

## Bundle Local Partnership Forum 10 December 2018

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  - 2.5 Review of meeting
  - 2.6 Any other business previously agreed with the Co-Chairs
  - 2.7 Future Meeting Arrangements: Wednesday 6th February at 10am in the HQ Meeting Room, HQ UHW

**LOCAL PARTNERSHIP FORUM – AGENDA**  
**Monday 10 December 2018 at 10.30 am in the HQ Meeting Room,**  
**Headquarters, UHW**

<b>PART 1: Items for Action/Consideration</b>		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on 31 October 2018	Chair
5	Action Log Review	Chair
For Consideration:		
6 10.35	Director of Public Health's report on Physical Activity	Presentation <i>Principal Health Promotion Specialist</i>
7 10.50	Staff Survey Results	<i>Director of Workforce of OD</i>
For Consultation/Negotiation:		
For Communication:		
8 11.00	Update from the Chief Executive	Verbal <i>Chief Executive</i>
9 11.10	Achieving an Estates Infrastructure Fit for the Future	<i>Presentation Executive Director of Strategy &amp; Planning</i>
10 11.25	Transformation Communication Update	<i>Director of Transformation</i>
11 11.35	Integrated Medium Term Plan	Verbal <i>Executive Director of Strategy &amp; Planning</i>
For Appraisal:		
12 11.45	Finance Report	<i>Executive Director of Finance</i>
13 11.50	Workforce Report	<i>Executive Director of WOD</i>
<b>PART 2: Items for information (for noting only)</b>		
1	Patient Safety Quality and Experience report	
2	Performance Report	
3	Unconfirmed Employment Policy Sub Group Minutes from 15 November 2018	
4	Revised Employment Policy Sub Group Terms of Reference	
5	Review of meeting	
6	Any other business previously agreed with the Co-Chairs	
7	Future Meeting Arrangements:	
Close at 12	Wednesday 6 <sup>th</sup> 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)	

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KEEPING PEOPLE WELL**



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WALES

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

**Minutes from the Local Partnership Forum Meeting held on Wednesday 31  
October 2018 at 10am in the Seminar Room 5, 2<sup>nd</sup> Floor, Cochrane  
Building, University Hospital of Wales**

**PRESENT:**

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Ceri Dolan	RCN
Pauline Williams	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Joe Monks	UNISON
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Ffion Mathews	SOCF
Dorothy Debrah	BDA
Stuart Egan	UNISON/Lead Health and Safety Representative
Rhian Wright	RCN
Peter Welsh	Senior Manager, UHL and Barry
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Assistant Director of OD
Fiona Kinghorn	Interim Director of Public Health
Len Richards	Chief Executive
Robert Chadwick	Executive Director of Finance
Nicola Foreman	Director of Corporate Governance
Abigail Harris	Executive Director of Strategy and Planning

**IN ATTENDANCE:**

Lizzie Lewis	Undergraduate Intern (observing)
Suzanne Wood	Consultant in Public Health
Rhiannon Urquart	Principal HP Specialist
Jane Carroll	RCN Officer

**APOLOGIES:**

Andrew Crook	Head of Workforce Governance
Fiona Salter	RCN
Ruth Walker	Executive Director of Nursing
Peter Hewin	BAOT/UNISON
Julia Davies	UNISON
Jo Brandon	Director of Communication and Engagement
Graham Shortland	Medical Director
Janice Aspinall	RCN

**Secretariat:**

Rachel Pressley	Workforce Governance Manager
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**LPF18/069 WELCOME AND INTRODUCTIONS**

Mr Jones welcomed everyone to the meeting and introductions were made. In particular Mr Jones welcomed Jane Carroll from the RCN and Mr Welsh in his new capacity as Senior Manager for UHL and Barry Hospital.

## **LPF18/070 APOLOGIES FOR ABSENCE**

Apologies for absence were **NOTED**.

## **LPF18/071 DECLARATIONS OF INTEREST**

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

## **LPF18/072 MINUTES OF PREVIOUS MEETING**

The Local Partnership Forum approved the minutes from 22 August 2018 as an accurate record of the meeting subject to the following amendment:

*LPF18/059* – Ms Brandon and Mr Jones would meet to discuss communicating the UHB Values, not Mrs Gidman

## **LPF18/073 ACTION LOG REVIEW**

The Local Partnership Forum noted the Action Log.

## **LPF 18/074 HEALTH AND ACTIVE: HEALTHY WEIGHT FRAMEWORK**

Representatives of the Public Health Team attended the meeting to discuss the Healthy Weight Framework 'Moving More, Eating Well' with the Forum. This Framework is being pulled together in response to the Public Health Act and National Obesity Strategy and is about working together with partners to get people moving and eating well.

Four key areas were explored, with the Forum sharing ideas about how to make a difference in terms of a healthy environment, healthy setting, healthy people and healthy weight. Popular ideas included:

1. Healthy affordable meal deals
2. 'Maps and apps' with points for achieving challenges
3. A Board challenge

The final Framework will be published in 2019 but a draft version will be implemented before then and progress will be shared with LPF as it develops.

## **LPF 18/075 CLINICAL STRATEGY UHW/UHL**

Mrs Harris provided the Forum with an update on the Clinical Strategy. This describes how the ambitions set out in Shaping Our Future Wellbeing are to be delivered with defined roles for UHW, UHL, the Wellbeing Hubs and other community services. The core planning assumptions, infrastructure, and role of

technology were considered in the context of the emerging model. A paper is due to go to Board in November, and regular updates will be shared with LPF.

Ms Ward raised concerns about the lack of consultation around the Healthier Wales response document and asked if we could learn from this and ensure that staff and trade unions are involved.

Mr Jones asked about a specific rumour relating to staff at Rookwood who had been told they would be moving before Christmas. Mrs Harris advised that this related to a proposal to move the day hospital and elderly care unit to UHL. She provided assurances that the proposal would be tested and proper engagement would take place but it was hoped that the move could take place before winter because of the poor environment the current service was being delivered in. Mr Jones reiterated that if the Trade Unions are properly informed and involved they can support the UHB with changes of this nature by spreading the key messages and responding to questions from members.

## **LPF 18/076 COMMUNICATING THE CHANGES TO PAY AND TERMS OF CONDITIONS**

Mr Driscoll reminded the Forum that a complex pay deal had been agreed and had been implemented that month, with arrears due to be paid in November 2018. A tool had been developed to help individuals understand their individual pay journey.

Mr Driscoll said that he was interested in hearing any feedback from the Forum, which he would then pass on to NHS Wales as appropriate. The following comments were noted:

- Some members of staff had been affected negatively and actually see this as a pay cut because the increase pushed them into the next bracket for pension contributions. This did not seem to have been anticipated or communicated beforehand
- There did not seem to be an opportunity to engage with staff at an organisational level which meant that when the changes were introduced there was a lack of understanding about what they meant and managers did not feel confident dealing with questions from their staff
- There was a lot of confusion about the Band 1 issue and mixed messages about whether or not individuals can choose to remain in Band 1 posts.

## **LPF 18/077 UPDATE FROM THE CHIEF EXECUTIVE**

The Chief Executive reflected on a recent visit from Canterbury and Lightfoot (an informatics company). He advised that we have now signed a Memorandum of Understanding with Canterbury to work together and learn from each other. A number of workshops had been held with front line staff, using data to understand blockages to the system and how to address them.

Mr Richards also advised that an announcement had been made that a transformation bid of £7.3m over two years had been approved. This would be used

to support 'Me, My home and My Community' which aims to avoid admission or help patients get back home as quickly as possible by ensuring the right care and support is in place.

## **LPF18/078 FINANCE REPORT**

The Local Partnership Forum noted a report detailing the financial position of the UHB for the period ended 31 August 2018.

Mr Chadwick reported that at month 6 it looked likely that we would achieve £9.9m forecasted deficit. We have gone from a £50m deficit to £10m so great progress has been made but it is still a challenge and will remain so, especially as additional funding has been received for specific targeted interventions and it is seen as essential that we deliver a balanced budget next year.

Mr Chadwick advised that next year we would be looking at a 7% uplift in the health budget, which would be the biggest increase for many years. However, it would still be difficult to achieve our target due to the savings required.

*(Mr Richards and Mr Chadwick left the meeting)*

## **LPF 18/079 TRANSFORMATION UPDATE**

Dr Hopkins provided the LPF with an overview of work taking place as part of the Transformation Programme. She advised that 28 of the healthcare pathways had now been completed and that the site would go live in January. She reminded the Forum that this would help reduce variation to deliver the best care, as agreed with clinicians.

The way we work digitally was also being looked at. A model department would trial the work initially, but it was hoped that large numbers of people would see and feel the improvements brought about by being more digitally enabled as this would impact on how they felt about the changes being introduced.

## **LPF 18/080 FREEDOM TO SPEAK UP / RAISING CONCERNS**

Ms Foreman advised that the 'Freedom to Speak Up' helpline had been relaunched the previous week, with a video to promote the importance of raising concerns. A new Standing Operating Procedure had also been launched which brought together all avenues for raising concerns into one system for logging, monitoring and reporting.

The intention was to continue to promote Freedom to Speak Up, with another Communications exercise early in the New Year. Ms Ward requested that staff representatives were fully engaged in this process.

## **LPF18/081    WORKFORCE AND OD KEY PERFORMANCE INDICATORS**

Mr Driscoll reminded the Forum that the staff survey results were now available. He intended to chair a group to take forward the responses and asked for interested volunteers from across the organisation to get involved. Mr Jones agreed that this would be discussed at the staff side meeting and the names would be shared via Dr Pressley.

**ACTION: Mr Jones**

Forum members suggested that there was rich data available from leavers (especially long serving leavers) which should also be captured and considered.

Dr Kinghorn suggested that while 'you said, we did' responses to surveys could be useful, it was important to take personal and individual responsibility into consideration as well as organisational responsibility.

With regards to the Workforce and OD Key Performance Indicators Report, Ms Ward asked if there was any way that progress against the 1% reduction in sickness agreed in the pay deal could be reported.

**Action: Mr Driscoll**

## **LPF18/082    PART 2 – ITEMS FOR NOTING**

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report.
- Performance Report.
- Strategic Planning Flash Report
- Staff Benefits Group Update

## **LPF 18/083    REVIEW OF THE MEETING**

It was agreed that the discussion around the Health Weight Framework should be brought to the attention of the Board

## **LPF 18/084    ANY OTHER BUSINESS**

Mr Monks advised that agency staff were currently used to fill gaps within Operational Services, and suggested that a local Bank would be better. He believed that Bank staff would be more reliable, cheaper and could be trained by us. He advised that this had been discussed at the Service Board Partnership Forum and with the Senior Management Team but he had been told that Executive support was needed before it could be implemented. Dr Hopkins stated that this warranted further discussion and asked Mr Driscoll to take it forward. Mrs Gidman suggested that there were also links with the apprenticeship agenda which could be explored.

**Action: Mr Driscoll**

## **LPF18/085    DATE OF NEXT MEETING**



The next meeting will take place on Monday 10 December 2018 at 10.30am (venue to be confirmed).

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 18/059	22 August 2018	Developing and Delivering our Transformation Programme	It was agreed that Ms Brandon would link in with Mr Jones around the Values communications.	Ms Brandon/ Mr Jones	Verbal update to be provided at the meeting
LPF 18/081	31 October 2018	Workforce KPIs	Names of staff representative members to join staff survey group to be agreed and forwarded to Dr Pressley	Mr Jones	COMPLETE
LPF 18/081	31 October 2018	Workforce KPIs	Determine if there is a way of reporting progress against the 1% reduction in sickness agreed in the pay deal	Mr Driscoll	Discussions taking place at an All-Wales level regarding how this is to be monitored – until national measures/outcomes are agreed local indicators will be of little value. However, data ‘as at the end of last month’ can be provided and once markers for comparison are agreed we will be able to report local progress

					against the 1% improvement requirement.
LPF 18/084	31 October 2018	Any Other Business	Further discussion around the concept of a 'bank' for Operational Services to be taken forward	Mr Driscoll	Discussions taking place with the Head of Workforce and OD. To be raised at Man Execs once further details are known.

<b>REPORT TITLE:</b>	NHS Wales Staff Survey 2018					
<b>MEETING:</b>	Local Partnership Forum			<b>MEETING DATE:</b>	10.12.18	
<b>STATUS:</b>	For Discussion		For Assurance		For Approval	For Information X
<b>LEAD EXECUTIVE:</b>	Executive Director of Workforce and Organisational Development					
<b>REPORT AUTHOR (TITLE):</b>	Executive Director of Workforce and Organisational Development					
<b>PURPOSE OF REPORT:</b>						

## SITUATION:

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the Welsh Partnership Forum (WPF).

The WPF is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

*To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.*

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

## REPORT:

### BACKGROUND:

#### Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

#### Methods of Analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 and 2016 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2018, compared to 2013 and 2016
- The change in score since 2016 (where a comparison is possible)
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

*This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol "s".*

#### Staff Engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

#### Key Findings

The results of the 2018 staff survey in Cardiff and Vale University Health Board continue to show positive improvements in most areas since 2016 survey, and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Of the improvements, many

this time round are significant. Important areas which have shown less positive movements include stress at work and harassment, bullying and abuse.

## Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organization has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

## Team Working

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

## Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

## Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

## Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

## Communication

One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff

(up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

## **Staff Wellbeing**

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

## **Resources**

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

## **Change in Organisation**

All but two scores on staff's attitude to change in their organization have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

## **Learning and Development**

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

## **Diversity**

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

## **Other**

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

The NHS Wales Staff Survey 2018 full report is attached.

## ASSESSMENT:

The UHB needs to fully consider this report and determine an action plan for improvement. This action plan should be drawn up from a range of stakeholders, who will be nominated via the Local Partnership Forum (LPF) and chaired by the Executive Director of Workforce and Organisational Development with the aim of producing a report determining the way forward for approval at the January Strategy and Delivery Committee.

## RECOMMENDATION:

The Local Partnership Forum is asked to:

**NOTE** this report and the creation of an employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB.

### SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	x	Involvement
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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

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Cardiff and Vale  
University Health Board



# NHS Wales Staff Survey 2018

## Cardiff and Vale University Local Health Board

Final 1.0

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# 1 Foreword

## 1.1 Cabinet Secretary Foreword

The results of this year's survey show that the experience of NHS staff in Wales is increasingly positive in most areas, which is really encouraging. Scores for the majority of questions have improved, many significantly. The overall engagement index has increased from 3.65 to 3.82, this is great news and indicates that various approaches that have been put in place, in particular motivation and commitment, and employees' well-being and performance are improving in Wales.

More staff than ever before have responded to the 2018 NHS Wales staff survey, and I would like to thank the 25,000 of you who took the time to participate. The high number of participants has given us the most robust data on staff opinion we have ever had. Importantly, this indicates that it is becoming more normal within our systems to give and receive feedback at work.

We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place.

While the majority of scores have improved, I am concerned that this year's survey shows an increase in the number of respondents who have experienced bullying, harassment and abuse in the workplace. This is totally unacceptable. I will be asking the Welsh Partnership Forum to oversee an All Wales approach to understand these results, and importantly, to address them in line with our commitment to the wellbeing of the health and social care workforce in Wales as outlined in 'A Healthier Wales'.

## 1.2 Welsh Partnership Forum Joint Chairs' Foreword

As co-chairs of the Welsh Partnership Forum we see the national survey of health service staff across Wales as an essential measure of staff engagement, experience and service management. We have been proud to direct the design and delivery of the NHS Wales Staff Survey 2018 and are looking forward to presenting the results. These are the views of you, our staff and members, and what you have to say matters.

Since 2013 we have worked in partnership to design, deliver and co-produce the survey which has enabled Welsh Government, the NHS Wales Trade Unions and NHS Wales Management to ensure that your vital opinions are gathered. Importantly, this allows for us to commit to joint actions to be taken to ensure that the things that matter to you become tangible and positive drivers for change.

It is very encouraging that the overall results of the staff survey this year suggest a positive experience for the majority of you, with the engagement index having seen a further increase from the previous two surveys. It has been important to us that we kept many questions the same as in previous years to allow for comparisons to be made year on year. The responses reflect the experience of staff working across all areas of our Health Boards and Trusts, providing and supporting the care of citizens in Wales. We welcome the general positive shift in most of the questions when compared with 2013 and 2016 results.

Whilst this is very encouraging news we cannot be complacent and will be working together to ensure that the improvement continues in those areas that have seen a positive shift. In addition, some of the results clearly indicate key areas where there is more work to be done to improve the experience of working within NHS Wales. As co-chairs and therefore co-leaders of the Welsh Partnership Forum we are committed to ensuring that this work is prioritised and effectively undertaken. We expect the same level of commitment and determination from our Health Boards and NHS Trusts to work in partnership with local trades unions to determine actions that need to be progressed to respond to their local results. These actions will be embedded within local plans with rigorous monitoring of progress via local partnership arrangements. By working together at both national and local level we expect to see a continuation of the improvement in the next NHS Wales staff survey.

**Dr Andrew Goodall**  
*Director General of Health and  
Social Services/Chief Executive  
NHS Wales*

**Helen Whyley RN MA**  
*Welsh Partnership Forum Trade  
union group*

**Tracy Myhill**  
*Chief Executive  
Abertawe Bro Morgannwg  
University Health Board*

## 2 Executive Summary

### 2.1 Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

### 2.2 Methods of Analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 and 2016 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2018, compared to 2013 and 2016
- The change in score since 2016 (where a comparison is possible)
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

*This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol “S”.*

### 2.3 Staff engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

### 2.4 Key findings

The results of the 2018 staff survey in Cardiff and Vale University Local Health Board continue to show positive improvements in most areas since the 2016 survey, and the Trust is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Of the improvements, many this time round are significant. Important areas which have shown less positive movements include stress at work and harassment, bullying and abuse.

#### Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed

treatment, they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

## **Team Working**

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

## **Line Managers**

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

## **Senior Managers**

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

## **Executive Team**

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

## **Communication**

One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

## **Staff Wellbeing**

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

## **Resources**

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

## **Change in the Organisation**

All but two scores on staff's attitude to change in their organisation have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

## **Learning and Development**

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

## **Diversity**

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

## **Other**

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).



## 3 Survey background and methodology

### 3.1 Introduction

The Welsh Partnership Forum (WPF) is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the WPF.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

*To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.*

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

### 3.2 Methodology

There were some important changes to the methodology in this year's survey. Firstly, following the 2016 survey which was sent to a 50% sample of eligible staff, it was agreed that this year's survey would be sent to a full census – 100% - of all eligible staff.

Secondly, the log in process was changed this year. Previously, staff received an email which gave them a unique password. As each member of staff currently has a unique number which is assigned to them – their payroll number – the Project Board agreed that this would be used as the unique identifier for those completing the survey. This way, the survey could be more creatively promoted through social media links and through ESR. Staff could click on any of the links they saw, to access the survey, rather than solely relying on receiving an email from Quality Health.

Organisations were able to provide lists of staff who were required to receive a paper copy of the questionnaire, as well as paper reminders. The percentage of paper surveys produced this year was significantly down on the previous year. (The 2016 survey saw 71% electronic, 29% paper copies; while the 2018 survey saw 88% electronic, 12% paper).

### 3.3 The questionnaire

Following feedback on the previous survey, there was some desire to shorten the questionnaire this time around and to remove some of the questions which were repetitive or not useful.

The questionnaire was thoroughly reviewed by the Project Board and there were amendments to some of questions agreed as follows:

- 77 questions and sub-questions remained unchanged
- 2 questions were amended but were agreed to be comparable

- There were 33 new questions or sub questions added

79 questions or sub questions from the 2018 survey remain comparable with 2016.

### **3.4 Send out and timing of the survey**

The Project Board agreed a send out timetable which aimed to maximise the fieldwork period in order that the highest response rate possible was achieved. In another change to the 2016 arrangements, the send out took place before the summer holiday period. Therefore, initially, a six week fieldwork period was agreed as follows:

- First send out – 11 June 2018
- First reminder – 25 June 2018
- Final reminder – 9 July 2018
- Fieldwork closes – 22 July 2018

Reminders were only sent to those members of staff who had not yet responded to the survey.

Staff who received an electronic survey were contacted by email and then followed a link to the online survey which was accessed using their payroll number as a unique identifier. Staff were able to complete the survey in part, log out, and then re-login to complete the survey. Reminder emails were sent to all those who had not submitted a completed a survey. Through the fieldwork period, staff could also access the survey through the link being promoted on social media and on ESR.

Postal recipients received their surveys via the internal post of their respective organisations. Again, only those who had not returned a completed survey were sent a reminder. The first reminder was a standalone letter; with the second, final reminder containing another printed copy of the questionnaire, some organisations chose not to send the second paper reminder due to the logistics of posting the surveys to home addresses in a timely manner.

The Project Board closely monitored the response rates in each organisation as the fieldwork period passed. Following the Project Board meeting on the 17 July 2018, it was agreed that the fieldwork period would be extended by a further two weeks and brought the length of the fieldwork to eight weeks. The 2016 survey was open for a total of 10 weeks. The Board agreed that further time would allow for a greater number of responses to be collected, and would result in ultimately more robust data.

The additional fieldwork therefore looked like this:

- Additional electronic reminder sent – 23 July 2018
- Final electronic reminder sent – 1 August 2018
- Fieldwork closes – 5 August 2018

## 4 Response Rates

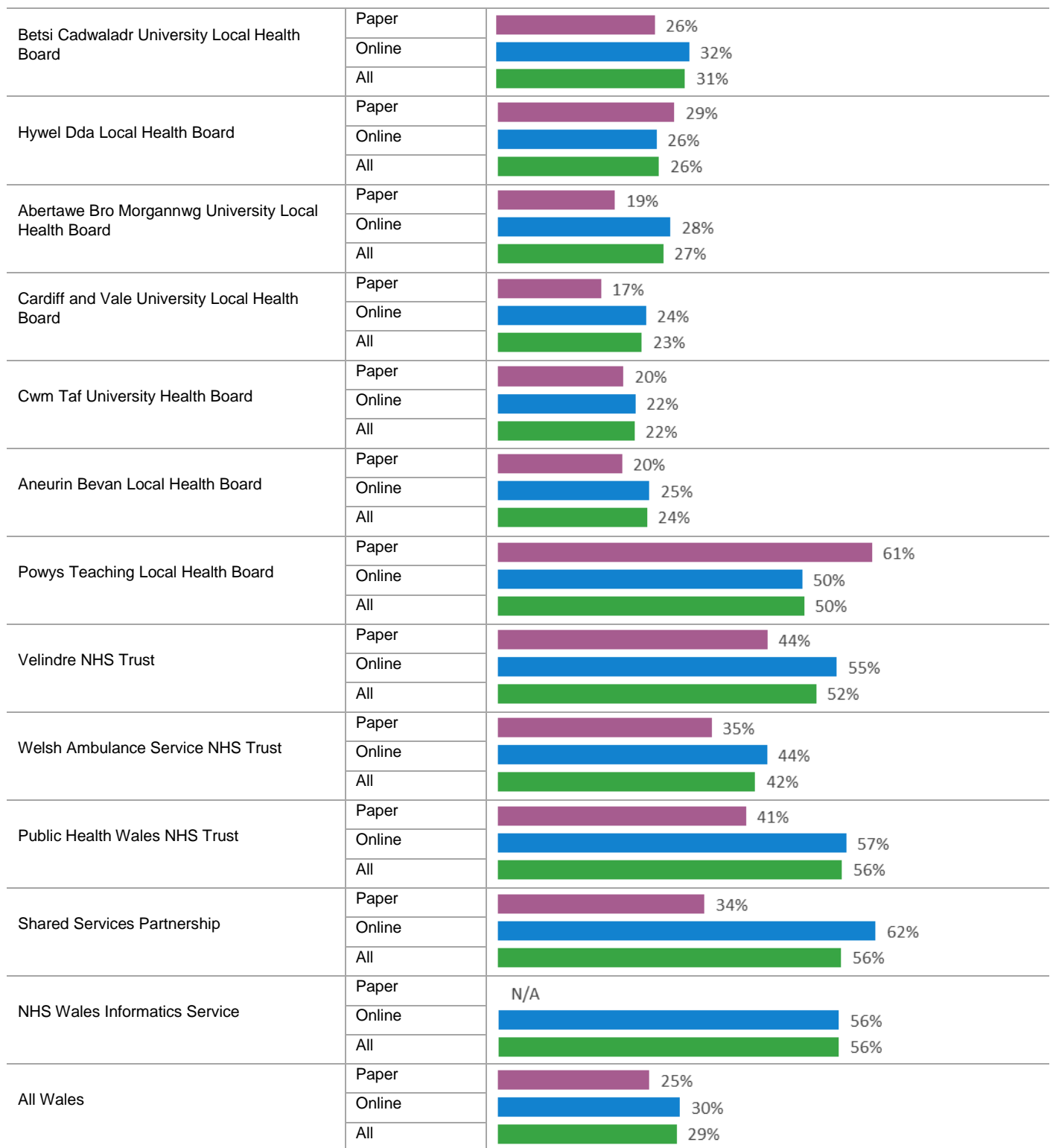
25,521 staff completed and returned the questionnaire, a response rate overall of 29%. This makes the 2018 survey the biggest collection of opinion of the NHS workforce in Wales that has ever been gathered. The last full census survey in 2013 had a 27% response rate; there was a 38% response rate from the fifty percent sample in 2016.

From a statistical viewpoint, the dataset is extremely robust with these high numbers (as a comparison, the equivalent survey in England requires only 1,250 staff in most organisations to be surveyed, with a response rate of around 50%). It will allow a much more detailed breakdown of data within individual organisations than in 2016: the actual number of respondents has increased by approximately 50%.

### 4.1 Response Rate Table

Organisation	Send Out	Total Sent	Completed	Blank	Ineligible	Refused	Non Returned	Response
Betsi Cadwaladr University Local Health Board	All	17,730	5,276	11	581	14	11,848	31%
	Online	15,325	4,699	7	411	14	10,194	32%
	Paper	2,405	577	4	170	0	1,654	26%
Hywel Dda Local Health Board	All	9,484	2,401	9	320	0	6,754	26%
	Online	8,044	2,040	6	136	0	5,862	26%
	Paper	1,440	361	3	184	0	892	29%
Abertawe Bro Morgannwg University Local Health Board	All	15,966	4,086	8	793	0	11,079	27%
	Online	13,665	3,706	8	485	0	9,466	28%
	Paper	2,301	380	0	308	0	1,613	19%
Cardiff and Vale University Local Health Board	All	14,482	3,382	4	43	1	11,052	23%
	Online	13,078	3,154	4	0	1	9,919	24%
	Paper	1,404	228	0	43	0	1,133	17%
Cwm Taf University Health Board	All	8,208	1,747	5	360	0	6,096	22%
	Online	7,649	1,644	4	305	0	5,696	22%
	Paper	559	103	1	55	0	400	20%
Aneurin Bevan Local Health Board	All	13,057	3,165	8	2	0	9,882	24%
	Online	11,877	2,926	8	2	0	8,941	25%
	Paper	1,180	239	0	0	0	941	20%
Powys Teaching Local Health Board	All	2,123	1,029	3	67	0	1,024	50%
	Online	2,046	996	3	44	0	1,003	50%
	Paper	77	33	0	23	0	21	61%
Velindre NHS Trust	All	1,369	698	2	24	0	645	52%
	Online	957	521	1	15	0	420	55%
	Paper	412	177	1	9	0	225	44%
Welsh Ambulance Service NHS Trust	All	3,277	1,335	4	97	0	1,841	42%
	Online	2,524	1,095	2	31	0	1,396	44%
	Paper	753	240	2	66	0	445	35%
Public Health Wales NHS Trust	All	1,738	961	3	28	0	746	56%
	Online	1,662	931	3	26	0	702	57%
	Paper	76	30	0	2	0	44	41%
Shared Services Partnership	All	2,075	1,099	2	115	0	859	56%
	Online	1,659	966	0	93	0	600	62%
	Paper	416	133	2	22	0	259	34%
NHS Wales Informatics Service	All	616	342	1	1	0	272	56%
	Online	616	342	1	1	0	272	56%
	Paper	0	0	0	0	0	0	N/A
All Wales	All	90,125	25,521	60	2,431	15	62,098	29%
	Online	79,102	23,020	47	1,549	15	54,471	30%
	Paper	11,023	2,501	13	882	0	7,627	25%

## 4.2 Response Rate Charts



## 5 Overall job satisfaction and engagement

### 5.1 Methodology

The table below details the methodology used for presenting scale scores out of 5, with 5 being the most positive for the staff engagement index. This uses the same seven questions to arrive at the three theme level scores and calculate an overall engagement index score as follows:

Theme	Questions	Recoding (where appropriate)	Denominator/ base calculation	Numerator/score calculation
Intrinsic psychological engagement	I look forward to going to work	5-point scale response options coded as worst=1, best =5	Those who answered at least two of the three questions	The mean of the scores for each question (worst =1 best =5)
	I'm enthusiastic about my job			
	I am happy to go the extra mile at work when required			
Ability to contribute towards improvements at work	I am able to make improvements in my area of work	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)
	I am involved in deciding on the changes that affect my work/area/team/department			
Staff advocacy and recommendation	I would recommend my organisation as a place to work	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)
	I am proud to tell people I work for my organisation			

An average of the 3 theme level scores is then calculated to arrive at the overall engagement index score.

