

Bundle Local Partnership Forum 6 February 2019

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 - 2.6 Future Meeting Arrangements: Wednesday 3rd April at 10am in the HQ Meeting Room, HQ, uhw (n.b. the room will be available from 9am for a staff representatives pre-meeting)

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 6 February 2019 at 10.00 am in the HQ Meeting Room,
Headquarters, UHW

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on 10 December 2018	Chair
5	Action Log Review	Chair
For Communication:		
6	Operational Pressures Update	Verbal - <i>Chief Operating Officer</i>
7	Sustainable Travel Plan	Verbal – Head of Energy and Performance
8	Update from the Deputy Chief Executive	Verbal <i>Deputy Chief Executive</i>
For Consideration:		
9	Draft Local Partnership Forum Work Programme 2019/20	<i>Co-Chairs</i>
For Consultation/Negotiation:		
For Appraisal:		
10	Finance Report	<i>Executive Director of Finance</i>
11	Workforce Report	<i>Executive Director of WOD</i>
PART 2: Items for information (for noting only)		
1	Patient Safety Quality and Experience report	
2	Performance Report	
3	Unconfirmed Employment Policy Sub Group Minutes from 9 January 2019	
4	Items to be brought to the attention of the UHB Board and review of meeting	
5	Any other business previously agreed with the Co-Chairs	
6	Future Meeting Arrangements: Wednesday 3 April 2019 at 10am in the HQ meeting Room, HQ, UHW (n.b. the room will be available from 9am for a staff representatives pre-meeting)	

**Minutes from the Local Partnership Forum Meeting held on Monday 10
December 2018 at 10.30am in the Meeting Room, Executive
Headquarters, University Hospital of Wales**

PRESENT:

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Fiona Salter	RCN
Peter Hewin	BAOT/UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Dorothy Debrah	BDA
Ceri Dolan	RCN
Joe Monks	UNISON
Janice Aspinall	RCN
Pauline Williams	RCN
Abigail Harris	Executive Director of Strategy and Planning
Fiona Kinghorn	Interim Director of Public Health
Len Richards	Chief Executive
Nicola Foreman	Director of Corporate Governance
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Julie Cassley	Deputy Director of Workforce and OD
Steve Hill	Assistant Director of Finance
Andrew Crook	Head of Workforce Governance
Ruth Walker	Executive Director of Nursing
Joanne Brandon	Director of Engagement and Communication

IN ATTENDANCE:

Kate Evans	Assistant Head of Workforce and OD (observing)
Sue Toner	Principal HP Specialist (part of meeting)

APOLOGIES:

Peter Welsh	Senior Manager, UHL and Barry
Rhian Wright	RCN
Rachel Gidman	Assistant Director of OD
Sharon Hopkins	Director of Transformation /Deputy Chief Executive
Dawn Ward	Independent Member – Trade Union
Ffion Mathews	SOCF
Bill Salter	UNISON

Secretariat:

Rachel Pressley	Workforce Governance Manager
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LPF18/086 WELCOME AND INTRODUCTIONS

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

LPF18/087 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/088 DECLARATIONS OF INTEREST

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

LPF18/089 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum approved the minutes from 31 October 2018 as an accurate record of the meeting subject

LPF18/090 ACTION LOG REVIEW

The Local Partnership Forum noted the Action Log. The following additional matters arising were also noted:

- LPF 18/081 – there was a need to jointly agree which managers/areas were priority for training in the Managing Attendance at Work Policy. It was suggested that the consequences of not meeting the target should be explained to staff. This would be picked up by the HR Operations Centre.

(Ruth Walker entered the meeting)

- LPF 18/084 – the issue of a 'Bank' for Operational Services was referred back to the Estates Partnership Forum

(Andrew Crook entered the meeting)

LPF 18/091 HEALTH AND ACTIVE: HEALTHY WEIGHT FRAMEWORK

Representatives of the Public Health Team came to discuss the report on physical activity 'Moving Forward: Moving More & More Often'.

This was being developed as part of the statutory Director of Public Health's report and had been brought to the LPF at an early stage for engagement and to consider how the Forum could contribute to the work. The cost of inactivity to the NHS and the role of prevention was considered, along with plans to increase physical activity through active environments, healthy settings (early years, education, workplaces and primary care) and through campaigns and messages.

It was recognised that a lot of good work is already taking place (including the work of the Health Charity and within Therapies) but that this needed to be brought together into one resource so that people could find out more easily what support and help is available, especially in terms of taking the first steps and forming a habit. It was agreed that using stories, especially from people staff could relate to, helped inspire and motivate others. It was also noted that there was work to be done to address underlying assumptions and prejudices encountered by regular exercisers, including those who cycle between sites, but that the policy and infrastructure needed to be put into place before the necessary cultural changes could be made.

(Sue Toner left the meeting)

LPF 18/092 STAFF SURVEY RESULTS

Mr Driscoll reminded the Forum that a group was being established to consider the results of the staff survey and agree how to respond to them. A disappointing number of staff had reported that they have been bullied or are suffering with stress and this will be a key focus for the group. However, there was also a lot of good

news which needed to be communicated widely. The group would also look at the low response rate (23%) and consider how this could be improved in the future.

Mr Egan noted that stress had overtaken musco-skeletal issues as the main cause of sickness absence and stated that he wanted to be involved in addressing this. He pointed out that there was a significant wait to see a counsellor through the Employee Wellbeing Service and the external Employee Assistance Programme was no longer in place. Miss Salter asked for it to be noted that Occupational Health and the Employee Wellbeing Service had recently provided tremendous support to RCN members in distress, but stated that the recommended number of counsellors was 1 wte per 2000 staff while we only have a total of 1.6 wte. Mr Driscoll stated that the Employee Wellbeing Service provide a great service but agreed that they are overstretched. He advised that the issues of Health and Wellbeing and stress would be key actions for 2019 and that he welcomed staff representative involvement in this. It was agreed that the causes of stress needed to be looked at and tackled, not just the symptoms.

LPF 18/093 UPDATE FROM THE CHIEF EXECUTIVE

Mr Richards talked about a recent joint meeting between the Executive team and Welsh Government. It had been a very positive meeting and Welsh Government had recognised that a lot of good work was taking place within the organisation, especially around Public Health, population health and quality. They were also pleased with our current and projected financial situation. Mr Richards hoped that real consideration would be given to de-escalating the UHB from targeted intervention to business as usual if the projected financial position was achieved. He noted that there are still many and varied challenges but he believed that we are moving in the right direction.

LPF 18/094 ACHIEVING AN ESTATES INFRASTRUCTURE FIT FOR THE FUTURE

Mrs Harris delivered a presentation on the UHB Estates Strategy. She described the current situation and associated risks, and the need to improve our infrastructure if we are to deliver the ambitions described in Shaping Our Future Wellbeing and the Clinical Strategy. The plan is for defined roles to be developed for UHW, UHL, the Wellbeing Hubs and other community services and an infrastructure plan has been developed to enable this.

It was noted that digital infrastructure and medical equipment replacement were not included specifically in the estates strategy and are subject to separate processes.

A copy of the presentation would be shared with Forum members, however, Mrs Harris asked members to note that the financial costs included were estimates and were subject to many factors which could cause them to change.

ACTION: Dr Pressley

Mr Hewin noted that there was a reference to 'alternative funding arrangements' and expressed concern that this could be referring to PFI. Mrs Harris advised that it was necessary to consider all options because of the scale of the plan. One of the

alternative sources which would be looked at was MIMs (Mutual Investment Models) which were an updated version of PFIs.

Mr Hewin also referred to the Partnership Board and re-iterated that although it was not a statutory requirement for staff representatives to have a seat, they were very keen to be involved.

LPF 18/095 TRANSFORMATION COMMUNICATIONS UPDATE

Ms Brandon advised that an animation was being developed with external partners as a communications tool for the transformation work being undertaken. A storyboard with high level narrative had been produced and would be shared with the Forum.

ACTION: Dr Pressley

LPF members were asked to consider if anything was missing and share their general views directly with Ms Brandon.

The animation will also be used as part of the Leadership Programme to support staff in understanding where their leadership role fits with transformation.

LPF 18/096 INTEGRATED MEDIUM TERM PLAN

The Integrated Medium Term Plan (IMTP) is currently under development and is due for submission to Welsh Government by the end of January. Mrs Harris advised that this year it will be a much smaller, high level document which is supported by and aligned with other, existing plans.

Welsh Government have indicated that they want us to be specific about what will improve and in what way. The financial framework requires us to achieve financial balance and deliver good performance. A copy of the draft IMTP would be shared with LPF members and any comments were to be directed to Mrs Harris.

ACTION: Dr Pressley

LPF18/097 FINANCE REPORT

The Local Partnership Forum received a report detailing the financial position of the UHB for the period ended 31 October 2018. During the first 6 months the overspend had been £755k, though this position had improved during October.

Mr Hill indicated that there has been lots of good financial news this year, with £43m of savings fully worked up and described. However, a significant portion of these savings are non-recurrent which means that the savings plan will remain a challenge next year.

LPF18/098 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

Mr Driscoll presented the Workforce KPI report. Key highlights included the huge efforts being made in nurse recruitment to reduce our reliance on agency workers,

and the completion of a Training Needs Analysis (TNA) for Mandatory Training. As a result of this TNA some of the level 1 requirements have been reduced which make it easier for staff to complete their training

LPF18/099 PART 2 – ITEMS FOR NOTING

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report.
- Performance Report.
- Unconfirmed Employment Policy Sub Group Minutes from 15 November 2018
- Revised Employment Policy Sub Group Terms of Reference

LPF 18/100 REVIEW OF THE MEETING

It was agreed that the support of the Local Partnership Forum for the Director of Public Health's report on physical activity 'Moving Forward: Moving More & More Often' should formally be brought to the attention of the Board.

LPF 18/101 ANY OTHER BUSINESS

There was no other business raised.

LPF18/085 DATE OF NEXT MEETING

The next meeting will take place on Wednesday 6th February at 10am in the HQ meeting Room, HQ, UHW (n.b. the room will be available from 9am for a staff representatives pre-meeting)

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 19/094	10 December 2018	Achieving an Estates Infrastructure Fit for the Future	A copy of the presentation would be sent to Forum members	Dr Pressley	COMPLETE – sent by email 10.12.18
LPF 19/095	10 December 2018	Transformation Communications Update	A copy of the Transformation story board would be sent to Forum members	Dr Pressley	COMPLETE – sent by email 10.12.18
LPF 19/096	10 December 2018	IMTP	A copy of the draft IMTP would be shared with LPF members and any comments were to be directed to Mrs Harris.	Dr Pressley	COMPLETE – sent by email 10.12.18

DRAFT - LOCAL PARTNERSHIP FORUM WORKPLAN 2019/20

	3 April	5 June	7 August	2 October	9 Dec	12 February
PART 1: Items for Action/Consideration						
Minutes of the previous meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
For Consideration:						
Local Partnership Forum Work Programme 2020/21 (Co-Chairs)						X
Integrated Medium Term Plan (Executive Director of Strategy and Planning)		X (commissioning intentions)				
Healthy Travel for UHB staff (Director of Public Health)			X			
Prehab to Rehab (Director of Operations, Surgery Clinical Board)	X					
Embedding Prevention within the UHB (Director of Public Health)				X		
For Consultation/Negotiation:						
Vascular Surgery Services Engagement (tbc)		X				
Strategic Equality Plan (Equality Manager)			X			
For Communication:						
Update from the Chief Executive (Chief Executive)	X	X	X	X	X	X
Inclusivity (Equality Manager)	X					

Joint Working with Local Authorities (Programme Manager, Health Social Care and Wellbeing)		x				
Integrated Medium Term Plan (Executive Director of Strategy and Planning)				x (engagement)	x (update)	
Transformation Programme Update (Deputy Chief Exec/Dir of Transformation)	x	x	x	x	x	x
For Appraisal:						
Finance Report (Executive Director of Finance)	x	x	x	x	x	x
Workforce Report (Executive Director of WOD)	x	x	x	x	x	x
PART 2: Items for information (for noting only)						
Patient Safety Quality and Experience report	x	x	x	x	x	x
Performance Report	x	x	x	x	x	x
Strategic Planning Flash Report		x		x		x
Minutes of the Employment Policy Sub Group	x	x	x	x	x	x
Staff Benefits Group - update	x			x		

Report Title:	Finance Report for the Period Ended 31st December 2018						
Meeting:	Local Partnership Forum				Meeting Date:	6 February 2019	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Deputy Director of Finance						

SITUATION

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

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

The UHB has a full savings programme and financial improvement plan in place and the delivery of these and management of delegated budgets is now key to the success of the plan. The overspend against the plan fell by £0.489m in month 9 to £0.003m and this overspend is still driven by income under-recovery, nursing costs, overspends in clinical supplies and slippage against savings schemes.

REPORT

BACKGROUND

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

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

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

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

Table 1: Operational Plan 2018/19

	Jan Plan £m	Final Plan £m	Var £m	Notes
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	Reduction in FNC costs
Cost Pressures due to population growth	(4.5)	(3.5)	1.0	Reduction for RTT
Investments	(4.3)	(3.3)	1.0	Reduction for RTT
Recurrent cost improvement plans	25.3	25.3	0.0	
Additional funding assumed	15.5	0.0	(15.5)	No income assumed
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	17/18 under plan c/f assumed
Financial Improvement Target	0.0	9.3	9.3	
Revised Planned Surplus/(Deficit) March 2018	(21.9)	(19.9)	2.0	
Additional Annual Operating Plan Funding July 2018		10.0	(10.0)	
Revised Planned Surplus/Deficit July 2018	(21.9)	(9.9)	(12.0)	

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

Table 2: Performance against 3 year financial break even duty



















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

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. **The above table shows that the UHB breached its statutory financial duty in both 2016/17 and 2017/18 and the plan current approved by the Board will also result in a breach of Financial duty at the end of 2018/19.**

ASSESSMENT

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

Table 3: Finance Dashboard @ December 2018

		STATUS REPORT					
Measure	n	December 2018	RAG Rating		Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£7.428m deficit at month 9. £0.003m adverse variance against plan	R			2018/19 planned deficit £9.9m	M9 2018-19
Remain within capital resource limits.	37	Expenditure at the end of December was £22.788m against a plan of £24.967m.	G			Approved planned expenditure £42.620m	M9 2018-19
Reduction in Underlying deficit	36a	£36.3m assessed underlying deficit position at month 9	R			If 2018/19 plan achieved reduce underlying deficit to £39.1m	M9 2018-19
Delivery of recurrent 3% savings target	36b	Fully Identified Savings Plan	G			£25.335m	M9 2018-19
Delivery of non recurrent 1% savings target	36c		G			£8.445m	M9 2018-19
Delivery of financial improvement target	36d		G			£9.3m	M9 2018-19
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.4% in December	G			95% of invoices paid within 30 days	M9 2018-19
Remain within Cash Limit	37b	Forecast cash deficit of £2.418m	R			To remain within Cash Limit	M9 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £3.809m	G			To Maintain Positive Cash Balance	End of Dec. 2018

Month 9 Cumulative Financial Position

The UHB reported a deficit of £7.428m at month 9 as follows:

- £7.425m planned deficit (9/12th of £9.900m);
- £0.003m adverse 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 31st December 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(118.660)	(118.376)	0.283	(1,017.111)	(1,015.288)	1.823	(1,378.272)	(1,378.272)	0.000
Pay	53.831	53.146	(0.685)	458.071	457.274	(0.797)	608.341	608.341	0.000
Non Pay	65.654	65.567	(0.087)	566.466	565.442	(1.024)	779.831	779.831	0.000
Variance to Draft Plan £m	0.825	0.336	(0.489)	7.425	7.428	0.003	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(7.425)	0.000	7.425	(9.900)	0.000	9.900
Total £m	(0.000)	0.336	0.336	(0.000)	7.428	7.428	0.000	9.900	9.900

Income

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

Table 5: Income Variance @ December 2018

Income	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(80.451)	(80.451)	0.000	(679.637)	(679.637)	0.000
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(14.534)	(14.534)	0.000
Accommodation & Catering	(0.370)	(0.302)	0.068	(2.684)	(2.546)	0.139
Education & Training	(3.159)	(3.163)	(0.004)	(28.443)	(28.390)	0.053
Injury Cost Recovery Scheme (CRU)	(0.214)	(0.098)	0.116	(1.524)	(1.178)	0.346
NHS Patient Related Income	(25.151)	(25.146)	0.005	(220.989)	(220.110)	0.879
Other Operating Income	(6.724)	(6.728)	(0.004)	(61.323)	(60.798)	0.525
Overseas Patient Income	(0.005)	(0.019)	(0.014)	(0.046)	(0.239)	(0.193)
Private Patient Income	(0.145)	(0.117)	0.027	(1.006)	(0.875)	0.131
Research & Development	(0.827)	(0.738)	0.089	(6.925)	(6.982)	(0.057)
Total £m	(118.660)	(118.376)	0.283	(1,017.111)	(1,015.288)	1.823

An in month deficit of £0.283m and a cumulative deficit of £1.823m is reported against income budgets. The main adverse variances to note are:

- £0.879m adverse variance on NHS patient related income where the position has remained steady in month and the cumulative under-recovery is due to underperformance against orthopaedics and a reduction of flows to the haematology and urology services following an increase in capacity in neighbouring health boards. In addition English income moved adversely by £0.050m in month due to a light case mix of emergency work.
- £0.525m adverse variance on other operating income due to underperformance against critical care, PICU and NICU activity targets. This however was stable in the month.
- £0.346m adverse variance against the Injury Cost Recovery Scheme where the position deteriorated by £0.116m in month due to the relatively low value of new claims lodged.

The slow-down in accommodation and catering and R & D income was due to seasonal factors.

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 £0.049m, bringing the cumulative adverse variance to £0.861m. The Month 9 reported position is summarised in Table 6. This is driven significantly by under delivery against contracts with LHBs of £1.100m, offset by a favourable income position on WHSSC and NHS England.

The Month 9 reported position continues to reflect the under-performance trend for Aneurin Bevan and an in-year adverse movement on Cwm Taf. A key issue is the performance on orthopaedic services. The latter is also driven by recruitment into vacancies in Cwm Taf, reducing flows into Cardiff; most notably in Haematology and Urology.

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

Non-Welsh income deteriorated in month, driven by low volumes and a light case mix of emergency admissions, bringing the cumulative variance to £0.024m favourable.

Table 6: Month 9 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(216.965)	(164.151)	(164.408)	(0.257)
Aneurin Bevan	(29.172)	(21.955)	(21.243)	0.711
Other LHBs	(38.377)	(28.662)	(28.231)	0.431
Non-Welsh	(3.390)	(2.975)	(2.999)	(0.024)
	(287.904)	(217.743)	(216.881)	0.861

Pay

In total pay budgets are showing a cumulative underspend of £0.797m 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 8 £m	2018/19 Month 1 to Month 8 £m	2017/18 Month 9 £m	2018/19 Month 9 £m	2017/18 Cum. to Month 9 £m	2018/19 Cum. to Month 8 £m
Basic	515.377	339.498	350.161	43.324	46.286	382.821	396.447
Enhancements	24.533	16.159	16.663	1.843	2.471	18.002	19.133
Maternity	4.088	2.756	2.704	0.358	0.340	3.114	3.044
Protection	0.676	0.453	0.433	0.055	0.043	0.509	0.477
Total Fixed Pay	544.674	358.866	369.960	45.580	49.140	404.447	419.100
Agency (mainly registered Nursing)	8.767	5.267	7.299	0.643	0.864	5.910	8.163
Nursing Bank (mainly Nursing)	14.439	9.435	8.642	1.031	1.034	10.466	9.677
Internal locum (Medical & Dental)	4.306	2.811	3.313	0.348	0.478	3.160	3.791
External locum (Medical & Dental)	7.118	4.632	4.620	0.593	0.585	5.225	5.204
On Call	2.224	1.431	1.645	0.165	0.178	1.596	1.822
Overtime	5.758	3.601	4.206	0.439	0.427	4.041	4.633
WLI's & extra sessions (Medical)	5.111	2.814	4.443	0.348	0.441	3.161	4.884
Total Variable Pay	47.722	29.991	34.168	3.568	4.006	33.559	38.174
Total Pay	592.396	388.858	404.128	49.148	53.146	438.006	457.274
Pay Budget	594.938	390.345	404.240	49.214	53.831	439.559	458.071
Budget Variance (Fav)/Adv £m	(2.541)	(1.487)	(0.112)	(0.066)	(0.685)	(1.553)	(0.797)

The 2018/19 pay levels reflect the additional cost of the 2018/19 annual pay award. Arrears payments were made to agenda for change staff in November and arrears payments were made to medical staff in December. The UHB set aside a reserve to cover the initial 1% planning assumption and the cost of the additional wage award is being 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 @ December 2018

Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.035	1.979	(0.057)	18.103	17.473	(0.630)
Management, admin & clerical	5.993	5.870	(0.123)	53.227	52.592	(0.635)
Medical and Dental	15.234	14.919	(0.314)	117.395	117.901	0.506
Nursing (registered)	15.721	15.439	(0.282)	137.609	137.027	(0.582)
Nursing (unregistered)	4.201	4.401	0.200	36.867	39.228	2.360
Other staff groups	7.710	7.685	(0.026)	68.646	67.904	(0.742)
Scientific, prof & technical	2.936	2.853	(0.083)	26.224	25.149	(1.075)
Total £m	53.831	53.146	(0.685)	458.071	457.274	(0.797)

In total pay budgets improved by £0.685m in month mainly due to seasonal reductions in expenditure leaving a cumulative underspend for the year to date of £0.797m.

Table 9 – Non Qualified Nursing Staff Pay Variance

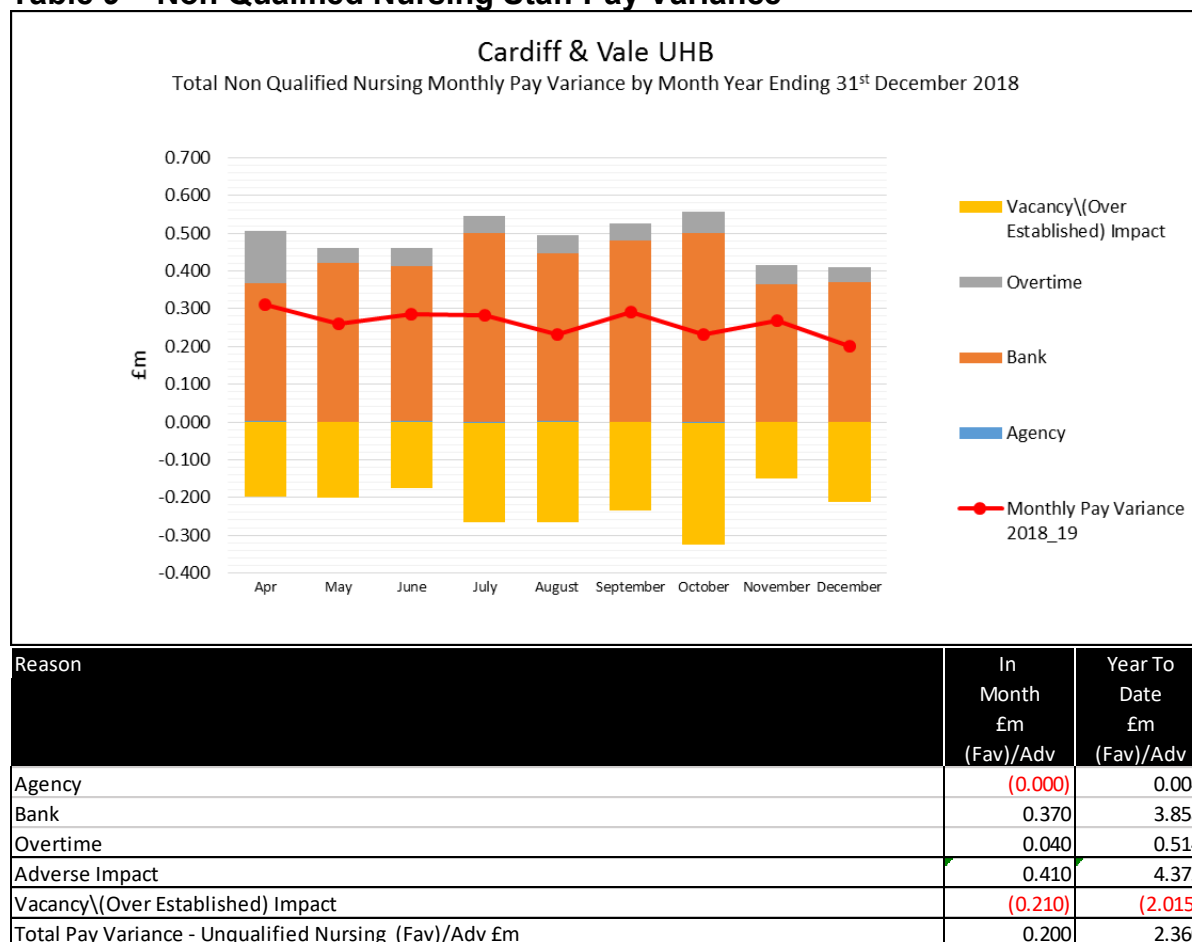


Table 9 indicates that the £2.360m adverse variance against non-qualified nursing assistants is due to overspends of £3.858m on bank staff and £0.514m on overtime which is partly offset by an underspend against established posts. The in month fall in the trend of reported overspend is due to seasonal reductions in expenditure.

