Bundle Local Partnership Forum 5 June 2019

Agenda attachments

0.0 Agenda 05.06.19.docx

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1.2	Apologies for Absence *Chair*
1.3	Declarations of Interest *Chair*
1.4	Minutes of the Meeting held on 3 April 2019 *Chair* 1.3 LPF 03.04.19.docx
1.5	Action Log Review *Chair* 1.5 LPF Action Log.docx
2	FOR CONSIDERATION
2.1	Shaping our Future Wellbeing: Mid Point Review *Executive Director of Strategic Planning* 1.6 SOFW Strategy Mid Point Review.docx
2.2	Cardiff and Vale Implementation of a Healthier Wales *Executive Director of Strategic Planning* 1.7 A Healthier Wales - C&V Implementation Update.docx
3	FOR COMMUNICATION
3.1	Update from the Deputy Chief Executive *Verbal - Deputy Chief Executive*
3.2	Nurse Staffing Act Update *Presentation - Deputy Director of Nursing*
3.3	'Patients Knows Best' *Digital Transformation Lead* 1.10 Patient Knows Best Trial ENT Outcomes Dec 2018 V4.pdf
3.4	Streamlining our Employment Policies *Executive Director of Workforce and Organisational Development* 1.11 Streamling our Employment Policies.docx
3.5	Sustainable Travel *Executive Director of Strategic Planning*
4	FOR APPRAISAL
4.1	Finance Report *Executive Director of Finance* 1.13 Finance Report for Month 12.docx
4.2	Workforce Report *Executive Director of Workforce and Organisational Development* 1.14 HSMB Workforce Indicators Report March 2019 Data.pdf
4.3	Patient Safety and Experience Report *Deputy Director of Nursing* 1.15 Patient Safety Quality and Experience.docx
5	PART 2: ITEMS FOR INFORMATION (FOR NOTING ONLY)
5.1	Employment Sub Group Minutes from 15.05.19 2.1 15.05.2019 EPSG minutes.docx

5.2 Staff Benefits Group Report

2.2 Staff Benefits Group 6 monthly report May 2019.docx

5.3 Items to be Brought to the Attention of the Board

5.4 Any Other Business previously agreed with the co-Chairs

5.5 Futuer Meetings Arrangements:

Wednesday, 7 August 2019 at 10.00am
Corporate Meeting Room, (old HQ), UHW

n.b. The room will be available for staff representatives pre-meeting from 9.00am

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 5 June 2019 at 10.00 am in the Corporate Meeting Room (old HQ), UHW

10.00 **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 3 April 2019	Chair
5	Action Log Review	Chair
For Consideration:		
6 10.10	Shaping Our Future Wellbeing: Mid Point Review	*Exec Director of Strategic Planning*
7 10.20	Cardiff and Vale Implementation of A Healthier Wales	*Exec Director of Strategic Planning*
For Consultation/Negotiation:		
For Communication:		
8 10.30	Update from the Deputy Chief Executive	Verbal - *Deputy Chief Exec*
9 10.40	Nurse Staffing Act Update	Presentation - *Deputy Director of Nursing*
10 10.55	'Patient Knows Best'	*Digital Transformation Lead*
11 11.15	Streamlining our Employment Policies	*Executive Director of WOD*
12 11.20	Sustainable Travel	Verbal - *Exec Director of Strategic Planning*
For Appraisal:		
13 11.25	Finance Report	*Executive Director of Finance*
14 11.30	Workforce Report	*Executive Director of WOD*
15 11.35	Patient Safety Quality and Experience report	*Deputy Director of Nursing*
11.40 **PART 2: Items for information (for noting only)**		
1	Employment Policy Sub Group Minutes from 15.05.19	
2	Staff Benefits Group Report	
3	Items to be brought to the attention of the Board	
4	Any other business previously agreed with the Co-Chairs	
5 **Close by 11.45**	Future Meeting Arrangements: Wednesday, 7 August at 10am in the Corporate Meeting Room (old HQ), UHW (N.b. the room will be available for a staff representatives pre-meeting from 9am)	

Minutes from the Local Partnership Forum Meeting held on 6 February 2018 at 10am in the Meeting Room, Executive Headquarters, University Hospital of Wales

Present:	
Martin Driscoll	Exec Director of Workforce and OD
Mike Jones	Chair of Staff Representatives / UNISON
Joe Monks	UNISON
Dawn Ward	Independent Member – Trade Union
Ffion Matthews	CSP
Steve Gaucci	UNISON
Nicola Foreman	Director of Corporate Governance
Len Richards	Chief Executive (part of meeting)
Rachel Gidman	Assistant Director of OD
Fiona Salter	RCN
Ceri Dolan	RCN
Stuart Egan	UNISON
Rhian Wright	RCN
Caroline Bird	Deputy COO
In Attendance	
Rachael Barlow	Clinical Lead Prehabilitation and Enhanced Recovery Programme
Keithley Wilkinson	Equality Manager
Donna Davies	Head of Workforce and OD (observing)
Rose Lewis	Equalities Officer
Apologies:	
Peter Hewin	BAOT/UNISON
Pauline Williams	RCN
Peter Welsh	Senior Manager UHL and Barry
Julie Cassley	Deputy Director of WOD
Andrew Crook	Head of Workforce Governance
Julia Davies	UNISON
Mat Thomas	UNISON
Rebecca Christy	BDA
Secretariat:	
Rachel Pressley	Workforce Governance Manager

LPF 19/015 WELCOME AND INTRODUCTIONS

Mr Driscoll welcomed everyone to the meeting.

LPF 19/016 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/017 DECLARATIONS OF INTEREST

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

LPF 19/018 MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting held on 6 February 2019 were agreed to be an accurate record of the meeting.

Mr Egan raised a matter arising relating to sustainable travel and car parking. He described a situation at St David's hospital, where staff are having to take photographs of their parked cars in order to prove they had parked appropriately. Mr Richards said that he knew there had been issues on this site, but had not heard of that particular situation and agreed that the burden of proof should be on Parking Eye not the individual. Mr Driscoll agreed to pick this matter up with Mr Walsh (Assistant Director of Capital, Planning and Facilities) outside of the meeting.
Action: Mr Driscoll
It was agreed that sustainable travel would be a standing item on future LPF agendas.
Action: Dr Pressley

LPF 19/019 ACTION LOG

The Local Partnership Forum noted the action log.

LPF 19/020 'PREHAB TO REHAB': OPTIMISING CANCER OUTCOMES

The forum received a presentation from Dr Rachael Barlow Clinical Lead for Prehabilitation and the Enhanced Recovery Programme on using 'prehabilitation' to optimise cancer outcomes.

Dr Barlow advised that while many cancer treatments of becoming increasingly sophisticated, there is evidence to show that they can be affected if the general health of the individual is compromised. 15 years of research and work has gone into developing this programme and a transformation bid has been submitted to put into place a system of prehabilitation between diagnosis and treatment for patients who require major surgery for cancer. Engagement work was taking place within primary care and GPs were being asked to signpost for these interventions rather than just refer to treatment.

Powerful patient feedback and stories had been received and everyone who had been through the pilot programme rated it as excellent. All parts of the programme had now been piloted and were being joined up into a phase 1 pathway, but this was subject to investment including the recruitment of 75 new members of staff. There had been interest from other services, including haematology and blood cancers, but they would not be part of Phase 1.

Mr Richards reiterated that this programme had been a long time in the making. Recruitment and investment would determine the timescales for

rollout, and while this focused particularly on cancer it could be applicable to everyone having a difficult intervention.

Miss Ward stated that she supported the work and that she believed the right principles were being translated into practice, with clear links to the UHB strategy. She asked if the proposal was to de-invest in secondary care to enable investment in primary care instead. Dr Barlow confirmed that this was the plan, but advised that estates were a major concern. The intention was to provide treatment as close to home as possible with pharmacists playing a key role. Miss Salter stated that she was pleased to see a more holistic approach being taken.

Mr Driscoll thanked Dr Barlow for the presentation. The Local Partnership Forum supported the work and wished them every success.

LPF 19/021 CHIEF EXECUTIVE'S UPDATE

Mr Richards informed the LPF that the UHB was no longer in targeted intervention, but had been de-escalated to enhanced monitoring status. He said that this showed that Welsh Government had increased confidence in the organisation and emphasised that it was the result of the good work of frontline staff on a day-to-day basis. He thanked everyone involved.

Mr Richards also advised that the IMTP had been approved by Welsh Government. This was another vote of confidence and showed that the UHB had a sustainable plan for the next three years. Mr Richards noted that an approved IMTP would be helpful in the consideration of transformation bids like that submitted for the prehabilitation work.

In terms of finance, it looked likely that the UHB would achieve the £10 million overspend it had been aiming for, which was is a significant improvement from previous years. The trajectory for 2019/20 was breakeven. Mr Richards indicated that spending on nursing was still an area of concern and that we needed to find ways of keeping to budget. RCN representatives challenged this, stating that they believed there were areas which were underspent and were deliberately not using bank and agency staff in order to maintain this, with the consequence of not meeting the new Staffing Act requirements. It was agreed that it would be appropriate to have a discussion outside of the Forum with the Executive Nurse Director. The outcome of that meeting would be reported back to the LPF.
ACTION: Mr Richards/RCN

Miss Salter pointed out that the Executive Director of Nursing's report was currently included in Part 2 of the agenda for noting only, and was therefore not discussed. She requested that this was moved into the main body of the agenda and Mr Driscoll agreed to this.
Action: Dr Pressley

(Mr Richards left the meeting)

Mr Monks asked about the headcount in the context of the IMTP. Mr Driscoll stated that in his opinion the workforce plans still do not stand up to full scrutiny and he was working on this with the Clinical Boards.

LPF 19/022 INCLUSIVITY

The Local Partnership Forum received a verbal report from the Equality Manager. Mr Wilkinson explained that this was a potential change to the equalities agenda, with more emphasis being placed on including everyone and striving to create an environment where everyone feels respected. He reminded the Forum that we are now in year 4 of our Strategic Equality Plan, and a new plan will be developed from 2020. The intention was to use this final year to look at the inclusivity of our practices, with a specific project being established around employing disabled staff. Discussions were taking place with Velindre and Public Health to enable us to do joint planning and work with them.

The Forum supported this work but noted that there are lots of existing staff with undiagnosed learning difficulties who require additional support as well. Mr Driscoll noted that the Local Partnership Forum had a big part to play in the success of this work, both formally by supporting it and informally through our everyday actions.

(Mr Wilkinson left the meeting)

LPF 19/023 STAFF SURVEY RESPONSE GROUP

Mr Driscoll reminded the forum of the continuing work taking place around the staff survey results. Three meetings had taken place to discuss the results, with staff from all areas and levels involved. Key themes had been identified and suggested actions noted. He noted that it had strong links with the Canterbury and transformation model. The next step would be for the action plan to be formalised and volunteers sought to carry out the tasks.

Mr Jones advised that he had heard very positive comments from and about the group. His only concern was that previously such actions have not been followed through. Mr Driscoll told the Forum that he had placed himself centre of this piece of work as a way of demonstrating how seriously he took it.

Miss Ward thanked Mr Driscoll for including her in the workshops and for playing an Executive lead role in this. She said he had demonstrated strong leadership and had a good support team, and that she was happy to be involved.

Mrs Wright asked whether exit questionnaires were issued to people who moved around the organisation or just to leavers. It was noted that people moving within the organisation could complete the questionnaires as they are available online, but that this tended to be fairly ad hoc. Dr Pressley agreed to issue the link to the online exit questionnaire to staff representative

members of the forum for their information and so that could encourage members to complete it.
Action: Dr Pressley

Mr Egan stated that the action plan was realistic and improved from previous years but asked for timescales to be included. Mr Driscoll advised that this was an unedited output from the last workshop and was not a complete action plan. It would be brought back to the Local Partnership Forum regularly and would also be reported to the Strategy and Delivery Committee.

LPF 19/023 FIRST MINISTER'S SPEECH

Mr Driscoll advised the Forum that Mr Richards had wanted to talk to them about a speech delivered by the First Minister to the NHS Confederation in February. Unfortunately Mr Richards have been called out of the meeting but Mr Driscoll knew that he wanted to draw their attention to the resonance between this speech and the UHB strategy. A copy of the speech would be issued to Forum members.
Action: Dr Pressley

LPF 19/024 WORKFORCE KPI REPORT

Mr Driscoll advised that the Strategy and Delivery Committee would be receiving a 'deep dive' on absence at the end of the month. There were pockets of concern but overall absence levels were very similar to the previous year. He advised that February figures had now been released and sickness was at 5.37% and the year-to-date was 5.08%.

It had been agreed nationally that unsocial hours payments could be retained during sickness periods if the target of 4.4% was achieved. Mr Driscoll noted that this was a big jump but stated that he did not want to drive the organisation into hard end absence management as he believed engagement, leadership etc. would get better absence outcomes through cultural change.

Mrs Dolan asked what was happening around the rapid access program which had been discussed nationally. Mr Driscoll advised that they were trying to achieve this through the Employee Health and Wellbeing team. In general there was a mixed picture across Wales but he believed Cardiff and Vale was further down the line than most organisations. Miss Ward advised that she had discussed this with the Head of Employee Health and Wellbeing recently and understood it to be a more complex issue then she had initially realised.

Mr Egan expressed concerns around delays and complications in the recruitment process and stated that he thought the UHB would be better to bring recruitment back in house. Mr Driscoll did not agree, however, stating that we need to recognise that we also put hurdles into the process. He stated that there was work taking place within WOD to improve this and that we were engaging with Shared Services.

Mr Monks noted that sickness remained a massive challenge, but within

Capital Estates and Facilities Service Board they were starting to look at a different approach involving understanding the reasons for absence. He noted said that the Staff Survey provided some information into issues such as bullying and stated that a cultural shift was needed. He believed that housekeeping staff were treated disproportionately harshly at times but that he was working with senior management to make inroads in this area and he understood that it would not happen overnight.

Mr Driscoll stated that he was not saying the sickness target was unachievable, however he did question how realistic it was to achieve it within 6 to 9 months. Miss Ward agreed stating that some areas have made a huge impact already but in others there are deep rooted issues because of the local culture.

LPF 19/025 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report
- Performance Report

LPF 19/026 ANY OTHER BUSINESS

Miss Salter expressed disappointment and concern about her recent experiences of the disciplinary process. She explained that on two occasions following the submission of a statement of case the hearings had been cancelled. She did not believe that this had been an appropriate response. It was agreed that Mr Driscoll and Miss Salter would discuss the details outside of the meeting but Mr Driscoll did say that he was disappointed to hear that this was still happening and that he was happy to challenge the process. Mr Jones noted that while the submission of a statement of case is not a Policy requirement, historically this has been done because it was helpful, however this type of behaviour would deter the Staff Representatives and their members from submitting their statements in advance of the hearings. Mr Jones did note that the situation had largely improved, however.

LPF 19/027 FUTURE MEETING ARRANGEMENTS

The next meeting would be held on Wednesday, 5th of June 2019 at 10 am with a staff representatives pre-meeting at 9 am (venue to be confirmed

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/018	3 April 2019	Matters Arising (sustainable travel)	Mr Driscoll to raise staff parking issue at St David's with Geoff Walsh	Mr Driscoll	On LPF agenda 05.06.19
LPF 19/018	3 April 2019	Matters Arising (sustainable travel)	Sustainable Travel to be added as a standing agenda item	Dr Pressley	COMPLETE
LPF 19/021	3 April 2019	Chief Execs Report (nursing budget)	Discussion around nurse staffing levels and use of bank and agency to be held outside the meeting and reported back to LPF. The Executive Director of Nursing and RCN representatives are to be involved in this discussion	Mr Richards / RCN	On LPF agenda 05.06.19
LPF 19/021	3 April 2019	Chief Execs Report (nursing budget)	Executive Director of Nursing's report to be moved to part 1 of the meeting (for discussion)	Dr Pressley	COMPLETE
LPF 19/022	3 April 2019	Staff Survey Response Group	Link to online Exit Questionnaire to be issued to Forum Members	Dr Pressley	COMPLETE
LPF 19/023	3 April 2019	First Minister's Speech to NHS Confederation	Copy of the speech would be issued to Forum members.	Dr Pressley	COMPLETE

Report Title:	**Shaping Our Future Wellbeing- Strategy Review**						
Meeting:	Local Partnership Forum				**Meeting Date:**	5 June 2019	
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**		**For Information**
Lead Executive:	Abi Harris (Executive Director Strategic Planning)						
Report Author (Title):	Chris Dawson-Morris (Corporate Strategic Planning Lead)						

SITUATION

Our 10 year strategy will reach the halfway point in the next financial year (2019/20). Much has been achieved to embed the strategy across the organisation and the strategic objectives are providing focus across the jigsaw of activities we deliver as an organisation.

There are two elements to reviewing the strategy:

1. The strategy contains a number of actions associated with the strategic objectives as well as specific service standards and there is a need to review progress against these
2. Reviewing the overall direction of the strategy, including the four core principles for change and the strategic objectives to ensure they are still appropriate

REPORT

BACKGROUND

Our Strategic Objectives are our Wellbeing Objectives as required under the Well-being of Future Generations Act, we are obliged to review our objectives and progress under the Act. Since the publication of the Strategy the Welsh Government has published a refreshed national strategy in response to the Parliamentary Review of Health and Social Care; A Healthier Wales. We have reviewed the strategy for alignment with A Healthier Wales but this half way point review allows us to assess any further opportunities to support the delivery of Healthier Wales. We also have renewed opportunities through our transformation programme, clinical service plan development and embedded IMTP planning processes, to reflect on the delivery of the strategy.

The process for this review has been to gather evidence against the strategic objectives; this is set out in the tables at Annex 1 below and this evidence has been used to inform the overall assessment of the strategy and objectives.

ASSESSMENT

It is clear from the review that the strategy and strategic objectives are providing effective direction to the activities of the organisation. This message was supported by our Stakeholder Reference Group who acknowledged the Strategy was underpinning the delivery of services. We are making progress in implementing the strategy and have laid down significant building blocks in the first years of the strategy.

There is some variation in implementation and a need for greater focus on some areas as we move into the next phase of strategy deployment. There is a notable gap in the strategy as it relates to specialised services and our role as a provider to a broad population on a regional and national level. It has been suggested the role of the UHB in contributing to environmental sustainability could be made more explicit within the sustainability objective, however this is captured in 'sustainably making the best use of resources'.

The strategic objectives are consistent and congruent with the direction of a Healthier Wales. A Healthier Wales does not require us to make alterations to our strategic direction, indeed it promotes the direction we set in 2015. A Healthier Wales does however challenge us to accelerate the rate at which we implement the strategy and deliver service transformation, particularly through partnership arrangements.

<table>
<tr><th>Healthier Wales Whole System Values</th><th>Cardiff and Vale Strategic Objectives</th></tr>
<tr><td>Co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.</td><td rowspan="2">For Our Population - we will:
reduce health inequalities;
deliver outcomes that matter to people; and
all take responsibility for improving our health and wellbeing.</td></tr>
<tr><td>Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making.</td></tr>
<tr><td>Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.</td><td rowspan="3">Culture - we will:
be a great place to work and learn;
work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and
excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.</td></tr>
<tr><td>Driving transformative change through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.</td></tr>
<tr><td>Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.</td></tr>
<tr><td>Sustainability - we will:
have an unplanned (emergency) care system that provides the right care, in the right place, first time;
have a planned care system where demand and capacity are in balance; and
reduce harm, waste and variation sustainably making best use of the resources available to us.</td></tr>
</table>

We recently undertook a self-assessment exercise against our strategic objectives with the Future Generations Commissioner's Office and participated in a peer review exercise. This exercise has informed this review and supported the position that our strategic objectives remain effective in setting the direction for the organisation.

We have also used this year's IMTP process to ensure alignment of our actions with our strategic objectives to help in demonstrating alignment and prioritising actions. We will continue to ensure the alignment of action with strategic objectives.

RECOMMENDATION

There are three recommendations which fall out of this review process:

1. The direction of the strategy and its strategic objectives continue to provide a clear and effective direction for the organisation and we do not recommend amending the objectives
2. There is a need to clearly identify our strategy as a specialist services provider on a regional and national basis within the context of Shaping Our Future Wellbeing
3. The Strategy can only be delivered in partnership, whilst progress has been made through our Regional Partnership Board arrangements there is a need to ensure partnership working is the norm for all areas of activity in the next phase of strategy deployment in line with A Healthier Wales.

The Local Partnership Forum is asked to support these recommendations

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

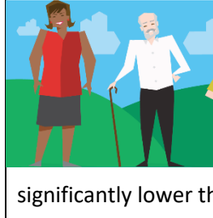
For Our Population - we will:

- **reduce health inequalities;**
- **deliver outcomes that matter to people; and**
- **all take responsibility for improving our health and wellbeing.**

Progress

Narrative

Delivery against this strategic objective is one we cannot achieve alone, but requires working with partners and communities across Cardiff and the Vale. Focussing on supporting resilient communities to reduce health inequality and deliver improved outcomes is core to the Regional Partnership Board (RPB) programme (http://www.cvihsc.co.uk/our-priorities/). Public Services Board wellbeing plans and actions are strongly focused on the social determinants of health – we play a full & active part in the delivery of these plans: https://www.cardiffpartnership.co.uk/well-being-plan/ and https://www.valepsb.wales/en/Our-Plan.aspx . The successful transformation bid (Me, My Home, My Community) heavily focused on building resilient communities, through for example an accelerated cluster model and social prescribing and will support us in accelerating the delivery of this objective. There is still more work to do to embed community focussed partnership working across all of our activities. Our actions to drive improvements in acute performance need to maximise the health of our population, we are beginning to see the full alignment of this objective through programmes such as HealthPathways and Prehabilitation.

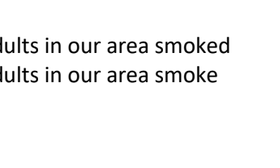


Sustainable and Active Travel

We are playing a leading role in supporting the development of active travel planning across Cardiff and the Vale, through our partnerships. This includes the development of the Cardiff Healthy Travel Charter launching in April 2019 with 14 commitments on active and low carbon travel from leading public sector organisations in the City.

Social Value Toolkit

Social value is about maximising the positive outcomes and well-being of local people, influencir service provision, and adding value and focus to what matters to people in a way that exceeds exclusively monetary value. Through the Regional Partnership Board we have developed a social value toolkit, to help maximise opportunities and achieve a more consistent approach to securing social value.
http://www.cvihsc.co.uk/our-priorities/social-enterprise-2/maximising-social-value-toolkit/



Specific Actions

Target our services to those most in need, working with key partners on wider determinants of health, to reduce health inequalities		Review of 'what works' to tackle health inequalities completed, which informed the development of the two public services board wellbeing plans. Our Food and Fun (SHEP) programme tackles childhood holiday hunger in our more deprived areas, and has been rolled out across Wales. Health improvement actions (see below) are prioritised in areas of higher deprivation and/or need.
Help individuals lead healthier lives, making the healthy choice the easy choice		UHB restaurant and retail standards ensure at least 75% of the food provided on our premises is healthy and we have introduced Fruit stalls outside University Hospital of Wales and University Hospital Llandough. We have also developed a successful food partnership in Cardiff (Food Cardiff), along with Peas Please commitments from local and national businesses to increase vegetable consumption. Working through our partnership arrangements we have made significant progress in supporting healthy travel, including development of the Healthy Travel Charter (see above), input to the Cardiff Clean Air Strategy, and supported the launch of Nextbike with over 10k hires per week. Our Optimising Outcomes Policy – is promoting weight loss and smoking cessation prior to surgery.
Ensure the voice of the individual is heard at all levels within the organisation and drives improvement; requiring continued working together with the people who use and deliver our services		We are using a patient's time as a powerful currency is driving change across the organisation. We have developed three characters based on the profile of our citizens to help us in service design– Sam, Cerys, Wynn. We have also adopted Alliancing as a methodology to support service redesign, asking colleagues to leave there roles at the door and focus on meeting the needs of individuals and communities
Ensure we have effective methods of identifying those at risk of developing disease and actively manage that risk		We have developed and published a Falls Prevention Framework for Cardiff and Vale UHB: Reducing risk and harm. This focuses on early intervention and reducing risk of falls amongst our population aged 65 and over.
Spread the awareness and use of shared decision making tools and the personalising of care plans		Through our Dementia strategy 2018-28 and work on dementia friendly communities we have developed the 'read about me' toolkit to support shared decision making and care planning for patients with dementia.
Build outcomes that matter to people into the organisation's every day performance measurement processes		24,000 Patient reported outcomes collected electronically & initial analysis undertaken to inform service developments

Supporting Data

2015/16 54% of adults across Cardiff and the Vale are overweight and/or obese

2017/18- 54%

In 2017/18 – Cardiff had lowest rates of childhood obesity at 9.3%, statistically significantly lower than the Wales figure of 12%.

Healthily Life Expectancy

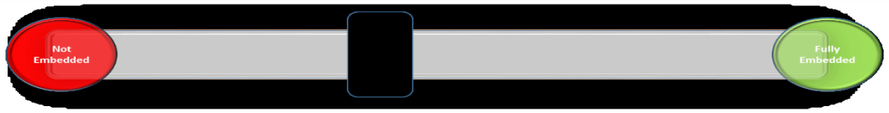
2015/17 Men living in the least deprived areas of Cardiff and Vale live 10 years longer than those in the most deprived areas. For women the gap is 9 years. The difference in healthy life expectancy is 23 years for men and 22 years for women. (updated data is expected later this year)

2015- 19% Adults in our area smoked
2019- 15% Adults in our area smoke

Our Service Priorities - we will:

- **offer services that deliver the population health our citizens are entitled to expect.**

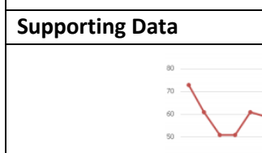
Progress



Narrative

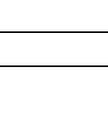
We are making progress in improving overall access to services across Cardiff and Vale. We are increasingly shifting the balance of services away from hospitals and through partnership working we will make further progress in changing the balance of services to meet people's needs to live well in their own communities. Through the Shaping our Future Wellbeing in our Community programme (the Estates component of 10 year strategy) we have designed with partners new facilities to deliver integrated health and social care, with the first Wellbeing Hubs to open in 2021. There is more we need to do to in recognising the service provision for our wider regional and national population articulating our role as a specialist services provider.

Exemplars



Wellbeing Hub@Penarth

The Wellbeing Hub will provide a focus for integrated delivery of services and place based workforce spanning organisational and service boundaries. It will Promote physical, mental and social wellbeing and an integrated experience.

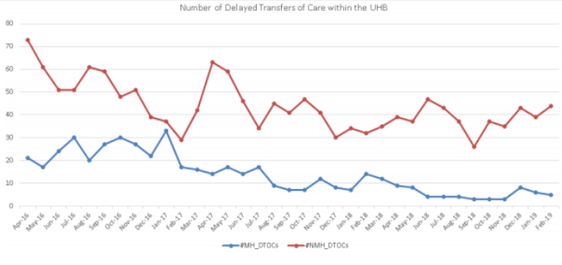


The Accommodation Solutions Team includes Housing Solutions Officers and Therapists, offering advice on housing issues. The team can also access short term accommodation cross Cardiff and the Vale to assist discharge and avoid hospital admission. Lynne was admitted to the University Hospital of Wales due to ongoing chemotherapy. Lynne was unable to return to her previous property due to its poor condition so had been placed on the Immediate Housing list. An Accommodation Solutions Officer visited Lynne in hospital and provided information about an available Step Down property at Lydstep Flats

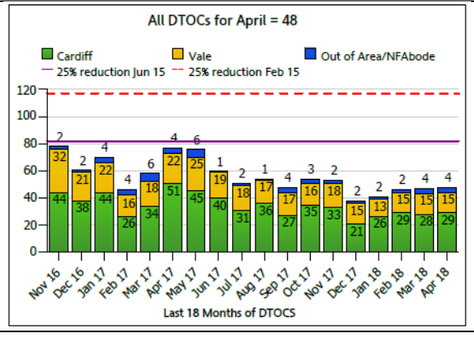
Specific Actions

Work with Local Partners in the design and future delivery of primary and community care utilising Health and Wellbeing Centres		Significant progress has been made through the Shaping Our Future Wellbeing in the Community Programme. New models of care delivery focussed on wellbeing and community ownership have been developed, with the first tranche of Wellbeing Hubs to open in 2021. These hubs will be fully integrated with local authority and third sector partners with joint facilities combining leisure, libraries and support series to provide strong community care models. A Programme Business Case is in place along with a supporting governance structure. http://www.cardiffandvaleuhb.wales.nhs.uk/sofw-in-our-community We are also working with partners through the Regional Partnership Board to design and deliver new models of community care, supported through Integrated Care Funding and Transformation Funding. http://www.cvihsc.co.uk/
Ensure that staff have the correct skills to support services which focus on population health, for example motivational interview techniques		MECC training delivered to over 500 staff across Cardiff and Vale UHB, includes motivational interviewing techniques and skill development to be able to offer patients advice and support around behaviour change, contributing to improvements in population health.
Ensure patients with multiple conditions have the support of a key worker to help co-ordinate care and signpost to services across all sectors, making every contact count		Working in partnership with a range of public sector organisation we have introduced a range of community based roles to support individuals to access care, Wellbeing Coordinators, community navigators and Wellbeing4U coordinators are now in place (wellbeing coordinators within United Welsh Housing Association based in GP practices across Cardiff and the Vale)
Invest in technology that improves communication both with the patient and between care and support providers and which enables people to remain safely in their home. Work will initially focus on delivery of a Community Care Information System		We have a community Care Information system in place and are committed to the use of WCCIS in the longer term. We are working on a range of tools that enable us to better communicate with our patients and citizens. One stop shop access approaches as being piloted with transformation funding from Welsh Government are enabling people to better access a range of services and support social prescribing.
Access where and by whom services are best provided by undertake outcomes based commissioning, prioritising health and care services based on delivering the outcomes that matter to people		We are facing the challenge of improving the quality and timeliness of services while at the same time experiencing an increasing demand, increasing costs of new interventions, and a reduction in relative budgets. When we review our services, we ensure that we join up care wherever we can to reduce inequalities in health and deliver value-based healthcare. We manage the risk factors and conditions which will have the biggest impact on our local population now and in the future. We endeavour to ensure that the services we provide now, and those we expect to provide in the future are sustainable, and are person-centred.