### 5.2 Engagement Index Summary

The engagement index scores for Cardiff and Vale University Local Health Board have improved since 2016 in all three themes making up the score. This is particularly the case in the 'ability to contribute towards improvements at work' theme which has seen a 0.34 improvement.

Cardiff and Vale University Local Health Board's engagement scores are above the overall NHS Wales score in one of the three themes, the other two themes the score is level with NHS Wales. The overall engagement index score is 3.83 (up from 3.64) and is slightly above the overall engagement index score for NHS Wales (3.82).

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

## 6 Results by section

### 6.1 Reading the Charts

There are two types of charts used in the report to show results for evaluative questions. The notes below explain how to read each type of chart.

### 6.2 Rated Results

For each question displayed the number of responses upon which the percentages are based is displayed in the first column. The second column shows the number of non-respondents for the question.

Each chart represents the range of responses to an evaluative question. Colour coding is applied to denote the degree of positivity associated with each response option ranging from dark red for the most negative to dark green for the most positive. The number of coloured segments is dependent on the number of evaluative responses for each question. Non-specific responses such as 'Not applicable' are excluded from the scoring and charting.

The scores from both 2013 and 2016 are displayed underneath the scores for 2018. The scores for 2018 have been highlighted in grey. For all questions, a positive measure is taken. However, for a small number of questions, where the question is phrased negatively, a positive response is not the preferred response. For example:

"Have you felt pressure from your manager to come to work?".

These negative questions are highlighted with a shaded background.

The change from 2018 to 2016 and 2016 to 2013 is displayed to the right of these scores. Changes over time which are statistically significant are annotated with an "S" and colour coded either red or green dependent on the direction of movement.

Please note that there may be some changes from 2016 and 2013 which display as either "+0%" or "-0%". These represent small positive or negative variances which round to 0% when no decimal places are displayed.

### 6.3 Variation Charts

These charts show how the overall NHS Wales 2018 score compares to the range of scores from all organisations.

The grey bar shows the range of 2018 scores from all organisations, with the beginning of the grey bar being the lowest scoring organisation and the end of the grey bar being the highest scoring organisation. The vertical blue bar shows the overall NHS Wales score for 2018.

As with the rated results charts, any questions where a negative measure is taken is highlighted with a red border and a shaded background.

The 2018 overall NHS Wales score is shown to the right of the chart.

## 7 Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

## 7.1 Values - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation has a clear set of values which I understand.	2018	3,117	265	<div><div>38%</div><div>50%</div><div>8%</div><div></div><div></div></div>					88%		+6% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
I believe and share in my organisation's values.	2018	3,086	296	<div><div>44%</div><div>45%</div><div>9%</div><div></div><div></div></div>					88%		+7% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
Do you know what the NHS Core Principles are?	2018	3,114	268	<div><div>41%</div><div>51%</div><div>7%</div><div></div><div></div></div>					93%		+3% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>Yes, definitely</div><div>Yes, to some extent</div><div>No</div></div>											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I look forward to going to work.	2018	3,116	266	<div><div>15%</div><div>44%</div><div>29%</div><div>9%</div><div></div></div>					60%		-0%
	2016	2,520	18	<div><div>14%</div><div>41%</div><div>31%</div><div>11%</div><div></div></div>					55%	+4% <sup>s</sup>	-1%
	2013	2,712	12	<div><div>10%</div><div>37%</div><div>36%</div><div>14%</div><div></div></div>					47%	+8% <sup>s</sup>	-2% <sup>s</sup>
I'm enthusiastic about my job.	2018	3,098	284	<div><div>33%</div><div>41%</div><div>21%</div><div></div><div></div></div>					73%		+0%
	2016	2,477	61	<div><div>29%</div><div>40%</div><div>23%</div><div></div><div></div></div>					69%	+4% <sup>s</sup>	+1%
	2013	2,634	90	<div><div>23%</div><div>39%</div><div>28%</div><div>9%</div><div></div></div>					62%	+7% <sup>s</sup>	-0%
<div><div>Always</div><div>Often</div><div>Sometimes</div><div>Rarely</div><div>Never</div></div>											



## 7.1 Values - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I would recommend my organisation as a place to work.	2018	3,113	269	19%	46%	20%	11%		64%	+2%	-2%
	2016	2,396	142	18%	44%	21%	11%		62%	+15% <sup>S</sup>	+1%
	2013	2,704	20	9%	38%	29%	16%	8%	47%		-1%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	2018	3,111	271	24%	54%	15%			79%	+7% <sup>S</sup>	+5% <sup>S</sup>
	2016	2,393	145	20%	51%	19%	8%		71%	+17% <sup>S</sup>	+3% <sup>S</sup>
	2013	2,704	20	10%	45%	27%	15%		55%		+2% <sup>S</sup>
I am proud to tell people I work for my organisation.	2018	3,110	272	31%	44%	19%			75%	+6% <sup>S</sup>	+3% <sup>S</sup>
	2016	2,398	140	26%	43%	24%			69%	+16% <sup>S</sup>	+3% <sup>S</sup>
	2013	2,705	19	13%	40%	34%	10%		53%		+1%
Care of patients / service users is my organisation's top priority.	2018	3,107	275	34%	45%	12%	8%		79%	+4% <sup>S</sup>	+4% <sup>S</sup>
	2016	2,383	155	33%	42%	16%	7%		75%	+13% <sup>S</sup>	+1%
	2013	2,604	120	22%	40%	21%	13%		62%		+3% <sup>S</sup>
I feel that my role makes a difference to patients / service users.	2018	3,117	265	43%	46%	9%			89%	-2% <sup>S</sup>	+1%
	2016	2,529	9	43%	48%	7%			91%	+7% <sup>S</sup>	+3% <sup>S</sup>
	2013	2,709	15	35%	49%	12%			84%		+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

## 7.2 Values - Variation Charts



## 8 Team Working

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

## 8.1 Team Working – Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
Team members have a set of shared objectives.	2018	3,191	191	27%	55%	9%	7%	82%	+8% <sup>s</sup>	-1%
	2016	2,256	282	20%	54%	15%	9%	74%	+6% <sup>s</sup>	-0%
	2013	2,469	255	15%	53%	19%	10%	68%		-1%
Team members trust each other.	2018	3,193	189	28%	47%	15%	8%	75%	-	+1%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members trust each other's contributions.	2018	3,188	194	26%	48%	15%	9%	74%	-	+0%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members take time out to reflect and learn.	2018	3,186	196	18%	40%	22%	16%	58%	-	-2%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
Team members often meet to discuss the team's effectiveness.	2018	3,182	200	20%	36%	18%	19%	7%	+3% <sup>s</sup>	-2% <sup>s</sup>
	2016	2,258	280	16%	38%	19%	20%	8%	+3% <sup>s</sup>	-3% <sup>s</sup>
	2013	2,468	256	13%	38%	17%	22%	10%		+0%
Team members have to communicate closely with each other to achieve the team's objectives.	2018	3,183	199	36%	49%	10%		85%	+8% <sup>s</sup>	+1%
	2016	2,257	281	28%	49%	15%		77%	+2% <sup>s</sup>	+0%
	2013	2,468	256	24%	51%	14%	7%	75%		+2%
Team members work well with people in other teams.	2018	3,192	190	25%	48%	18%	7%	73%	-	-2% <sup>s</sup>
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>										

## 8.2 Team Working - Variation Charts



## 9 Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

## 9.1 Line Managers - Rated Results

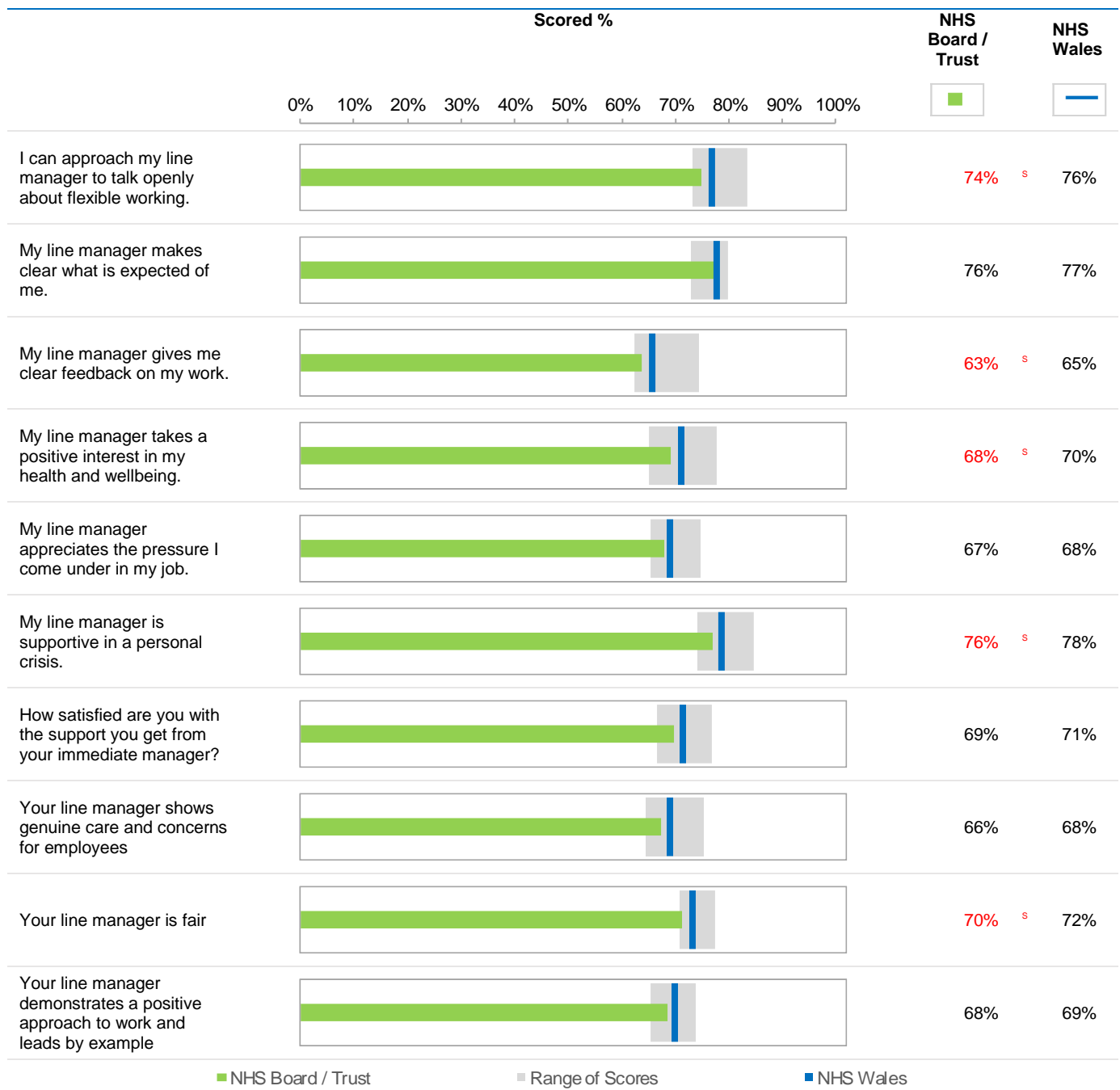
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can approach my line manager to talk openly about flexible working.	2018	3,340	42	39%	35%	12%	8%		74%	+8% <sup>S</sup>	-2% <sup>S</sup>
	2016	2,458	80	28%	38%	19%	9%		66%	+8% <sup>S</sup>	-1%
	2013	2,702	22	20%	38%	21%	13%	8%	59%		-2% <sup>S</sup>
My line manager makes clear what is expected of me.	2018	3,335	47	35%	42%	13%	8%		76%	+5% <sup>S</sup>	-0%
	2016	2,451	87	28%	44%	20%			71%	+10% <sup>S</sup>	+1%
	2013	2,696	28	21%	41%	23%	11%		61%		-1%
My line manager gives me clear feedback on my work.	2018	3,328	54	31%	32%	18%	13%		63%	+11% <sup>S</sup>	-2% <sup>S</sup>
	2016	2,447	91	19%	33%	26%	14%	7%	52%	+10% <sup>S</sup>	-1%
	2013	2,696	28	14%	28%	28%	19%	10%	42%		-2%
My line manager takes a positive interest in my health and wellbeing.	2018	3,332	50	36%	32%	17%	9%		68%		-2% <sup>S</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My line manager appreciates the pressure I come under in my job.	2018	3,332	50	34%	33%	16%	10%	7%	67%	+3% <sup>S</sup>	-1%
	2016	2,450	88	27%	37%	20%	11%		64%	+7% <sup>S</sup>	-1%
	2013	2,699	25	20%	37%	21%	14%	8%	57%		-1%
My line manager is supportive in a personal crisis.	2018	3,323	59	44%	32%	16%			76%	+1%	-2% <sup>S</sup>
	2016	2,443	95	40%	35%	17%			75%	+4% <sup>S</sup>	-1%
	2013	2,697	27	33%	37%	19%			71%		-1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

## 9.1 Line Managers - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
How satisfied are you with the support you get from your immediate manager?	2018	3,327	55	32%	36%	16%	9%		69%	+2%	-2%
	2016	2,514	24	33%	34%	15%	11%	7%	67%	+6% <sup>s</sup>	-1%
	2013	2,704	20	27%	33%	15%	14%	10%	60%		-1%
<div> <div></div> Very satisfied           <div></div> Satisfied           <div></div> Neither satisfied nor dissatisfied           <div></div> Dissatisfied           <div></div> Very dissatisfied         </div>											
How often would you say your line manager shows genuine care and concerns for employees?	2018	3,334	48	34%	32%	22%	8%		66%	+6% <sup>s</sup>	-2%
	2016	2,458	80	29%	32%	24%	10%		61%	+6% <sup>s</sup>	-2%
	2013	2,701	23	23%	31%	27%	12%	7%	54%		-1%
How often would you say your line manager is fair?	2018	3,315	67	37%	33%	22%			70%		-2% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
How often would you say your line manager demonstrates a positive approach to work and leads by example?	2018	3,325	57	38%	30%	19%	8%		68%	+9% <sup>s</sup>	-1%
	2016	2,454	84	28%	31%	23%	11%	7%	59%	+8% <sup>s</sup>	-1%
	2013	2,695	29	20%	31%	27%	12%	9%	51%		-1%
<div> <div></div> Always           <div></div> Often           <div></div> Sometimes           <div></div> Rarely           <div></div> Never         </div>											



## 9.2 Line Managers - Variation Charts



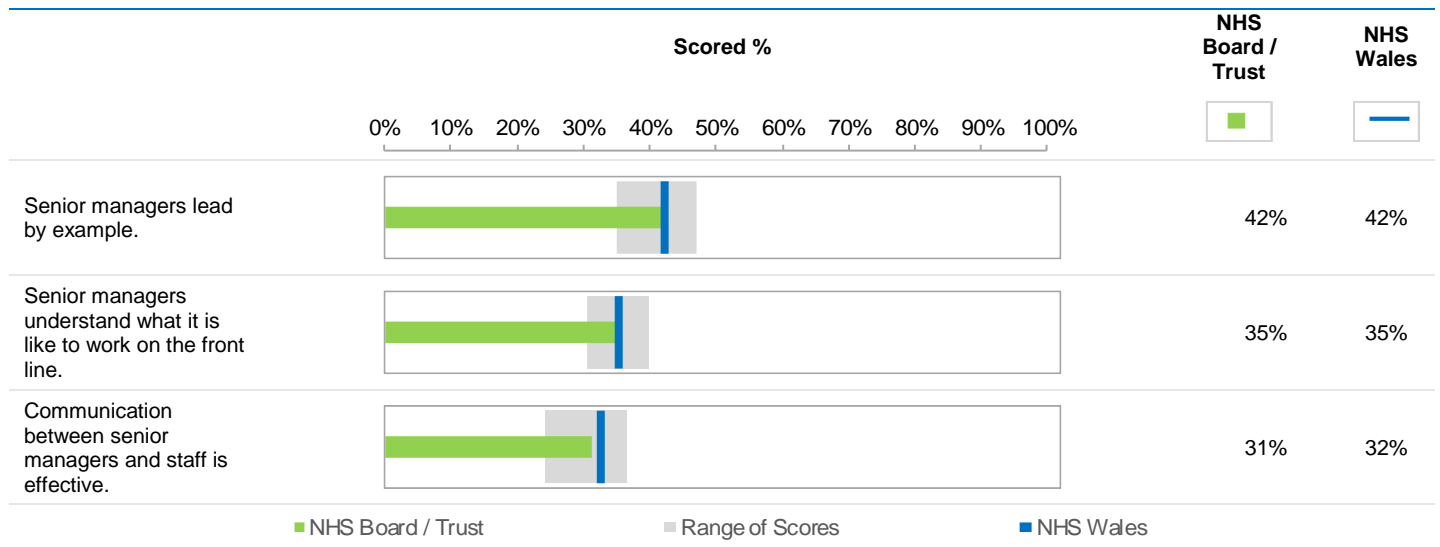
## 10 Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

## 10.1 Senior Managers - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
Senior managers lead by example.	2018	3,334	48	10%	31%	34%	17%	7%	42%		+0%
	2016	2,431	107	10%	26%	39%	16%	9%	36%	+6% <sup>s</sup>	+1%
	2013	2,694	30		21%	42%	20%	11%	27%	+9% <sup>s</sup>	+1%
Senior managers understand what it is like to work on the front line.	2018	3,334	48	9%	26%	27%	23%	15%	35%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
Communication between senior managers and staff is effective.	2018	3,331	51	7%	24%	28%	25%	16%	31%		-1%
	2016	2,450	88	7%	22%	33%	25%	14%	28%	+2%	-0%
	2013	2,690	34		18%	31%	29%	18%	22%	+6% <sup>s</sup>	+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

## 10.2 Senior Managers - Variation Charts



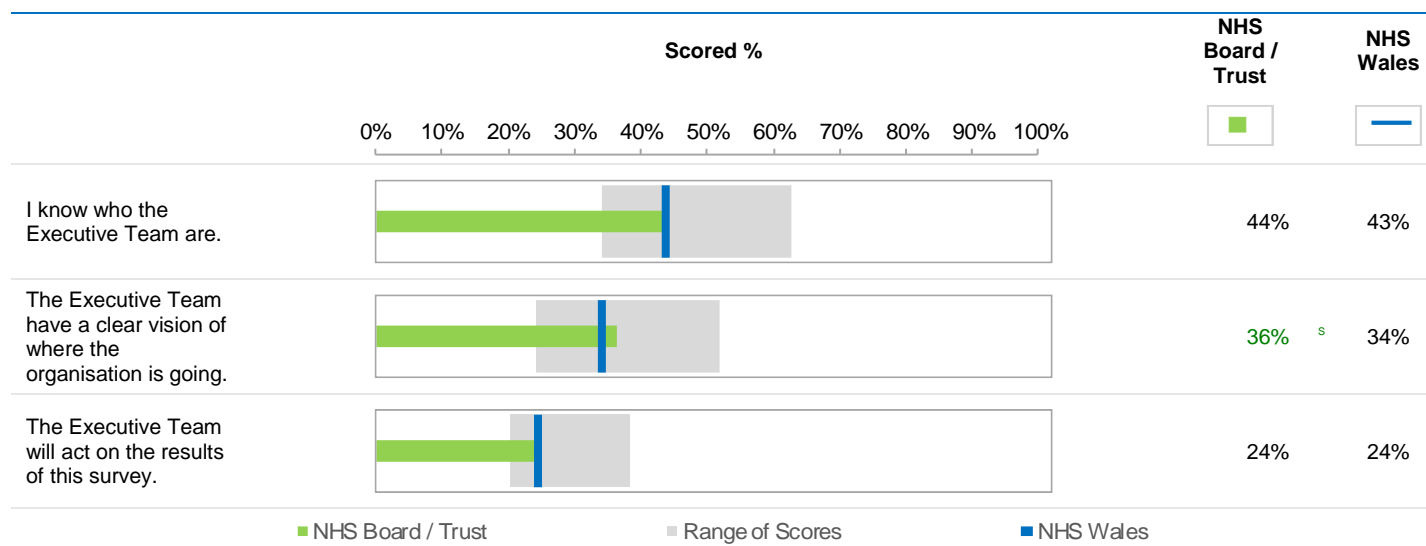
## 11 Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

## 11.1 Executive Team - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I know who the Executive Team are.	2018	3,296	86	11%	32%	19%	26%	11%	44%		+0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
The Executive Team have a clear vision of where the organisation is going	2018	3,285	97	7%	29%	48%	11%		36%		+2% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
The Executive Team will act on the results of this survey.	2018	3,287	95		19%	48%	16%	12%	24%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>■ Strongly agree</div><div>■ Agree</div><div>■ Neither agree nor disagree</div><div>■ Disagree</div><div>■ Strongly disagree</div></div>											

## 11.2 Executive Team - Variation Charts



## 12 Communication

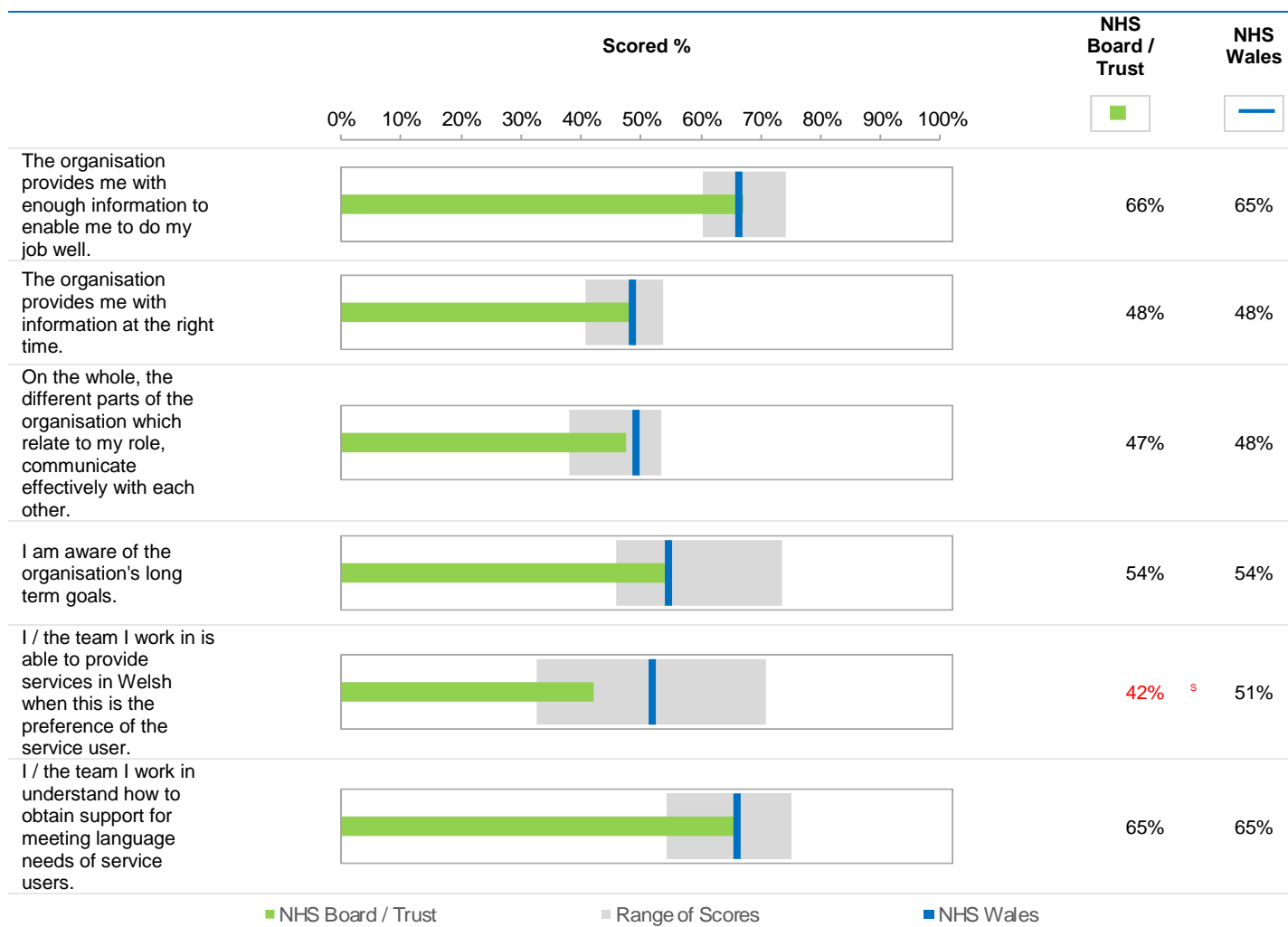
One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.



