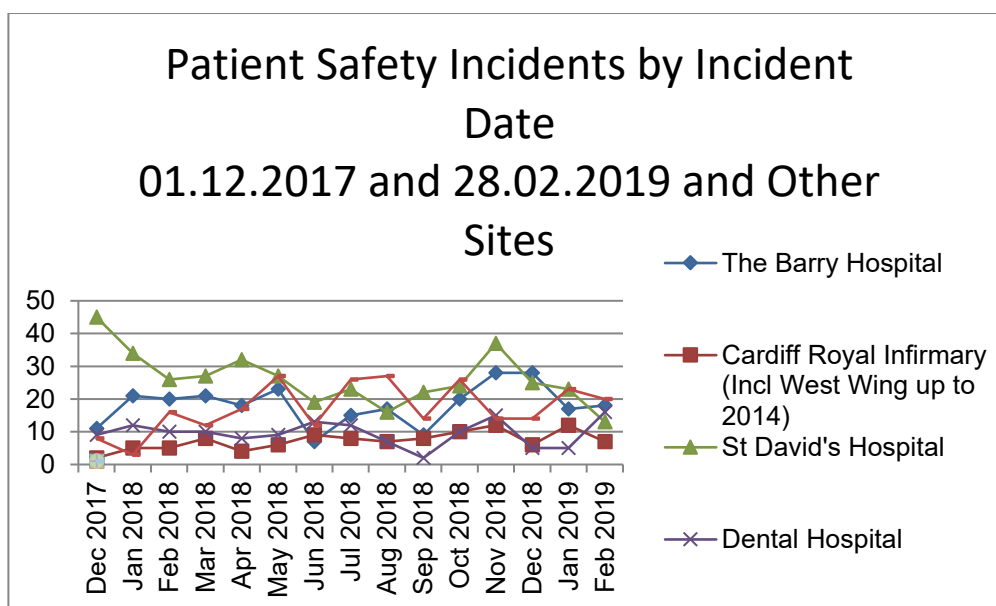
How do we compare to our Peers?

There is no updated information available from Welsh Government regarding the position across Wales on Serious Incident reporting.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between December 2017 and February 2019. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites. The majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year.



The graph below demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between December 2017 and February 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.



Never Events

All Wales position

There is no updated information available from Welsh Government regarding the position across Wales on Never Events.

The UHB has unfortunately reported a new Never Event to Welsh Government in this reporting timeframe. A patient on a Mental Health ward for Older People was

prescribed oramorph. This is an oral solution to treat pain. Unfortunately, it was accidentally administered sub-cutaneously. The patient was not harmed by the error.

What are we doing about it?

It is currently under investigation but a number of immediate actions have been undertaken including:

- An Internal Safety Notice has been circulated to highlight the incident that has occurred and to guide staff in the correct procedure.
- A Medicines Safety Executive Briefing was circulated in February 2019 via Pharmacy to inform staff about the incident and correct procedure.

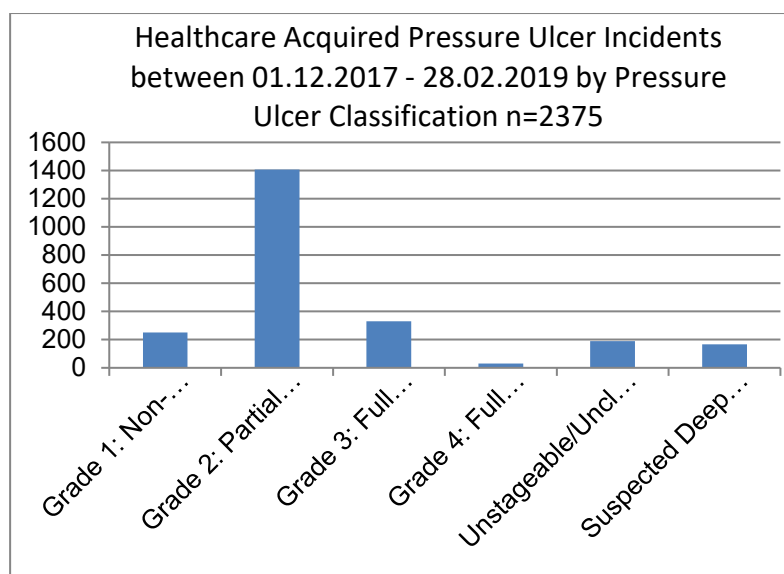
Two previously reported Never Events remain open to Welsh Government including a wrong lens inserted during an ophthalmic procedure and a retained guidewire following central line insertion. Both incidents remain in the investigation process. A series of actions are being undertaken to manage the issues arising from the ophthalmic procedure which was performed by an external provider commissioned by the UHB.. The improvement plan for the central line incident is being strengthened to ensure that lessons learnt are being embedded into clinical practice.

Pressure Ulcers

How are we doing?

Pressure ulcers are frequently reported on the UHB's risk management database as a patient safety incident. Analysing pressure ulcer incident forms continues to be complex. This is because it is not always immediately obvious as to where the pressure damage is likely to have originated, whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to the patient moving between departments.

Between 01.12.2017 and 28.02.2019, 3,444 incidents of pressure ulcers were reported as patient safety incidents. Of these staff indicated that 2,375 (69%) were healthcare acquired, which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. It is evident that the majority of the reported incidents are grade 2 pressure ulcers and that 38% of the incidents were recorded as having occurred in the home setting.



How do we compare with our Peers?

There is currently no benchmarking information available. Welsh Government has recently revised SI reporting procedures for pressure ulcers. From January 2019, they now require Health Boards to retrospectively report to them healthcare acquired grade 3, 4 and unstageable pressure ulcers that have been determined to be avoidable. The UHB is working to embed processes to meet the revised requirements.

Additionally, Welsh Government has asked all Health Boards to report all healthcare acquired pressure ulcer incident reporting data to them on a monthly basis. This will allow them to see the extent of the issue across Wales and it is hoped that this information will be shared across Wales in due course.

What are we doing about it?

The UHB's pressure ulcer task and finish group continues to be an active forum taking forwards improvement work required.

A recent pressure ulcer prevalence audit has been undertaken, led by the Tissue Viability Nurses in conjunction with Medstrom. The outcome of their findings will be presented to the task and finish group.

The Patient Safety and Datix Teams continue to take forwards system developments to embed the revised SI reporting requirements. The aim is to ensure improved data quality and accuracy via the Datix incident reporting system to help with analysing the incidents which will inform priorities for action.

The Patient Safety Team are also reviewing all of the pressure ulcer SIs reported to Welsh Government in 2018 with a view to informing the task and finish group regarding improvement work required.

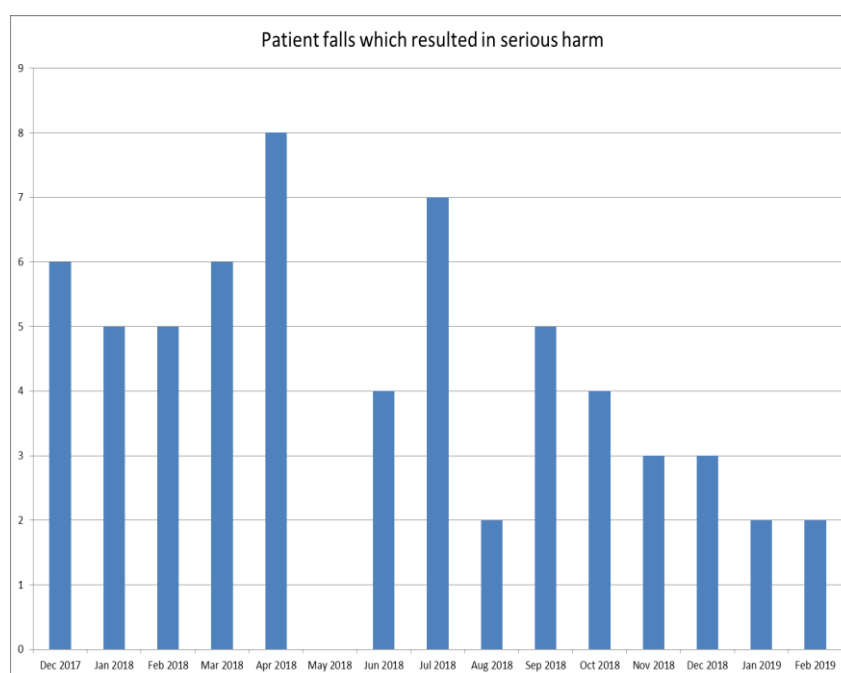
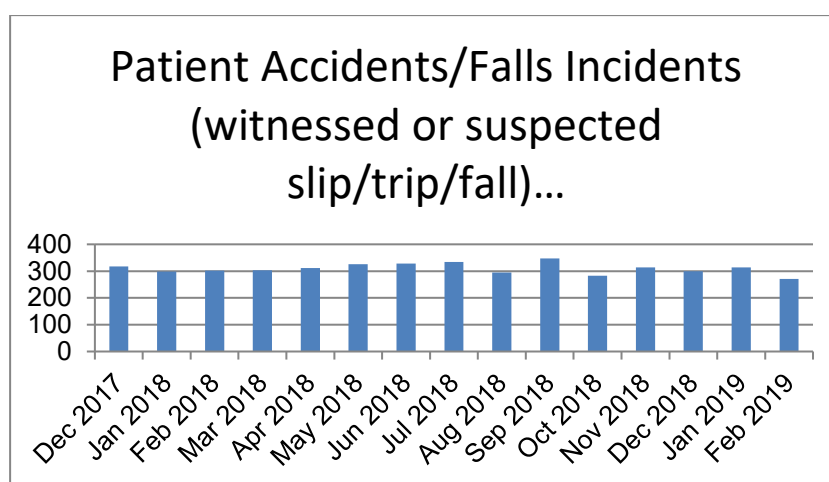
Patient Falls

How are we doing?

Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information is not currently available.

How do we compare with our Peers?

The following table indicates the number of patient accidents/falls reported between December 2017 and February 2019. The majority of falls continue to result in no significant injury to patients and there appears to be a downward trend in terms of what requires SI reporting relating to falls during the same time period. The UHB will continue to monitor this.



What are we doing about it?

At the Clinical Senate on 8th March 2019, there were a number of presentations on work underway as part of the transformation of falls services in the UHB. The UHB's new falls framework was launched; an update was provided regarding the Cardiff and Vale Community Falls Prevention Alliance, Stay Steady community falls clinics in Cardiff, inpatient falls simulation training, community strength and balance classes and the Staying Steady Schools scheme.



The new falls framework is available for download on the UHB website here: <http://www.cardiffandvaleuhb.wales.nhs.uk/falls-prevention/>



Regulation 28 reports

One Regulation 28 report has been issued to the UHB in the current reporting timeframe.

It relates to an incident that was previously reported to Board, having occurred in 2015 on a Mental Health Services for Older People's ward. There was a delay in proceeding with the inquest due to crown court procedures needing to conclude first. Investigation and management of the incident has included safeguarding, disciplinary processes and the reporting of the staff involved to the Nursing and Midwifery Council.

The Coroner concluded that the gentleman with early onset dementia and prone to seizures as a result, had fallen to the floor following a witnessed seizure during which he sustained a serious head injury. Regrettably, the Coroner determined that incomplete and inappropriate physical and neurological observations were undertaken during the period that followed the incident. The serious nature of the patient's condition was not recognised for some hours; the patient was later transferred to UHW where he sadly died.

The Coroner raised the following concerns:

- There was a lack of knowledge of falls management and neurological observations by the ward's nursing staff. Evidence clearly revealed a head injury had occurred and should have been suspected.
- Continued observation of the patient on the ward in conjunction with use of the National Early Warning Scoring system (NEWS) was lacking.

The UHB has been able to respond to the Coroner outlining improvements in falls management since 2015. The Mental Health Clinical Board implemented a bespoke falls training programme. The sessions specifically include training on falls risk management (to identify measures to reduce the risk of a patient falling), post falls management, responding to an unwitnessed or witnessed fall and performing neuro observations. 75% of the nursing staff within the MHSOP directorate have attended, with arrangements in place for the remaining staff to attend this ongoing programme.

A new neuro observation chart was introduced in August 2018 and it is now UHB policy that only registered nurses perform this task.

The learning from this incident is being taken forwards across the UHB and the role of the Falls Strategy Implementation Lead has been an important component of this.

The simulation suite has since become available and a falls scenario is available to aid staff training.

Outcomes of internal and external inspection processes

Internal observations of care

Twenty unannounced inspections took place during January and February 2019; these took place across five Clinical Boards. Eighteen inspections were undertaken under the usual inspection schedule, one was undertaken at the request of the Executive Nurse Director and another was requested by one of the Clinical Board's Director of Nursing.

Areas of notable practise:

- As reported previously, staff were noted to be kind and caring; respectful, warm interaction was noted between staff and patients across all twenty areas.
- Increased evidence of good leadership and team working has been observed, evidence of this includes observation of good communication between different disciplines, positive comments from staff relating to leadership on the ward and calm, organised ward areas.
- Complimentary feedback was shared by patients consistently across all areas.
- A good standard of documentation was reported across the majority of areas visited, particularly in relation to comprehensive risk assessment completion and review.
- Very positive visits were reported for Ash, B4 Neuro, A4, Island, Dental Theatres and Willow wards.