Supporting Data



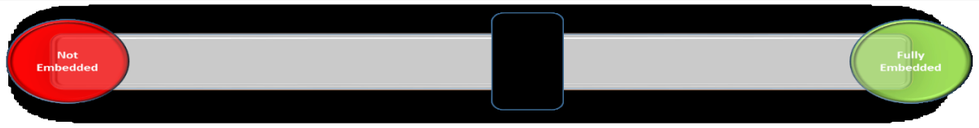
The number of emergency hospital readmissions into Cardiff and Vale UHB's hospitals within a year for a basket of 8 chronic conditions has reduced from 190 per 100,000 population to a 4 year low of 181 per 100,000 population.



Sustainability - we will:

- **have an unplanned (emergency) care system that provides the right care, in the right place, first time;**
- **have a planned care system where demand and capacity are in balance; and**
- **reduce harm, waste and variation sustainably making best use of the resources available to us.**

Progress



Narrative

Improving performance across our unplanned and planned care system is an area where we have made significant progress over the first years of the strategy. We are now moving from performance improvement to transformation and putting in place mechanisms to ensure the sustainability to service in the long term. Underpinning this service transformation are the principles of reducing waste, harm and variation, focussing on people and communities to derive the best value from our services and importantly maximise the skills of our staff. We are supporting Primary care sustainability as the foundation of our planned and unplanned system, for example through the roll out of cluster-based physio and community psychiatric nursing and the introduction of more multidisciplinary approach to primary care out of hours. Our falls and frailty work – including the alliancing approach, partnership with WAST (Welsh Ambulance Trust) on community falls response, training care home teams, educating children in falls prevention is a range of action we are taking to support service sustainability. We have launched HealthPathways introduced to drive out variation and Signals from Noise using data to better understand our system, sharing data across social care, ambulance and other services to improve planned care system.

Exemplars

The mortality rate following emergency Laparotomy surgery is 7.6% a reduction of 2.5% from the previous reported year

New inpatient identification wristbands and printers have been rolled out across the Health Board in the Autumn of 2018. This has allowed us to declare compliance with PSN 026 –Positive Patient Identification and with NPSA 24 – Standardising wristbands improves patient safety. We are now 93% complaint with all current patient safety solutions and actively working towards compliance with all necessary requirements.

HealthPathways

Designed by clinicians for clinicians, HealthPathways will help clinicians to save time by allowing them to access a one-stop shop for the myriad services offered by the health board. This site will reduce inefficiency and variation as it will ensure that all clinicians working in the community will have at their fingertips all the information necessary to make the best and most appropriate referrals to specialists in secondary care settings across Cardiff and the Vale of Glamorgan.

The state-of-the-art site is easily accessible for all clinicians and provides them with advice and guidance and all standard and non-standard referral routes for patients in the Health Board area.It can also advise when medical testing is necessary or not and provides a routine for follow-up testing of various conditions, thereby reducing the number of unnecessary appointments.

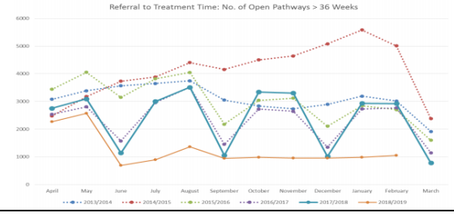
Specific Actions

Continue to develop an agreed single point of access to health and social care services for users and professionals across Cardiff and the Vale of Glamorgan		Through the RPB and transformation funding we are trialling a single point of access through One Contact Vale in the Eastern Vale Cluster as well as developing the Cardiff single point of access
Work with other Health Boards in the design and future delivery of acute hospital care		We have proactive arrangements in place to work in service planning at a regional and national level In particular we have established new arrangements with Swansea Bay University Health Board to support tertiary services development. We are active participants in the South East Regional Planning forums. The development of the Major trauma network and major trauma centre demonstrate our ability to work on this basis.
Separate planned and unplanned care systems to optimise efficiency, working with primary care teams to shape and manage access to our planned care resources		Balancing planned and unplanned care across the system is not a simple process due to the interconnectivity of services. We are making progress, the development of the University Hospital Llandough as a specialist planned surgical site and the development of CAVOC is helping the organisation to balance its service and improve access for patients.
Build a flexible clinical workforce working across partner organisations		Workforce planning has become embedded in our planning process and is integral to achieving all aspects of delivery. A detailed workforce plan has been published and is available here. We have developed multiple cross sector teams, such as Community Resource Teams, Primary Care Mental Health (working with 3rd Sector) and Wellbeing4U officers working with United Welsh.
Ensure evidence based practice is routinely applied and robust systems are in place to reliably monitor outcomes in patients across all specialities		The UHB has improved systems for the dissemination and implementation of NICE Guidance. In addition, there has been a significant improvement in relation to the governance process in relation to the results of National Audit reports with increasing numbers being reported through UHB QSE structures and greater levels of assurance being put in place where there are areas for improvement.
Put robust governance processes in place that demonstrate learning from the depth and breadth of quality, safety and patient experience sources.		The UHB continues to develop and strengthen governance processes and systems to ensure learning from the breadth and depth of patient quality, safety and experience data. There is a well embedded and robust QSE Committee and group infrastructure although there is further work to strengthen this at directorate level across the organisation. Further work is planned as part of a research bid to analyse themes and trends in incident reporting as well as intention to work with Lightfoot to explore opportunities with regards to Signals from Noise and how this can support the QSE agenda
Train all staff in improvement methodology, which will become integrated in day to day activities		Developing our overarching approach to improvement, including Alliancing, making better use of data and developing compassionate leadership
Invest in an expert specialist patient safety team who can support and work alongside teams to respond rapidly when things go wrong, supporting patients, family and staff and to ensure that actions are taking to prevent harm again in the future.		There are robust systems in place for the management of serious incidents and issues. These are widely understood and implemented as required with the support of the Patient Safety team. The team which remains one of the smallest corporate Patient Safety Teams in Wales but despite this, other organisations are encouraged to visit the team to observe areas of good practice in relation to SI management and governance.

Supporting Data

Over 800 fewer patients are waiting over 8 weeks for a diagnostic test compared to the same period last year and the Health Board is approaching the elimination of waits greater than 8 weeks.

86% of Patients Waiting Less than 26 Weeks on an elective referral for treatment pathway



Culture - we will:

- **be a great place to work and learn;**
- **work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and**
- **excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.**

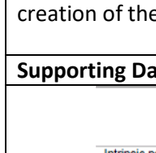
Progress

Narrative

We are making really positive progress in developing our organisational culture. The building blocks are in place through the values and behaviours framework, engagement toolkit, establishment of our clinical innovation partnership and continuing strengthening our partnership with Cardiff University. There are many methodologies for measuring culture, however it is difficult to distil these down to a single measure or output. What is clear is in meeting heads are raised, there is active and excited discussion about the future of the organisation, there are more smiles and our outcomes and performance is significantly improving. The organisation feels a better place to be than it did in 2015. There is still work to do, embedding tools, pushing further and faster in integrating services and truly maximising opportunities from the city region deal.

Exemplar

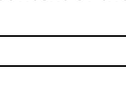
Margaret is a 91 year-old, housebound lady who lives alone. She tries hard to remain independent despite various chronic conditions. She suffers constant pain and has had several fractures which have resulted in various hospital admissions.



Margaret was referred to the Age Connects Third Sector Broker several times by Social Services, with a request for a befriending volunteer and for support with dog sitting at a crisis point; Margaret had been admitted to hospital as an emergency and her dog had been left unattended in her flat. The Broker made a referral to Dinas Powys Voluntary Concern (DPVC). Their Befriending Service Coordinator promptly got in contact with the Warden of Margaret's sheltered accommodation and identified a volunteer to visit Margaret once a week. Margaret and the befriender go out to cafes, local parks in her community and surrounding areas. The befriending volunteer also takes Margaret's dog for walks and has looked after it when she has been in hospital and on discharge home. Now Margaret can remain living in her own home independently, as she wishes.

Exemplar

Collaboration between clinical services, Cardiff University BRAIN Unit and Renishaw saw the the first robotic assisted neurosurgery procedure for epilepsy take place. This procedure enabled a number of improvements to be made to patient care. Neurosurgical patients will now spend less time in the operating theatre, have a reduced risk of infection and benefit from improved surgical outcomes



The Renishaw robot is a significant step forward for epilepsy surgery in Wales, enabling clinicians to investigate and treat even the most complex cases, to achieve seizure freedom for our patients. In collaboration with the BRAIN Unit, it will also enable the team to perform leading research for measuring brain signals and delivering therapies directly into the brain, across many neurological diseases.

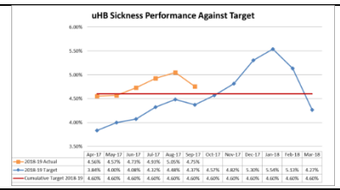
Specific Actions

Agree the behaviours which represent our values and embed them throughout the organisation		We have completed work to revise the values and behaviours framework for the organisation and are working on embedding these across the organisation. http://www.cardiffandvaleuhb.wales.nhs.uk/living-our-values We have also agreed a Memorandum of Understanding signed with Canterbury (New Zealand) Learning Alliance
Agree plans to drive forward the UHB Equality and Diversity objectives		We are Continuing to develop an agreed one year Strategic Equality Action Plan alongside working with other Health Boards in the design and development of an inclusive Four year Strategic Equality Plan beginning April 2020 and ending March 2024.
Further understand staff engagement, as measured by the engagement index, through regular staff surveys		We have a programme of work underway focussed on ensuring an engaged workforce to unleash more capability, potential and commitment to our goals and values. An Employee Engagement Framework and Toolkit was launched in 2017 and we have a range of surveys (Medical Engagement, Staff Survey and Values Survey) in place. http://www.cardiffandvaleuhb.wales.nhs.uk/employee-engagement-toolkit
Build an environment which attracts staff to train in Wales and the UHB		Ensuring the right people, in the right roles, in the right place, at the right times is a priority of our workforce strategy. We have done much to improve the cultural environment of our organisation, through our values framework, development of learning alliance and partnership with Cardiff University and the Deanery. Our built environment remains a challenge with an aging estate, particularly across Primary Care. Established Apprenticeship Academy, with aim of over 100 apprentices from next year http://www.cardiffandvaleuhb.wales.nhs.uk/apprenticeship-academy
Agree and deliver an implementation plan to integrate priority service areas across health and social care for older people in the community, extending this work to other groups where it makes sense to do so		Through the Regional Partnership Board we have a strong mechanism for developing integrated services and have put in a range of integrate care programmes.
Develop a Clinical Innovation Framework building on the success of the Quality Improvement Faculty and Clinical Innovation Partnership		We have put in place a clinical innovation framework focussed on Partnership in particular a joint strategy with the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub. Engagement with a range of multinational and local industry partners. Clear Process with an Innovation MDT at the core. A common front door for Innovation through the Cardiff Medicentre, home of the Clinical Innovation Partnership. As well as building resource and capability through the £33m Accelerate Programme secured in 2018. http://www.cardiffmedicentre.co.uk/
Develop an overarching approach to maximising the opportunity presented by the creation of the Cardiff Capital Region		Through our Clinical Services Strategy we are working through the clinical role of our estate. We will be developing a masterplan for UHW working closely with Cardiff University and in the context of the City Region Deal to ensure we are maximising opportunities for digital, diagnostic, genetic and economic innovation.

Supporting Data

Theme	Cardiff and Vale University Local Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14
Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	**3.83**	**3.64**	**3.43**	**3.82**	**3.65**	**3.43**

The recruitment to non-commercial studies in 2017-18 increased by 13% and up 30% in Q2 of 2018/9



A Healthier Wales – Cardiff and Vale UHB Implementation						Meeting Date:	Cardiff and Vale UHB Local Partnership Forum– 5 June 2019
For Discussion	✓	For Assurance		For Approval		For Information	

SITUATION

The Welsh Government published A Healthier Wales, its ten year strategy for health and social care in Wales, in 2018. The strategy was a response the recommendations of the Parliamentary Review of Health and Social Care which reported at the beginning of the same year. A Healthier Wales was produced following significant engagement across the health and social care sector.

The following is a high-level summary of the strategy:

"The five main ways we want to change health and social care are:

- *In each part of Wales **the health and social care system will work together** so that people using them won't notice when they are provided by different organisations. New ways of joined-up working will start locally and scale up to the whole of Wales. We will make sure local services learn from each other and share what they do, because we want everyone in Wales to have the same high quality services. We also want services to use a single digital record so that they can give the most appropriate support and treatment based on a complete picture of a person's needs.*
- *We want to **shift services out of hospital to communities**, and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health, and manage long term illnesses. We also want to make it easier for people to remain active and independent in their homes and communities.*
- *We will **get better at measuring what really matters** to people, so we can use that to work out which services and treatments work well, and which ones need to be improved. We will identify and support the best new models of health and social care so they scale up more quickly to the whole of Wales.*
- *We will **make Wales a great place to work in health and social care**, and we will do more to support carers and volunteers. We will invest in new **technology** which will make a real difference to keeping people well, and help our staff to work better. By making health and social care a good career choice, investing in training and skills, and supporting health and wellbeing at work, we will be able to*

get and keep the talented people we need to work in Wales. We will look to introduce digital advances that help staff work more effectively.

*To make our services work **as a single system, we need everyone to work together** and pull in the same direction. We think we can do this in a small country like Wales, especially if we as a government provide stronger national leadership, and make sure we keep talking – and listening – to the people who deliver and use our health and social care services."*

This report is to provide assurance that the UHB is taking the appropriate action, with partners to ensure that it is implementing A Healtier Wales. Appendix 1 details all of the actions set out in A Healthier Wales, and where appropriate the work the Health Board is undertaking to deliever the actions.

BACKGROUND

In 2015 the health board published its ten year strategy, Shaping Our Future Wellbeing. It set out a vision for the future and series of actions designed to achieve that vision, set out in four main areas, and underpinned by four design principles. The strategy signalled the need to support people to take more responsibility for their health and to ensure that we work with them as co-producers of the care and treatment plans so that we deliver outcomes that matter, ensure that the services we provide are sustainable going forward and make use of the resources available, and work in a collaborative way – with our staff, local authorities, universities, third and independent sectors so that we recognise the contribution of all partners and ensure that innovation and improvement are built into how we transform services.

In 2017 the Welsh Government introduced a landmark Act, the Wellbeing of Future Generations, which requires public services to work together to take action to improve the wellbeing of the population of Wales now, and for future generations. The health board reviewed its strategic objectives with the aims of the Wellbeing of Future Generations Act and confirmed that they very much reflected the spirit of the Act and were therefore adopted at the Health Board's wellbeing objectives. The Act introduced the requirement for the establishment of a Public Services Board on the local authority footprint, building on the work of the Service Boards that predated the PSBs. Each PSB is required to produce a needs assessment and Wellbeing Plan, with a set of objectives. The Wellbeing Plans were produced in early 2018.

The Welsh Government also published the Social Services and Wellbeing Act. This set out a range of requirements aimed at shifting the focus of social care and health to wellbeing and an outcomes base approach to planning and delivering care and support. The legislation introduced the requirement to establish Regional Partnership Boards on the health board footprint and for these to complete population needs assessments and produce Area Plans which set out how those needs would be prioritised and met over the forthcoming five years. The Area Plan was produced in 2017.

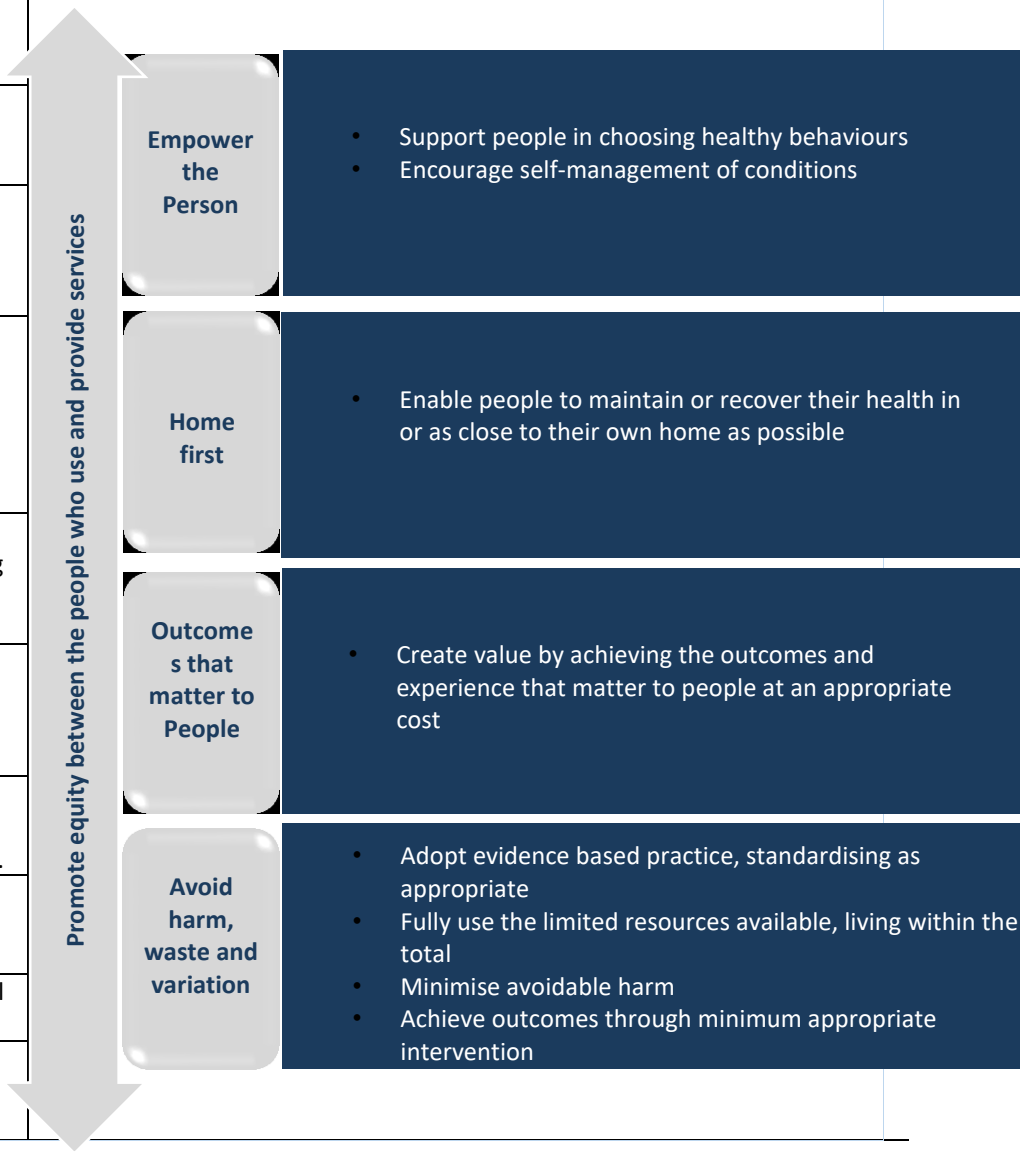
Following a two year Parliamentary Review of Health and Social Care, the Welsh Government published its own ten year strategy A Healthier Wales, which sets of the actions required to achieve a significant improvement in health and wellbeing, and a shift in services aware from hospitals to home and local communities in order to achieve a sustainable model for the future.

ASSESSMENT

The strategic objectives are consistent and congruent with the direction of a Healthier Wales. A Healthier Wales does not require us to make alterations to our strategic direction, indeed it promotes the track we set in 2015. What a Healthier Wales does do is challenge us to accelerate the rate at which we implement the strategy and deliver service transformation, particularly through partnership arrangements. There is also close alignment between the design principles set out in A Healthier Wales and those that underpin our strategy, as set out below.

Healthier Wales Whole System Values	*Cardiff and Vale Strategic Objectives*
Co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.	**For Our Population - we will:** • reduce health inequalities; • deliver outcomes that matter to people; and • all take responsibility for improving our health and wellbeing.
Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making.	**Sustainability - we will:** • offer services that deliver the population health our citizens are entitled to expect. • have an unplanned (emergency) care system that provides the right care, in the right place, first time; • have a planned care system where demand and capacity are in balance; and • reduce harm, waste and variation sustainably making best use of the resources available to us.
Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.	**Culture - we will:** • be a great place to work and learn; • work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and • excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.
Driving transformative change through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.	We have refreshed our transformation programme having established a learning alliance with Canterbury District Health Board (NZ). A dedicated transformation role has been created at Board Director level to ensure there is a specific focus in establishing the programmes of work and required governance to ensure that the actions we are taking result in a transformed system of care and support.
Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.	By being active partners in both Public Service Boards, and the Regional Partnership Board, we are promoting to values and culture of whole systems working. We were the first RPB to have a transformation bid and a second bid has been submitted to Welsh Government for consideration in April.

A Healthier Wales Design Principles	**Alignment with Shaping Our Future Wellbeing**
1. Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.	
2. Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.	
3. Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.	
4. Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.	
5. Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.	
6. Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.	
7. Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.	
8. Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.	
9. Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.	
10. Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.	



ASSURANCE is provided by:

1. The assessment that the principles and objectives set out in A Healthier Wales are aligned with those set out in Shaping Our Future Wellbeing.
2. The review of Shaping Our Future Wellbeing which is currently underway and will be reported in more detail to the Committee in June.

RECOMMENDATION

The Committee is asked to:

- Note the contents of this report and the actions being taken by the Health Board to implement A Healthier Wales, which is very much aligned to Shaping Our Future Wellbeing.

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	✓
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*			

Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓						
Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								✓		✓		✓	✓

A Healthier Wales – Ten Year Plan for Health & Social Care Implementation

Appendix 1

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
How we will drive transformation	Promote understanding of our Prudent Healthcare philosophy, our Quadruple Aim approach, and the Design Principles through a public and workforce engagement programme.	Yes – design principles in SoFW align to AHW and philosophy of prudent health and care.	We need to refresh our approach to engagement. We are doing work on staff engagement as part of our transformation work but need to more on engagement with wider communities.	AH	**From 2018**
	Evaluate the impact of the Design Principles and refine them if necessary.				**By 2021**
	Publish a national overview of the overall performance of the health and care system against the Quadruple Aim and submit to the National Assembly for Wales.	We are developing our own outcomes framework with the RPB, but we will need to ensure that there is alignment with the national measures.		SH	**By 2021**
New models of seamless health and social care	Regional Partnership Boards will be the key driver of change in health and social care at regional level.	Yes – the Area Plan and the transformation bid confirm plans to develop the locality and cluster place-based model of care.	Continue to develop the RPB. Refresh the Area Plan in light of AHW.	High	**From 2018**
	Clusters will continue to develop models of seamless local partnership working, working closely with Regional Partnership Boards to promote transformational ways of working, so that they are adopted across Wales.				**From 2018**
	Each Regional Partnership Board will identify and promote at least two models of seamless locality-based health and social care services, aligned to the Quadruple Aim and Design Principles.	The cluster model of care is developing.			**By end of 2018**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		The preventative model of care and support is set out in our Area Plan.			
	Commission the Healthcare Inspectorate Wales and the Care Inspectorate Wales to jointly examine the progress of new local models of health and social care, and the effectiveness of RPB joint working.	Welsh Government action. A task and finish group has been established with a DoP representative and meets for the first time on 3rd April. It is likely that the focus will be on joint inspections that will really test how integrated our services are, from the staff and patient perspectives particularly.			**By end of 2018**
	The national primary care contracts will be reformed to enable the delivery of seamless local care and support.	The Director of Primary Community and Intermediate Care has been involved in the Welsh Government led GMS contract negotiations to ensure that the services provided by GP practices are in line with our requirements.			**By 2020**
Transformation Programme	Establish a national Transformation Programme to drive implementation of this Plan, led by the Director General, Health & Social Services, supported by a representative cross-sector Transformation Board.	Welsh Government leading Transformation Programme at national level. Locally the transformation programme has been refreshed under the Director of Transformation, and a programme for implementing the Area Plan is being refreshed to ensure the transformation of community based health and care services.		AH/SH	**June 2018**
	Establish a targeted Transformation Fund to support the implementation of this Plan, particularly new models of seamless health and social care promoted by Regional Partnership Boards.				**June 2018**
	Review existing programme boards, networks, delivery mechanisms, and initiatives supporting strategic change, to align and merge them into the Transformation Programme and Fund.	WG leading this work. Locally we are reviewing the RPB and PSB work programmes, and the PSBs have agreed to meet jointly every other meeting to cover issues which are region wide.			**By March 2019**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
Making System Fit for the Future	Establish a nationally co-ordinated network of hubs which bring together research, innovation and improvement activity within each RPB footprint.	Yes – SoFW confirms the importance of improvement and innovation as key enablers to transforming our health and care system. We have agreed a joint R&D office with Cardiff University.	Proposals are being developed for the establishment of a virtual hub on the RPB footprint to bring together and accelerate our work on improvement, innovation and R&D, including social care research. More visibility need on value based approaches – although we are doing this as part of cost reduction programme in the IMTP.	SH/AH	**By March 2019**
	Adopt national standards for rapid evaluation of all innovation and improvement activity, using a value-based approach to measuring quality and outcomes.				**From 2019**
	Invest in a small number of priority areas which offer opportunities to drive higher value health and social care, through new approaches, emerging technologies, and strategic partnership opportunities.	Further clarity is need on this from Welsh Government. Despite this, the second transformation bid has been submitted following the success of the first bid.			**From 2019**
Digital and Data	Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.	Yes – the HB produced a strategic plan for accelerating digitally enabled healthcare through development of our digital	A refresh of the plan for digitially enabled care infrastructure is being undertaken by the newly appointed Director	SH	**From 2018**
	Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.				**From 2018**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		infrastructure and architecture.	of IT and Information.		
	Develop an 'open platform' approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.	A key enabler. We are represented on the appropriate national groups. We will need to look at whether a separate business case is needed for the investment required if the current rate of investment via discretionary capital and the dedicated national IT investment programme does not facilitate change at the pace needed.			**From 2018**
	Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.				**From 2019**
	Establish a national data resource which allows large scale information to be shared securely and appropriately.				**By 2020**
Sustainable health and care funding	Commission analysis of future health and social care spending and the relationship between them, including new models of care and new funding arrangements.	WG action – not completed. National work is being done on the social care levy to look at options for introducing a 'tax' to raise funding for social care.			**By end 2018**
	Develop a method of tracking how resources are allocated across our whole system including through new seamless models, integrated pathways and pooled budgeting arrangements, highlighting the shift to prevention.	Need DoP involvement in National Efficiencies Board – new system predicated on shifting resource.			**By end 2019**
	Undertake a review of capital and estates investment, to identify future need and the full range of assets that can be used to drive service change.	Yes	Yes	High	**By end 2019**
Continuous Engagement	Establish a new national 'offer of involvement' through which people can participate in the decisions that need to be taken about the future of health and social care services.	WG lead – previous green and white papers on role of community health councils but not yet set out in legislation.			**By end 2018**
	Underpin this with a joined-up and multi-year "Future Health and Social care" engagement programme, jointly delivered by all partners (Welsh Government, NHS, Local Authorities, the Third Sector, Regional Partnership Boards and others).	As above	We need to develop our approach to engagement with local communities on how we see our services changing	AH	**By end 2019**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
			over the next decade.		
Health and Social Care Workforce	Develop a new Workforce Strategy for Health and Social Care in Wales, which includes planning for new workforce models, strengthening prevention, well-being, generalist and Welsh language skills, developing strategic education and training partnerships, supporting career long development and diversification across the wider workforce.	Yes – aligned with 'being a great place to work' and having a sustainable workforce.	We need to further develop our whole system workforce planning. We have submitted a transformation bid to secure capacity to develop a RPB workforce plan.	MD/AH	**By end 2019**
	Align recruitment across sectors and with partners to attract talented people to train work and live in Wales.				**From 2018**
	Make NHS Wales an exemplar employer on wellbeing at work and a healthy workforce, with the intent to share this approach across the health and social care sector and the wider economy.	WG lead. We are doing a lot on promoting wellbeing in the workplace, linked to the latest public health annual report 'Move more, more often' and our work on promoting the importance of the arts in health and wellbeing. Workforce academy for community health and social are staff included in the latest transformation bid			**From 2018**
	Establish intensive learning academies focussed on the professional capability and system leadership which we will need in the future.				**By end 2019**
National Leadership & Direction **National & Regional Integrated Planning**	Strengthen planning capacity and capability throughout the health and social care system, including in Regional Partnership Boards and Public Service Boards.	We have strengthened planning at clinical and service board level and agreed an approvable IMTP.	The process needs further development and alignment with RPB and PSB planning. More work is needed to embed an integrated planning approach.	AH	**From 2018**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
	Support Regional Partnership Boards to develop their Area Plans setting out new models of seamless care, pooled budgets and joint commissioning arrangements.	Yes – the current area plan is very much aligned to AHW.	It has been agreed that the Area Plan needs to be refreshed and the second transformation bid is seeking funding to develop planning and commissioning capacity. More work is required to ensure that joint commissioning is embedded and pooled budgets can facilitate the new models of care and support.	AH	**From 2018**
	Develop a range of 'quality statements' which set out the outcomes and standards we expect to see in high quality, patient focussed NHS services.	Yes – SOFW sets out plans for reducing harm and improving outcomes for patients and their experience.		RQ	**By end 2019**
	Simplify and streamline the existing NHS IMTP approach, and develop a National Integrated Medium Term Plan to strengthen strategic direction and prioritisation.	For 19/20 we have streamlined the IMTP and produced a much shorter plan, with supporting sub-plans sitting under it. This means the plan is sharper, shorter and much more accessible for staff, partners and stakeholders.			**By end 2019**
	Develop a national clinical plan for specialist health services setting out our strategic approach to delivering safe and high quality health services which meet the needs of people across Wales.	The remit of the national clinical plan is unclear. One of our AMDs has been appointed to the team developing the plan.			**By end 2019**

Sub-heading	Action	Alignment with SoFWB	UHB Position	UHB Lead	Date
		Within the health board we are continuing to develop our clinical services plan, which includes our plans for tertiary and specialist services, which will inform our Tertiary and Specialist Services Planning Partnership with ABM UHB.			
Integrated performance management and accountability	Introduce a range of 'levers for change', a combination of incentives and sanctions, to drive performance, reward achievement and address failure to deliver.	WG lead. Work has commenced on national outcomes framework and we are linking into this to ensure that the outcomes framework that the RPB is developing is aligned.			**By end 2018**
	Develop new population health and service user feedback mechanisms, and transparent reporting on outcomes, to support strong citizen engagement.				**By end 2019**
	Implement a single national outcomes framework for health and social care aligned to the Quadruple Aim.				**By end 2020**
	Introduce joint inspection, to include partnership working, pooled budgets and joint commissioning.				**From 2020**
National Executive Function	Bring together appropriate collaborative planning, delivery and performance management activities as an NHS Wales Executive function, reporting directly to the Chief Executive of NHS Wales.	WG lead. Once there is clarity on the function and form of the NHS Wales Executive, we will need to establish how we work with the new body. Early proposals are being shared with CEOs for discussion.			**By end 2018**
	Confirm governance relationships between Welsh Government, the NHS Wales Executive, the Transformation Programme, and other key stakeholders.				**By end 2018**
	Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.				**By end 2019**

Patient Knows Best (PKB) ENT Trial Dec 2018

Executive Lead: Sharon Hopkins, Deputy Chief Executive/Director of Transformation and Informatics.
Author: Mike Bailey, Digital Transformation Lead. On behalf of Alun Tomkinson, Consultant ENT Surgeon Mike Bond, Director of Operations, Surgery Clinical Board Wendy Rabaiotti Director of Audiology.
Financial impact: Cost: The pilot was funded via £30K of external monies provided by 1000 Lives. This covered the PKB license cost and implementation. Significant financial savings are expected for a full implementation

Pilot Scope

The pilot tested the use of a patient portal product to facilitate many of the strategic high-level priorities of the UHB. The selected product, PKB, was implemented within ENT and utilised for samples of seven "scenarios" and patient cohorts:

1) Informed consent for nasal and sinus surgery
2) Follow-up/ease of access: post-operative ENT patients.
3) Paediatric Tracheostomy
4) Cochlear implants
5) Hearing loss – adults
6) Hearing loss – paediatric (recent addition)
7) Transition (to adult patients)

PKB delivers an innovative method of providing access to patient records, allowing patients both to own their own data and to share that data with other organisations, their family, friends and other carers. As such, this approach entered in to new territory for our Information Governance team, with few precedents to make use of. It was therefore decided to reduce the scope of the trial and not include integration with CAV systems and data. Instead, limiting IG to the patient accepting the use and sharing of their data via PKB. Whilst this limited the available functionality, it did allow the trial to progress successfully.