Table 10 - Qualified Nursing Staff Pay Variance

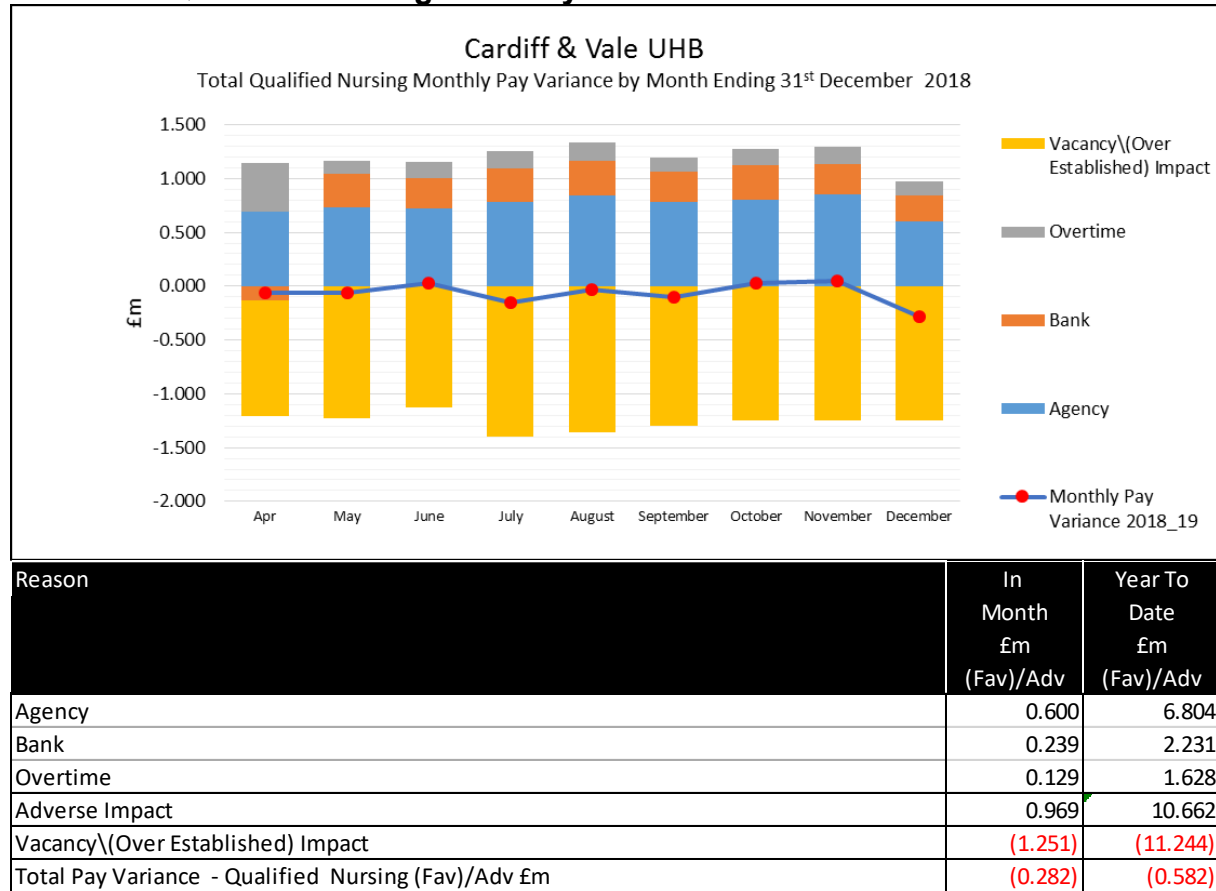
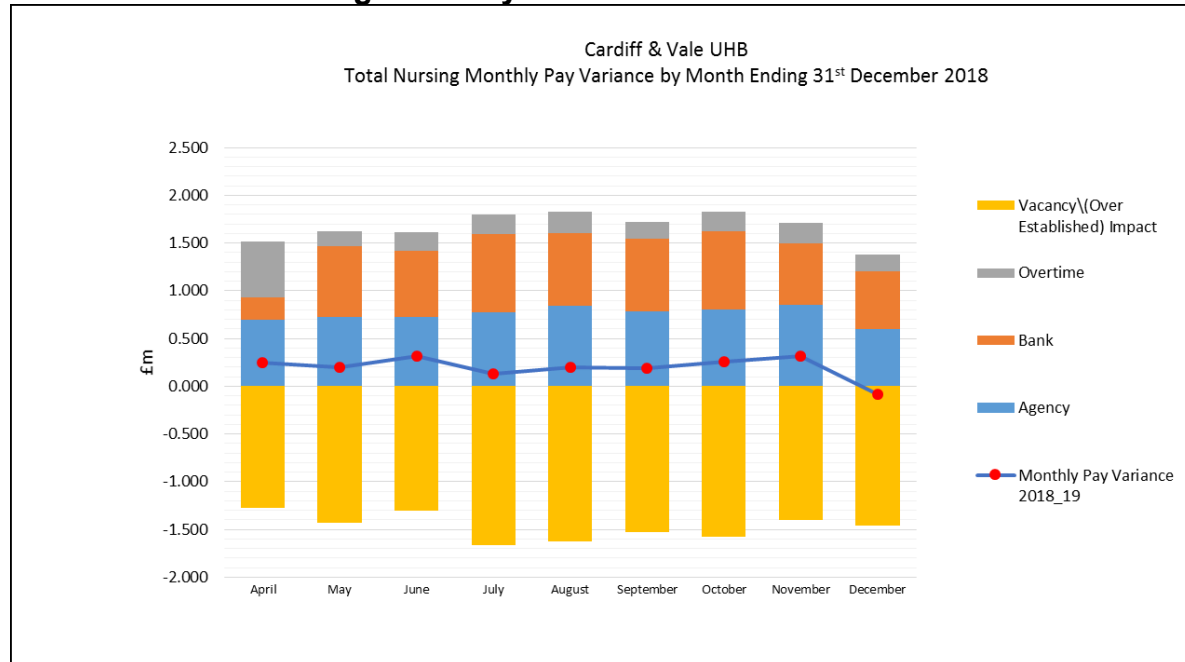


Table 10 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing. The significant in month underspend is due to seasonal reductions in expenditure.

Table 11 - Total Nursing Staff Pay Variance

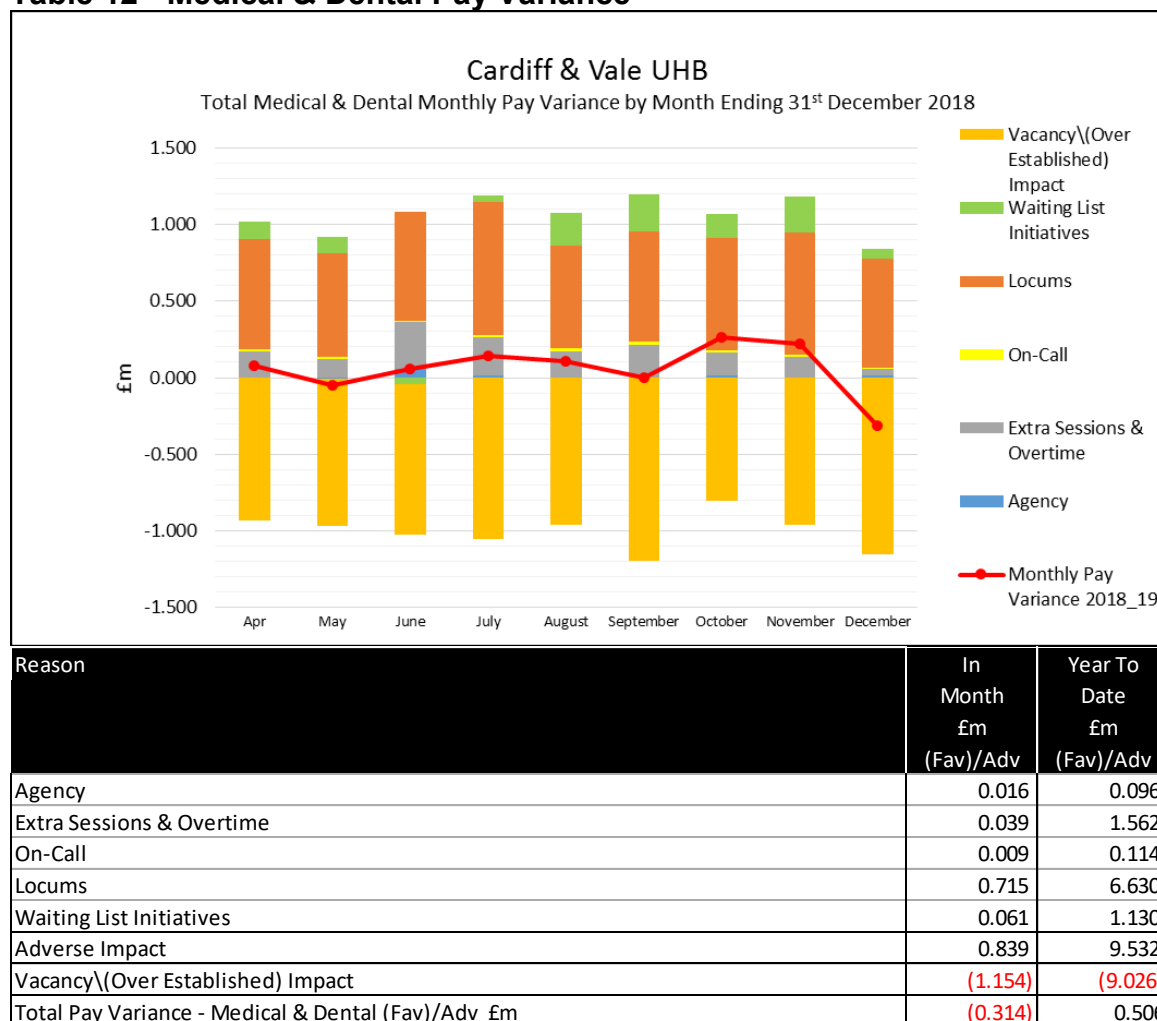


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.599	6.808
Bank	0.609	6.088
Overtime	0.170	2.142
Adverse Impact	1.378	15.038
Vacancy\ (Over Established) Impact	(1.461)	(13.259)
Total Pay Variance - (Fav)/Adv £m	(0.083)	1.779

Table 11 identifies expenditure against substantive nursing posts for the year to date which is £1.779m more than budget. The £13.259m surplus against established posts is offset by a £15.038m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2018/19.

Table 12 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.506m at month 9.

Table 12 - Medical & Dental Pay Variance



The key areas of concern are a £0.135m in month overspend and a £0.823m cumulative overspend within the Women and Children Clinical Board and a cumulative £0.451m overspend in the CD&T Clinical Board following a £0.041m in month underspend. The in month reduction to the reported overspend is partly due to a reduction in the level of overspend on extra sessions and waiting list initiatives.

Non Pay

Table 13 highlights an in month underspend of £0.087m and a £1.024m cumulative underspend against non pay budgets.

The key pressure area is in clinical services and supplies where there was an in month deterioration of £0.055m and the cumulative overspend for the first 9 months of the year is now £1.439m. The in month improvement in commissioned services is primarily due to a reduction in forecast expenditure provided by Velindre NHST. The deterioration in continuing healthcare is due to the continuing growth in packages beyond growth funding assumptions primarily in

Palliative Care and General Nursing packages. The in month pressure on establishment costs was partly due to an increase in the demand for transport services in month.

Table 13: Non Pay Variance @ December 2018

Non Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	8.993	9.049	0.055	72.902	74.341	1.439
Commissioned Services	13.930	13.811	(0.119)	125.976	125.853	(0.123)
Continuing healthcare	5.533	5.673	0.140	46.444	47.098	0.654
Drugs / Prescribing	12.014	11.952	(0.061)	111.497	112.747	(0.620)
Establishment expenses	0.942	1.057	0.115	8.088	8.300	0.212
General supplies & services	0.703	0.666	(0.037)	6.199	6.446	0.247
Other non pay	4.864	4.848	(0.016)	44.233	41.841	(2.392)
Premises & fixed plant	3.318	3.267	(0.052)	25.642	23.519	(0.253)
Primary Care Contractors	15.356	15.243	(0.113)	125.485	125.297	(0.189)
Total £m	65.654	65.567	(0.087)	566.466	565.442	(1.024)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 9 variance of £0.442m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

- A lower than anticipated NICE cancer drugs expenditure with Velindre NHS Trust. The position moved favourably in-month due to a reduction in spend in month and a drugs rebate;
- Continued under performance in ABMU recovered at an enhanced marginal rate, and continuation of underperformance on the Cwm Taf contract.

The WHSSC position has moved adversely in-month due to further over performance by the Cardiff and Vale provider contract and the UHB's relative risk share. This performance continues to be monitored closely, and is supported by slippage on a number of ICP schemes and non-recurrent WHSSC opportunities. The position includes the financial risk of ongoing negotiations between WHSSC and NHSE over the impact of HRGv4+, which may result in a more favourable outcome.

There is an improvement in month 9 on the UHB's expenditure for non-contracted activity. This includes cross-border emergency treatment/care for Cardiff and Vale residents, as well as panel-approved referrals to specialist centres in England for services not available locally. The latter has seen a demand-driven growth in expenditure particularly due to a few high cost treatments e.g. radiofrequency ablation (RFA). Discussion is ongoing within WHSSC to consider the critical mass for local service provision, which would require a collective commissioning agreement.

Table 14: Month 9 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	120.093	89.987	90.233	0.246
Velindre	16.406	12.323	11.892	(0.430)
LHBs	22.878	17.021	16.288	(0.733)
Other / NCAs	1.290	0.968	1.443	0.475
	160.667	120.298	119.856	(0.442)

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 flat in the month have a year to date adverse variance of £0.3m.

Financial Performance of Clinical Boards

Budgets are set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the nine months to 31st December 2018 by Clinical Board is shown in Table 15.

Table 15: Financial Performance for the period ended 31st December 2018

Clinical Board	M8 Budget Variance £m	M9 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.502	0.760	0.257	0.93%
Children & Women	1.124	1.297	0.173	1.70%
Capital Estates & Facilities	0.059	0.076	0.017	0.16%
Dental	0.383	0.395	0.011	2.63%
Executives	(0.631)	(0.666)	(0.035)	(2.28%)
Medicine	1.394	1.472	0.078	1.68%
Mental Health	0.596	0.295	(0.302)	0.52%
PCIC	(0.764)	(1.043)	(0.279)	(0.41%)
Specialist	(0.149)	(0.456)	(0.307)	(0.37%)
Surgery	1.038	1.076	0.037	1.10%
Central Budgets	(3.063)	(3.203)	(0.140)	(2.16%)
SubTotal	0.492	0.003	(0.489)	0.00%
Planned Deficit	6.600	7.425	0.825	0.73%
Total	7.092	7.428	0.336	0.73%

In month and cumulative overspends were reported by 6 Clinical Boards in December. The largest in month overspend was in CD & T where the majority of the overspend was due to slippage on the pharmacy outpatients savings scheme and a drop in performance against the internal radiology trading framework. Medical staff again accounted for the majority of overspend in the Women and Children's and the overspend in the Medicine Clinical Board was due to

nursing pressures. Pressures against Clinical Services and Supplies were again reported in the Surgery Clinical Board and these were partially offset by pay underspends.

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 9 was within the forecast profile as shown in Table 16.

Table 16: Budget Holder Financial Forecasts & Performance

Clinical Board	Year End Forecast (Surplus)/ Deficit Variance £m	M9 Forecast Profile (Surplus)/ Deficit Variance £m	M9 Actual Position (Surplus)/ Deficit Variance £m	Variance to Forecast Profile £m
Clinical Diagnostics & Therapies	1.124	0.693	0.760	0.067
Children & Women	1.654	1.303	1.297	(0.006)
Capital Estates & Facilities	(0.011)	0.105	0.076	(0.029)
Dental	0.600	0.363	0.395	0.032
Executives	(0.003)	(0.164)	(0.666)	(0.502)
Medicine	0.759	0.914	1.472	0.558
Mental Health	0.798	0.740	0.295	(0.445)
PCIC	(1.353)	(0.988)	(1.043)	(0.055)
Specialist	(0.010)	0.095	(0.456)	(0.551)
Surgery	0.967	0.983	1.076	0.093
Central Budgets	(4.525)	(3.203)	(3.203)	0.000
SubTotal	(0.000)	0.841	0.003	(0.838)
Planned Deficit	9.900	7.425	7.425	0.000
Total	9.900	8.266	7.428	(0.838)

The UHB has sufficient non recurrent opportunities to bridge the projected overspend in delegated budgets and therefore the forecast deficit of £9.9m remains intact.

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 9 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. Clinical Boards identified a further £0.1m of schemes in month and those that have not yet achieved their target are still required to prioritise the identification and implementation of savings schemes as a matter of urgency to ensure that they meet their delegated targets. The latest position is shown in **Appendix 1**.

For the 9 months to the end of December the UHB had fully achieved its profiled savings target (including income generation schemes & non recurrent accounting gains) of £24.404m 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 9

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

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

Further details of performance against the savings programme and Financial Improvement Target are provided in the CRP report.

Underlying Financial Position

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

Table 18: Summary of Underlying Financial Position

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

Key points to note in the forecast underlying position are:

- The UHB has received £4m non recurrent income from Welsh Government in recognition of 2017/18 financial performance;

- Welsh Government confirmed an additional £10m of non-recurrent Annual Operating Plan funding in July 2018.
- The 1% non-recurrent savings target included in the plan of £8.445m;
- Of the £9.266m Financial Improvement Target £2.550m has been identified recurrently through reserves for the Welsh Risk Pool (£0.550m) and curtailing spend on investments (£2.000m) and £0.995m non recurrently through curtailing investments (£0.700m) and cost pressure funding (£0.295m). An additional £5.721m non recurrent opportunities have been identified to fully deliver the financial improvement target.
- The reduction in recurrent baseline costs includes an additional £1m of cost savings that are expected to arise from the reduction the cost of biosimilar drugs in 2019/20 and a £1.8m reduction in UHB liabilities arising from a planned capital purchased for WEQAS.

The UHB is undertaking further work with the aim of identifying further measures to materially reduce the underlying. This work is ongoing and will be finalized in time to support the submission of a balanced IMTP for 2019/20 - 2021/22.

Balance Sheet

The balance sheet at month 9 is detailed in **Appendix 2**.

The cumulative year to date increase in the carrying value of Property, Plant & Equipment (PPE) is due to spend on capital projects and the increased valuation of Land and Buildings following indexation exceeding year to date depreciation charges.

Overall trade debtors have fallen by £19.3m (8.7%) 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 £31m since the start of the year due to a reduction in capital creditors and the cash settlement of clinical negligence claims and year end commissioner risk sharing liabilities with WHSCC and other LHB's.

Cash Flow Forecast

The cash flow projection is shown in **Appendix 3** with a closing cash balance for December of £3.8m.

Amounts shown on the sale of assets line reflect the full value of anticipated in year sale proceeds. The UHB expects to reinvest £1.4m of these receipts in the purchase of property, plant & equipment.

The UHB received approval in December of the requested Strategic Cash Assistance of £9.325m.

The UHB estimates that it will require the following level of additional cash support in 2018/19:

- (i) Revenue Working Balance Cash £4.274m

The working balances cash requirements reflect resource that was allocated to the UHB in 2017/18 that was not drawn down as cash.

A reconciliation of the opening and closing cash position reported is shown below in Table 19.

Table 19: Forecast movement in cash position 2018/19

Description	£m
Opening Cash balance	1.856
Working balances arising	(17.324)
Management Actions (managing suppliers)	0.575
Forecast Deficit	(9.900)
Approved Cash Assistance & Working Balances Cash	22.375
Forecast Cash Deficit £m	(2.418)

Public Sector Payment Compliance

The UHB's cumulative performance improved from 95.3% at the end of November to 95.4% to the end of December with an in-month compliance rate of 95.8%.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of December 2018 is summarised in Table 20 and is detailed in **Appendix 4**.

Table 20: Progress against Capital Resource Limit @ December 2018

	£m
Planned Capital Expenditure at month 9	24.967
Actual net expenditure against CRL at month 9	22.788
Variance against planned Capital Expenditure at month 9	(2.179)

Year-end expenditure is expected to recover and remain within the Capital Resource Limit. Planned spends for the year reflect the latest CRL received from Welsh Government dated 14th December 2018.

It should be noted that in December the UHB received an additional £4.824m capital funding to support planned spend of £1m for the Black & Grey Theatre at Llandough, £1.786m for IM&T priorities, £0.124m towards Digital Cellular Pathology and £1.914m Discretionary Capital schemes.

Financial Risks

The UHB's forecast year end position is a £9.900m deficit and the key risks to be managed in delivery of the plan are the management of budget pressures and delivering identified savings.

These risks are diminishing as further progress is being made on the plan.

Key Concerns and Recovery Actions

At month 9, the key concerns and challenges are set out as follows:

1. Concern - Managing within current budgets.

Action – Net overspend against the plan fell by £0.489m in month to £0.003m. All Clinical Boards have a year-end target to achieve and where Clinical Boards are off this target they are required to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

2. Concern - Managing down the underlying deficit.

Action – The underlying deficit has fallen by £12.8m since the start of the year. The UHB continues to exert a greater focus on recurrent savings and identification of further opportunities to support the continued reduction in the underlying deficit.

ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 9 position which is in line with the profiled deficit within the Annual Operational Plan.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** that the UHB has an accepted one year operational plan that has a planned deficit of £9.900m for the year;
- **NOTE** the £7.428m deficit at month 8 which includes a planning deficit of £7.425m and budget overspends of £0.003m;
- **NOTE** the key concerns and actions being taken to manage risks.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Appendix 1

Month 9 In-Year Effect

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall at Performance Review Month 9
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	6,600	6,952	122	7,074	150	-474
Specialist Services	4,038	3,712	396	4,108	618	-70
CD&T	3,442	2,655	853	3,509	941	-67
Mental Health	2,940	2,870	70	2,940	20	0
Medicine	3,754	3,259	513	3,771	584	-17
Capital Estates and Facilities	2,580	1,822	758	2,580	133	0
Surgery	4,714	4,100	439	4,538	1,398	176
Children & Women	3,550	2,508	745	3,253	569	297
Corporate Execs	1,362	1,128	23	1,151	457	211
Dental	800	233	0	233	84	567
Total	33,780	29,239	3,918	33,157	4,954	623

2018-19 Full Year Effect

	18-19 Target	Identified Green	Clinical Board - Amber	Total Green & Amber	Pipeline Red	Surplus at Performance Review Month 9
	(£)	(£)	(£)	(£)	(£)	£
PCIC	4,950	5,666	122	5,788	424	-838
Specialist Services	3,029	2,418	612	3,030	828	-1
CD&T	2,582	1,072	1,621	2,694	1,036	-112
Mental Health	2,205	1,812	30	1,842	20	363
Medicine	2,816	3,660	93	3,753	830	-937
Capital Estates and Facilities	1,935	864	1,145	2,009	380	-74
Surgery	3,535	3,054	492	3,545	2,674	-10
Children & Women	2,663	1,632	920	2,552	774	110
Corporate Execs	1,022	532	13	545	491	477
Dental	600	94	0	94	110	506
Total	25,335	20,804	5,048	25,852	7,567	-518

Appendix 2

BALANCE SHEET AS AT 31st DECEMBER 2018

	Opening Balance 1 st April 2018	Closing Balance 31 st December 2018
Non-Current Assets	£'000	£'000
Property, plant and equipment	657,424	666,560
Intangible assets	2,245	1,728
Trade and other receivables	57,469	43,960
Other financial assets		
Non-Current Assets sub total	717,138	712,248
Current Assets		
Inventories	15,697	16,802
Trade and other receivables	166,189	160,410
Other financial assets	0	0
Cash and cash equivalents	1,856	3,808
Non-current assets classified as held for sale	0	206
Current Assets sub total	183,742	181,226
TOTAL ASSETS	900,880	893,474
Current Liabilities		
Trade and other payables	180,290	149,680
Other financial liabilities	0	0
Provisions	120,512	110,605
Current Liabilities sub total	300,802	260,285
NET ASSETS LESS CURRENT LIABILITIES	600,078	633,189
Non-Current Liabilities		
Trade and other payables	9,635	9,205
Other financial liabilities	0	0
Provisions	60,471	41,234
Non-Current Liabilities sub total	70,106	50,439
TOTAL ASSETS EMPLOYED	529,972	582,750
FINANCED BY:		
Taxpayers' Equity		
General Fund	417,207	461,371
Revaluation Reserve	112,765	119,685
Total Taxpayers' Equity	529,972	581,056

Appendix 3

CASH FLOW FORECAST AS AT 31st DECEMBER 2018

	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	63,975	79,230	68,464	910,579
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	1,600	1,818	19,378
WG Revenue Funding - Other (e.g. invoices)	3,850	3,165	2,366	2,378	2,618	2,391	1,255	1,503	1,255	1,255	1,496	5,839	29,371
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	14,015	55,670
Sale of Assets	0	0	0	170	0	0	0	0	0	0	0	1,690	1,860
Income from other Welsh NHS Organisations	32,230	31,149	46,893	34,472	39,938	29,879	37,489	45,120	34,533	37,554	33,731	35,741	438,729
Other - (Specify in narrative)	8,139	5,359	5,198	14,605	8,136	6,049	14,735	9,650	7,569	12,128	6,950	8,955	107,473
TOTAL RECEIPTS	139,864	128,883	148,087	116,485	142,022	106,249	127,924	143,838	127,452	119,727	126,007	136,522	1,563,060
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	4,189	4,188	6,583	63,237
Primary Care Services : Pharmacy Services	134	135	123	106	128	131	134	123	267	497	250	250	2,278
Primary Care Services : Prescribed Drugs & Appliances	7,008	7,632	15,311	3	15,555	3	7,339	15,141	7,635	0	7,585	7,585	90,797
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	1,835	1,835	22,027
Non Cash Limited Payments	1,958	2,086	2,111	2,093	2,040	2,215	2,079	2,043	2,262	2,193	2,100	2,100	25,280
Salaries and Wages	47,471	47,804	47,732	47,215	47,922	47,429	47,642	51,990	52,780	49,830	48,964	48,710	585,489
Non Pay Expenditure	54,604	51,324	57,727	54,191	44,288	43,936	53,164	50,695	42,795	54,486	48,861	49,968	606,039
Capital Payment	12,496	1,679	1,935	2,308	6,758	2,324	2,290	3,351	2,560	2,714	3,329	15,787	57,531
Other items (Specify in narrative)	8,721	8,960	17,124	3,343	15,476	3,933	8,996	15,181	10,602	3,222	8,980	10,118	114,656
TOTAL PAYMENTS	139,414	125,584	151,996	116,141	137,914	108,123	127,883	144,359	127,437	119,455	126,092	142,936	1,567,334
Net cash inflow/outflow	450	3,299	(3,909)	344	4,108	(1,874)	41	(521)	15	272	(85)	(6,414)	
Balance b/f	1,856	2,306	5,605	1,696	2,040	6,148	4,274	4,315	3,794	3,809	4,081	3,996	
Balance c/f	2,306	5,605	1,696	2,040	6,148	4,274	4,315	3,794	3,809	4,081	3,996	(2,418)	

Appendix 4

PROGRESS AGAINST CRL AS AT 31st DECEMBER 2018

Approved CRL issued December 14 th 2018 £'000s			42,620			
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	10,976	8,305	(2,671)	13,990	13,990	0
CRI Safeguarding	548	430	(118)	548	430	(118)
Rookwood Emergency Works	290	94	(196)	499	499	0
Anti Ligature Works	100	152	52	100	152	52
UHW Interventional Radiology Suite	500	1,054	554	500	1,069	569
Acceleration and implementation of National Clinical Systems	43	43	0	597	597	0
Reurbishment of the Renal Facilities at UHW	655	434	(221)	1,197	1,149	(48)
Purchase of Woodland House	2,950	3,996	1,046	2,950	3,996	1,046
Rookwood Replacement	936	99	(837)	4,420	4,420	0
ETTF Funding re BEST Software for ALAC	0	10	10	21	21	0
UHL Theatres	0	17	17	1,000	1,000	0
IM&T Discretionary	0	0	0	1,786	1,786	0
Digital Cellular Path	0	0	0	124	124	0

Workforce Key Performance Indicators November 2018

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%	4.92%	5.18%	↑ 0.04%	4.60%	YTD is cumulative rate from April to date
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	4.82%	5.37%	↑ 0.07%	4.20%	All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%	37.73%	37.73%	↑ 0.80%	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%	6.71%	6.71%	↑ 0.27%	6.34%	Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	-0.03%	0.41%	↑ 0.07%	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%	8.45%	8.00%	↓ 0.08%	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		13774.31	↓ 67.11 WTE	No target	
7. Actual (Contracted) WTE	12738.43		12933.54	↑ 119.36 WTE	No target	
8. Fire Safety Mandatory Training Rate	65.32%	65.50%	65.50%	↓ 0.51%	85.00%	YTD is 12-month cumulative rate
9. PADR Rate	57.19%				85.00%	YTD is 12-month cumulative rate

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> • Nurse Recruitment: The November 2018 nurse vacancy rate at Band 5 was 13.95% (273 vacancies), up by 3.72% from November 2017. Turnover has risen by 0.13% over the same period to 12.51%. There has been a net decrease of 43 wte fewer in post, and 76 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. • PADR: The whole PADR process and documentation is currently being reviewed and links being explored to incorporate the talent management discussion. A survey has been developed to explore and understand why PADRs are not taking place and will be circulated shortly. Further training dates have been planned; also the document for recording PADRs has been updated to incorporate the revised values and behaviours framework. 	

- **Medical Recruitment:** As at end of November 2018 there are 29.00 WTE hard-to-fill vacancies, 4 WTE of which are consultant posts. This represents 2.05% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts.
- **Statutory and Mandatory Training:** Mandatory November is planned and bookings being taken. The uploading of the Training Needs Analysis (TNA) into ESR for mandatory training (level 1 awareness raising) is currently being finalised; the modules that have been successfully updated are Resuscitation and Dementia, there is still some work taking place with Mental Capacity Act and Violence and Aggression. Staff are able to view, via the ESR compliance matrix, the mandatory training they are required to undertake along with the specified refresher period. Phase 2 will involve identifying level 2 and 3 training requirements for each role, this will be uploaded into ESR over the next couple of months. The process for how staff are invited to attend the Corporate Induction programmes has recently changed and candidates are now being booked on via Trac at 'offer accepted' stage. These means staff are attended Corporate Induction and Mandatory Training much closer to their employment start date.
- **Staff Engagement:** The results of the national and local surveys were formally launched on the 1st October and Quality Health presented to the Executive Team on the 8th October 2018. Clinical Board level reports have been provided to the Heads of Workforce for inclusion in their local engagement plans. 76 managers have attended the Values Based Recruitment training, with further workshops planned until end March 2019. Also, an evaluation workshop is being held in November 2018 to review how the process is working in practice.
- **Employee Wellbeing:** 76 people self-referred to EWS in October. 47 people attended a 1st appointment, 11 people were then discharged, having been signposted to a range of interventions. A total of 134 appointments were attended. Anxiety and Stress were the most common reason for referral.

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

	WTE	Target	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Corporate	679.68	2.59%	2.37%	2.48%	2.64%	2.69%	2.71%	3.79%	3.72%	3.71%	3.53%	3.34%	3.16%	3.11%	3.13%
CDT	2107.39	3.68%	3.76%	3.81%	3.87%	3.93%	3.96%	3.53%	3.56%	3.59%	3.60%	3.60%	3.55%	3.53%	3.51%
Dental	404.62	3.39%	3.48%	3.48%	3.50%	3.50%	3.54%	3.89%	4.44%	4.61%	4.80%	4.73%	4.52%	4.38%	4.27%
Children & Women	1743.75	4.30%	4.40%	4.54%	4.70%	4.77%	4.74%	3.99%	3.93%	4.00%	4.17%	4.34%	4.41%	4.49%	4.52%
Surgical Services	1746.60	4.42%	4.66%	4.78%	4.88%	4.94%	4.90%	4.63%	4.55%	4.58%	4.58%	4.63%	4.62%	4.64%	4.63%
Specialist Services	1685.30	4.12%	4.13%	4.23%	4.39%	4.49%	4.52%	5.05%	4.99%	4.80%	4.77%	4.81%	4.86%	4.97%	5.01%
PCIC	664.93	4.67%	4.93%	5.09%	5.24%	5.32%	5.19%	4.41%	4.87%	4.92%	5.26%	5.44%	5.54%	5.62%	5.75%
Medicine	1588.72	5.16%	5.51%	5.55%	5.65%	5.74%	5.75%	5.16%	5.20%	5.37%	5.56%	5.71%	5.84%	5.99%	6.04%
Mental Health	1232.09	6.09%	6.71%	6.90%	6.98%	6.97%	6.81%	5.06%	5.38%	5.75%	5.89%	5.92%	6.00%	6.05%	6.08%
Capital, Estates & Facilities	1080.45	7.05%	7.70%	7.93%	8.07%	7.98%	7.88%	5.89%	5.29%	5.26%	5.48%	5.77%	5.93%	6.24%	6.49%
uHB	12933.54	4.60%	4.82%	4.93%	5.05%	5.10%	5.07%	4.56%	4.56%	4.62%	4.70%	4.78%	4.81%	4.88%	4.92%

> 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 October 2017 to March 2018, as shown in each of the 3 matrices, are based on the 2017-18 sickness targets (overall 4.20%).

Sickness Rate (In-Month)

	WTE	Target	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Corporate	679.68	2.59%	3.42%	3.38%	4.11%	3.51%	3.39%	3.79%	3.65%	3.71%	3.00%	2.59%	2.23%	2.82%	3.20%
CDT	2107.39	3.68%	4.28%	4.29%	4.47%	4.73%	4.39%	3.53%	3.59%	3.67%	3.61%	3.60%	3.32%	3.40%	3.33%
Dental	404.62	3.39%	3.24%	3.64%	3.75%	3.69%	4.31%	3.89%	4.98%	4.95%	5.37%	4.42%	3.51%	3.56%	3.47%
Surgical Services	1746.60	4.42%	5.15%	5.76%	5.85%	5.70%	4.48%	4.63%	4.47%	4.64%	4.58%	4.81%	4.57%	4.77%	4.55%
Children & Women	1743.75	4.30%	5.15%	5.63%	6.15%	5.54%	4.53%	3.99%	3.88%	4.14%	4.67%	4.99%	4.79%	4.93%	4.76%
Specialist Services	1685.30	4.12%	4.30%	5.12%	5.81%	5.47%	4.77%	5.05%	4.93%	4.42%	4.68%	4.99%	5.10%	5.60%	5.27%
Mental Health	1232.09	6.09%	8.33%	8.31%	7.56%	7.05%	5.45%	5.06%	5.69%	6.51%	6.28%	6.03%	6.40%	6.39%	6.29%
Medicine	1588.72	5.16%	5.50%	5.85%	6.47%	6.60%	5.83%	5.16%	5.24%	5.73%	6.10%	6.32%	6.50%	6.86%	6.42%
PCIC	664.93	4.67%	5.90%	6.46%	6.81%	6.38%	4.06%	4.41%	5.31%	5.02%	6.24%	6.18%	6.03%	6.04%	6.67%
Capital, Estates & Facilities	1080.45	7.05%	8.03%	9.74%	9.26%	7.03%	6.79%	5.89%	4.70%	5.22%	6.11%	6.91%	6.74%	8.08%	8.21%
uHB	12933.54	4.60%	5.37%	5.85%	6.08%	5.70%	4.88%	4.56%	4.56%	4.73%	4.96%	5.08%	4.98%	5.29%	5.18%

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

Sickness Rate (12- Month Cumulative)

	WTE	Target	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Corporate	679.68	2.59%	2.42%	2.41%	2.55%	2.58%	2.71%	2.88%	3.01%	3.16%	3.21%	3.28%	3.28%	3.29%	3.29%
CDT	2107.39	3.68%	3.75%	3.81%	3.83%	3.86%	3.96%	4.09%	4.08%	4.08%	4.08%	4.05%	3.94%	3.90%	3.82%
Dental	404.62	3.39%	3.70%	3.64%	3.50%	3.49%	3.54%	3.77%	3.82%	3.90%	4.15%	4.16%	4.12%	4.10%	4.13%
Children & Women	1743.75	4.30%	4.49%	4.59%	4.66%	4.70%	4.74%	4.78%	4.79%	4.75%	4.74%	4.81%	4.85%	4.84%	4.83%
Surgical Services	1746.60	4.42%	4.78%	4.89%	4.93%	4.96%	4.90%	4.91%	4.94%	4.99%	5.02%	5.01%	4.95%	4.91%	4.90%
Specialist Services	1685.30	4.12%	4.28%	4.35%	4.40%	4.40%	4.52%	4.57%	4.69%	4.68%	4.72%	4.87%	4.89%	5.01%	5.10%
PCIC	664.93	4.67%	4.96%	5.15%	5.28%	5.38%	5.19%	5.18%	5.28%	5.39%	5.52%	5.55%	5.67%	5.68%	5.80%
Medicine	1588.72	5.16%	5.49%	5.49%	5.53%	5.63%	5.75%	5.74%	5.79%	5.78%	5.78%	5.77%	5.82%	5.95%	6.09%
Mental Health	1232.09	6.09%	6.56%	6.70%	6.84%	6.84%	6.81%	6.76%	6.66%	6.67%	6.65%	6.60%	6.59%	6.55%	6.41%
Capital, Estates & Facilities	1080.45	7.05%	7.60%	7.83%	7.99%	7.96%	7.88%	7.83%	7.61%	7.43%	7.25%	7.06%	7.06%	7.10%	7.06%
uHB	12933.54	4.60%	4.86%	4.94%	5.01%	5.04%	5.07%	5.11%	5.12%	5.12%	5.13%	5.14%	5.13%	5.15%	5.15%

> 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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Dental	345.85	6.34%	3.27%	3.09%	2.54%	2.38%	2.73%	3.10%	2.95%	3.12%	2.89%	4.18%	3.16%	2.79%	3.37%
Capital, Estates & Facilities	1073.19	6.34%	4.35%	4.46%	4.74%	4.37%	4.20%	4.07%	3.86%	4.23%	4.28%	4.65%	4.63%	4.35%	4.48%
Mental Health	1199.97	6.34%	5.70%	5.51%	5.62%	5.55%	5.72%	5.60%	5.18%	5.25%	5.15%	5.70%	5.21%	5.12%	5.47%
Specialist Services	1521.49	6.34%	7.28%	6.96%	6.46%	6.66%	6.96%	7.09%	6.92%	6.81%	6.81%	6.71%	6.41%	6.49%	6.37%
Medicine	1456.18	6.34%	7.22%	7.14%	6.81%	6.91%	7.02%	6.79%	6.77%	6.42%	6.49%	6.67%	6.86%	6.62%	6.48%
Surgical Services	1488.88	6.34%	5.92%	5.63%	5.80%	5.62%	5.92%	5.99%	6.00%	6.32%	6.56%	6.44%	6.61%	6.37%	6.99%
Children & Women	1574.10	6.34%	5.73%	5.46%	5.39%	5.29%	5.64%	5.72%	5.58%	6.01%	6.11%	6.93%	7.08%	6.62%	7.19%
Corporate	681.60	6.34%	6.71%	7.14%	7.13%	6.77%	6.51%	6.22%	5.90%	6.44%	7.04%	7.29%	7.43%	7.20%	7.55%
CDT	2023.98	6.34%	6.46%	6.81%	6.68%	7.04%	6.98%	7.40%	7.48%	7.01%	6.96%	7.41%	7.58%	7.53%	7.69%
PCIC	660.23	6.34%	10.86%	10.86%	9.99%	10.22%	10.37%	10.37%	10.63%	10.36%	10.23%	10.65%	9.43%	9.30%	10.01%
uHB	12025.48	6.34%	6.38%	6.33%	6.19%	6.20%	6.34%	6.38%	6.29%	6.31%	6.37%	6.69%	6.63%	6.44%	6.71%

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

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Worked WTE	12897.38	13038.92	12977.01	12997.31	13035.00	13049.31	12991.99	12996.03	12797.28	12737.56	12905.15	12878.15	12996.81	13089.88
Establishment WTE	13519.36	13510.43	13517.18	13474.49	13514.62	13554.74	13656.97	13834.54	13736.93	13731.17	13752.65	13786.49	13719.38	13774.31
Actual (Contracted) WTE	12684.55	12771.19	12830.08	12800.43	12789.43	12738.43	12774.81	12717.21	12685.27	12778.46	12687.47	12718.97	12838.32	12933.54

Change since March 18
40.57
219.57
195.11

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

	Headcount	% With No Recorded Plan	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
PCIC	11	9.09%	70.00%	70.00%	70.00%	77.78%	100.00%	100.00%	88.89%	63.64%	66.67%	66.67%	61.54%	53.85%	90.91%	Under 75%
Surgical Services	189	4.23%	11.64%	24.74%	23.94%	71.96%	71.28%	70.21%	70.05%	64.52%	63.98%	62.90%	59.57%	55.03%	54.50%	75% - 85%
Dental	57	14.04%	73.68%	76.79%	79.63%	77.78%	74.07%	70.91%	72.22%	68.52%	67.27%	69.64%	53.45%	52.63%	50.88%	Over 85%
Specialist Services	114	5.26%	38.39%	33.04%	33.63%	30.09%	32.74%	31.03%	42.31%	46.15%	47.12%	43.52%	41.82%	41.23%	40.35%	
Children & Women	119	13.45%	66.04%	61.68%	57.41%	54.21%	53.27%	52.78%	50.91%	45.95%	39.66%	41.88%	38.14%	35.90%	36.13%	
Mental Health	51	21.57%	43.75%	40.43%	35.42%	28.57%	22.45%	18.37%	17.39%	17.78%	16.67%	11.76%	11.54%	11.54%	23.53%	
Medicine	106	9.43%	43.40%	41.12%	39.62%	44.23%	45.28%	42.86%	40.95%	42.45%	43.40%	34.26%	24.07%	20.56%	20.75%	
CDT	66	1.52%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%	
Capital, Estates & Facilities																
Corporate																
uHB	713	8.56%	39.22%	40.90%	39.71%	51.31%	50.80%	48.99%	50.15%	48.83%	46.68%	44.44%	39.47%	36.92%	37.73%	

Source - ESR

Note:

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

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
PCIC	7	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75.00%	77.78%	77.78%	77.78%	66.67%	100.00%
Dental	21	0.00%	90.48%	95.24%	100.00%	95.24%	90.00%	85.00%	95.00%	90.00%	85.00%	85.71%	80.00%	76.19%	76.19%
Surgical Services	181	3.31%	12.09%	25.14%	24.31%	74.18%	73.48%	72.38%	72.22%	66.85%	66.29%	65.17%	61.67%	56.91%	56.35%
Specialist Services	104	5.77%	43.00%	37.00%	37.62%	33.66%	34.31%	32.38%	45.16%	49.46%	50.00%	45.92%	44.00%	43.27%	42.31%
Children & Women	101	13.86%	70.11%	64.77%	60.23%	55.06%	56.18%	52.81%	50.55%	46.15%	41.05%	43.75%	41.24%	39.80%	39.60%
Mental Health	31	22.58%	46.67%	41.38%	36.67%	25.81%	16.67%	23.33%	25.00%	25.00%	24.14%	16.13%	16.13%	16.13%	35.48%
Medicine	89	10.11%	50.00%	47.19%	45.45%	51.16%	52.27%	49.43%	47.67%	49.43%	49.43%	38.20%	26.67%	22.22%	23.60%
CDT	66	1.52%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%	26.15%	15.38%	14.06%	10.77%	9.09%	6.06%
Capital, Estates & Facilities															
Corporate															
uHB	600	7.17%	39.69%	41.45%	40.31%	53.89%	53.02%	51.21%	53.36%	52.28%	49.91%	47.10%	42.91%	40.00%	40.83%

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
PCIC	4	25.00%	25.00%	25.00%	25.00%	33.33%	100.00%	100.00%	50.00%	33.33%	33.33%	33.33%	25.00%	25.00%	75.00%
Dental	36	22.22%	63.89%	65.71%	66.67%	66.67%	64.71%	62.86%	58.82%	55.88%	57.14%	60.00%	39.47%	38.89%	36.11%
Specialist Services	10	0.00%	0.00%	8.33%	8.33%	0.00%	18.18%	18.18%	18.18%	18.18%	20.00%	20.00%	20.00%	20.00%	20.00%
Children & Women	18	11.11%	47.37%	47.37%	45.00%	50.00%	38.89%	52.63%	52.63%	45.00%	33.33%	33.33%	23.81%	15.79%	16.67%
Surgical Services	8	25.00%	0.00%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%	12.50%	12.50%	12.50%	12.50%	12.50%	12.50%
Medicine	17	5.88%	11.11%	11.11%	11.11%	11.11%	11.11%	11.11%	10.53%	10.53%	15.79%	15.79%	11.11%	11.76%	5.88%
Mental Health	20	20.00%	38.89%	38.89%	33.33%	33.33%	31.58%	10.53%	5.56%	5.88%	5.26%	5.00%	4.76%	4.76%	5.00%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	113	15.93%	36.84%	38.05%	36.61%	37.61%	39.09%	37.50%	33.64%	31.25%	30.43%	31.03%	22.50%	20.87%	21.24%

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

	Budget	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	April-18 to Date (£)
PCIC	£31,776,011	-2.85%	-2.57%	-2.67%	-2.68%	-2.02%	-4.27%	-3.12%	-2.61%	-2.50%	-2.90%	-2.64%	-2.50%	-2.46%	-£531,516
Specialist Services	£84,207,669	-0.85%	-0.97%	-0.94%	-0.79%	-0.89%	-1.87%	-1.96%	-1.69%	-1.95%	-2.05%	-2.27%	-2.24%	-1.90%	-£1,106,051
Corporate	£30,421,782	-0.90%	-0.95%	-0.91%	-0.89%	-1.58%	1.25%	0.86%	1.64%	0.71%	-0.13%	-0.58%	-1.18%	-1.38%	-£289,170
Dental	£16,992,555	0.04%	0.08%	0.06%	0.17%	0.10%	-3.13%	-2.09%	-1.65%	-1.82%	-1.64%	-1.54%	-1.42%	-1.18%	-£137,914
Capital, Estates & Facilities	£28,395,275	-0.22%	-0.26%	-0.11%	-0.22%	0.04%	2.51%	0.90%	1.53%	-0.23%	-0.72%	-0.53%	-0.70%	-0.71%	-£141,316
CDT	£81,987,487	-0.71%	-0.44%	-0.46%	-0.48%	-0.40%	-0.29%	-0.45%	-0.65%	-0.72%	-0.18%	-0.21%	-0.31%	-0.22%	-£125,841
Mental Health	£50,813,728	-0.69%	-0.81%	-0.94%	-1.02%	-0.86%	1.68%	1.20%	1.32%	1.35%	1.29%	1.07%	0.53%	0.39%	£136,624
Surgical Services	£90,927,699	-1.36%	-1.56%	-1.88%	-1.90%	-1.78%	1.08%	0.09%	-0.40%	-0.15%	0.13%	0.05%	0.39%	0.46%	£293,767
Children & Women	£78,330,148	0.40%	0.55%	0.45%	0.49%	0.50%	0.37%	0.30%	0.55%	0.66%	0.65%	0.59%	0.81%	0.88%	£468,707
Medicine	£79,164,932	2.14%	1.97%	1.88%	1.79%	1.76%	1.64%	2.07%	2.18%	2.03%	2.19%	2.26%	2.27%	2.32%	£1,280,766
uHB	£583,455,771	-0.34%	-0.35%	-0.44%	-0.44%	-0.43%	0.16%	-0.04%	0.05%	-0.07%	-0.03%	-0.10%	-0.10%	-0.03%	-£111,658

Over Budget
Under Budget

Note:

The pay budget for November 2018 was £56,627,016 and the pay bill was £56,858,547. This represents an overspend of £231,531. 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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Corporate	£30,421,782	2.67%	2.60%	2.53%	2.52%	2.53%	2.84%	2.48%	2.29%	2.24%	2.32%	2.32%	2.30%	2.38%
Dental	£16,992,555	2.51%	2.47%	2.56%	2.75%	2.84%	2.32%	2.79%	2.92%	2.99%	3.15%	3.22%	3.18%	2.88%
Capital, Estates & Facilities	£28,395,275	5.27%	5.10%	5.28%	5.25%	5.50%	5.49%	6.30%	5.73%	3.27%	3.12%	3.32%	3.46%	3.63%
PCIC	£31,776,011	3.65%	3.75%	3.79%	3.88%	3.98%	3.23%	3.62%	3.40%	3.77%	3.74%	3.79%	3.84%	3.81%
Children & Women	£78,330,148	4.73%	4.69%	4.64%	4.68%	5.04%	4.41%	4.68%	4.96%	5.02%	5.14%	5.15%	5.13%	4.91%
CDT	£81,987,487	4.54%	4.51%	4.56%	4.71%	5.00%	5.30%	5.46%	5.39%	5.15%	5.36%	5.24%	5.14%	5.03%
Specialist Services	£84,207,669	7.53%	7.46%	7.47%	7.54%	7.98%	7.73%	7.78%	8.15%	8.59%	8.54%	8.54%	8.54%	8.61%
Surgical Services	£90,927,699	8.99%	8.87%	8.91%	9.13%	9.43%	9.58%	9.44%	9.55%	9.79%	9.98%	10.08%	10.34%	10.43%
Mental Health	£50,813,728	10.16%	10.16%	10.21%	10.30%	10.55%	10.56%	10.97%	11.18%	11.42%	11.48%	11.40%	11.32%	11.12%
Medicine	£79,164,932	16.13%	16.05%	16.09%	16.22%	16.60%	18.90%	18.37%	18.03%	17.95%	17.83%	17.86%	17.79%	17.67%
uHB	£583,455,771	7.72%	7.66%	7.70%	7.81%	8.06%	8.43%	8.46%	8.47%	8.46%	8.52%	8.52%	8.53%	8.45%

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 0.73% higher than for November 2017. The proportion of the paybill attributable to bank and agency for November 2018 (5.55%) is 0.76% higher than for November 2017.