How are we doing and what are we doing about it?

Areas for improvement:

- Concerns were highlighted in relation to medicines management in six of the twenty areas visited. The issues highlighted included medications left at bedside, medication cupboards unlocked, oxygen not prescribed and medications not being stopped in line with procedure. Any concerns identified were re-laid to the nurse in charge at the time of the inspection to allow steps to be taken to rectify the problem immediately; the Nurse Advisor for medications management is also informed. This will be discussed at the next Medication Safety Group meeting.
- As highlighted in previous reports, outstanding maintenance issues are of concern. Ward Sister/Charge Nurse and Senior Nurses continue to chase up these outstanding requests.
- Whilst storage space continues to be an issue for the majority of wards visited; staff continue to try and make the best use of the space available to them.

Patient Experience

Real Time

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time**, **retrospective**, **proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

How are we doing?

The patient satisfaction scores from the all surveys administered across the Health Board are illustrated in the table below. It is pleasing to note the sustained high level of patient satisfaction.

	January	February
UHL	96%	95%
UHW	97%	93%

Whilst there has been slight decrease in the patient satisfaction score at UHW this is not attributable to any particular area.

Staff are amazing and a credit to the NHS. Nothing was ever too much for the nurses, they made me feel calm, safe and anxiety free and for an OCD sufferer that's an accomplishment.

Macmillan Quality Standard for Cancer Information and Support Services Award

The Health Board's Information and Support Centres are hugely beneficial for carers, patients, visitors and staff; with invaluable face-to-face support provided. Their importance has been recognised with the Macmillan Centre at the Concourse, UHW recently being awarded the MQulSS. This is the Macmillan Quality Standard for Cancer Information and Support Services.

This award recognises excellence in developing, delivering and improving information and support services and meeting the changing needs of people affected by cancer.

The award covers 12 interlinked 'quality areas' looking at all aspects of a well-managed service which include:

1. Planning
2. Governance
3. Leadership
4. User-centred service
5. Managing people
6. Learning and development
7. Managing money
8. Managing resources and information
9. Communication and promotion
10. Working with others
11. Monitoring and evaluation

During 2018

There were 1,410 enquiries

There were 7,581 contacts

12. Results



Patient Experience Network National Awards (PENNA)

For the second year running the Patient Experience Team has been shortlisted for the PEN National Awards. This year the Health Board has the following entries submitted:

1. Support for Carers in GP Practices.
2. Listening and Learning Together to Improve Patient Experience.
3. Developing a Patient-Centred Service for Neuroendocrine Cancer across South Wales through Commissioning and Co-production.

The award ceremony is taking place in the Repertory Theatre in Birmingham on 20th March 2019.

Retrospective

Diabetes Services- Young Adults

Young Adults are to be surveyed in relation to diabetes services, specifically focusing on their experience. This will be retrospective comprehensive survey with two sections including;

1. Question about the clinic appointment
2. General questions relating to their diabetes

There will also be opportunity for qualitative feedback.

Learning Disability Questionnaire

Each week Learning Disability questionnaires are sent to patient and their carers who have accessed our Inpatient and Outpatient Services. This information is then shared with the Lead Nurse Surgery, who is leading on this important agenda.

Acute Oncology Service:

Retrospective surveys are undertaken in a variety of departments. The Acute Oncology Services recently received a report whereby junior doctors were surveyed in relation to the Acute Oncology Service (AOS). Questions included;

1. Are you aware of the Acute Oncology Service (AOS) in UHW?
2. How did you contact the service?
3. What additional teaching/training would you like the AOS to provide?

In response to feedback provide in relation to Question 3, the Acute Oncology Service are meeting to review existing training and will discuss further developing their training program and raising awareness of the service. This will be for all staff, with the ultimate aim of improving patient experience and outcomes.

Positives qualitative feedback included;

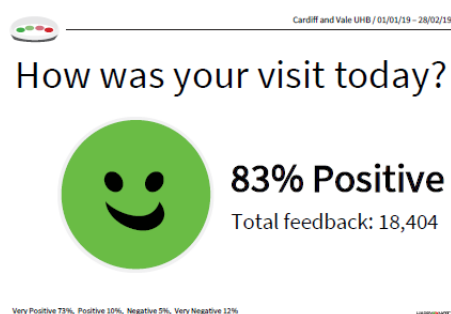
Excellent service. Thank you for your specialist input

Very useful linking service with team at Velindre. Overall very pleased. Thank you for your valuable input.

Proactive and Reactive

In April 2019, we will be launching the revised national survey every quarter to all of our in-patients. It includes the key questions we have been asked to survey by Welsh Government. We have taken the opportunity to review our Inpatient and Outpatient surveys to include some of the Health Board aims and therefore we ask patients whether they have had the opportunity to discuss discharge planning, have been encouraged to get up, get dressed and get moving. Have they been given the opportunity to be involved in activities and to check if people feel informed about their care and involved in decisions.

There are seven 'Happy of Not' Kiosks situated across the Health Board. For this data report they were in UHW, UHL, Barry Hospital, St David's Hospital, Dental Hospital, various Primary Care settings and Children's Hospital for Wales. Over 18,000 responses have been received to this question



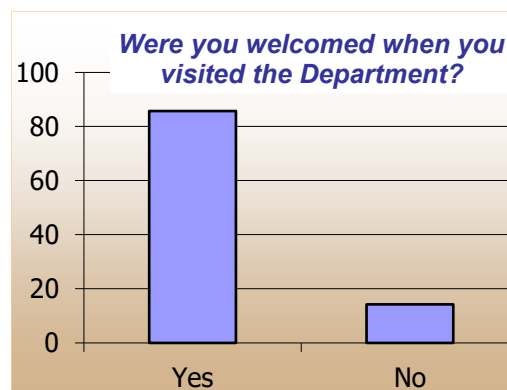
We have recently placed three 'Happy or Not' machines in the Emergency Unit; two for patients/visitors/carers and one for staff to plot satisfaction scores against activity from the various perspectives.

Ward Feedback Kiosks



We have recently placed a feedback clinic in the Department of Sexual Health and the initial feedback is very positive

Previously concerns had been expressed regarding the ability to make an initial appointment – it is pleasing to note that the feedback regarding this is now very positive.



Balancing

Concerns

Between 1st January 2018 and 29th February 2019, the Health Board has received 3146 complaints, of which, 58% were managed through our informal process, with less than 1% being converted to a formal complaint.

The highest number of concerns, 1,272 in total, related to concerns about clinical diagnosis, treatment and assessment, followed by, 658 concerns raised in the same period regarding waiting times, cancellation of appointments/admission.

Surgery Clinical Board continues to receive the highest number of formal and informal concerns; in total they received 1,017 concerns. The highest number of concerns, 462, registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate.

Medicine had the second highest number of concerns, 543 in total.

As reported in the last Board Report, the Concerns Team continues to receive a high volume of calls and emails relating to car parking and these are being shared with the Director of Planning. A key theme is the difficulties people have with directly accessing the parking company to raise concerns or to discuss their cases.

Concerns data for January and February shows a marked increase in the number of concerns received, 495 in total, in comparison to the previous 2 months, where 393 concerns were logged. This will reflect the Christmas period as there was a reduction during December. Of the 495 Concerns logged during January and February, 307 were managed informally, which exceeds the target of 60%.

The Clinical Boards have demonstrated a continued commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting

weekly to discuss all active concerns. It is disappointing to note a decrease in the Health Boards 30 day response times, which is currently 80%, however, this is possibly as a result of the increase in the volume of concerns, increased winter activity and the Holiday Period

Compliments

During the period 1st January 2018 to 28th February, the Health Board received 583 compliments. Medicine Clinical Board continues to receive the highest number of compliments (211), in particular for the Emergency Unit. This is followed by Surgery receiving 151 compliments for the same period. It should also be noted that the Concerns Team will often receive large bundles of compliments from various areas and therefore, compliments can be logged retrospectively.

How do we compare to our Peers?

In Quarter 3, 2018, the All Wales percentage of concerns that had received a final reply (regulation 24) or an interim reply (regulation 26) within 30 days, was 59 % in comparison to Cardiff and Vale' s response time of 81% in Quarter 3

What are we doing?

You Said	We Did
I would like to see a priest more often, because I am Roman Catholic	Chaplaincy Team contacted; the Roman Catholic Priest attended the ward that day
'Get another TV remote'	Three ordered; now available
Two staff members went out of their way to welcome my 7 year old son. I would like to nominate them as Health Care Professionals of the year	Shared with Communications department, lady contacted and will be nominating staff for February's 'Health Hero'
A child, was admitted for a diagnostic laparoscopy. When the surgical drapes were removed, it was noticed that the patient had sustained two small burns to his upper right thigh. The tip of the endoscope had come into contact with the patient, unbeknownst to staff during the procedure.	A formal procedure on the management of laparoscopic equipment has now been implemented. Theatre training booklets have been amended to include the potential risks of leaving unconnected light leads on a patient. An Internal Safety Notice has been disseminated within the Peri-Operative Care Directorate to highlight the risks present when using light leads.
During an operation, patient experienced a period of anaesthetic awareness.	Following the incident, posters were designed and circulated in all operating theatres. These place an emphasis on minimizing distraction at the point of transferring the patient from the anaesthetic room and re-establishing anesthesia in the

	operating room.
No discharge information received by patients GP regarding the fitting of a pacemaker	Discharge Advice Letter was generated on discharge but was not approved by consultant, therefore not sent. Unapproved letters will now be flagged on a weekly basis to eliminate this.
Lack of cots on the post-natal wards	New cots have been purchased. An escalation flow chart has been devised to provide clarity for staff if this situation should ever arise again.
Patient felt unsupported and not communicated with whilst attending the ward for a procedure.	All patients attending ward for a procedure will now have a named nurse. The Clinical Board is also developing an information leaflet to give relevant information for patients.
Patient was admitted to undergo right internal jugular vein central venous catheter insertion (CVC). A chest X-ray was performed to confirm the line position, but this X-ray was not reviewed.	Guidelines have now been drawn up for the insertion and checking of the position of CVC's, including clear instruction as to whether the CVC is safe to use.
Patients husband struggling with wife's cancer diagnosis and ongoing treatment whilst an inpatient.	Clinical Board has arranged for husband to receive support and counselling from McMillan services that are usually only for patients.

Report Title:	Performance Report						
Meeting:	Local Partnership Forum				Meeting Date:	3 April 2019	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Deputy Chief Executive						
Report Author (Title):	Members of the Performance and Information Department (tel 029 20745602)						

SITUATION

The full Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets up to June 2018 and provides more detail on actions being taken to improve performance in areas of concern.

REPORT

BACKGROUND

The UHB is presently compliant with 27 of its 68 performance measures (January = 24/67, March 2018=18/60) and is making satisfactory progress towards delivering a further 18 (January = 24, March 2018 = 23).

Since the last report 5 measures have improved to green.

#10 – The emergency crude mortality rate has reduced to 2.89%, the lowest rate for 5 years.

13 – The number of emergency hospital readmissions into Cardiff and Vale UHB's hospitals within a year for a basket of 8 chronic conditions has reduced from 190 per 100,000 population to a 4 year low of 181 per 100,000 population.

#24 – An assessment of our primary care contractor status indicates an element of improvement in the latest quarter

#31 - The number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge was zero in quarter 2.

#37b – The UHB's cash flow forecast has improved from a deficit of £2.418m to a surplus of £1.856m

There were four measures where a deterioration in performance was observed.

#20 The number of emergency hospital admissions into Cardiff and Vale UHB's hospitals for the basket of 8 chronic conditions per 100,000 population increased from 997 to 1023.

#32 – The proportion of patients whose nutrition score was completed and appropriate action taken within 24 hours of admission fell from 97% in December to 92% in February.

#34 – The proportion of staff members compliant with the World Health Organisation's 5 moments standards for hand hygiene deteriorated marginally from 95% to 94%

#56 – The proportion of medical staff undertaking performance appraisal in the previous 12 months reduced from 80% at the end of quarter 2 to 68% at the end of quarter 3.

As a result there are now 23 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	9	8	5	13/22
Delivering our service priorities	3	2	1	4/6
Delivering sustainably	14	6	11	17/31
Improving culture	1	2	6	2/9
Total	27	18	23	36/68

ASSESSMENT

Section 2 provides commentary on the following areas of performance which have been prioritised by the Board and the actions being taken to drive improvement. These are:

- Condition specific mortality rates
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care
- GP Out of Hours services
- Stroke
- Cancer
- Elective access including dementia and diagnostic waiting times and postponed admissions
- Finance

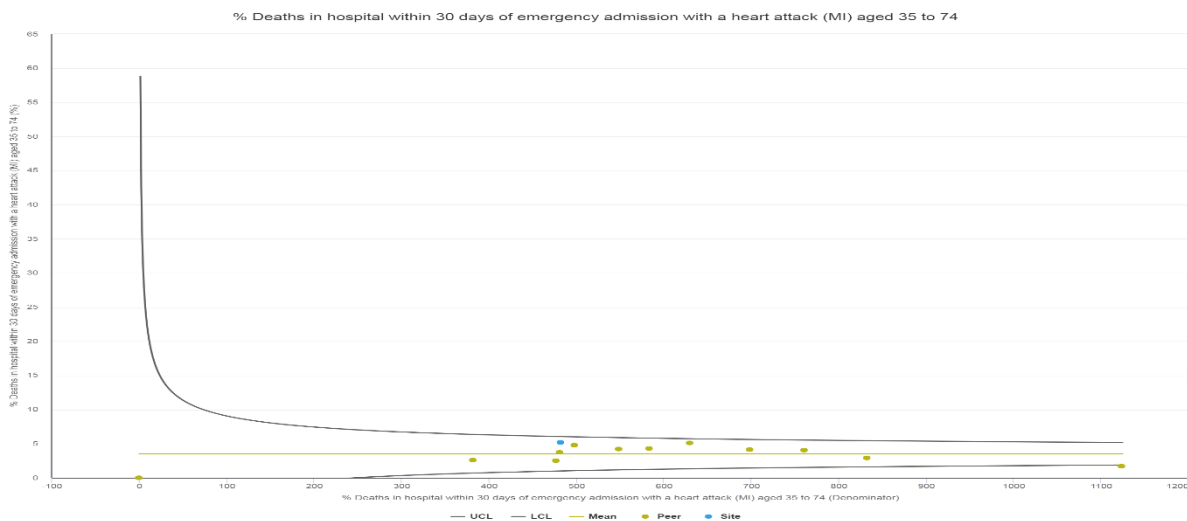
Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Director of Nursing.