Findings – Strategic Fit

The PKB patient portal was found to be an excellent fit with the strategic objectives of the UHB, facilitating as follows:

1) **<u>Empower the person.</u>**
   - **a)** Patient feedback was that they found PKB accessible and useful, aiding their ability to understand, question and then better contribute to their care, or that of whom they are caring for/supporting.
   - **b)** Patients are armed with their care plan and hence better able to "identify and own" their role in their care.
   - **c)** Patients were able to access a large library of reference material, selected by clinicians. Content included a range of information, from "how to" to accessing other healthcare partner organisations.
   - **d)** Patients and carers were able to access forums made available to similar cohorts, thus enabling support from peers.

2) **Home first/avoiding waste harm and variation.**

a) By changing the default approach of inviting patients to attend site, consultations were instead scheduled over the phone or via video conferencing. This being especially effective when combined with the remote diagnostic and adjustment of cochlea implants. Significant time was saved by all parties, not least those complex patients travelling long distances from outside of Cardiff, often with multiple comorbidities.

b) Patients with tracheostomies require timely treatment of any issues such problems with tubes and inflammation of skin surrounding the device. Instead of attending site for a clinical nurse specialist to assess the condition, patients are submitting photographs of the inflammation, allowing remote diagnosis. Further, the nurse specialist is able to identify and prescribe the correct treatment, often then transferring treatment to a community based nurse, avoiding another hospital visit.

c) Patients were able to be discharged earlier than would otherwise have been possible, via the ability to actively populate PKB with information for the patient. This aids their understanding of the discharge process and what symptoms that may indicate a decline in their condition.

Should the patient then need to return to hospital, they can view the process on PKB to get themselves fast-tracked back to the appropriate place.

That specialty having capacity to accept such "open-ticket" patients due to the capacity freed up by the early discharges and avoidance of unnecessary patient attendance.

d) Transition of patients from paediatrics to adult services typically results in a significant increase in DNA rates. However, "teenagers" are significantly more likely to attend a Skype based session, thereby reducing DNA rates. This was found to be practical for both patients and staff, via in-built PKB functionality.

3) **Outcomes that matter to people / Avoid harm, waste and variation.**

a) PKB was found to aid significantly in a proactive approach to the effective management of symptoms and side-effects. By facilitating an informed consent process, patient were allowed the opportunity to fully understand post-treatment impact and actively make the decision on the pathway that suits their needs, means and responsibilities. This significantly reduces DNAs at the outset of treatment and at the latter stages, where patients often leave the process when they realise the full potential impact of an impending procedure.

b) Without PKB, patients are asked to complete a questionnaire upon arrival at clinic, related to their experience and challenges of using their hearing aids. Typically patients find it difficult to submit actual experiences when put on the spot, in unfamiliar surroundings. By introducing the questionnaire as a pre-appointment task, via PKB, in their own homes, two main benefits were realised

(i) A time saving of 15 minutes per patient is made when attending clinic.

(ii) Patients enter much more meaningful and useful data. The number of resolvable issues raised has increased from an average of three to five. Such resolved issues relate to required "programs/settings" for differing environments and significantly improve the patient experience.

c) Automatic post-fitting follow-up appointments at 2 and 12 weeks have been replaced with online Q&As, forums and attendance upon request, significantly increasing service to patients and reducing DNAs.

4) Reducing Health Inequalities

Through avoiding unnecessary appointments, clinical nurse specialists have been able to create time to identify patients that clearly have significant hearing issues but have disengaged with ENT. Such patients are often elderly and/or lack a support network of friends, family or carers. Through proactively contacting such patients, their level of engagement and use of hearing aids has been increased.

Further, where non-clinical support for the patient can be identified, the patient can be signposted to the delegated access functionality within PKB, allowing a defined level of access to data than can help support the patient (e.g. guides, appointment times, treatment plans, and helplines).

5) Compliance

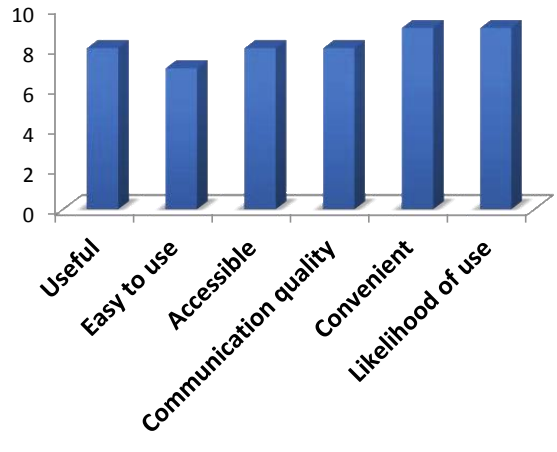
ENT are required to complete a complex multi-factor annual survey and submit findings to a national body. This survey is now also hosted within PKB, where the response rate has been significantly higher.

Take-up and Patient Feedback

Feedback from patients has been collected both informally and for paediatric tracheostomy patient caregivers, formally via an online survey. Feedback has been very positive.

Word cloud of most frequent words in qualitative feedback

Median scores from quantitative feedback



Take-up has been around 35% (of 23,000 patients) which is very positive considering that the average age of adult ENT patients is 70 years old.

The process of adding patients to PKB is still manual, until integration to CAV systems is in place. Once that integration is in place, it is expected that take-up will increase significantly due to a) ease of sign-up and b) access to clinical history, meds, appointments, medications etc. making the product even more useful to patients.

Financial

The trial was externally funded. The implementation was too small in scale to make clearly identifiable changes to existing outpatient attendance levels. Anecdotally however, there is clear evidence that patients did avoid attendances. Beyond the trial the integration of PKB with CAV and NWIS systems is expected to provide at least a four-fold increase in take-up.

Please see "Financial Cost of Recommendations" below, for further details of actual savings achieved using PKB.

Assessment

PKB has found to meet all expectations and has proved effective in facilitating the improved operational processes and patient engagement that Mr Tomkinson presented at the Clinical Senate, June 2017.

The trial was (intentionally) limited by the removal of CAV system integration from the scope of the trial. An implementation that included integration would both significantly increase the available functionality within PKB and also significantly increase the patient sign-up.

RECOMMENDATION

It is recommended that PKB is procured, integrated with CAV and NWIS systems and implemented across the UHB, including community based services.

Financial cost of recommendation

The trial was externally funded for one specialty, at a cost of £30K for one year. However the cost for the whole organisation is £52K plus £0.22 per e-letter opened by a patient and £0.22 per appointment booked via PKB, if we were to use a commercial booking product. No cost if we continue to use FAB, but present it within PKB.

The £0.22 cost of an e-letter compares favourably with the current costs of producing a letter and there is no charge unless the patient actually opens the e-letter. As such, there is an early tipping point within the proposed rollout of PKB at which actually pays for itself and moves into a cashable saving, with the calculated potential for 6-figure savings within specialties.

The operational savings are again estimated to be 6-figures. In a real example published in the RCP, East Surrey IBD service

- The service saves around £232,320 per annum by avoiding hospital admissions (average stay 5 days) and appointments
- The introduction of LDAA has reduced the use of expensive monoclonal therapy and led to a 90% reduction in admissions and 80% reduction in operations (28 admissions in 2015, compared with 280 in 2008; 20 operations in 2015, compared with 113 in 2008)

This equates to potential savings of approximately £1.5 million per annum on operations alone **

** Based upon an average of £16,226.23 per operation for ulcerative colitis https://www.rcplondon.ac.uk/projects/outputs/outpatients-future-adding-value-through-sustainability

Appendix 1 Overview of Activities Within the ENT PKB Trial

PKB WORKSTREAMS

Adult Hearing Loss – Completed (further recruitment drive planned via Kiosk/Mailshot/Social media)

GP referral – Audiology – Suitable for Hearing aid – Pre fitting handicap score (PKB) – Fitting - Post fitting handicap score/Review (PKB)

Benefits

- Pre and post handicap scores administered via PKB, this facilitates an improved quality of information, as completed in a relaxed home environment supported by family, allowing improved individual Management plan for the patient. Shortens the fitting appointment by 10 minutes.
- Review at 12 weeks post fitting, administered via PKB often negating the need for a face to face consultation. 30 minute appointment saved.
- Library of useful information – this often negates the need for a telephone call to our helpline or a visit to an open access clinic
- Ability for patient to communicate easily with their clinician

Numbers - September to December 2018

Total number of hearing aids prescribed = 659
Number of patients agreeing to register with PKB = 262 (40%)
Actual number patients registering with PKB = 72 (11%) further 15 in first reminder stage
Numbers eligible by date completing entire pathway via PKB = 76%
Projection with current enrolment method,

- 2250 hearing aids prescribed/year
- 11% uptake = 248
- 76% complete entire pathway via PKB = 189
- Time saved for band 6 = 189 x 40 mins - £2805
- **If registration via kiosk i.e. 40% at a completion rate of 76% -£11104**
- **Aim to increase to >40% with recruitment drive**

Paediatric Hearing Loss – Designed and ready to implement within the next 12 weeks

Those Opting for Hearing Aid for fluctuating conductive hearing loss

GP referral – Audiology – Suitable for Hearing aid – Pre fitting handicap score (PKB) – Fitting - Post fitting handicap score (PKB)

Projection

Total Numbers /year 285, uptake to PKB predicted to be >80% as parents are in the main in a working population

Benefits

- 40% of the cohort prescribed amplification for glue ear, will resolve by time of fitting, if identified via handicap scores could release up to 114 hours of a Band 6 (£2776)
- Pre and post handicap scores administered via PKB, this facilitates an improved quality of information, as completed in a relaxed home environment supported by family, allowing improved individual Management plan for the patient. Not previously measured.
- Library of useful information – this often negates the need for a telephone call to our helpline or a scheduled appointment.
- Ability for patient to communicate symptom led review schedule with their clinician.

Those Opting for Grommet Insertion (suitable for Audiology)
GP referral – Audiology – Meets criteria for grommets – Option Grid, Surgical Video, grommet information/HSQ(PKB) – PREM (PKB) –Consider consent by PKB -Pre op Invite for Audiogram/Tympanograms(PKB) – Liaison for post op review (PKB)

Benefits

- PREM scores administered via PKB, this facilitates an improved quality of information, as completed in a relaxed home environment supported by family, allowing improved individual Management plan for the patient. Not previously measured.
- Option grid considered with family, HSQ and Consent by medic without a face to face appointment.
- Validation prior to surgery via Pre-operative hearing check arranged via PKB.

Cochlear Implants- Adults/Paeds – registration, library and further planning underway

Benefits

The CI programme currently has 102 children and 176 adults who require regular care pre, during and post implantation, PKB will enable:-

- A communication portal to contact any professional. An example could be uploading of photographs of the patient's surgery sites for clinicians to view in a virtual clinic.
- Networking opportunities for families under the programme to share helpful experiences.
- A library for patients to be able to access user-guides, safety documents and links to relevant websites.
- Virtual clinics to be arranged for routine reviews instead of face to face appointments. This would reduce the number of hospital visits that are not necessary.
- Surveys to be completed online to measure outcomes and measure patient satisfaction.

BAHA- Adults/Paeds - registration, library and further planning underway

Benefits

There are currently 93 BAHA patients. The programme covers as far as West Wales so appointments can be difficult for patients to attend, PKB will enable:-

- A library to provide pre assessment information for new referrals, including links to BAHA user groups/forums.
- Annual reviews to be changed to PKB e mail based review allowing face to face review to move to a bi-annual review.
- 2 / 4 patients per month need an emergency appointment, many of these will be avoided with video/photos being available for virtual clinics.
- Individual IOIBAHA PROM's to be completed via PKB together with annual service satisfaction surveys.

Transition- In planning stage

Children under the care of Audiology go through transition when they are 15 rising 16, many children as they become young adults reject their hearing aids and the DNA rate is unusually high, PKB will enable:-

- The introduction of the transition team prior to their appointment to the young adult feels at ease.
- Reduction in the number of DNA's with email reminders.
- Signposting to up and coming events and provision of information via Links to the third sector such as NDCS, Cambrian Fund etc.
- Quick interim 'Skype' review's which will save the young person from having to take time from school or college.
- Information to be sent with patient consent to other services from which the patient may benefit.
- All useful information to be saved in one place for the young person to be able to access – hearing tests, hearing aid information, support for university, listening tactics, and benefits available.
- Questionnaires to be sent to patient group for pre transition appointment/patient satisfaction measures.

REPORT TITLE:	**Employment Policies Report**								
MEETING:	Local Partnership Forum					**MEETING DATE:**	05.06.19		
STATUS:	For Discussion		For Assurance		For Approval		For Information	x	
LEAD EXECUTIVE:	Executive Director of Workforce and OD								
REPORT AUTHOR (TITLE):	Workforce Governance Manager								

PURPOSE OF REPORT:

SITUATION:

This paper summarises for the Local Partnership Forum a new model for our Employment Policies and how we will align them to our Procedures and Guidelines in a more coherent way.

REPORT:

BACKGROUND:

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, though the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum.

ASSESSMENT:

In November 2014 the UHB changed the way we used 'policies' and 'procedures' through the implementation of the Management of Policies, Procedures and Other Written Control Documents Policy ('Policy on Policies') and the Written Control Documents - Development and Approval Procedure. Previously we had documents which were called policies, but which actually contained both policy statements and procedural elements. These were subsequently split into separate documents and defined by the UHB as follows:

Policy – A written statement of intent, describing the broad approach or course of action that the UHB is taking with a particular issue.

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are often the documents detailing how a policy is to be achieved. Procedures are considered mandatory within the UHB.

Guidelines - give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with the knowledge and expertise of the individual using them.

On examining the list of Workforce and OD Policies and other control documents which are currently due for review, it has become apparent that we still have a great deal of duplication and it is often confusing for managers and staff. Following discussions at the Employment Policy Sub Group, Strategy and Delivery Committee, and within the Workforce team, it has been agreed that instead of having many topic-specific policies with accompanying procedures, we will develop a small number of overarching policies covering:

- Learning, Education and Development
- Health and Wellbeing
- Patterns of working (including breaks, redeployment, flexible working, retirement options etc)
- Recruitment
- Maternity, Adoption, Paternity and Shared Parental Leave
- Equality

These Policies will set out our organisational commitments and responsibilities, and will be accompanied by a suite of procedures which describe how we will achieve them (see appendix 1)

This model has been tested over the last 3 years with the Maternity, Adoption, Paternity and Shared Parental Leave Policy and accompanying Procedures and has been found to work well.

A communication plan is currently being developed to let staff know that we have listened to their concerns about how confusing the current system is, and that we have streamlined it to improve ease of access. The new Policies will be submitted to the Strategy and Delivery Committee in June 2019 for approval.

RECOMMENDATION:

The Local Partnership Forum is asked to Note the new Employment Policy Schedule and that it will come into effect after 20 June 2019

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	x	Involvement		

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	EHIAs will be completed for each of the 'umbrella policies' – these already exist for the Maternity etc. Policy, Recruitment Policy and Equality Policy

Appendix 1: Revised Employment Policy Schedule

Policy	Accompanying procedures / guidelines
LED Policy (NEW)	• Mandatory Training Procedure • PADR Procedure • Study Leave Guidelines for non-medical staff • Study Leave Procedure for Medical and Dental Staff • Academic Malpractice Procedure • Recognition of Prior Learning Framework
Health and Wellbeing Policy (replacing current strategy)	• Management of Stress in the Workplace Procedure • Alcohol and Substance Misuse Procedure • Domestic Abuse Procedure • Industrial Injuries Procedure
Agile Workforce Policy (NEW)	• Flexible Working Procedure • Home/remote working Guidelines (new) • Parental Leave Procedure • Retirement Procedure • Redeployment Procedure • Working Times Procedure • Annual Leave Procedure (non-medical staff) • Annual Leave Procedure for Career Grade and Medical Staff

	• Loyalty Award Procedure
Maternity, Adoption, Paternity and Shared Parental Leave Policy (existing)	• Maternity Procedure • Adoption Procedure • Paternity Procedure • Shared Parental Leave Procedure • Maternity Risk Assessment Procedure • Combining Breastfeeding and Returning to Work Guidelines
Recruitment and Selection Policy	• Recruitment and Selection Procedure • Recruitment of Locum Doctors and Dentists Operational Procedure • Fixed Term Contract Procedure • DBS Procedure • Professional Registration Procedure • Relocation Expenses Procedure • Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades
EDHR Policy	• Support Transgender Staff Procedure • Strategic Equality Plan
Standalone Documents	• Partnership and Recognition Agreement • Death in Service Procedure

	• New and Changed Jobs Procedure • Payroll Over/Under Payment Procedure • Professional Abuse Procedure
ALL WALES POLICIES	• Disciplinary Policy and Procedure • Dignity at Work Process • Secondment Policy • Grievance Policy • Reserve Forces Training and Mobilisation Policy • Medical Appraisal Policy • Upholding Professional Standards Policy • Raising Concerns Procedure • Employment Break Policy • RRP Protocol • Special Leave Policy • OCP • Capability Policy • Managing Attendance at Work Policy • Menopause Policy

`Report Title:	**Finance Report for the Period Ended 31st March 2019**								
Meeting:	**Local Partnership Forum**						**Meeting Date:**	**5 June 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 included a £9.9m planned deficit.

The UHB's provisional draft year end revenue outturn is a deficit of £9.873m which is £0.027m better than the £9.900m forecast deficit. The UHB is also reporting that it stayed within its Capital Resource limit and achieved its creditor payment compliance target. The Finance Committee is asked to note that these are all provisional at this stage as the draft accounts have not yet been finalized and when this is completed it will be subject to External Audit scrutiny. Whilst this is therefore, subject to finalization and verification, the year-end reported position is not expected to materially change.

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.

Consequentially 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 was accepted and the UHB subsequently received £10m additional annual operating plan funding and consequently 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 provisional 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 / provisional 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	(9.873)	(65.969)	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 that the provisional 2018/19 outturn also results 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 @ March 2019

		STATUS REPORT				
Measure	**n**	**March 2019**	**RAG Rating**	**Latest Trend**	**Target**	**Time Period**
Financial balance: remain within revenue resource limits	36	£9.873m deficit at month 12. £0.027m favourable variance against plan	R	9	2018/19 planned deficit £9.9m	M12 2018-19
Remain within capital resource limits.	37	Expenditure at the end of the Year was £48.413m against a plan of £48.486m.	G	9	Approved planned expenditure £48.486m	M12 2018-19
Reduction in Underlying deficit	36a	£36.3m assessed underlying deficit position at month 12	R	9	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M12 2018-19
Delivery of recurrent 3% savings target	36b	Fully Identified Savings Plan	G	9	£25.335m	M12 2018-19
Delivery of non recurrent 1% savings target	36c		G	9	£8.445m	M12 2018-19
Delivery of financial improvement target	36d	£9.3m identified at month 12	G	9	£9.3m	M12 2018-19
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.0% in March	G	9	95% of invoices paid within 30 days	M12 2018-19
Remain within Cash Limit	37b	Cash surplus of £1.219m	G	9	To remain within Cash Limit	M12 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £1.219m	G	9	To Maintain Positive Cash Balance	End of Mar. 2019

Month 12 Cumulative Financial Position

The UHB reported a deficit of £9.873m at month 12 as follows:

- £9.900m planned deficit;
- £(0.027)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 30th March 2019

Income/Pay/Non Pay	In Month			Provisional Year End		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Income	(139.164)	(138.967)	0.198	(1,389.978)	(1,387.362)	2.616
Pay	54.314	54.359	0.045	616.588	614.657	(1.932)
Non Pay	85.675	85.687	0.012	783.290	782.578	(0.712)
Variance to Draft Plan £m	0.825	1.080	0.255	9.900	9.873	(0.027)
Planned Deficit	(0.825)	0.000	0.825	(9.900)	0.000	9.900
Total £m	0.000	1.080	1.080	(0.000)	9.873	9.873

Income

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

Table 5: Income Variance @ March 2019

Income	In Month			Provisional Year End		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Revenue Resource Limit	(98.257)	(98.257)	0.000	(935.546)	(935.546)	0.000
Non Cash Limited Expenditure	(0.422)	(0.424)	(0.001)	(18.186)	(18.186)	0.000
Accomodation & Catering	(0.349)	(0.366)	(0.017)	(3.690)	(3.577)	0.113
Education & Training	(3.346)	(3.516)	(0.170)	(38.267)	(38.373)	(0.106)
Injury Cost Recovery Scheme (CRU) Income	(0.214)	(0.092)	0.122	(2.165)	(1.693)	0.472
NHS Patient Related Income	(25.471)	(25.295)	0.176	(297.120)	(295.815)	1.306
Other Operating Income	(9.649)	(9.465)	0.184	(83.806)	(82.993)	0.814
Overseas Patient Income	(0.006)	(0.007)	(0.002)	(0.062)	(0.266)	(0.203)
Private Patient Income	(0.114)	(0.102)	0.012	(1.368)	(1.060)	0.308
Research & Development	(1.336)	(1.442)	(0.106)	(9.767)	(9.855)	(0.088)
Total £m	(139.164)	(138.967)	0.198	(1,389.978)	(1,387.362)	2.616

An in month deficit of £0.199m and a cumulative deficit of £2.615m is reported against income budgets. The main adverse variances to note are:

- £1.306m 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 against Welsh LHB LTAs, reflecting a continuation of the declining trend on Orthopaedics and core Aneurin Bevan & Cwm Taf activity.
- £0.814m adverse variance on other operating income due to underperformance against critical care, PICU and NICU activity targets.
- £0.472m adverse variance against the Injury Cost Recovery Scheme where the position deteriorated by £0.122m in month due to continuing underperformance and an increase to the rate of Bad Debt Provision.

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 £0.175m, bringing the cumulative adverse variance to £1.318m. The Month 12 reported position is summarised in Table 6. This is driven significantly by under delivery against contracts with LHBs of £1.777m, offset by a favourable income position on WHSSC and NHS England.

The Month 12 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 cumulative WHSSC variance reflects the release of the contingency for uncertain contract variation which crystallised as not required. The majority of performance is reflected in Clinical Board positions.

There has been a non-Welsh income adverse movement in month of £0.034m, due to reduced English inpatient volume and case mix, bringing the cumulative variance to £0.044m favourable.

Table 6: Month 12 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(221.087)	(221.087)	(221.503)	(0.416)
Aneurin Bevan	(29.250)	(29.250)	(28.270)	0.980
Other LHBs	(38.436)	(38.436)	(37.639)	0.797
Non-Welsh	(3.947)	(3.947)	(3.991)	(0.044)
	(292.720)	**(292.720)**	**(291.402)**	**1.318**

Pay

In total pay budgets are showing a cumulative underspend of £1.932m 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 11 £m	2018/19 Month 1 to Month 11 £m	2017/18 Month 12 £m	2018/19 Month 12 £m	2017/18 Cum. to Month 12 £m	2018/19 Cum. to Month 12 £m
Basic	515.377	469.070	485.126	46.307	46.246	515.377	531.373
Enhancements	24.533	22.501	23.190	2.032	2.136	24.533	25.326
Maternity	4.088	3.742	4.451	0.346	0.381	4.088	4.832
Protection	0.676	0.619	0.565	0.057	0.049	0.676	0.615
Total Fixed Pay	**544.674**	**495.932**	**513.333**	**48.742**	**48.812**	**544.674**	**562.144**
Agency (mainly registered Nursing)	8.767	7.661	10.134	1.107	1.139	8.767	11.273
Nursing Bank (mainly Nursing)	14.439	12.978	11.937	1.461	1.435	14.439	13.372
Internal locum (Medical & Dental)	4.306	3.907	4.367	0.398	0.813	4.306	5.180
External locum (Medical & Dental)	7.118	6.353	6.617	0.765	0.519	7.118	7.136
On Call	2.224	2.033	2.248	0.191	0.199	2.224	2.447
Overtime	5.758	4.938	5.748	0.820	0.878	5.758	6.626
WLI's & extra sessions (Medical)	5.111	4.149	5.915	0.962	0.564	5.111	6.479
Total Variable Pay	**47.722**	**42.018**	**46.965**	**5.704**	**5.547**	**47.722**	**52.513**
Total Pay	**592.396**	**537.950**	**560.298**	**54.446**	**54.359**	**592.396**	**614.657**
Pay Budget	**594.938**	**540.303**	**562.274**	**54.635**	**54.315**	**594.938**	**616.589**
Budget Variance (Fav)/Adv £m	**(2.541)**	**(2.352)**	**(1.976)**	**(0.189)**	**0.045**	**(2.541)**	**(1.932)**

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.

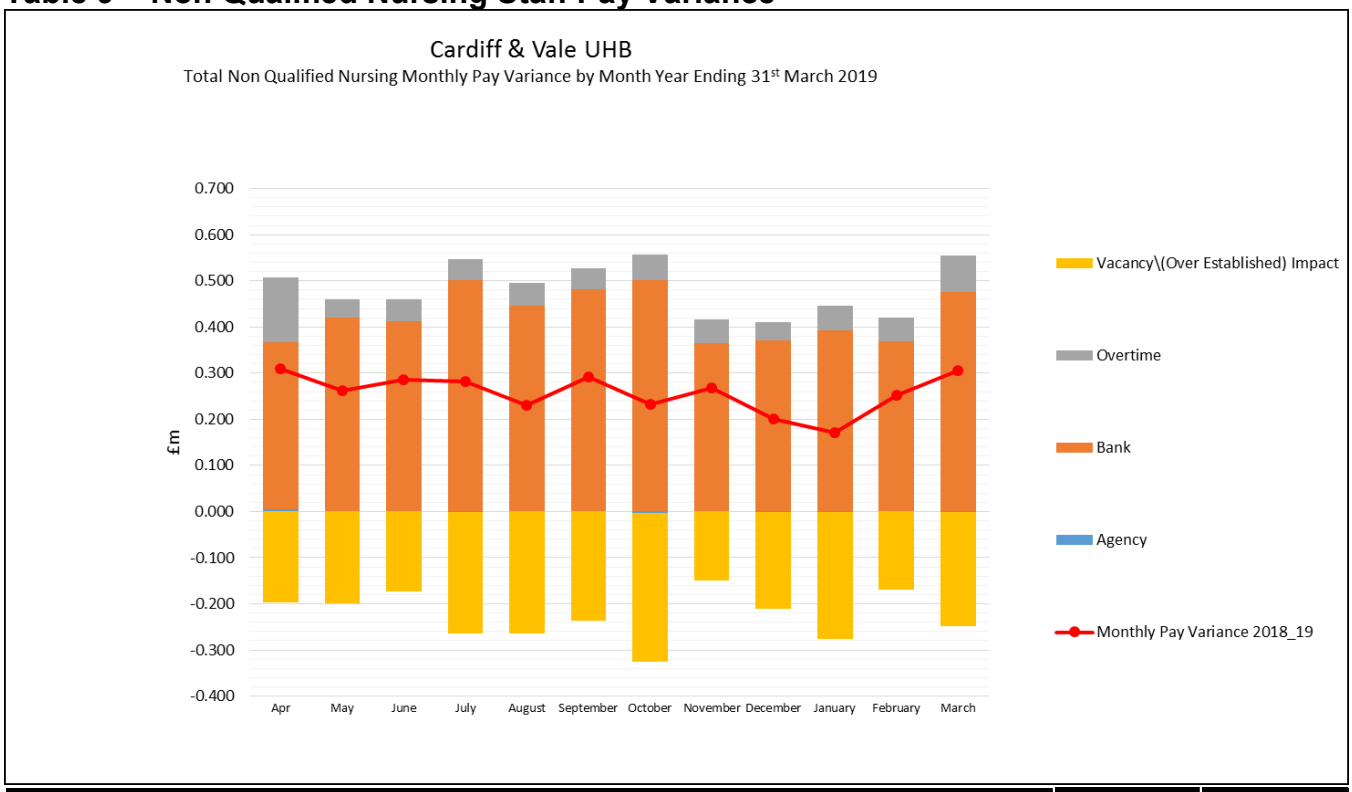
An analysis of pay expenditure by staff group is shown in Table 8.