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Dental	589	87.59%	87.92%	88.84%	88.94%	89.21%	88.70%	88.46%	88.41%	88.23%	87.75%	85.54%	85.16%	85.55%
CDT	2423	80.33%	80.10%	80.28%	80.51%	80.18%	79.03%	80.86%	80.73%	80.34%	79.71%	79.35%	79.94%	81.17%
Corporate	789	78.00%	78.51%	79.37%	81.03%	81.46%	81.93%	81.86%	81.38%	81.41%	80.77%	80.24%	80.31%	80.30%
Children & Women	2177	70.53%	71.65%	73.94%	76.33%	77.07%	80.78%	79.12%	79.49%	80.02%	80.16%	78.17%	77.96%	78.08%
PCIC	913	71.52%	72.24%	71.99%	73.24%	74.12%	75.92%	76.48%	77.56%	77.70%	77.01%	75.83%	76.29%	76.31%
Mental Health	1424	63.14%	64.06%	66.31%	68.33%	69.59%	72.29%	74.24%	74.83%	75.30%	75.27%	75.21%	75.49%	75.37%
Capital, Estates & Facilities	1256	60.15%	63.58%	64.30%	66.43%	65.04%	62.42%	61.05%	60.36%	64.87%	66.45%	67.74%	70.53%	74.86%
Medicine	1814	60.93%	62.65%	65.63%	67.46%	67.52%	68.71%	69.93%	71.45%	70.93%	71.67%	70.86%	70.65%	70.36%
Specialist Services	1870	64.96%	65.56%	67.09%	68.25%	68.44%	69.14%	70.13%	71.27%	72.27%	72.50%	70.34%	69.95%	70.29%
Surgical Services	1991	57.32%	59.49%	59.81%	60.27%	61.21%	62.71%	64.71%	65.54%	65.35%	65.76%	64.73%	64.41%	64.67%
uHB	15246	68.00%	69.14%	70.41%	71.73%	72.04%	73.01%	73.67%	74.14%	74.61%	74.76%	73.87%	74.11%	74.73%

Under 75%
75% - 85%
Over 85%

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

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Equality	15246	74.01%	75.26%	75.78%	76.54%	76.81%	77.83%	78.69%	79.16%	79.78%	79.87%	79.41%	79.79%	80.53%
Fire	15246	60.63%	61.57%	63.37%	64.74%	65.32%	66.98%	66.68%	66.51%	67.61%	67.56%	66.35%	66.01%	65.50%
Health & Safety	15246	76.75%	78.01%	78.81%	79.67%	80.22%	80.56%	81.79%	82.58%	83.11%	82.67%	81.76%	81.96%	82.58%
IPC	15246	76.97%	78.17%	78.87%	79.48%	79.82%	80.50%	82.24%	82.93%	82.85%	82.60%	81.69%	81.25%	81.47%
Information Governance	15246	69.77%	70.54%	71.16%	71.45%	70.69%	70.33%	68.20%	68.00%	68.49%	69.54%	67.70%	68.53%	69.60%
Manual Handling	15246	66.76%	67.63%	67.43%	69.15%	69.13%	69.13%	69.61%	69.86%	70.00%	70.74%	69.05%	68.49%	69.49%
Resuscitation	15246	44.46%	45.46%	50.67%	53.91%	53.87%	56.81%	59.28%	60.46%	61.53%	61.57%	62.29%	64.26%	66.08%
Safeguarding Adults	15246	69.61%	71.11%	72.11%	73.59%	74.39%	75.62%	76.20%	76.54%	76.55%	76.44%	75.48%	75.91%	76.23%
Safeguarding Children	15246	70.48%	71.70%	72.67%	73.91%	74.52%	75.50%	75.95%	76.63%	77.11%	77.01%	76.16%	76.08%	76.81%
Violence & Aggression	15246	70.56%	71.97%	73.27%	74.81%	75.58%	76.79%	78.08%	78.78%	79.03%	79.64%	78.83%	78.78%	78.96%

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	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Capital, Estates & Facilities		30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	53.83%	55.18%	54.99%	50.53%	55.91%	
CDT		65.64%	63.96%	63.24%	60.92%	56.19%	63.27%	54.46%	51.56%	49.70%	48.73%	46.40%	49.11%	
Children & Women		64.43%	64.32%	66.58%	67.64%	60.74%	55.79%	63.52%	63.24%	64.04%	63.47%	62.88%	58.87%	
Corporate		57.29%	57.41%	57.16%	53.40%	52.56%	52.21%	52.67%	52.77%	52.85%	50.59%	50.59%	48.70%	
Dental		66.96%	68.94%	71.05%	70.11%	66.81%	68.12%	73.36%	68.21%	65.82%	64.21%	67.85%	63.98%	
Medicine		58.39%	58.94%	62.79%	62.92%	57.85%	60.00%	60.68%	60.27%	61.87%	62.62%	63.39%	62.94%	
Mental Health		52.27%	49.21%	50.04%	49.70%	50.80%	57.53%	59.93%	58.68%	63.66%	62.58%	62.91%	61.83%	
PCIC		80.95%	77.91%	75.90%	74.22%	68.60%	71.20%	74.88%	72.95%	72.10%	71.68%	66.40%	63.91%	
Specialist Services		68.43%	66.21%	65.57%	65.40%	62.46%	63.28%	64.54%	66.93%	66.41%	66.10%	65.32%	62.67%	
Surgical Services		57.83%	55.68%	53.20%	51.39%	48.07%	50.31%	52.08%	58.04%	52.31%	52.57%	53.17%	53.67%	
uHB		60.03%	60.32%	61.14%	59.40%	57.19%	58.66%	59.54%	57.61%	59.35%	59.00%	57.93%	57.52%	

Under 75%
75% - 85%
Over 85%

9a. Medical Appraisal Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
CDT		88.89%	88.89%	87.50%	85.92%	84.72%	86.11%	84.72%	83.56%	83.33%	84.72%	86.11%	87.67%	
Children & Women		83.48%	82.50%	84.17%	79.69%	71.23%	68.92%	70.83%	71.03%	68.97%	70.55%	71.23%	72.66%	
Corporate		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Dental		72.92%	71.43%	65.96%	63.83%	65.22%	62.50%	64.58%	63.83%	55.32%	62.00%	67.35%	70.00%	
Medicine		69.43%	70.20%	71.52%	71.05%	67.90%	67.90%	69.33%	70.12%	74.15%	73.97%	79.14%	82.14%	
Mental Health		73.77%	73.77%	73.33%	75.41%	75.00%	78.33%	80.33%	75.41%	79.03%	80.65%	79.03%	79.03%	
PCIC		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	
Specialist Services		73.46%	73.29%	75.32%	76.28%	76.58%	76.10%	76.25%	78.13%	77.56%	78.71%	80.00%	78.98%	
Surgical Services		81.61%	81.17%	79.28%	78.73%	78.03%	78.57%	79.82%	80.18%	84.21%	85.58%	86.06%	87.92%	
Capital, Estates & Facilities														
uHB		77.86%	77.71%	77.65%	76.83%	74.66%	74.49%	75.45%	75.68%	76.71%	78.04%	79.74%	81.10%	

Under 75%
75% - 85%
Over 85%

9a i. Consultant Medical Appraisal Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
CDT		88.89%	88.89%	87.50%	85.92%	85.92%	87.32%	85.92%	84.72%	84.51%	85.92%	87.32%	87.50%	
Children & Women		86.75%	87.88%	91.67%	87.50%	81.72%	77.42%	78.49%	78.95%	78.49%	79.79%	82.11%	83.87%	
Corporate		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Dental		80.00%	82.05%	75.68%	72.97%	72.97%	72.97%	72.97%	72.97%	64.86%	72.97%	77.78%	78.38%	
Medicine		87.63%	86.60%	85.57%	84.38%	85.57%	85.57%	87.63%	87.63%	87.50%	86.46%	86.60%	85.86%	
Mental Health		87.88%	87.88%	81.25%	84.38%	81.82%	87.88%	93.94%	84.85%	87.88%	90.91%	88.24%	90.91%	
PCIC		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Specialist Services		84.35%	84.21%	85.09%	83.33%	82.20%	84.75%	84.75%	84.75%	81.51%	84.03%	87.39%	87.18%	
Surgical Services		88.48%	87.89%	85.26%	85.11%	85.19%	86.32%	86.84%	87.30%	87.70%	88.77%	88.77%	90.81%	
Capital, Estates & Facilities														
uHB		86.99%	86.81%	85.78%	84.52%	83.57%	84.21%	84.98%	84.57%	83.67%	85.25%	86.53%	87.40%	

Under 75%
75% - 85%
Over 85%

9a ii. SAS Medical Appraisal Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Children & Women		88.24%	88.24%	82.35%	82.35%	88.89%	88.89%	88.24%	88.24%	82.35%	82.35%	82.35%	82.35%	
Dental		37.50%	30.00%	30.00%	30.00%	33.33%	27.27%	36.36%	30.00%	20.00%	30.77%	38.46%	46.15%	
Medicine		82.35%	82.35%	82.35%	82.35%	77.78%	72.22%	72.22%	73.68%	73.68%	73.68%	73.68%	94.44%	
Mental Health		75.00%	70.00%	75.00%	76.19%	76.19%	76.19%	76.19%	71.43%	77.27%	77.27%	76.19%	76.19%	
PCIC		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Specialist Services		66.67%	66.67%	66.67%	75.00%	72.73%	63.64%	72.73%	72.73%	80.00%	80.00%	80.00%	80.00%	
Surgical Services		100.00%	100.00%	100.00%	100.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	100.00%	
Capital, Estates & Facilities														
CDT														
Corporate														
uHB		76.83%	73.81%	73.81%	75.00%	75.00%	70.93%	71.76%	71.43%	71.43%	71.26%	72.09%	78.82%	

Under 75%
75% - 85%
Over 85%

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Children & Women		77.78%	66.67%	72.73%	53.85%	28.57%	28.57%	34.78%	31.82%	29.17%	37.50%	30.43%	30.00%	
Medicine		24.00%	25.00%	37.50%	40.00%	38.46%	42.31%	46.15%	46.15%	55.56%	55.56%	55.56%	44.44%	
Specialist Services		40.63%	40.63%	43.33%	51.85%	51.85%	42.86%	41.38%	51.72%	56.00%	56.00%	48.00%	48.00%	
Surgical Services		25.00%	25.00%	25.00%	28.57%	29.17%	29.17%	33.33%	33.33%	50.00%	46.15%	53.85%	46.15%	
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
Mental Health														
PCIC														
uHB		35.56%	35.87%	40.45%	43.02%	37.76%	36.36%	39.22%	41.58%	46.91%	48.75%	45.57%	42.86%	

Under 75%
75% - 85%
Over 85%

9a iv. Other Medical Appraisal Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
CDT						0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	
Children & Women		33.33%	33.33%	25.00%	33.33%	42.86%	50.00%	54.55%	54.55%	54.55%	45.45%	45.45%	33.34%	
Medicine		22.22%	15.38%	15.38%	13.33%	14.29%	14.29%	13.64%	18.18%	7.14%	7.69%	40.00%	100.00%	
Mental Health		12.50%	25.00%	37.50%	37.50%	33.33%	33.33%	28.57%	42.86%	42.86%	42.86%	42.86%	28.57%	
Specialist Services		33.33%	33.37%	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	40.00%	
Surgical Services		66.67%	75.00%	100.00%	100.00%	40.00%	20.00%	25.00%	25.00%	33.33%	66.67%	66.67%	75.00%	
Capital, Estates & Facilities														
Corporate														
Dental														
PCIC		100.00%	100.00%	100.00%	0.00%									
uHB		28.21%	31.43%	34.29%	32.43%	30.61%	31.37%	29.79%	34.04%	34.21%	30.56%	42.86%	51.61%	

Under 75%
75% - 85%
Over 85%

9b. Non-Medical PADR Rate

	Headcount	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Capital, Estates & Facilities	1253	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	52.11%	55.18%	54.99%	50.53%	55.91%	66.00%
CDT	2297	64.86%	63.15%	62.44%	60.11%	55.28%	62.37%	53.46%	50.29%	48.63%	47.59%	45.14%	47.88%	50.59%
Children & Women	1901	63.15%	63.11%	65.43%	66.81%	59.91%	54.90%	62.93%	63.22%	63.65%	62.90%	62.22%	57.86%	54.71%
Corporate	773	57.24%	57.36%	57.11%	53.34%	52.50%	52.15%	52.60%	52.11%	52.71%	52.79%	50.52%	48.63%	47.35%
Dental	431	66.25%	68.64%	71.64%	70.83%	66.99%	68.78%	74.39%	67.46%	66.98%	64.47%	67.91%	63.28%	62.41%
Medicine	1557	57.24%	57.85%	61.94%	62.23%	56.83%	59.18%	59.77%	59.68%	60.71%	61.54%	61.98%	61.22%	56.52%
Mental Health	1334	51.19%	48.03%	48.92%	48.46%	49.69%	56.57%	58.97%	58.46%	62.94%	61.74%	62.16%	61.02%	61.92%
PCIC	854	80.72%	77.64%	75.61%	73.97%	68.31%	70.92%	74.76%	71.97%	71.87%	71.45%	66.13%	63.62%	63.47%
Specialist Services	1594	67.88%	65.47%	64.57%	64.26%	61.04%	61.97%	63.33%	65.04%	65.31%	64.86%	63.87%	61.06%	59.85%
Surgical Services	1589	54.43%	52.13%	49.52%	47.43%	43.94%	46.28%	48.16%	48.27%	48.11%	48.23%	48.87%	49.22%	47.83%
uHB	13583	58.85%	59.21%	60.09%	59.40%	56.06%	57.60%	58.48%	57.61%	58.26%	57.80%	56.58%	56.07%	56.14%

Under 75%
75% - 85%
Over 85%

380.356493
1489.945946
1200.45656
442.4276486
285.5375
891.1981321
682.9201646
689.3226205
1082.066261
864.872914
7993.432131

REPORT TITLE:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT					
MEETING:	Local Partnership Forum			MEETING DATE:	06.02.19	
STATUS:	For Discussion		For Assurance		For Approval	For Information
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 November to December 2018.

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 following areas have been the focus of work in order to maintain patient safety quality and experience since the last Board report.

Pressure damage guidance - New guidance has just been issued by Welsh Government regarding the reporting of avoidable healthcare acquired pressure damage which the UHB will be implementing. This means that the UHB will now only report incidents of grade 3, 4 and

unstageable pressure damage retrospectively to WG when the conclusion of the investigation is that it was avoidable.

The number of serious incidents which are currently open with WG is 141. This number has increased significantly due to the previous requirement to report all cases of grade 3, 4 and unstageable pressure damage. Implementation of the revised guidance should see the number of reported serious incidents reduce and the UHB will monitor this over the next six months.

Concerns response times - The UHB continues to see a steady and sustained improvement in 30-day response times. It is very pleasing to note that, the latest overall Health Board performance in response to 30-day concerns is **84%**, which is an increase in comparison to 80% reported previously. The aim for 2018/ 19 was to achieve and sustain a response time of 80%. It is pleasing that the target has been exceeded.

Patient satisfaction - The Board should also be advised that patient satisfaction scores are being maintained at a sustained high level of 97% (UHW - 97%, UHL – 98%).

Regulation 28 - The UHB was issued with a Regulation 28 which related to the safe storage and security of patients' own medications. The management of patient's own medication is one which presents a particular challenge in the healthcare environment. Following the incident the UHB has carried out a benchmarking exercise across the UK and it does not appear that there is any one centre that has managed to put an effective solution in place. While patients are always encouraged to hand over all medication or to send it home with family, there are many practical issues that make this difficult to implement and monitor robustly. Medication is the patient's own property and they can refuse to hand it over should they wish. Staff would of course always have a discussion with the patient and the family with regards to the risk. It is not possible for staff to monitor patients' property on a continuous basis and there are occasions when family members bring in additional property for patients while they are in hospital and this may include medication. The UHB has responded fully to the Coroner while acknowledging the challenge of monitoring this and will continue to benchmark and seek an effective solution.

Car parking – the Health Board continues to see a number of concerns related to car parking.

Learning Disability Survey – the UHB is undertaking a retrospective survey of patients with learning disabilities and their carers, to capture their experience of our services.

RECOMMENDATION:

The Local Partnership Forum is asked to:

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

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

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

Sustainable development principle: 5 ways of working

Prevention

Long term

Integration

Collaboration

Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

November - December 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During November and December 2018, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Child with complex health needs died at home.
	1	Stillbirth.
	1	Neonatal death.
	1	A baby was accidentally given the incorrect dose of Oramorph.
Clinical Diagnostics and Therapeutics	1	Delay in family being contacted for the disposal of fetal remains.
Dental	1	Patient referral downgraded from urgent to routine. Patient subsequently diagnosed with squamous cell carcinoma.
Executive Nurse	1	PRUDiC - Parents found their baby collapsed at home, circumstances not yet confirmed but initial reports suggest co-sleeping.
Medicine	15	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.
	5	Falls where the patient sustained a significant injury. One patient sadly died and the death has been reported to the Coroner.
	1	Patient died and C Difficile is recorded on part of the death certificate.
	1	The UHB retrospectively reported the death of a patient with learning difficulties following receipt of an expert opinion.
	1	Patient who had undergone lumbar puncture in EU to exclude subarachnoid haemorrhage left the department against advice and was later found unresponsive in the toilet and died.

Mental Health	2	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	2	Falls where the patient sustained significant injury. One patient sadly died and the Coroner has been informed.
	5	Unexpected deaths of patient known to Mental Health Services. One of these patients was found hanging at home. The cause of deaths of the other patients are not yet confirmed.
	1	Self-harming behaviour, patient (under S 48/49 MHA) is believed to have drunk a bottle of hand gel plus other unknown substances.
	1	Patient was admitted to Critical Care. Patient known to Mental Health Services has injured a man in supported accommodation where they both lived. Patient is now in HMP and it is believed to be a premeditated incident and not related to his mental health.
Primary Care & Intermediate Care	20	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe
Specialist	14	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	Follow up processes not followed. Patient not started on anti-coagulation and subsequently had a stroke.
	1	Patient died whilst on cardiac surgery waiting list.
Surgery	9	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	Patient collapsed following orthopaedic surgery and found to have an embolus in her ventricle. Initial review identified concern that the patient may not have been administered apixaban in a timely manner post operatively.
	1	Patient not offered a follow up ophthalmology appointment and his eye sight has deteriorated significantly.
Total	88	

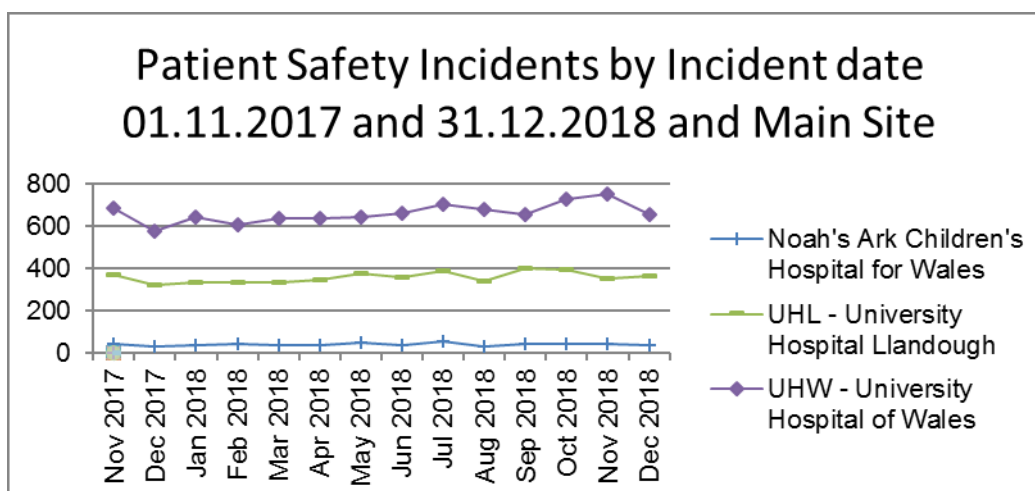
No Surprises		
Clinical Board	Number	Description
Children and Women	1	Legal and Risk Services supporting UHB in court proceedings regarding decisions for intubation and palliation of a child with a rare life limiting condition.

Medicine	1	CHC visited the Assessment Unit within Emergency Medicine. Critical report received which has been reported in local media.
	1	Various wards closed due to infection outbreaks.
Mental Health	1	Ombudsman's report received. Patient was detained under the MHA and placed in secure hospital in England. In March 2016 she was discharged from detention but due to a delay in aftercare being arranged and available, she remained as a voluntary patient until February 2017.
	1	Inpatient on MHA S37/41 was granted leave from the ward and failed to return as agreed. Did later return to the ward.
Surgery	1	Infection control incident.
Other Health Board	1	Three young people have been arrested in relation to the death of a 32-year-old man. One is known to CAMHS and resides in Cardiff.
Total	7	

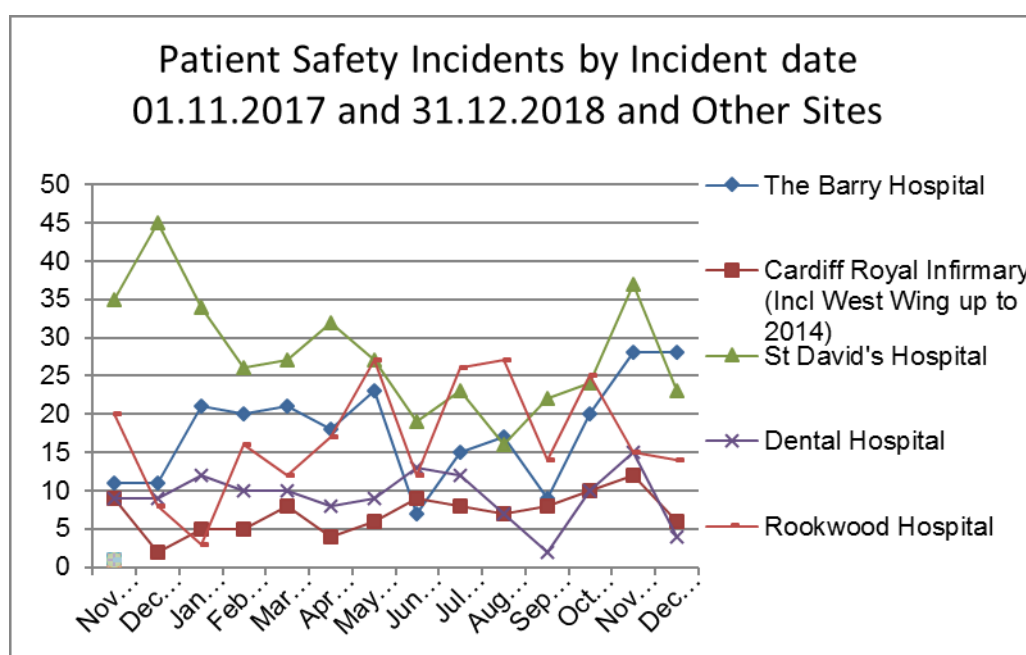
How do we compare to our Peers?

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

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the Health Board's Datix risk management system by main sites between November 2017 and December 2018. 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 graph below demonstrates the patient safety incidents reported on the Health Board's Datix risk management system by other sites between November 2017 and December 2018. The lower volume of incidents reported reflects the size and activity levels at the other sites.



Never Events

All Wales position

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

The UHB has not reported any new Never Events during this period.

What are we doing about it?