- **MORTALITY**

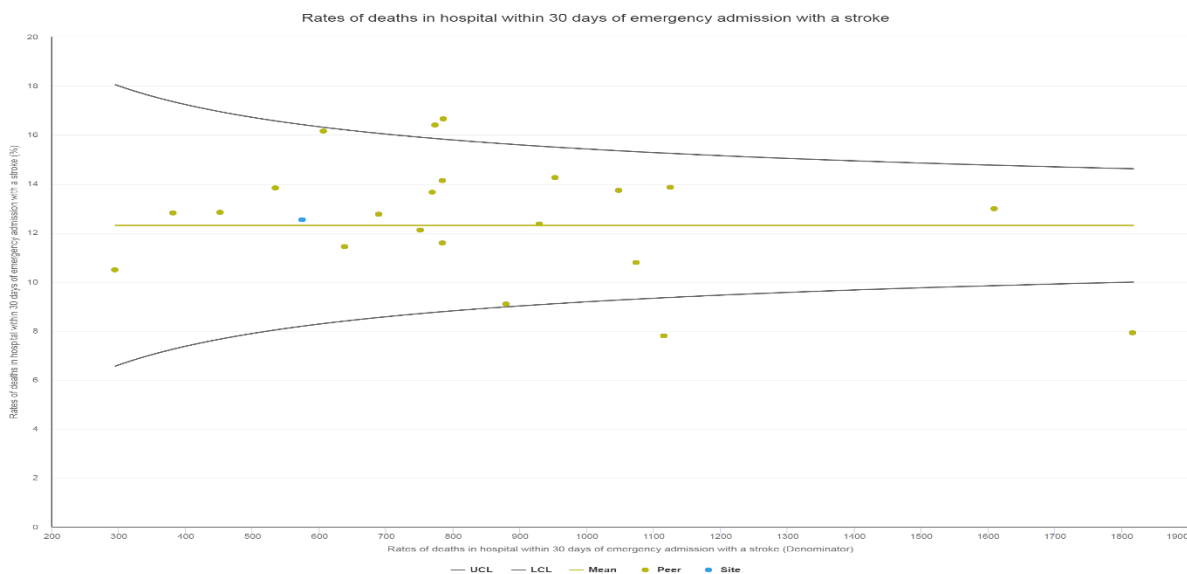
How are we doing?

In addition to measuring overall crude and risk adjusted mortality rates, the UHB monitors many condition specific mortality rates. Hip fracture, myocardial infarction and stroke are three higher volume, higher impact conditions, which are subject to national audit, and for which the UHB continues to progress improvement programmes. Since the start of the year CHKS data has indicated the following changes in the UHB's 30 day crude mortality rates for these conditions:

-for patients aged 35-74 suffering a myocardial infarction rate, the rate has increased from 3.7% to 5.2%. Whilst this is marginally higher than the UHB's CHKS UK peer group for Cardiology, from the chart below our rates remain within a 95% confidence limit. (The blue circle represents C&V and the green circles our peer organisations).



- for stroke the 30 day crude mortality rate has remained at 12.5%, in line with other UK acute teaching hospitals in England and Wales outside of London.



- for patients admitted with a fracture neck of femur the latest data from the National Hip Fracture dataset identifies the UHB's 12 month 30 day mortality rate to be 9% against the national average of 6.5%

Overall performance - UHW. University Hospital of Wales

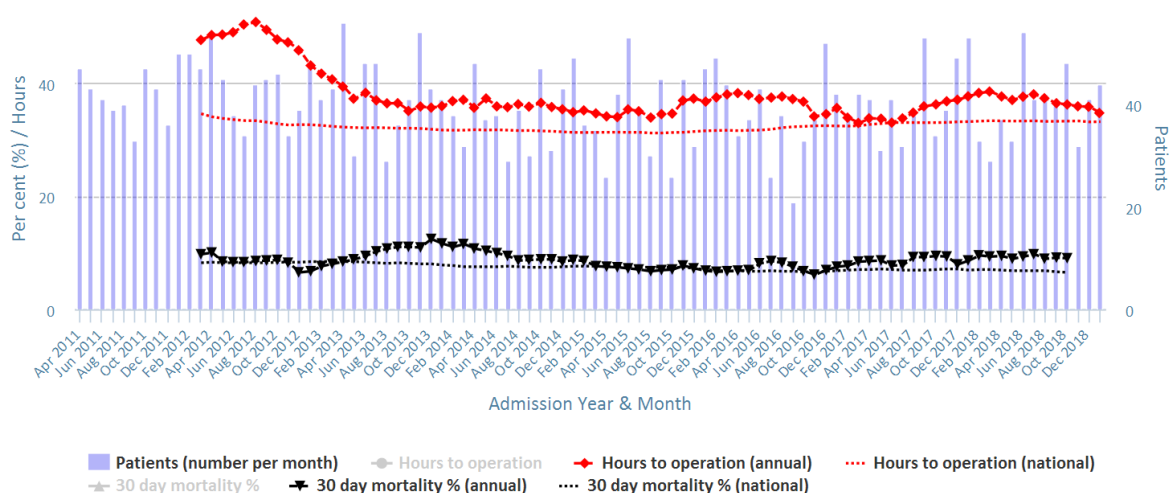


Chart data is indicative status only - www.nhfd.co.uk (c) Royal College of Physicians - Technology by Crown Informatics

How do we compare with our peers?

The UHB's performance relative to the other Welsh Health Boards as reported by CHKS is shown below. It is worth noting that flows are on a regional basis, and consequently the casemix for Myocardial Infarction and Stroke varies by Health Board.

Dec'17 - Nov'18	AB	ABM	C&V	CT	HD	BC
% Deaths in hospital within 30 days of Emergency admission with a heart attack aged 34-75	1.14	4.51	4.59	2.98	4.14	3.83
% Deaths in hospital within 30 days of Emergency admission with a stroke	12.1	12.7	13.4	14	15.7	14.3
% Deaths in hospital within 30 days of Emergency admission with a hip fracture (age>65)	6.9	6.4	4.8	4.3	3.6	4.8

Risks

Condition specific mortality is a useful indicator for measuring the UHB's effectiveness in providing safe, clinically effective care and for the early identification of harm occurring. Case note review is considered to be the gold standard for determining whether appropriate care has been provided to patients and as the basis for learning.

What are we doing?

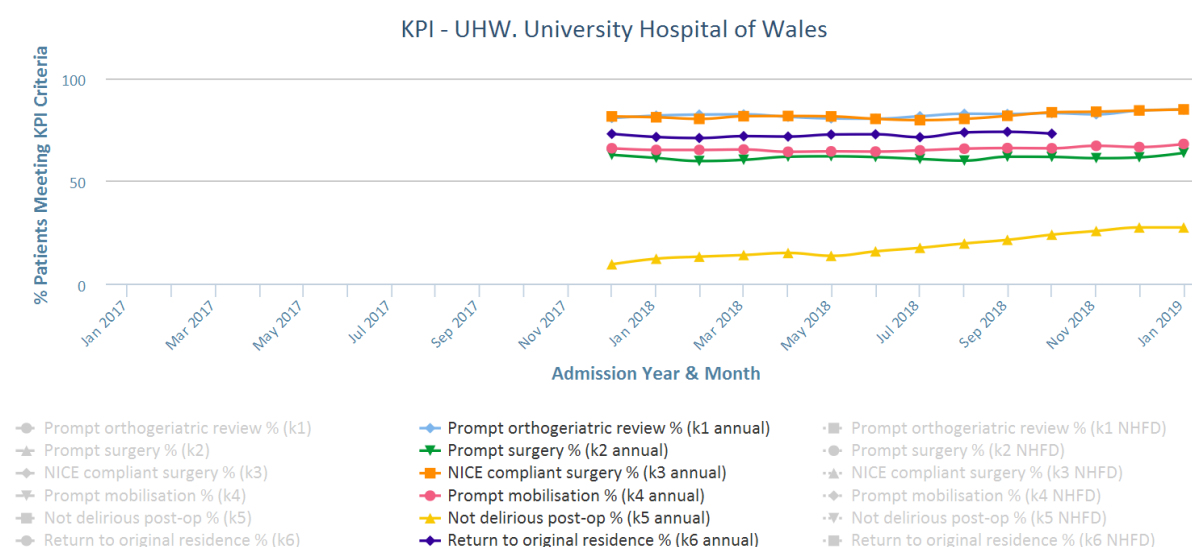
In respect of myocardial infarctions, the development of a new regional pathway which is streaming patients who have suffered an out of hospital cardiac arrest directly into UHW is hypothesised to be the primary cause of the increase. This evidence based development is intended to reduce overall mortality rates for this higher risk cohort of patients by expediting their access to specialist critical care and cardiac services.

The outcomes of the new model are being subject to clinical audit and are appraised via the clinical audit and safety meetings.

In respect of hip fractures, the UHB has a falls prevention programme to reduce the numbers of patients fracturing their hip. The actions being taken forward on an Alliance basis include:

- Improving the falls pathways, enhance community level falls prevention intervention and improve screening of older people at risk of falling, including establishing a first point of contact and community falls clinics
- Promote the Steady on Stay Safe falls prevention campaign amongst the population of Cardiff & Vale through working with local partners, utilising social media and incorporating into MECC where appropriate
- Providing Falls Brief Intervention training to key professionals working with older people, giving them the skills to identify and address falls risks and signpost to support

Within the hospital environment the UHB is an active participant in the Royal College of Physician's "*Falls and Fragility Fracture Audit Programme*" and contributory to the *National Hip Fracture Database*. As part of this programme the UHB is striving to improve outcomes and processes against the 6 key metrics shown in the chart below.



Actions for stroke are in improving processes in line with the Stroke improvement plan and the Royal College of Physician's *Sentinel Stroke National Audit Programme*, details of which are provided in the dedicated section of this performance report.

2) MENTAL HEALTH

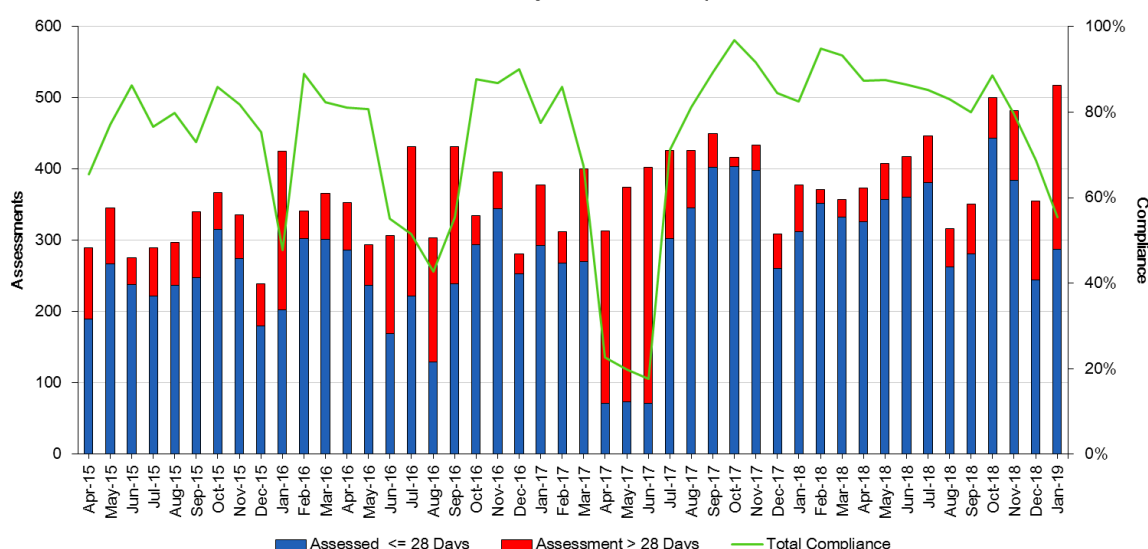
How are we doing?