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

Pay	In Month			Provisional Year End		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.062	2.058	(0.004)	24.304	23.590	(0.714)
Management, admin & clerical	5.869	5.832	(0.038)	71.424	70.551	(0.873)
Medical and Dental	13.527	13.632	0.105	157.920	158.163	0.243
Nursing (registered)	16.651	16.530	(0.121)	185.346	184.082	(1.264)
Nursing (unregistered)	4.660	4.967	0.306	49.803	52.893	3.089
Other staff groups	8.262	8.201	(0.061)	92.417	91.386	(1.031)
Scientific, prof & technical	3.284	3.140	(0.143)	35.374	33.992	(1.382)
Total £m	54.314	54.359	0.045	616.588	614.657	(1.932)

Total pay budgets deteriorated by £0.045m in month to an underspend for the year to date of £1.932m.

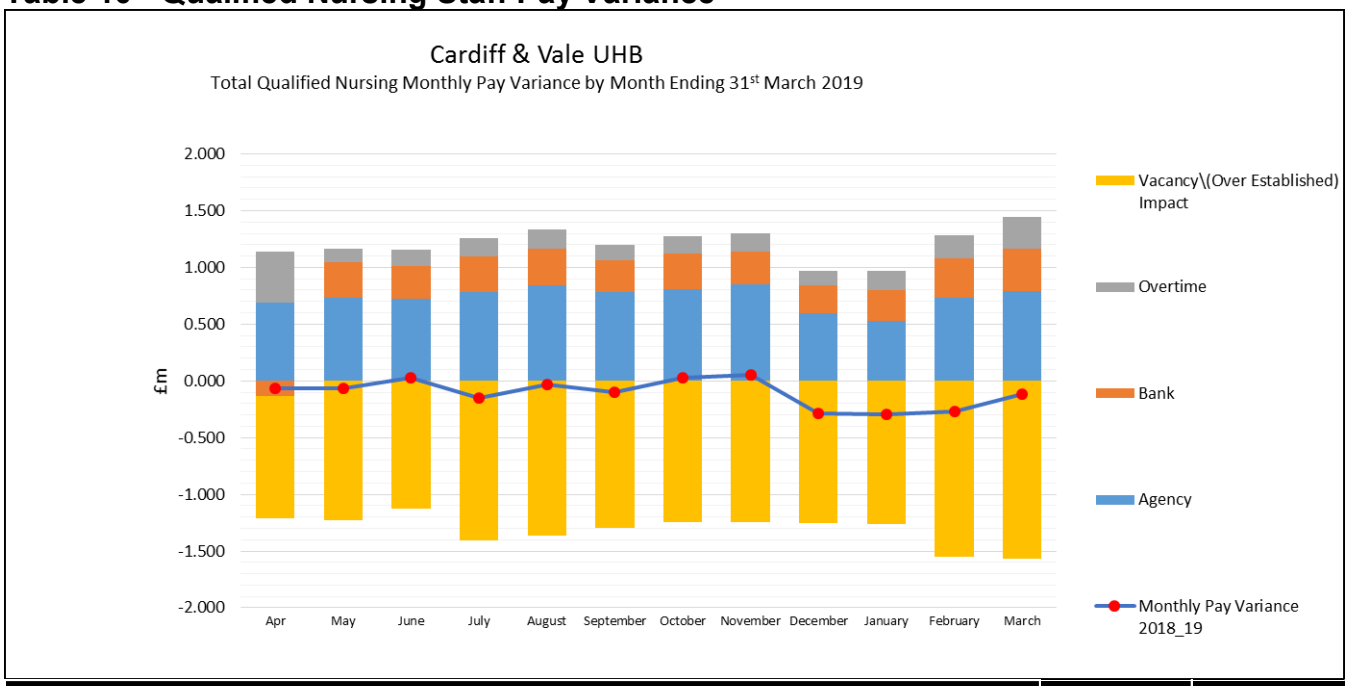
Table 9 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.000)	0.002
Bank	0.475	5.093
Overtime	0.080	0.701
Adverse Impact	0.555	5.796
Vacancy\(Over Established) Impact	(0.248)	(2.706)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.306	3.089

Table 9 indicates that the £3.089m adverse variance against non-qualified nursing assistants is due to overspends of £5.093m on bank staff and £0.701m on overtime which is partly offset by an underspend against established posts.

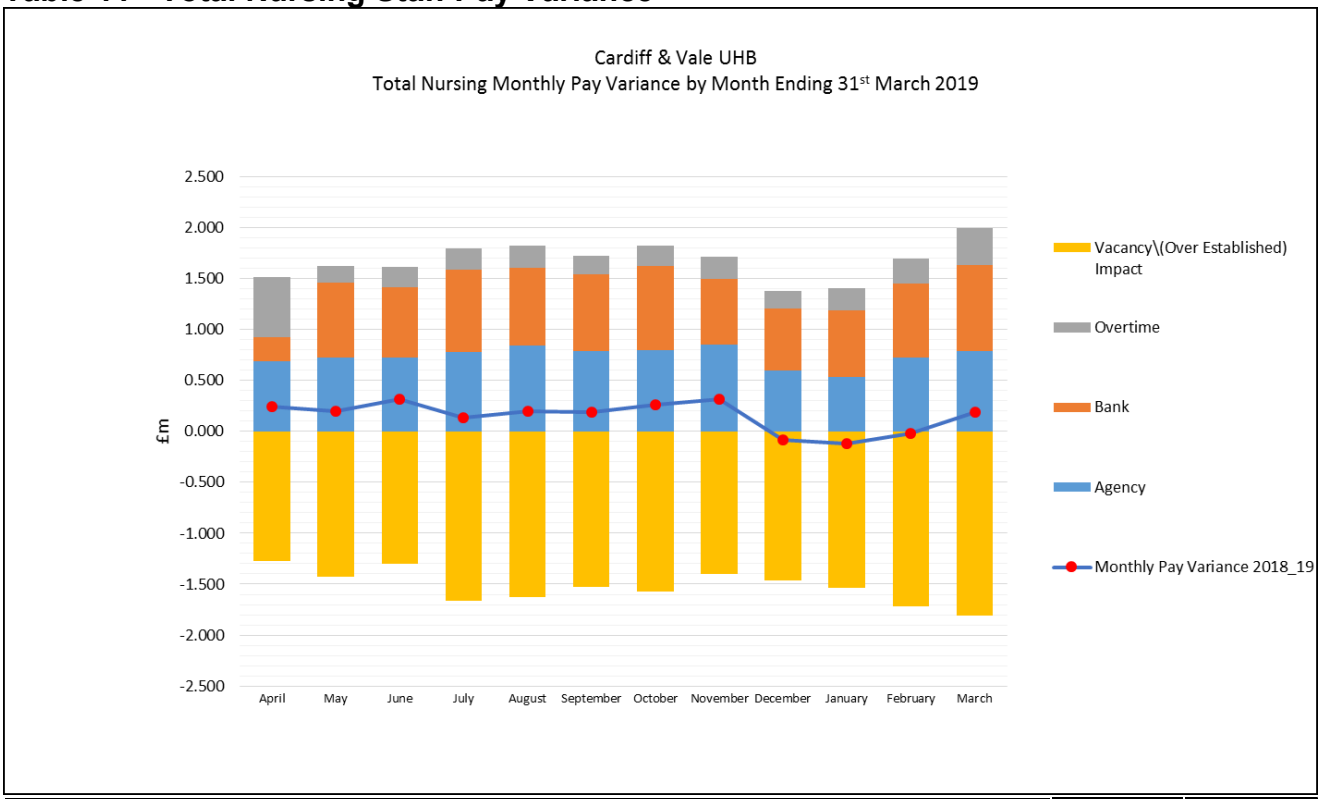
Table 10 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.790	8.855
Bank	0.374	3.221
Overtime	0.280	2.276
Adverse Impact	1.443	14.352
Vacancy\(Over Established) Impact	(1.564)	(15.617)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.121)	(1.264)

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.

Table 11 - Total Nursing Staff Pay Variance

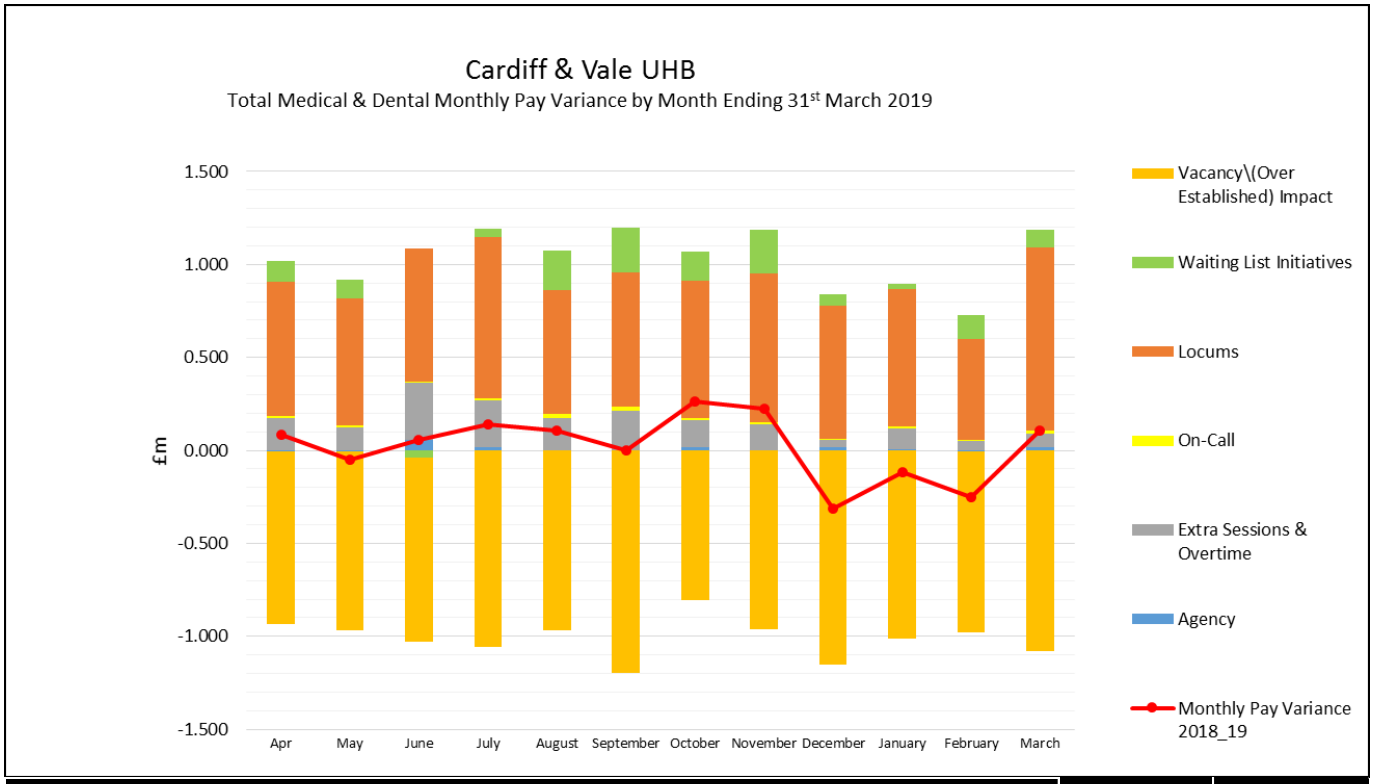


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.789	8.857
Bank	0.849	8.314
Overtime	0.360	2.977
Adverse Impact	1.998	20.148
Vacancy\(Over Established) Impact	(1.812)	(18.323)
Total Pay Variance - (Fav)/Adv £m	0.186	1.825

Table 11 identifies expenditure against substantive nursing posts for the year to date which is £1.825m more than budget. The £18.323m surplus against established posts is offset by a £20.148m 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 2019/20.

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 £0.243m at month 12.

Table 12 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.019	0.117
Extra Sessions & Overtime	0.070	1.794
On-Call	0.020	0.148
Locums	0.983	8.896
Waiting List Initiatives	0.093	1.378
Adverse Impact	1.185	12.334
Vacancy\(Over Established) Impact	(1.080)	(12.090)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	0.105	0.243

The key areas of concern are a £0.121m in month overspend and a £1.128m cumulative overspend within the Women and Children Clinical Board and a cumulative £0.333m overspend in the CD&T Clinical Board following a £0.028m in month underspend.

Non Pay

Table 13 highlights an in month overspend of £0.012m and a £0.712m cumulative underspend against non pay budgets.

The key pressure area is in clinical services and supplies where there was an in month deterioration of £0.794m and the cumulative year end overspend is £3.214m. A large part of the

in month variance was due to expenditure within the CD&T Clinical Board where overspends were partly offset by underspends against other budget headings.

The in month overspend against premises and fixed plant was primarily due to computer hardware and software purchases and the improvement in the drugs position was due to an in month surplus against secondary care drug budgets.

Table 13: Non Pay Variance @ March 2019

Non Pay	In Month			Provisional Year End		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Clinical services & supplies	10.893	11.687	0.794	100.899	104.113	3.214
Commissioned Services	16.429	16.432	0.003	170.941	170.482	(0.459)
Continuing healthcare	7.601	7.495	(0.106)	65.066	65.687	0.621
Drugs / Prescribing	14.146	13.548	(0.598)	154.182	152.680	(1.502)
Establishment expenses	2.042	2.438	0.396	12.351	13.021	0.670
General supplies & services	1.287	1.236	(0.051)	8.969	9.245	0.277
Other non pay	11.840	10.567	(1.273)	64.856	60.695	(4.161)
Premises & fixed plant	4.430	4.953	0.523	35.773	36.377	0.604
Primary Care Contractors	17.006	17.331	0.325	170.255	170.278	0.023
Total £m	85.675	85.687	0.012	783.290	782.578	(0.712)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 12 variance of £0.793m 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 £0.540m to month 12 for Velindre.
- Continued under performance on the ABMU and Cwm Taf LTAs. ABMU is subject to an enhanced marginal rate already, and discussions are ongoing with Cwm Taf over plans for 2019/20.
- WHSSC spend has moved adversely in month by £200k driven mainly by significant C&V provider over performance and IPFR expenditure.
- NCAs remained stable supported by the settlement with NBT for INR outsourcing which was much less than provided for. A significant provision remains for Panel approvals for cross-border treatments yet to be invoiced.

Table 14: Month 12 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	121.476	121.476	121.693	0.217
Velindre	16.406	16.406	15.866	(0.540)
LHBs	23.385	23.385	22.842	(0.543)
Other / NCAs	1.913	1.913	1.986	0.073
	163.179	**163.179**	**162.387**	**(0.793)**

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 were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the twelve months to 31st March 2019 by Clinical Board is shown in Table 15.

Table 15: Financial Performance for the period ended 31st March 2019

Clinical Board	M11 Budget Variance £m	M12 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	1.060	1.177	0.117	1.05%
Children & Women	1.685	1.869	0.184	1.81%
Capital Estates & Facilities	0.067	0.219	0.152	0.34%
Dental	0.470	0.493	0.023	2.68%
Executives	(0.602)	(0.466)	0.136	(1.16%)
Medicine	1.806	1.846	0.040	1.55%
Mental Health	0.001	(0.001)	(0.002)	(0.00%)
PCIC	(1.406)	(1.726)	(0.320)	(0.51%)
Specialist	(0.531)	(0.675)	(0.144)	(0.40%)
Surgery	1.158	1.201	0.043	0.90%
Central Budgets	(3.991)	(3.140)	0.852	(0.99%)
SubTotal	**(0.283)**	**0.798**	**1.081**	**0.06%**
Planned Deficit	9.075	9.075	0.000	0.65%
Total	**8.792**	**9.873**	**1.081**	**0.78%**

In month and cumulative overspends were reported by 6 Clinical Boards in March. The largest in month overspend was in Children and Women where the majority of the overspend was due to medical pay. Expenditure on energy in excess of previous estimates was the main pressure in capital and estates and the in month overspend against Executives was due to non recurrent expenditure at year end. Pressures against clinical supplies budgets were again reported in the CD&T 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 12 was some £0.587m 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	M12 Forecast Profile (Surplus)/ Deficit Variance £m	M12 Actual Position (Surplus)/ Defcit Variance £m	Variance to Forecast Profile £m
Clinical Diagnostics & Therapies	1.124	1.124	1.177	0.053
Children & Women	1.654	1.654	1.869	0.215
Capital Estates & Facilities	(0.011)	(0.011)	0.219	0.230
Dental	0.600	0.600	0.493	(0.107)
Executives	(0.003)	(0.003)	(0.466)	(0.463)
Medicine	0.759	0.759	1.846	1.087
Mental Health	0.798	0.798	(0.001)	(0.799)
PCIC	(1.353)	(1.353)	(1.726)	(0.373)
Specialist	(0.010)	(0.010)	(0.675)	(0.665)
Surgery	0.967	0.967	1.201	0.234
SubTotal	**4.525**	**4.525**	**3.938**	(0.587)
Central Budgets	(4.525)	(4.525)	(3.965)	0.560
SubTotal	**(0.000)**	**(0.000)**	**(0.027)**	(0.027)
Planned Deficit	9.900	9.900	9.900	0.000
Total	**9.900**	**9.900**	**9.873**	(0.027)

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 12 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 12 months to the end of March the UHB over achieved its profiled savings target (including income generation schemes & non recurrent accounting gains) 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 12

	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 delivered £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 reduces 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 12	
		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's Welsh Government approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) contains a balanced financial plan. This includes measures to recurrently address the UHBs underlying deficit.

Balance Sheet

The balance sheet at month 12 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 £25.3m (11.3%) 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 £5.5m (2.9%) since the start of the year primarily due to a reduction in capital creditors.

The value of stock held has increased by £1.3m (7.8%) in year and reflects the results of the comprehensive series of year end stock counts undertaken in March.

Cash Flow Forecast

The cash flow profile is shown in **Appendix 3** with a year end cash balance of £1.2m.

Amounts shown on the sale of assets line reflect the full value of in year sale proceeds. The UHB has reinvested the net book value element of these receipts in the purchase of property, plant & equipment.

Between the approval of the capital working balances support in month 7 and the UHBs month 12 report the UHBs CRL increased by £11.2m which considerably eased the UHBs capital cash problems. Consequently the UHB did not draw down £5.690m of its current approved capital cash drawing limit. The capital working balance support drawn down helped the UHB reduce its capital creditors by £5.238m during the year.

Public Sector Payment Compliance

The UHB's annual performance was 95.0% at the end of March and therefore it achieved its statutory target in 2018/19. This is a significant improvement on the rate achieved in 2017/18 (92.3%). Cumulative performance fell from 95.2% at the end of February to 95.0% to the end of March with an in-month compliance rate of 93.7%.

Capital Resource Limit (CRL)

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

Table 19: Progress against Capital Resource Limit @ March 2019

	£m
Planned Capital Expenditure at month 12	48.486
Actual net expenditure against CRL at month 12	48.413
Variance against planned Capital Expenditure at month 12	(0.073)

The UHB successfully remained within its Capital Resource Limit (CRL) in 2018/19. Net capital expenditure was £0.073m (0.15%) below the approved CRL of £48.486m.

Financial Risks

The UHB's provisional year end position is £9.882m deficit which is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position

Key Concerns and Recovery Actions

At month 12, 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 Welsh Government approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) 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 12 position which is in lower than the planned deficit within the Annual Operational Plan.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** the provisional draft year end revenue deficit of £9.873m is £0.027m lower than its planned deficit of £9.900m**;**
- **NOTE** that the year end capital position is a spend of £48.413m against a CRL of £48.496m;
- **NOTE** that the UHB achieved its creditor payment compliance target of 95%.

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.

Appendix 1

Month 12 In-Year Effect

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall at Performance Review Month 12
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Children & Women	3,550	2,508	745	3,253	569	297
Medicine	3,754	4,000	0	4,000	584	-246
CD&T	3,442	2,655	853	3,509	941	-67
Surgery	4,714	4,163	439	4,601	1,398	113
Dental	800	233	0	233	84	567
Mental Health	2,940	2,870	70	2,940	20	0
Capital Estates & Facilities	2,580	1,822	758	2,580	133	0
Primary, Community & Intermediate Care	6,600	6,952	122	7,074	150	-474
Corporate Executives	1,362	1,128	23	1,151	457	211
Specialist	4,038	3,712	396	4,108	618	-70
Total £'000	**33,780**	**30,043**	**3,405**	**33,448**	**4,954**	**332**

2018-19 Full Year Effect

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall at Performance Review Month 12
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Children & Women	2,663	1,632	920	2,552	774	110
Medicine	2,816	3,669	0	3,669	830	-853
CD&T	2,582	1,072	1,621	2,694	1,036	-112
Surgery	3,535	3,054	492	3,545	2,674	-10
Dental	600	94	0	94	110	506
Mental Health	2,205	2,175	30	2,205	20	0
Capital Estates & Facilities	1,935	864	1,145	2,009	380	-74
Primary, Community & Intermediate Care	4,950	5,666	122	5,788	424	-838
Corporate Executives	1,022	532	13	545	491	477
Specialist	3,029	2,418	612	3,030	828	-1
Total £'000	**33,780**	**21,176**	**4,955**	**26,131**	**7,567**	**-796**

Appendix 2

BALANCE SHEET AS AT 31st MARCH 2019

	Opening Balance 1st April 2018	Closing Balance 31st March 2019
Non-Current Assets	**£'000**	**£'000**
Property, plant and equipment	657,424	675,988
Intangible assets	2,245	2,820
Trade and other receivables	57,469	22,342
Other financial assets		
Non-Current Assets sub total	**717,138**	**701,150**
Current Assets		
Inventories	15,697	16,925
Trade and other receivables	166,189	176,020
Other financial assets	0	0
Cash and cash equivalents	1,856	1,219
Non-current assets classified as held for sale	0	1,906
Current Assets sub total	**183,742**	**196,070**
TOTAL ASSETS	**900,880**	**897,220**
Current Liabilities		
Trade and other payables	180,290	175,350
Other financial liabilities	0	0
Provisions	120,512	133,651
Current Liabilities sub total	**300,802**	**309,001**
NET ASSETS LESS CURRENT LIABILITIES	**600,078**	**588,219**
Non-Current Liabilities		
Trade and other payables	9,635	9,092
Other financial liabilities	0	0
Provisions	60,471	19,582
Non-Current Liabilities sub total	**70,106**	**28,674**
TOTAL ASSETS EMPLOYED	**529,972**	**559,545**
FINANCED BY: **Taxpayers' Equity**		
General Fund	417,207	442,608
Revaluation Reserve	112,765	116,937
Total Taxpayers' Equity	**529,972**	**559,545**

Appendix 3

CASH FLOW FORECAST AS AT 31st MARCH 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	76,380	916,595
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	1,387	18,847
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	4,968	31,356
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	131	301
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	44,712	449,351
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	8,037	106,418
TOTAL RECEIPTS	**139,864**	**128,883**	**148,087**	**116,485**	**142,022**	**106,249**	**127,924**	**143,838**	**127,452**	**121,115**	**126,989**	**149,807**	**1,578,715**
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	7,023	65,281
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	7,971	90,974
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	49,332	586,633
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	59,274	614,681
Capital Payment	12,496	1,679	1,935	2,308	6,758	2,324	2,290	3,351	2,560	2,701	3,132	14,400	55,934
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	10,557	116,114
TOTAL PAYMENTS	**139,414**	**125,584**	**151,996**	**116,141**	**137,914**	**108,123**	**127,883**	**144,359**	**127,437**	**120,788**	**127,013**	**152,700**	**1,579,352**
Net cash inflow/outflow	450	3,299	(3,909)	344	4,108	(1,874)	41	(521)	15	327	(24)	(2,893)	
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	1,219	

PROGRESS AGAINST CRL AS AT 31st MARCH 2019

Approved CRL issued March 25th 2019 £'000s	48,487

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	13,990	13,924	(66)	13,990	13,924	(66)
CRI Safeguarding	548	474	(74)	548	474	(74)
Rookwood Emergency Works	499	265	(234)	499	265	(234)
Anti Ligature Works	100	163	63	100	163	63
UHW Interventional Radiology Suite	500	1,068	568	500	1,068	568
Acceleration and implementation of National Clinical Systems	597	666	69	597	666	69
Reurbishment of the Renal Facilities at UHW	1,197	1,189	(8)	1,197	1,189	(8)
Purchase of Woodland House	2,950	3,996	1,046	2,950	3,996	1,046
Rookwood Replacement	4,420	3,197	(1,223)	4,420	3,197	(1,223)
ETTF Funding re BEST Software for ALAC	21	21	0	21	21	0
UHL Theatres	1,000	565	(435)	1,000	565	(435)
IM&T Discretionary	1,786	1,649	(137)	1,786	1,649	(137)
Digital Cellular Path	126	118	(8)	126	118	(8)
Renal IM&T	17	0	(17)	17	0	(17)
Microbiology Labs Works	160	2	(158)	160	2	(158)
Additional Medical Equipment	4,300	4,301	1	4,300	4,301	1
ETTF- National Mobilisation Project	10	9	(1)	10	9	(1)
Eye Care Sustainability	320	326	6	320	326	6
Maelfa Primary Care Hub	273	384	111	273	384	111
Cogan Primary Care Hub	262	292	30	262	292	30
Cyber Security Initiatives	50	50	0	50	50	0
ICF -Young onset Dementia Centre	473	471	(2)	473	471	(2)
Sub Total	**33,599**	**33,130**	**(469)**	**33,599**	**33,130**	**(469)**
Discretionary:						
I.T.	904	1,304	400	904	1,304	400
Equipment	1,933	2,850	917	1,933	2,850	917
Statutory Compliance	2,022	1,827	(195)	2,022	1,827	(195)
Estates	10,965	10,238	(727)	10,965	10,238	(727)
Sub Total	**15,824**	**16,219**	**395**	**15,824**	**16,219**	**395**
Donations:						
Chartible Funds Equipment	631	631	0	631	631	0
Sub Total	**631**	**631**	**0**	**631**	**631**	**0**
Asset Disposals:						0
Carbon Reduction Emissions Surrendered	170	170	0	170	170	0
Amy Evans	0	0	0	0	0	0
Colcott Clinic	118	117	(1)	118	117	(1)
Iorweth Jones	0	0	0	0	0	0
Equipment and Intangible assets	17	17	0	17	17	0
Land at Royal Hammadryad	1	1	0	1	1	0
Sub Total	**306**	**305**	**(1)**	**306**	**305**	**(1)**
CHARGE AGAINST CRL	**48,486**	**48,413**	**(73)**	**48,486**	**48,413**	**(73)**
PERFORMANCE AGAINST CRL (Under)/Over £'000s		**(74)**			**(74)**	

Workforce Key Performance Indicators March 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%	5.07%	⇨ **0.00%**	4.60%	YTD is cumulative rate from April to date
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	5.07%	4.88%	⇩ **0.03%**	4.20%	All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%	31.44%	31.44%	⇩ **1.84%**	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%	6.57%	6.57%	⇩ **0.01%**	6.34%	Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	-0.31%	1.39%	⇩ **0.04%**	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%	8.55%	13.18%	⇧ **0.17%**	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		13997.79	⇧ **158.28 WTE**	No target	
7. Actual (Contracted) WTE	12738.43		12962.53	⇧ **31.78 WTE**	No target	
8. Fire Safety Mandatory Training Rate	65.32%	67.97%	67.97%	⇧ **0.70%**	85.00%	YTD is 12-month cumulative rate
9. PADR Rate	57.19%	56.37%	56.37%	⇩ **0.40%**	85.00%	YTD is 12-month cumulative rate

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
• **Nurse Recruitment:** The March nurse vacancy rate at Band 5 was 16.93%, up by 4.48% from 12.44% (March-18). As a number of CB's have over-established band 6 positions, after taking these into account the net band 5 and 6 vacancy position is 8.72%. These figures include ODPs. Turnover at Band 5 is currently running at 12.49%. The majority of CB's are at 95% or over; with Medicine and Surgery Clinical Boards being the main hot spot areas. A comprehensive project plan is in place for nurse recruitment and retention via the Project 95% group. Plans include: increasing local campaigns and use of social media to attract, student streamlining with higher number of education commissioning in place, regional and national events, adaptation cohorts underway, return to practice; and a business case and tender process in development for an international recruitment campaign. 71 job offers were made in the January UHB wide campaign. We are currently advertising for 130 students (as a minimum) via student streamlining.	• **Mental Health:** 2 Primary Care MH Liaison Workers Band 7 appointed to support the roll out of the Primary Care MH service model. A further advert went out in March and interviews to take place in April. • **Mental Health:** Band 6 to support the PCMH service model is being developed and considered for service sustainability and continuity. • **Mental Health:** new trajectories for PADRs were issued and Adult directorate increased from 70% in March. Hot spots identified in MHSOP with low rates and further intervention such as admin support given to the wards. • **Mental Health:** Sickness – Hot spot areas identified and audits underway • **Mental Health:** Clinical Director for MHSOP post advertised. Closing date 15 April 2019 • **Mental Health:** 20 Band 5 nursing posts advertised for Adult and MHSOP due to expected turnover with new transformation opportunities and to offset bank and agency nursing spend.