## 12.1 Communication - Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
The organisation provides me with enough information to enable me to do my job well.	2018	3,326	56	11%	55%	21%	10%	66%		+1%
	2016	2,423	115	11%	49%	27%	11%	59%	+7% <sup>s</sup>	+1%
	2013	2,686	38		44%	32%	13%	50%	+10% <sup>s</sup>	+1%
The organisation provides me with information at the right time.	2018	3,319	63	7%	40%	32%	17%	48%		-0%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
On the whole, the different parts of the organisation which relate to my role, communicate effectively with each other.	2018	3,321	61	7%	40%	27%	21%	47%		-2%
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
I am aware of the organisation's long term goals.	2018	3,317	65	10%	44%	26%	16%	54%		+0%
	2016	2,419	119	10%	40%	27%	18%	50%	+4% <sup>s</sup>	-0%
	2013	2,685	39		37%	27%	23%	43%	+7% <sup>s</sup>	+2%
I / the team I work in is able to provide services in Welsh when this is the preference of the service user.	2018	3,308	74	9%	33%	26%	22%	42%		-10% <sup>s</sup>
	2016	2,407	131	8%	31%	28%	22%	39%	+2%	-9% <sup>s</sup>
	2013	2,674	50		27%	26%	26%	32%	+8% <sup>s</sup>	-10% <sup>s</sup>
I / the team I work in understand how to obtain support for meeting language needs of service users.	2018	3,307	75	15%	49%	21%	10%	65%		-1%
	2016	2,405	133	14%	46%	25%	10%	60%	+4% <sup>s</sup>	-1%
	2013	2,679	45	9%	46%	25%	12%	55%	+5% <sup>s</sup>	+2% <sup>s</sup>
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

## 12.2 Communication - Variation Charts



## 13 Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

## 13.1 Staff Wellbeing - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of belonging?	2018	3,328	54	19%	49%	19%	11%		67%	-	-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of purpose?	2018	3,324	58	26%	54%	12%			79%	-	+0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of achievement?	2018	3,317	65	22%	47%	17%	10%		69%	-	-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of opportunity?	2018	3,325	57	15%	36%	23%	18%	9%	51%	-	-2%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of fulfilment?	2018	3,319	63	18%	44%	21%	12%		62%	-	+1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of progress?	2018	3,314	68	13%	35%	25%	18%	10%	48%	-	-1%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
To what extent do you agree or disagree that your job gives you a feeling of job satisfaction?	2018	3,321	61	19%	47%	19%	11%		66%	-	-0%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

### 13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of happiness?	2018	3,316	66	15%	41%	25%	13%		56%		-0%
	2016	-	-	No comparable data to previous years					-	-	-
										-	
	2013	-	-	No comparable data to previous years					-		-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>											

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2018	3,318	64	37%		63%			63%	+7% <sup>S</sup>	-0%
	2016	2,390	148	43%		57%			57%	-15% <sup>S</sup>	-1%
	2013	2,709	15	29%		71%			71%		+0%
Have you felt pressure from your manager to come to work?	2018	2,095	1,287	75%		25%			25%	-6% <sup>S</sup>	+2% <sup>S</sup>
	2016	1,338	1,200	69%		31%			31%	-8% <sup>S</sup>	+1%
	2013	1,916	808	61%		39%			39%		-0%
Have you felt pressure from your colleagues to come to work?	2018	2,097	1,285	80%		20%			20%	-3%	+3% <sup>S</sup>
	2016	1,342	1,196	77%		23%			23%	-7% <sup>S</sup>	+2%
	2013	1,906	818	71%		29%			29%		+3% <sup>S</sup>
<div> <div></div> No           <div></div> Yes         </div>											

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation is committed to helping staff balance their work and home life.	2018	3,306	76	10%	40%	28%	16%	7%	50%	+5% <sup>S</sup>	+1%
	2016	2,382	156	12%	32%	33%	15%		45%	+7% <sup>S</sup>	+2%
	2013	2,590	134	7%	30%	34%	21%	8%	38%		+5% <sup>S</sup>
<div> <div></div> Strongly agree           <div></div> Agree           <div></div> Neither agree nor disagree           <div></div> Disagree           <div></div> Strongly disagree         </div>											

### 13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.			% Positive responses	Year on year change	Diff v NHS Wales
During the last 12 months have you been injured or felt unwell as a result of work related stress?	2018	3,310	72	<div><div>66%</div></div>	<div><div>34%</div></div>	34%	+6% <sup>s</sup>	+0%
	2016	2,398	140	<div><div>72%</div></div>	<div><div>28%</div></div>	28%	-7% <sup>s</sup>	-0%
	2013	2,656	68	<div><div>65%</div></div>	<div><div>35%</div></div>	35%		+2%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	2018	3,289	93	<div><div>78%</div></div>	<div><div>22%</div></div>	22%	+2% <sup>s</sup>	+2% <sup>s</sup>
	2016	2,390	148	<div><div>80%</div></div>	<div><div>20%</div></div>	20%	+1%	+3% <sup>s</sup>
	2013	2,687	37	<div><div>81%</div></div>	<div><div>19%</div></div>	19%		+1%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers / line managers / team leaders or other colleagues?	2018	3,290	92	<div><div>82%</div></div>	<div><div>18%</div></div>	18%	+3% <sup>s</sup>	+0%
	2016	2,395	143	<div><div>84%</div></div>	<div><div>16%</div></div>	16%	-5% <sup>s</sup>	+0%
	2013	2,680	44	<div><div>79%</div></div>	<div><div>21%</div></div>	21%		+2% <sup>s</sup>
				■ No		■ Yes		

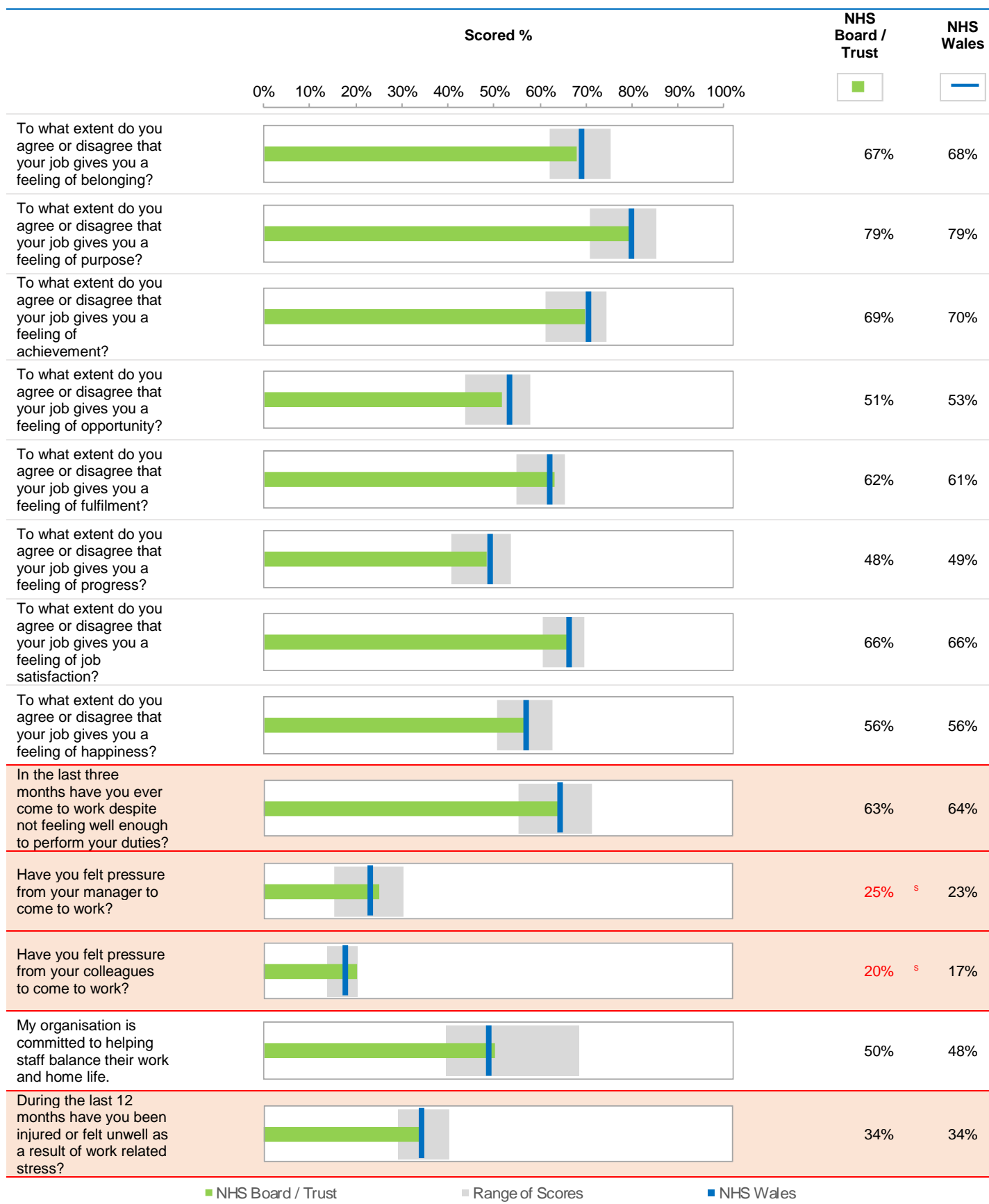
  

	Year	No of Resp.	Non Resp.			% Positive responses	Year on year change	Diff v NHS Wales
If you were to experience harassment, bullying or abuse at work, would you know how to report it?	2018	3,301	81	<div><div>49%</div></div>	<div><div>45%</div></div>	94%		+1%
	2016	-	-	No comparable data to previous years		-	-	-
	2013	-	-	No comparable data to previous years		-	-	-
				■ Yes, definitely		■ Yes, to some extent		■ No

### 13.1 Staff Wellbeing - Rated Results (continued)

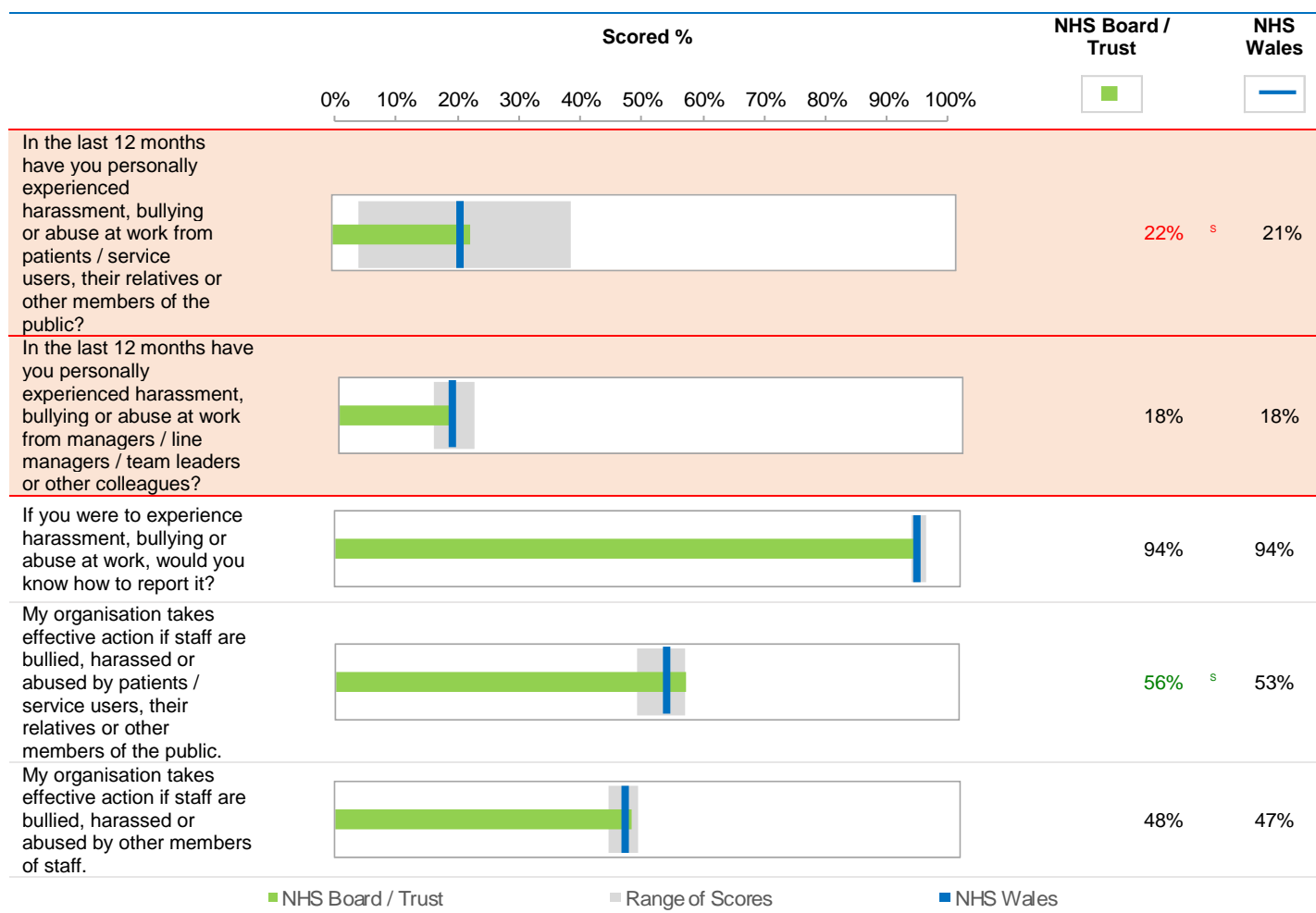
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public.	2018	3,306	76	15%	41%	32%	9%		56%	-	+3% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
				No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My organisation takes effective action if staff are bullied, harassed or abused by other members of staff.	2018	3,309	73	13%	35%	33%	13%		48%	-	+1%
	2016	-	-	No comparable data to previous years					-	-	-
				No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>											

## 13.2 Staff Wellbeing - Variation Charts





## 13.2 Staff Wellbeing - Variation Charts (continued)



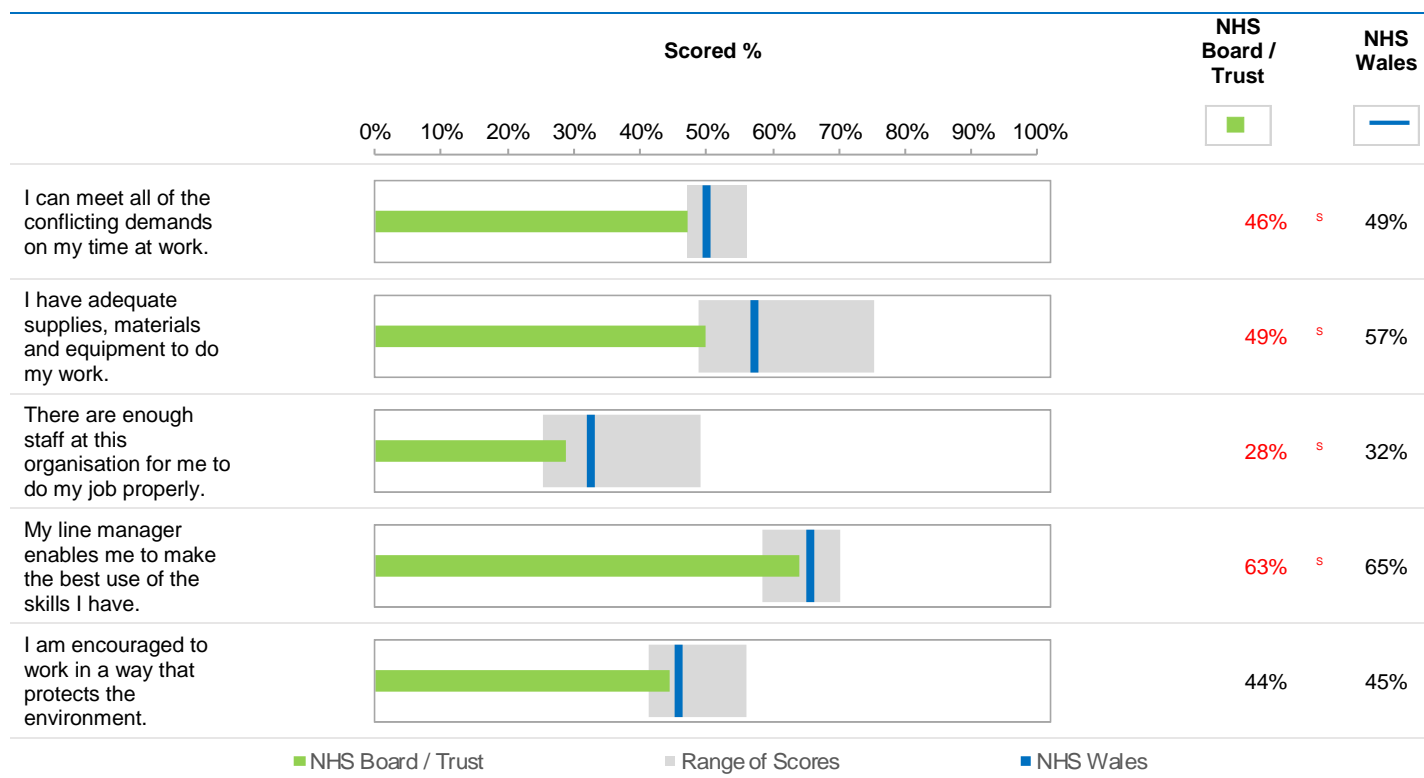
## 14 Resources

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

## 14.1 Resources - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can meet all of the conflicting demands on my time at work.	2018	3,306	76	8%	39%	19%	27%	8%	46%		-3% <sup>S</sup>
	2016	2,494	44		22%	27%	32%	16%	25%	+21% <sup>S</sup>	-0%
	2013	2,710	14		21%	25%	31%	20%	24%	+1%	-2% <sup>S</sup>
I have adequate supplies, materials and equipment to do my work.	2018	3,305	77	9%	41%	18%	24%	9%	49%		-7% <sup>S</sup>
	2016	2,512	26	10%	39%	19%	24%	9%	49%	+1%	-8% <sup>S</sup>
	2013	2,709	15		30%	19%	29%	16%	35%	+13% <sup>S</sup>	-8% <sup>S</sup>
There are enough staff at this organisation for me to do my job properly.	2018	3,306	76		23%	19%	34%	19%	28%		-4% <sup>S</sup>
	2016	2,510	28		21%	21%	31%	21%	27%	+2%	-4% <sup>S</sup>
	2013	2,711	13		20%	18%	32%	26%	24%	+3% <sup>S</sup>	-2% <sup>S</sup>
My line manager enables me to make the best use of the skills I have.	2018	3,303	79	17%	46%	21%	11%		63%		-2% <sup>S</sup>
	2016	2,453	85	22%	38%	24%	11%		60%	+3% <sup>S</sup>	-1%
	2013	2,698	26	16%	37%	26%	13%	8%	53%	+8% <sup>S</sup>	-1%
I am encouraged to work in a way that protects the environment.	2018	3,302	80	9%	35%	35%	15%	7%	44%		-2%
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>											

## 14.2 Resources - Variation Charts



## 15 Change in the Organisation

All but two scores on staff's attitude to change in their organisation have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

## 15.1 Change in the Organisation - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
I can influence what goes on in my work area.	2018	3,303	79	12%	43%	22%	16%		56%		+1%
	2016	2,437	101	10%	35%	27%	21%	7%	45%	+11% <sup>S</sup>	-2%
	2013	2,617	107	8%	35%	25%	22%	10%	43%	+2% <sup>S</sup>	+3% <sup>S</sup>
My line manager / supervisor asks me for my opinion before making decisions affecting my work.	2018	3,299	83	16%	39%	20%	16%	9%	55%	+10% <sup>S</sup>	-1%
	2016	2,436	102	10%	36%	26%	20%	9%	45%	+1%	-4% <sup>S</sup>
	2013	2,620	104	8%	35%	22%	23%	11%	44%		+1%
I am involved in discussions / decisions on change introduced in my work / department / team.	2018	3,294	88	15%	40%	19%	17%	8%	55%	+9% <sup>S</sup>	-0%
	2016	2,442	96	10%	35%	26%	21%	8%	46%	-1%	-3% <sup>S</sup>
	2013	2,616	108	9%	38%	24%	21%	9%	47%		+2% <sup>S</sup>
I understand why there is currently so much change within my organisation.	2018	3,296	86	13%	43%	26%	13%		56%	+6% <sup>S</sup>	-1%
	2016	2,432	106	11%	39%	31%	14%		50%	-8% <sup>S</sup>	-3% <sup>S</sup>
	2013	2,617	107	11%	47%	22%	13%	7%	58%		+6% <sup>S</sup>
Senior managers clearly communicate the reasons for change.	2018	3,294	88		26%	30%	25%	14%	31%	-5% <sup>S</sup>	-1%
	2016	2,435	103	8%	28%	33%	21%	10%	36%	+7% <sup>S</sup>	+0%
	2013	2,695	29		24%	33%	24%	13%	30%		+1%
Change is well managed here.	2018	3,294	88		23%	33%	25%	14%	28%	-1%	-0%
	2016	2,432	106		24%	35%	24%	11%	29%	+11% <sup>S</sup>	-0%
	2013	2,617	107		15%	34%	31%	17%	19%		-2% <sup>S</sup>
I support the need for change.	2018	3,299	83	26%	54%	17%			80%	+6% <sup>S</sup>	+3% <sup>S</sup>
	2016	2,426	112	24%	50%	21%			74%	+4% <sup>S</sup>	+0%
	2013	2,621	103	20%	51%	23%			71%		+8% <sup>S</sup>
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

## 15.2 Change in the Organisation - Variation Charts



## 16 Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.



## 16.1 Learning and Development - Rated Results

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
There are opportunities for me to progress in my job.	2018	3,296	86	10%	32%	21%	23%	13%	43%		-0%
	2016	2,417	121	9%	32%	22%	23%	14%	41%	+1%	-1%
	2013	2,705	19		26%	20%	29%	20%	32%	+9% <sup>s</sup>	+1%
I am supported to keep up to date with developments in my field.	2018	3,295	87	15%	45%	20%	13%	7%	60%		-2% <sup>s</sup>
	2016	2,416	122	14%	42%	23%	14%	7%	55%	+5% <sup>s</sup>	-3% <sup>s</sup>
	2013	2,706	18	9%	38%	23%	20%	11%	47%	+8% <sup>s</sup>	-0%
I am encouraged to develop my own expertise.	2018	3,285	97	17%	45%	20%	12%		63%		-1%
	2016	2,414	124	15%	42%	23%	13%	7%	57%	+6% <sup>s</sup>	-2%
	2013	2,702	22	11%	39%	23%	17%	10%	50%	+7% <sup>s</sup>	+1%
There is still strong support for training in my area of work.	2018	3,279	103	14%	36%	25%	17%	9%	50%		-3% <sup>s</sup>
	2016	2,410	128	14%	31%	25%	19%	11%	45%	+5% <sup>s</sup>	-4% <sup>s</sup>
	2013	2,704	20	9%	26%	27%	22%	16%	35%	+10% <sup>s</sup>	-1%
My line manager encourages me to continuously develop new skills.	2018	3,288	94	16%	37%	26%	14%	7%	53%		-3% <sup>s</sup>
	2016	2,455	83	23%	35%	23%	14%		57%	-4% <sup>s</sup>	-2%
	2013	2,698	26	16%	35%	25%	16%	9%	50%	+7% <sup>s</sup>	+0%
I am able to access the right learning and development materials when I need to.	2018	3,287	95	11%	39%	28%	14%	7%	51%		-3% <sup>s</sup>
	2016	-	-	No comparable data to previous years					-	-	-
	2013	-	-	No comparable data to previous years					-	-	-
My training, learning and development has helped me to do my job better.	2018	3,293	89	22%	47%	21%	7%		69%		+1%
	2016	2,400	138	17%	47%	24%	8%		64%	+5% <sup>s</sup>	-0%
	2013	2,704	20	13%	43%	29%	11%		56%	+8% <sup>s</sup>	-2%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree			

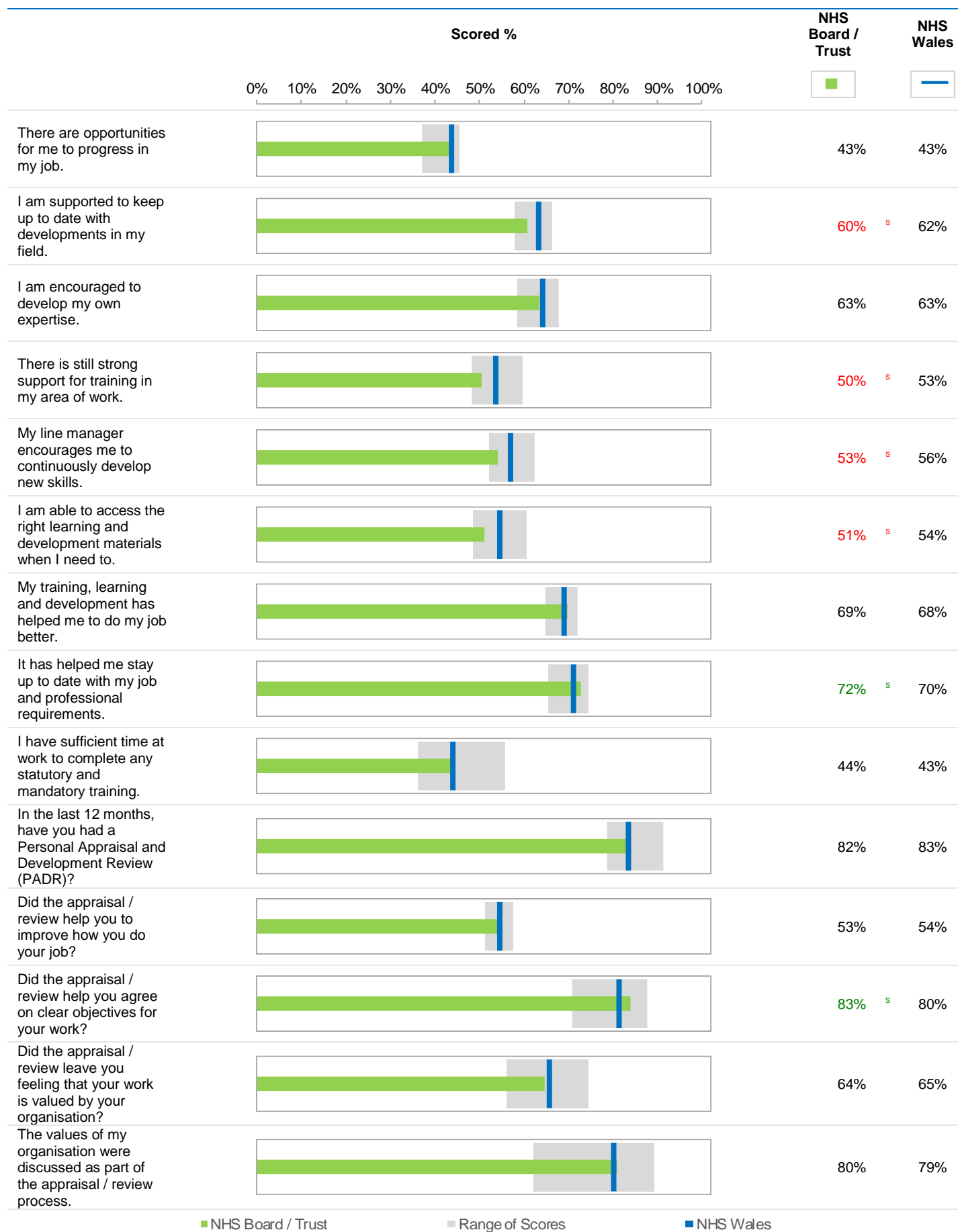
## 16.1 Learning and Development - Rated Results (continued)

	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
It has helped me stay up to date with my job and professional requirements.	2018	3,286	96	22%	50%	19%			72%	+5% <sup>s</sup>	+2% <sup>s</sup>
	2016	2,393	145	18%	49%	21%	8%		67%	-	-1%
	2013	-	-	No comparable data to previous years					-	-	-
I have sufficient time at work to complete any statutory and mandatory training.	2018	3,295	87	10%	34%	17%	23%	16%	44%	+6% <sup>s</sup>	+0%
	2016	2,399	139	8%	29%	18%	26%	19%	38%	-	-3% <sup>s</sup>
	2013	-	-	No comparable data to previous years					-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>											
	Year	No of Resp.	Non Resp.						% Positive responses	Year on year change	Diff v NHS Wales
In the last 12 months, have you had a Personal Appraisal and Development Review (PADR)?	2018	3,290	92	82%				18%	82%	+7% <sup>s</sup>	-1%
	2016	2,335	203	75%				25%	75%	+6% <sup>s</sup>	+0%
	2013	2,699	25	68%				32%	68%		+13% <sup>s</sup>
Did the appraisal / review help you to improve how you do your job?	2018	2,674	708	53%				47%	53%	-0%	-1%
	2016	1,725	813	54%				46%	54%	+9% <sup>s</sup>	+0%
	2013	1,833	891	44%				56%	44%		-3% <sup>s</sup>
Did the appraisal / review help you agree on clear objectives for your work?	2018	2,675	707	83%				17%	83%	+4% <sup>s</sup>	+2% <sup>s</sup>
	2016	1,723	815	79%				21%	79%	+7% <sup>s</sup>	+1%
	2013	1,833	891	72%				28%	72%		-2%
Did the appraisal / review leave you feeling that your work is valued by your organisation?	2018	2,654	728	64%				36%	64%	+2%	-1%
	2016	1,717	821	62%				38%	62%	+10% <sup>s</sup>	-0%
	2013	1,830	894	52%				48%	52%		-3% <sup>s</sup>
<div><div>Yes</div><div>No</div></div>											

## 16.1 Learning and Development - Rated Results (continued)

	Year	No of Resp.	Non Resp.				% Positive responses	Year on year change	Diff v NHS Wales
The values of my organisation were discussed as part of the appraisal / review process.	2018	2,677	705	33%	47%	20%	80%		+1%
	2016	-	-	No comparable data to previous years			-	-	-
	2013	-	-	No comparable data to previous years			-	-	-
		■ Yes, definitely		■ Yes, to some extent		■ No			

## 16.2 Learning and Development - Variation Charts



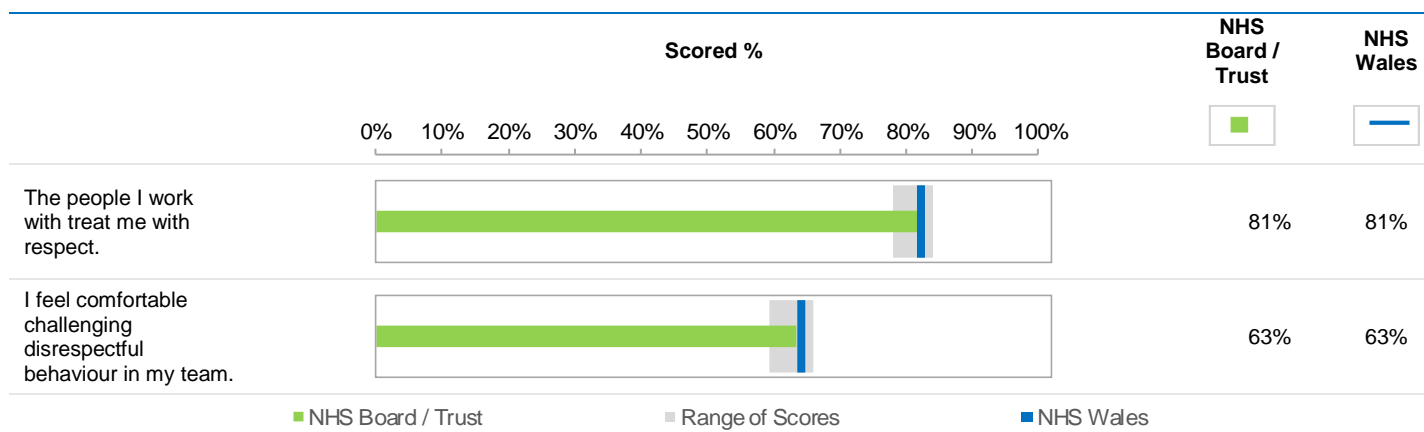
## 17 Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

## 17.1 Diversity - Rated Results

	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
The people I work with treat me with respect.	2018	3,297	85	<div><div>33%</div><div>48%</div><div>13%</div><div></div><div></div></div>			81%	+7% <sup>s</sup>  -4% <sup>s</sup>	-0%	
	2016	2,518	20	<div><div>26%</div><div>48%</div><div>16%</div><div>7%</div><div></div></div>			74%		+1%	
	2013	2,708	16	<div><div>28%</div><div>50%</div><div>13%</div><div></div><div></div></div>			78%		-1%	
I feel comfortable challenging disrespectful behaviour in my team.	2018	3,287	95	<div><div>20%</div><div>43%</div><div>19%</div><div>14%</div><div></div></div>			63%	-	-1%	
	2016	-	-	No comparable data to previous years				-	-	-
	2013	-	-	No comparable data to previous years				-	-	-
<div><div>Strongly agree</div><div>Agree</div><div>Neither agree nor disagree</div><div>Disagree</div><div>Strongly disagree</div></div>										

## 17.2 Diversity - Variation Charts



## 18 Other

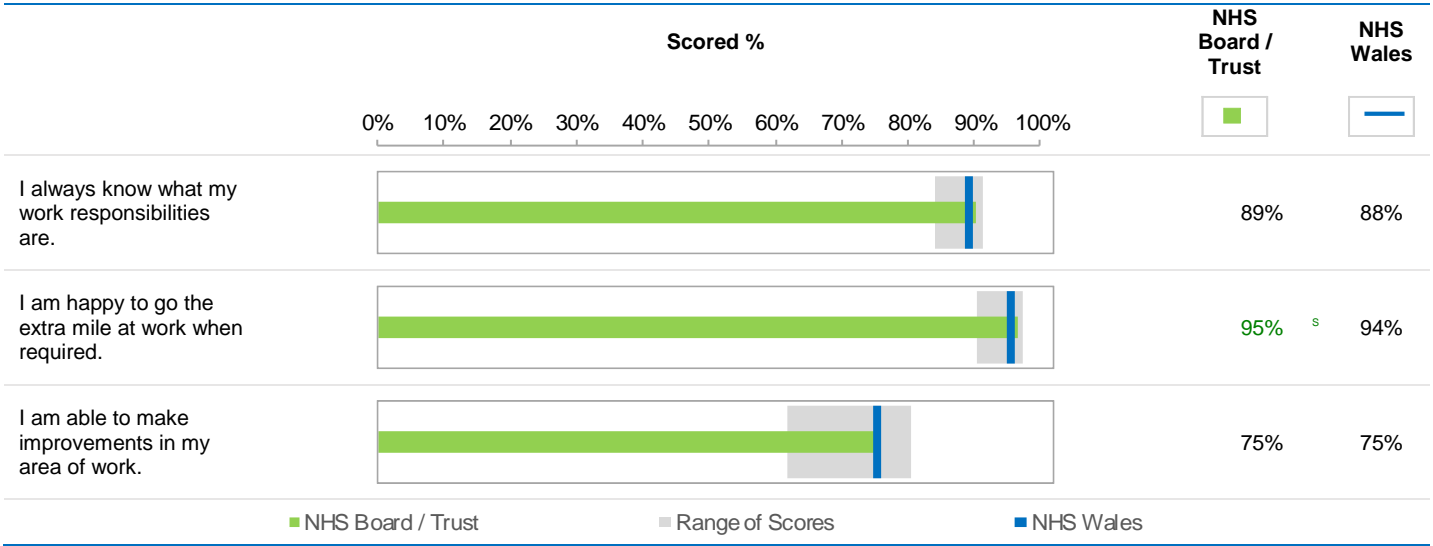
There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).