Part 1a: Service users to receive an assessment within 28 days

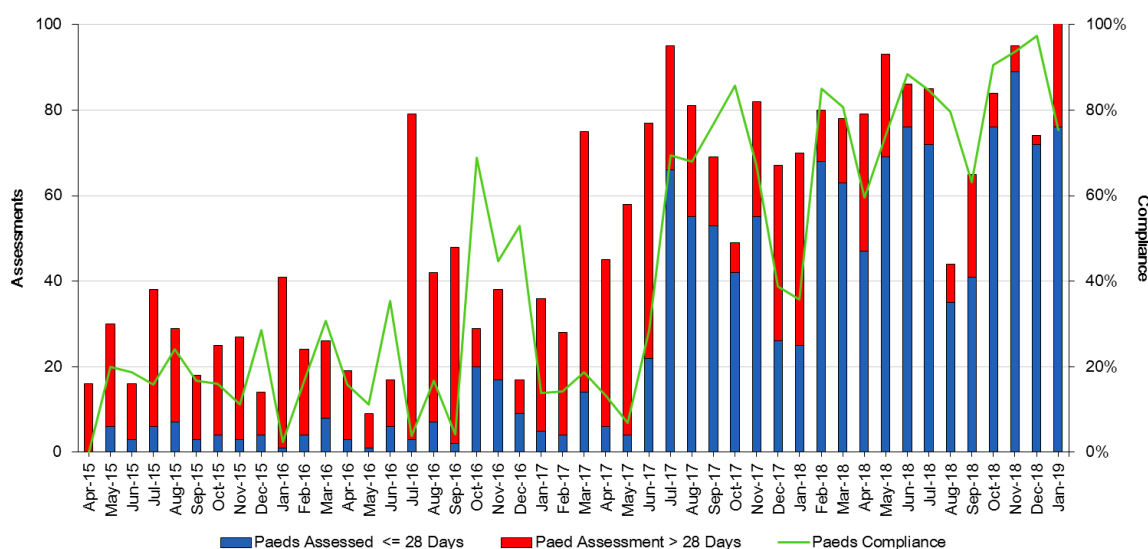
Overall 56% of service users seen in January 2019 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

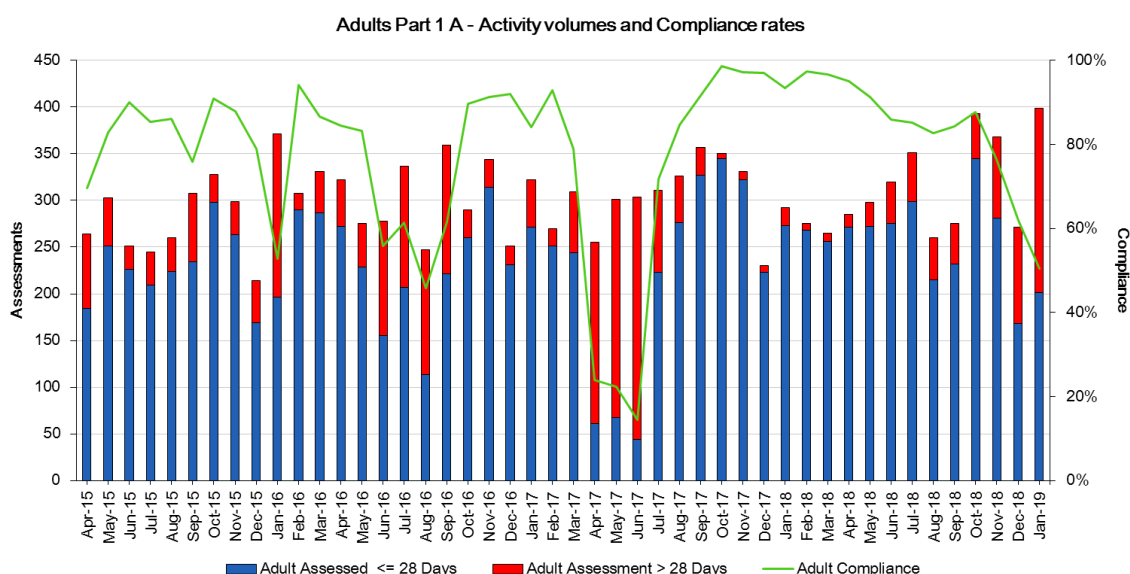
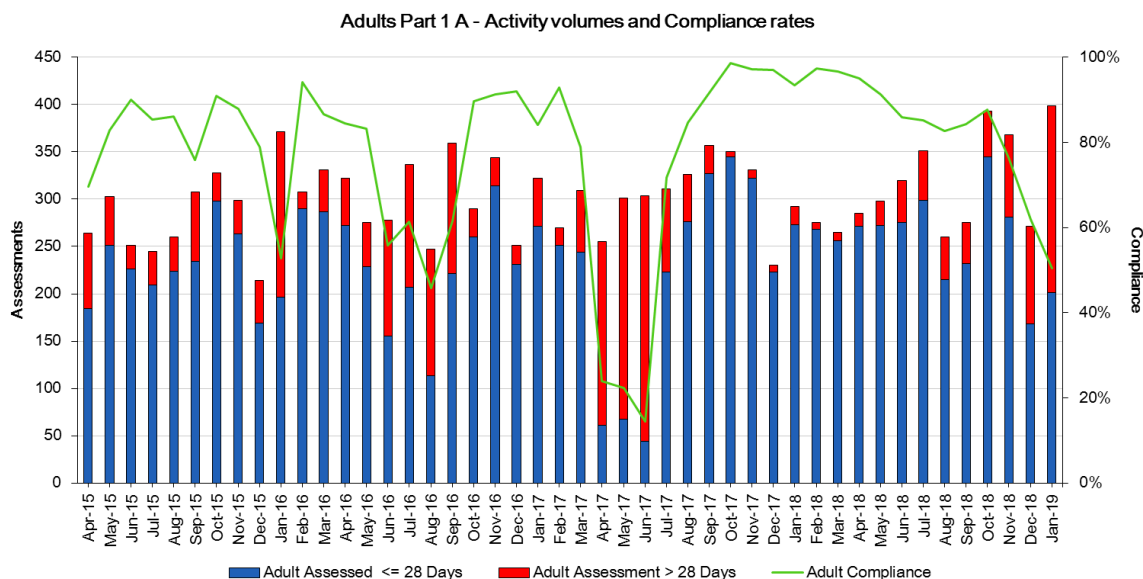
All services have experienced a decrease in performance against the access rates within 28 days in January 2019, caused by exceptional referrals in both October and January. At a service level Child and adolescent service performance decreased from 94% in November 2018 to 75% in January 2019; Adult services performance decreased from 76% in November 2018 to 50% in January 2019 and Older People's Service performance decreased from 74% in November 2018 to 59% in January 2019.

Total Part 1 A - Activity volumes and Compliance rates



CAMHS Part 1 A - Activity volumes and Compliance rates





Part 1b: Overall 90% of service users started a therapeutic intervention in January 2019 following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

Part 2: Overall 84% of LHB residents had a valid Community Treatment Plan completed at the end of January 2019 (data quality issues have recently been identified for later months). The standard is 90%.

Part 3. 100% of former users assessed under part 3 of the measure were sent their outcome of assessment report within 10 days.

Part 4 of the measure relating to the advocacy service continues to be met.

How do we compare with our peers?

In December 2018 the UHB's performance for Part 1a of the measure deteriorated to 6th in ranking compared to the other LHBs and level of performance in respect of delivering parts 1b is 3rd in ranking compared with in other Health Boards.

December 2018	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of Therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
ABM	83.8%	85.2%	91.3%	100.0%
AB	84.0%	80.4%	90.2%	100.0%
BCU	75.1%	73.8%	89.7%	100.0%
C&V	68.7%	86.0%	83.9%	100.0%
CTaf	61.5%	97.3%	86.0%	100.0%
HDda	93.5%	93.8%	92.5%	100.0%
Powys	87.1%	77.8%	96.6%	100.0%
Rank	6/7	3/7	7/7	-/7

What are the main areas of risk?

The main risk to achieving the target is the lack of resilience within the services' capacity at periods of relatively higher demand. This risk materialised in October 2018 when there was an unprecedented demand of 1180 referrals into the adult service, which took the service approximately 2 months to recover from. A double spike occurred with demand in January 2019 reaching 1003, far outstripping the service's capacity of circa 900.

What actions are we taking?

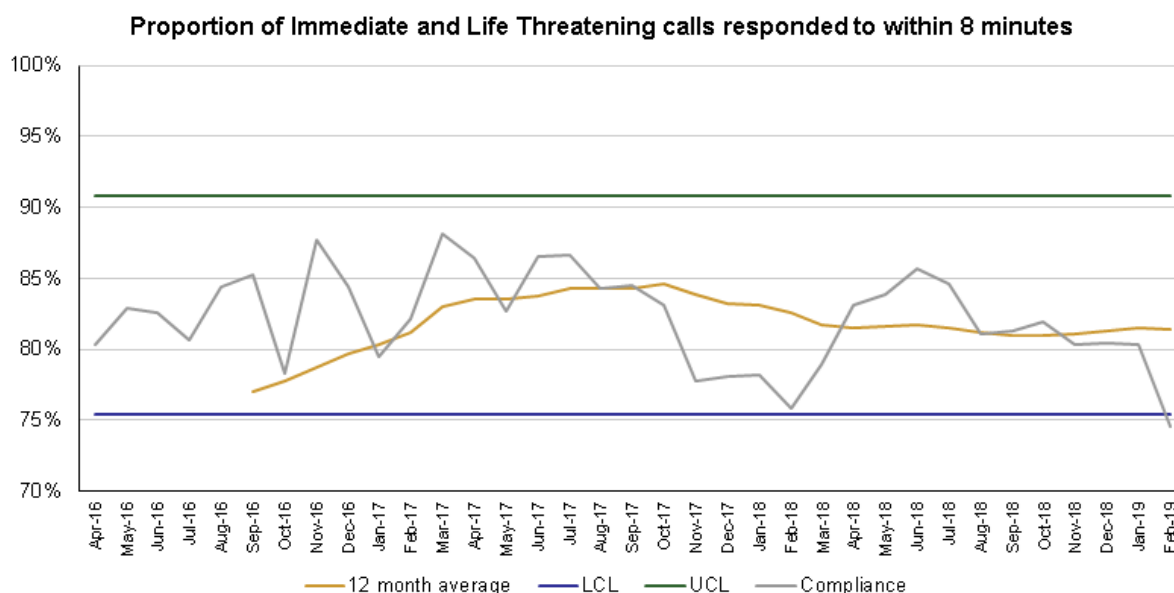
Part 1a – All services have been invoking additional bank sessions, to provide the additional capacity required to cope with the additional demand experienced and to address the backlog that has resulted.

Part 1b – The recent Matrix Cymru recommendations which have led to an extension of psychological therapy interventions has meant that a number of group therapies have been included within the scope of the act. Within these, there are a number of conditions which are relatively rare and there is difficulty in securing a critical mass of patients to deliver the therapy within a 56 day cycle (28 day assessment, 28 day intervention). The UHB continues to strive to meet this target, along with opening discussions with WG officials on the practicalities of compliance.

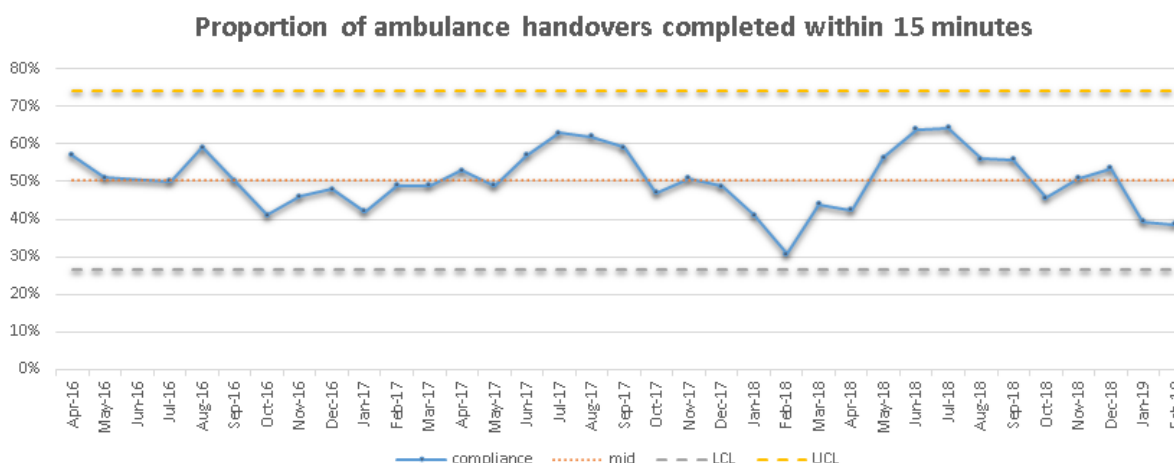
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

3) UNSCHEDULED CARE

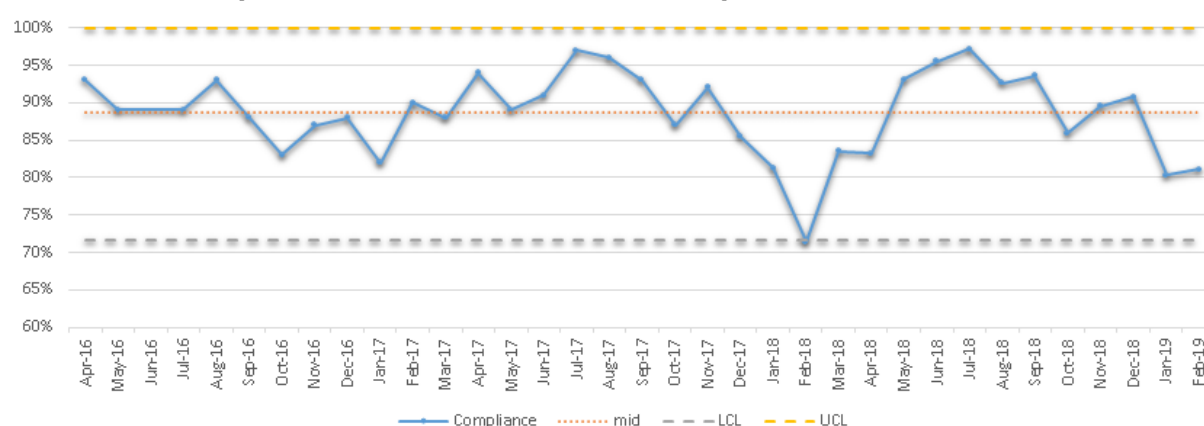
The proportion of immediate and life threatening calls responded to within 8 minutes was 74.6% in February; with the 12 month performance marginally decreasing to 81.4% reflecting a marginal decline on that observed in February 2018. Performance still remains above the Welsh Government target of 65%.