- **PADR:** PADR training for new starters or new to post have been set up which will cover the process, documentation and how to upload into ESR. Further training is being developed to incorporate the values fully into the PADR process.
- **Medical Recruitment:** As at end of March 2019 there are 34.00 WTE hard-to-fill vacancies 7 WTE of which are consultant posts. This represents 2.39% 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 advertised and bookings being taken. Phase 2 of uploading the Training Needs Analysis (TNA) into ESR for mandatory training (levels 2 and 3) is in progress, which will mean staff will have a complete record of mandatory training compliance requirements at all levels.
- **Staff Engagement:** The staff survey response group has now met three times. 4 key themes have been identified (engagement, leadership, culture & behaviour and involvement) and a number of actions have been identified. This will now be turned into a formal action plan and a Steering Group Chaired by the WODD will be established to oversee its delivery.
- 192 recruiting managers have attended Values Based recruitment training, which continues to evaluate well; 2 workshops a month are continuing.
- **Employee Wellbeing:** 45 people self-referred to EWS in March 2019. Anxiety was the most common reason for referral. 33 people attended a 1st appointment, 9 people were then discharged, having been signposted to a range of interventions. A total of 95 appointments were attended this month.

- **PCIC:** General Practice Nurse Scheme developed and advertised in March on a 12 month fixed term basis to develop practice nurse skills.
- **PCIC:** DOSH workforce planning commenced to develop new workforce models to support recruitment and retention
- **PCIC:** Prison workforce planning commenced to review service and workforce model to support sustainability, recruitment and retention of nursing workforce, MH input provision to ensure equal access to health and care, at the right time by the right people,
- for men in custody
- **PCIC:** Clare Evans appointed to Head of Primary Care
- **PCIC:** Locality Manager S&E retired and job share post advertised and interviewed. No appointment made but current job share postholder increasing their contracted hours
- **PCIC:** Community Director for Governance advertised closing date 14 April 2019
- **PCIC:** 2 Dementia Memory Link Workers joined the Community Resource Team via TUPE
- **PCIC: 3** band 5 district nurses commenced in March.

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

	WTE	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Corporate	691.52	2.59%	2.71%	3.78%	3.71%	3.71%	3.53%	3.34%	3.18%	3.19%	3.25%	3.26%	3.32%	3.40%	3.38%
CDT	2121.36	3.68%	3.96%	3.53%	3.56%	3.60%	3.60%	3.61%	3.57%	3.54%	3.51%	3.48%	3.52%	3.51%	3.50%
Dental	401.11	3.39%	3.54%	3.89%	4.44%	4.61%	4.80%	4.73%	4.53%	4.38%	4.24%	4.16%	4.06%	4.02%	3.89%
Children & Women	1735.64	4.30%	4.74%	3.98%	3.93%	3.99%	4.13%	4.29%	4.38%	4.46%	4.53%	4.59%	4.64%	4.66%	4.65%
Specialist Services	1703.55	4.12%	4.52%	5.05%	4.99%	4.79%	4.75%	4.79%	4.83%	4.95%	5.03%	5.01%	4.97%	4.92%	4.87%
Surgical Services	1739.89	4.42%	4.90%	4.62%	4.54%	4.58%	4.58%	4.63%	4.63%	4.67%	4.74%	4.84%	4.93%	4.98%	4.96%
PCIC	687.29	4.67%	5.19%	4.41%	4.87%	4.92%	5.26%	5.44%	5.52%	5.63%	5.83%	5.97%	6.10%	6.09%	6.04%
Mental Health	1234.98	6.09%	6.81%	5.06%	5.38%	5.75%	5.89%	5.92%	5.98%	6.03%	6.09%	6.16%	6.16%	6.18%	6.19%
Medicine	1591.71	5.16%	5.75%	5.16%	5.20%	5.37%	5.55%	5.72%	5.86%	6.01%	6.11%	6.21%	6.31%	6.33%	6.35%
Capital, Estates & Facilities	1055.47	7.05%	7.88%	5.89%	5.29%	5.26%	5.49%	5.80%	5.97%	6.29%	6.54%	6.80%	7.08%	7.29%	7.48%
uHB	**12962.53**	**4.60%**	5.07%	**4.56%**	**4.56%**	**4.61%**	**4.70%**	**4.77%**	**4.81%**	**4.89%**	**4.96%**	**5.02%**	**5.09%**	**5.11%**	**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 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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dental	401.11	3.39%	4.31%	3.89%	4.98%	4.95%	5.37%	4.42%	3.54%	3.50%	3.32%	3.47%	3.25%	3.52%	2.56%
Corporate	691.52	2.59%	3.39%	3.78%	3.65%	3.70%	2.99%	2.59%	2.34%	3.28%	3.68%	3.30%	3.81%	4.32%	3.10%
CDT	2121.36	3.68%	4.39%	3.53%	3.59%	3.66%	3.61%	3.62%	3.38%	3.39%	3.28%	3.22%	3.88%	3.47%	3.29%
Specialist Services	1703.55	4.12%	4.77%	5.05%	4.93%	4.40%	4.62%	4.93%	5.07%	5.66%	5.56%	4.89%	4.63%	4.38%	4.34%
Children & Women	1735.64	4.30%	4.53%	3.98%	3.88%	4.11%	4.56%	4.93%	4.80%	4.95%	4.99%	5.03%	5.13%	4.78%	4.60%
Surgical Services	1739.89	4.42%	4.48%	4.62%	4.46%	4.65%	4.58%	4.83%	4.67%	4.92%	5.20%	5.61%	5.76%	5.55%	4.76%
PCIC	687.29	4.67%	4.05%	4.41%	5.31%	5.02%	6.24%	6.17%	5.92%	6.24%	7.26%	7.03%	7.28%	5.99%	5.47%
Mental Health	1234.98	6.09%	5.46%	5.06%	5.69%	6.51%	6.29%	6.02%	6.34%	6.29%	6.51%	6.68%	6.24%	6.32%	6.30%
Medicine	1591.71	5.16%	5.83%	5.16%	5.24%	5.73%	6.09%	6.38%	6.55%	6.89%	6.82%	6.97%	7.24%	6.60%	6.50%
Capital, Estates & Facilities	1055.47	7.05%	6.79%	5.89%	4.70%	5.22%	6.16%	7.00%	6.83%	8.19%	8.29%	8.84%	9.63%	9.60%	9.51%
uHB	**12962.53**	**4.60%**	4.88%	**4.56%**	**4.56%**	**4.73%**	**4.94%**	**5.09%**	**5.01%**	**5.36%**	**5.46%**	**5.47%**	**5.67%**	**5.38%**	**5.07%**

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

Sickness Rate (12- Month Cumulative)

	WTE	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Corporate	691.52	2.59%	2.71%	2.88%	3.01%	3.16%	3.21%	3.28%	3.28%	3.29%	3.29%	3.18%	3.23%	3.37%	3.38%
CDT	2121.36	3.68%	3.96%	4.09%	4.08%	4.08%	4.08%	4.05%	3.94%	3.90%	3.82%	3.74%	3.67%	3.58%	3.50%
Dental	401.11	3.39%	3.54%	3.77%	3.82%	3.90%	4.15%	4.16%	4.12%	4.10%	4.13%	4.09%	4.10%	4.04%	3.89%
Children & Women	1735.64	4.30%	4.74%	4.78%	4.79%	4.75%	4.74%	4.81%	4.85%	4.84%	4.83%	4.80%	4.75%	4.65%	4.65%
Specialist Services	1703.55	4.12%	4.52%	4.57%	4.69%	4.68%	4.72%	4.87%	4.89%	5.01%	5.10%	5.10%	4.99%	4.91%	4.87%
Surgical Services	1739.89	4.42%	4.90%	4.91%	4.94%	4.99%	5.02%	5.01%	4.95%	4.91%	4.90%	4.94%	4.98%	4.94%	4.96%
PCIC	687.29	4.67%	5.19%	5.18%	5.28%	5.39%	5.52%	5.55%	5.67%	5.68%	5.80%	5.86%	5.93%	5.92%	6.04%
Mental Health	1234.98	6.09%	6.81%	6.76%	6.66%	6.67%	6.65%	6.60%	6.59%	6.55%	6.41%	6.30%	6.23%	6.13%	6.19%
Medicine	1591.71	5.16%	5.75%	5.74%	5.79%	5.78%	5.78%	5.77%	5.82%	5.95%	6.09%	6.17%	6.35%	6.30%	6.35%
Capital, Estates & Facilities	1055.47	7.05%	7.88%	7.83%	7.61%	7.43%	7.25%	7.06%	7.06%	7.10%	7.06%	7.00%	7.17%	7.24%	7.48%
uHB	**12962.53**	**4.60%**	**5.07%**	**5.11%**	**5.12%**	**5.12%**	**5.13%**	**5.14%**	**5.13%**	**5.15%**	**5.15%**	**5.13%**	**5.14%**	**5.09%**	**5.11%**

> 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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dental	341.55	6.34%	2.73%	3.10%	2.95%	3.12%	2.89%	4.18%	3.16%	2.79%	3.37%	2.97%	4.60%	4.33%	4.77%
Capital, Estates & Facilities	1071.71	6.34%	4.20%	4.07%	3.86%	4.23%	4.28%	4.65%	4.63%	4.35%	4.48%	3.96%	4.75%	4.69%	4.80%
Mental Health	1154.82	6.34%	5.72%	5.60%	5.18%	5.25%	5.15%	5.70%	5.21%	5.12%	5.47%	5.29%	5.21%	5.58%	6.06%
Specialist Services	1515.79	6.34%	6.96%	7.09%	6.92%	6.81%	6.81%	6.71%	6.41%	6.49%	6.37%	6.95%	6.25%	6.13%	6.24%
CDT	1568.38	6.34%	6.98%	7.40%	7.48%	7.01%	6.96%	7.41%	7.58%	7.53%	7.69%	7.50%	6.70%	6.89%	6.29%
Surgical Services	1385.91	6.34%	5.92%	5.99%	6.00%	6.32%	6.56%	6.44%	6.61%	6.37%	6.99%	6.09%	6.70%	6.41%	6.36%
Corporate	677.92	6.34%	6.51%	6.22%	5.90%	6.44%	7.04%	7.29%	7.43%	7.20%	7.55%	5.93%	7.11%	6.98%	6.67%
Medicine	1444.19	6.34%	7.02%	6.79%	6.77%	6.42%	6.49%	6.67%	6.86%	6.62%	6.48%	6.85%	6.84%	7.05%	7.19%
Children & Women	2043.58	6.34%	5.64%	5.72%	5.58%	6.01%	6.11%	6.93%	7.08%	6.62%	7.19%	5.72%	7.43%	7.31%	7.34%
PCIC	666.87	6.34%	10.37%	10.37%	10.63%	10.36%	10.23%	10.65%	9.43%	9.30%	10.01%	10.72%	9.94%	9.61%	9.20%
uHB	**11870.71**	**6.34%**	**6.34%**	**6.38%**	**6.29%**	**6.31%**	**6.37%**	**6.69%**	**6.63%**	**6.44%**	**6.71%**	**6.36%**	**6.60%**	**6.58%**	**6.57%**

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

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Change since March 18
Worked WTE	13035.00	13049.31	12991.99	12996.03	12797.28	12737.56	12905.15	12878.15	12996.81	13089.88	13009.35	12974.35	13078.85	13166.23	116.92
Establishment WTE	13514.62	13554.74	13656.97	13834.54	13736.93	13731.17	13752.65	13786.49	13719.38	13774.31	13812.06	13839.84	13839.51	13997.79	443.05
Actual (Contracted) WTE	12789.43	12738.43	12774.81	12717.21	12685.27	12778.46	12687.47	12718.97	12838.32	12933.54	12906.97	12939.37	12930.76	12962.53	224.11

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

	Headcount	% With No Recorded Plan	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
PCIC	10	20.00%	100.00%	100.00%	88.89%	63.64%	66.67%	66.67%	61.54%	53.85%	90.91%	80.00%	80.00%	80.00%	80.00%
Children & Women	106	9.43%	53.27%	52.78%	50.91%	45.95%	39.66%	41.88%	38.14%	35.90%	36.13%	38.18%	59.81%	59.62%	60.38%
Dental	52	17.31%	74.07%	70.91%	72.22%	68.52%	67.27%	69.64%	53.45%	52.63%	50.88%	51.85%	51.92%	48.08%	48.08%
Specialist Services	114	8.77%	32.74%	31.03%	42.31%	46.15%	47.12%	43.52%	41.82%	41.23%	40.35%	49.54%	47.71%	47.75%	47.37%
CDT	63	1.59%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%	9.09%	6.06%	26.98%	25.40%
Mental Health	46	19.57%	22.45%	18.37%	17.39%	17.78%	16.67%	11.76%	11.54%	11.54%	23.53%	25.00%	26.67%	28.89%	23.91%
Medicine	110	13.64%	45.28%	42.86%	40.95%	42.45%	43.40%	34.26%	24.07%	20.56%	20.75%	18.27%	19.63%	27.93%	23.64%
Surgical Services	186	5.91%	71.28%	70.21%	70.05%	64.52%	63.98%	62.90%	59.57%	55.03%	54.50%	54.84%	54.30%	9.68%	6.45%
Capital, Estates & Facilities															
Corporate															
uHB	**687**	**9.75%**	**50.80%**	**48.99%**	**50.15%**	**48.83%**	**46.68%**	**44.44%**	**39.47%**	**36.92%**	**37.73%**	**39.45%**	**42.38%**	**33.28%**	**31.44%**

Under 75%
75% - 85%
Over 85%

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.

Managers within the Clinical Boards are now being offered the opportunity to undertake training which will allow for local recording of Job Plans in ESR via Manager Self-Service. Managers from Medicine, Mental Health, Child Health, Dental & Surgical Services have undertaken this training.

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
PCIC	8	12.50%	100.00%	100.00%	100.00%	75.00%	77.78%	77.78%	77.78%	66.67%	100.00%	87.50%	87.50%	87.50%	87.50%
Dental	19	0.00%	90.00%	85.00%	95.00%	90.00%	85.00%	85.71%	80.00%	76.19%	76.19%	71.43%	73.68%	63.16%	63.16%
Children & Women	98	9.18%	56.18%	52.81%	50.55%	46.15%	41.05%	43.75%	41.24%	39.80%	39.60%	41.18%	65.31%	63.16%	60.20%
Specialist Services	109	9.17%	34.31%	32.38%	45.16%	49.46%	50.00%	45.92%	44.00%	43.27%	42.31%	50.00%	48.08%	48.11%	47.71%
Mental Health	33	15.15%	16.67%	23.33%	25.00%	25.00%	24.14%	16.13%	16.13%	16.13%	35.48%	37.50%	40.00%	40.63%	33.33%
Medicine	95	14.74%	52.27%	49.43%	47.67%	49.43%	49.43%	38.20%	26.67%	22.22%	23.60%	20.22%	21.74%	31.58%	26.32%
CDT	63	1.59%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%	9.09%	6.06%	26.98%	25.40%
Surgical Services	184	4.89%	73.48%	72.38%	72.22%	66.85%	66.29%	65.17%	61.67%	56.91%	56.35%	55.43%	54.89%	9.78%	6.52%
Capital, Estates & Facilities															
Corporate															
uHB	**609**	**8.05%**	**53.02%**	**51.21%**	**53.36%**	**52.28%**	**49.91%**	**47.10%**	**42.91%**	**40.00%**	**40.83%**	**41.91%**	**45.26%**	**34.55%**	**31.86%**

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Children & Women	8	12.50%	38.89%	52.63%	52.63%	45.00%	33.33%	33.33%	23.81%	15.79%	16.67%	0.00%	0.00%	22.22%	62.50%
PCIC	2	50.00%	100.00%	100.00%	50.00%	33.33%	33.33%	33.33%	25.00%	25.00%	75.00%	50.00%	50.00%	50.00%	50.00%
Specialist Services	5	0.00%	18.18%	18.18%	18.18%	18.18%	20.00%	20.00%	20.00%	20.00%	20.00%	40.00%	40.00%	40.00%	40.00%
Dental	33	27.27%	64.71%	62.86%	58.82%	55.88%	57.14%	60.00%	39.47%	38.89%	36.11%	39.39%	39.39%	39.39%	39.39%
Medicine	15	6.67%	11.11%	11.11%	10.53%	10.53%	15.79%	15.79%	11.11%	11.76%	5.88%	6.67%	6.67%	6.25%	6.67%
Mental Health	13	30.77%	31.58%	10.53%	5.56%	5.88%	5.26%	5.00%	4.76%	4.76%	5.00%	0.00%	0.00%	0.00%	0.00%
Surgical Services	2	100.00%	14.29%	14.29%	14.29%	12.50%	12.50%	12.50%	12.50%	12.50%	12.50%	0.00%	0.00%	0.00%	0.00%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	**78**	**23.08%**	**39.09%**	**37.50%**	**33.64%**	**31.25%**	**30.43%**	**31.03%**	**22.50%**	**20.87%**	**21.24%**	**20.99%**	**20.99%**	**23.75%**	**28.21%**

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

	Budget	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	April-18 to Date (£)
PCIC	£31,776,011	-2.02%	-4.27%	-3.12%	-2.61%	-2.50%	-2.90%	-2.64%	-2.50%	-2.46%	-2.88%	-2.84%	-2.63%	-2.63%	-£876,819
Specialist Services	£84,207,669	-0.89%	-1.87%	-1.96%	-1.69%	-1.95%	-2.05%	-2.27%	-2.24%	-1.90%	-2.54%	-2.24%	-2.47%	-2.39%	-£2,129,547
Corporate	£30,421,782	-1.58%	1.25%	0.86%	1.64%	0.71%	-0.13%	-0.58%	-1.18%	-1.38%	-1.53%	-1.58%	-1.74%	-1.92%	-£607,072
Dental	£16,992,555	0.10%	-3.13%	-2.09%	-1.65%	-1.82%	-1.64%	-1.54%	-1.42%	-1.18%	-1.15%	-1.34%	-1.36%	-1.21%	-£214,641
CDT	£81,987,487	-0.40%	-0.29%	-0.45%	-0.65%	-0.72%	-0.18%	-0.21%	-0.31%	-0.22%	-0.36%	-0.64%	-0.82%	-0.83%	-£722,984
Capital, Estates & Facilities	£28,395,275	0.04%	2.51%	0.90%	1.53%	-0.23%	-0.72%	-0.53%	-0.70%	-0.71%	-0.69%	-0.89%	-0.88%	-0.47%	-£139,748
Mental Health	£50,813,728	-0.86%	1.68%	1.20%	1.32%	1.35%	1.29%	1.07%	0.53%	0.39%	0.32%	0.15%	-0.09%	-0.24%	-£125,795
Surgical Services	£90,927,699	-1.78%	1.08%	0.09%	-0.40%	-0.15%	0.13%	0.05%	0.39%	0.46%	0.17%	0.12%	0.09%	0.21%	£199,749
Children & Women	£78,330,148	0.50%	0.37%	0.30%	0.55%	0.66%	0.65%	0.59%	0.81%	0.88%	1.08%	1.16%	1.04%	1.12%	£903,892
Medicine	£79,164,932	1.76%	1.64%	2.07%	2.18%	2.03%	2.19%	2.26%	2.27%	2.32%	2.21%	2.14%	2.22%	2.38%	£2,004,966
uHB	**£583,455,771**	-0.43%	0.16%	-0.04%	0.05%	-0.07%	-0.03%	-0.10%	-0.10%	-0.03%	-0.22%	-0.27%	-0.35%	-0.31%	-£1,931,624

Over Budget
Under Budget

Note:
The pay budget for March 2019 was £54,045,352 and the pay bill was £54,089,974. This represents an overspend of £44,622. 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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Corporate	£30,421,782	2.53%	2.84%	2.48%	2.29%	2.24%	2.32%	2.32%	2.30%	2.38%	2.34%	2.31%	2.63%	2.68%
Dental	£16,992,555	2.84%	2.32%	2.79%	2.92%	2.99%	3.15%	3.22%	3.18%	2.88%	2.84%	2.76%	2.69%	2.87%
PCIC	£31,776,011	3.98%	3.23%	3.62%	3.40%	3.77%	3.74%	3.79%	3.84%	3.81%	3.79%	3.81%	3.83%	3.92%
Capital, Estates & Facilities	£28,395,275	5.50%	5.49%	6.30%	5.73%	3.27%	3.12%	3.32%	3.46%	3.63%	3.85%	3.80%	4.23%	4.65%
CDT	£81,987,487	5.00%	5.30%	5.46%	5.39%	5.15%	5.36%	5.24%	5.14%	5.03%	4.90%	4.82%	4.88%	4.74%
Children & Women	£78,330,148	5.04%	4.41%	4.68%	4.96%	5.02%	5.14%	5.15%	5.13%	4.91%	4.79%	4.74%	4.68%	4.79%
Specialist Services	£84,207,669	7.98%	7.73%	7.78%	8.15%	8.59%	8.54%	8.54%	8.54%	8.61%	8.38%	8.15%	8.06%	8.22%
Mental Health	£50,813,728	10.55%	10.56%	10.97%	11.18%	11.42%	11.48%	11.40%	11.32%	11.12%	10.99%	10.89%	10.72%	10.65%
Surgical Services	£90,927,699	9.43%	9.58%	9.44%	9.55%	9.79%	9.98%	10.08%	10.34%	10.43%	10.24%	10.33%	10.49%	10.73%
Medicine	£79,164,932	16.60%	18.90%	18.37%	18.03%	17.95%	17.83%	17.86%	17.79%	17.67%	17.62%	17.87%	18.07%	18.57%
uHB	**£583,455,771**	**8.06%**	**8.43%**	**8.46%**	**8.47%**	**8.46%**	**8.52%**	**8.52%**	**8.53%**	**8.45%**	**8.35%**	**8.32%**	**8.38%**	**8.55%**

No Target

Note:
The matrix above shows variable pay represented as a percentage of total pay bill. The percentage of spend on variable pay is 0.49% higher than for March 2018. The proportion of the paybill attributable to bank and agency for March 2019 (7.22%) is 0.85% higher than for March 2018.

Medicine: Vacancies remain high, (c120) as does sickness (7%) and continues to drive the temporary staff overspend, £1.107 ytd.
Overall Actual variable pay spend increased in M11 (£1.471m) compared to previous months, M10 - £1.464 and M8/M9 £1.3m.
An increase in both registered and unregistered nursing bank staff primarily to back fill the seconded winter staff positions, M10 had similar demand however due to limited availability of registered agency staff some shifts were not able to be filled.
The spend for the Medical and Dental staff group was £292k adverse in month, a slight decrease compared to M9 (£381k). The reduction mainly relates to the Emergency Department.

Mental Health: The overall in month nursing overspend maintained its position and delivered lower than forecast at £898k overspent. Agency remains low at £46k in month with the majority of temporary nursing spend on bank at £277k in month. 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 £0.279m underspent net of agency fees.

Surgical Services: Agency, Bank and Overtime usage accounts for 59% of the total variable pay. Vacancies increased in month, remaining the main driver of the use of temporary staffing, accounting for 46% of the total hours worked in month, whilst sickness accounts for 21% of the hours worked. Total variable pay increased by 9.8% in month, this is as a result of an increase in theatre activity. There was also an increase in specialing in month.
Expenditure on Locums, Staff Flow, WLIs and Extra Sessions accounts for 39% and on-call accounting for the remaining 2%. WLIs decreased in month, as vacancies are beginning to be filled through a recruitment plan.

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dental	583	89.21%	88.70%	88.46%	88.41%	88.23%	87.75%	85.54%	85.16%	85.55%	85.97%	85.33%	85.59%	85.09%
CDT	2435	80.18%	79.03%	80.86%	80.73%	80.34%	79.71%	79.35%	79.94%	81.17%	82.06%	81.64%	80.84%	80.80%
Corporate	805	81.46%	81.93%	81.86%	81.38%	81.41%	80.77%	80.24%	80.31%	80.30%	81.53%	81.16%	80.16%	80.21%
Children & Women	2190	77.07%	80.78%	79.12%	79.49%	80.02%	80.16%	78.17%	77.96%	78.08%	78.74%	79.27%	81.29%	80.21%
Capital, Estates & Facilities	1227	65.04%	62.42%	61.05%	60.36%	64.87%	66.45%	67.74%	70.53%	74.86%	78.74%	79.92%	79.93%	78.36%
Mental Health	1443	69.59%	72.29%	74.24%	74.83%	75.30%	75.27%	75.21%	75.49%	75.37%	75.37%	75.77%	75.82%	75.11%
PCIC	949	74.12%	75.92%	76.48%	77.56%	77.70%	77.01%	75.83%	76.29%	76.31%	76.22%	75.69%	75.83%	74.81%
Specialist Services	1893	68.44%	69.14%	70.13%	71.27%	72.27%	72.50%	70.34%	69.95%	70.29%	71.04%	71.16%	71.26%	71.19%
Medicine	1823	67.52%	68.71%	69.93%	71.45%	70.93%	71.67%	70.86%	70.65%	70.36%	70.26%	69.86%	69.78%	69.91%
Surgical Services	1986	61.21%	62.71%	64.71%	65.54%	65.35%	65.76%	64.73%	64.41%	64.67%	64.77%	64.37%	64.29%	64.12%
uHB	**15334**	**72.04%**	**73.01%**	**73.67%**	**74.14%**	**74.61%**	**74.76%**	**73.87%**	**74.11%**	**74.73%**	**75.45%**	**75.42%**	**75.55%**	**75.10%**

Under 75%
75% - 85%
Over 85%

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

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Equality	15334	76.81%	77.83%	78.69%	79.16%	79.78%	79.87%	79.41%	79.79%	80.53%	81.06%	81.12%	80.97%	80.53%
Fire	15334	65.32%	66.98%	66.68%	66.51%	67.61%	67.56%	66.35%	66.01%	65.50%	66.39%	66.65%	67.27%	67.97%
Health & Safety	15334	80.22%	80.56%	81.79%	82.58%	83.11%	82.67%	81.76%	81.96%	82.58%	82.75%	82.30%	81.87%	81.01%
IPC	15334	79.82%	80.50%	82.24%	82.93%	82.85%	82.60%	81.69%	81.25%	81.47%	81.36%	81.00%	80.64%	80.09%
Information Governance	15334	70.69%	70.33%	68.20%	68.00%	68.49%	69.54%	67.70%	68.53%	69.60%	70.98%	70.50%	71.22%	71.25%
Manual Handling	15334	69.13%	69.13%	69.61%	69.86%	70.00%	70.74%	69.05%	68.49%	69.49%	71.32%	70.41%	70.80%	67.39%
Resuscitation	15334	53.87%	56.81%	59.28%	60.46%	61.53%	61.57%	62.29%	64.26%	66.08%	67.46%	68.86%	69.73%	70.31%
Safeguarding Adults	15334	74.39%	75.62%	76.20%	76.54%	76.55%	76.44%	75.48%	75.91%	76.23%	76.22%	75.89%	75.64%	75.09%
Safeguarding Children	15334	74.52%	75.50%	75.95%	76.63%	77.11%	77.01%	76.16%	76.08%	76.81%	77.00%	76.81%	76.33%	76.11%
Violence & Aggression	15334	75.58%	76.79%	78.08%	78.78%	79.03%	79.64%	78.83%	78.78%	78.96%	79.93%	80.63%	81.03%	81.28%

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Capital, Estates & Facilities	1227	57.08%	54.08%	53.13%	53.83%	55.18%	54.99%	50.53%	55.91%	66.00%	66.45%	66.88%	70.38%	74.25%
Mental Health	1408	50.80%	57.53%	59.93%	58.68%	63.66%	62.58%	62.91%	61.83%	62.59%	61.16%	59.72%	62.62%	63.57%
PCIC	884	68.60%	71.20%	74.88%	72.95%	72.10%	71.68%	66.40%	63.91%	63.76%	65.70%	64.71%	63.33%	60.97%
Specialist Services	1771	62.46%	63.28%	64.54%	66.93%	66.41%	66.10%	65.32%	62.67%	61.56%	61.17%	59.30%	59.21%	60.31%
Children & Women	2054	60.74%	55.79%	63.52%	63.24%	64.04%	63.47%	62.88%	58.87%	56.00%	54.69%	53.68%	53.04%	55.16%
Dental	472	66.81%	68.12%	73.36%	68.21%	65.82%	64.21%	67.85%	63.98%	63.23%	59.96%	56.63%	54.93%	53.81%
CDT	2384	56.19%	63.27%	54.46%	51.56%	49.70%	48.73%	46.40%	49.11%	51.71%	53.39%	53.23%	55.42%	51.80%
Surgical Services	1805	48.07%	50.31%	52.08%	58.04%	52.31%	52.57%	53.17%	53.67%	52.31%	51.27%	53.27%	53.22%	51.36%
Medicine	1721	57.85%	60.00%	60.68%	60.27%	61.87%	62.62%	63.39%	62.94%	58.73%	55.71%	53.34%	50.88%	49.85%
Corporate	786	52.56%	52.21%	52.67%	52.77%	52.77%	52.85%	50.59%	48.70%	47.42%	48.20%	47.95%	49.30%	45.93%
uHB	**14512**	**57.19%**	**58.66%**	**59.54%**	**57.61%**	**59.35%**	**59.00%**	**57.93%**	**57.52%**	**57.55%**	**57.07%**	**56.36%**	**56.77%**	**56.37%**