## 18.1 Other - Rated Results

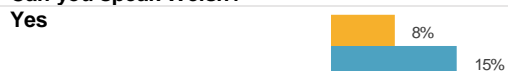
	Year	No of Resp.	Non Resp.					% Positive responses	Year on year change	Diff v NHS Wales
I always know what my work responsibilities are.	2018	3,271	111	38%	51%			89%	+7% <sup>s</sup>	+1%
	2016	2,520	18	29%	53%	10%	7%	82%	+8% <sup>s</sup>	+2%
	2013	2,719	5	20%	54%	14%	10%	74%		+0%
I am happy to go the extra mile at work when required.	2018	3,263	119	56%	40%			95%	+7% <sup>s</sup>	+1% <sup>s</sup>
	2016	2,525	13	44%	45%	8%		89%	+1% <sup>s</sup>	-1%
	2013	2,713	11	41%	46%	8%		87%		+1%
I am able to make improvements in my area of work.	2018	3,259	123	31%	44%	16%	7%	75%	+15% <sup>s</sup>	+0%
	2016	2,519	19	16%	44%	22%	15%	60%	+4% <sup>s</sup>	-1%
	2013	2,708	16	14%	42%	20%	18%	56%		+1%
				Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree		

18.2 Other - Variation Charts



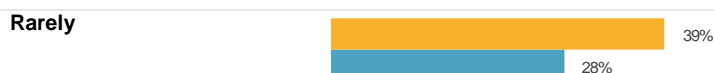
## 19 Demographics

### Can you speak Welsh?



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

### Do you use the Welsh language in the workplace?



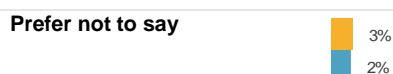
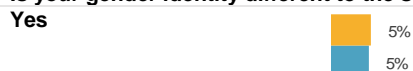
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

### Do you have direct line management responsibility for staff?

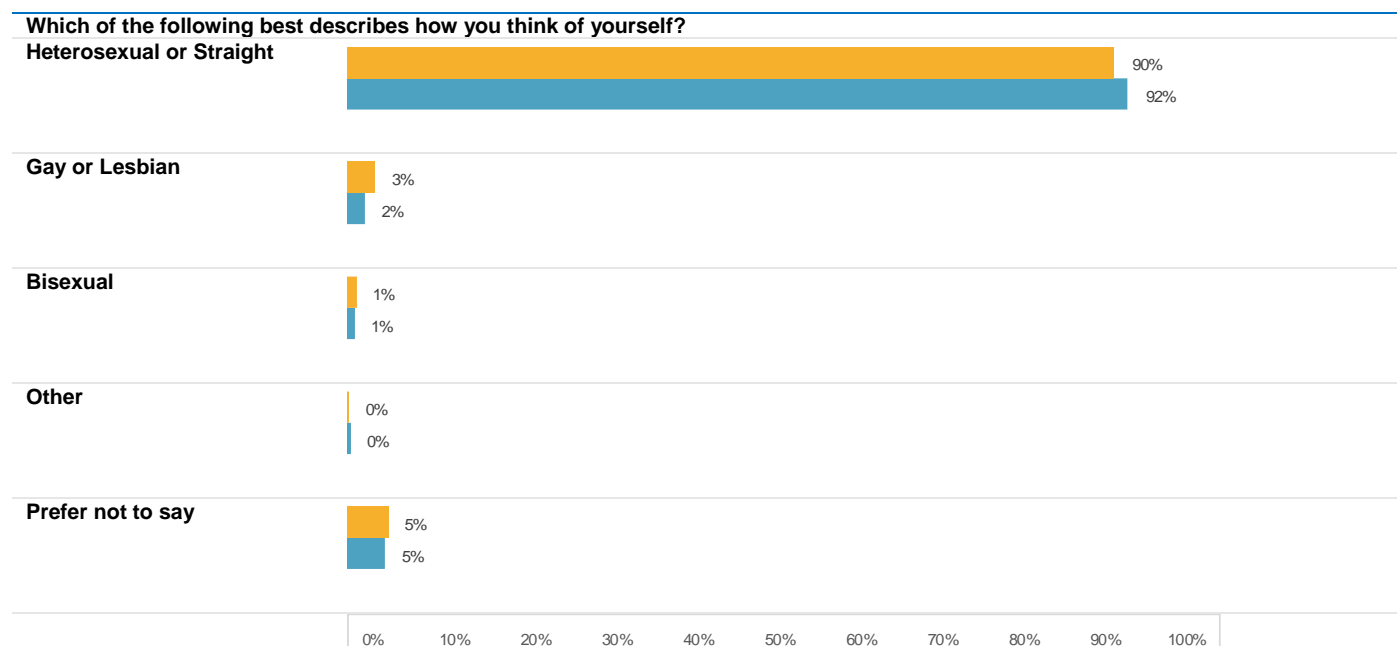
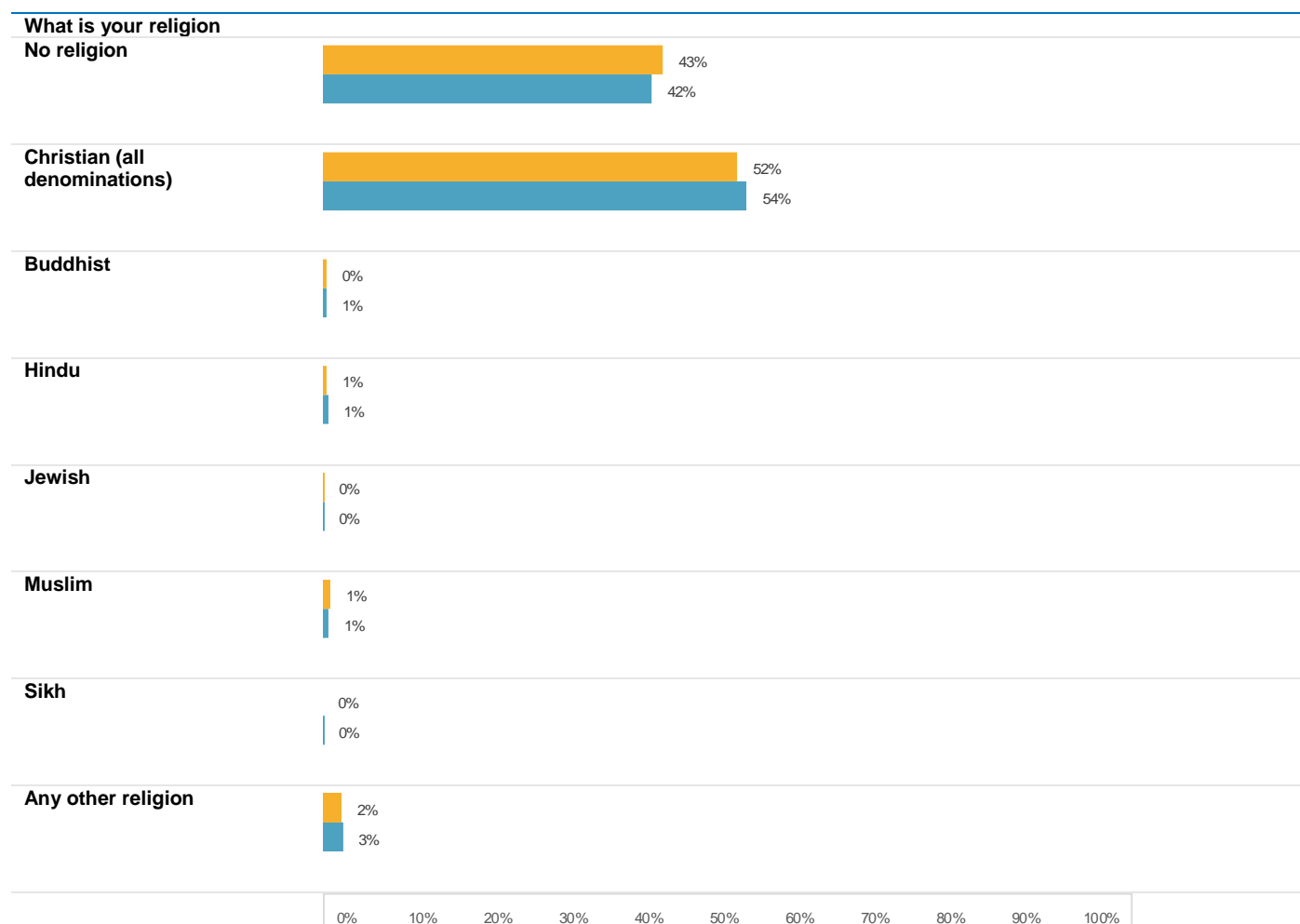


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

### Is your gender identity different to the sex you were assumed to be at birth?



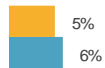
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



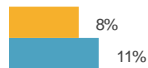
■ NHS Board / Trust ■ NHS Wales

### How many years have you worked for this organisation?

Less than a year



1-2 years



3-5 years



6-10 years



11-15 years



More than 15 years



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

### What is your ethnic group?

White



Mixed / multiple ethnic groups



Asian / Asian British



Black / African / Caribbean / Black British



Other ethnic group



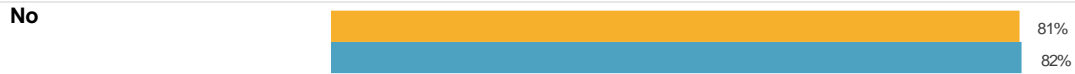
Prefer not to say



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

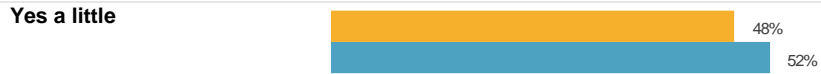
■ NHS Board / Trust ■ NHS Wales

**Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?**



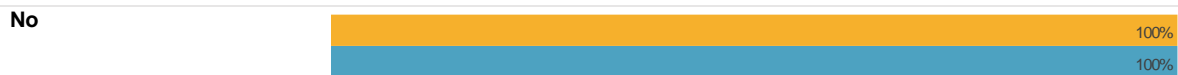
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

**Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?**



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

**Do you have a recognised ASD diagnosis (Autistic Spectrum Disorder)?**



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ NHS Board / Trust ■ NHS Wales

TRANSFORMATION COMMUNICATIONS UPDATE	
<b>Name of Meeting :</b> Local Partnership Forum 2018	<b>Date of Meeting :</b> 10 December
<b>Executive Lead :</b> Deputy Chief Executive	
<b>Author:</b> Director of Communications, Health Charity, Arts and Engagement. Assistant Director of Workforce and Organisational Development	
<b>Caring for People, Keeping People Well:</b> Transformation underpins the 'sustainability' element of the UHB's strategy.	
<b>Financial impact :</b> TBC	
<b>Quality, Safety, Patient Experience impact:</b> Potential positive impact on quality, safety and patient experience as length of stay, wait times and outpatient appointments on hospital sites are reduced.	
<b>Health and Care Standard Number :</b> 3.1 Safe and Clinically Effective Care 5.1 Timely Access 6.1 Planning Care to Promote Independence 7.1 Workforce	
<b>CRAF Reference Number :</b> 1.1, 3.1, 5.1, 6.7, 10.1	
<b>Equality and Health Impact Assessment Completed :</b> Not Applicable	

#### ASSURANCE AND RECOMMENDATION

Local Partnership Forum is asked to:

- **NOTE** the progress so far

#### Value and Behaviours and Communications:

This programme will deliver a three tier proposal for developing the culture of the organisation in line with our Values and Behaviours.

A paper has been submitted outlining a three stage approach to identify innovative ways to engage with our staff. Setting out the case for change and why our values, behaviours and the culture of the organisation are an intrinsic part of this.

The three tiers have been modelled on the Canterbury example and further work is taking place with Richard Hamilton when the Alliance visits during October.

It is anticipated that this programme will align with the new Leadership programme being developed across the UHB and will fit in with other values based learning and development.

### **Website to host Transformation and Improvement**

The Communications team have been working on a new website to host the Transformation programme replacing the old CASCADE version no longer supported by NWIS.

The website will host information, case studies, the toolkits to support teams in their transformation and continuous improvement work.

It is anticipated that the website will be live towards the end of October.

### **Animation**

The second in a series of animations, telling the story of our organisation's ambitions and delivery of Shaping our Future Wellbeing. It sets out the case for change and how we are focusing on our delivery on what is best for the patient, home first and in the community. It highlights some of the success we have had to date and why we need to keep continually improving as a health system in order to deliver more longer-term sustainable health care for the people of Cardiff and Vale, today and in the future.

The animation has been submitted through various groups and audiences to ensure the narrative is aligned to our organisation's direction of travel and is expected to be live on the website at the end of October/November.

### **Benefits**

The programme is still in the early stages and benefits are currently being fully identified and tracking arrangements are being developed. The team will be reporting progress on programme benefits in the near future



FINANCE REPORT FOR THE PERIOD ENDED 31 <sup>st</sup> OCTOBER 2018	
<b>Name of Meeting :</b> Local Partnership Forum	<b>Date:</b> 10 December 2018
<b>Executive Lead :</b> Executive Director of Finance	
<b>Author :</b> Deputy Director of Finance 02920 743555	
<b>Caring for People, Keeping People Well:</b> This report details performance against the annual financial plan supporting the UHB to deliver service priorities, maximise patient outcomes whilst maintaining the sustainability of services.	
<b>Financial impact:</b> The UHB financial position at the end of September 2018 is a deficit of £5.705m comprised of the following: <ul style="list-style-type: none"> <li>• £4.950m planned deficit (6/12th of £9.900m);</li> <li>• £0.755m adverse variance against plan.</li> </ul>	
<b>Quality, Safety, Patient Experience impact:</b> This report details financial performance against the one year operational plan which supports improvements in quality, safety and patient / carer experience.	
<b>Health and Care Standard Number 1</b>	
<b>CRAF Reference Number 6.7</b>	
<b>Equality Impact Assessment Completed:</b> Not applicable	

## ASSURANCE AND RECOMMENDATION

**LIMITED ASSURANCE** is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 6 position which is broadly on line with the profiled deficit within the Annual Operational Plan.

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 £5.705m deficit at month 6 which includes a planning deficit of £4.950m and budget overspends of £0.755m;
- **NOTE** the key concerns and actions being taken to manage risks.

## 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 is now key to the success of the plan. The overspend against the plan fell by £0.033m in month to £0.755m and is primarily driven by income under-recovery, nursing costs, overspends in clinical supplies and services and slippage against savings schemes.

## **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 and was not acceptable due to assumptions around additional funding. The UHB then revised its financial plan and 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 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>b/f underlying deficit</b>	<b>(49.0)</b>	<b>(49.0)</b>	<b>0.0</b>	
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
<b>In year Financial Plan</b>	<b>27.2</b>	<b>15.9</b>	<b>(11.3)</b>	
<b>Planned Surplus/(Deficit)</b>	<b>(21.9)</b>	<b>(33.2)</b>	<b>(11.3)</b>	
<b>Planned c/f from 2017/18 (non recurrent)</b>	<b>0.0</b>	<b>4.0</b>	<b>4.0</b>	17/18 under plan c/f assumed
<b>Financial Improvement Target</b>	<b>0.0</b>	<b>9.3</b>	<b>9.3</b>	
<b>Revised Planned Surplus/(Deficit) March 2018</b>	<b>(21.9)</b>	<b>(19.9)</b>	<b>2.0</b>	
<b>Additional Annual Operating Plan Funding July 2018</b>		<b>10.0</b>	<b>(10.0)</b>	
<b>Revised Planned Surplus/Deficit July 2018</b>	<b>(21.9)</b>	<b>(9.9)</b>	<b>(12.0)</b>	

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 or 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 AND ASSURANCE

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

**Table 3: Finance Dashboard @ September 2018**

Measure	n	STATUS REPORT				
		September 2018	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£5.705m deficit at month 6. £0.755m adverse variance against plan	R			2018/19 planned deficit £9.9m M6 2018-19
Remain within capital resource limits.	37	Expenditure at the end of September was £13.906m against a plan of £15.325m.	G			Approved planned expenditure £33.355m M6 2018-19
Reduction in Underlying deficit	36a	£39.1m assessed underlying deficit position at month 6	R			If 2018/19 plan achieved reduce underlying deficit to £39.1m M6 2018-19
Delivery of recurrent 3% savings target	36b	£25.335m identified at Month 6	G			£25.335m M6 2018-19
Delivery of non recurrent 1% savings target	36c	£10.658m identified at month 6.	G			£8.445m M6 2018-19
Delivery of financial improvement target	36d	£9.3m identified at month 6	G			£9.3m M6 2018-19
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.6% in September	G			95% of invoices paid within 30 days M6 2018-19
Remain within Cash Limit	37b	Forecast cash deficit of £24.793m	R			To remain within Cash Limit M6 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £4.274	G			To Maintain Positive Cash Balance End of Sept.

### Month 6 Cumulative Financial Position

The UHB reported a deficit of £5.705m at month 6 as follows:

- £4.950m planned deficit (6/12th of £9.900m);
- £0.755m adverse variance against plan.

The £0.755m adverse variance which is not considered material is profiled to be recovered over the final 6 months of the year.

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

**Table 4: Summary Financial Position for the period ended 30<sup>th</sup> September 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	(111.742)	(111.572)	0.171	(662.950)	(661.856)	1.094	(1,356.638)	(1,356.638)	0.000
Pay	49.685	49.467	(0.218)	296.596	296.307	(0.289)	588.996	588.996	0.000
Non Pay	62.882	62.897	0.015	371.305	371.255	(0.050)	777.542	777.542	0.000
Variance to Draft Plan £m	0.825	0.792	(0.033)	4.950	5.705	0.755	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(4.950)	0.000	4.950	(9.900)	0.000	9.900
Total £m	0.000	0.792	0.792	(0.000)	5.705	5.705	(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 @ September 2018**

Income	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Revenue Resource Limit	(74.453)	(74.453)	0.000	(441.207)	(441.208)	(0.000)
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(9.689)	(9.690)	(0.000)
Accommodation & Catering	(0.403)	(0.294)	0.108	(1.597)	(1.523)	0.073
Education & Training	(3.096)	(3.106)	(0.010)	(18.832)	(18.833)	(0.001)
Injury Cost Recovery Scheme (CRU)	(0.214)	(0.188)	0.026	(0.983)	(0.823)	0.159
NHS Patient Related Income	(24.473)	(24.303)	0.170	(145.970)	(145.421)	0.548
Other Operating Income	(6.549)	(6.601)	(0.052)	(39.436)	(39.043)	0.393
Overseas Patient Income	(0.005)	(0.018)	(0.013)	(0.031)	(0.143)	(0.112)
Private Patient Income	(0.106)	(0.098)	0.007	(0.615)	(0.433)	0.181
Research & Development	(0.830)	(0.896)	(0.066)	(4.592)	(4.739)	(0.147)
Total £m	(111.742)	(111.572)	0.171	(662.950)	(661.856)	1.094

An in month deficit of £0.171m and a cumulative deficit of £1.094m is reported against income budgets. The main adverse variances are:

- £0.548m variance on NHS patient related income where the position has deteriorated by £0.170m in month. Further detail is provided below;
- £0.393m variance on other operating income mainly due to underperformance against critical care, PICU and NICU activity targets. This income can be volatile and can also be seasonal. The in month position was a favourable variance and the activity in these areas will continue to be monitored and is expected to improve;
- The income variance on private patient activity is mainly driven by neurosciences. There is a monthly income target of £0.021m for one spinal rehabilitation patient from outside Wales to be placed in Rookwood with a cumulative adverse variance of £0.126m. Assuming successful recruitment of a second spinal rehabilitation consultant the team plan to re-engage with English commissioners and offer placements which is assumed to be from February onwards;
- The 2018/19 CRU position moved £0.025m in month, to a cumulative variance of £0.159m against the budget profile at Month 6. Collections on a monthly basis

can vary significantly, depending on the number of new and withdrawn claims, affecting the income profile. Overall income recovery is largely outside the control of the UHB.

### LTA Provider Performance

The UHB receives circa £265m 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 £0.077m, bringing the cumulative variance to £0.495m. The Month 6 reported position is summarised in Table 6. This is driven significantly by under delivery against contracts with LHBs of £0.827m, offset by a favourable income position on WHSSC and NHS England.

The Month 6 reported position continues to reflect a deterioration in the Aneurin Bevan and other LHB position (mainly for Cwm Taf). In total there was a sharp deterioration of £0.285m in month driven by very low levels of orthopaedic activity for which there is a cost per case contract. Remedial actions to improve the position are being explored.

A favourable WHSSC position reflects a benefit that has started to accrue from the contingency for LTA risks, which is now 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 has seen an improved month, driven by unplanned emergency work across Neurosurgery, Cardiac and Critical Care, bringing the cumulative variance to £0.190m favourable.

**Table 6: Month 6 LTA Provider Position**

	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(212.694)	(107.988)	(108.130)	(0.142)
Aneurin Bevan	(29.086)	(14.652)	(14.194)	0.458
Other LHBs	(38.313)	(19.190)	(18.820)	0.370
Non-Welsh	(3.217)	(2.053)	(2.243)	(0.190)
	<b>(283.310)</b>	<b>(143.883)</b>	<b>(143.388)</b>	<b>0.495</b>

## Pay

In total pay budgets are showing a cumulative underspend of £0.289m 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 5 £m	2018/19 Month 1 to Month 5 £m	2017/18 Month 6 £m	2018/19 Month 6 £m	2017/18 Cum. to Month 6 £m	2018/19 Cum. to Month 6 £m
Basic	515.377	211.391	213.391	42.612	42.850	254.003	256.241
Enhancements	24.533	10.359	10.505	1.784	2.021	12.143	12.526
Maternity	4.088	1.790	1.639	0.356	0.318	2.146	1.957
Protection	0.676	0.272	0.286	0.066	0.052	0.338	0.338
<b>Total Fixed Pay</b>	<b>544.674</b>	<b>223.811</b>	<b>225.821</b>	<b>44.819</b>	<b>45.242</b>	<b>268.630</b>	<b>271.062</b>
Agency (mainly registered Nursing)	8.767	3.508	4.455	0.629	0.889	4.137	5.344
Nursing Bank (mainly Nursing)	14.439	5.839	5.142	1.203	1.094	7.043	6.236
Internal locum (Medical & Dental)	4.306	1.772	2.124	0.362	0.407	2.134	2.531
External locum (Medical & Dental)	7.118	2.678	2.940	0.682	0.577	3.360	3.517
On Call	2.224	0.891	1.019	0.180	0.187	1.071	1.206
Overtime	5.758	2.366	2.635	0.432	0.462	2.798	3.097
WLL's & extra sessions (Medical)	5.111	1.762	2.704	0.350	0.610	2.112	3.314
<b>Total Variable Pay</b>	<b>47.722</b>	<b>18.817</b>	<b>21.019</b>	<b>3.838</b>	<b>4.225</b>	<b>22.655</b>	<b>25.244</b>
<b>Total Pay</b>	<b>592.396</b>	<b>242.628</b>	<b>246.840</b>	<b>48.657</b>	<b>49.467</b>	<b>291.285</b>	<b>296.307</b>
<b>Pay Budget</b>	<b>594.938</b>	<b>243.357</b>	<b>246.911</b>	<b>49.114</b>	<b>49.685</b>	<b>292.471</b>	<b>296.596</b>
<b>Budget Variance (Fav)/Adv £m</b>	<b>(2.541)</b>	<b>(0.729)</b>	<b>(0.071)</b>	<b>(0.457)</b>	<b>(0.218)</b>	<b>(1.186)</b>	<b>(0.289)</b>

The 2018/19 pay levels do not yet reflect the additional cost of the 2018/19 annual pay award. The UHB has set aside a reserve to cover the initial 1% planning assumption and expects the cost of any additional wage award to be met by additional Welsh Government funding.

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

**Table 8: Analysis of pay expenditure by staff group @ September 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	1.933	1.870	(0.063)	11.641	11.221	(0.419)
Management, admin & clerical	5.841	5.710	(0.130)	34.364	34.175	(0.189)
Medical and Dental	12.942	12.942	0.000	76.670	77.005	0.336
Nursing (registered)	14.789	14.692	(0.098)	89.123	88.747	(0.376)
Nursing (unregistered)	3.871	4.163	0.291	23.661	25.322	1.661
Other staff groups	7.433	7.342	(0.092)	44.069	43.607	(0.462)
Scientific, prof & technical	2.876	2.749	(0.127)	17.069	16.229	(0.840)
<b>Total £m</b>	<b>49.685</b>	<b>49.467</b>	<b>(0.218)</b>	<b>296.596</b>	<b>296.307</b>	<b>(0.289)</b>



In total pay budgets improved by £0.218m in month to an underspend for the year to date of £0.289m. The rate of overspend against nursing budgets is broadly consistent with the level reported in August and the continuing overspend in this area is driven by vacancies, sickness and specialing. Increased management attention is being directed to curtail nursing expenditure and actions being taken are due to be scrutinized by the Finance Committee.

A balanced in month position is reported against Medical and Dental Budgets following the in month overspend of £0.108m reported in August. In month Medical and Dental budgets overspends continued in both Women & Children Services and Diagnostics, however compared to the previous month the in month overspends fell from £0.114m to £0.055m and £0.084m to £0.043m respectively.