In respect of ambulance handovers, 39% of patients were handed over within 15 minutes and 81% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

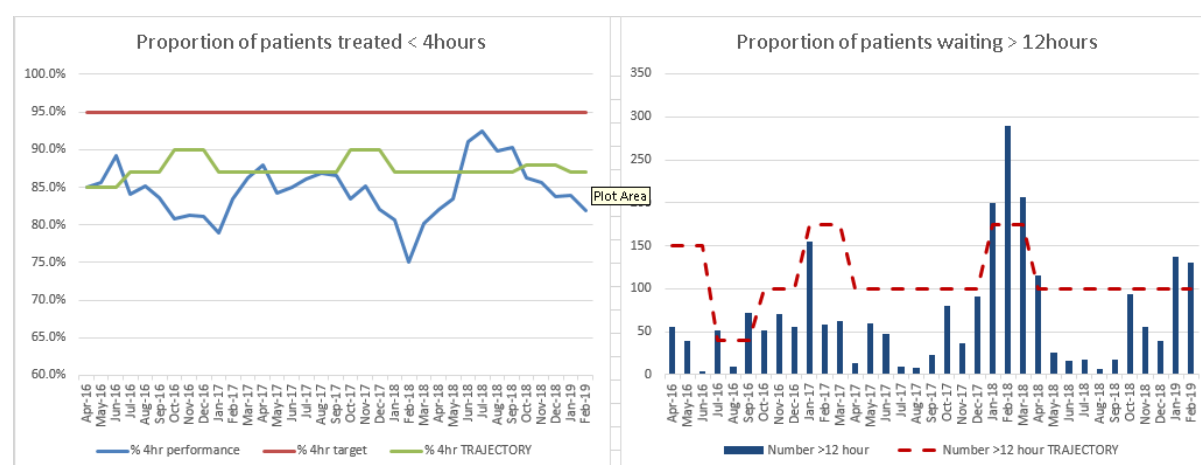


Proportion of ambulance handovers completed within 60 minutes



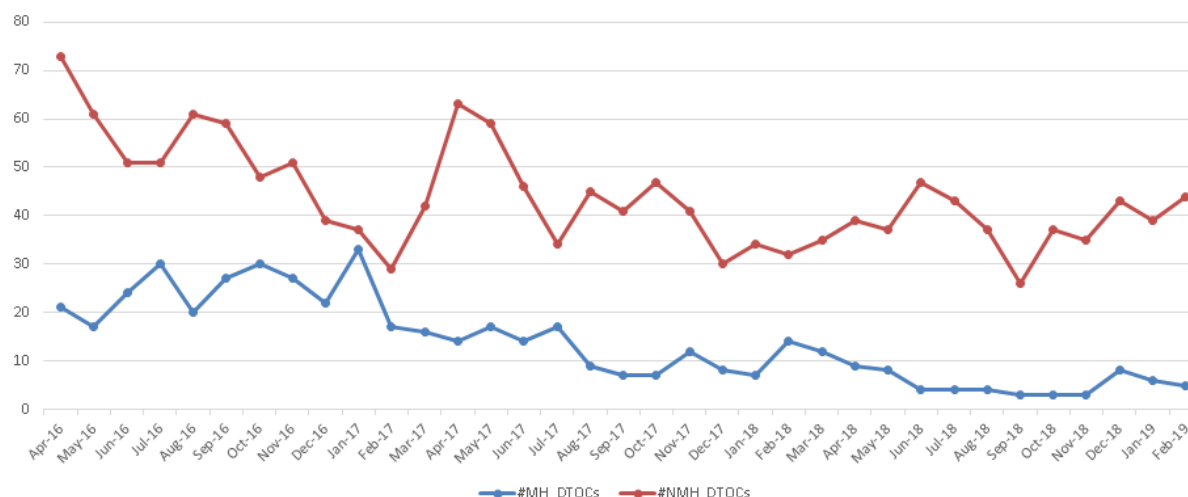
The proportion of patients admitted, discharged or transferred within 4 hours rose in February to 82%, a 7% improvement on last February, but below both the WG target of 95% and the UHB's IMTP trajectory of 88%.

The number of patients waiting in excess of 12 hours increased to 130 in February, an improvement of 160 in comparison to February 2018, and an overall seasonal improvement in comparison to 2018. The performance for the quarter did not meet the WG's expected standard of zero, nor the 100 projected in our annual plan. These figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.



At the February 2019 census point, the UHB recorded that 49 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1205 in the month, equating to 43 beds per day.

Number of Delayed Transfers of Care within the UHB



How do we compare with our peers?

The latest performance data available indicates that UHB ranked third in comparison to its peers for the recorded unscheduled care access measures in January 2019.

HB	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	78.2%	1164
AB	69.4%	689
BCU	75%	690
C&V	74.6%	430
CT	69.9%	2
HD	64.5%	376
C&V Rank	3/6	3/6

The latest performance data available indicates that UHB ranked 1st for patients >12 Hrs and 2nd for 4 Hour compliance care access measures in December 18.

HB	4 Hour	Patients >12Hrs
ABM	78.0%	759
AB	76.5%	470
BCU	67.6%	1552
C&V	83.8%	39
CT	82.5%	390
HD	84.6%	690
C&V Rank	2/6	1/6

The UHB is ranked 4th for mental health delayed transfers of care of patients and is ranked 3rd for its non-mental health delayed transfers of care.

12 months to Dec 18	ABM	AB	BC	CV	CT	HD	Pow	CV Rank
# MH DTOC	320	46	208	79	71	99	31	4/6
# non-MH DTOC	865	930	1150	445	274	500	196	3/6

What are the main areas of risk?

As reported in the last Board report, there are two main risks:

- Firstly the additional pressure Winter brings on the Unscheduled Care system due to demand increases and higher levels of acuity; and
- Secondly recruitment and retention of clinical staff, in particular the high level of nursing vacancies and high reliance on temporary staffing.

What actions are we taking?

The Health Board continues with the schemes outlined and implemented as part of the 2018-19 integrated winter plan. This plan is system wide, recognising the need to mitigate the risk of both increased pressure in-hospital but also that to our wider community as a result of ambulance turnaround delays.

'Get me Home plus', a project funded through the Welsh Government transformation fund, continues. Developed by the Cardiff and Vale Regional Partnership Board, the project is aiming to integrate health and social care to bring care closer to home.

The Health Board increased its critical care capacity by four beds in February 2019.

The Health Board continues with a number of schemes to improve the recruitment and retention of nursing staff. In addition to the normal recruitment campaigns, the Health Board is also progressing a student streamlining scheme for third year student nurses. The approach to balancing risk on a daily basis continues i.e. senior nursing teams consider the position across all wards and take the necessary action, e.g. moving staff between wards, to mitigate any risk.

4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. In January the UHB was compliant with 7 of the standards and February the UHB was compliant with 5 of the standards, and within 10% of the required level for 5 of the standards.

Cardiff and Vale of Glamorgan Out of Hours Monthly Data Report

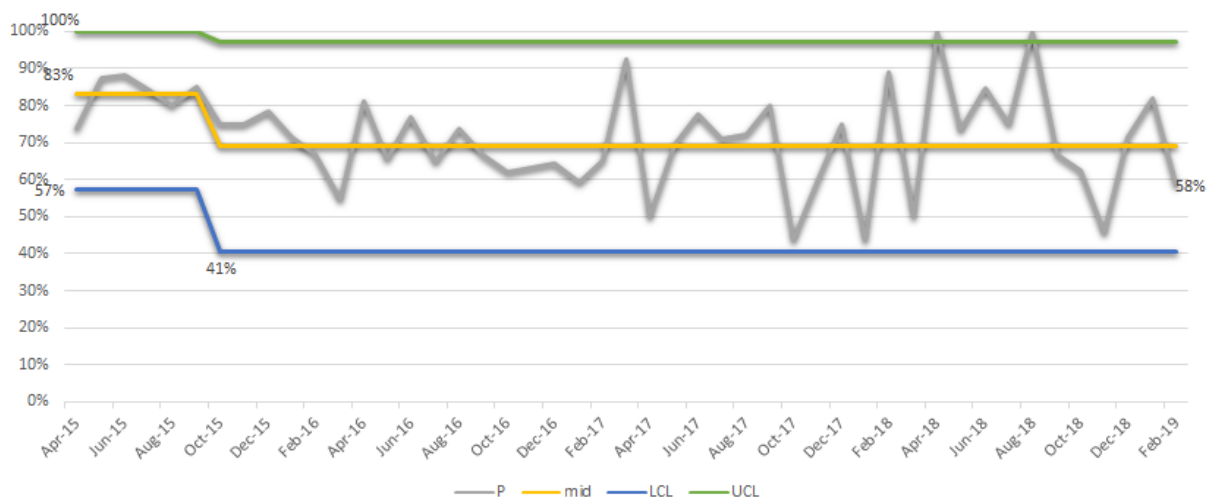
** Please note: the percentages are rounded to the nearest whole number.

Demonstrates that a standard has been achieved			Total Contacts=9743			Total Contacts=8697		
Demonstrates that a standard is within 10% of being achieved			Total Clinical Contacts Recorded on Adastral = 8611			Total Clinical Contacts Recorded on Adastral = 7632		
Demonstrates that a standard has not been achieved			Jan-19			Feb-19		
Demonstrates volumes only			Total			Total		
Standard	Description	Target	Total	Result	Score	Total	Result	Score
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7563	6834	90%	7754	6810	88%
		100% ans. in 120 seconds	7563	7183	95%	7754	7207	93%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7563	140	2%	7754	177	2%
Handling	% of calls recording the correct patient demographic information	100% Correct	7563	7563	100%	7754	7754	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2846	2224	78%	2480	1850	75%
	Longest time to triage an urgent call	Longest time		523			500	
	Average of the 10 longest times to triage an urgent call	Average time		385			417	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3971	3233	81%	3540	2799	79%
	Longest time to triage a routine call	Longest time		920			934	
	Average of the 10 longest times to triage a routine call	Average time		660			756	
Immediate Life Threatening (ILT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	235	235	100%	189	189	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	8611	579	7%	7632	499	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	11	9	82%	12	7	58%
	The number of face to face contacts within two hours	100% seen within two hours	11	11	100%	12	11	92%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	196	139	71%	170	117	69%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	372	254	68%	317	224	71%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	8611	2684	31%	7632	2528	33%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	9	64%	24	17	71%
	The number of face to face contacts within two hours	100% seen within two hours	14	14	100%	24	22	92%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	257	197	77%	234	190	81%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2413	2323	96%	2270	2225	98%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	9167	9167	100%	8211	8211	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	8611	2580	30%	8211	2144	26%
	The number of calls advised to contact their GP within 24hrs.	No target	8611	1132	13%	8211	965	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	8611	674	8%	8211	534	7%
	The number of referrals to WAST	No target	8611	235	3%	8211	222	3%
	The number of referrals for direct admission	No target	8611	264	3%	8211	237	3%
Referrals IN	The number of referrals from the Emergency Department	No target	8611	25	0.3%	8211	44	0.5%
	The number of referrals from WAST	No target	8611	162	2%	8211	133	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4809	3872	81%	4227	3467	82%
Complaints/Incidents								
Complaints	Total number of complaints received & number upheld	No target		1			3	
Compliments	Total number of compliments received	Volume only		3			0	
Significant Events	Total number of significant events recorded	Volume only		0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			1	

The number of calls received in January and February has returned was lower by around 20% than in December.