Under 75%
75% - 85%
Over 85%

9a. Medical Appraisal Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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%
CDT	72	84.72%	86.11%	84.72%	83.56%	83.33%	84.72%	86.11%	87.67%	87.50%	86.11%	88.89%	90.28%	87.50%
Specialist Services	153	76.58%	76.10%	76.25%	78.13%	77.56%	78.71%	80.00%	78.98%	78.85%	77.85%	79.11%	80.77%	81.05%
Surgical Services	229	78.03%	78.57%	79.82%	80.18%	84.21%	85.58%	86.06%	87.92%	83.57%	78.95%	79.39%	79.82%	76.86%
PCIC	8	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75.00%
Mental Health	57	75.00%	78.33%	80.33%	75.41%	79.03%	80.65%	79.03%	79.03%	77.42%	73.33%	68.33%	70.00%	71.93%
Medicine	160	67.90%	67.90%	69.33%	70.12%	74.15%	73.97%	79.14%	82.14%	82.86%	80.42%	80.42%	79.02%	67.50%
Children & Women	153	71.23%	68.92%	70.83%	71.03%	68.97%	70.55%	71.23%	72.66%	72.14%	65.13%	65.79%	64.47%	63.40%
Dental	52	65.22%	62.50%	64.58%	63.83%	55.32%	62.00%	67.35%	70.00%	70.00%	67.31%	67.31%	65.38%	59.62%
Capital, Estates & Facilities														
uHB	**885**	**74.66%**	**74.49%**	**75.45%**	**75.68%**	**76.71%**	**78.04%**	**79.74%**	**81.10%**	**79.40%**	**76.29%**	**76.63%**	**76.69%**	**73.11%**

Under 75%
75% - 85%
Over 85%

9a i. Consultant Medical Appraisal Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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%
Mental Health	32	81.82%	87.88%	93.94%	84.85%	87.88%	90.91%	88.24%	90.91%	90.91%	90.63%	87.50%	84.38%	90.63%
CDT	72	85.92%	87.32%	85.92%	84.72%	84.51%	85.92%	87.32%	87.50%	87.50%	86.11%	88.89%	90.28%	87.50%
Specialist Services	115	82.20%	84.75%	84.75%	84.75%	81.51%	84.03%	87.39%	87.18%	87.18%	86.44%	88.14%	88.14%	86.09%
Surgical Services	193	85.19%	86.32%	86.84%	87.30%	87.70%	88.77%	88.77%	90.81%	87.87%	86.08%	86.60%	86.08%	84.97%
Children & Women	94	81.72%	77.42%	78.49%	78.95%	78.49%	79.79%	82.11%	83.87%	83.87%	81.91%	82.98%	84.04%	82.98%
Medicine	104	85.57%	85.57%	87.63%	87.63%	87.50%	86.46%	86.60%	85.86%	83.84%	84.16%	85.15%	83.17%	76.92%
PCIC	7	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	71.43%
Dental	36	72.97%	72.97%	72.97%	72.97%	64.86%	72.97%	77.78%	78.38%	78.38%	80.56%	80.56%	77.78%	69.44%
Capital, Estates & Facilities														
uHB	**654**	**83.57%**	**84.21%**	**84.98%**	**84.57%**	**83.67%**	**85.25%**	**86.53%**	**87.40%**	**86.00%**	**85.32%**	86.24%	85.78%	83.16%

Under 75%
75% - 85%
Over 85%

9a ii. SAS Medical Appraisal Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
PCIC	1	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Surgical Services	5	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Medicine	17	77.78%	72.22%	72.22%	73.68%	73.68%	73.68%	73.68%	94.44%	94.44%	100.00%	100.00%	100.00%	94.12%
Specialist Services	10	72.73%	63.64%	72.73%	72.73%	80.00%	80.00%	80.00%	80.00%	80.00%	70.00%	70.00%	80.00%	80.00%
Children & Women	16	88.89%	88.89%	88.24%	88.24%	82.35%	82.35%	82.35%	82.35%	82.35%	87.50%	87.50%	75.00%	75.00%
Mental Health	17	76.19%	76.19%	76.19%	71.43%	77.27%	77.27%	76.19%	76.19%	71.43%	68.42%	52.63%	52.63%	47.06%
Dental	16	33.33%	27.27%	36.36%	30.00%	20.00%	30.77%	38.46%	46.15%	46.15%	37.50%	37.50%	37.50%	37.50%
Capital, Estates & Facilities														
CDT														
Corporate														
uHB	**82**	**75.00%**	**70.93%**	**71.76%**	**71.43%**	**71.43%**	**71.26%**	**72.09%**	**78.82%**	**75.00%**	**75.00%**	71.43%	70.24%	68.29%

Under 75%
75% - 85%
Over 85%

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Mental Health	1										0.00%	100.00%	100.00%	100.00%
Specialist Services	23	51.85%	42.86%	41.38%	51.72%	56.00%	56.00%	48.00%	48.00%	48.00%	50.00%	50.00%	54.17%	60.87%
Medicine	16	38.46%	42.31%	46.15%	46.15%	55.56%	55.56%	55.56%	44.44%	38.89%	53.33%	53.33%	53.33%	50.00%
Surgical Services	26	29.17%	29.17%	33.33%	33.33%	50.00%	46.15%	53.85%	46.15%	38.46%	24.00%	24.00%	28.00%	23.08%
Children & Women	24	28.57%	28.57%	34.78%	31.82%	29.17%	37.50%	30.43%	30.00%	30.00%	20.00%	20.00%	20.00%	20.83%
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
PCIC														
uHB	**90**	**37.76%**	**36.36%**	**39.22%**	**41.58%**	**46.91%**	**48.75%**	**45.57%**	**42.86%**	**40.26%**	**34.78%**	**35.87%**	**37.78%**	**37.78%**

Under 75%
75% - 85%
Over 85%

9a iv. Other Medical Appraisal Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Specialist Services	5	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	40.00%	20.00%	25.00%	25.00%	25.00%	60.00%
Mental Health	7	33.33%	33.33%	28.57%	42.86%	42.86%	42.86%	42.86%	28.57%	28.57%	25.00%	25.00%	50.00%	42.86%
Surgical Services	5	40.00%	20.00%	25.00%	25.00%	33.33%	66.67%	66.67%	75.00%	50.00%	50.00%	50.00%	75.00%	20.00%
Medicine	23	14.29%	14.29%	13.64%	18.18%	7.14%	7.69%	40.00%	100.00%	80.00%	50.00%	40.00%	40.00%	17.39%
Children & Women	19	42.86%	50.00%	54.55%	54.55%	54.55%	45.45%	45.45%	33.34%	30.00%	17.65%	17.65%	11.76%	10.53%
Capital, Estates & Facilities														
CDT		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%					
Corporate														
Dental														
PCIC														
uHB	**59**	**30.61%**	**31.37%**	**29.79%**	**34.04%**	**34.21%**	**30.56%**	**42.86%**	**51.61%**	**43.33%**	**30.23%**	**27.91%**	**32.56%**	**22.03%**

Under 75%
75% - 85%
Over 85%

9b. Non-Medical PADR Rate

	Headcount	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Capital, Estates & Facilities	1227	57.08%	54.08%	53.13%	52.11%	55.18%	54.99%	50.53%	55.91%	66.00%	66.45%	66.88%	70.38%	74.25%
Mental Health	1351	49.69%	56.57%	58.97%	58.46%	62.94%	61.74%	62.16%	61.02%	61.92%	60.61%	59.33%	62.30%	63.21%
PCIC	876	68.31%	70.92%	74.76%	71.97%	71.87%	71.45%	66.13%	63.62%	63.47%	65.42%	64.43%	63.03%	60.84%
Specialist Services	1618	61.04%	61.97%	63.33%	65.04%	65.31%	64.86%	63.87%	61.06%	59.85%	59.51%	57.35%	57.13%	58.34%
Children & Women	1901	59.91%	54.90%	62.93%	63.22%	63.65%	62.90%	62.22%	57.86%	54.71%	53.85%	52.71%	52.29%	54.50%
Dental	420	66.99%	68.78%	74.39%	67.46%	66.98%	64.47%	67.91%	63.28%	62.41%	59.06%	55.32%	53.65%	53.10%
CDT	2312	55.28%	62.37%	53.46%	50.29%	48.63%	47.59%	45.14%	47.88%	50.59%	52.36%	52.11%	54.10%	50.69%
Medicine	1561	56.83%	59.18%	59.77%	59.68%	60.71%	61.54%	61.98%	61.22%	56.52%	53.44%	50.86%	48.30%	48.05%
Surgical Services	1576	43.94%	46.28%	48.16%	48.27%	48.11%	48.23%	48.87%	49.22%	47.83%	47.29%	49.53%	49.40%	47.65%
Corporate	785	52.50%	52.15%	52.60%	52.11%	52.71%	52.79%	50.52%	48.63%	47.35%	48.13%	47.89%	49.23%	45.86%
uHB	**13627**	**56.06%**	**57.60%**	**58.48%**	**57.61%**	**58.26%**	**57.80%**	**56.58%**	**56.07%**	**56.14%**	**55.84%**	**55.06%**	**55.50%**	**55.29%**

Under 75%
75% - 85%
Over 85%

REPORT TITLE:	**PATIENT SAFETY QUALITY AND EXPERIENCE REPORT**								
MEETING:	Local Partnership Forum					**MEETING DATE:**	05.06.19		
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 March to April 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:

The Numbers of SIs being reported continues to decrease. This is a direct result of the revised pressure damage reporting guidance. This will continue to be monitored.

Patient satisfaction rates have fallen to 91% and 92% in UHW and UHL respectively during April 2019. There is currently no apparent reason for this and satisfaction scores will continue to be monitored.

There has been a marked decrease in the Health Boards overall 30 day response times, which is currently 74%, however, the Concerns Team will continue to work closely with Clinical Boards to improve this.

Benchmarking data has been included where available, although the Board should be advised, that there is currently little, comparable, benchmarking data available across Wales and the UK.

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:	Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

Appendix 1

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
March – April 2019

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	**Number**	**Description**
Children & Women	• 1	An infant required admission to the Neonatal Unit for exchange transfusion. An investigation is underway to determine whether the admission to the Unit was timely.
	• 1	An infant was noted to have seizures two days after birth. . Radiological imaging indicated cerebral infarcts could be seen. An investigation is underway to review the woman's labour.
	• 1	An infant presented to the Emergency Department. He was eventually transferred to Paediatric Critical Care where he sadly died. An investigation is underway to determine whether implementation of the Sepsis 6 bundle was timely.
	• 1	A woman presented to the Midwifery Led Unit in labour. Sadly, she experienced an intrauterine death. An investigation is underway to determine whether her care was appropriately managed.
Clinical Diagnostics & Therapeutics	• 1	An investigation is underway to review the appropriateness of an assessment by a Speech and Language Therapist involving a patient known to Mental Health services who sadly died following a choking incident.
	• 1	A patient died following a procedure under the care of Neuro-interventional Radiology. An investigation is being undertaken to ensure her care was appropriate.

	• 1	A software update involving an analyser in the Biochemistry laboratory was problematic and led to incorrect results being issued. The affected patients have been followed up and reviewed in order to ensure that no harm was caused by the problem.
Medicine	• 3 • 5 • 1	Falls where the patient sustained significant injury. Grade 3, 4 or unstageable healthcare acquired pressure damage. A patient presented to hospital following a fall at home. The patient's neurological status began to deteriorate and he was subsequently confirmed to have had an acute stroke following which he died. An investigation is underway to ensure his care was timely and appropriate.
Mental Health	• 6 • 1 • 1 • 1 • 1	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 4 of the patient's deaths. For the remaining 2 patients, the circumstances of their deaths are not yet confirmed. A patient known to Mental Health services has self-harmed and required admission to hospital to treat injuries sustained in a fall from a height. A patient in Mental Health Services for Older People fell in the bathroom on the ward and sustained a head injury which required transfer to acute services for treatment. A patient known to Mental Health services was remanded in custody following an alleged assault on his partner. A 16 year old patient required admission to Hafan Y Coed as no suitable beds were otherwise available.
Primary Care & Intermediate Care	• 1	A prisoner with a terminal illness required transfer to hospital where he died. As this is subject to review by the Prison and Probation Ombudsman and Coroner, it was reported to Welsh Government.
Specialist	• 1	An increased incidence of Vancomycin-resistant Enterococci infection is being managed on the haematology ward.

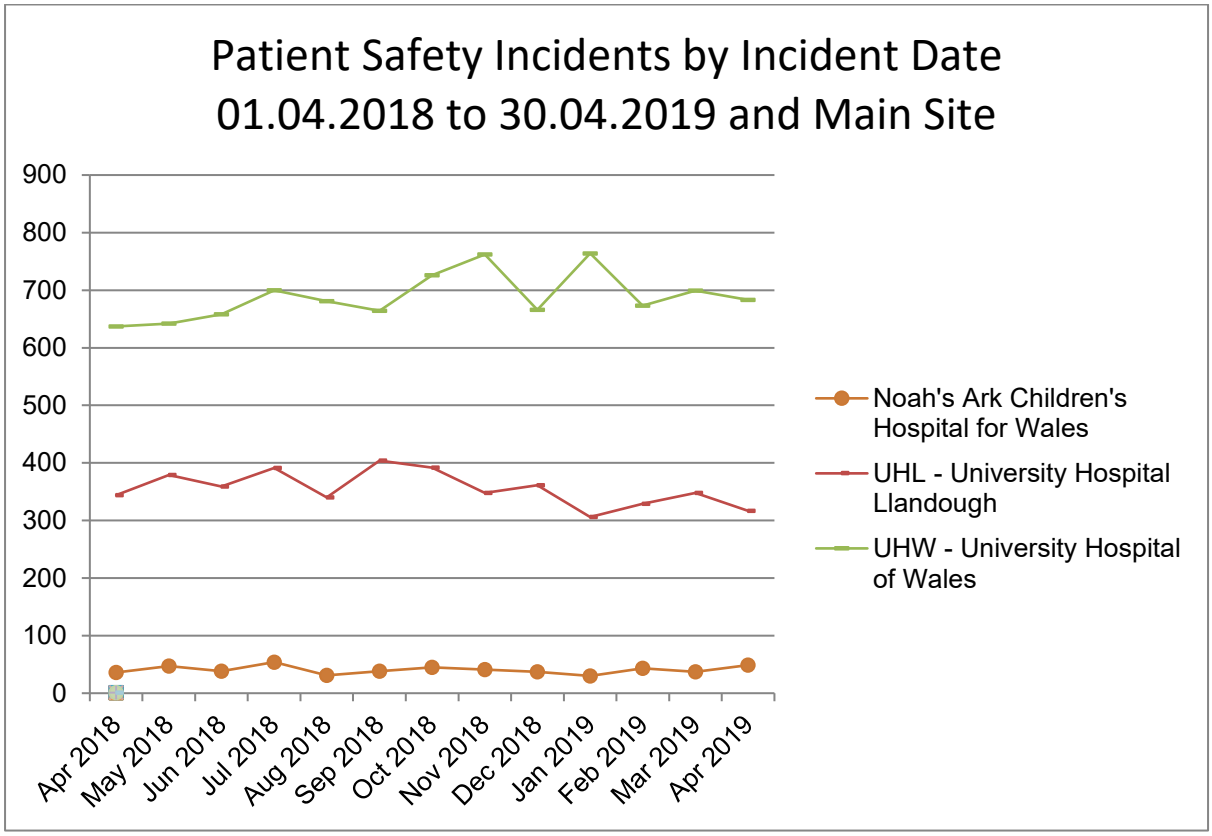
Surgery	• 1 • 1 • 1 • 1 • 1 • 1 • 1	It has been reported that there was a delay of approximately 4 months to follow up a patient with suspected wet age related macular degeneration. Concern has been raised regarding a patient's diagnosis and treatment as it transpired that she had carcinoma of unknown primary with metastases. She sadly died. Fall where the patient sustained significant injury. Grade 3, 4 or unstageable healthcare acquired pressure damage. A patient's treatment is being reviewed in view of cancellation of 4 appointments to monitor a basal cell carcinoma to an eye lid that subsequently required Mohs Surgery. A patient underwent a botox injection procedure on the incorrect limb. This is being managed as a Never Event. A patient underwent abdominal surgery following which a swab was retained. This is being managed as a Never Event.
Total	**35**	

No Surprises		
Clinical Board	**Number**	**Description**
Medicine	• 1	An alleged theft of a patient's property has been reported to the police.
Specialist	• 1	A water leak on a ward at UHW led to a number of cubicles being closed on wards underneath the 5th floor ward whilst Estates attended the problem.
Multiple	• 1	An outbreak of Norovirus temporarily affected ward areas across the UHB.
Total		

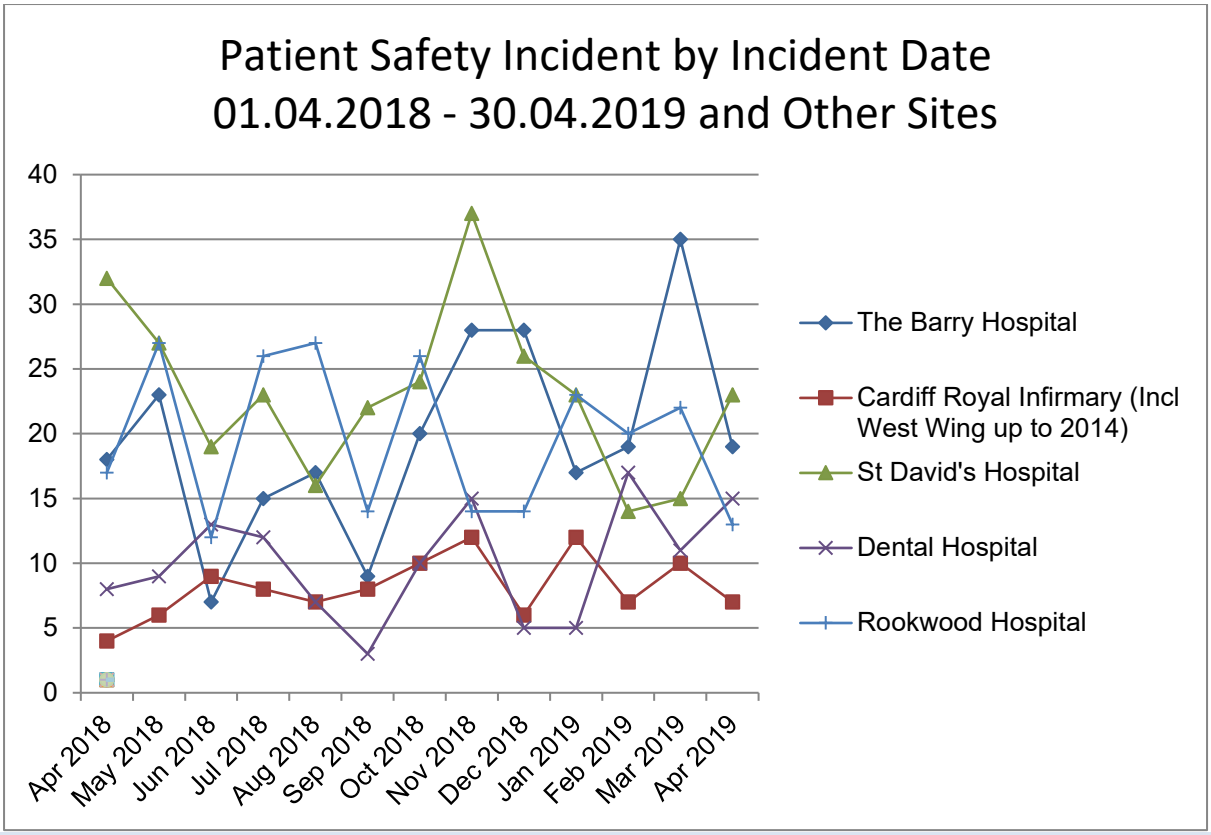
How are we doing?

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 April 2018 and April 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 April 2018 and April 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.



How do we compare to our Peers?

There is no updated benchmarking information available from Welsh Government regarding the position across Wales on patient safety incident reporting.

Never Events

All Wales position

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

UK data on never events, published by NHS improvement reports that there were 496 never events reported in England during 2018-2019. More information can be found at the following link:
https://improvement.nhs.uk/resources/never-events-data/ . Wrong site surgery and retained foreign object post procedure are the most commonly occurring never event.

The UHB has unfortunately reported two new Never Events to Welsh Government in this reporting timeframe. They both occurred in the Surgery Clinical Board; one was an incorrect site procedure for a botox injection and the other was a retained swab following abdominal surgery.

What are we doing about it?

These new incidents are currently under investigation.

The UHB is revising the approach to the National Safety Standards for Invasive Procedures (NatSSIPs) in order to ensure the approach is driving the necessary quality improvement in clinical practice.

A meeting of the NatSSIPs group scheduled for early May 2019 will be piloting a new way of reviewing procedures for central line insertion using a multidisciplinary and pan-Clinical Board process. This is a learning outcome following two previous Never Events of retained guidewires following central line insertion.

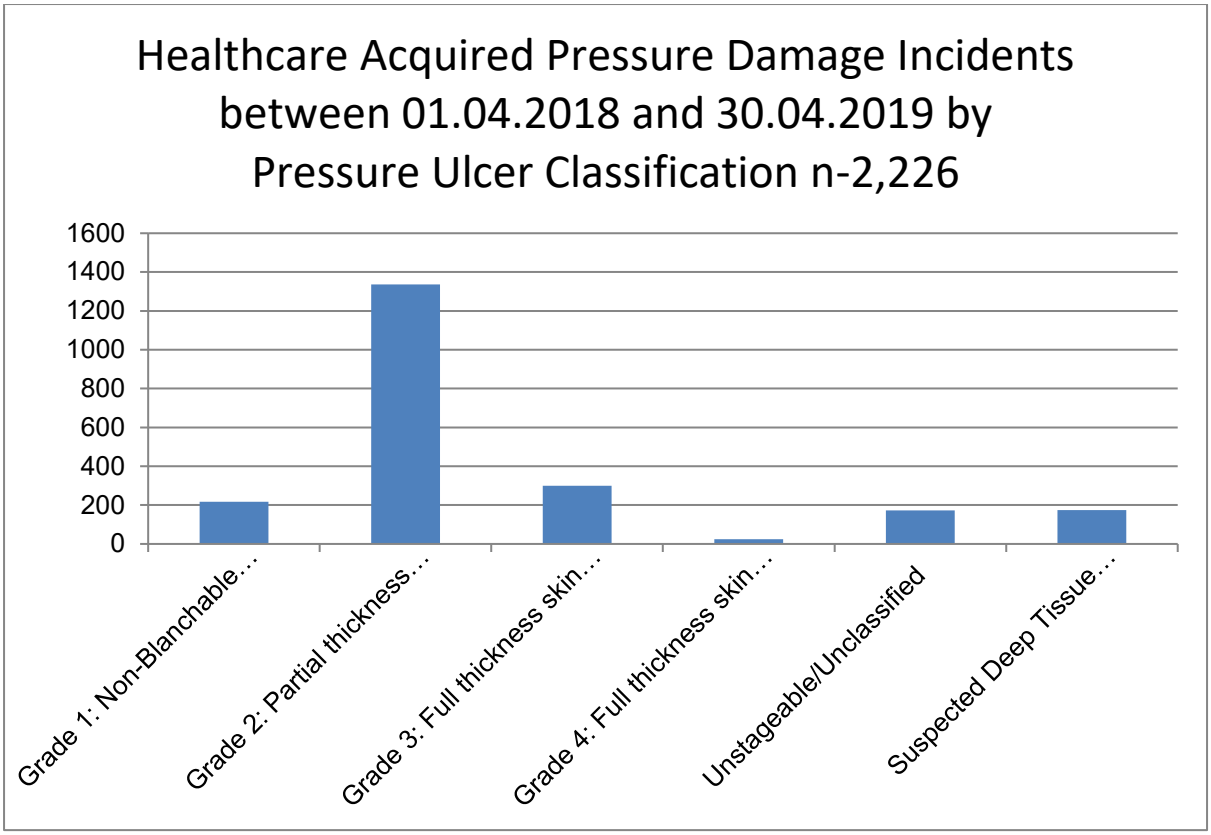
In addition to this, work is underway to clarify processes for a UHB vascular access service.

Pressure Ulcers

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. It is not always immediately obvious as to where the patient was located when the pressure damage developed; whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to patient movement between departments.

How are we doing?

Between 01.04.2018 and 30.04.2019 3,119 incidents of pressure ulcers were reported as patient safety incidents. Of these, staff indicated that 2,226 (71%) 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. 941 of the incidents were recorded as having occurred in the home setting which indicates the complexity and frailty of patients in the community.



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 healthcare acquired grade 3, 4 and unstageable pressure damage that has been determined to be avoidable.

Additionally, all Health Boards are now also required 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 anticipated that this will provide regular benchmarking data in the near future.

The Patient Safety Team will be meeting with an Officer representative of the Chief Nursing Officer's department over the coming weeks in order to consider any early learning that Welsh Government can share about the new process.

What are we doing about it?

The UHB's pressure damage task and finish group continues to be an active forum taking forwards improvement work required. The Patient Safety and Datix Teams continue to take forwards system developments required. This work is supporting the task and finish group with implementing the revised pressure damage reporting arrangements brought in by Welsh Government in January 2019.

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

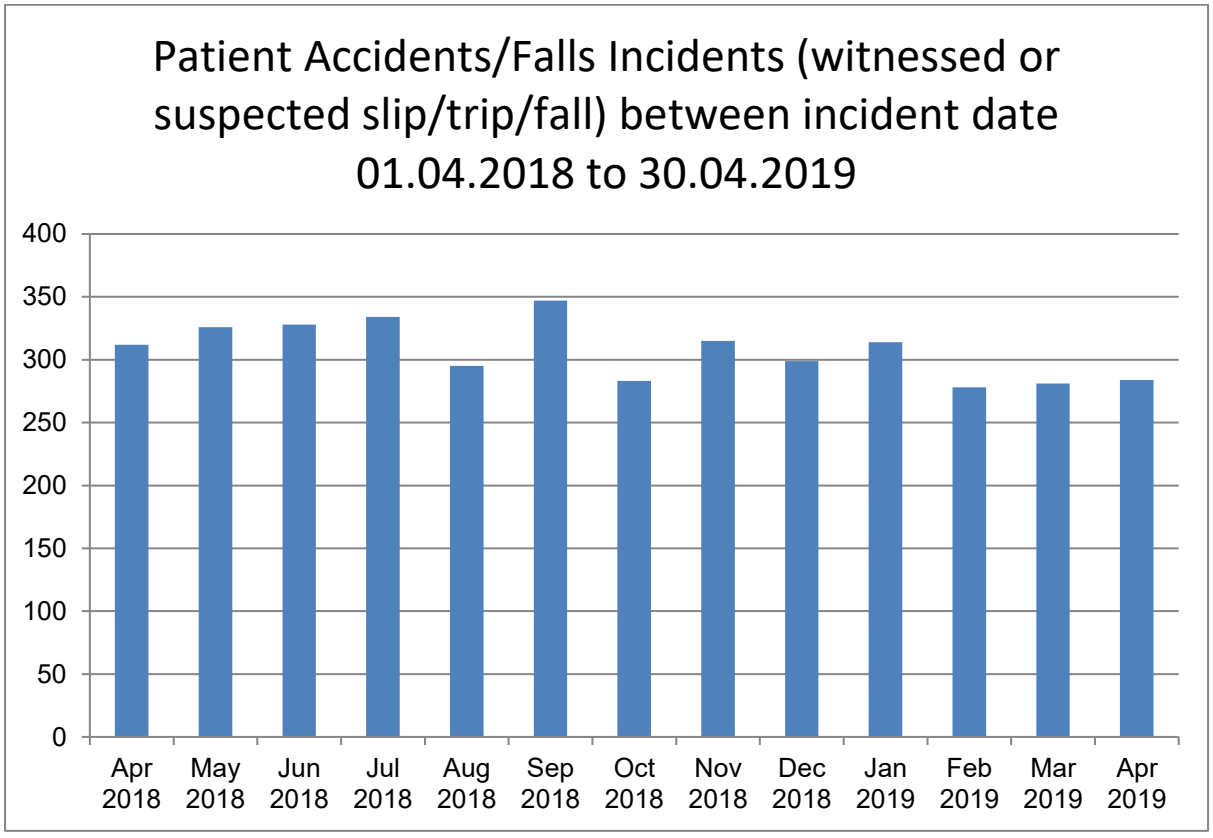
The Patient Safety Team have also completed a review of the pressure damage SIs reported to Welsh Government in 2018. The findings will be presented to the next meeting of the group in order to take forwards an improvement project.