**Table 9 – Non Qualified Nursing Staff Pay Variance**

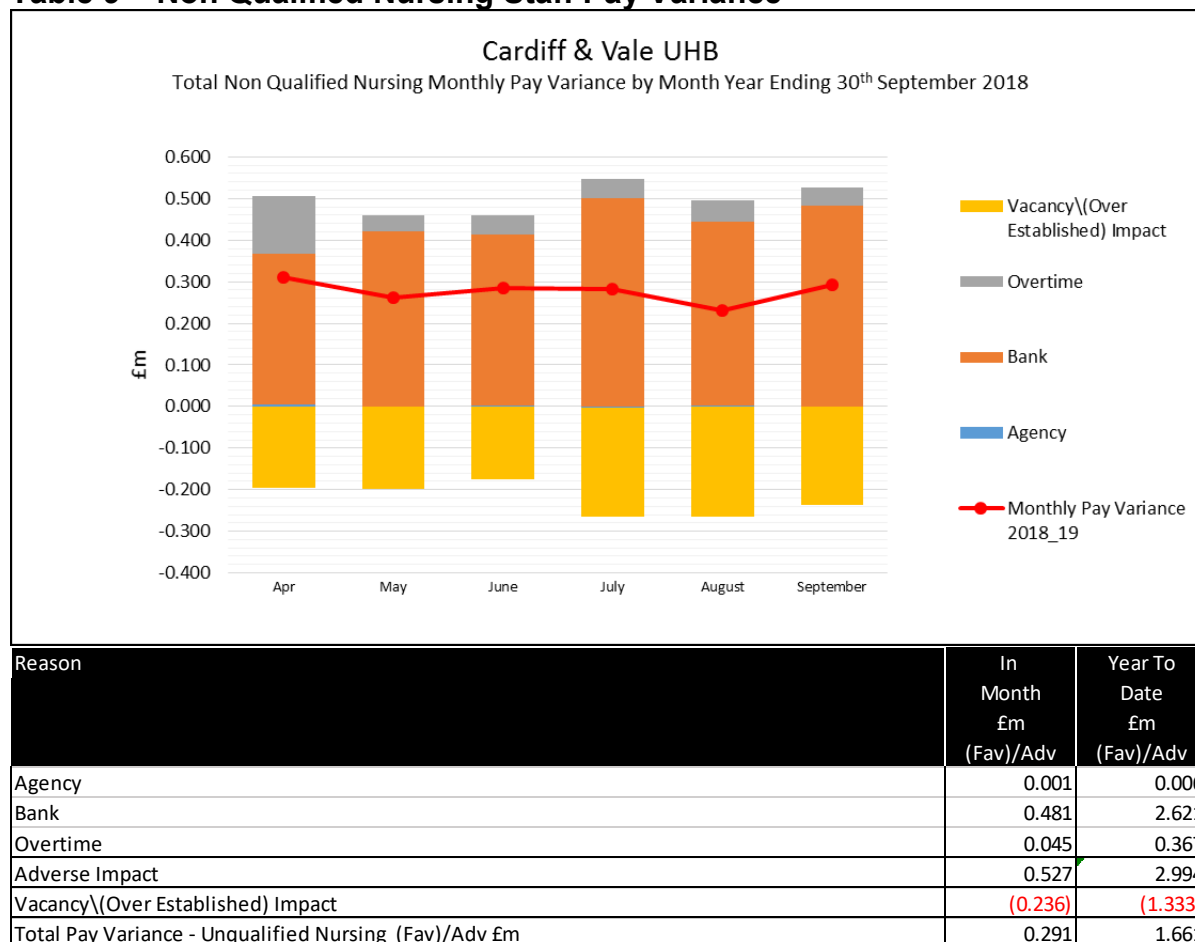


Table 9 indicates that the £1.661m adverse variance against non-qualified nursing assistants is due to overspends of £2.621m on bank staff and £0.367m on overtime which is partly offset by an underspend against established posts.



**Table 10 - Qualified Nursing Staff Pay Variance**

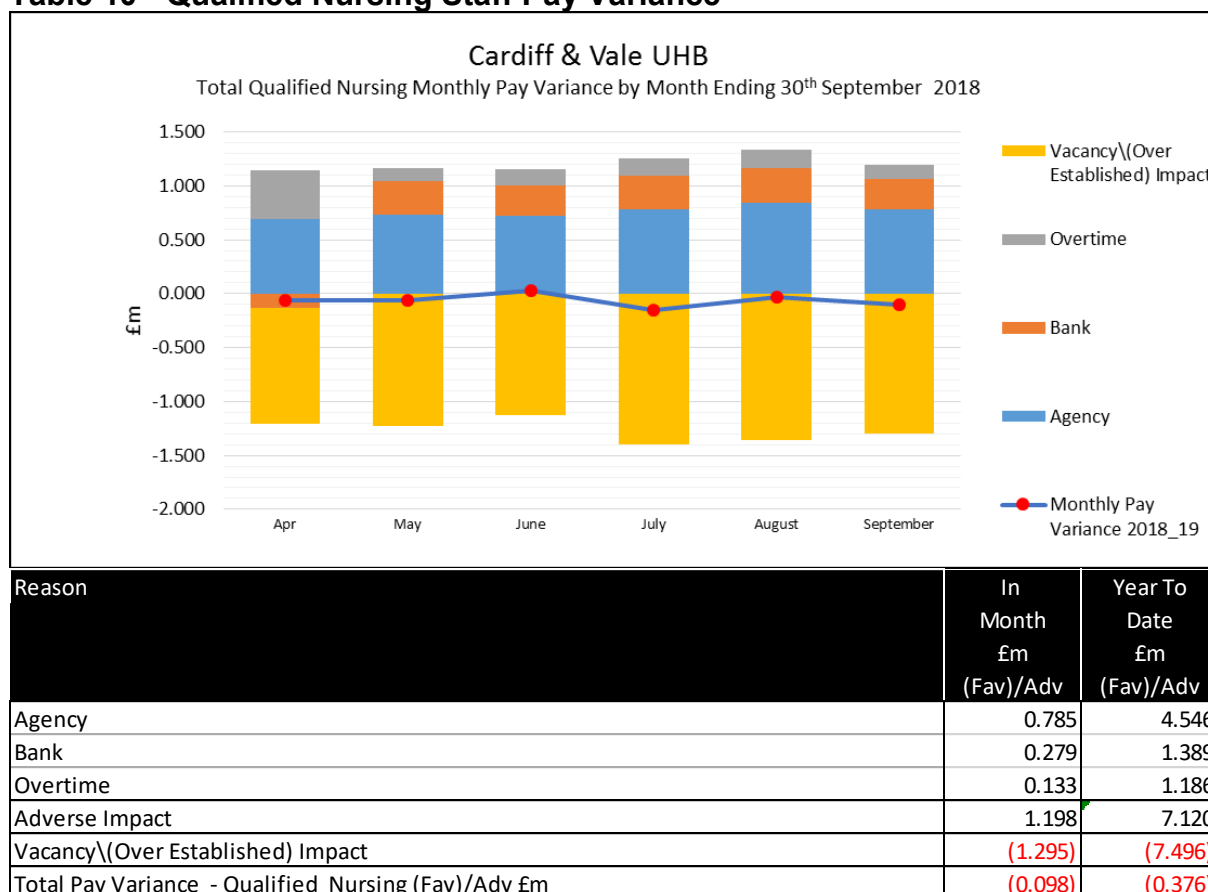


Table 10 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

**Table 11 - Total Nursing Staff Pay Variance**

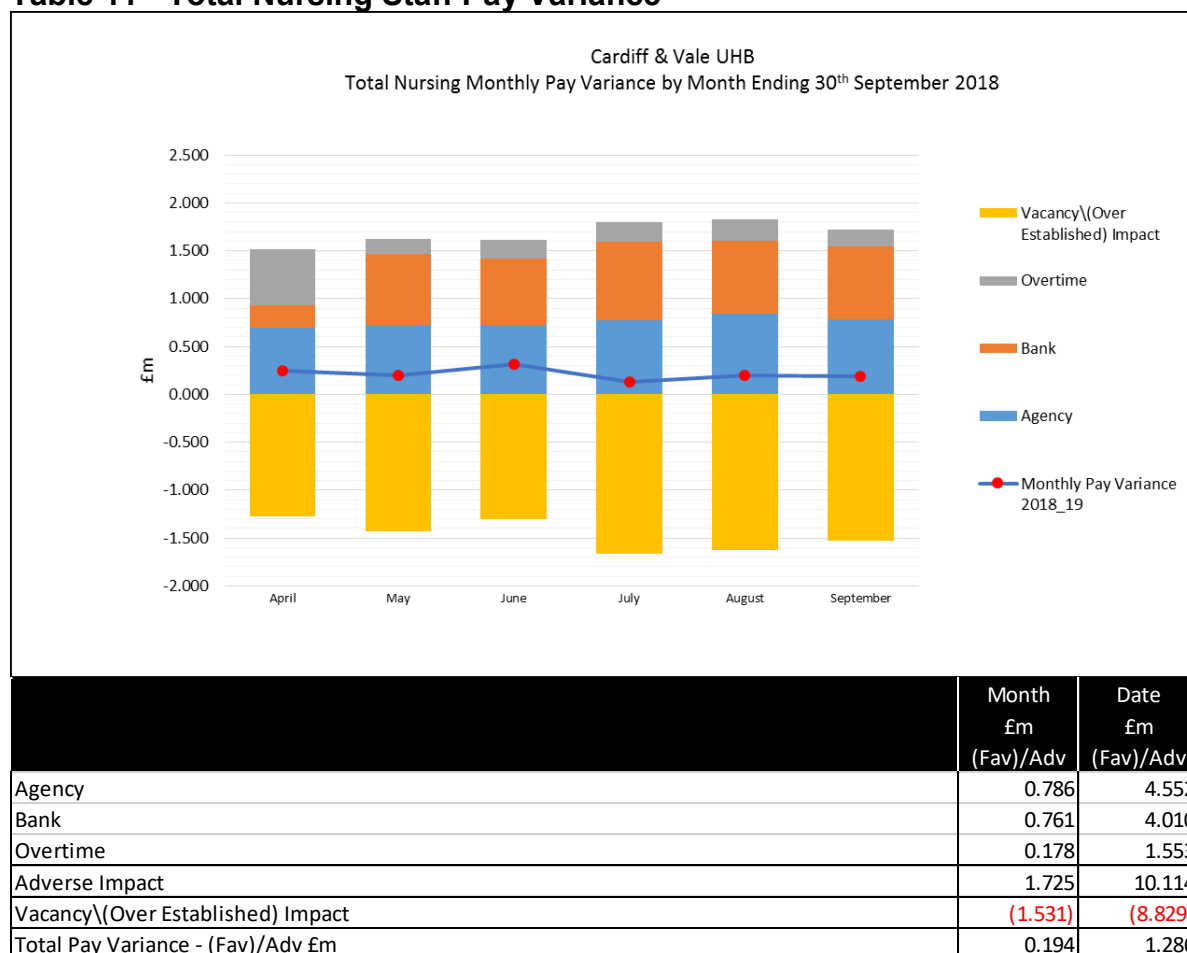
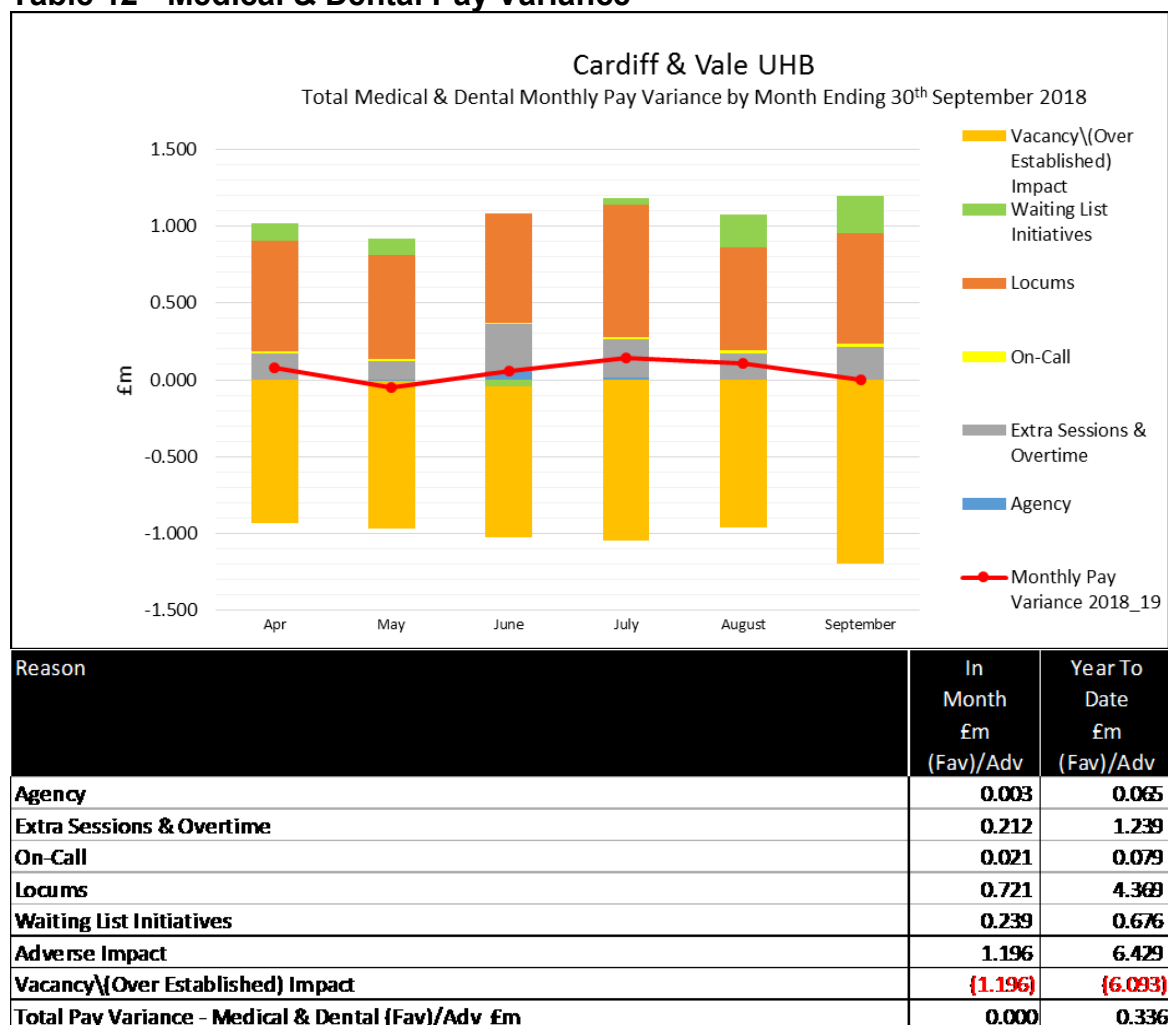


Table 11 identifies expenditure against substantive nursing posts for the year to date which is £1.286m more than budget. The £8.829m surplus against established posts is offset by a £10.114m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on 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 £0.336m at month 6.

**Table 12 - Medical & Dental Pay Variance**



The key areas of concern are a £0.055m in month overspend and a £0.458m cumulative overspend within the Women and Children Clinical Board and a £0.043m in month overspend and a cumulative £0.323m overspend in the CD&T Clinical Board. These are offset by underspends elsewhere.

## Non Pay

Table 13 highlights an in month overspend of £0.015m and a £0.050m cumulative underspend against non pay budgets.

The key pressure area is in clinical services and supplies with the majority of the cumulative variance due to overspends in theatres and specialist services.

The in month overspend on premises and fixed plant is due to estates repairs and continual pressure on lifts repairs plus an in month increase in energy due to a stoppage at the UHW Combined Heat and Power Plant.

**Table 13: Non Pay Variance @ September 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	7.884	7.870	(0.014)	47.653	48.774	1.121
Commissioned Services	13.809	13.814	0.005	83.412	83.199	(0.213)
Continuing healthcare	5.341	5.364	0.022	30.374	30.654	0.279
Drugs / Prescribing	12.073	12.158	0.085	74.481	73.857	(0.624)
Establishment expenses	0.995	0.952	(0.044)	5.403	5.280	(0.123)
General supplies & services	0.699	0.708	0.009	3.981	4.197	0.216
Other non pay	5.101	4.992	(0.109)	27.870	26.997	(0.873)
Premises & fixed plant	3.017	3.131	0.114	16.621	16.838	0.217
Primary Care Contractors	13.963	13.909	(0.054)	81.510	81.460	(0.050)
Total £m	62.882	62.897	0.015	371.305	371.255	(0.050)

### LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 6 variance of £0.462m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

- Continuation of lower than anticipated NICE cancer drugs expenditure with Velindre, although, subject to implementation timelines, this is projected to grow through 2018/19 - the position remained static in-month;
- Continued under performance in ABMU recovered at an enhanced marginal rate, and a higher than expected level of underperformance on the Cwm Taf contract. There are ongoing discussions around this through LTA meetings.

The WHSSC position has remained static in-month, with the YTD variance driven largely by the Cardiff and Vale provider contract over-performance and the UHB's relative risk share. This performance is expected to stabilise, and is supported by slippage on a number of ICP schemes and non-recurrent 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.

**Table 14: Month 6 LTA Commissioner Position**

	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	120.386	59.744	59.798	0.054
Velindre	16.406	8.148	7.889	(0.259)
LHBs	22.818	11.212	10.746	(0.466)
Other / NCAs	1.290	0.645	0.854	0.209
	<b>160.900</b>	<b>79.749</b>	<b>79.287</b>	<b>(0.462)</b>

The overall position on commissioned services is circa £0.250m worse than the LTA position however mainly due to out of area placements in Mental Health and Primary Care which have increased by £0.040m in the month.

### 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 six months to 30<sup>th</sup> September 2018 by Clinical Board is shown in Table 15.

**Table 15: Financial Performance for the period ended 30<sup>st</sup> September 2018**

Clinical Board	M5 Budget Variance £m	M6 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.306	0.468	0.162	0.88%
Children & Women	0.643	0.786	0.142	1.60%
Capital Estates & Facilities	0.118	0.152	0.034	0.49%
Dental	0.119	0.154	0.035	1.58%
Executives	(0.286)	(0.367)	(0.082)	(1.97%)
Medicine	0.687	0.920	0.233	1.61%
Mental Health	0.560	0.622	0.063	1.69%
PCIC	(0.722)	(0.858)	(0.136)	(0.52%)
Specialist	0.203	(0.005)	(0.208)	(0.01%)
Surgery	0.582	0.542	(0.041)	0.85%
Central Budgets	(1.423)	(1.658)	(0.235)	(1.67%)
<b>SubTotal</b>	<b>0.788</b>	<b>0.755</b>	<b>(0.033)</b>	<b>0.11%</b>
Planned Deficit	4.125	4.950	0.825	0.75%
<b>Total</b>	<b>4.913</b>	<b>5.705</b>	<b>0.792</b>	<b>0.86%</b>

In month and cumulative overspends were reported by 6 Clinical Boards in September. The largest in month overspend was in Medicine where the in month overspend on nursing and drugs accounted for £0.152m and £0.059m respectively out of a total in month overspend of £0.233m. Non Pay pressures including the gap to the CRP target accounted for the majority of the £0.162m in Clinical Diagnostics and Therapeutics and the in month overspends In Women & Children were driven by medical staff budgets and once again the shortfall against savings targets.

### **Clinical Board Budget Forecasts.**

All budget holders have undertaken a detailed financial forecast position profiled for the remainder of the year. Delegated budget holders are currently forecasting a year end deficit of £4.5m and this is shown in Table 16.

**Table 16: Budget Holder Financial Forecasts**

<b>Clinical / Service Board</b>	<b>Full year Forecast £m</b>
CD&T	1.124
CAW	1.654
Capital Estates & Facilities	(0.011)
Dental	0.600
Executives	(0.003)
Medicine	0.759
Mental Health	0.798
PCIC	(1.353)
Specialist	(0.010)
Surgery	0.967
<b>Total Variance to Budget</b>	<b>4.525</b>

All Clinical Boards that are forecasting a year end deficit are scheduled to have an escalation meeting on finance to provide assurances on delivery of this forecast and on further actions being taken to reduce it.

**The UHB has sufficient non recurrent opportunities to bridge this gap 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 6 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 £2.794m and accounting gains of £4.665m. Clinical Boards identified a further £0.5m 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**. It should be noted however that at month 6 savings of £13.012m have been achieved against a profiled target of £13.455m resulting in slippage of £0.443m which is reflected in the year to date variance.

**Table 17: Progress against the 2018/19 Savings Programme at Month 6**

	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. If the 2018/19 plan is successfully delivered this would reduce to £39.1m by the year end. This is shown in Table 18.

**Table 18: Summary of Underlying Financial Position**

	2018/19 Plan £m	Forecast Position @ Month 6	
		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
Deficit £m	9.900	29.161	39.061

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, £3.545m has been identified through unallocated reserves of which £2.550m has been identified recurrently being 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.

## Balance Sheet

The balance sheet at month 6 is detailed in **Appendix 2**.

The in year spend on capital projects is higher than depreciation charged to date and this has led to increase in the carrying value of property, plant & equipment since the beginning of the year.

The increase in the carrying value of Inventory held is due to a bulk stock order to take advantage of a significant supplier discount. The stock will be utilised over the remainder of the financial year.

Overall trade debtors have increased by £3.0m (1.3%) since the start of the year.

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. The reduction in the number of creditors held has made a positive impacted on the UHB's public sector payment compliance performance.

## Cash Flow Forecast

The cash flow projection is shown in **Appendix 3** with a closing cash balance for the month being £4.3m.

Amounts shown on the sale of assets line reflect the full value of anticipated in year sale proceeds. The UHB expects to reinvest £1.403m of these receipts in the purchase of property, plant & equipment.

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

- (i) Strategic Cash Assistance £9.900m
- (ii) Capital Working Balance Cash £13.050m



(iii) Revenue Working Balance Cash £3.699m

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

The UHB requires significant capital cash assistance because of the relatively high level of capital creditors brought forward from the previous year. Given the UHB's anticipated monthly capital expenditure profile it will be difficult for the UHB to carry the same level of capital creditors into 2019/20, therefore the UHB requires £13m cash support to manage this working balance.

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	(16.749)
Management Actions (managing suppliers)	tbc
Forecast Deficit	(9.900)
Approved Cash Assistance & Working Balances Cash	tbc
<b>Forecast Cash Deficit £m</b>	<b>(24.793)</b>

### Public Sector Payment Compliance

The UHB's cumulative performance to the end of September is 95.6%. This is a cumulative improvement of 0.3% in month and is also significantly better than the cumulative rate achieved for the same period in 2017/18 (90.5%). The in month compliance rate was 97.1% in September 2018.

### Capital Resource Limit (CRL)

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

**Table 20: Progress against Capital Resource Limit @ September 2018**

	£m
Planned Capital Expenditure at month 6	15.325
Actual net expenditure against CRL at month 6	13.906
Variance against planned Capital Expenditure at month 6	(1.419)

Capital progress to date is satisfactory, with net spend to the end of September accounting for 42% of the UHB's approved CRL. The reported net spend to the end of September is £1.419m below the planned spend profile primarily due to a significant retrospective VAT recovery against discretionary schemes and slippage on the Neonatal BJC 2 scheme. 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 11<sup>th</sup> September 2018.

## **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 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 6, the key concerns and challenges are set out below:

1. Concern - Delivery of a 3% recurrent and a 1% non-recurrent savings target of £25.3m and £8.4m respectively.

Action - The UHB has identified corporate opportunities to cover the gap against the devolved saving target. The gap against the devolved savings target narrowed in month and in addition, all budget holders are still required to prioritise the identification and implementation of schemes as a matter of urgency to ensure that Clinical Boards meet their delegated targets.

2. Concern - Delivery of the £9.3m financial improvement target;

Action – the UHB has a fully identified financial improvement programme.

3. Concern - Managing within current budgets.

Action – Net operational overspends fell by £0.033m in month to £0.755m. Overspending Clinical Boards will need to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

4. Concern - Managing down the underlying deficit.

Action - a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

## **CONCLUSION**

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB has a one year financial plan for 2018/19 which delivers a deficit of £9.9m and requires the delivery of £33.8m savings and a further £9.3m financial improvement. The UHB has fully identified the required financial improvement and savings plans and the management of savings schemes and

operational pressures is now the key risk in the delivery of the financial plan and will remain an area of focus throughout the year.

The reported financial position for the first five months is a deficit of £5.705m. This is made up of a budget plan deficit of £4.950m and an adverse variance against plan of £0.755m.

## Appendix 1

### Month 6 In-Year Effect --TO UPDATE

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall at Performance Review Month 6
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	6,600	6,804	122	6,926	4.20	150	-326
Specialist Services	4,038	3,712	396	4,108	4.07	643	-70
Capital Estates and Facilities	2,580	1,822	758	2,580	4.00	133	0
Surgery	4,714	4,100	439	4,538	3.85	1,398	176
Medicine	3,754	2,144	1,366	3,509	3.74	531	245
CD&T	3,442	2,133	1,016	3,149	3.66	1,091	293
Mental Health	2,940	2,258	307	2,565	3.49	72	375
Children & Women	3,550	1,901	1,099	3,001	3.38	569	549
Corporate Execs	1,362	1,123	23	1,146	3.37	457	216
Dental	800	211	22	233	1.17	84	567
<b>Total</b>	<b>33,780</b>	<b>26,207</b>	<b>5,547</b>	<b>31,755</b>	<b>3.76</b>	<b>5,128</b>	<b>2,025</b>

### 2018-19 Full Year Effect--TO UPDATE

Clinical Board	3% Recurrent	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall at Performance Review Month 6
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	4,950	5,764	122	5,886	3.57	424	-936
Specialist Services	3,029	2,383	487	2,870	2.84	853	159
Capital Estates and Facilities	1,935	864	1,145	2,009	3.11	380	-74
Surgery	3,536	3,054	492	3,545	3.01	2,674	-10
Medicine	2,816	1,601	2,261	3,862	4.12	724	-1,047
CD&T	2,582	1,039	1,655	2,694	3.13	1,036	-112
Mental Health	2,205	1,535	307	1,842	2.51	20	363
Children & Women	2,663	1,152	1,394	2,546	2.87	774	116
Corporate Execs	1,022	532	13	545	1.60	491	477
Dental	600	94	0	94	0.47	110	506
<b>Total</b>	<b>25,335</b>	<b>18,018</b>	<b>7,875</b>	<b>25,893</b>	<b>3.07</b>	<b>7,486</b>	<b>-558</b>

## Appendix 2

### BALANCE SHEET AS AT 30<sup>th</sup> SEPTEMBER 2018

	Opening Balance 1 <sup>st</sup> April 2018	Closing Balance 30 <sup>th</sup> September 2018
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	657,424	660,152
Intangible assets	2,245	1,832
Trade and other receivables	57,469	38,260
Other financial assets		
<b>Non-Current Assets sub total</b>	<b>717,138</b>	<b>700,244</b>
<b>Current Assets</b>		
Inventories	15,697	16,968
Trade and other receivables	166,189	188,393
Other financial assets	0	0
Cash and cash equivalents	1,856	4,272
Non-current assets classified as held for sale	0	0
<b>Current Assets sub total</b>	<b>183,742</b>	<b>209,633</b>
<b>TOTAL ASSETS</b>	<b>900,880</b>	<b>909,877</b>
<b>Current Liabilities</b>		
Trade and other payables	180,290	149,600
Other financial liabilities	0	0
Provisions	120,512	137,531
<b>Current Liabilities sub total</b>	<b>300,802</b>	<b>287,131</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>600,078</b>	<b>622,746</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	9,635	9,350
Other financial liabilities	0	0
Provisions	60,471	35,507
<b>Non-Current Liabilities sub total</b>	<b>70,106</b>	<b>44,857</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>529,972</b>	<b>577,889</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
General Fund	417,207	463,214
Revaluation Reserve	112,765	114,675
<b>Total Taxpayers' Equity</b>	<b>529,972</b>	<b>577,889</b>