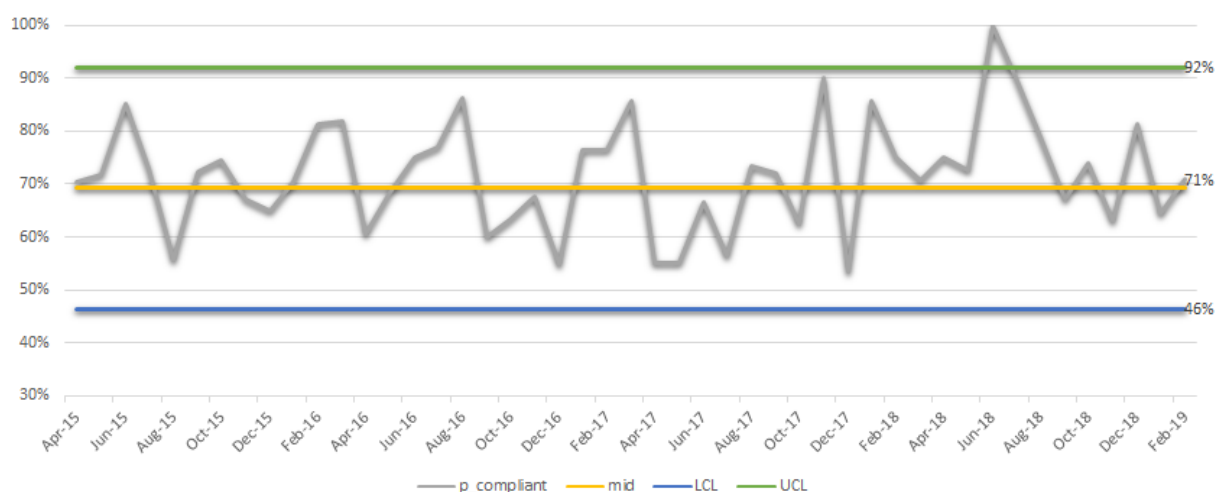
Despite this the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continues to fluctuate wildly, between limits of 41% and 97%. Discrete performance in January was 82% meeting Welsh Governments standards of 75% but fell short in February with performance falling to 58%. The wide variation being reflective of the small volumes.

Proportion of emergency GP OOH patients requiring a home visit seen within 1 hour



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 71% in February, 4% under the WG standard of 75%.

Proportion of GP OOH "emergency" patient attending a primary care centre appointment within 1 hour



How do we compare with our peers?

Welsh Government has chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients. Despite the data being available for all organisations in August 2018, performance data for only 4 Health Boards has been published for November 2018.

Nov-18	AB	BC	C&V	CT
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	80%	77%	81%	70%
% very urgent patients seen<= 60 mins following clinical assessment	71%	54%	44%	87%

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 60 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability.

What actions are we taking?

Additional elements of the services plans to for work force development in the medium term and the ongoing attempts to maintain sufficiently filled rosters, which are taking place include:

- **National standards** – The national standards are due to change in April 2019. Engagements with Local Health Boards have taken place. OOHs within C&V are starting to review performance against these new standards.
- **Workforce planning** – Capacity and Demand exercises have been completed alongside best practice reviews. Following this a three year workforce plan is being developed to implement MDT working arrangements to improve shift fill rates at peak times also remote working for clinicians to make the role more attractive.
- **Spreading innovative practice** – 111 are funding a number of initiatives this includes HCSW and Minor Illness Clinicians, the evaluations for this will be fed into the whole of Wales.
- **National leadership arrangements** – HEIW are creating a leadership programme for clinical and non-clinical staff specially working in OOHs areas.

5) PRIMARY CARE

How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics that are expected to be adopted, are reported on below:

- a) **Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.

b) Contract terminations: In January 2019 the UHB successfully concluded a competitive tender exercise to establish a new provider for a GP practice in South Cardiff. The notice from a GP practice in the Vale of Glamorgan of their intention to resign from their GMS contract, notified to the board in January has been retracted and we are currently working with the practice to develop a sustainable service model going forward.

c) Directly managed GP services: The UHB presently has no directly managed primary medical care services

d) Other contract variations: The UHB is currently in discussion with 2 GP practices and relevant stakeholders (i.e. CHC and LMC) regarding the closure of branch surgeries and the potential consolidation of services on a single site.

How do we compare with our peers?

Data to inform the all Wales position in respect of GMS is presently under development.

What are the main areas of risk?

Primary care is essential to delivery of the organisation's strategy and strategic objectives, affecting all dimensions of health and care. Owing to a number of factors, the UHB is facing challenges in recruiting and retaining sufficient numbers of General Medical Practitioners to meet the demands of a growing, aging population, who have increasingly complex clinical needs from some fairly antiquated estate.

The key risk factors presently used across Wales to assess the risk of GP sustainability at a practice level are:

- Age distribution of the Practice population age spread
- Number of sites/branch surgeries within the practice group
- Condition of premises
- Capacity of premises
- Whether it is a Partnership or singlehanded partnership
- Patients per GP & per senior clinician (GP, Advanced Practitioner, Pharmacists)
- Age profile of the GPs in the partnership
- Current vacancies & Length of vacancies within the practice
- Number of unfilled clinical sessions per week
- Income loss arising after 'Minimum Practice Income Guarantee' redistribution
- Recent changes to opening hours (per site)
- Merger discretionary payment scheme development to support practice mergers and the costs associated with this.

What actions are we taking?

In collaboration with our GPs and the LMC the UHB has progressed a number of initiatives to support and advance the sustainability of our GMS services. In addition to those previously notified to the board in January, further initiatives include:

- UHB agreement to provide IM&T solutions (clinical templates, searches, reporting) to all GP practices in C&V to help improve disease prevalence and offer more targeted clinical interventions. This is also expected to help reduce waste and variation.
- UHB agreement to explore the benefits of web based file sharing and collaborative space to improve collaboration between practices, support cluster development, reduce waste and variation.
- Introduction of a GP Fellowship scheme as a means of developing the GP workforce in Cardiff & Vale.
- Introduction of the Nurse Trainee Scheme as a means of developing the primary care nursing workforce and improving general practice skills.

6) STROKE

How are we doing?

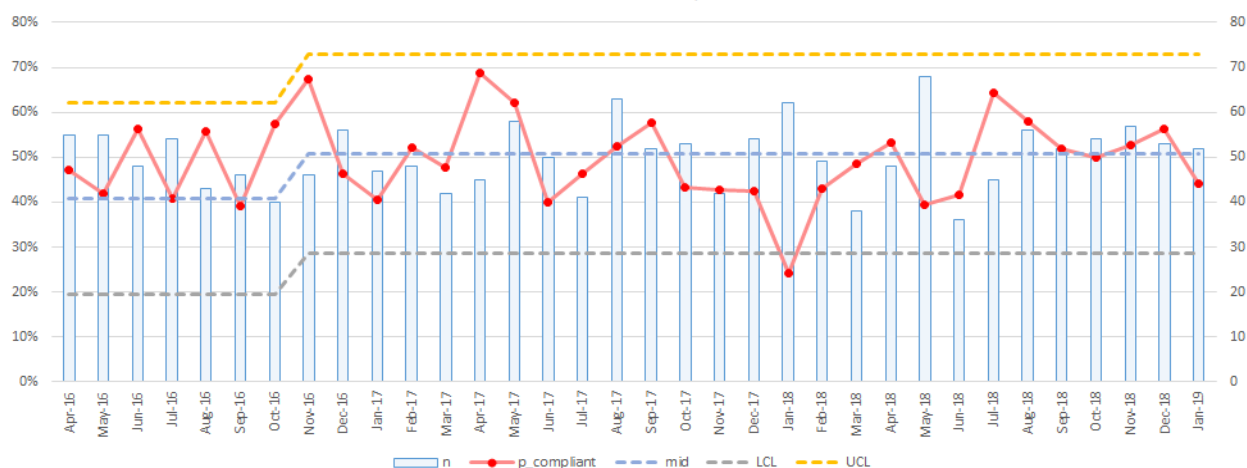
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. Of the measures, providing thrombolysis within 45 minutes of arrival for non-haemorrhagic continues to present the greatest challenge.

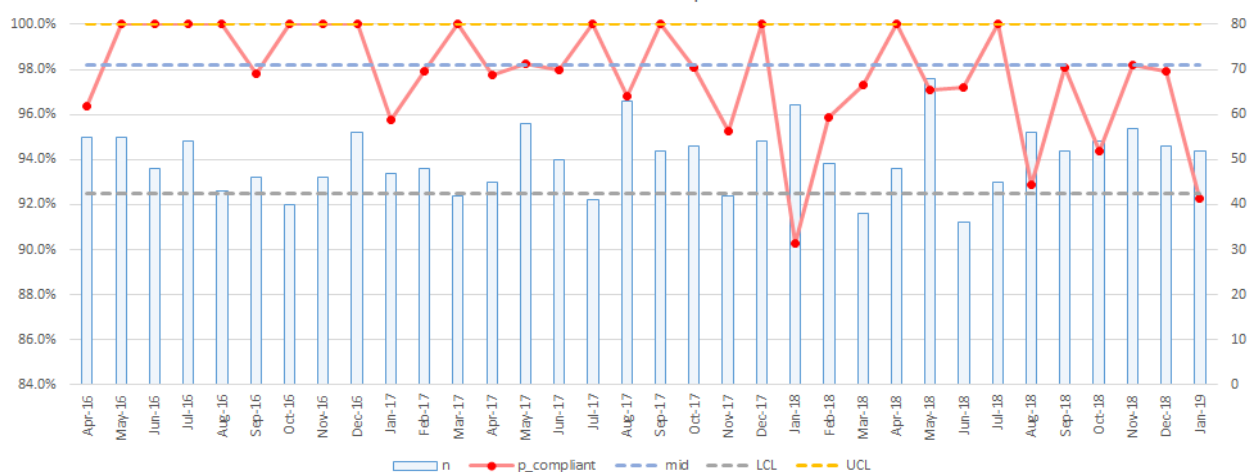
WG benchmarking standard		IMTP trajectory	UHB in Dec-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	65%	65%
12 Hour QIM	CT Scan within 12 hours	99%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	83%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	35%	17%

Trends in performance in delivering the full bundles are shown below.

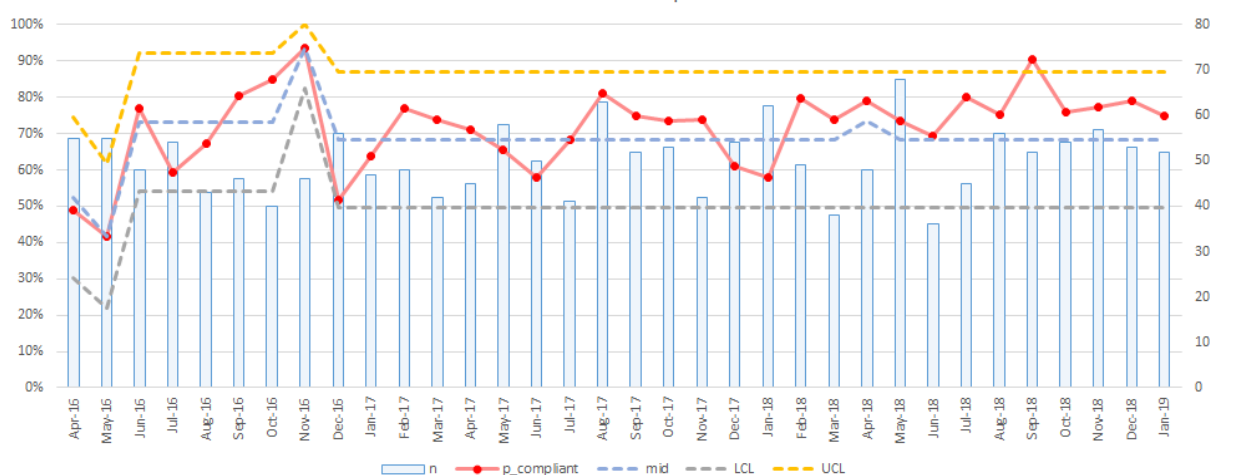
Stroke bundle 1 compliance



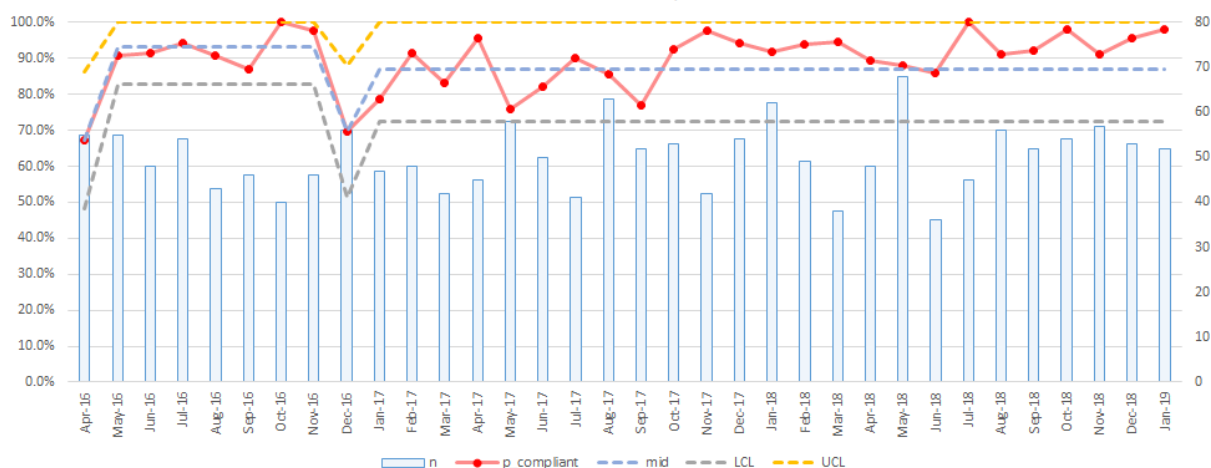
Stroke bundle 2 compliance



Stroke bundle 3 compliance



Stroke bundle 4 compliance



Performance in delivering the first day bundle (Bundle 2), which measures access to a dedicated stroke bed and a swallow screen within the first 24 hours was detrimentally affected by higher bed occupancy rates and a lower rate of flow across the health system, which resulted in reduced bed availability on the acute stroke unit.