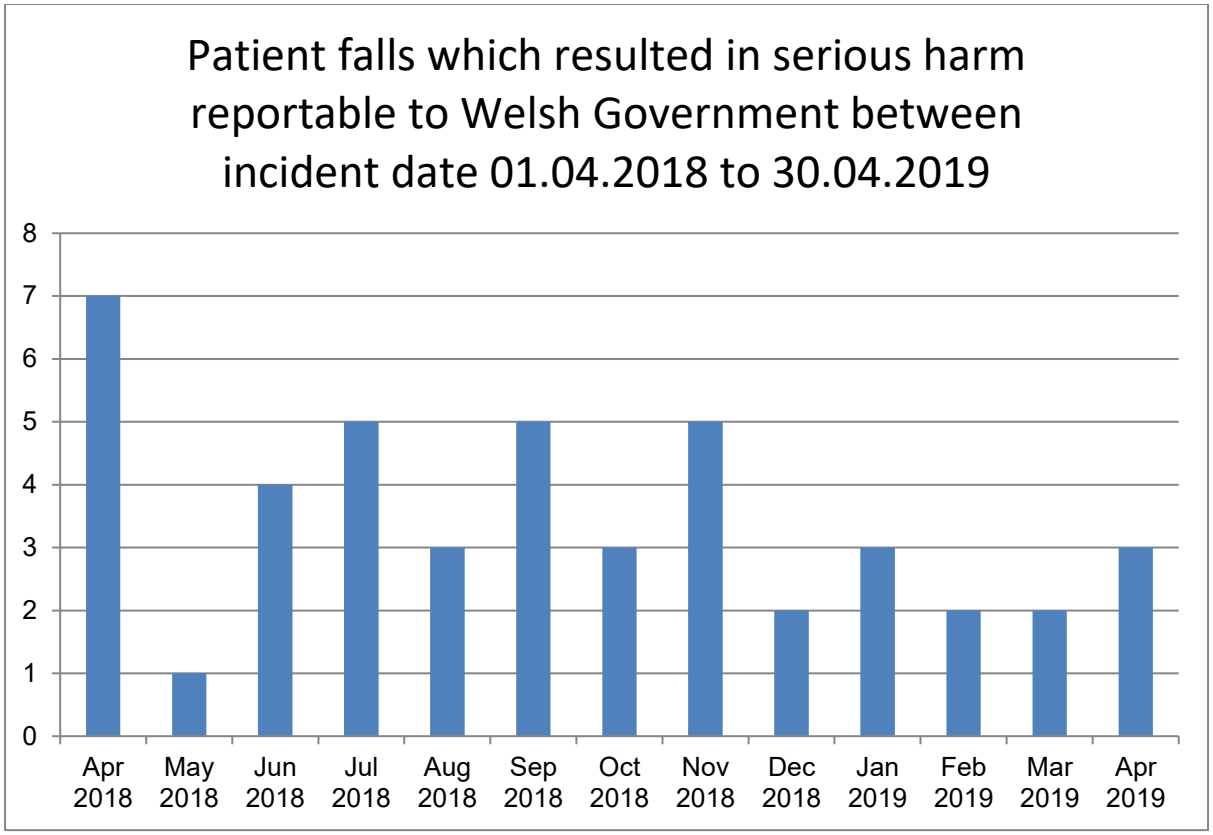
Patient Falls

How are we doing?

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

The following table indicates the number of patient accidents/falls reported between April 2018 and April 2019. The majority of falls continue to result in no significant injury to patients. The trend in a lower volume of falls incidents requiring SI reporting has essentially continued.





How do we compare with our peers?

Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information in relation to the number of falls in Wales and in the UK is not currently available.

Some benchmarking data in relation to falls prevention is available from the National Audit of in-patient falls. The latest report was published in November 2017 and can be viewed here. Areas identified for improvement in the UHB, include the development of continence plans, assessment of delirium, medication management, vision assessment and the monitoring of lying and standing blood pressure.

What are we doing about it?

The Falls Delivery Group will continue to oversee implementation of the UHB Falls Framework. Improvements identified as part of the National Audit of in-patient falls, will be included as part of the Falls Framework implementation plan. The Board received a detailed report at the November 2018 meeting.

The new Falls and Fragility Audit Programme (FFFAP) continuous inpatient falls audit, which commenced in 2019, reviews compliance with management of injurious falls. The UHB is participating in this.

The Falls Fuel Tank video previously developed by the Falls Strategy Lead has now been made available with British Sign Language to accompany English and Welsh

subtitled versions. This development has come about as a result of collaboration and support from a senior nursing colleague in Aneurin Bevan University Health Board.

The video can be viewed here

Regulation 28 reports

No Regulation 28 reports were received from Her Majesty's Coroner in this reporting timeframe.

Outcomes of internal and external inspection processes

Internal observations of care

How we doing?

Twenty seven unannounced inspections took place during March and April 2019; these took place across five Clinical Boards. One inspection was undertaken at the request of a Clinical Board's Director of Nursing.

Areas of notable practise:

- Excellent sister/charge nurse leadership noted in many areas. In particular, the leadership on A6s, C3 & C1 has been commended. Within these areas, the extent to which health care assistants are supported in their development is clearly evident. HCAs have successfully introduced mouth care assessments, have created patient & relative information leaflets, are being supported to access nurse training and comment that they feel 'looked after' within their teams.
- Student feedback has been positive across all areas. Within Children's Hospital wards, students from Swansea University have indicated a desire to relocate to Cardiff to work when they complete nurse training.
- Staff report that training with delivered by practice development nurses within cardiothoracic directorate is excellent. PDN has developed a website containing training materials for staff. There are plans to develop a cardiology package from HCAs.
- Following the establishment of quality & safety group to support stroke recovery centre, patient feedback relating to improved responses to call bells has been noted. Newly appointed ward sister has introduced a number of changes and staff feedback about her influence is positive.
- 'Red to Green' noted to be working well in an increasing number of clinical areas. This was especially evident on East 6 and it is reported that there is good good engagement from MDT to support the initiative.
- 'Get up get dress get moving' campaign is being promoted widely

What are we doing about it?

Areas for improvement:

- Within Mental health services for older people there are inconsistencies relating to the use of SKIN bundles and continence assessments. The directorate deputy senior nurse and corporate nursing standards team have been meeting with ward sisters and are organising ward based training.
- Patients in CAVOC reporting difficulties getting enough rest & sleep. This feedback is consistent with Health & Care Standards Audit feedback. Corporate nursing team and T&O senior nurse to pilot initiative involving using decibel readers to track noisiest areas of ward and times of the night that patient sleep in disrupted.
- Emergency blood glucose barcode is still being used in some clinical areas. POCT team to provide a report of all clinical areas continuing to test patient blood glucose under an emergency barcode. This report will be shared with ward sister/charge nurses as necessary.
- An intractable concern frequently noted is the lack of adequate storage facilities on UHW sites. This leads to cluttered clinical areas and fire doors that are sometimes obstructed. It has been observed that corridors outside wards are especially cluttered with beds and broken equipment.
- Insufficient reviews of patient risk assessment documentation was noted within two clinical areas. Concerns to form part of daily safety briefings. Ward sisters to audit compliance over next month.

External inspection processes

Healthcare Inspectorate Wales (HIW) carried out the following unannounced visits during March 2019:

Hafan Y Coed - There were no immediate assurance issues identified and the feedback was generally very positive. At time of writing the UHB is awaiting the draft report.

March 2019 – EU/AU at UHW – Although **t**he reviewers could not speak highly enough of the staff that they met over the three day visit, the visit resulted in immediate assurance issues in relation to the suitability of the Lounge area in the AU as an area for unwell patients who want to sleep and/or lie down, staffing levels in the Medical Assessment care Unit (MACU), checks in relation to the resuscitation trolley, fridge temperatures. There was also an unlocked medication cupboard containing eye medication.

Immediate action has been taken to increase staffing levels as an interim measure and to put in place more senior oversight and review of patients in the Lounge on a 2 hourly basis. All staff have been reminded of the need for regular checks of resuscitation equipment and fridge temperatures and new thermometers have been ordered for domestic fridges which are used to store food. The unlocked medicine cupboard has been de-commissioned and the eye medication that was contained in it has been re-located to another suitable, secure cupboard in the department.

The UHB is currently embarking on a major piece of work to improve emergency flow and the environment in the Lounge area of the Assessment Unit. A positive meeting between HIW, the Executive Nurse Director and Chief Operating Officer has taken place to provide assurance on the proposed approach.

At the time of writing the UHB is awaiting the draft report. The inspection findings and the necessary improvements will be reported in detail at the September 2019 QSE Committee.

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?

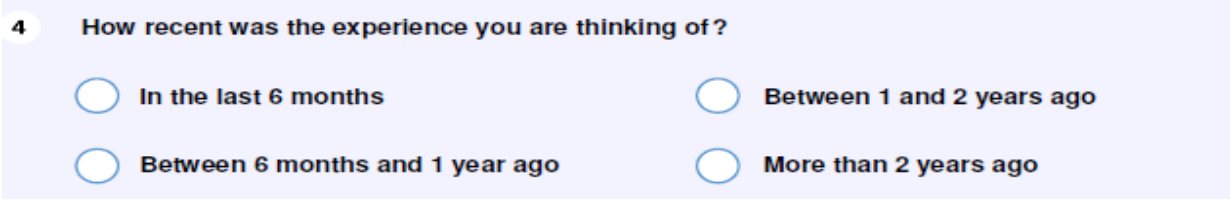
Each month the Patient Experience Team receives in excess of a thousand paper surveys. This supports the data collected through our Tablet and Kiosk mechanism as well as the seven 'Happy or Not' machines situated across the Health Board.

The patient satisfaction scores from the all surveys administered across the Health Board are illustrated in the table below.

	March	April
UHL	96%	92%
UHW	97%	91%

The Board will note that satisfactions scores have dropped during April 2019. It is difficult to determine any particular reason as to why this has happened, but the UHB will continue to monitor this over the coming months.

The newly introduced Welsh Government National Survey now incorporates the following question:



Patients have reported on experiences that were historic and therefore results could be affected as they are not reporting on their 'real time' experience. This will allow the UHB to determine the nature and timeliness of feedback in a more meaningful way.

During April the updated Welsh Government Survey 'Your NHS Wales Experience' was administered for the first time.

The UHB has also developed two new surveys which have been administered during May across both inpatient and outpatient areas. These surveys have been designed to

ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon;

Examples of additional questions include;

1. If able have staff encourages you to get out of bed and move around?
2. If able, have staff encouraged you to get dressed?
3. If able, have you had the opportunity to be involved in activities?

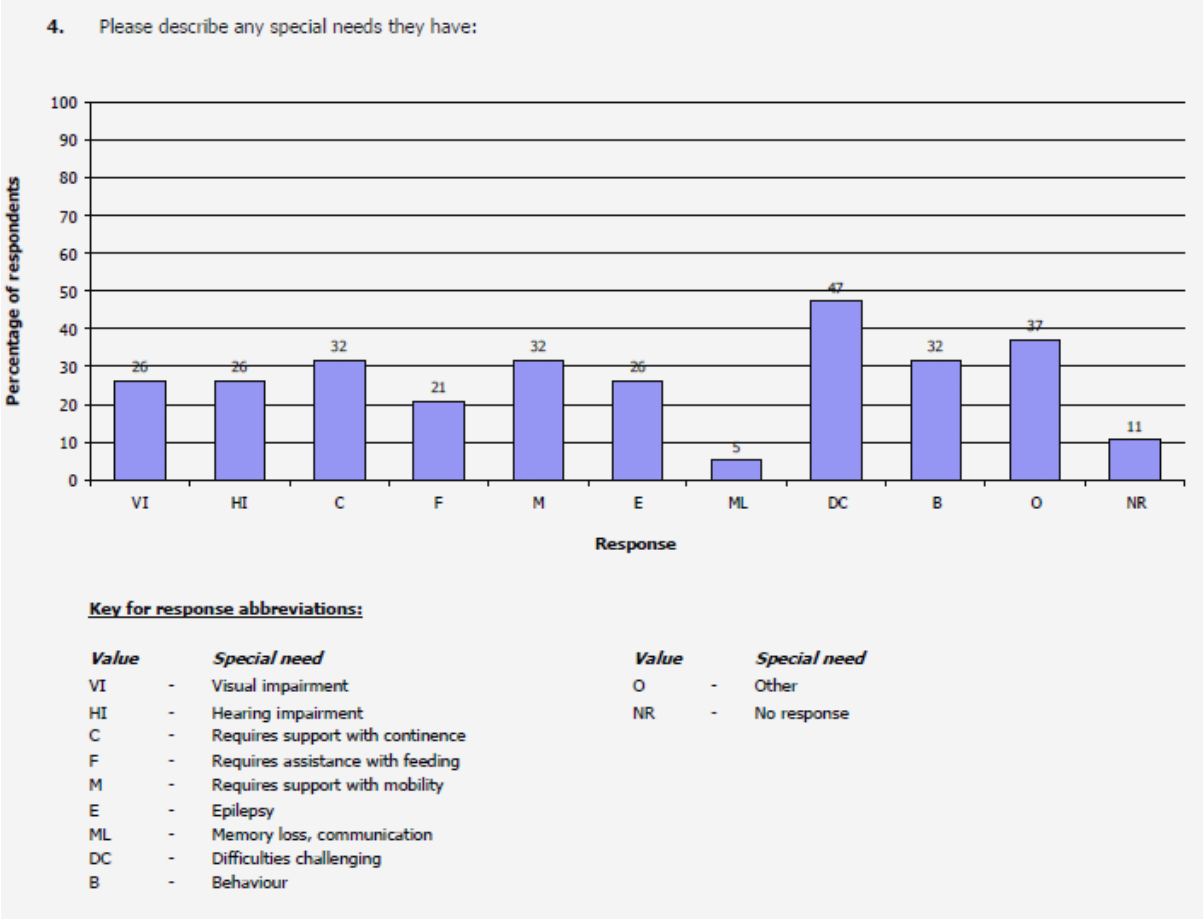
Questions 1 and 2 align to the 'get up, get dressed, get moving' campaign; promoting independence and preventing deconditioning, while the information from question 3 will be used to inform the Volunteering agenda, including opportunities for befriender, activity and musician volunteer support.

Retrospective

Retrospective data can be very informative to ascertain experience, once a person, has left our care. There are numerous bespoke surveys being undertaken to inform colleagues, examples include;

Young Adults Diabetes Services
Ninety one surveys have recently been issued to young people with diabetes. The purpose is to assist the team to understand their experience of the clinic, along with overall questions relating to the young person's diabetes and how it feels from their perspective. An update will be provided in a subsequent report.

The Learning Disability Questionnaires have been administered weekly since August 2018. Three reports were completed and shared with the Lead Nurse for Surgery; these provide data from January to early May 2019. The numbers administered are relatively low; however the qualitative comments are diverse.



Patients in their survey outlined the importance of time and communication to help them understand the choices about their health care

Some of the comments in relation to **'What did people do to help you make choices?' include:**

- *'By reading - and explaining'.*
- *'Didn't really have to make choices.'*
- *'Mother always stays with me to help'.*
- *'Plenty of meetings with doctors, nurses, dieticians etc'.*
- *'Provide the best and safest outcome'*
- *'Spoke slowly and repeated questions if I didn't understand or became distracted'*

Andy Jones, Lead Nurse in the Surgical Clinical Board has been recognised nationally for the work he has been doing in training Learning Disability champions.

The training, which is supported by MENCAP and the Ridd Foundation, provides staff with the knowledge and skills to specially tailor the care which they provide to adequately meet the needs of this vulnerable patient group and their carers/families. For instance, some with a learning disability may need extra time to process the information you give them, especially regarding medical issues. They may also have

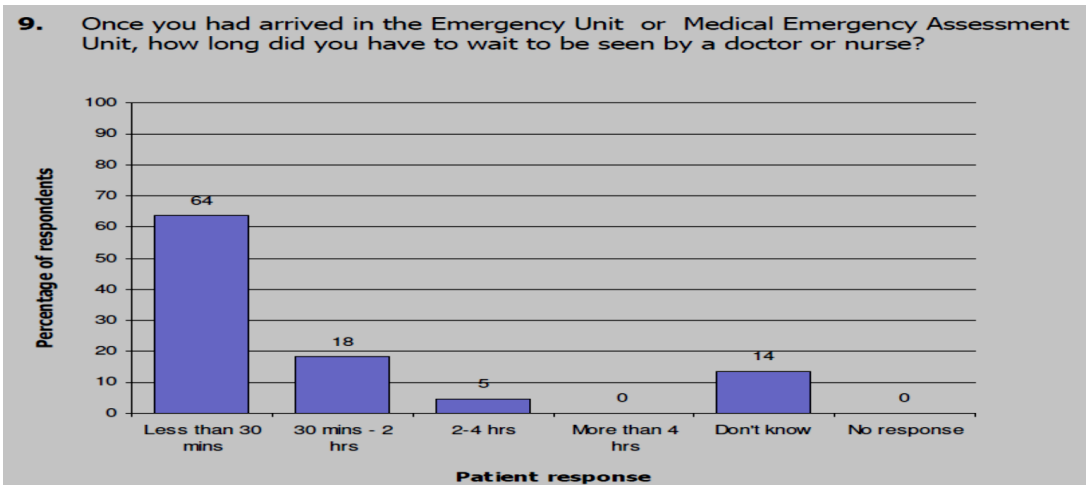
limited communication skills and not be able to verbalise their symptoms and their needs in the same way as other patients.

The central tenet of the training is simple: to see and treat the person, not the disability.

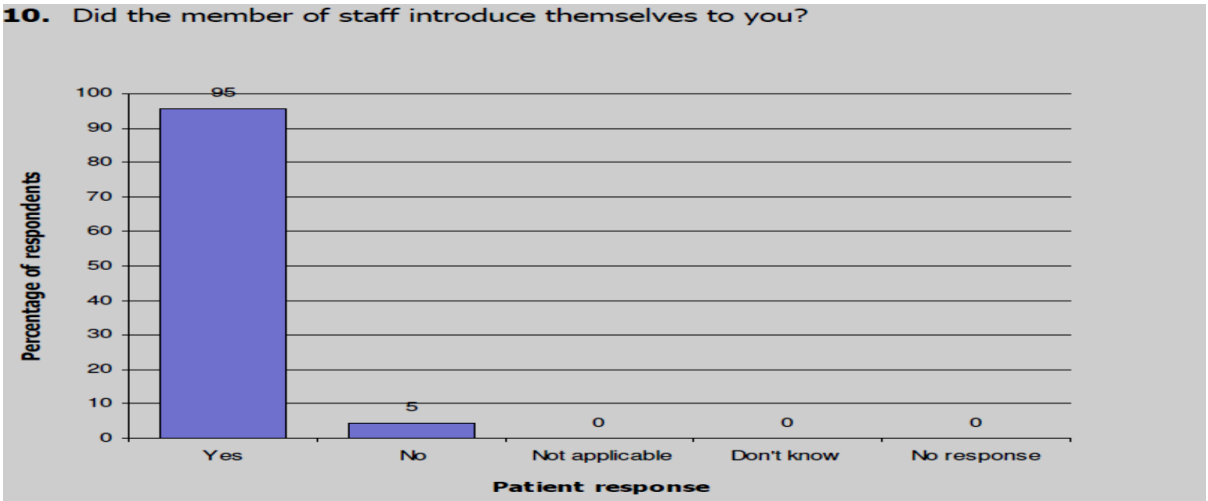
The ongoing survey work enables us to measure the impact of the increased awareness and see the training in action.

Proactive and Reactive

A joint survey is undertaken between the Welsh Ambulance Service Trust and the Emergency Unit at UHW. During the last quarter January-March 22 surveys were completed, this was a reduction on the 55 completed during October –December 2018.



It should be noted that 64% of people responded that they were seen in less than 30 minutes; consistent with the October–December 2018 report.



Positively the number of staff who introduced themselves had increased from 87% in the October – December 2018 report to 95% during the first quarter of 2019.

The majority of comments were in relation to the ambulance service and this report was shared with colleagues at WAST. Most comments in relation to EU were generally positive, there was slight criticism in relation to communication as illustrated below:

Some consistency in predicted treatment, between departments, is required

Very helpful staff. The doctor who saw us excellent.

Model ward

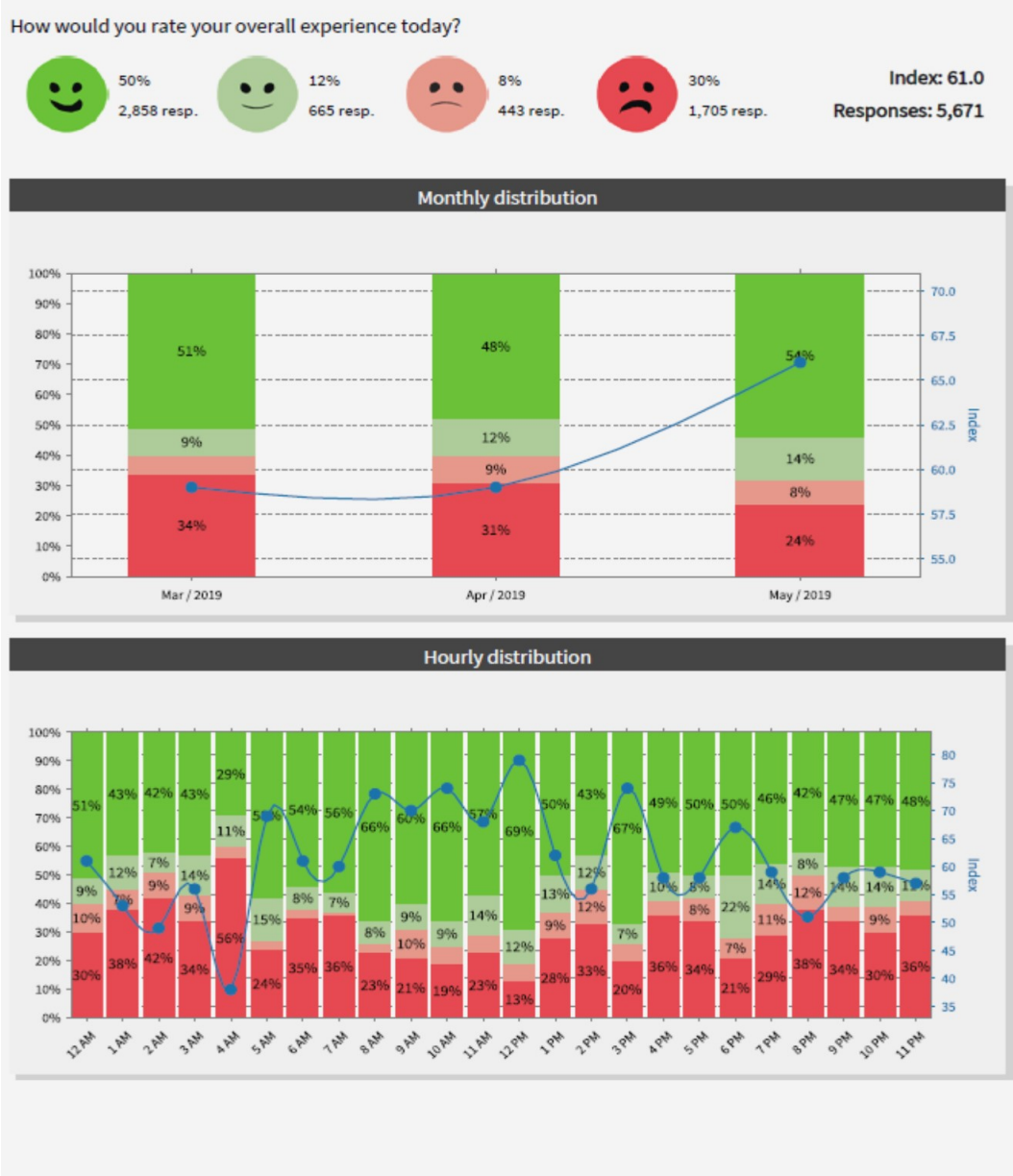
The Model Ward initiative was successful in securing the UK Award for Efficiency and Improvement for Nutrition and Hydration at the Hospital Caters Association National Conference in April. This is a wonderful example of Multidisciplinary Team working. Some of the positive comments shared by our patients and their carers include;

I like the table it is nice to sit down with a friend and have a chat

Mum feels the food is good. Always plenty of drinks available - excellent idea to cut up fruit into portions

Feedback Kiosks

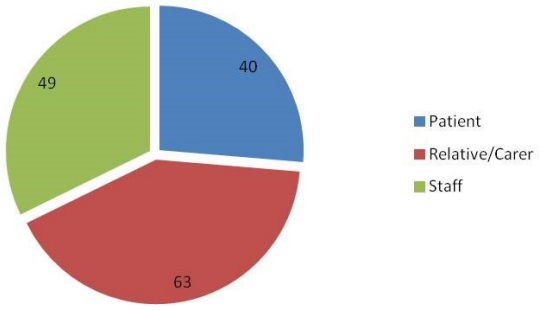
There are seven 'Happy or Not' Kiosks across the Health Board, which are rotated and the questions changed as appropriate. During March, kiosks were situated in the Emergency Unit, specifically to ascertain some experience data which could be considered in line with performance.



It is evident, that there are particular times of day when experience seems to be adversely affected and based on the data this is seen at 04.00, 1400 and 2000 hours. Whilst this needs further consideration to understand the reasons, the kiosks are providing useful data.

Kiosks are also available for patients, staff and relatives to provide feedback. Medicine Clinical Board hosted two Kiosks in March and April across the following areas;

1. SRC
2. AU
3. B7
4. East 2



152 responses were received. Qualitative comments, indicated positively that staff were adhering to the Health Board values and behaviors.

Primary Care also hosted a kiosk in the Department of Sexual Health (DOSH)

93 surveys were completed (1st – 30th April)

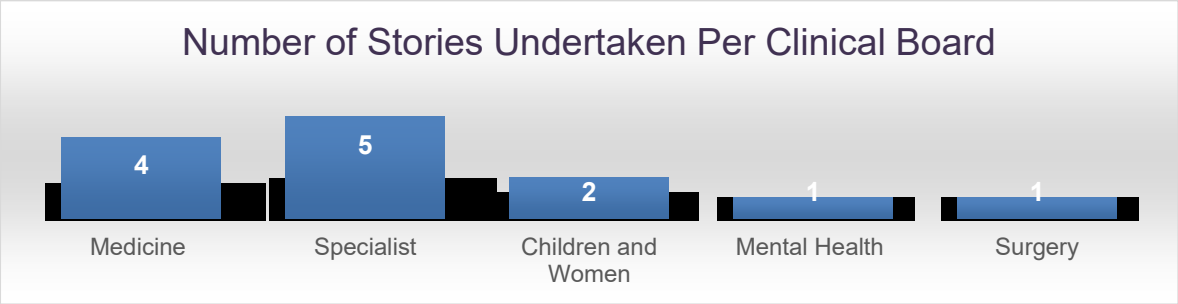
- **77%** said it was very easy or easy to get an appointment
- **82%** had been made to feel welcome on the department
- **68%** said staff always introduced themselves
- **85%** said they had definitely been treated with dignity and respect
- **83%** overall satisfaction score

During May the kiosks are being utlilised in Surgery and also in Primary Care Clinical Board.

Balancing

Patient, Carer and staff stories are also a powerful way to share experience data. During March a story was undertaken with a patient who had been cared for under the Rehabilitation Team in Rookwood. The patient described what it felt like when he had been unable to communicate properly or do things for himself, due to his injuries. The story is currently being edited and transcribed and will be used as a training aid for staff looking after patients in Neurological Rehabilitation. Themes from this will be shared within a future report.

Additionally, during March 2nd year Medical students undertook patient stories in 13 areas across five Clinical Boards.



Colleagues from the clinical areas have been asked to share outcomes with the Patient Experience Team, when the information has been analyzed.

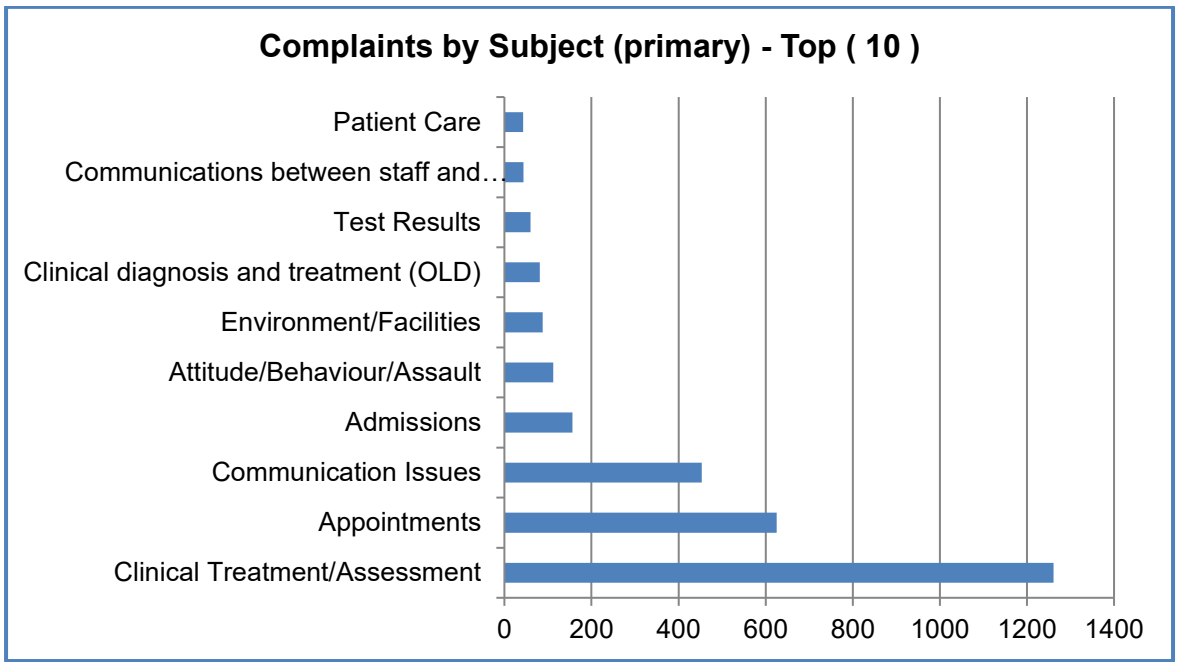
What are we doing?