## Appendix 3

### CASH FLOW FORECAST AS AT 30<sup>th</sup> SEPTEMBER 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
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	86,045	81,620	90,750	61,720	82,480	62,180	70,755	87,307	79,653	64,768	74,753	42,511	884,542
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,590	1,380	1,540	1,650	1,450	1,760	1,570	1,570	1,570	1,570	2,128	19,378
WG Revenue Funding - Other (e.g. invoices)	3,850	3,165	2,366	2,378	2,618	2,391	2,377	2,391	2,391	4,562	2,391	4,562	35,442
WG Capital Funding - Cash Limit	8,000	6,000	1,500	1,600	7,200	4,300	1,930	2,378	447	0	0	0	33,355
Sale of Assets	0	0	0	170	0	0	0	0	270	0	1,300	120	1,860
Income from other Welsh NHS Organisations	32,230	31,149	46,893	34,472	39,938	29,879	36,103	38,905	34,389	28,180	31,928	36,383	420,449
Other - (Specify in narrative)	8,139	5,359	5,198	14,605	8,136	6,049	13,792	6,295	5,541	13,137	6,492	7,841	100,584
<b>TOTAL RECEIPTS</b>	<b>139,864</b>	<b>128,883</b>	<b>148,087</b>	<b>116,485</b>	<b>142,022</b>	<b>106,249</b>	<b>126,717</b>	<b>138,846</b>	<b>124,261</b>	<b>112,217</b>	<b>118,434</b>	<b>93,545</b>	<b>1,495,610</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,267	4,164	8,167	4,908	4,063	6,324	4,118	4,117	6,467	4,117	4,117	6,467	62,296
Primary Care Services : Pharmacy Services	134	135	123	106	128	131	134	125	250	500	250	250	2,266
Primary Care Services : Prescribed Drugs & Appliances	7,008	7,632	15,311	3	15,555	3	7,336	15,170	7,585	0	7,585	7,585	90,773
Primary Care Services : General Dental Services	1,755	1,800	1,766	1,974	1,684	1,828	1,894	1,815	1,815	1,815	1,815	1,815	21,776
Non Cash Limited Payments	1,958	2,086	2,111	2,093	2,040	2,215	2,043	2,080	2,080	2,080	2,080	2,080	24,946
Salaries and Wages	47,471	47,804	47,732	47,215	47,922	47,429	48,074	53,369	51,661	49,483	49,618	49,771	587,549
Non Pay Expenditure	54,604	51,324	57,727	54,191	44,288	43,936	52,759	43,251	40,725	48,586	41,921	38,106	571,418
Capital Payment	12,496	1,679	1,935	2,308	6,758	2,324	1,667	3,915	3,634	2,717	2,122	6,252	47,807
Other items (Specify in narrative)	8,721	8,960	17,124	3,343	15,476	3,933	8,892	14,980	10,072	2,910	8,945	10,072	113,428
<b>TOTAL PAYMENTS</b>	<b>139,414</b>	<b>125,584</b>	<b>151,996</b>	<b>116,141</b>	<b>137,914</b>	<b>108,123</b>	<b>126,917</b>	<b>138,822</b>	<b>124,289</b>	<b>112,208</b>	<b>118,453</b>	<b>122,398</b>	<b>1,522,259</b>
<b>Net cash inflow/outflow</b>	450	3,299	(3,909)	344	4,108	(1,874)	(200)	24	(28)	9	(19)	(28,853)	
<b>Balance b/f</b>	1,856	2,306	5,605	1,696	2,040	6,148	4,274	4,074	4,098	4,070	4,079	4,060	
<b>Balance c/f</b>	2,306	5,605	1,696	2,040	6,148	4,274	4,074	4,098	4,070	4,079	4,060	(24,793)	

## PROGRESS AGAINST CRL AS AT 30<sup>th</sup> SEPTEMBER 2018

Approved CRL issued September 11 <sup>th</sup> 2018 £'000s	33,355
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Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
<b>All Wales Capital Programme:</b>						
Relocation of the Central Processing Unit	0	0	0	0	0	0
Neonatal BJC 2	5,408	3,958	(1,450)	13,990	13,990	0
CRI Safeguarding	548	625	77	548	519	(29)
Rookwood Emergency Works	0	90	90	499	499	0
Anti Ligature Works	100	148	48	100	148	48
UHW Interventional Radiology Suite	500	664	164	500	1,069	569
Acceleration and implementation of National Clinical Systems	28	27	(1)	597	597	0
Reurbishment of the Renal Facilities at UHW	110	6	(104)	1,197	1,149	(48)
Purchase of Woodland House	2,950	3,996	1,046	2,950	3,996	1,046
<b>Sub Total</b>	<b>9,644</b>	<b>9,514</b>	<b>(130)</b>	<b>20,381</b>	<b>21,967</b>	<b>1,586</b>
<b>Discretionary:</b>						
I.T.	319	268	(51)	916	916	0
Equipment	314	195	(119)	2,256	2,256	0
Statutory Compliance	1,011	1,029	18	2,452	2,452	0
Estates	4,525	3,388	(1,137)	10,447	8,861	(1,586)
<b>Sub Total</b>	<b>6,169</b>	<b>4,880</b>	<b>(1,289)</b>	<b>16,071</b>	<b>14,485</b>	<b>(1,586)</b>
<b>Donations:</b>						
Charitable Funds Equipment	318	318	0	1,694	1,694	0
<b>Sub Total</b>	<b>318</b>	<b>318</b>	<b>0</b>	<b>1,694</b>	<b>1,694</b>	<b>0</b>
<b>Asset Disposals:</b>						
Carbon Reduction Emissions Surrendered	170	170	0	170	170	0
Amy Evans	0	0	0	206	206	0
Colcott Clinic	0	0	0	116	116	0
Iorweth Jones	0	0	0	911	911	0
<b>Sub Total</b>	<b>170</b>	<b>170</b>	<b>0</b>	<b>1,403</b>	<b>1,403</b>	<b>0</b>
<b>CHARGE AGAINST CRL</b>	<b>15,325</b>	<b>13,906</b>	<b>(1,419)</b>	<b>33,355</b>	<b>33,355</b>	<b>0</b>
<b>PERFORMANCE AGAINST CRL (Under)/Over £'000s</b>		<b>(19,449)</b>			<b>0</b>	

## Workforce Key Performance Indicators September 2018

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	Performance vs Target & Comparison with Previous Month	2018-19 target	Notes
<b>1. Sickness Absence Rate</b>	5.07%	4.77%	4.75%	⇒ 0.00%	4.60%	YTD is cumulative rate from April to date
<b>1a. Sickness Absence Rate (12-Months ago comparator)</b>	4.87%	4.69%	4.91%	↓ 0.11%	4.20%	All data here relates to 2017-18, for comparative purposes
<b>2. Job Plan Compliance</b>	50.80%				85.00%	Compliance - a recorded job plan in ESR with a review having taken place within the last 12 months.
<b>3. Voluntary Resignation Turnover Rate (WTE)</b>	6.34%	6.63%	6.63%	↓ 0.06%	6.34%	Excludes junior medical staff in training
<b>4. Pay Bill Over/Underspend</b>	-0.43%	-0.10%	-0.44%	↓ 0.07%	Underspend	YTD is April-18 to current month, value shown is the amount of over/underspend as a % of budget
<b>5. Variable Pay Rate</b>	8.06%	8.52%	8.54%	⇒ 0.00%	No target	YTD is April-18 to current month, value shown is variable pay as a % of pay bill
<b>6. Establishment (Budget) WTE</b>	13554.74		13786.49	↑ 33.84 WTE	No target	
<b>7. Actual (Contracted) WTE</b>	12738.43		12718.97	↑ 31.50 WTE	No target	
<b>8. Fire Safety Mandatory Training Rate</b>	65.32%	66.35%	66.35%	↓ 1.21%	85.00%	YTD is 12-month cumulative rate
<b>9. PADR Rate</b>	57.19%	57.93%	57.93%	↓ 1.07%	85.00%	YTD is 12-month cumulative rate

### Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> <li>• <b>Nurse Recruitment:</b> The September 2018 nurse vacancy rate at Band 5 was 16.29% (321 vacancies), up by 5.85% from September 2017. Turnover has risen by 0.18% over the same period to 12.17%. There has been a net decrease of 80 wte fewer in post, and 120 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position.</li> <li>• <b>PADR:</b> 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.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CE&amp;F:</b> A dedicated staff member is working across the area to improve Mandatory training, monthly training sessions are being held across the sites. PADR rates are being closely monitored and training and supporting information has been sent out to all managers aim at improving the standards.</li> <li>• <b>PCIC:</b> A pilot for the 'PADR Experience' questionnaire has been completed and a plan is in place, in partnership with LED, to implement a questionnaire across PCIC and the wider organisation</li> <li>• <b>PCIC:</b> The top 10 sickness cases have been identified and reviewed and plans are in place to support the relevant managers</li> <li>• <b>PCIC:</b> Invitations for the PCIC Celebratory Event and nominations for awards were issued for the event being held on 7 November 2018</li> <li>• <b>PCIC:</b> GP Fellowship in development to support Primary Care sustainability</li> </ul>



- **Medical Recruitment:** As at end of September 2018 there are 23.00 WTE hard-to-fill vacancies, 3 WTE of which are consultant posts. This represents 1.63% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts.
- **Statutory and Mandatory Training:** Mandatory September has taken place providing 6 modules via classroom based training on each of the 9 dates. A further 7 dates have been advertised during November 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 this has mainly affected are Resuscitation, Dementia and Mental Capacity Act. Staff will be 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.
- **Staff Engagement:** The results of the national and local surveys were formally launched on the 1st October and Quality Health will be providing feedback to the Executive Team on the 8th October 2018. Training on the use of reporting tool has taken place during September which will allow more detailed departmental analysis to be provided. One of the 7 transformational enablers is reinvigorating the values and behaviours into action piece of work, this is currently being scoped and a proposal went to management exec on the 3rd Sept 2018. This work will build upon our values and behaviours framework. 61 managers have attended the Values Based Recruitment training, with a further 6 workshops planned until end December 2018. Also, an evaluation workshop is booked for end November 2018 to review how the process is working in practice.
- **Employee Wellbeing:** 54 people self-referred to EWS in September. 34 people attended a 1st appointment, 9 people were then discharged, having been signposted to a range of interventions. A total of 121 appointments were attended. Anxiety was the most common reason for referral, with 74% of people who referred saying they were suffering with anxiety symptoms.

- **PCIC:** Physician Associate Awareness Session Held on 26 September 2018 led by HWOD PCIC and MH with Medical Director and Swansea University to promote the engagement and roll out of the role in Cardiff and Vale UHB
- **PCIC:** Out of Hours workforce plan drafted
- **PCIC:** Workforce supporting the implementation group and roll out of the MH and MSK roles within primary care Locality/Clusters
- **PCIC:** Cluster partnership agreement drafted to support MH and MSK roles in primary care Locality/Clusters
- **PCIC:** Evaluation of primary care nurse for older people and cluster pharmacist complete. Workshops set up to agree actions, leads and timescales.
- **PCIC:** Team development session delivered between two practices to support a practice merger.
- **Mental Health:** New HWOD took up post.
- **Mental Health:** Primary Mental Health Liaison (MH practitioners working in clusters/localities) working group set up and recruitment planning commenced linked to PCIC implementation and roll out plan.
- **Mental Health:** Vale CMHTs (3 teams) successfully moved in together in a new base at Barry Hospital. Further work is underway to develop the new model through a collaborative approach.

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

	WTE	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	664.54	2.59%	2.15%	2.22%	2.37%	2.48%	2.64%	2.69%	2.71%	3.78%	3.71%	3.71%	3.53%	3.33%	3.15%
CDT	2073.60	3.68%	3.62%	3.70%	3.76%	3.81%	3.87%	3.93%	3.96%	3.51%	3.55%	3.58%	3.56%	3.56%	3.50%
Children & Women	1686.42	4.30%	4.22%	4.30%	4.40%	4.54%	4.70%	4.77%	4.74%	3.98%	3.93%	4.00%	4.17%	4.34%	4.40%
Dental	392.63	3.39%	3.59%	3.54%	3.48%	3.48%	3.50%	3.50%	3.54%	3.90%	4.45%	4.60%	4.80%	4.73%	4.56%
Surgical Services	1729.24	4.42%	4.50%	4.59%	4.66%	4.78%	4.88%	4.94%	4.90%	4.67%	4.60%	4.61%	4.60%	4.63%	4.57%
Specialist Services	1648.52	4.12%	4.13%	4.12%	4.13%	4.23%	4.39%	4.49%	4.52%	5.04%	4.97%	4.77%	4.73%	4.82%	4.85%
PCIC	661.45	4.67%	4.72%	4.81%	4.93%	5.09%	5.24%	5.32%	5.19%	4.35%	4.86%	4.95%	5.30%	5.47%	5.49%
Medicine	1568.20	5.16%	5.49%	5.51%	5.51%	5.55%	5.65%	5.74%	5.75%	5.18%	5.22%	5.39%	5.55%	5.66%	5.65%
Mental Health	1216.86	6.09%	6.39%	6.49%	6.71%	6.90%	6.98%	6.97%	6.81%	5.06%	5.38%	5.74%	5.85%	5.86%	5.91%
Capital, Estates & Facilities	1077.51	7.05%	7.62%	7.66%	7.70%	7.93%	8.07%	7.98%	7.88%	5.90%	5.31%	5.29%	5.53%	5.80%	5.99%
<b>uHB</b>	<b>12718.97</b>	<b>4.60%</b>	<b>4.69%</b>	<b>4.75%</b>	<b>4.82%</b>	<b>4.93%</b>	<b>5.05%</b>	<b>5.10%</b>	<b>5.07%</b>	<b>4.56%</b>	<b>4.56%</b>	<b>4.62%</b>	<b>4.70%</b>	<b>4.77%</b>	<b>4.77%</b>

> 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 August 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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	664.54	2.59%	2.42%	2.63%	3.42%	3.38%	4.11%	3.51%	3.39%	3.78%	3.65%	3.70%	2.99%	2.57%	2.20%
CDT	2073.60	3.68%	4.48%	4.22%	4.27%	4.28%	4.45%	4.73%	4.38%	3.51%	3.59%	3.64%	3.52%	3.55%	3.20%
Dental	392.63	3.39%	4.25%	3.42%	3.24%	3.64%	3.75%	3.69%	4.31%	3.90%	4.99%	4.91%	5.39%	4.43%	3.72%
Surgical Services	1729.24	4.42%	4.57%	5.11%	5.16%	5.76%	5.85%	5.70%	4.49%	4.67%	4.53%	4.65%	4.56%	4.74%	4.24%
Children & Women	1686.42	4.30%	4.34%	4.79%	5.15%	5.63%	6.15%	5.54%	4.53%	3.98%	3.88%	4.15%	4.68%	5.02%	4.68%
Specialist Services	1648.52	4.12%	4.61%	4.14%	4.33%	5.10%	5.83%	5.48%	4.73%	5.04%	4.90%	4.38%	4.61%	5.15%	4.99%
PCIC	661.45	4.67%	4.85%	5.47%	5.91%	6.48%	6.78%	6.39%	4.08%	4.35%	5.35%	5.14%	6.31%	6.14%	5.58%
Medicine	1568.20	5.16%	5.40%	5.60%	5.50%	5.86%	6.48%	6.61%	5.85%	5.18%	5.27%	5.72%	6.04%	6.11%	5.59%
Mental Health	1216.86	6.09%	6.37%	7.08%	8.32%	8.31%	7.56%	7.05%	5.45%	5.06%	5.69%	6.47%	6.16%	5.90%	6.17%
Capital, Estates & Facilities	1077.51	7.05%	7.15%	7.90%	8.04%	9.75%	9.28%	7.03%	6.80%	5.90%	4.74%	5.26%	6.22%	6.86%	6.94%
<b>uHB</b>	<b>12718.97</b>	<b>4.60%</b>	<b>4.91%</b>	<b>5.11%</b>	<b>5.37%</b>	<b>5.85%</b>	<b>6.08%</b>	<b>5.70%</b>	<b>4.88%</b>	<b>4.56%</b>	<b>4.57%</b>	<b>4.73%</b>	<b>4.93%</b>	<b>5.05%</b>	<b>4.75%</b>

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

## Sickness Rate (12- Month Cumulative)

	WTE	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	664.54	2.59%	2.48%	2.40%	2.42%	2.41%	2.55%	2.58%	2.71%	2.88%	3.01%	3.16%	3.21%	3.28%	3.28%
CDT	2073.60	3.68%	3.77%	3.80%	3.75%	3.81%	3.83%	3.86%	3.96%	4.09%	4.08%	4.08%	4.08%	4.05%	3.94%
Dental	392.63	3.39%	3.86%	3.81%	3.70%	3.64%	3.50%	3.49%	3.54%	3.77%	3.82%	3.90%	4.15%	4.16%	4.12%
Children & Women	1686.42	4.30%	4.47%	4.52%	4.49%	4.59%	4.66%	4.70%	4.74%	4.78%	4.79%	4.75%	4.74%	4.81%	4.85%
Specialist Services	1648.52	4.12%	4.45%	4.34%	4.28%	4.35%	4.40%	4.40%	4.52%	4.57%	4.69%	4.68%	4.72%	4.87%	4.89%
Surgical Services	1729.24	4.42%	4.83%	4.85%	4.78%	4.89%	4.93%	4.96%	4.90%	4.91%	4.94%	4.99%	5.02%	5.01%	4.95%
PCIC	661.45	4.67%	4.98%	4.94%	4.96%	5.15%	5.28%	5.38%	5.19%	5.18%	5.28%	5.39%	5.52%	5.55%	5.67%
Medicine	1568.20	5.16%	5.62%	5.63%	5.49%	5.49%	5.53%	5.63%	5.75%	5.74%	5.79%	5.78%	5.78%	5.77%	5.82%
Mental Health	1216.86	6.09%	6.34%	6.40%	6.56%	6.70%	6.84%	6.84%	6.81%	6.76%	6.66%	6.67%	6.65%	6.60%	6.59%
Capital, Estates & Facilities	1077.51	7.05%	7.56%	7.61%	7.60%	7.83%	7.99%	7.96%	7.88%	7.83%	7.61%	7.43%	7.25%	7.06%	7.06%
<b>uHB</b>	<b>12718.97</b>	<b>4.60%</b>	<b>4.89%</b>	<b>4.89%</b>	<b>4.86%</b>	<b>4.94%</b>	<b>5.01%</b>	<b>5.04%</b>	<b>5.07%</b>	<b>5.11%</b>	<b>5.12%</b>	<b>5.12%</b>	<b>5.13%</b>	<b>5.14%</b>	<b>5.13%</b>

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

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

	WTE	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dental	392.63	6.34%	3.27%	3.15%	3.27%	3.09%	2.54%	2.38%	2.73%	3.10%	2.95%	3.12%	2.89%	4.18%	3.16%
Capital, Estates & Facilities	1077.51	6.34%	3.73%	4.21%	4.35%	4.46%	4.74%	4.37%	4.20%	4.07%	3.86%	4.23%	4.28%	4.65%	4.63%
Mental Health	1216.86	6.34%	6.46%	5.74%	5.70%	5.51%	5.62%	5.55%	5.72%	5.60%	5.18%	5.25%	5.15%	5.70%	5.21%
Specialist Services	1648.52	6.34%	6.80%	6.84%	7.28%	6.96%	6.46%	6.66%	6.96%	7.09%	6.92%	6.81%	6.81%	6.71%	6.41%
Surgical Services	1729.24	6.34%	6.03%	6.09%	5.92%	5.63%	5.80%	5.62%	5.92%	5.99%	6.00%	6.32%	6.56%	6.44%	6.61%
Medicine	1568.20	6.34%	6.77%	7.20%	7.22%	7.14%	6.81%	6.91%	7.02%	6.79%	6.77%	6.42%	6.49%	6.67%	6.86%
Children & Women	1686.42	6.34%	5.95%	5.50%	5.73%	5.46%	5.39%	5.29%	5.64%	5.72%	5.58%	6.01%	6.11%	6.93%	7.08%
Corporate	664.54	6.34%	6.63%	7.07%	6.71%	7.14%	7.13%	6.77%	6.51%	6.22%	5.90%	6.44%	7.04%	7.29%	7.43%
CDT	2073.60	6.34%	6.85%	6.63%	6.46%	6.81%	6.68%	7.04%	6.98%	7.40%	7.48%	7.01%	6.96%	7.41%	7.58%
PCIC	661.45	6.34%	10.23%	10.90%	10.86%	10.86%	9.99%	10.22%	10.37%	10.37%	10.63%	10.36%	10.23%	10.65%	9.43%
uHB	12718.97	6.34%	6.35%	6.36%	6.38%	6.33%	6.19%	6.20%	6.34%	6.38%	6.29%	6.31%	6.37%	6.69%	6.63%

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

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Change since March 18
Worked WTE	12937.81	12896.59	12897.38	13038.92	12977.01	12997.31	13035.00	13049.31	12991.99	12996.03	12797.28	12737.56	12905.15	12878.15	-171.16
Establishment WTE	13520.24	13554.61	13519.36	13510.43	13517.18	13474.49	13514.62	13554.74	13656.97	13834.54	13736.93	13731.17	13752.65	13786.49	231.75
Actual (Contracted) WTE	12579.02	12710.07	12684.55	12771.19	12830.08	12800.43	12789.43	12738.43	12774.81	12717.21	12685.27	12778.46	12687.47	12718.97	-19.46

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

	Headcount	% With No Recorded Plan	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
CDT			33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%				
Children & Women			62.96%	66.67%	66.04%	61.68%	57.41%	54.21%	53.27%	52.78%	50.91%				
Dental			42.11%	73.68%	73.68%	76.79%	79.63%	77.78%	74.07%	70.91%	72.22%				
Medicine			31.43%	43.40%	43.40%	41.12%	39.62%	44.23%	45.28%	42.86%	40.95%				
Mental Health			55.10%	52.08%	43.75%	40.43%	35.42%	28.57%	22.45%	18.37%	17.39%				
PCIC			70.00%	70.00%	70.00%	70.00%	70.00%	77.78%	100.00%	100.00%	88.89%				
Specialist Services			38.53%	40.54%	38.39%	33.04%	33.63%	30.09%	32.74%	31.03%	42.31%				
Surgical Services			8.95%	10.05%	11.64%	24.74%	23.94%	71.96%	71.28%	70.21%	70.05%				
Capital, Estates & Facilities															
Corporate															
<b>uHB</b>			<b>34.59%</b>	<b>40.03%</b>	<b>39.22%</b>	<b>40.90%</b>	<b>39.71%</b>	<b>51.31%</b>	<b>50.80%</b>	<b>48.99%</b>	<b>50.15%</b>				

Under 75%
75% - 85%
Over 85%

Source - ESR

### Note:

'Headcount' above shows the number of consultant and SAS doctors (both uHB contracted and honorary) by Clinical Board for the current reporting month. These are contractually required to have a job plan, which should be reviewed every 12 months. The '% with No Recorded Plan' shows the percentage (at the current month) of the Consultant and SAS doctors for whom no job plan has been recorded in ESR. The 12-month trend shows the percentage of consultant and SAS doctors for whom a record of the job plan having been signed off in the past 12 months has been recorded in ESR. Due to staffing issues there has been no update to the Job Plan compliance records in ESR since June 2018. Options to resolve this are being considered.

**Job Plans Compliance - % Consultants with Reviewed Job Plans**

	Headcount	% With No Recorded Plan	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
CDT			33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%				
Children & Women			69.66%	70.79%	70.11%	64.77%	60.23%	55.06%	56.18%	52.81%	50.55%				
Dental			80.95%	90.48%	90.48%	95.24%	100.00%	95.24%	90.00%	85.00%	95.00%				
Medicine			36.36%	50.56%	50.00%	47.19%	45.45%	51.16%	52.27%	49.43%	47.67%				
Mental Health			53.33%	53.33%	46.67%	41.38%	36.67%	25.81%	16.67%	23.33%	25.00%				
PCIC			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Specialist Services			41.84%	44.00%	43.00%	37.00%	37.62%	33.66%	34.31%	32.38%	45.16%				
Surgical Services			9.29%	10.44%	12.09%	25.14%	24.31%	74.18%	73.48%	72.38%	72.22%				
Capital, Estates & Facilities															
Corporate															
<b>uHB</b>			<b>36.68%</b>	<b>40.17%</b>	<b>39.69%</b>	<b>41.45%</b>	<b>40.31%</b>	<b>53.89%</b>	<b>53.02%</b>	<b>51.21%</b>	<b>53.36%</b>				

**Job Plans Compliance - % SAS Doctors with Reviewed Job Plans**

	Headcount	% With No Recorded Plan	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Children & Women			31.58%	47.37%	47.37%	47.37%	45.00%	50.00%	38.89%	52.63%	52.63%				
Dental			19.44%	63.89%	63.89%	65.71%	66.67%	66.67%	64.71%	62.86%	58.82%				
Medicine			5.88%	5.88%	11.11%	11.11%	11.11%	11.11%	11.11%	11.11%	10.53%				
Mental Health			57.89%	50.00%	38.89%	38.89%	33.33%	33.33%	31.58%	10.53%	5.56%				
PCIC			25.00%	25.00%	25.00%	25.00%	25.00%	33.33%	100.00%	100.00%	50.00%				
Specialist Services			9.09%	9.09%	0.00%	8.33%	8.33%	0.00%	18.18%	18.18%	18.18%				
Surgical Services			0.00%	14.29%	0.00%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%				
Capital, Estates & Facilities															
CDT															
Corporate															
<b>uHB</b>			<b>23.89%</b>	<b>39.29%</b>	<b>36.84%</b>	<b>38.05%</b>	<b>36.61%</b>	<b>37.61%</b>	<b>39.09%</b>	<b>37.50%</b>	<b>33.64%</b>				

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

	Budget	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	April-18 to Date (£)
PCIC	£31,776,011	-3.13%	-2.99%	-2.85%	-2.57%	-2.67%	-2.68%	-2.02%	-4.27%	-3.12%	-2.61%	-2.50%	-2.90%	-2.64%	-£418,877
Specialist Services	£84,207,669	-0.83%	-0.93%	-0.85%	-0.97%	-0.94%	-0.79%	-0.89%	-1.87%	-1.96%	-1.69%	-1.95%	-2.05%	-2.27%	-£971,982
Dental	£16,992,555	-0.15%	0.09%	0.04%	0.08%	0.06%	0.17%	0.10%	-3.13%	-2.09%	-1.65%	-1.82%	-1.64%	-1.54%	-£132,424
Corporate	£30,421,782	-1.07%	-0.97%	-0.90%	-0.95%	-0.91%	-0.89%	-1.58%	1.25%	0.86%	1.64%	0.71%	-0.13%	-0.58%	-£88,557
Capital, Estates & Facilities	£28,395,275	0.27%	-0.08%	-0.22%	-0.26%	-0.11%	-0.22%	0.04%	2.51%	0.90%	1.53%	-0.23%	-0.72%	-0.53%	-£75,315
CDT	£81,987,487	-0.66%	-0.73%	-0.71%	-0.44%	-0.46%	-0.48%	-0.40%	-0.29%	-0.45%	-0.65%	-0.72%	-0.18%	-0.21%	-£87,389
Surgical Services	£90,927,699	-1.47%	-1.42%	-1.36%	-1.56%	-1.88%	-1.90%	-1.78%	1.08%	0.09%	-0.40%	-0.15%	0.13%	0.05%	£24,232
Children & Women	£78,330,148	-0.06%	0.15%	0.40%	0.55%	0.45%	0.49%	0.50%	0.37%	0.30%	0.55%	0.66%	0.65%	0.59%	£230,693
Mental Health	£50,813,728	-0.60%	-0.51%	-0.69%	-0.81%	-0.94%	-1.02%	-0.86%	1.68%	1.20%	1.32%	1.35%	1.29%	1.07%	£273,755
Medicine	£79,164,932	2.15%	2.04%	2.14%	1.97%	1.88%	1.79%	1.76%	1.64%	2.07%	2.18%	2.03%	2.19%	2.26%	£922,604
<b>uHB</b>	<b>£583,455,771</b>	<b>-0.41%</b>	<b>-0.40%</b>	<b>-0.34%</b>	<b>-0.35%</b>	<b>-0.44%</b>	<b>-0.44%</b>	<b>-0.43%</b>	<b>0.16%</b>	<b>-0.04%</b>	<b>0.05%</b>	<b>-0.07%</b>	<b>-0.03%</b>	<b>-0.10%</b>	<b>-£289,262</b>

Over Budget  
Under Budget

#### Note:

The pay budget for September 2018 was £49,685,297 and the pay bill was £49,466,887. This represents an underspend of £218,409. 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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	£30,421,782	2.74%	2.69%	2.67%	2.60%	2.53%	2.52%	2.53%	2.84%	2.48%	2.29%	2.24%	2.32%	2.32%
Dental	£16,992,555	2.46%	2.45%	2.51%	2.47%	2.56%	2.75%	2.84%	2.32%	2.79%	2.92%	2.99%	3.15%	3.22%
Capital, Estates & Facilities	£28,395,275	5.57%	5.40%	5.27%	5.10%	5.28%	5.25%	5.50%	5.49%	6.30%	5.73%	3.27%	3.12%	3.32%
PCIC	£31,776,011	4.40%	4.21%	3.65%	3.75%	3.79%	3.88%	3.98%	3.23%	3.62%	3.40%	3.77%	3.74%	3.79%
Children & Women	£78,330,148	4.59%	4.63%	4.73%	4.69%	4.64%	4.68%	5.04%	4.41%	4.68%	4.96%	5.02%	5.14%	5.15%
CDT	£81,987,487	4.65%	4.55%	4.54%	4.51%	4.56%	4.71%	5.00%	5.30%	5.46%	5.39%	5.15%	5.36%	5.24%
Specialist Services	£84,207,669	7.58%	7.47%	7.53%	7.46%	7.47%	7.54%	7.98%	7.73%	7.78%	8.15%	8.59%	8.54%	8.54%
Surgical Services	£90,927,699	9.01%	8.99%	8.99%	8.87%	8.91%	9.13%	9.43%	9.58%	9.44%	9.55%	9.79%	9.98%	10.08%
Mental Health	£50,813,728	9.78%	10.10%	10.16%	10.16%	10.21%	10.30%	10.55%	10.56%	10.97%	11.18%	11.42%	11.48%	11.40%
Medicine	£79,164,932	15.93%	15.85%	16.13%	16.05%	16.09%	16.22%	16.60%	18.90%	18.37%	18.03%	17.95%	17.83%	17.86%
<b>uHB</b>	<b>£583,455,771</b>	<b>7.78%</b>	<b>7.75%</b>	<b>7.72%</b>	<b>7.66%</b>	<b>7.70%</b>	<b>7.81%</b>	<b>8.06%</b>	<b>8.43%</b>	<b>8.46%</b>	<b>8.47%</b>	<b>8.46%</b>	<b>8.52%</b>	<b>8.52%</b>

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 0.75% higher than for September 2017. The proportion of the paybill attributable to bank and agency for September 2018 (6.00%) is 0.91% higher than for September 2017.