We have maintained a Level B for our acute site (UHW) with 74 points overall. (6 points off an A)

Thrombolysis has also improved from a Level D to a C for this reporting period.

Trust		Cardiff and Vale University Health Board	Cardiff and Vale University Health Board	Cardiff and Vale University Health Board	Cardiff and Vale University Health Board
Team		University Hospital of Wales	University Hospital of Wales	University Hospital of Wales	University Hospital of Wales
Time period		Dec 2017-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
SSNAP level		B	C	B	B
SSNAP score		70	67.5	75	74
Case ascertainment band		A	A	A	A
Audit compliance band		A	B	A	A
Combined Total Key Indicator level		B	B	B	B
Combined Total Key Indicator score		70	71	75	74
Number of records completed:	Team-centred post-72h all teams cohort	202	154	158	165
Patient-centred KI levels:					
Patient-centred Domain levels:	1) Scanning	A	A	A	A
	2) Stroke unit	E	D	C	C
	3) Thrombolysis	C	C	D	C
	4) Specialist Assessments	D	C	B	C
	5) Occupational therapy	C	C	C	C
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	B	C	C	D
	8) MDT working	B	B	A	A
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	A	A	A	A
Patient-centred KI level	Patient-centred Total KI level	B	B	B	B
	Patient-centred Total KI score	70	72	76	74
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	B	C	B	B
	Patient-centred SSNAP score	70	68.4	76	74
Team-centred KI levels:					
Team-centred Domain levels:	1) Scanning	A	A	A	A
	2) Stroke unit	E	D	C	C
	3) Thrombolysis	C	D	D	C
	4) Specialist Assessments	D	D	B	C
	5) Occupational therapy	C	C	C	C
	6) Physiotherapy	B	B	B	A
	7) Speech and Language therapy	A	B	C	C
	8) MDT working	B	B	B	B
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	B	A	A	A
Team-centred KI level	Team-centred Total KI level	B	B	B	B
	Team-centred Total KI score	70	70	74	74
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	B	C	B	B

How do we compare with our peers?

The latest available benchmarking data across Wales indicates that all Health Boards are facing challenges in providing direct admission to the acute stroke ward and thrombolysis within 45 minutes on a sustainable basis.

In October 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	53%	38%	40%	65%	45%	60%	1/6
CT scan <1h	49%	53%	36%	68%	60%	79%	2/6
Assessed by a stroke consultant <24h	86%	99%	72%	83%	62%	88%	4/6
Thrombolysis door to needle (<=45min)	29%	29%	25%	17%	13%	36%	5/6

What are the main areas of risk?

- The median DTN time for thrombolysis in hours is within the 45mins target for non-complicated stroke, however DTN time out of hours remains a challenge
- Swallow screen within 4hrs of arrival

What actions are we taking?

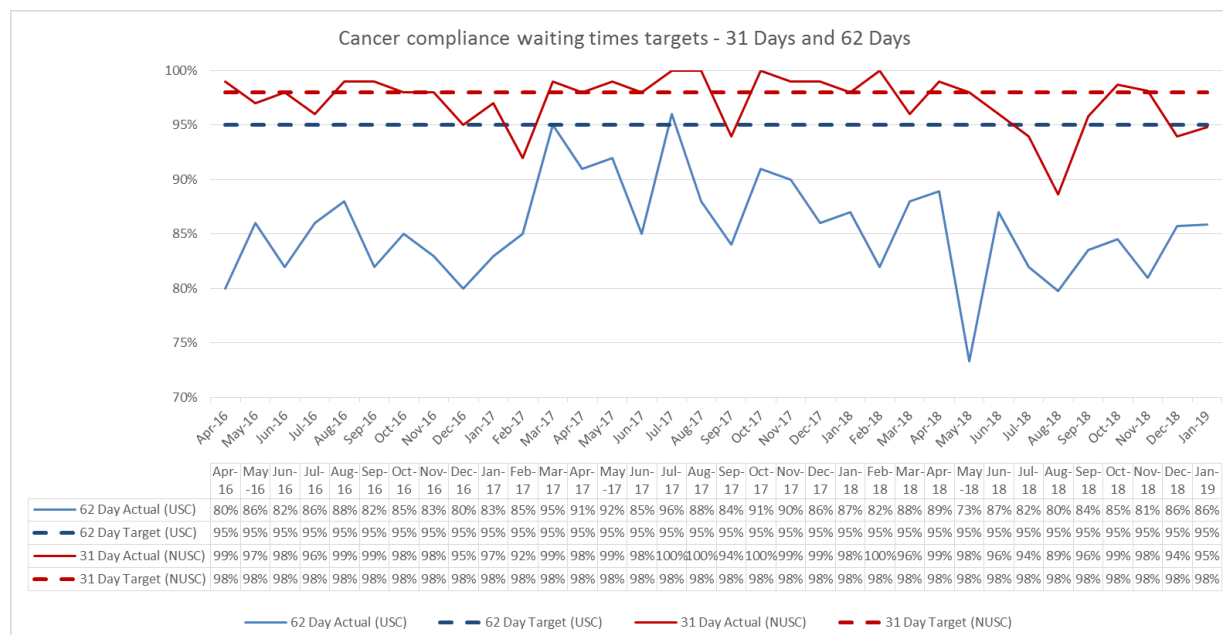
- At a system level the organisation continues its improvement work to reduce acute hospital bed day consumption, which will improve the availability of stroke beds and thus access to the acute stroke unit for our patients.
- Operationally the stroke programme has been re-established to focus on Clinical Standards, inpatient practice and the development of a Hyper Acute Stroke Unit (HASU). This includes a Thrombolysis Task & Finish group which aims to address the inherent variation in providing this timely intervention between in and out of hours
- Funding has been secured to initiate a Stroke Thrombolysis Response Nurse project, intended to train ward-based stroke nurses in the delivery of thrombolysis and to develop the competencies of the ward workforce to a level which will be 'HASU-ready'. The programme is currently in recruitment phase, and is expected to commence in June 2019
- A training plan has been put in place intended to enable nurses within the emergency department to safely and reliably undertake swallow assessments.

7) CANCER

How are we doing?

The proportion of cancer patients who were treated within 62 days of their referral with suspected cancer was 86% in January 2019. Performance remains below the IMTP trajectory of 92% and the Welsh Government's standard of 95%. 12 patients waited in excess of 62 days for treatment, across the following tumour sites: Head and Neck – 2; Lower GI – 2; Urology – 5; Haematology – 1; Breast - 2.

The proportion of cancer patients who were treated within 31 days of a cancer having received a confirmed cancer diagnosis and who were not on a 62 cancer pathway was 95% in January 2019. There was 1 Lung, 2 urology and 2 breast patient who waited more than 31 days for treatment. The WG's standard is for 98% of patients to be treated within 31 days.



What are the main areas of risk?

The UHB has increased its focus on clearing the backlog of patients waiting > 62 days in GI for treatment. This is the right thing to do for the patient but will have a detrimental impact on our performance in February and March.

Our other issues and challenges remain largely similar to those reported in previous month:

- Increase in demand in a number of tumour sites, with exceptional demand in a number of tumour sites – including urology and GI, which has contributed to excessive waits for diagnosis.
- Balancing demand and capacity, including the need to balance waiting time target demands and clinical urgency across all categories of referrals. This is particularly challenging for diagnostics
- Challenges in recruiting healthcare professionals to key (and often specialist) posts

What actions are we taking?

Action remain largely similar to last month:

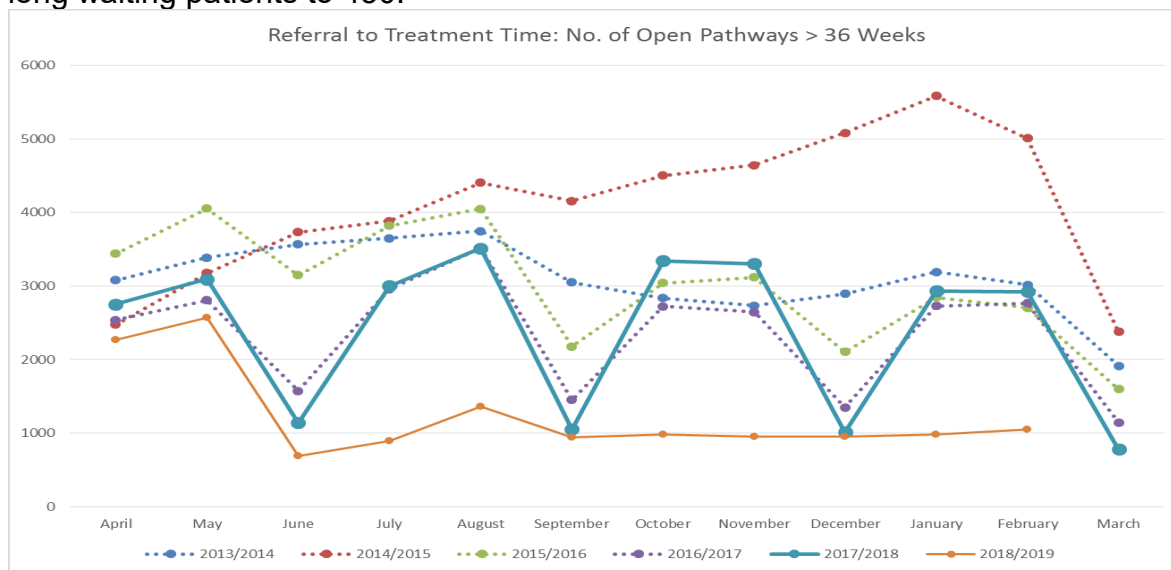
- The Board will receive a separate paper in March 2019 on the actions the Health Board is taking to improve cancer performance

8) ELECTIVE ACCESS

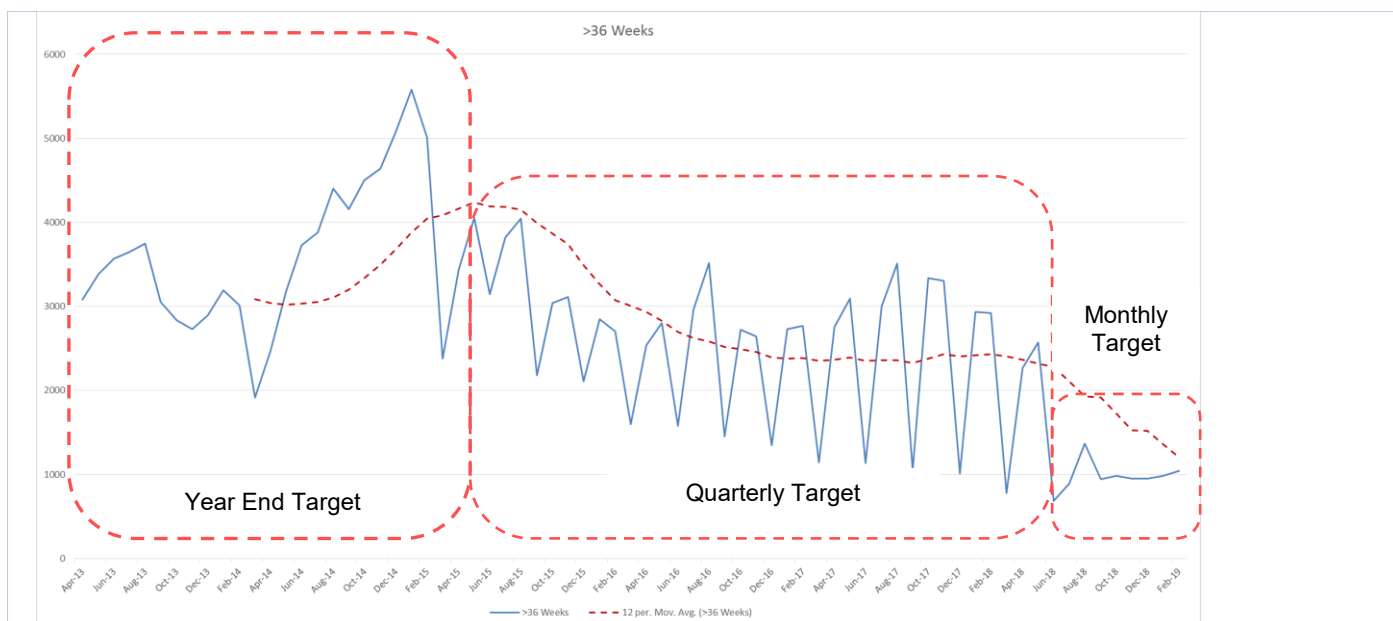
How are we doing?

There were 10,372 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of February 2019, equating to 86% of patients waiting under 26 weeks, (IMTP trajectory = 86%).