The Health Board currently has three Never Events open to Welsh Government. One investigation has been completed and the Clinical Board are finalising the improvement plan. The other two are currently under investigation.

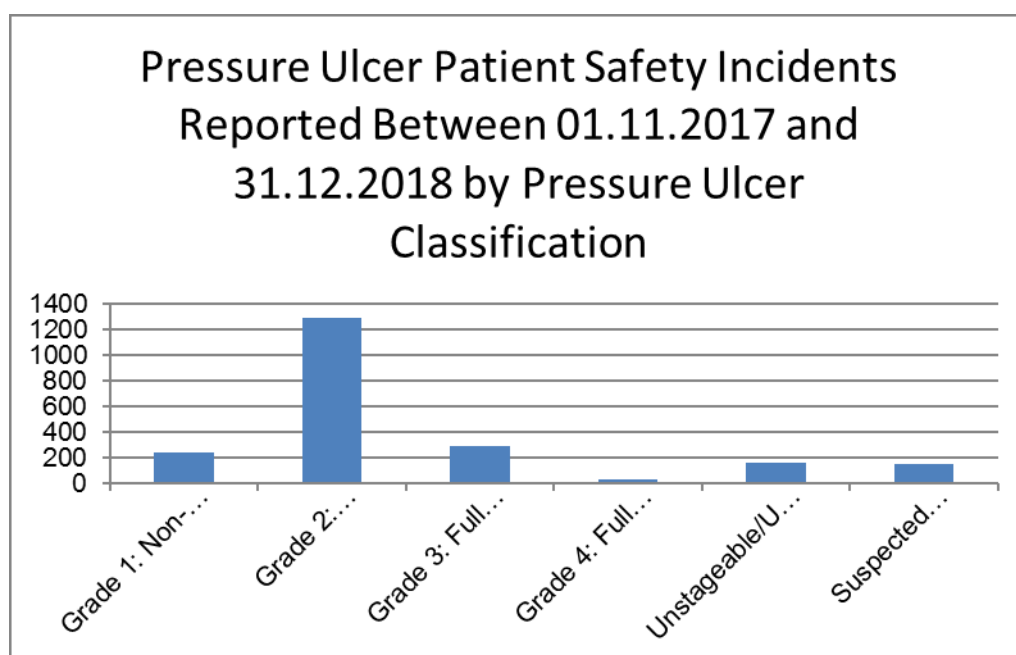
Since the last report to Board the Delivery Unit has issued assurance on a Never Event that was reported to Welsh Government in January 2018.

Pressure Ulcers

How are we doing?

Pressure ulcers are frequently reported on the Datix system however analysing the information is complex.

Between November 2017 and December 2018, 3,181 pressure ulcer incidents were reported on Datix. Of these, staff indicated that 2,150 (68%) were healthcare acquired. This means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed or deteriorated.



How do we compare with our Peers?

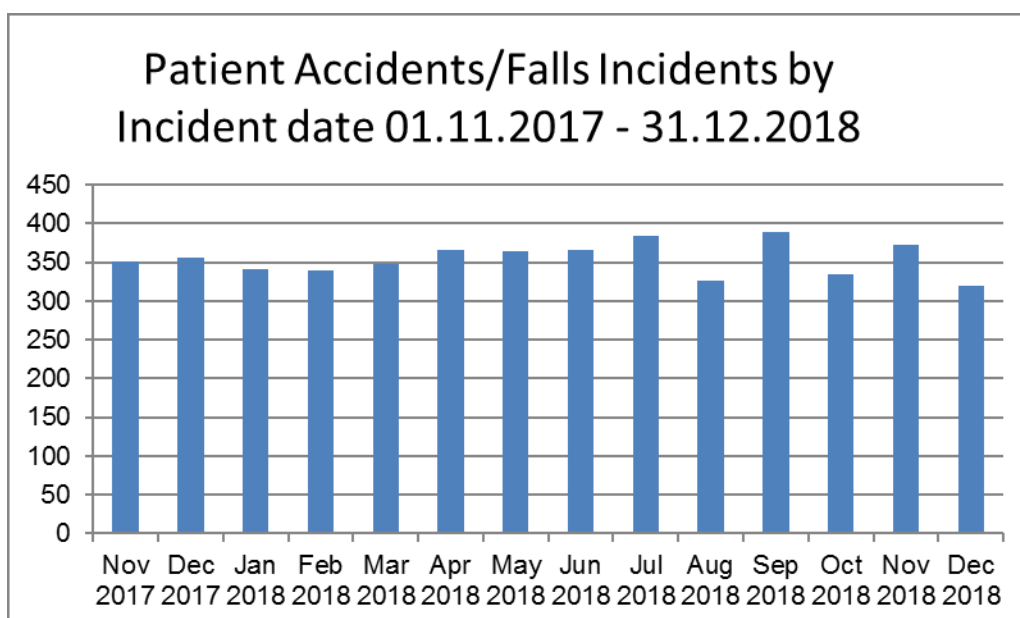
There is no benchmarking information available. The Patient Safety Manager visited colleagues in Aneurin Bevan Health Board who reported progress with internal procedures for pressure ulcer management. The Patient Safety Manager was reassured to note that our processes are aligned.

What are we doing about it?

Work is on-going with a UHB-wide Task and Finish Group looking at pressure ulcer prevention and management. New guidance has just been issued by Welsh Government regarding the reporting of avoidable healthcare acquired pressure damage which the UHB will be implementing. This means that the UHB is now only required to report pressure damage following an investigation which concluded that Grade 3, 4 or unstageable pressure damage was avoidable. It is anticipated that this will significantly reduce the number of serious incidents being reported on a monthly basis and allow more focused attention on learning and action to prevent pressure damage.

Patient Falls

Patient falls continue to be a frequently reported patient safety incident. 4,960 patient accident/falls were reported between November 2017 and December 2018. Numbers are fairly consistent from month to month although the lowest number of monthly incidents was reported in December 2018.



How are we doing?

The majority of in-patient falls result in no significant injury. Of the 4,960 incidents reported, 4,711 (95%) were reported to cause no harm or minor harm.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

The Health Board is developing a Falls Framework: Reducing Risk and Harm to reduce falls and their impact. The first “Train the Trainers” session is due to be held in January 2019 to begin cascade simulation training for in-patient fall prevention and management.

The first cohort of the project led by the Falls Strategy Implementation Lead providing intergenerational falls awareness sessions in local primary schools has been completed and a report compiled which has been shared with the Falls Delivery Group. A link to the report ‘Staying Steady Schools’ is provided [here](#).

Regulation 28 Reports

One Regulation 28 report has been received since the last report to Board. This was in relation to an inquest held following the death of a patient on an in-patient ward at UHW. The Coroner concluded that the patient took a deliberate overdose of his prescribed medication. The medication was not locked away in his bedside medicine cupboard contravening the Medicines Code and patient property policies.

The management of patient’s own medication is one which presents a particular challenge in the healthcare environment. Following the incident the UHB has carried out a benchmarking exercise across the UK and it does not appear that there is any one centre that has managed to put an effective solution in place. While patients are always encouraged to hand over all medication or to send it home with family, there are many practical issues that make this difficult to implement and monitor robustly. Medication is the patient’s own property and they can refuse to hand it over should they wish. Staff would of course always have a discussion with the patient and the family with regards to the risk. It is not possible for staff to monitor patients’ property on a continuous basis and there are occasions when family members bring in additional property for patients while they are in hospital and this may include medication.

The UHB has submitted a response to the Coroner and will continue to benchmark in order to find an effective solution.

Outcomes of internal and external inspection processes

Internal observations of care

Since the previous Board report, 15 internal inspections have been carried out across five Clinical Boards.

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

Notable comments relating to good practice:

- Across all 15 areas visited, staff were noted to be kind, caring and motivated. This is a consistent theme reported by patients in the 2018 annual Health & Care

Standards Audit. 1,078 patients were surveyed as part of this audit and rated staff kindness and respect at 99%.

- Excellent Sister/Charge Nurse leadership noted on CCU, A&E and Daffodil. Evidence of this reported by patients who feel able to discuss problems, staff motivation and well organised shifts.

Areas for Improvement:

- Environmental concerns were raised in 12 out of the 15 areas visited. The concerns primarily relate to the UHW site and include - shower rooms closed due to flooding, broken lights and fire doors obstructed due to lack of storage facilities. This is a concern increasingly noted during inspections and shared with Clinical Boards.
- Discrepancies between turn times noted in SKIN bundles and on PSAG boards have been addressed by adding to weekly documentation audit and safety briefings.
- Use of 'Read About Me' and symbols for patients with a cognitive impairment require more consistent use on wards. Ward Sisters/Charge Nurses have been required to educate all staff that read about me is for use with patients with a known cognitive impairment. Audit random files monthly to ensure completion of read about me.

Patient Experience

Real Time

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

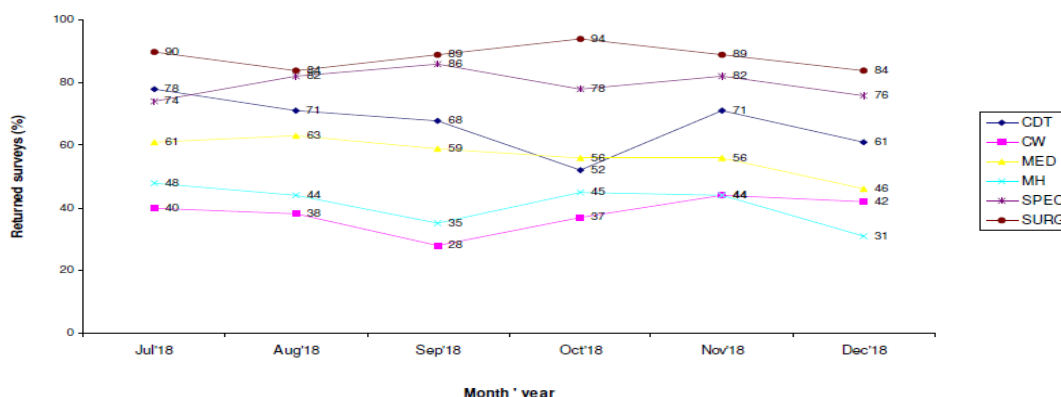
How are we doing?

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

	November	December
UHL	97%	97%
UHW	96%	98%

Once again, the majority of real time surveys completed during November and December were really positive, with in excess of **12,500** surveys completed during 2018. The chart below demonstrates the survey returns over the past six months by Clinical Boards.

Bar chart 1 Surveys returned (%) by each Clinical board for the past 6 months



The surveys have been in use for some time and over the next two months the Patient Experience Team will be completing the plan for 2019. The plan will ensure that the work is aligned to delivery of the Patient Experience Framework and aligned to the Health Board Strategy. This will include consideration of general and more bespoke surveys, supported by use of kiosks, on-line surveys, development of APPS and QR Codes, targeted use of patient stories. A particular emphasis will be how we share/present the data and monitor the actions taken to address any areas of concern.

Every person I meet from cleaners, food persons, porters, physio, NA and staff nurse, doctors and surgeons treat me with the greatest of respect and smiling faces. I will never forget my experience here in this hospital and I will praise you all to my family and friends. P.S Keep up the good work.

Retrospective

Since 1st August 2018 a Learning Disability Survey has been sent retrospectively to patients and relatives/friend/carers/staff who were in-patients in our care. In addition surveys were also sent to those who had attended Outpatient Departments. This work has been led by Andy Jones, Lead Nurse - Surgery, Urology, and Ophthalmology/ENT.

Inpatient – Relative/Friend/Carers/Staff	39 surveys returned
Overall how did your relative/client/friend rate their visit to hospital?	
- 87% rated good or excellent	
Inpatient - User	18 surveys returned
How good was the care given to you in hospital?	
- 94% rated very good or good	
Outpatient -User	16 surveys returned
How good was the care given to you in hospital?	
- 88% rated very good or good	

The reports are comprehensive with a great deal of qualitative and quantitative data. The UHB Lead for Learning Disabilities, will review the content and it will be utilised to inform the Learning Disability Champion training which is under development. This will ensure ongoing learning to enhance the experience of both the patients and their relatives.

Proactive and Reactive

Ward Feedback Kiosks

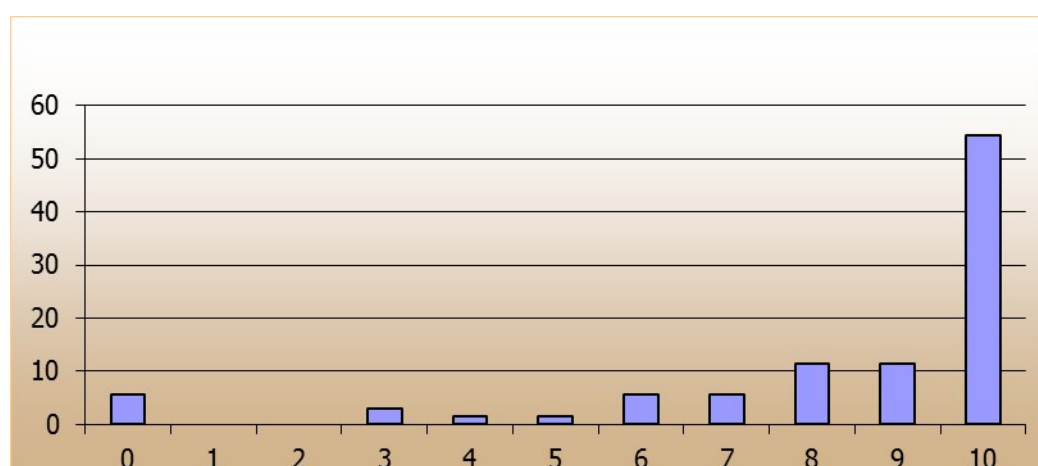


Concourse (UHW) 'tell us in two' survey Data

In 2018, from 7th December patients and relatives had the opportunity to provide feedback at a kiosk in the Concourse. 156 patients and relatives completed the 'tell us in two' survey. Highlights from the data are as follows:

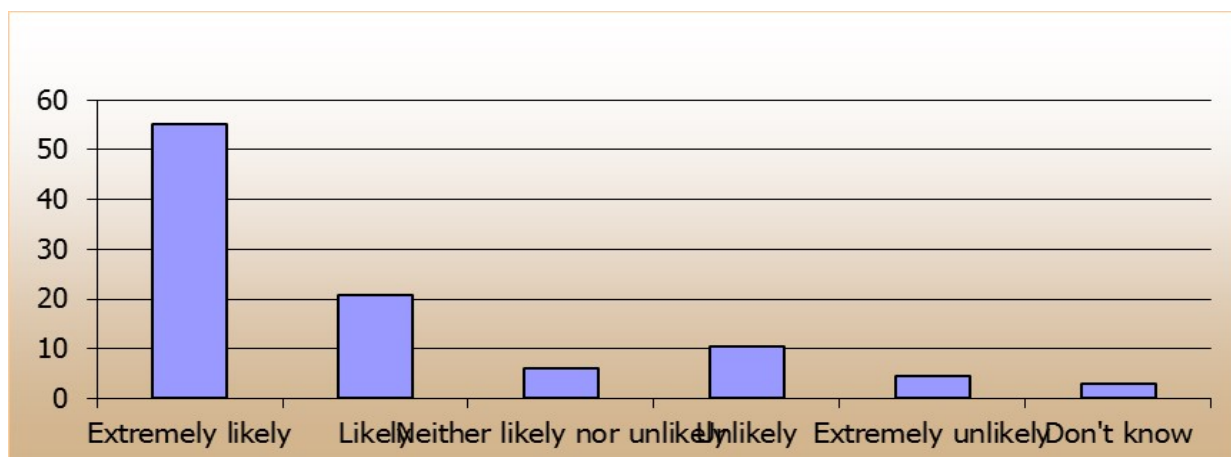
Question 1: Using a scale of 0 – 10, where 0 is very bad and 10 is very good, how would you rate your overall experience?

Overall, 83% of respondents who answered this question rated their experience as 7 or more.



Question 2: How likely are you to recommend our service to family and friends if they needed similar care or treatment?

Overall, 76% of respondents who answered this question said they would be extremely likely or likely to recommend our service to family and friends.



Acute Response team

The Acute Response Team have been collating feedback via an electronic tablet and the final report was shared with Primary Care Clinical Board in December. The feedback has been overwhelmingly positive with some of the qualitative comments noting:

Excellent service-superb staff who gave me confidence and good information

First class service by helpful, professional and friendly staff

The full report will be shared at PCIC Quality, Safety and Experience Committee.

Balancing

Complaints

During November and December 2018, the Health Board received 393 concerns, of which, 163 related to Clinical Treatment and Assessment. Of the 393 concerns received, 59% were managed through the informal process, with less than 1% being converted to a formal complaint.

As previously reported, since the introduction of the new parking system, there has been an increase in the volume of calls and emails to the Concerns Team relating to parking tickets being issued, both from members of the public and staff.

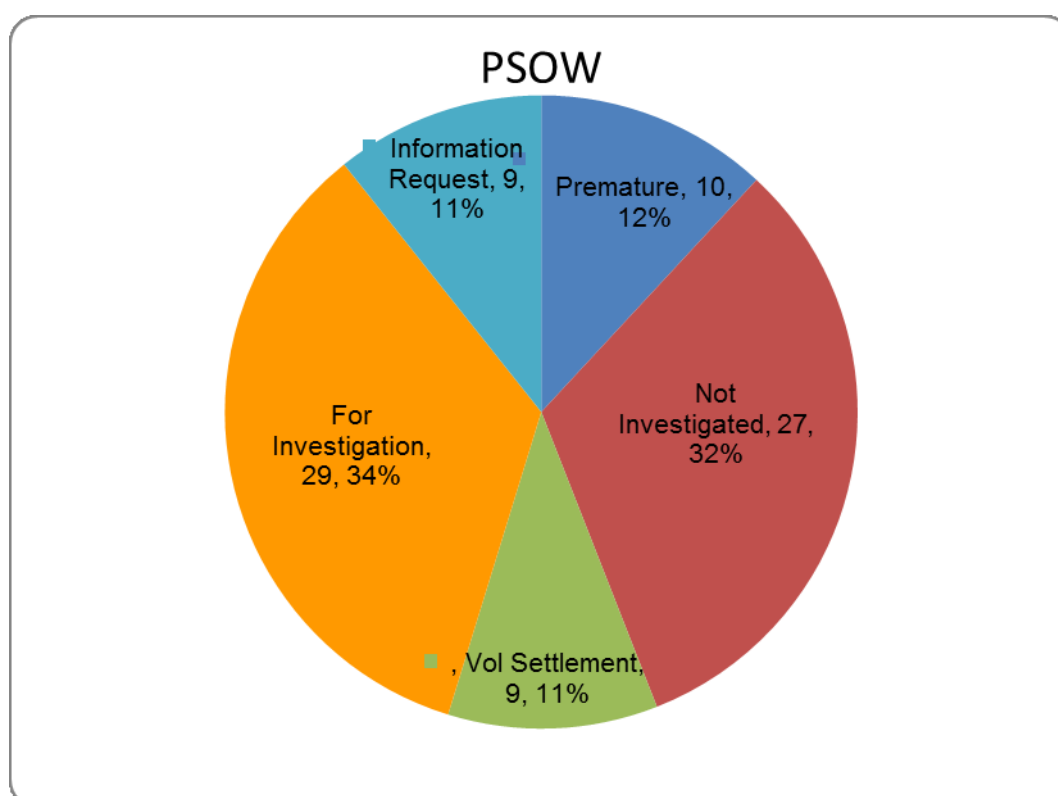
These now average between 3 – 6 calls per day. As complaints about parking fines cannot go through the Putting Things Right process each caller is advised to either contact the UHB's Parking Office by email or by visiting them at their offices in Concourse UHW. Many of these callers are unhappy that the UHB's parking office does not have a direct telephone number where they can be contacted. Some callers are elderly or disabled or do not have access to email so contact by telephone would be preferable.

This feedback also correlates with the response from patients who completed the National Survey sent to the Clinical Diagnostics and Therapies Clinical Board. These included remarks such as 'More visitor car parks, had to queue a long time, making me late for appointment' 'Parking - 45 minutes to find a space' 'Car parking - on each visit I have to come 1½ hours early for my appointment in order to park.' It should be noted however, that when in the departments the feedback for staff was very positive. There also seems to be a lack of awareness of the park and ride scheme.

Compliments

During the period 1st November – 31st December 2018, the Health Board received 560 compliments. Medicine Clinical Board continues to receive the highest number of compliments (205), in particular for the Emergency Unit. This is followed by Surgery receiving 141 compliments for the same period.

Public Service Ombudsman for Wales (PSOW)



The Graph above demonstrates that since 1st April the Ombudsman has investigated 29 UHB complaints from this time period. There is no All Wales benchmarking data available as yet.

Public Interest report

On 22nd January 2019 the Ombudsman issued a section 16 Public report against Cardiff and Vale University Health Board. This was issued under the Public Services Ombudsman (Wales) Act 2005.

Such reports are issued when the Ombudsman believes that the investigation report contains matters of public interest.

Ombudsman case reference 201706982

The Ombudsman found that the Health Board had failed to identify that Mrs. A had acute kidney failure from the time she was admitted to hospital in 2017 and that she was at risk of suffering an acute Kidney Injury, which subsequently occurred. There is also some criticism of a failure to recognise and treat the acute Kidney Injury and this has led to uncertainty as to whether the outcome would have been different for this patient. The Health Board also failed to adequately assess and treat her symptoms of slurred speech, lethargy and fits, and incorrectly administered an antidote for a morphine overdose. Mr. A (son of Mrs. A) also complained that the Health Board failed to deal with his safeguarding concerns appropriately, particularly in relation to bruising to Mrs. A's elbow.

The Ombudsman has made a number of recommendations. A detailed report will be submitted to the February 2019 Quality, Safety and Experience Committee.

What are we doing?

All complaints and patient feedback provide us with an opportunity to make changes to improve services. The following are examples of action that the UHB has taken following concerns raised by patients and their families:

You Said	We Did
The treatment given whilst attending A&E in Sick Cell crisis was not adequate.	Educational resources and training sessions set up to improve nursing and medical staff knowledge of Sick Cell disease and the priorities for management when patients present to EU.
An Out Of Hours (OOH) Dr incorrectly converted doses of opioid medication due to an unclear table of conversion.	Palliative Care have revised the table so that it is clearer and is available in each OOH vehicle.
Patient was unable to be seen in the endometriosis follow-up clinic after surgery due to lack of capacity.	Additional clinics have been added so that patients can be seen within the expected timeframe.
Patient was injured by the adjustable footplate on a wheelchair falling on to their leg.	All wheelchairs with an adjustable footrest have been fitted with a magnetic locking device to prevent this happening in future.
Patient presented several times with suspected ruptured membranes but was repeatedly told that her waters had not broken.	Midwives have been reminded to seek an obstetric review if patients present repeatedly and feel that their waters have broken.
Extra remote controls – it can be a long and boring day.	Three remote controls ordered.

Report Title:	PERFORMANCE REPORT						
Meeting:	Local Partnership Forum				Meeting Date:	06.02.19	
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Deputy Chief Executive						
Report Author (Title):	Members of the Performance and Information Department (Tel: 029 20 745602)						

SITUATION

This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.

The achievement of the efficiency and productivity targets will deliver savings to support the financial position.

The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.

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

REPORT BACKGROUND

The UHB is presently compliant with 24 of its 67 performance measures (November = 24, March 2018=18/60) and is making satisfactory progress towards delivering a further 24 (November = 25, March 2018 = 23).

Since the last report only 1 measure has changed. #62 – The number patients whose transfer of care was delayed in December was 51, an increase from the 40 reported in October.

There are now 20 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	8	9	5	12.5/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	13	6	11	16/30
Improving culture	1	3	5	2.5/9
Total	24	21	22	34.5/67

ASSESSMENT

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

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

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

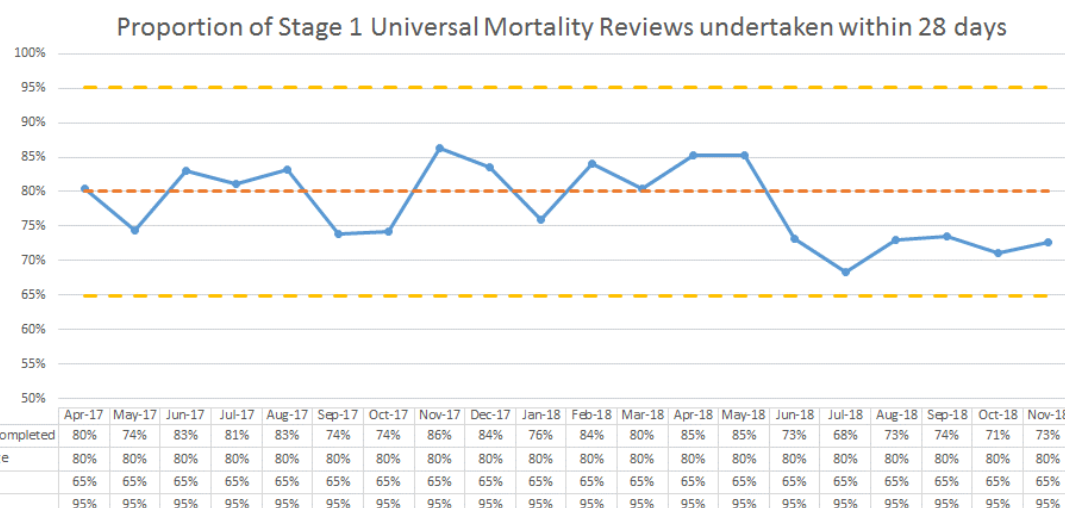
ASSESSMENT

1) UNIVERSAL MORTALITY REVIEWS

How are we doing?