**Medicine:** The nursing variable pay dropped £56k compared to August, and overall nurse expenditure dropped by £40k in the month. However this is lower than expected due to current capacity closures and this is being reviewed.

The September Medical staff variable pay spend increased by £74k compared to August, although the overall medical staff spend remained flat. Temp staff covering vacancies, particularly middle grade in EU.

**Mental Health:** The cumulative variable pay expenditure within MH CB is mainly driven by nursing bank and agency expenditure. The high expenditure is mainly due to the need to cover nursing vacancies, sickness and continued high acuity levels which has resulted in a greater requirement of specialing and close observations.

The overall in month nursing overspend reduced again to £62k, with temporary spend the lowest since April at £334k. Agency represents 2.4% of total nursing spend and only £54k out of the £334k temporary spend. The nursing financial position is being monitored closely by the Clinical Board and meetings are on-going with regard to recovery actions.

The medical variable pay is made up of both locums and Staff flow and is due to the requirement to fill/backfill vacancies, largely within the Community Mental Health Teams. The overall medical staff variance is £0.153m underspent and overall spend consistent with previous months.

**Surgical Services:** Agency, Bank and Overtime usage accounts for 52% of the total variable pay. The increase is reflected by the reduction in Substantive pay, rather than an increase in actual spend on these types of temporary staffing. The actual spend has reduced due to a reduction in the amount of annual leave and specialising costs.

Expenditure on Locums, Staff Flow, WLIs and Extra Sessions accounts for 45% and on-call accounting for the remaining 3%. There has been some reduction in spend on WLIs and Locums as vacancies begin to fill, but there are still a number of Consultant/Junior vacancies outstanding, so the spend is as a result of backfilling these posts.

**Statutory and Mandatory Training Rate (12- Month Cumulative)**

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dental	583	80.81%	85.34%	87.59%	87.92%	88.84%	88.94%	89.21%	88.70%	88.46%	88.41%	88.23%	87.75%	85.54%
Corporate	779	72.00%	75.06%	78.00%	78.51%	79.37%	81.03%	81.46%	81.93%	81.86%	81.38%	81.41%	80.77%	80.24%
CDT	2398	78.91%	79.80%	80.33%	80.10%	80.28%	80.51%	80.18%	79.03%	80.86%	80.73%	80.34%	79.71%	79.35%
Children & Women	2146	64.92%	66.32%	70.53%	71.65%	73.94%	76.33%	77.07%	80.78%	79.12%	79.49%	80.02%	80.16%	78.17%
PCIC	923	65.89%	69.20%	71.52%	72.24%	71.99%	73.24%	74.12%	75.92%	76.48%	77.56%	77.70%	77.01%	75.83%
Mental Health	1416	61.02%	61.32%	63.14%	64.06%	66.31%	68.33%	69.59%	72.29%	74.24%	74.83%	75.30%	75.27%	75.21%
Medicine	1814	52.76%	55.85%	60.93%	62.65%	65.63%	67.46%	67.52%	68.71%	69.93%	71.45%	70.93%	71.67%	70.86%
Specialist Services	1844	60.99%	62.72%	64.96%	65.56%	67.09%	68.25%	68.44%	69.14%	70.13%	71.27%	72.27%	72.50%	70.34%
Capital, Estates & Facilities	1254	57.17%	58.31%	60.15%	63.58%	64.30%	66.43%	65.04%	62.42%	61.05%	60.36%	64.87%	66.45%	67.74%
Surgical Services	1985	53.02%	55.04%	57.32%	59.49%	59.81%	60.27%	61.21%	62.71%	64.71%	65.54%	65.35%	65.76%	64.73%
uHB	15142	63.55%	65.43%	68.00%	69.14%	70.41%	71.73%	72.04%	73.01%	73.67%	74.14%	74.61%	74.76%	73.87%

Under 75%
75% - 85%
Over 85%

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

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Equality	15142	70.93%	72.01%	74.01%	75.26%	75.78%	76.54%	76.81%	77.83%	78.69%	79.16%	79.78%	79.87%	79.41%
Fire	15142	54.16%	57.47%	60.63%	61.57%	63.37%	64.74%	65.32%	66.98%	66.68%	66.51%	67.61%	67.56%	66.35%
Health & Safety	15142	73.35%	74.64%	76.75%	78.01%	78.81%	79.67%	80.22%	80.56%	81.79%	82.58%	83.11%	82.67%	81.76%
IPC	15142	74.14%	75.17%	76.97%	78.17%	78.87%	79.48%	79.82%	80.50%	82.24%	82.93%	82.85%	82.60%	81.69%
Information Governance	15142	64.60%	67.08%	69.77%	70.54%	71.16%	71.45%	70.69%	70.33%	68.20%	68.00%	68.49%	69.54%	67.70%
Manual Handling	15142	63.55%	64.77%	66.76%	67.63%	67.43%	69.15%	69.13%	69.13%	69.61%	69.86%	70.00%	70.74%	69.05%
Resuscitation	15142	35.58%	40.28%	44.46%	45.46%	50.67%	53.91%	53.87%	56.81%	59.28%	60.46%	61.53%	61.57%	62.29%
Safeguarding Adults	15142	66.23%	67.20%	69.61%	71.11%	72.11%	73.59%	74.39%	75.62%	76.20%	76.54%	76.55%	76.44%	75.48%
Safeguarding Children	15142	66.34%	67.57%	70.48%	71.70%	72.67%	73.91%	74.52%	75.50%	75.95%	76.63%	77.11%	77.01%	76.16%
Violence & Aggression	15142	66.62%	68.11%	70.56%	71.97%	73.27%	74.81%	75.58%	76.79%	78.08%	78.78%	79.03%	79.64%	78.83%

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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dental	479	50.00%	55.11%	66.96%	68.94%	71.05%	70.11%	66.81%	68.12%	73.36%	68.21%	65.82%	64.21%	67.85%
PCIC	869	73.85%	78.16%	80.95%	77.91%	75.90%	74.22%	68.60%	71.20%	74.88%	72.95%	72.10%	71.68%	66.40%
Specialist Services	1730	61.01%	61.45%	68.43%	66.21%	65.57%	65.40%	62.46%	63.28%	64.54%	66.93%	66.41%	66.10%	65.32%
Medicine	1688	49.37%	47.76%	58.39%	58.94%	62.79%	62.92%	57.85%	60.00%	60.68%	60.27%	61.87%	62.62%	63.39%
Mental Health	1394	48.07%	50.15%	52.27%	49.21%	50.04%	49.70%	50.80%	57.53%	59.93%	58.68%	63.66%	62.58%	62.91%
Children & Women	1991	51.44%	54.90%	64.43%	64.32%	66.58%	67.64%	60.74%	55.79%	63.52%	63.24%	64.04%	63.47%	62.88%
Surgical Services	1800	49.70%	49.15%	57.83%	55.68%	53.20%	51.39%	48.07%	50.31%	52.08%	58.04%	52.31%	52.57%	53.17%
Corporate	763	55.31%	56.48%	57.29%	57.41%	57.16%	53.40%	52.56%	52.21%	52.67%	52.77%	52.77%	52.85%	50.59%
Capital, Estates & Facilities	1310	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	53.83%	55.18%	54.99%	50.53%
CDT	2345	65.77%	64.97%	65.64%	63.96%	63.24%	60.92%	56.19%	63.27%	54.46%	51.56%	49.70%	48.73%	46.40%
<b>uHB</b>	<b>14369</b>	<b>53.15%</b>	<b>54.12%</b>	<b>60.03%</b>	<b>60.32%</b>	<b>61.14%</b>	<b>59.40%</b>	<b>57.19%</b>	<b>58.66%</b>	<b>59.54%</b>	<b>57.61%</b>	<b>59.35%</b>	<b>59.00%</b>	<b>57.93%</b>

Under 75%  
75% - 85%  
Over 85%

### 9a. Medical Appraisal Rate

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
PCIC	7	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%
CDT	72	87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	84.72%	86.11%	84.72%	83.56%	83.33%	84.72%	86.11%
Surgical Services	208	80.44%	79.65%	81.61%	81.17%	79.28%	78.73%	78.03%	78.57%	79.82%	80.18%	84.21%	85.58%	86.06%
Specialist Services	155	70.51%	70.70%	73.46%	73.29%	75.32%	76.28%	76.58%	76.10%	76.25%	78.13%	77.56%	78.71%	80.00%
Medicine	139	67.74%	66.46%	69.43%	70.20%	71.52%	71.05%	67.90%	67.90%	69.33%	70.12%	74.15%	73.97%	79.14%
Mental Health	62	73.77%	73.02%	73.77%	73.77%	73.33%	75.41%	75.00%	78.33%	80.33%	75.41%	79.03%	80.65%	79.03%
Children & Women	146	79.31%	79.66%	83.48%	82.50%	84.17%	79.69%	71.23%	68.92%	70.83%	71.03%	68.97%	70.55%	71.23%
Dental	49	72.92%	72.92%	72.92%	71.43%	65.96%	63.83%	65.22%	62.50%	64.58%	63.83%	55.32%	62.00%	67.35%
Capital, Estates & Facilities														
<b>uHB</b>	<b>839</b>	<b>76.01%</b>	<b>75.70%</b>	<b>77.86%</b>	<b>77.71%</b>	<b>77.65%</b>	<b>76.83%</b>	<b>74.66%</b>	<b>74.49%</b>	<b>75.45%</b>	<b>75.68%</b>	<b>76.71%</b>	<b>78.04%</b>	<b>79.74%</b>

Under 75%  
75% - 85%  
Over 85%

### 9a i. Consultant Medical Appraisal Rate

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Corporate	1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
PCIC	6	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Surgical Services	187	87.56%	86.53%	88.48%	87.89%	85.26%	85.11%	85.19%	86.32%	86.84%	87.30%	87.70%	88.77%	88.77%
Mental Health	34	85.71%	88.57%	87.88%	87.88%	81.25%	84.38%	81.82%	87.88%	93.94%	84.85%	87.88%	90.91%	88.24%
Specialist Services	119	81.43%	82.30%	84.35%	84.21%	85.09%	83.33%	82.20%	84.75%	84.75%	84.75%	81.51%	84.03%	87.39%
CDT	71	87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	85.92%	87.32%	85.92%	84.72%	84.51%	85.92%	87.32%
Medicine	97	82.47%	82.47%	87.63%	86.60%	85.57%	84.38%	85.57%	85.57%	87.63%	87.63%	87.50%	86.46%	86.60%
Children & Women	95	82.35%	83.53%	86.75%	87.88%	91.67%	87.50%	81.72%	77.42%	78.49%	78.95%	78.49%	79.79%	82.11%
Dental	36	80.00%	80.00%	80.00%	82.05%	75.68%	72.97%	72.97%	72.97%	72.97%	72.97%	64.86%	72.97%	77.78%
Capital, Estates & Facilities														
<b>uHB</b>	<b>646</b>	<b>84.53%</b>	<b>84.87%</b>	<b>86.99%</b>	<b>86.81%</b>	<b>85.78%</b>	<b>84.52%</b>	<b>83.57%</b>	<b>84.21%</b>	<b>84.98%</b>	<b>84.57%</b>	<b>83.67%</b>	<b>85.25%</b>	<b>86.53%</b>

Under 75%  
75% - 85%  
Over 85%

**9a ii. SAS Medical Appraisal Rate**

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
PCIC	1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%
Children & Women	17	88.24%	88.24%	88.24%	88.24%	82.35%	82.35%	88.89%	88.89%	88.24%	88.24%	82.35%	82.35%	82.35%
Specialist Services	10	63.64%	63.64%	66.67%	66.67%	66.67%	75.00%	72.73%	63.64%	72.73%	72.73%	80.00%	80.00%	80.00%
Surgical Services	5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Health	21	70.00%	70.00%	75.00%	70.00%	75.00%	76.19%	76.19%	76.19%	76.19%	71.43%	77.27%	77.27%	76.19%
Medicine	19	82.35%	82.35%	82.35%	82.35%	82.35%	82.35%	77.78%	72.22%	72.22%	73.68%	73.68%	73.68%	73.68%
Dental	13	37.50%	37.50%	37.50%	30.00%	30.00%	30.00%	33.33%	27.27%	36.36%	30.00%	20.00%	30.77%	38.46%
Capital, Estates & Facilities														
CDT														
Corporate														
<b>uHB</b>	<b>86</b>	<b>75.31%</b>	<b>75.31%</b>	<b>76.83%</b>	<b>73.81%</b>	<b>73.81%</b>	<b>75.00%</b>	<b>75.00%</b>	<b>70.93%</b>	<b>71.76%</b>	<b>71.43%</b>	<b>71.43%</b>	<b>71.26%</b>	<b>72.09%</b>

Under 75%  
75% - 85%  
Over 85%

**9a iii. Clinical Fellow Medical Appraisal Rate**

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Medicine	18	30.43%	28.00%	24.00%	25.00%	37.50%	40.00%	38.46%	42.31%	46.15%	46.15%	55.56%	55.56%	55.56%
Surgical Services	13	20.83%	24.00%	25.00%	25.00%	25.00%	28.57%	29.17%	29.17%	33.33%	33.33%	50.00%	46.15%	53.85%
Specialist Services	25	36.67%	36.67%	40.63%	40.63%	43.33%	51.85%	51.85%	42.86%	41.38%	51.72%	56.00%	56.00%	48.00%
Children & Women	23	55.56%	66.67%	77.78%	66.67%	72.73%	53.85%	28.57%	28.57%	34.78%	31.82%	29.17%	37.50%	30.43%
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
Mental Health														
PCIC														
<b>uHB</b>	<b>79</b>	<b>32.56%</b>	<b>33.71%</b>	<b>35.56%</b>	<b>35.87%</b>	<b>40.45%</b>	<b>43.02%</b>	<b>37.76%</b>	<b>36.36%</b>	<b>39.22%</b>	<b>41.58%</b>	<b>46.91%</b>	<b>48.75%</b>	<b>45.57%</b>

Under 75%  
75% - 85%  
Over 85%

**9a iv. Other Medical Appraisal Rate**

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Surgical Services	3	66.67%	66.67%	66.67%	75.00%	100.00%	100.00%	40.00%	20.00%	25.00%	25.00%	33.33%	66.67%	66.67%
Children & Women	11	40.00%	28.57%	33.33%	33.33%	25.00%	33.33%	42.86%	50.00%	54.55%	54.55%	54.55%	45.45%	45.45%
Mental Health	7	16.67%	12.50%	12.50%	25.00%	37.50%	37.50%	33.33%	33.33%	28.57%	42.86%	42.86%	42.86%	42.86%
Medicine	5	22.22%	21.05%	22.22%	15.38%	15.38%	13.33%	14.29%	14.29%	13.64%	18.18%	7.14%	7.69%	40.00%
Specialist Services	1	0.00%	0.00%	33.33%	33.37%	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
CDT	1							0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Capital, Estates & Facilities														
Corporate														
Dental														
PCIC		100.00%	100.00%	100.00%	100.00%	100.00%	0.00%							
<b>uHB</b>	<b>28</b>	<b>28.57%</b>	<b>24.39%</b>	<b>28.21%</b>	<b>31.43%</b>	<b>34.29%</b>	<b>32.43%</b>	<b>30.61%</b>	<b>31.37%</b>	<b>29.79%</b>	<b>34.04%</b>	<b>34.21%</b>	<b>30.56%</b>	<b>42.86%</b>

Under 75%  
75% - 85%  
Over 85%

9b. Non-Medical PADR Rate

	Headcount	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dental	430	47.80%	53.40%	66.25%	68.64%	71.64%	70.83%	66.99%	68.78%	74.39%	67.46%	66.98%	64.47%	67.91%
PCIC	862	73.54%	77.90%	80.72%	77.64%	75.61%	73.97%	68.31%	70.92%	74.76%	71.97%	71.87%	71.45%	66.13%
Specialist Services	1575	60.14%	60.60%	67.88%	65.47%	64.57%	64.26%	61.04%	61.97%	63.33%	65.04%	65.31%	64.86%	63.87%
Children & Women	1845	49.77%	53.38%	63.15%	63.11%	65.43%	66.81%	59.91%	54.90%	62.93%	63.22%	63.65%	62.90%	62.22%
Mental Health	1332	46.88%	49.04%	51.19%	48.03%	48.92%	48.46%	49.69%	56.57%	58.97%	58.46%	62.94%	61.74%	62.16%
Medicine	1549	47.67%	46.01%	57.24%	57.85%	61.94%	62.23%	56.83%	59.18%	59.77%	59.68%	60.71%	61.54%	61.98%
Capital, Estates & Facilities	1310	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	52.11%	55.18%	54.99%	50.53%
Corporate	762	55.26%	56.43%	57.24%	57.36%	57.11%	53.34%	52.50%	52.15%	52.60%	52.11%	52.71%	52.79%	50.52%
Surgical Services	1592	45.87%	45.39%	54.43%	52.13%	49.52%	47.43%	43.94%	46.28%	48.16%	48.27%	48.11%	48.23%	48.87%
CDT	2273	65.09%	64.21%	64.86%	63.15%	62.44%	60.11%	55.28%	62.37%	53.46%	50.29%	48.63%	47.59%	45.14%
uHB	13530	51.77%	52.80%	58.85%	59.21%	60.09%	59.40%	56.06%	57.60%	58.48%	57.61%	58.26%	57.80%	56.58%

Under 75%
75% - 85%
Over 85%

284.875
695.7799753
1069.168357
1165.093294
681.8962963
886.6190794
397.6592225
436.1317829
866.5057766
1474.378378
7962.242268

REPORT TITLE:	Patient Safety Quality and Experience Report – V5									
MEETING:	Local Partnership Forum						MEETING DATE:	10.12.18		
STATUS:	For Discussion		For Assurance	✓	For Approval		For Information		✓	
LEAD EXECUTIVE:	Executive Nurse Director									
REPORT AUTHOR (TITLE):	Assistant Director Patient Safety and Quality Assistant Director Patient Experience									
PURPOSE OF REPORT:										

## SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from July to end of August 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 will require a continued focus in order to maintain patient safety quality and experience.

**Pressure damage**

The Board will note the increase in the number of Serious Incidents (SIs) related to pressure damage. The Board has previously been advised that Welsh Government viewed the UHB as a low reporter of pressure damage when compared with peers in Wales. Work has been undertaken with Community District Nurses to improve the quality of reporting in community settings and this is also now contributing to the overall increase in the number of pressure damage SIs being reported.

It is anticipated that a revised investigation tool will be launched shortly by Welsh Government. As part of this, the current reporting requirements of organisations will probably change to an approach whereby avoidable grade 3, 4 and unstageable pressure ulcers will be retrospectively reported as SIs once the investigation is completed. This will lower the numbers being reported via this route. They will also require organisations to submit information to them on a monthly basis indicating the total number of instances of healthcare acquired pressure ulcers by category (i.e. grade 1, grade 2, grade 3, grade 4, unstageable, suspected deep tissue injury). In order to improve data quality, work is underway to review what Datix changes can be made to help incident reporters and line managers to capture accurate information. This in turn will allow for benchmarking opportunities across NHS Wales with regards to pressure ulcers.

### **Sensory loss**

A considerable amount of work is now underway, in partnership with the Deaf and Hard of Hearing Community in Cardiff and the Vale, following feedback that improvement was required to improve the experiences of our service users with sensory loss. This will require continued focus in order to embed the necessary changes, but some very positive work is currently being taken forward and is described in more detail within the report.

### **Concerns**

In the last month the UHB has achieved 80% compliance with the 30-day response to formal complaints – a significant achievement through collaborative efforts of the Clinical Boards and the UHB Concerns team. This will continue to be an important area of focus to ensure that this level of performance is maintained.

**ASSURANCE** is provided by:

- The current position on all key indicators relating to Quality, Safety and Patient Experience presented in the Board Report.
- Comparison with peers across Wales where available.
- Evidence of the action being taken to address key outcomes that are not meeting the standards required.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

### **RECOMMENDATION:**

The Local Partnership Forum is asked to:

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

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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							
Sustainable development principle: 5 ways of working		Prevention	✓	Long term		Integration		Collaboration		Involvement	✓
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:		Not applicable.									



## PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

### Serious patient safety incidents (SIs reportable to Welsh Government)

#### How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	Grade 3, 4 or unstageable healthcare acquired pressure damage in a Gynaecology patient.
	1	An injury was sustained by a child following a fall to the floor.
	1	A baby was unexpectedly admitted to the Neonatal Unit following delivery having been born in poor condition.
Clinical Diagnostics and Therapeutics	0	
Dental	0	
Executive Nurse	1	An incident was reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	17	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	4	Falls where the patient sustained significant injury. This is a decrease since the previous reporting timeframe.
	1	A patient was discharged from a ward and unexpectedly readmitted 5 days later, following which he sadly died.
Mental Health	2	Falls where the patient sustained significant injury.
	1	An incident occurred of significant self-harm in a patient who required admission to acute services to tend to her physical wellbeing prior to transfer to Hafan Y Coed.
	11	Unexpected deaths of patients known to Mental Health services, including substance misuse services. It is thought that the Coroner is likely to conclude suicide in three of the patient's

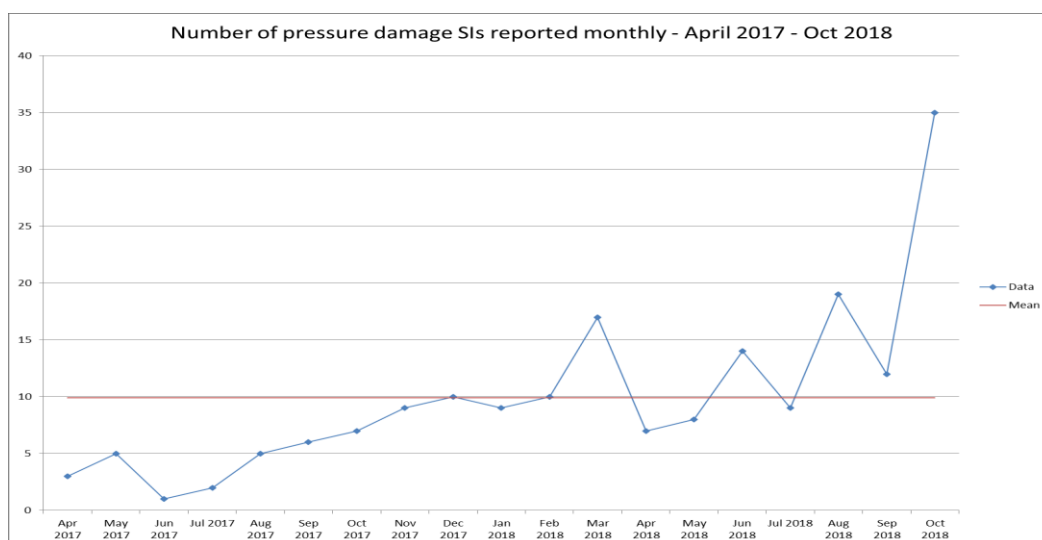
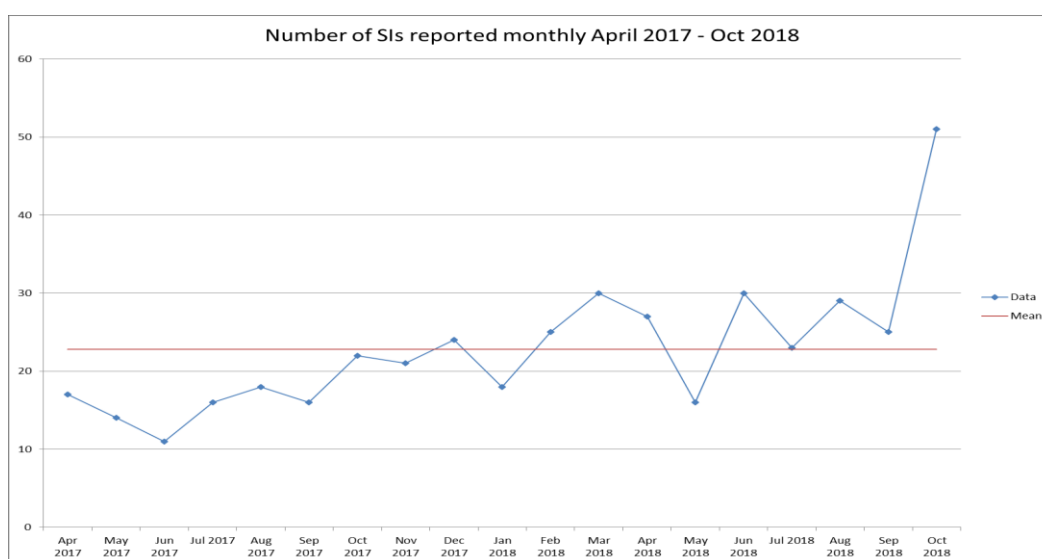
		deaths. For the remaining eight patients, the circumstances of their deaths are not yet confirmed.
<b>Primary Care &amp; Intermediate Care</b>	12 1	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe. The UHB is assisting Public Health Wales and HM Prison Cardiff in the management of an infection prevention and control issue.
<b>Specialist</b>	8 1	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe. An incident of a retained guidewire following central line insertion was reported. This is being managed as a Never Event.
<b>Surgery</b>	9 2 1 1 1	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe. Falls where the patient sustained significant injury. This is a decrease since the previous reporting timeframe. A patient had an incorrect lens inserted during an ophthalmology procedure. The procedure was undertaken by an external provider commissioned by the UHB. This is being managed as a Never Event. A number of patients who underwent procedures by the insourced ophthalmology service that was commissioned by the UHB have required additional follow up which has been reported to WG to inform them of the broader issue associated with the service. A patient suffered a cardiac arrest on a surgical ward post operatively and concerns were raised regarding resuscitation procedures due to a non-functioning laryngoscope. An internal safety notice has been circulated to reiterate correct procedures regarding checking of laryngoscopes on cardiac arrest trolleys.
<b>Total</b>	<b>76</b>	

<b>No Surprises</b>		
<b>Clinical Board</b>	<b>Number</b>	<b>Description</b>
<b>Children and Women</b>	1	Welsh Government were informed ahead of the publication of a matter relating to paediatric surgery in previous Board papers.



<b>Mental Health</b>	1	The arrest of two persons known to Mental Health services received media attention when they appeared in court.
<b>Total</b>	2	

The number of SIs reported monthly has seen a steady increase over the last 18 months and a significant rise in October 2018. The Board is advised that this is due to the increased reporting of pressure damage which meets the criteria for SI reporting. The graphs below demonstrate the direct correlation between the increase in monthly SI reporting with the increase in the reporting of pressure damage.