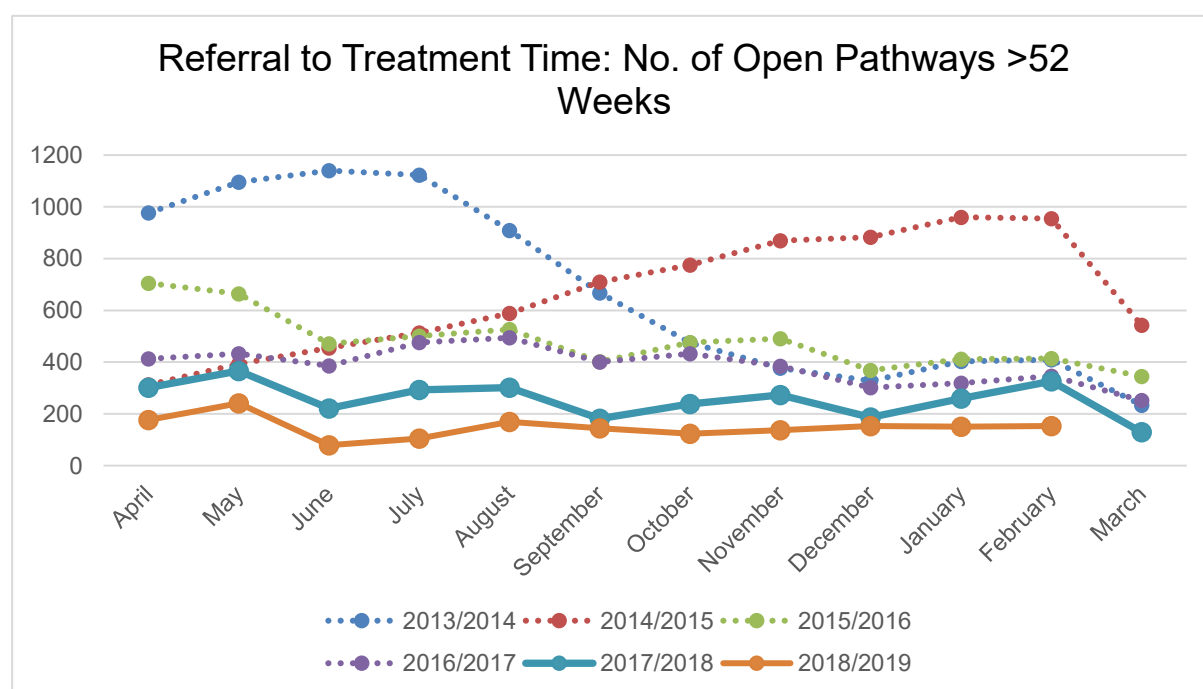
The number of patients waiting over 36 weeks has increased slightly to 1046 at the end of February 2019. The end of quarter trajectory is to have reduced the number of long waiting patients to 450.



The target monitoring periods have changed over time (from yearly to quarterly to now monthly) which has had an impact on how many patients are waiting over 36 weeks. Since the monthly monitoring periods for all specialties commenced in August there has been a dampening of the variation in reported volumes, improving overall access times, whilst reducing the Health Board's ability to manage the variation in both the casemix and volume of demand.

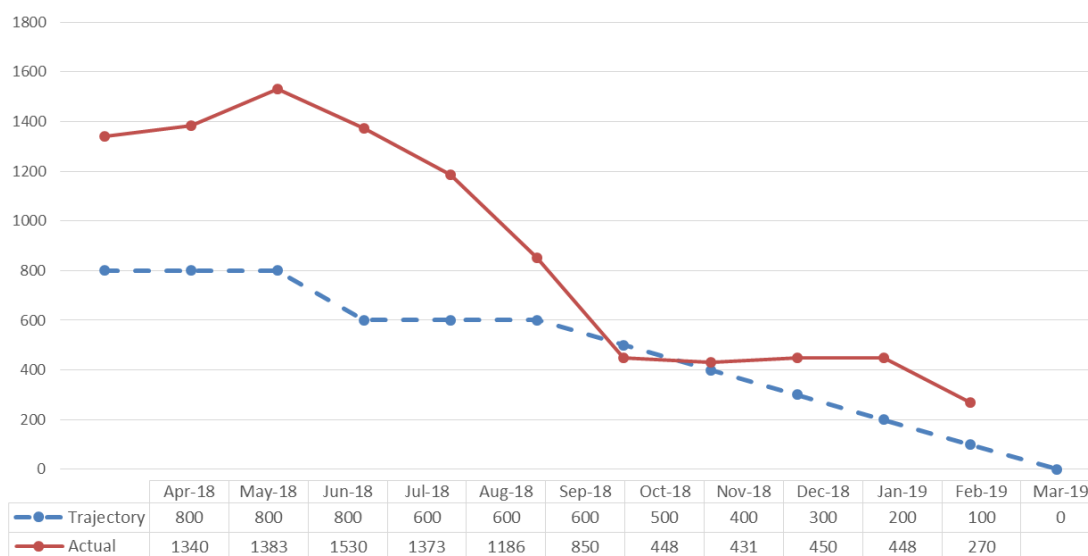


The number of patients waiting greater than 52 weeks at the end of February 2019 was 153. This is in line with the numbers reported over the past 6 months.



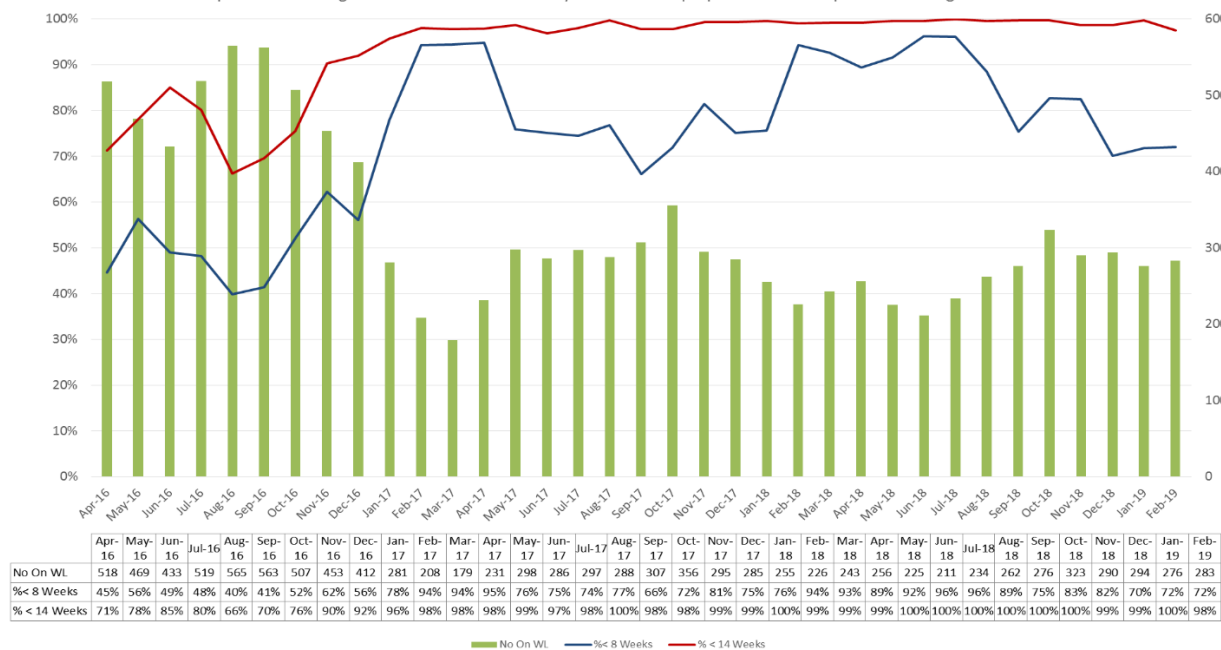
The UHB has 270 patients waiting greater than 8 weeks for a diagnostic test at the end of February 2019, a reduction on the previous month but marginally above the planned trajectory of 100.

Number of patients waiting >8 weeks for a diagnostic compared with IMTP trajectory



At the end of February 2019, 98% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks has deteriorated further to 72% in February 2019.

Number of patients awaiting assessment with the memory team and the proportion of those patients waiting < 8 and < 14 weeks



How do we compare with our peers?

The All-Wales waiting time position at the end of December 2018, shown below, indicates that Cardiff & Vale ranked 5th for the proportion of patients waiting less than 26 weeks, 3rd for the lowest number of patients waiting in excess of 36 weeks and 4th for the number of patients waiting in excess of 8 weeks for a diagnostic.

Dec 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	86.9%	88.0%	90.4%	82.7%	85.5%	88.8%	87.4%	5/6
No. > 36 weeks - RTT	12982	3030	249	7064	948	297	1394	3/6
No. > 8 weeks diagnostic	3135	693	4	1486	450	270	82	4/6

What are the main areas of risk and what actions are we taking to mitigate them?

There are two types of risk – the first relates to the impact on patients whose treatment is delayed and the second relates to specific issues presenting a risk to delivery of the agreed RTT trajectory as agreed with Welsh Government

The Health Board continues with its targeted approach to reduce the longest waits, with continued focus on those specialties assessed as having the highest potential clinical risk. Actions are underway to formalise the process of monitoring long waits through Clinical Board Quality, Safety and Experience governance structures.

The risks related to delivery remain largely unchanged from those previously reported, namely: demand increases and capacity gaps; Medical staff vacancies and unplanned absences; reliance on external providers; and the increased pressure across the whole system as a result of winter. The UHB continues to mitigate these risks through:

- Development and monitoring of specialty specific delivery plans
- Insourcing, outsourcing and commissioning of additional internal activity to address activity gaps
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

Dec 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	86.9%	88.0%	90.4%	82.7%	85.5%	88.8%	87.4%	5/6
No. > 36 weeks - RTT	12982	3030	249	7064	948	297	1394	3/6
No. > 8 weeks diagnostic	3135	693	4	1486	450	270	82	4/6

9) FINANCE

How are we doing?

The UHB's 2018/19 operational plan includes a £9.9m planned deficit. This is dependent upon managing the following key challenges:

- identifying and delivering a £33.780m savings target;
- identifying and delivering a further £9.266m of financial improvement;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is key to the success of the plan. The underspend reported against the operational plan increased by £0.015m in February from £0.268m at the end of January to £0.283m. The UHB has

undertaken a detailed budget forecasting exercise which provides assurance that the UHB will deliver its forecast position by the year end.

Background

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not approvable due to assumptions around additional funding. Following this the UHB revised its financial plan and consequently it was not in a position to submit an IMTP to Welsh Government for approval as it was significantly away from being financially balanced.

The requirement was therefore now to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 position which was a deficit of £29.2m. This was discussed at Targeted Intervention meetings and the UHB was encouraged to seek further improvement.

The Health Board reconsidered its position at its March 2018 Board Meeting and reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement.

This decision was shared with Welsh Government and on 10th July the UHB submitted its one year operational plan to Welsh Government. This position has been accepted and the UHB has received £10m additional annual operating plan funding and consequently the UHB has reduced its forecast deficit to £9.9m.

Reported month 11 position

At month 11 the UHB is reporting a deficit of £8.792m comprised of the following:

- £9.075m planned deficit (11/12th of £9.900m);
- £0.283m favourable variance against plan.

The underspend against the plan increased by £0.015m in month from £0.268m to £0.283m.

Income and Expenditure Analysis

Summary Financial Position for the period ended 28th February 2019

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(118.227)	(117.703)	0.524	(1,250.813)	(1,248.397)	2.416	(1,381.687)	(1,381.687)	0.000
Pay	52.532	51.921	(0.611)	562.274	560.298	(1.976)	612.412	612.412	0.000
Non Pay	66.520	66.592	0.072	697.615	696.891	(0.723)	779.175	779.175	0.000
Variance to Draft Plan £m	0.825	0.810	(0.015)	9.076	8.792	(0.283)	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(9.075)	0.000	9.075	(9.900)	0.000	9.900
Total £m	(0.000)	0.810	0.810	0.000	8.792	8.792	(0.000)	9.900	9.900

Progress against savings targets

The UHB has agreed a 3% recurrent savings target of £25.3m and a further 1% non-recurrent savings targets of £8.4m for delegated budget holders.

At month 11 the UHB has fully identified schemes to deliver against the £33.780m savings target.

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	33.780	33.780	0.000

In addition the UHB has a fully established £9.266m financial improvement plan.

Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £49.0m. If the 2018/19 financial plan is fully delivered the forecast 2019/20 brought forward underlying deficit will be £36.3m.

Creditor payment compliance

Non-NHS Creditor payment compliance was 95.2% for the 11 months to the end of February, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £46.727m at the end of February. Capital expenditure at the end of February was £30.273m against a plan of £33.083m.

Cash

The UHB has a forecast year end cash surplus of £1.856m. The UHB cash balance at the end of February was £4.112m.

What are our key areas of risk?

The previously identified key risks in delivering the plan have now been mitigated and the UHB is confident that it will deliver its year end forecast.

What actions are we taking to improve?

Managing within current budgets - overspending Clinical Boards must provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

Managing down the underlying deficit – a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

ASSURANCE is provided by:

The fact that the UHB is making progress in delivering our Operational Delivery Plan for 2018/9 by achieving compliance with 27 of its 68 performance measures

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** the UHB's current level of performance and the actions being taken where the level of performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	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, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		Not Applicable							