The Welsh Government's delivery framework places a requirement on the UHB to undertake a 1st stage universal mortality review within 28 days of a patient dying in hospital. The requirement for a more detailed second stage review is then determined by the presence of any clinical triggers being recorded by this review.

Of the deaths occurring in November 2018, 73% were reviewed within 28 days against a target of 95%.



How do we compare with our peers?

The UHB's performance is below the Welsh average of 78%.

Percentage of Universal Mortality Reviews undertaken within 28 days of death							
	ABM	AB	BC	C&V	CT	HD	C&V Rank
Oct-18	99%	40%	86%	71%	86%	84%	5/6

Risks

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

What are we doing?

Recently the completion of the Universal Mortality Review forms by the medical firms has declined. The present process requires the death certificate and the universal mortality review form to be completed and handed in to the bereavement office. It is then passed to the patient safety team who input the detail onto the UHB's electronic database. Whilst there is a degree of digitisation to support the doctors within the process it is felt that this can be enhanced and extended and a new electronic solution covering both stage 1 and stage 2 reviews is being considered. In addition there are environmental issues relating to the bereavement office at UHW which are considered to be constraints to the process running as efficiently as it should.

As a result of correspondence and discussions between the Medical Director, Chief Operating Officer and Clinical Boards, and focused improvement work to support one of the clinical boards, there has been heightened awareness across clinical teams of the process, and its importance. Leadership teams across services are also reminding clinical staff to complete the review at the same time as they complete the death certificate.

Performance and any further issues identified are planned to be considered at the Health Systems Management Board and the metric has been added to each clinical board's patient safety dashboard.

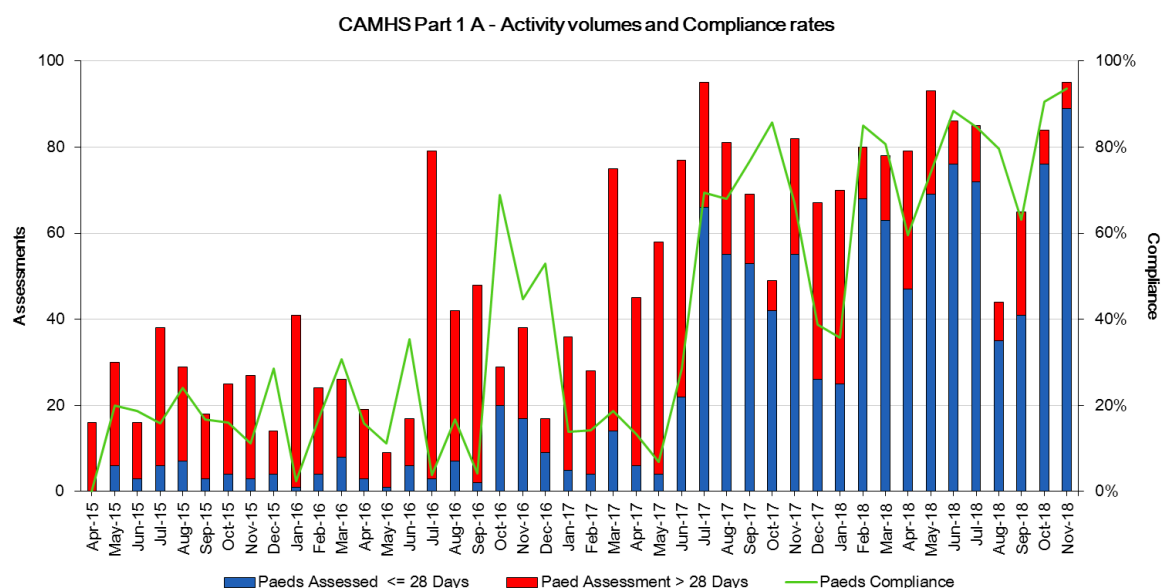
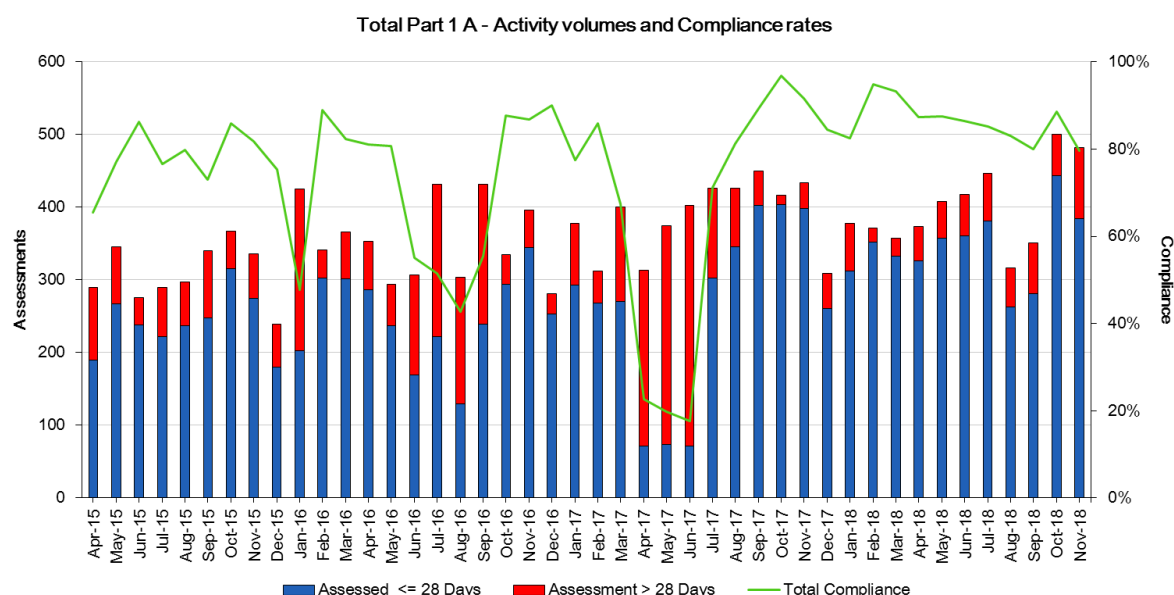
2) MENTAL HEALTH

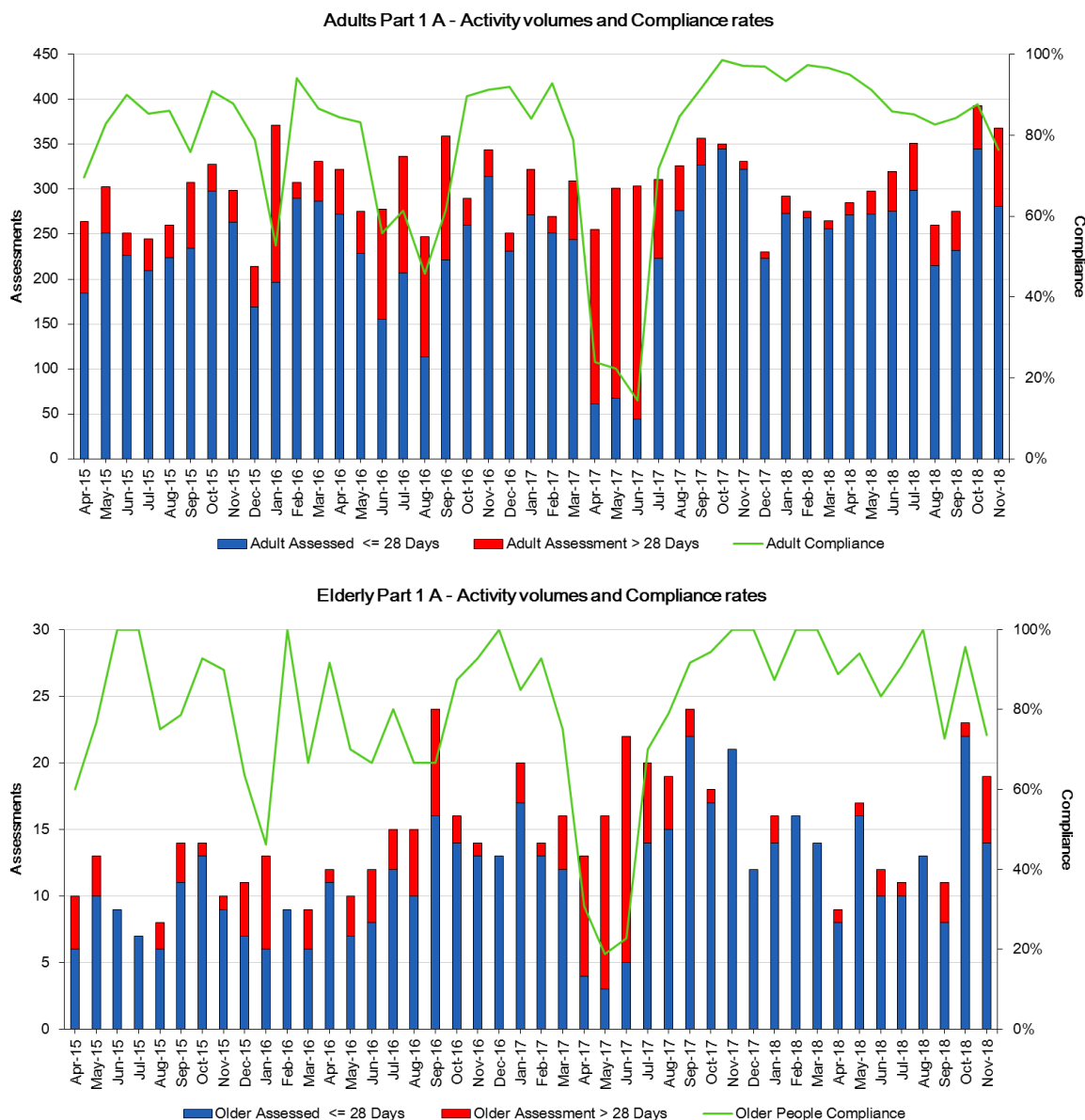
How are we doing?

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

Overall 79.6% of service users seen in November 2018 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

Performance in the Child and adolescent service has again improved, reaching 94%, whilst access rates within 28 days remained at 76% and 74% respectively for adult and older people's service users.





Part 1b: Overall 67.7% of service users started a therapeutic intervention in November 2018 following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

Part 2: Overall 85.1% of LHB residents had a valid Community Treatment Plan completed at the end of July (data quality issues have recently been identified for later months). The standard is 90%.

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

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

How do we compare with our peers?

Whilst we are performing comparatively well for Part 1a of the measure, the deterioration in the UHB's level of performance in respect of delivering parts 1b has not been observed in other Health Boards.

October 2018	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of Therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
ABM	83.8%	83.4%	88.7%	100.0%
AB	91.1%	96.9%	91.6%	100.0%
BCU	68.2%	75.4%	90.6%	100.0%
C&V	88.6%	64.9%	89.0%	100.0%
CTaf	84.0%	98.7%	85.6%	100.0%
HDda	96.4%	92.5%	83.9%	100.0%
Powys	87.6%	80.3%	91.4%	100.0%
Rank	3/7	7/7	4/7	-/7

What are the main areas of risk?

The main risk to achieving the targets is during a period of high demand which has a knock on affect. During October 2018 LPMHSS received 1180 referrals (300 plus more than average) resulting in a backlog in assessments and therefore therapeutic interventions within November 2018. However, for Part1B there has been a technical issue identified around reporting which has affected the waiting times. This is now in the process of being corrected.

What actions are we taking?

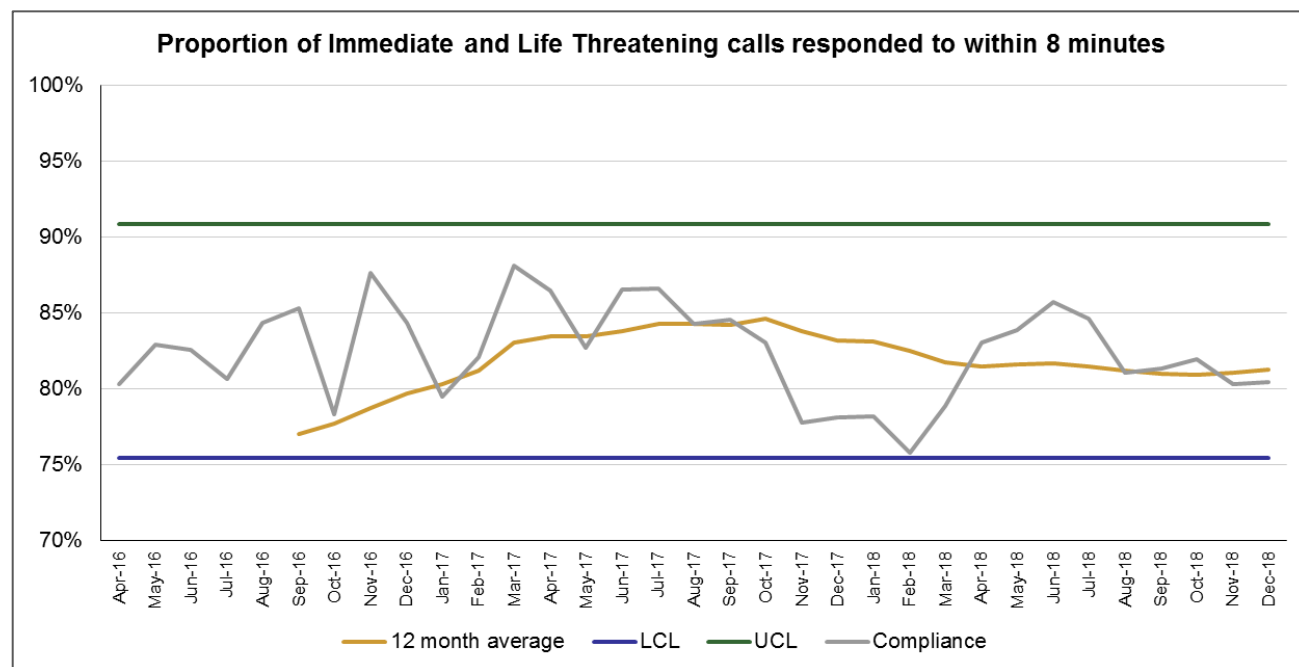
Part 1a – Adults and Elderly services are invoking additional bank sessions to cope with the additional demand experienced within October 2018.

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

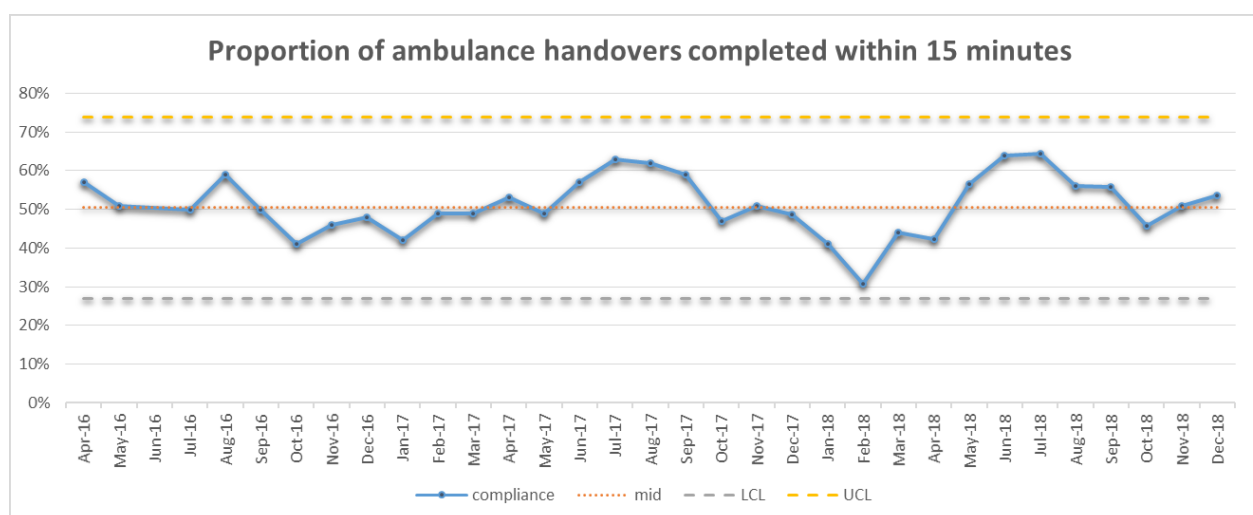
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

3) UNSCHEDULED CARE

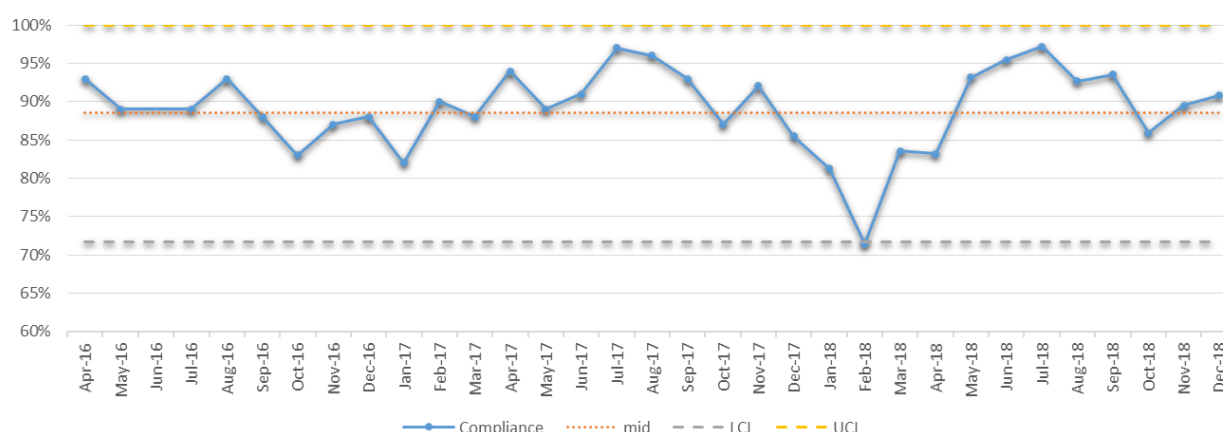
The proportion of immediate and life threatening calls responded to within 8 minutes was 80.4% in December; with the 12 month performance marginally increasing to 81.2% reflecting an improvement on that observed in December 2017. Performance still remains above the Welsh Government target of 65%.



In respect of ambulance handovers, 54% of patients were handed over within 15 minutes and 91% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.



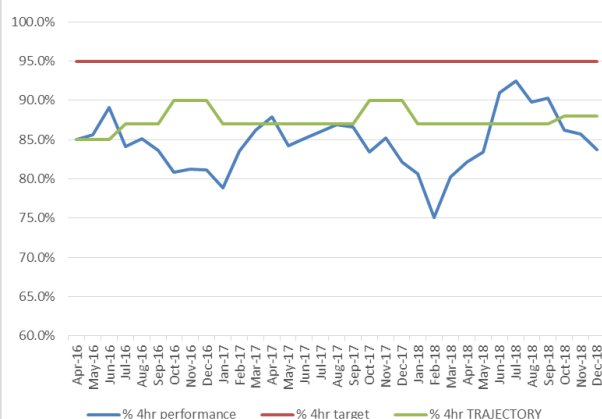
Proportion of ambulance handovers completed within 60 minutes



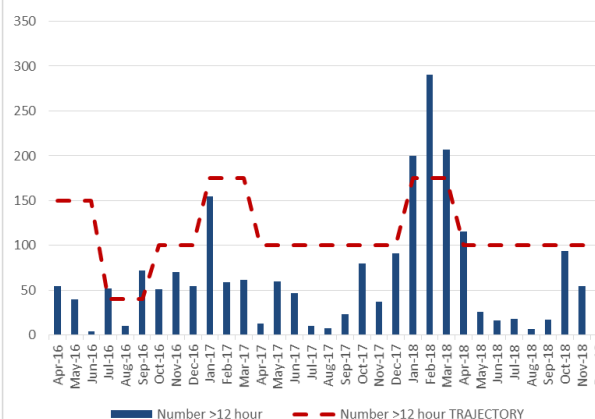
The proportion of patients admitted, discharged or transferred within 4 hours fell in December to 83.7%, a 2% improvement on last December, but below both the WG target of 95% and the UHB's IMTP trajectory of 88%.

The number of patients waiting in excess of 12 hours reduced to 39 in December, representing both a month on month and seasonal improvement. The performance for the quarter did not meet the WG's expected standard of zero, nor the 100 projected in our annual plan. These figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.

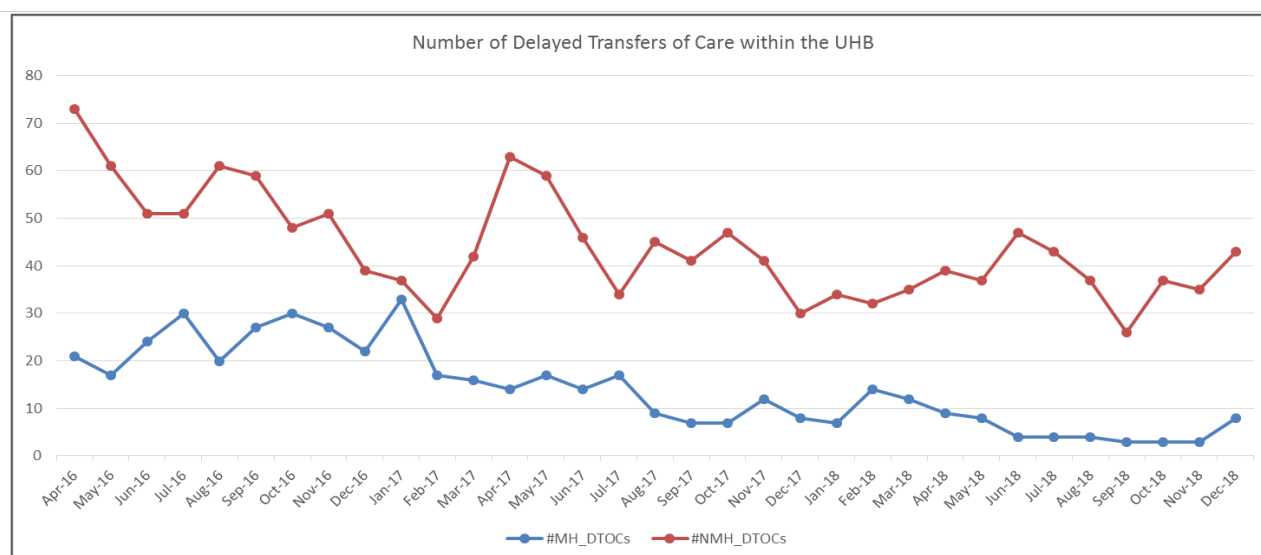
Proportion of patients treated < 4hours



Proportion of patients waiting > 12hours



At the December 2018 census point, the UHB recorded that 51 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1434 in the month, equating to 46 beds per day.



How do we compare with our peers?

The latest performance data available indicates that UHB performed better than the Welsh average for all of the unscheduled care access measures in November 2018.

HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	78.0%	681	75.2%	628
AB	78.4%	374	73.0%	363
BCU	70.6%	1845	68.6%	403
C&V	86.2%	94	80.3%	244
CT	86.0%	230	68.1%	3
HD	84.0%	737	65.4%	171
C&V Rank	1/6	1/6	1/6	3/6

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

12 month to Sep 18	ABM	AB	BC	CV	CT	HD	Pow	CV Rank
# HB MH DTOC	330	57	239	88	77	93	32	4/6
# HB non MH DTOC	746	932	1160	438	265	485	225	3/6

What are the main areas of risk?

Winter brings additional pressure in the Unscheduled Care system, with demand increases and higher levels of acuity. The potential risks include:

- Insufficient acute adult bed capacity (excluding critical care) leading to delays in admission or cancellation of elective admissions
- Insufficient critical care capacity leading to sub-optimal care and cancellation of elective admissions
- Ambulance turnaround delays
- Overcrowding of A&E department

Plans to mitigate the risk need to be system wide, not only addressing the risk of this increased pressure in-hospital but also recognising the potential risk to our wider community as a result of ambulance turnaround delays.