You Said	We Did
Dirty extract ventilation	All fan system reviewed by Estates – Filters changed as needed
Can someone have the initiative to change the hour on the clock in reception	Estates contacted and actioned

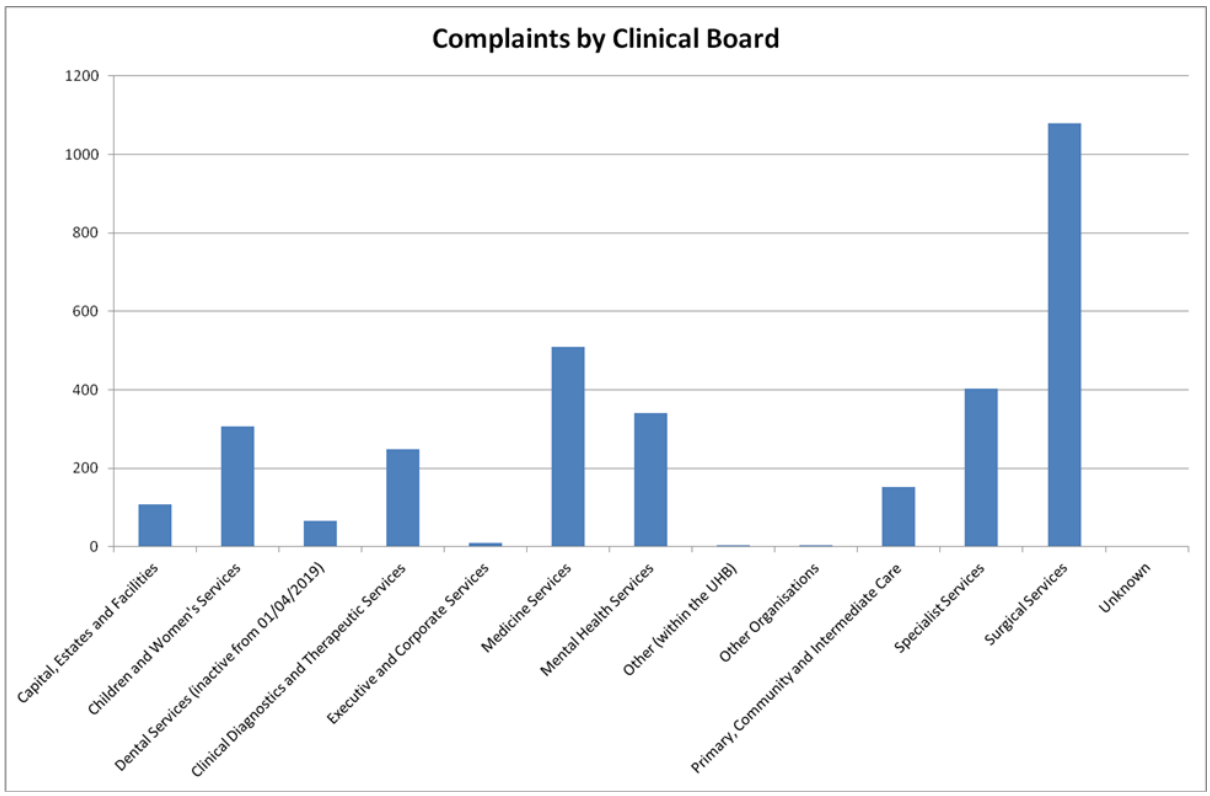
Balancing

Concerns Between 1st March 2018 and 30th April 2019, the Health Board has received 3233 complaints.

As you will note from the breakdown below, the highest number of concerns, 1,261 in total, related to concerns about clinical diagnosis, treatment and assessment,.



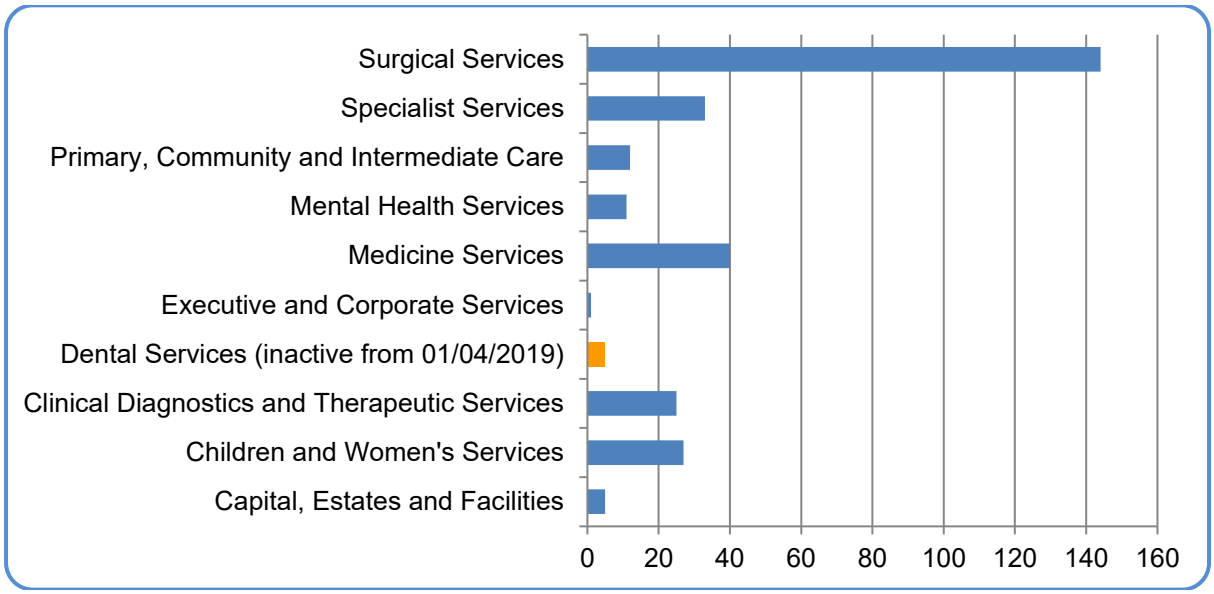
Complaints by Clinical Board



You will see from the chart above that Surgery continue to receive the highest number of concerns; (33% of all concerns); in total they received 1,080 concerns. The highest number of concerns, 470, registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate.

Medicine received the second highest number of concerns, 508 in total, with Integrated Medicine receiving the highest number, 182 in total, followed by AU and EU receiving 157 during the same period.

Out of the 3233 complaints received, 1873 were resolved informally. The chart below shows the number of Concerns that Clinical Boards were able to resolve informally by providing a speedy resolution.



Concerns data for March and April shows a significant increase in the number of concerns received in comparison to last year. During this period last year, (2018) the Health Board received 436 concerns whilst, during the same period this year, we have received 516. Of these 59% were resolved informally.

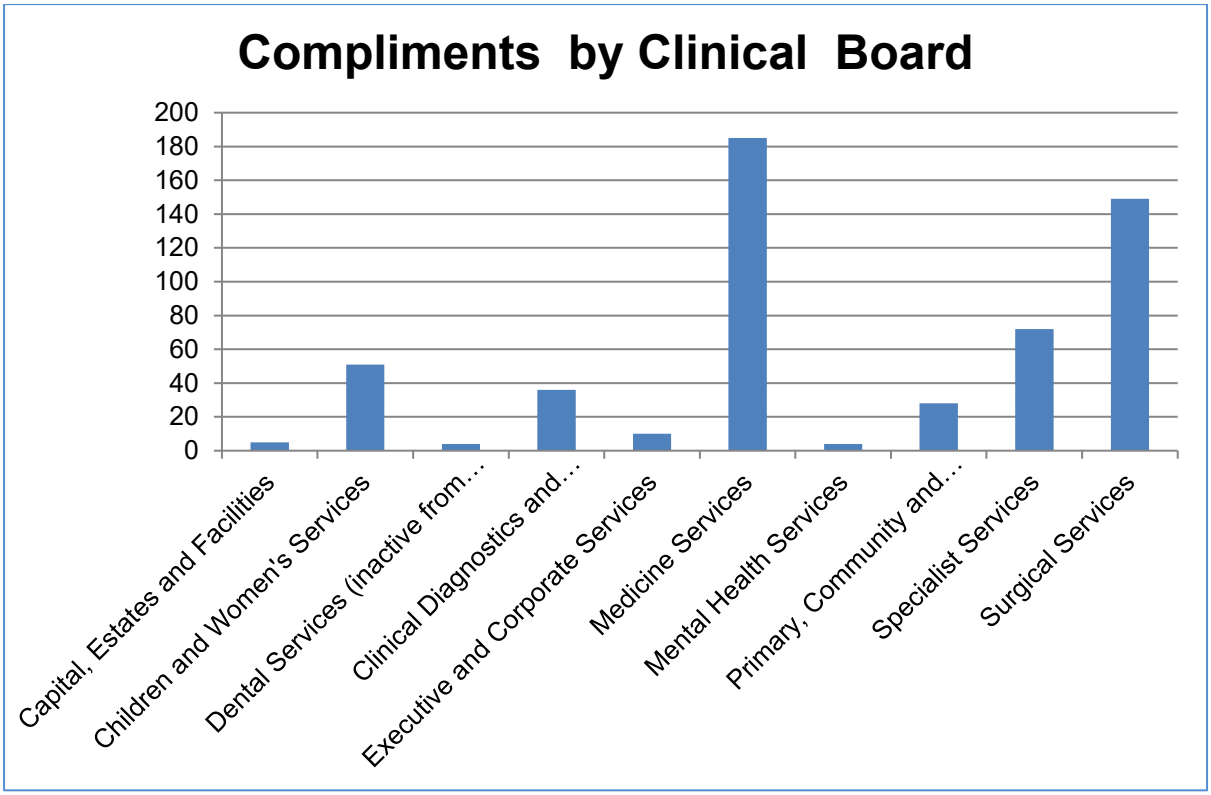
The Health Board continues to receive concerns regarding Car Parking; however, the Concerns Team has worked with the Parking Office to agree replies to queries regarding parking provision, signage and traffic management. This has streamlined the process for answering complaints and comments about parking issues in a timelier manner.

It is disappointing to note a marked decrease in the Health Boards overall 30 day response times which is currently 74%. There have been a number of staff and structural changes within some of the Clinical Boards. This has necessitated additional training for newly appointed staff to undertake investigations into concerns in order to maintain the quality of responses; this has temporarily impacted on the 30 day response time. The Concerns Team will continue to work closely with Clinical Boards to improve this.

It should be noted that the UHB is currently awaiting a directive from Welsh Government that will have an impact on the way we report/record our concerns. The anticipated impact of this will be that we will see a marked decrease in the number of informal concerns recorded whilst our recorded formal concerns will increase. We aim to ensure this does not impact on the way we manage our concerns and people raising concerns will still receive a proportionate and timely resolution where possible.

Compliments

During the period 1st March 2018 to 30th April 2019, the Health Board received 544 compliments.



As you will see from the chart above, Medicine Clinical Board continues to receive the highest number of compliments (185), in particular for the Emergency Unit. This is followed by Surgery receiving 149 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.

What are we doing?

You Said	We Did
Shortage of antenatal classes – patient not offered alternative	Provisions have been made to increase antenatal classes. A new Face book live service

	has been launched providing a live online service for women with the opportunity to ask pregnancy related questions directly to midwives and receive prompt answers.
Concerns highlighted areas where improvements were required in how we communicate with patients attending Ward West 6 as an Outpatient or day case for procedures.	A named nurse will now be identified for any patient attending as an outpatient/day case. The area is also developing an information leaflet for patients.
Patients surgery cancelled as patient had had a chewing gum – the guidance did not specifically advise patients that they could not have chewing gum	All preoperative information sheets were reviewed showing variation and inconsistencies in the information provided. This has been corrected to ensure clear and specific guidance is given.
A question was raised regarding the policy of gender neutral letters – letter refers to GP's as "he"	30 standard letters have now been amended

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00 AM ON 15TH MAY 2019 IN UHW

Present:

Peter Hewin	BAOT/ Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Pauline Williams	RCN Representative
Ceri Dolan	RCN Representative
Mathew Thomas	Unison Representative
Ffion Matthews	Podiatry Representative
Rebecca Christy	British Dietetics Association Representatives
Rebecca Corbin	Learning Education and Development Manager
Lucy Smith	Human Resources Manager
Katrina Griffiths	Assistant Head of Workforce for Mental Health
Leanne Morris	Senior Human Resources Officer
Andrew Crook	Head of Workforce Governance
Lizzie Lewis	Assistant HR Officer (minutes)

EPSG 19/012 WELCOME AND INTRODUCTIONS

Mr Hewin welcomed the group and introductions were made.

EPSG 19/013 APOLOGIES OF ABSENCE

Apologies were received from Bryony Donegan, Terrie Waites and Dawn Ward.

EPSG 19/014 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 9 January were an accurate record of the meeting.

The following matters arising were noted:

- Mr Hewin explained her met with Ms Jenkins regarding the use of social media and mobile phones but had been advised that the issue was with IT. Dr Pressley advised that she was aware of other conversations taking place within the organisation around these issues and that she would put Mr Hewin in touch with Mike Bailey from the Transformation Programme who had an interest in digitial technology and who seemed to be in touch with many people around this issue.
- Ms Corbin stated that plans regarding the Mandatory Training toolkit had been stalled but she and Dr Pressley were meeting next week to discuss this. Ms Corbin said that development of the toolkit should be completed by the next EPSG meeting in July 2019. Dr Pressley explained that although the Procedure had been approved by EPSG it had not been published because without the toolkit there would be a significant gap in the information provided to staff.

EPSG 19/015 ACTION LOG

The Group noted the action log. The following additional information was provided:

EPSG 19/004 (joint training): Ms Griffiths explained that Investigating Officer Training was not being delivered at the current time as it was being reviewed. She would ensure that Lianne Morse knew that Trade Union Representatives were keen to be involved.
Ms Smith explained that a resources had been developed to support staff who are going through a formal process like a disciplinary. This was available on the WOD internet pages. Staff Representative Members indicated that they had not been aware this existed and it was agreed that the link would be shared with Mr Jones for cascading to all Staff Representatives.
Action: Dr Pressley

EPSG 19/016 REVISED EMPLOYMENT SCHEDULE

Dr Pressley introduced the Revised Employment Schedule. She reminded the Group that the idea of developing a small number of overarching Policies with supporting Procedures had been discussed previously. This had been supported by the Strategy and Delivery Committee and the new Policies were on the agenda for consideration by EPSG at that meeting.
The revised scheduled meant that there would be 6 Employment Policies:

- Learning, Education and Development Policy
- Employee Health and Wellbeing Policy
- Recruitment and Selection Policy
- Agile Workforce Policy
- Maternity, Adoption, Paternity and Shared Parental Leave Policy
- Equality, Diversity and Human Rights Policy.

There were also a small number of 'standalone' documents and a suite of All Wales Policies. The Group supported this approach and recognised the benefits of reduced duplication etc. but emphasised the importance of communicating this change clearly. Dr Pressley explained that she would be developing a Communication Plan over the next couple of weeks and welcomed staff rep involvement in this.
ACTION: Dr Pressley

Mr Hewin suggested that it should be made clearer that these revised Policies are supported by other documentation that the references to documents to read alongside it should be strengthened.
ACTION: Dr Pressley

EPSG 19/017 AGILE WORKFORCE POLICY

Dr Pressley presented the Agile Workforce Policy to the Group. It was explained that it was an overarching policy for:

- Flexible Working Procedure
- Home/Remote Working Guidelines
- Parental Leave Procedure
- Retirement Procedure
- Redeployment Procedure

- Working Times Procedure
- Annual Leave Procedure (non-medical staff)
- Annual Leave Procedure for Career Grade and Medical Staff
- Loyalty Award Procedure

Dr Pressley explained that this policy is a statement of the organisation's flexibility, not just with regard to flexible working but in relation to how the workforce is deployed and utilised. Mr Hewin explained that 'agile' in other sectors has negative connotations with regards to members of staff not having a permanent base. The Group suggested that a different word could be used instead of agile and proposed 'Versatile Workforce Policy'. Dr Pressley agreed to take the new name suggestion to Mr Driscoll for a decision.

ACTION: Dr Pressley

No other comments for consultation were made from the Group. The Policy would now be taken to the Strategy and Delivery Committee for approval on 30 June 2019.

EPSG 19/018 LED POLICY

Ms Corbin presented the Policy to the group. She explained that this is an umbrella procedure for:

- Mandatory Training Procedure
- PADR Procedure
- Study Leave Guidelines for non-medical staff
- Study Leave Procedure for Medical and Dental Staff
- Academic Malpractice Procedure
- Recognition of Prior Learning Framework

The Group had no comments for consultation. The Policy would now be taken to the Strategy and Delivery Committee for approval on 30 June 2019.

EPSG 19/019 EMPLOYEE HEALTH AND WELLBEING POLICY

Dr Pressley presented the policy on behalf of Ms Bevan. It was explained that this policy was a replacement of the Health and Wellbeing Strategy and focuses on the empowerment of staff to work with the organisation to improve their health and wellbeing. Dr Pressley stated that this policy was overarching for:

- Domestic Abuse Procedure
- Alcohol and Substance Misuse Procedure
- Management of Stress in the Workplace Procedure
- Industrial Injuries Procedure

Dr Pressley noted that the current Procedures did not necessarily reflect the positive connotations of this Policy, and suggested that additional Procedures/Guidelines would probably be developed in the future.

The Group had no additional comments in relation to this Policy. The Policy would now be taken to the Strategy and Delivery Committee for approval on 30 June 2019.

EPSG 19/020 RECRUITMENT AND SELECTION POLICY

Dr Pressley presented the Policy to the group. She explained that this was an interim review to ensure full alignment with the supporting Procedures and that references to DBS, professional registration and relocation expenses had been added.

As it was an interim, rather than a full review it was not proposed that the review date should change.

Mr Thomas suggested that the reference to job descriptions should be amended so that it read 'an up-to-date job description'

ACTION: Dr Pressley

The Policy would now be taken to the Strategy and Delivery Committee for approval on 30 June 2019.

EPSG 19/021 RETIREMENT PROCEDURE

Mr Crook presented the Procedure to the group, explaining that it had been updated to be a more user-friendly document, such as allowing users to identify their pension scheme themselves from the procedure. The other key changes include:

- Managers and staff should contact the Pension Department to ensure the obtain the most recent information about the Pension Scheme
- New section on the Retirement Principles added
- Additional information on Late Retirement Enhancement added
- Staff should discuss their plans with their manager in advance

Mr Crook explained the emphasis on timings in the procedure resulting from delays in individuals receiving their pension. The Group raised concern around manager's responsibilities and their timings. It was decided the phrasing 'as soon as possible' should be used when referring to manager's carrying out their responsibilities.

ACTION: Mr Crook

EPSG 19/022 OCCASIONAL MOBILE/HOMEWORKING GUIDELINES

Dr Pressley presented the Guidelines to the Group. She explained that these guidelines are a formalisation of what is already happening in many areas in the organisation on an ad-hoc basis. She emphasised that these guidelines are not to be used for a regular occurrence. Mr Hewin stated that he felt that the health and safety responsibilities within the policy seemed to be focussed on the employees. It was agreed for the guidelines to be put on hold while Mr Hewin speaks to Mr Egan regarding this. It was agreed that if My Egan had no concerns from a Health and Safety perspective Chair's Action would be taken to approve the guidelines and this would be ratified at the next EPSG meeting. If Mr Egan did have any concerns he would be invited to the next meeting to discuss them.

Action: Mr Hewin

Mr Hewin asked Dr Pressley if there is any scope for appeal in the guidelines. It was agreed that it a sentence would be added explaining that if a member of staff wished to appeal the decision made they should escalate it to their line manager's manager.
ACTION: Dr Pressley

EPSG 19/023 WORKING TIMES PROCEDURE

Dr Pressley presented the procedure to the Group. The key changes explained include:

- Greater emphasis placed on staff health and wellbeing, as well as health and safety
- Expectation that staff who work mainly nights periodically work week of days articulated
- Importance of breaks for rest, nutrition and hydration incorporated
- Need for adequate breaks at times of extreme hot or cold weather as per Thermal Comfort Procedure included
- Statement added to clarify that the UHB does not recognise smoking breaks

Dr Pressley advised that since the EPSG papers had been published, it had come to light that the Procedure says breaks must be taken when an individual works '6 hours or more' but the Government website advises that a break is required when an individual works 'more than 6 hours'. The Group considered this and agreed that the Procedure should be changed to bring it into line with Government advice
Action: Dr Pressley

The Employment Policy Sub Group approved the revised Working Times Procedure with this addition.

EPSG 19/024 FLEXIBLE WORKING PROCEDURE

Dr Pressley presented the procedure to the Group. She reminded them that it had previously been decided to put any work on the Procedure on hold until it was known if any work was going to take place nationally as a result of the pay deal. However, there was no news in relation to this from NHS Employers and the document was overdue for review. Dr Pressley proposed that the Procedure should be rolled over for 12 months with no changes to content, but in the new UHB template. The Group supported this proposal.

EPSG 19/025 RATIFICATION OF CHAIRS ACTION

The Group ratified Chairs Action taken to amend the Maternity Leave and Pay Procedure and the Adoption Leave and Pay Procedure. These changes made the calculation of maternity/adoption pay for monthly paid staff clearer.

EPSG 19/026 CHANGES TO AFC TERMS AND CONDITIONS

Dr Pressley advised the Group that the AFC Terms and Conditions around Shared Parental Leave had been changed so that AFC staff now received enhanced pay as long as the eligibility criteria had been met. Dr Pressley indicated that the UHB Shared Parental Leave

Procedure had not been updated yet as she was waiting for confirmation that this would not be happening nationally.

The second change to the AFC Terms and Conditions related to Child Bereavement Leave which enabled staff to take a minimum of 2 weeks leave if they lost a child. This was being built into the NHS Wales Special Leave Policy.

EPSG 19/027 ANY OTHER BUSINESS

Dr Pressley indicated that she had received feedback from the Equalities team that Stonewall had flagged concerns regarding the gendered language in the Maternity, Adoption, Paternity and Shared Parental leave Policy and accompanying Procedures. Dr Pressley had asked for confirmation that the feedback related to the current Policy and Procedures as they had been reviewed recently. However, she felt that it might be necessary to make some small changes to the language used. It was agreed Chairs Action would be taken regarding this, and would be ratified at the next quorate meeting.

EPSG 19/028 DATE AND TIME OF NEXT MEETING

The next EPSG meeting would be held on Wednesday 10 July at 10am in Lecture Theatre Seminar Room, Dental Hospital (n.b. the room will be available from 9am for a staff representatives pre-meeting)

Report Title:	**STAFF BENEFITS GROUP UPDATE**								
Meeting:	**LOCAL PARTNERSHIP FORUM**						**Meeting Date:**	**05/06/19**	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	√	
Lead Executive:									
Report Author (Title):	Peter Welsh, Hospital General Manager UHL/Barry Hospital – Chair, Staff Benefits Group								

SITUATION

Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group would ensure and agree 'best deals' for staff and in governance terms would report their work to the Charitable Funds Committee and the Local Partnership Forum.

The purpose of this paper is to inform the Local Partnership Forum of staff benefits discussed and agreed by the Group for the six month period November 2018 - April 2019. A similar situation report has also been presented to the Charitable Funds Committee.

BACKGROUND

The Staff Benefits Group meets on a bi-monthly basis and has the following membership:

- Senior Management Representative
- Senior Health Charity representative
- Senior Workforce Manager
- Staff Side representative
- Communications representative
- Sustainable Travel Manager
- Procurement Representative

Staff benefits are displayed on a dedicated link on the UHB website intranet page.

Businesses and suppliers who wish to provide discounted goods or services to staff are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk. New proposals are taken to the Staff Benefits Group for discussion and approval and subsequently advertised on the Staff Benefits website page.

ASSESSMENT

In accordance with best practice and good governance, the Staff Benefits Group provides a six monthly report to the Local Partnership Forum and Charitable Funds Committee, setting out how the Committee has met its Terms of Reference during the preceding period.

TERMS OF REFERENCE

The Staff Benefits Group is of the opinion that its practices are consistent with its role as set out within the draft Terms of Reference (*attached*). The draft document will be submitted for approval to the Charitable Funds Committee meeting on 11th June 2019.

The attached is a six month update from the Staff Benefits Group.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** The report
- **RECEIVE** updated progress report in 6 months – October 2019

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	
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		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.								

STAFF BENEFITS GROUP SIX MONTHLY REPORT FOR SUBMISSION TO THE LOCAL PARTNERSHIP FORUM MEETING ON 5th JUNE 2019

STAFF BENEFIT PROVIDERS

Discount providers - the following staff benefits have been approved in the last 6 months:

- Local restaurants
- Local gym membership
- Casual/sporting clothing suppliers
- Children's indoor/outdoor activity schemes (Cardiff and Vale/Newport)
- Wedding photography
- Holiday resort/spa accommodation

STAFF LOTTERY FUNDING

Staff Parking

The Staff Benefits Group submitted a successful bid to the Cardiff & Vale Staff Lottery for funding to extend the Park and Ride scheme, to provide a shuttle bus at UHL and Barry.

Vectis Card (Icom)

The Vectis Card contract end date was 31st March 2019. Icom has proposed a three year extension to supply the card at no cost to the Health Board. The proviso to this is that a lease car option for staff with a partner company* is publicised on our staff benefit webpage.

The Staff Lottery Panel agreed to fund a 6 month extension of the current contract, at a cost of £5,000 with an option for a further 6 month extension, to allow ongoing discussions with the supplier. It is anticipated these discussions will be finalised in the next few months.

STAFF BENEFITS PROPOSALS

Icom Marketing

Icom delivered a presentation to the Staff Benefits Group in relation to the following proposed staff benefits:-

- Tusker (Green Car salary sacrifice scheme)*
- Halfords Cycle 2 Work scheme
- Neyber Ltd. (financial services)

The group requested further information re: resource implications to the UHB of managing these and a follow-up meeting will take place in July and feedback provided to the next LPF meeting.

PARTNERSHIP AGREEMENTS

- **Griffin Mill Car Sales**

Following a previously successful informal partnership with Griffin Mill (under the trading name of Lookers Car Dealers), the Health Charity entered into a 3 year agreement in June 2018, where Griffin Mill agreed to provide staff discounts plus the provision of a health charity vehicle at a discounted rate.

The Chair of the SBG and Health Charity staff meet quarterly with Griffin Mill to discuss and review these benefits and discounts. Unfortunately, despite repeated attempts at communication in the past six months, Griffin Mill appear to be increasingly reluctant/ unable to proactively engage with this agreement, which is impacting on the delivery of the agreed benefits to our employees.

The Staff Benefits Group proposes an early withdrawal from this agreement with a view to contacting local car dealerships and inviting expressions of interest in partnering with the Health Charity to re-provide the above benefits.

- **Change Account – online banking service for staff**

In early 2018 the UHB was contacted by Change Account digital banking platform to discuss potential of using their services as part of the programme of Staff Benefits.

Several meetings and discussions have taken place between the Health Charity and Change Account representatives since November 2019 in respect of launching the scheme in early 2019. The Health Charity continues to await marketing material from the Change Account and is therefore unable to progress this proposal further.
In summary, in addition to exploring further enhancements / improvements for staff on the above, the Group will be concentrating for the remaining part of this financial year on the following initiatives:

- Increasing the promotion of Staff Benefits providers on social media and via CAV website

- Further links with Health and Wellbeing events being held across Cardiff and Vale UHB

- Discussions relating to extending opportunities for long services recognition awards are ongoing and will be reported back to the next LPF meeting.

Operational Management

The Business/Operational Manager in the Communication, Art, Health Charity and Engagement Team has joined the Staff Benefits Group to provide operational and secretariat support. The post-holder will act as a liaison between the Staff Benefits Group, discount suppliers and our partners to provide a streamlined and consistent approach to managing our staff benefits programme.

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

STAFF BENEFITS GROUP

Terms of Reference and Operating Arrangements

1. PURPOSE

The role of the Staff Benefit Panel is to consider applications from external companies / organisations to provide benefits to staff for using their services / products. In general terms this will take the form of a discounted price for staff for the goods / service.

In fulfilling this function, the Group will:

- Ensure all staff benefits comply with policies of the Health Board
- Evaluate the suitability of the Staff Benefits to ensure all staff can benefit from the discount being offered.
- Ensure the most efficient and effective use of benefits to staff
- Avoid duplication of staff benefits schemes

2, ROLE AND FUNCTION

a) The Staff Benefits Group will explore and implement opportunities for staff to benefit from exclusive deals from external organisations.

These benefits will include:

- Eating in/out
- Education and Childcare
- Entertainment
- Financial Services
- Health and Beauty
- Home and Garden
- Hotels, Travel and Holidays
- Motoring and Servicing
- Retail outlets
- Sports and Recreation
- Utilities
- Weddings
- Mobile phones
- Salary Sacrifice Scheme for a range of products
- Staff Lottery
- Staff Wellbeing

b) The Group works closely with Cardiff & Vale Health Charity to maximise opportunities for partnership working and fundraising with key external partners.

c) The work of the Group, and when necessary recommendations for the Group, will be reported twice a year to the Local Partnership Forum and Charitable Funds Committee twice a year.

3. MEMBERSHIP – FREQUENCY OF MEETINGS

The Membership of the Group consists of:

- Chair – General Manager UHL/Barry Hospital
- Director of Staff Side
- Head of Staff Side
- Head of WOD Governance
- Head of Procurement / Senior Representatives
- Communications Representatives
- Fundraising Representatives
- Sustainable Travel Manager
- Assistant Finance Director

The Group will need a minimum of 5 members attending the meeting to be quorate.

The meetings will be held quarterly.

4. REPORTING AND ASSURANCE ARRANGEMENTS

The Staff Benefits Group will report to the following Committees of the Board:

- Local Partnership Forum (LPF)
- Charitable Funds Committee

5. SECRETARIAT

Cardiff & Vale Health Charity will be responsible for providing operational support to the Group.

6. REVIEW

The Terms of Reference will be reviewed every 3 years.