Recruitment and retention of clinical staff remains a risk for the Health Board, particularly the high level of nursing vacancies. There is a high reliance on temporary staffing.

What actions are we taking?

As outlined previously, the Health Board has implemented its 2018-19 integrated winter plan. This was developed with our partners and on a whole system basis. The key elements of the plan are 'Keep Me home' community schemes; and 'Get me Home' in-hospital schemes. The UHB has received additional funding from Welsh Government for Winter pressures.

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

Following the opening of two additional critical care beds in October 2018, the Health Board's plan is to further increase capacity by four beds in February 2019.

The Health Board continues with a number of schemes to improve the recruitment and retention of nursing staff. This includes an 'open day' recruitment event on 26th January 2019. To balance the risk on an ongoing basis, the daily escalation process continues whereby the senior nursing teams consider the position across all wards and take the necessary action, e.g. moving staff between wards, to mitigate any risk.

4) GP OUT OF HOURS SERVICES (OOH)

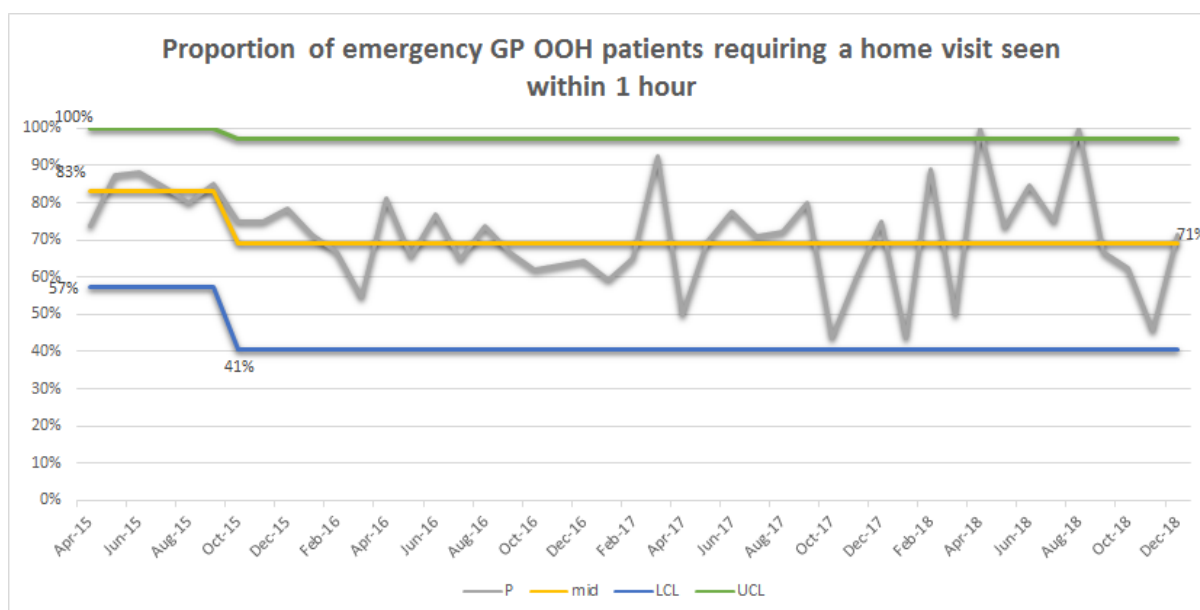
How are we doing?

The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. In both November and December the UHB was compliant with 5 of the standards, and within 10% of the required level for 3 of the standards.

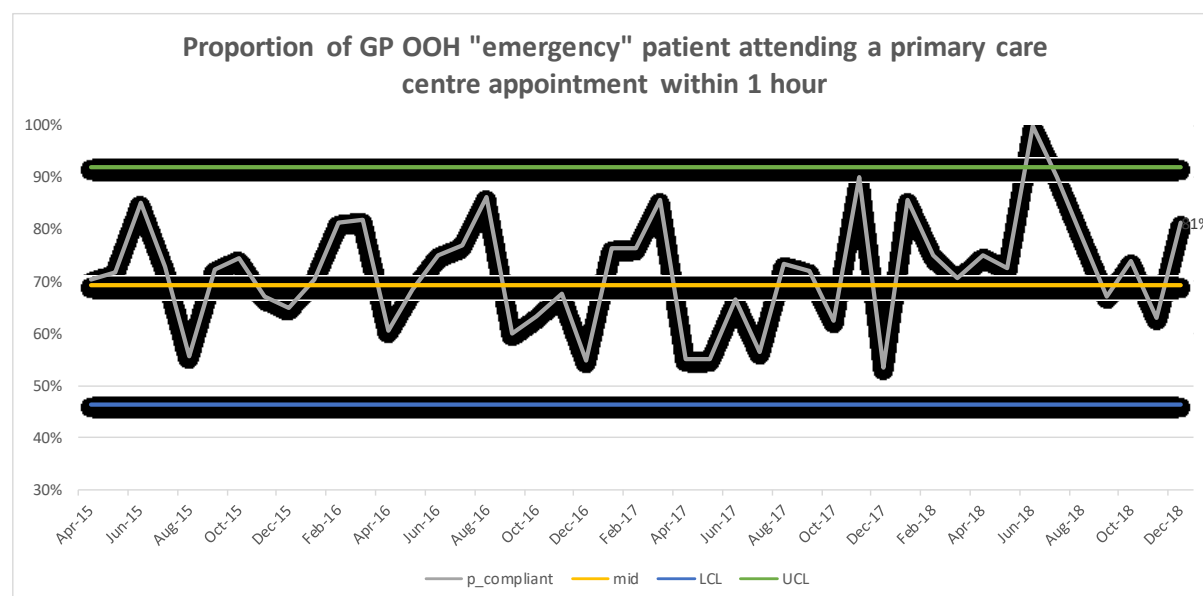
	Demonstrates that a standard has been achieved		Total Contacts= 9032			Total Contacts=11180		
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Adastra = 7794			Total Clinical Contacts Recorded on Adastra =9670		
	Demonstrates that a standard has not been achieved		Nov-18			Dec-18		
	Demonstrates volumes only							
Standard	Description	Target	Total	Result	Score	Total	Result	Score
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7798	7157	92%	10401	8437	81%
		100% ans. in 120 seconds	7798	7467	96%	10401	9229	89%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7798	67	1%	10401	358	3%
Handling	% of calls recording the correct patient demographic information	100% Correct	7798	7798	100%	10401	10401	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2464	1983	80%	3792	2771	73%
	Longest time to triage an urgent call	Longest time		427			672	
	Average of the 10 longest times to triage an urgent call	Average time		276			485	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3726	3193	86%	5678	4254	75%
	Longest time to triage a routine call	Longest time		597			985	
	Average of the 10 longest times to triage a routine call	Average time		432			701	
Immediate Life Threatening (LT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	151	151	100%	227	227	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	7794	538	7%	9670	652	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	11	5	45%	14	10	71%
	The number of face to face contacts within two hours	100% seen within two hours	11	9	82%	14	14	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	182	142	78%	239	154	64%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	345	230	67%	399	339	85%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	7794	2551	33%	9670	2856	30%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	27	17	63%	16	13	81%
	The number of face to face contacts within two hours	100% seen within two hours	27	26	96%	16	15	94%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	248	202	81%	229	172	75%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2276	2241	98%	2611	2466	94%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	8378	8378	100%	10395	10395	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	7794	2208	28%	9670	2923	30%
	The number of calls advised to contact their GP within 24hrs.	No target	7794	990	13%	9670	1177	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7794	487	6%	9670	829	9%
	The number of referrals to WAST	No target	7794	239	3%	9670	265	3%
	The number of referrals for direct admission	No target	7794	279	4%	9670	231	2%
Referrals IN	The number of referrals from the Emergency Department	No target	7794	27	0.3%	9670	41	0.4%
	The number of referrals from WAST	No target	7794	154	2%	9670	193	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4360	3442	79%	5332	3913	73%

The number of calls received in December was 20% higher than previous months, and whilst expected these volumes on occasion exceeded the capacity available in a service with recruitment challenges and over a peak period for holidays.

Despite this the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continues to fluctuate wildly, between limits of 41% and 97%. Discrete performance in November and December was 45% and 71% respectively, therefore not meeting the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 81% in December, achieving the WG standard of 75%.



How do we compare with our peers?

Welsh Government has chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients. Despite the data being available for all organisations in August 2018, performance data for only 3 Health Boards has been published for October 2018.

Oct-18	AB	BC	C&V	Others
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	85%	76%	85%	Not provided
% very urgent patients seen <= 60 mins following clinical assessment	64%	67%	70%	Not provided

What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 20 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability.

What actions are we taking?

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

- Rolling out the ability for clinicians to undertake the telephone triage for home in an effort to make the role more attractive
- Co-developing regional plans to expand the dental triage service both at weekdays and weekends, as a more cost effective substitute for GPs.
- The development of salaried GP positions within the establishment
- Making ongoing iterative adjustments to improve the benefits of the Minor Illness clinicians and health care support workers who have joined the service on a pilot basis.

5) PRIMARY CARE

How are we doing?

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

- a) **Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.
- b) **Contract terminations:** In January 2019 the UHB successfully concluded a competitive tender exercise to establish a new provider for a GP practice in South Cardiff. On December 31st 2018 the UHB received notice from a GP practice in the Vale of Glamorgan of their intention to resign from their GMS contract. They will cease to provide services from June 30th 2019. The UHB is currently exploring options for service continuity for the registered patients.
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services
- d) **Other contract variations:** The UHB is currently in discussion with 2 GP practices and relevant stakeholders (i.e. CHC and LMC) regarding the closure of branch surgeries and the consolidation of services on a single site.

How do we compare with our peers?

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

What are the main areas of risk?

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

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

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

What actions are we taking?

In collaboration with our GPs and the LMC the UHB has progressed a number of initiatives to support and advance the sustainability of our GMS services. These include:

- Roll out of the First contact Practitioner Physiotherapists and Mental Health Liaison Model
- Developing new models of care whereby more UHB staff work within and across GP practices via a cluster partnership framework agreement
- Rolling out and iterative development of the CAVGP website, which is promoting the benefits of working and living in the Cardiff & Vale of Glamorgan area.
- Commissioning GP Access to provide their *Ask my GP Pathfinder* service to all practices across Cardiff & Vale. This provided demand and capacity analysis for all practices.
- DNA Insights has been commissioned to provide Care Navigation training for all relevant practice staff. So far, 209 patient facing practice administrative staff members have accessed the training on offer.
- Provision of nurse mentorship and training opportunities for non clinical practice staff
- Provision of Service Improvement Support for GP practices, to review their services and advise on new ways of working
- Ongoing programme of contract assurance visits with GP practices by the GMS team. This visit replaces the traditional QOF visit and looks for assurance that the provider is able to deliver on contractual obligations.
- Ongoing programme of peer to peer visits from the three GPs assigned to the GP Support Team to establish short medium and long term plans, potential risks, opportunities and improvements.

6) STROKE

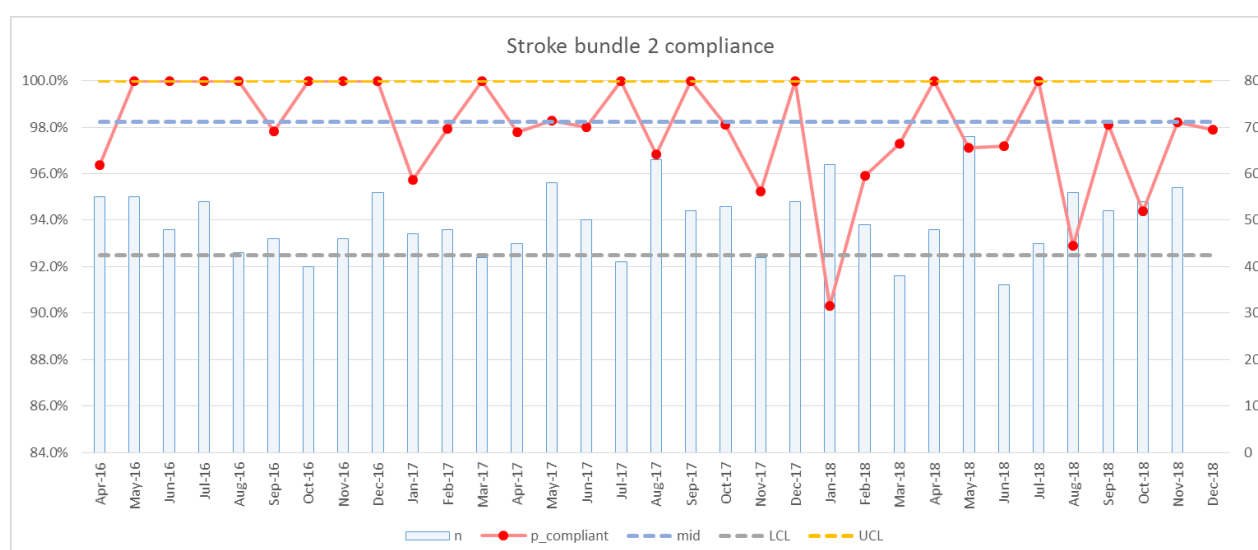
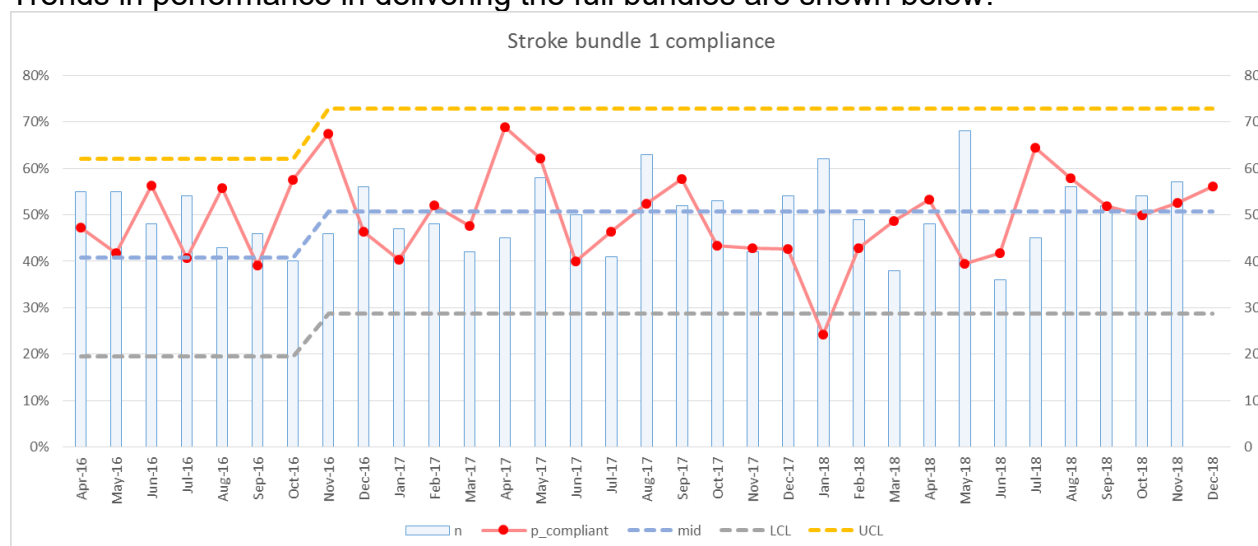
How are we doing?

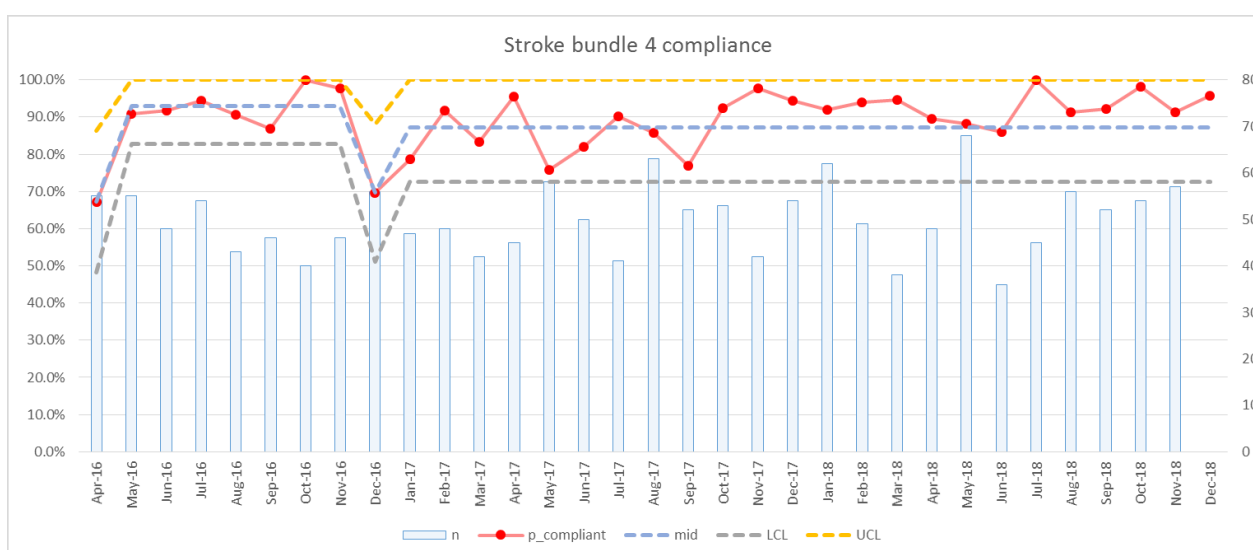
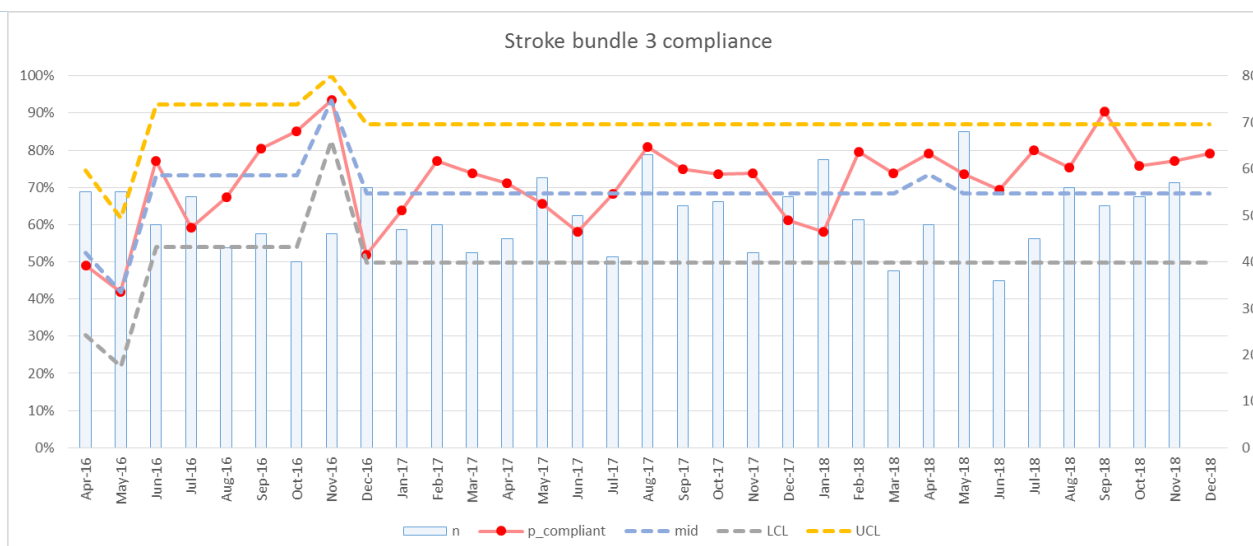
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. The UHB is presently meeting 2 out of the four standards.

WG benchmarking standard		IMTP trajectory	UHB in Nov-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	52.6%
12 Hour QIM	CT Scan within 12 hours	97%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	77.2%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	12.5%

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





How do we compare with our peers?

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

In October 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	56%	42%	47%	52%	38%	79%	3/6
CT scan <1h	53%	46%	35%	57%	54%	82%	2/6
Assessed by a stroke consultant <24h	83%	99%	86%	80%	68%	95%	5/6
Thrombolysis door to needle (<=45min)	18%	0%	14%	20%	50%	40%	3/6

What are the main areas of risk?

Admissions within 4 hours: Whilst improvement in performance against the '4hr direct admit to an acute stroke unit' has been sustained, the demand for beds on the dedicated acute stroke ward has continued to increase in November and December. This is as a consequence of both rising demand from patients on the stroke pathway and from the increasing demand of patients presenting with acute medical conditions who require treatment.

Thrombolysis: The greater operational challenges to delivery are achieving the door to needle time of ≤ 45 minutes. Specifically the variance in the time of presentation of the small volumes of patients for consideration of thrombolysis and their clinical complexity were the root cause of these challenges.

What actions are we taking?

- Work is ongoing to raise awareness of the Code Stroke process for inpatient strokes (both UHW and UHL), including development of the inpatient thrombolysis pathway to explore options to streamline the process further, education and awareness sessions provided to all UHB wards.
- The Code Stroke 1 pathway has been signed off by the MCB in preparation for a re-launch in January 2019 along with role profiles for key staff
- An information pack has been circulated to junior doctors including information re best practice (RCP guidelines), up to date pathways and expectations (QIMS). This will also be added to the Medical Education App
- Training sessions for junior doctors and EU, Medical and Neuro middle grade medical staff is ongoing

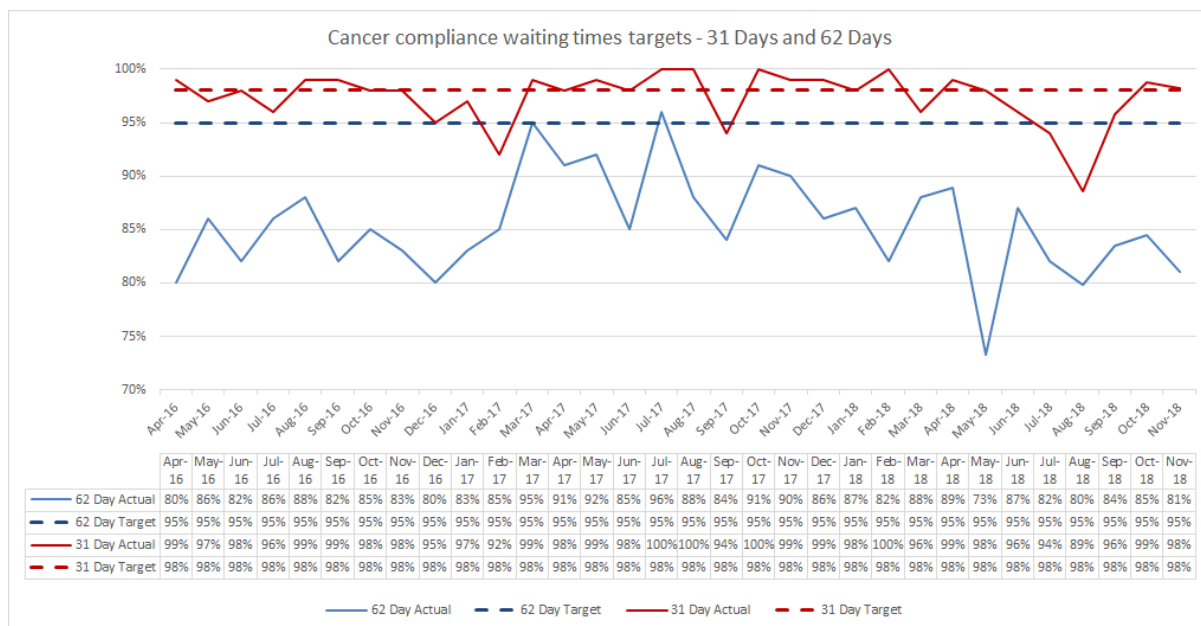
7) CANCER

How are we doing?

The proportion of cancer patients who were treated within 62 days of their referral with suspected cancer was 81% in November, a marginal 4% decrease from last month. Performance remains below the IMTP trajectory of 92% and the Welsh Government's standard of 95%. 19 patients waited in excess of 62 days for treatment, across the following tumour sites: Lower GI – 3; Urology – 7; Haematology – 1; Upper GI – 4; Lung – 1; Gynaecology – 1; Breast - 2.

As at the end of November, the UHB had received 1300 more urgent suspected cancer referrals (19% increase) and treated 22 more patients (4.1% increase) than in the first 11 months of 2017.

The proportion of cancer patients who were treated within 31 days of a cancer having received a confirmed cancer diagnosis and who were not on a 62 cancer pathway was 98.2% in November. There was 1 urology and 1 breast patient who waited more than 31 days for treatment. The WG's standard is for 98% of patients to be treated within 31 days.



What are the main areas of risk?

A New issue which has presented a risk to delivery is the unplanned absence of three consultants in urology which has impacted on the service's capacity and ability to meet demand and variation within the demand.

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

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

What actions are we taking?

Action remain largely similar to last month:

- In the absence of the substantive consultants in urology, capacity is being prioritised for cancer and clinically urgent patients. The UHB has secured a locum to support for one month – commenced at the beginning of January 2019. The UHB is progressing an insourcing solution focused on RTT to support prioritisation of cancer and urgent referrals.
- Plan developed to address delays in the radiology component element of the pathway (from referral receipt to vetting to booking, scanning and reporting) developed and being progressed
- Core endoscopy capacity continues being used for cancer referrals (with insourcing activity focused on > 8 weeks diagnostics). UHB has procured an external company to

support productivity and efficiency work in endoscopy – commences January 2019.

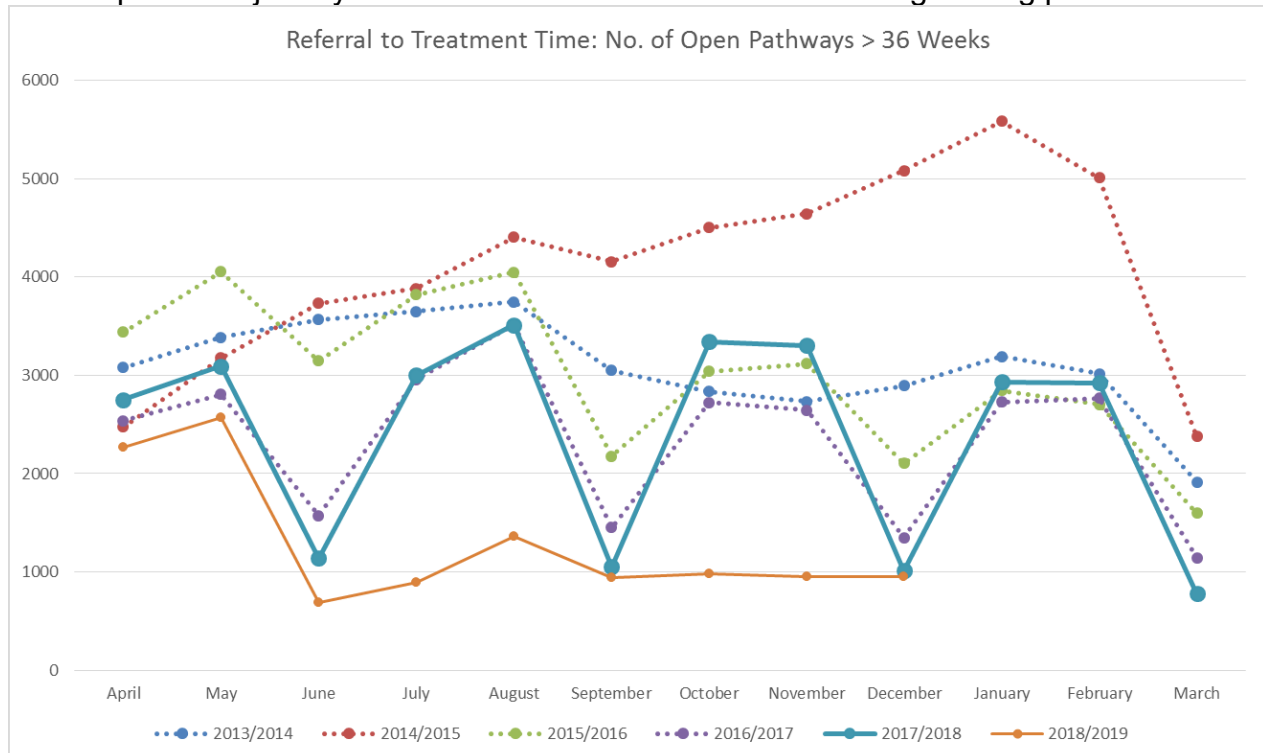
- The UHB's Cancer Services Lead Manager has commenced in post – 7th Jan 2019. This is a full time post with senior managerial level responsibility for working with Clinical Boards to improve performance as well as leading on the overall implementation of the Single Cancer Pathway.

8) ELECTIVE ACCESS

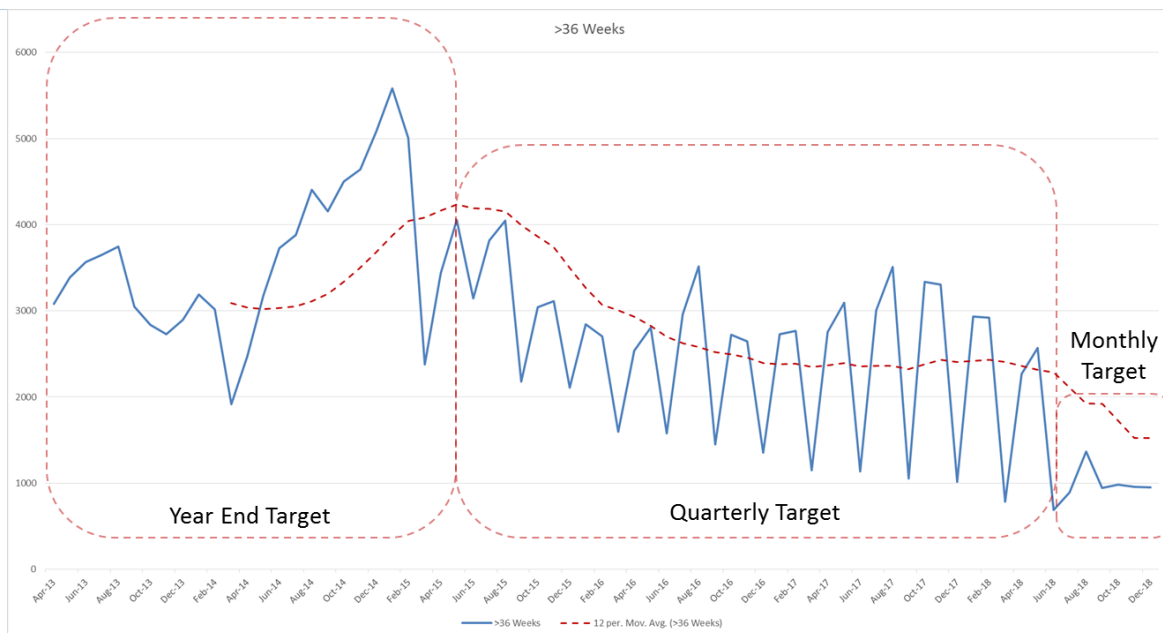
How are we doing?

There were 12,120 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of December, equating to 83.5% of patients waiting under 26 weeks, below the IMTP trajectory of 86%.

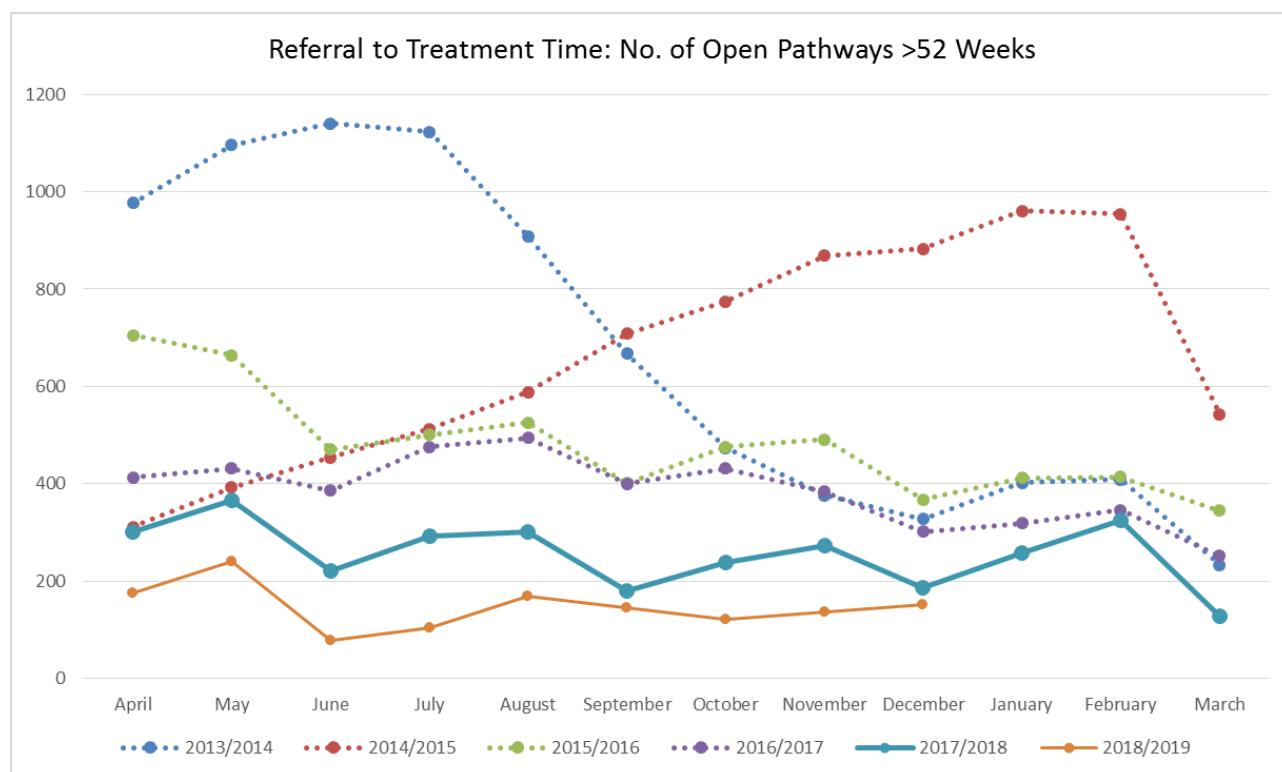
The number of patients waiting over 36 weeks reduced to 948 at the end of December. The end of quarter trajectory was to have reduced the number of long waiting patients to 575.



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

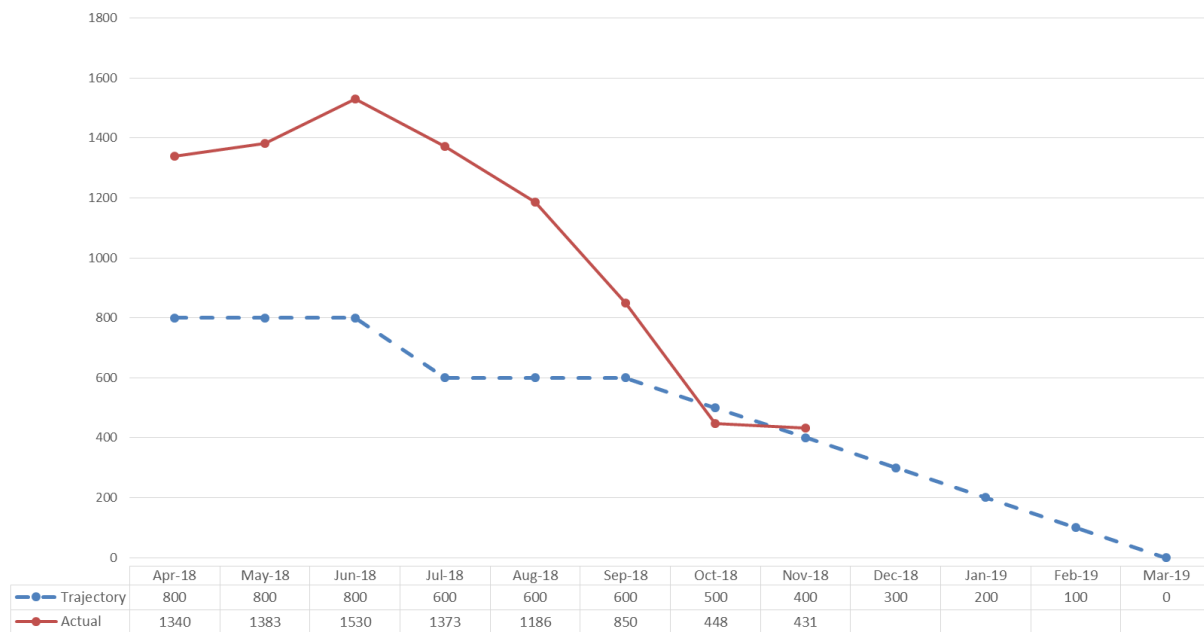


The number patients greater than 52 weeks at the end of December was 153. This is in line with the numbers reported over the past 6 months.



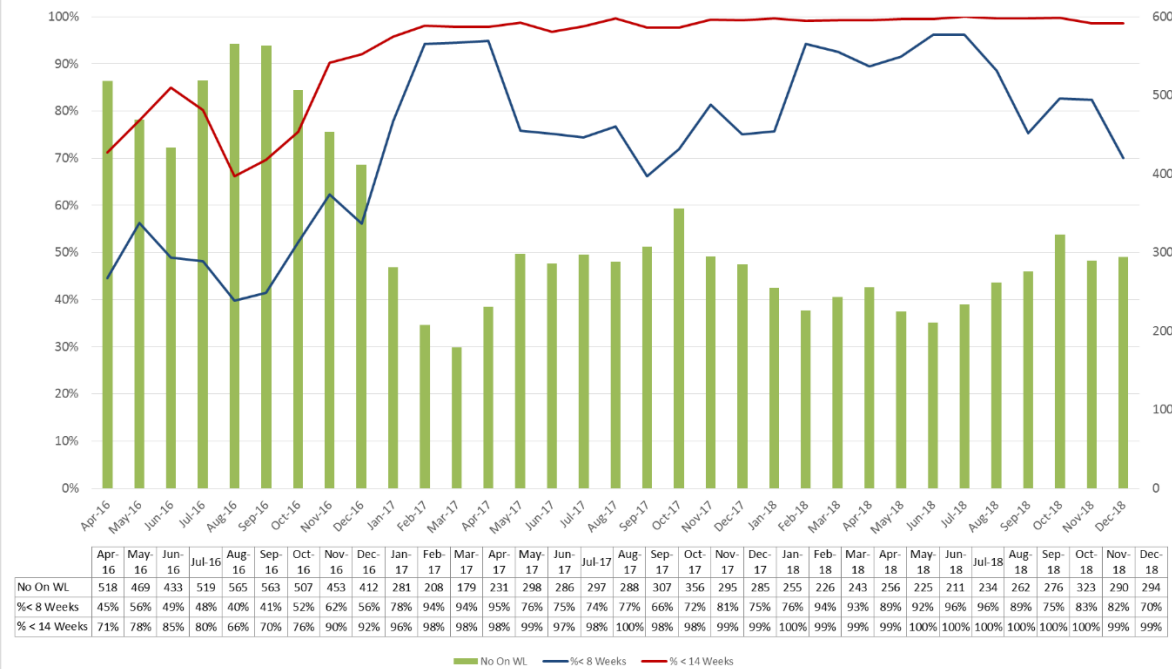
The UHB has 431 patients waiting greater than 8 weeks for a diagnostic test at the end of November 2018, marginally above the planned trajectory of 400.

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



At the end of December 2018, 99% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks has deteriorated further to 70% in December 2018.

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



How do we compare with our peers?

The All-Wales waiting time position at the end of October 2018, shown below, indicates that Cardiff & Vale ranked 4th for the proportion of patients waiting less than 26 weeks, 2nd for the lowest number of patients waiting in excess of 36 weeks and 4th for the number of patients

waiting in excess of 8 weeks for a diagnostic.

	W ale s	AB M	AB	BC	C& V	CT	HD	C& V Ran k
Oct 2018								
% < 26 weeks - RTT	87. 7%	89. 1%	90. 0%	84. 7%	87. 3%	89. 7%	86. 1%	4/6
No. > 36 weeks - RTT	14 10 1	33 70	12 14	65 74	98 4	32 1	16 38	2/6
No. > 8 weeks diagnostic	31 72	73 5	28 3	15 04	44 8	92	27	4/6

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

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

The impact of long waiting times on patients was highlighted in a report by the CHC “*Our lives on hold...Impact of NHS waiting time on patients’ quality of life*” and also by the Public Services Ombudsman for Wales following an investigation into a complaint regarding a patient who waited a long time for urgent paediatric surgery. A report was presented to the QSE Committee in September 2018 outlining the action being taken to address the specific areas of concern.

Actions include a targeted approach in reducing the UHB’s longest waits, with an initial focus on those specialties assessed as having the highest potential clinical risk, and the instigation of a ‘backstop’ process for long waiting patients to ensure that reporting and performance management arrangements act as a catalyst to both improving waiting times and ensuring appropriate clinical governance is in place.

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

- Development and monitoring of specialty specific delivery plans
- Insourcing and outsourcing of activity to address short term unplanned absences
- Targeted investment to reduce new outpatient waits and long waits
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

9) FINANCE

How are we doing?

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

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

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is now key to the success of the plan. The adverse variance reported against the operational plan improved by £0.489m in month to £0.003m. The UHB has undertaken a detailed budget forecasting exercise which provides assurance that the UHB will deliver its forecast position by the year end.

Background

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

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

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

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

Reported month 9 position

At month 9 the UHB is reporting a deficit of £7.428m comprised of the following:

- £7.425m planned deficit (9/12th of £9.900m);
- £0.003m adverse variance against plan.

The overspend against the plan fell by £0.489m in month to £0.003m and continues to be driven by income under-recovery, nursing costs and overspends in clinical supplies and services. These areas are subject to additional scrutiny over the final 3 months of the year.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st December 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(118.660)	(118.376)	0.283	(1,017.111)	(1,015.288)	1.823	(1,378.272)	(1,378.272)	0.000
Pay	53.831	53.146	(0.685)	458.071	457.274	(0.797)	608.341	608.341	0.000
Non Pay	65.654	65.567	(0.087)	566.466	565.442	(1.024)	779.831	779.831	0.000
Variance to Draft Plan £m	0.825	0.336	(0.489)	7.425	7.428	0.003	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(7.425)	0.000	7.425	(9.900)	0.000	9.900
Total £m	(0.000)	0.336	0.336	(0.000)	7.428	7.428	0.000	9.900	9.900

Progress against savings targets

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

At month 9 the UHB has fully identified schemes to deliver against the £33.780m savings target.

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

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

Underlying deficit position

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

Creditor payment compliance

Month 9 non-NHS Creditor payment compliance was 95.4% for the 9 months to the end of December, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £42.620m at the end of December. Capital expenditure at the end of December was £22.788m against a plan of £24.967m.

Cash

The UHB has a forecast cash deficit of £2.418m. Cash management plans will be developed if Welsh Government cash support is not provided.

The UHB cash balance at the end of December was £3.809m.

What are our key areas of risk?

The key challenges for the UHB in delivering this plan will be:

- Delivery of the identified savings plans
- Managing operational service pressures within current budgets.
- Managing down the underlying deficit

What actions are we taking to improve?

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

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

ASSURANCE is provided by:

The fact that the UHB is making progress in delivering our Operational Delivery Plan for 2018/9 by achieving compliance with 24 of its 67 performance measures

RECOMMENDATION

The Local Partnership Forum is asked to:

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

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Equality and Health Impact Assessment Completed:

Not Applicable

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

**MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00
AM ON 9th JANUARY 2019 IN BOARD ROOM, DENTAL HOSPITAL, UHW**

Present:

Peter Hewin	BAOT/ Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Nicky Bevan	Head of Employee Health & Wellbeing Services
Pauline Williams	RCN Representative
Mathew Thomas	Unison Representative
Lucy Smith	Assistant HR Manager
Bryony Donegan	Senior HR Officer
Becky Corbin	LED Manager
Lizzie Lewis	Assistant HR Officer Intern (minutes)
Abigail Dodwell	PA to Workforce Governance Manager (observing)

EPSG 19/001 WELCOME AND INTRODUCTIONS

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

EPSG 19/002 APOLOGIES FOR ABSENCE

Apologies were received from Terrie Waites, Katrina Griffiths, Leanne Morris, Lianne Morse and Ceri Dolan.

EPSG 19/003 MINUTES FROM THE PREVIOUS MEETING

The Employment Policy Sub Group agreed that the minutes from 15th November 2018 were an accurate record of the meeting.

EPSG 19/004 ACTION LOG

The Group noted the action log.

It was agreed Dr Pressley would liaise with Lianne Morse and Mike Jones regarding the implementation of training and take it to the Workforce Partnership Group.

ACTION: Dr Pressley

Mr Hewin noted that there is still confusion within departments about the use of emails, social media and text messages when contacting patients. It was agreed to keep the EPSG 18/016 action live.

EPSG 19/005

STUDY LEAVE PROCEDURE

Ms Corbin presented the revised Study Leave Procedure. It was explained that the Procedure had been circulated to the Heads of Workforce and OD and other key stakeholder and only minor changes and updates had been made.

Dr Pressley stated that she was not comfortable with the statement 'The EHIA found there to be a positive impact' under the Equality and Health Impact Assessment as the LED Policy and EHIA had not been completed and approved – it was agreed that it would be made clear that this was still in draft.

ACTION: Ms Corbin

EPSG 19/06

MANDATORY TRAINING PROCEDURE

Ms Corbin presented the Mandatory Training Procedure to the group. She explained that a lot of the detail previously contained in the document had been removed and would be included in an online toolkit which accompanied the Procedure. This would make the information more accessible and easier to update as requirements changed.

It was noted that this document had previously been a policy, but that an overarching LED Policy was being developed and would be supported by this along with a PADR Procedure, Study leave guidelines etc.

Staff representative members raised ongoing concerns about staff struggling to access mandatory training courses online. Ms Corbin indicated that the toolkit would help staff access the courses and identify which they needed to complete/

Ms Smith indicated that some members of staff believe that they need to complete the training online AND attend the classroom based sessions. It was agreed that section 1.5 should be reviewed to make it clear that they only need to complete the training once in any given refresher period.

Action: Ms Corbin

Dr Pressley asked the Group for a view on whether or not Mandatory Training Procedure should be approved while the toolkit was incomplete. However, it was noted that the Procedure could not be implemented until the Strategy and Delivery Committee agreed that it could be changed from a policy to a procedure in March 2019, by which time the toolkit would be up and running. Mr Hewin expressed an interest in seeing a mock-up of a Mandatory Training Toolkit before it went live.

ACTION: Ms Corbin

EPSG 19/07

MATERNITY, ADOPTION, PATERNITY AND SHARED PARENTAL LEAVE POLICY & PROCEDURE

Dr Pressley gave a brief overview of the work undertaken to review the Maternity, Adoption, Paternity and Shared Parental Leave Policy and accompanying procedures. She advised that the main changes were:

- The addition of a section on trans/non-binary staff
- A reference to Special Guardianship Orders in the Adoption Procedure
- The widening of the scope of the Paternity Procedure to include parents who are having a baby through a surrogacy arrangement.

It had previously been agreed that the review of the Shared Parental Leave Procedure would be put on hold as it was referenced in the pay discussions. Mr Hewin offered to check that this work was taking place nationally.

ACTION: Mr Hewin

EPSG 19/08

MANAGEMENT OF STRESS AND WELLBEING IN THE WORKPLACE PROCEDURE

The Management of Stress and Wellbeing in the Workplace Procedure was presented to the group and Ms Bevan explained that this procedure will sit under the Health and Wellbeing Policy along with the Alcohol and Substance Misuse Policy and Managing Attendance at Work Policy.

Mr Hewin noted that there should be a paragraph stating that this procedure is closely linked with the Wellbeing Policy of knowing your staff and keeping them in work. Ms Bevan agreed that this paragraph could be included in the Procedure and would send it to Mr Hewin and Dr Pressley to be checked.

ACTION: Ms Bevan

EPSG approved the Procedure, subject to this amendment, but noted that before it could be implemented the Strategy and Delivery Committee would need to be agree to the change in status from Policy to Procedure.

Ms Williams raised concern about those members of staff who are on formal process like a disciplinary and their health and wellbeing suffering as a result and if this should be included in the Procedure. Ms Bevan stated that she didn't believe that it should be included in this procedure, but that she is working on a leaflet pointing to further support regarding this. Ms Donegan and Ms Smith stated that this is something that they will bring to light within the Human Resources Department for improvement.

ACTION: Ms Donegan and Ms Smith

EPSG 19/009

FIXED TERM CONTRACT PROCEDURE

Dr Pressley presented the Fixed Term Contract Procedure in Judith Harrhy's absence. Dr Pressley told the group that the Strategy and Delivery Committee has previously agreed that it could be changed from a policy to a procedure sitting under the Recruitment and Selection Policy. References to legislation had been updated and it had been emphasised that the end date needed to be included in the contract. An additional section stating that HR advice should be sought before making a member of staff permanent after being on a fixed term contract had also been added.

EPSG 19/010

ANY OTHER BUSINESS

There was no other business raised by the members at the meeting.

EPSG 19/011

DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday 7th March 2019 at 10.00am, Classroom 1, UHW