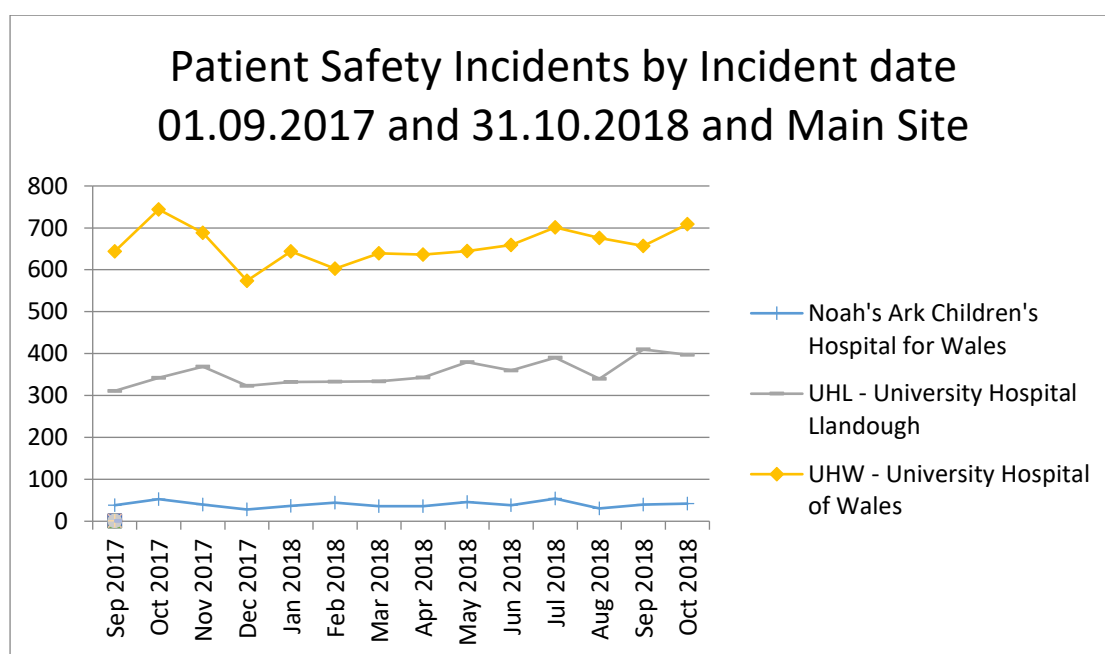
The Board should be advised that the sudden increase of reporting in October is also partly attributable to a delay in the reporting of some incidents from September (due to resource of the Patient Safety Team being directed to implementing the electronic wristband system across the UHB). This trend will continue to be monitored however.

Pressure damage is discussed in more detail later in the report.

### How do we compare to our Peers?

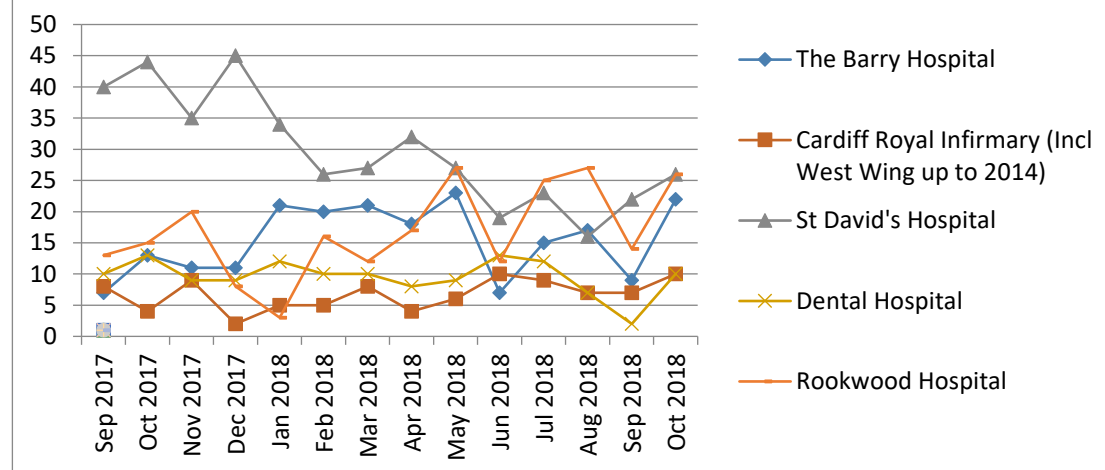
There is no updated information available from Welsh Government regarding the position across Wales on Serious Incident reporting.

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

## Patient Safety Incidents by Incident date 01.09.2017 and 31.10.2018 and Other Sites



The increase in incidents in Barry Hospital from September to October 2018 is due to patient falls – but none caused any significant harm to patients. The Clinical Board will continue to monitor this.

The increase in incidents at Rookwood Hospital between September 2018 and October 2018, was due mainly to an increase in the reporting of falls and pressure damage most of which caused no harm or minor harm to the patient. There were two incidents, however, of pressure damage which were reported as Serious Incidents and both related to the Artificial Limb and Appliance Service. The Patient Safety team have reviewed this with the service and are satisfied that this relates to an improvement in reporting processes rather than an increased incidence of pressure damage in this group of patients. The UHB will continue, however, to monitor this trend.

### 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 reported two new Never Events since the last report to Board. These have been outlined in the new incidents section of this report. The incidents remain under investigation.

## What are we doing about it?

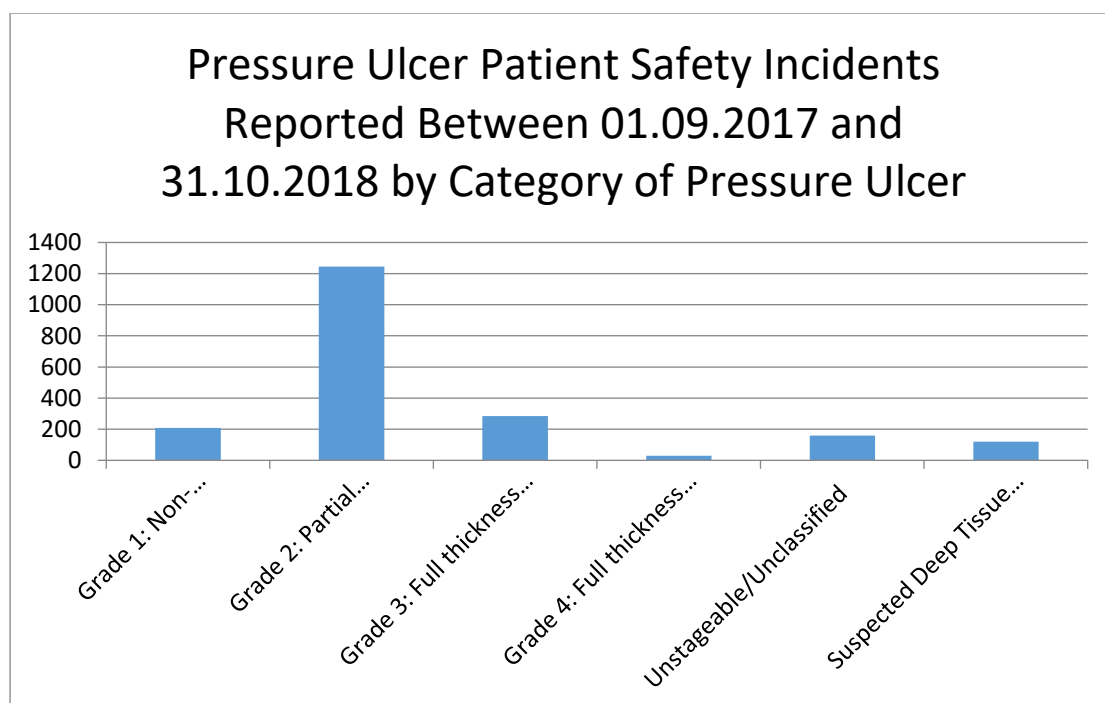
A detailed analysis of themes and trends from Serious Incidents, including Never Events, was presented to the Quality, Safety and Experience Committee on 16<sup>th</sup> October 2018. The paper presented to the Committee can be found [here](#).

## Pressure Ulcers

### How are we doing?

A rise in pressure damage reporting has been illustrated earlier in the report. Analysing pressure ulcer incident forms is complex. It can be difficult to determine precisely where the patient was and when the pressure ulcer developed; categorising the pressure ulcer can be subjective; patients affected by pressure ulcers are often vulnerable patients who are in frequent contact with multiple services and this can lead to multiple duplicates of the same pressure ulcers being reported on the system. The UHB is committed to resolving the arising challenges as it is sincerely acknowledged that this represents a patient safety and patient experience concern.

Between September 2017 and October 2018, 3049 pressure ulcer incidents were reported on Datix. Of these, staff indicated that 2049 (67%) were healthcare acquired which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. The category of the 2049 healthcare acquired pressure ulcers reported are set out in the table below. It is evident that the majority are grade 1 and grade 2 ulcers.

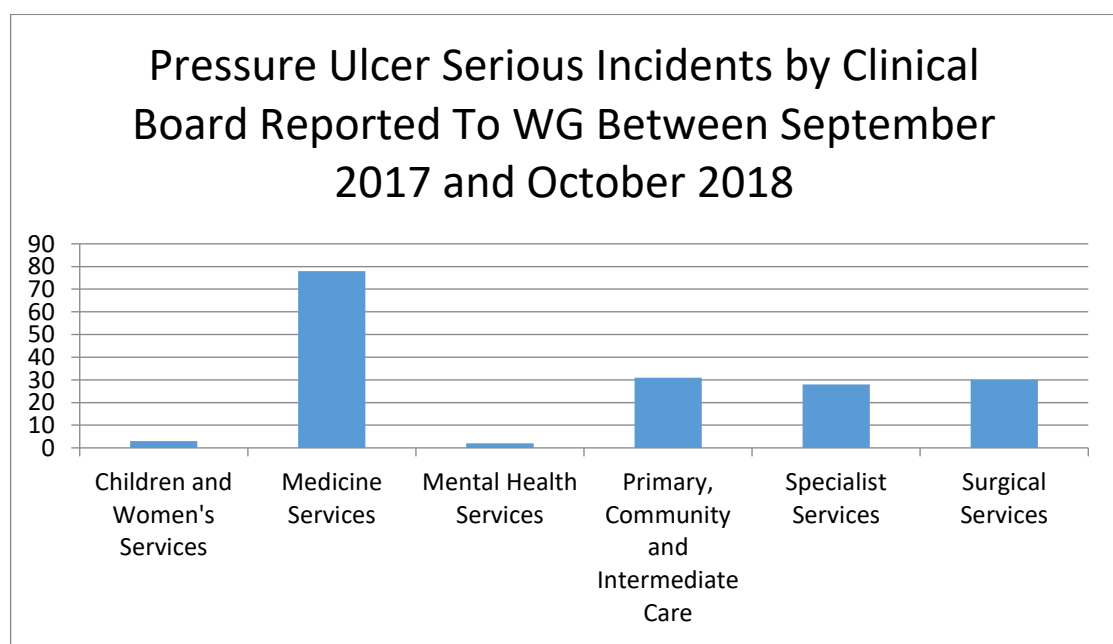


## How do we compare with our Peers?

There is no benchmarking information available, however, Welsh Government has previously informed the UHB that numbers of Serious Incidents reported to them about pressure ulcers was lower than what was seen from other organisations. Investigation determined that the UHB was reporting grade 3 and 4 pressure ulcers to Welsh Government but unstageable ulcers also needed to be reported which was resolved.

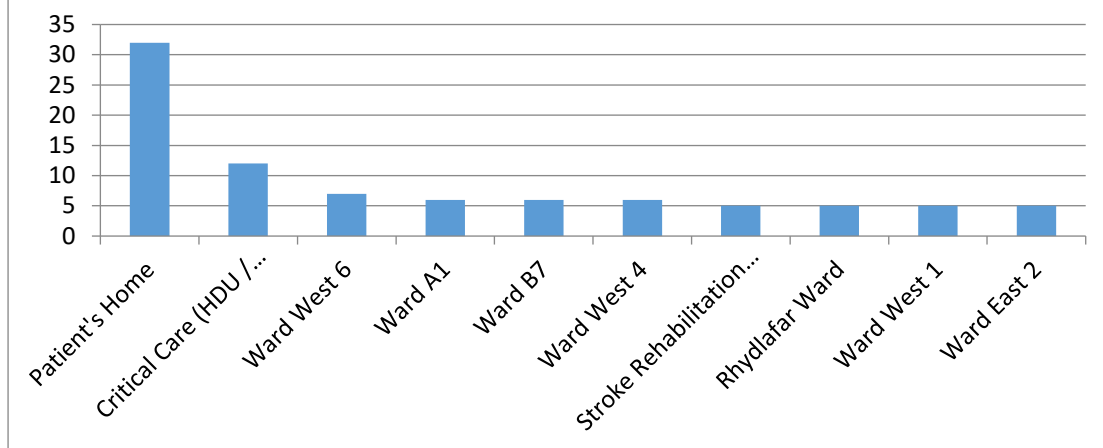
Further feedback was received from Welsh Government that the UHB was not reporting community-acquired pressure ulcers in line with what they were seeing from other organisations. The Patient Safety Team and PCIC Clinical Board have worked together to address this issue and revised procedures have been implemented.

Between September 2017 and October 2018 172 Serious Incidents related to pressure damage have been reported to Welsh Government. The following graph shows these incidents by Clinical Board and it is evident that the majority are reported by Medicine Clinical Board. This is a reflection of the number of beds and the number of older, frail patients.



The following graph shows the top ten locations where pressure ulcer Serious Incidents are being reported. It shows that community acquired pressure ulcers are prevalent and Critical Care patients are particularly vulnerable to this problem.

## Pressure Ulcer Serious Incidents Reported To WG Between September 2017 and October 2018 by Top 10 of Locations



### What are we doing about it?

The Pressure Ulcer Group continues to meet and oversee the UHB approach to the prevention and management of pressure damage.

The roll out of the new mattresses has taken place successfully across the UHB and the next phase will focus on maternity, paediatrics and community settings.

Medicine Clinical Board are piloting a new pressure damage passport so that all relevant information about the patient's pressure damage is held in one place.

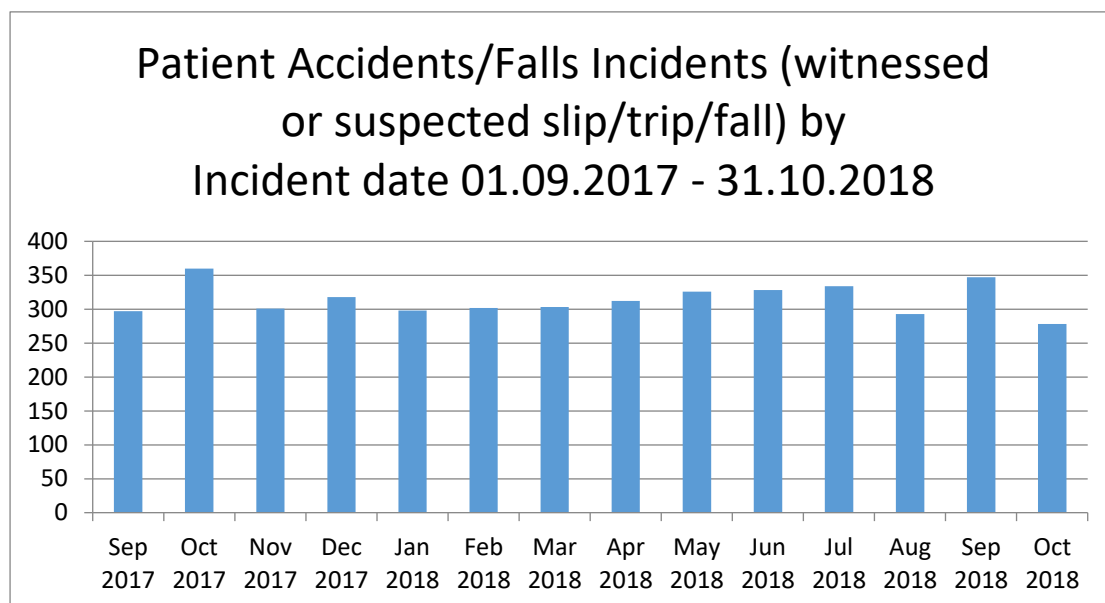
Robust monitoring of pressure damage takes place at Clinical Board level and corporately through Professional Nursing Performance reviews and Executive Performance Reviews.

Representatives from the UHB's Patient Safety Team, Datix and Tissue Viability Nurses have been contributing to an All Wales group with Welsh Government and NHS Wales Informatics Service (NWIS) to progress work on pressure ulcer reporting and investigation to promote consistent methodology in NHS Wales.

It is anticipated that a revised investigation tool will be launched shortly as part of WG changing the requirement of organisations to retrospectively report avoidable grade 3, 4 and unstageable pressure ulcers as Serious Incidents. They will also require organisations to submit information to them on a monthly basis indicating the total number of instances of healthcare acquired pressure ulcers by category (i.e. grade 1, grade 2, grade 3, grade 4, unstageable, suspected deep tissue injury). In order to improve data quality, work is underway to review what Datix changes can be made to help incident reporters and line managers to capture accurate information. This in turn will allow for benchmarking opportunities across NHS Wales with regards to pressure ulcers.

## Patient Falls

Patient falls continue to be a frequently reported patient safety incident. The following table indicates the number of patient accidents/falls reported between September 2017 and October 2018.



## How are we doing?

The majority of falls continue to result in no significant injury to patients.

There is no change in the number of falls resulting in significant injury reported to Welsh Government in this timeframe with 8 such incidents reported. They all occurred on different wards. Seven of the incidents occurred whilst patients were mobilising on the wards; three of the patients were mobilising to the bathroom at the time the incident occurred.

## How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

## What are we doing about it?

Previous updates on workstreams have been reported to the Board. This includes the development of a falls strategy; simulation training to support education of clinical staff in the management of patients following a fall and progression of an alliance workstream for falls prevention in the community based on that in Canterbury, New Zealand.

A collaborative project, led by the Falls Strategy Implementation Lead, between the UHB, Cardiff University and local primary schools to provide intergenerational falls awareness sessions for community-dwelling residents is well underway with good engagement from local primary schools and university students to participate in the

project. At the time of writing this has involved 16 schools, 164 older adults, 417 children and 20 university students who have supported the roll out.

The Falls Strategy Implementation Lead is in the process of collating outcomes from the project and will be presenting the work in a 'Lightning Talk' at the Welsh Public Health Conference in Cardiff on 8<sup>th</sup> and 9<sup>th</sup> November 2018.

This project also formed the basis of an application as a Bevan Exemplar which has subsequently been accepted and is a proud achievement for the Falls Strategy Implementation Lead.

## **Regulation 28 reports**

No Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe of September – October 2018.

## **Outcomes of internal and external inspection processes**

### **How are we doing?**

#### **Internal observations of care**

Since the previous board report, 20 internal inspection have been carried out across five clinical boards.

Inspectors consistently comment positively on the quality of interactions between staff and patients. They observe good care and patient feedback has been positive. On one ward it was observed that some patients could have benefitted from additional support at meal teams.

Medication management practice is much improved across Clinical Boards, with the exception of two wards. On these wards, medication storage was raised as a concern.

Poor storage of patient identifiable information (PID) has also been raised as a concern in some areas. In three clinical areas, samples (blood/stool) had not been labelled and some histology samples had been on the ward for a few days without proper storage or being sent to the laboratory.

The inspection process continues to highlight a range of outstanding maintenance requests. The type of range from broken call bells to broken furniture on ward. All of these issues had been reported before inspections were undertaken.

The high number of vacancies in some clinical areas continue to be challenging with impact being seen in the ability to release staff to undertake statutory/ mandatory training. The UHB continues to work on the recruitment of nurses to improve this position.

### **What are we doing about it?**

Improvements plans have been developed relating to concerns identified above.



1. The storage of medication and PID are being raised by Senior Nurses/Ward Sisters in staff meetings and communications.
2. Estates are being contacted concerning likely completion dates of outstanding maintenance requests, especially those relating to patient experience.
3. The effectiveness of protected meal times and releasing more staff to assist at meals times is being reviewed by ward sister. The action plan indicates that this work will be completed by December
4. Feedback about low morale is fed back to the Clinical Board. Two wards in particular are reviewing the way they organise the shift and allocated breaks

Further to feedback provided in September, the Health Charity has confirmed that they are awaiting delivery of iPads and that they will arrive this month. The use of an electronic app has been piloted on Rhydlafer and Bethan Ward. When the iPad order arrives we will provide these to a number of inspectors to trial and feedback. In December, the corporate nursing teams will begin the process of developing inspection apps for each directorate.

## External inspections

There have been no external inspections by Healthcare Inspectorate Wales during the last two months, but there is a scheduled review of the CMHT based at Barry in December 2018. The Clinical Board are aware and are currently working with service users to complete satisfaction surveys ahead of the visit.

## 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:

	September	October
UHL	96.7%	95%
UHW	93.9%	96%

Once again, the number of real times surveys completed during both September and October exceeded **1,000** each month, with the majority being very positive.

November is sensory loss month and it is opportune to update the Board with regards to the work with the Deaf and Hard of Hearing community. The first public meeting with the deaf community on 27<sup>th</sup> January 2018 was attended by the Chair and the

Executive Nurse Director, who listened to the community and heard their experiences.

It was apparent that organising health appointments and communicating with health professionals when you have a sensory loss can be a daunting experience and sometimes practically impossible if you are a first language British Sign Language (BSL) user. The feeling of uncertainty on how best to communicate and how to provide sensory loss patients with accessible information is something that most, if not all, health professionals will experience on a regular basis. These are significant identified barriers to deaf/severe hearing loss patients. Direct access and engagement in health services comes at a significant financial and human cost both to both Health Board and our patients. The community kindly agreed to help us and support the improvement work moving forward.

The community told us that we:

- don't always recognise their communication needs
- send letters asking people who are deaf to phone
- don't respect their privacy and dignity
- don't tell them if an interpreter has been booked
- don't recognise the choice of preferred interpreters
- don't recognise the additional stress that this causes
- don't use technology to help

In July 2018 the Assistant Director of Patient Experience met with members of the deaf community to ensure that our plans were changes that they wanted to the service.

It was clear that we needed multi-channel communication.



There has been significant work undertaken in Medical Records to identify people on our system who require either a BSL interpreter or a technological solution.



In order to ensure an improved service for all people with sensory loss the Health Board Charitable Funds Committee have supported COS. COS improves the quality of life and equality of access for deaf people and people with a sensory loss. COS was originally founded by the deaf community and with some 23 years of experience of delivering services and support to people living with sensory loss and the professionals and organisations who work with them.

Whether the service is delivered online, remotely or face-to-face, they can assist members of the community with a wide range of issues, from making GP

appointments to communicating with Health Care professionals. They provide support to service providers ensuring they are able to meet their responsibilities under the Social Services and Wellbeing (Wales) Act 2014.

Linked with COS, the UHB is piloting **DAISY** Online Interpreting. This is aimed at providing quicker, more cost efficient access to communication support for deaf/hearing loss people to engage with public sector services; COS has developed an innovative remote access British Sign Language (BSL)/English communication support and interpreting service, the first of its kind in Wales. Using skype for business, DAISY 'Face to Place' facilitates quick and cost efficient access to vital communication support via qualified/registered BSL/English interpreters for deaf people and lip speakers and or/note takers for people with hearing loss.

The project which has been accepted as part of the Bevan Programme will pilot this element within a primary care setting, such as a GP surgery. Technically, this is possible because DAISY can be accessed via iPads, tablets, Smartphones, laptops or personal computers and importantly via the Health Board's own internal current IT system. DAISY will enable deaf/hearing loss patients to access services independently and facilitate Health Board's staff direct engagement, discussion and work with them.

## Training

During November and December training is being provided for Health Board staff to assist with interactions and communications with our deaf patients. In October a training session was provided for GPs in basic BSL. 120 staff across the Health Board will attend basic BSL workshops in December. These courses are being facilitated by the British Deaf Association (BDA). The UHB is in discussion with both the BDA and Action on Hearing Loss to propose an ongoing training provision or staff across the Health Board to include our Primary Care settings.

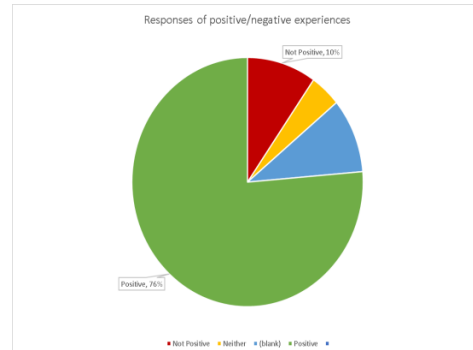
Through the Corporate Governance Department, the Interpreter on Wheels has been piloted. This addresses all languages but does have a limited number of BSL interpreters available. On 25<sup>th</sup> October the UHB embarked on a short two week free trial to extend the use of the Language Line Insight video interpretation system outside of UHW. This system has already been tested in five areas at UHW and has proved popular with staff and patients. At the end of the first and second trial phases, all departments opted to keep their machines and to fully embrace the service in place of face-to-face interpreters. Video interpretation is now the routine form of interpretation used in the USA and Language Line hopes to develop the service in the UK.

This interpretation service could potentially improve staff and patient experience and could additionally be more cost effective.

Whilst there are technological advances some patients will prefer face-to-face interpretation in both BSL and other languages and the technology provides choices and emergency access. Further updates will be provided in future reports.

## Pride

Over 300 questionnaires were handed out at Pride Cymru - with 168 respondents accessing services at Cardiff and Vale UHB.



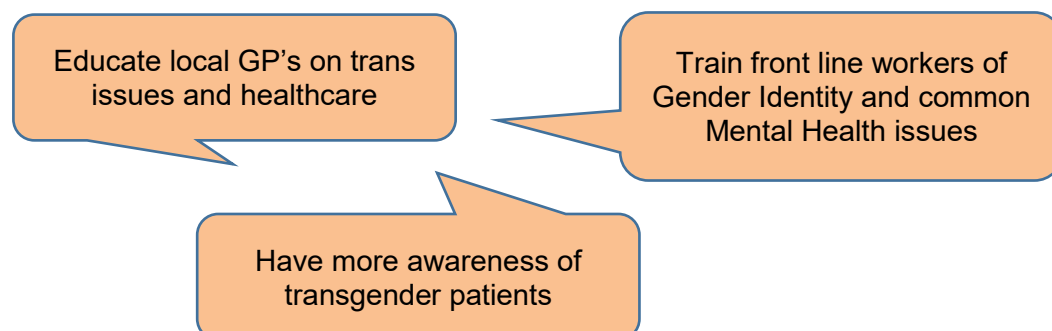
Of the 168 respondents, over 75% having a positive experience as illustrated in the chart above.

The themes raised varied, however, the most common was access to services such as:

- “Need more facilities close by”
- “Smear tests open at the age of 16”
- “Make sure there are more A&E services”

Waiting times also featured prominently as well as people raising concerns over lack of NHS funding.

However, more worryingly, there was a large number of responses that said there was a lack of understanding from staff. Qualitative comments shared included:



LGBT education is included within various training sessions, with 76.47% of staff having undertaken equality related sessions during a three year period. In additional information is being developed by Patient Experience to assist with education and correct messaging. The Gender Identity Clinic is an opportunity to improve the

waiting times, provide a quality service, and recruit volunteers from the Trans Community to develop a supportive culture in the clinic.

## Retrospective

Feedback from patients and carers of people with learning disabilities highlighted some good practice and areas for improvement.

The Health Board has also introduced the **Show Me Where™ (SMW)** app to their clinical workstation booking system, to alert staff when admitting patients with Learning Difficulties. **SMW** tools, along with the 'Pain Toolkit for Patients with Communication Difficulties', ensure continuity of care throughout the hospital for this particular group of patients. These may include:

- Children and vulnerable adults
- Non English speaking people



Patients with a learning disability now have improved access to emergency care in Cardiff and the Vale following the launch of the new initiative in 2017. The Patient Experience Team have developed an ongoing survey to listen to the experience of patients and carers, when the individual has been identified as having a learning need. This survey was administered at the beginning of August to people with Learning Disabilities who had either been inpatients or outpatients at the Health Board. An additional survey for their carer/relative or member of staff was also sent for completion. To date we have received;

- 16 patient surveys
- 19 carers, relative or client survey

### Themes:

- Communication difficulties also using carer/relative to communicate rather than communication with the patients. This is more apparent during inpatient stays.
- Waiting times in the Assessment Unit/A&E. This was not specifically in relation to Learning Difficulties; however it is stressful for all, and potentially could be exacerbated for those with Learning Disabilities.

Overall it was very successful and a good example of how well such visits can be managed when everyone listens to each other.

I think there should be more doctors/nurses trained to help patients with learning disabilities. The whole experience was quite frightening for my brother.

In September the Lead Nurse for Surgery facilitated a launch for '*Learning Disability Care Champions*', of which over 50 people attended. The aim was to embed the work of implementing the care bundle for "improving acute hospital care of patients with a learning disability".

## Proactive and Reactive

In addition to ward based kiosks, a desktop kiosk has been situated at Cowbridge Health Centre. During October, 24 surveys were completed with overwhelmingly positive responses:

- **100%** said they would rate their care as excellent
- **100%** said they were made to feel welcome
- **100%** said staff had been kind and caring
- **100%** felt they had been listened to

## Balancing

### Complaints

From 1<sup>st</sup> September 2017 to end October 2018, 3,170 complaints were received, of which 57% were managed through our informal process, with less than 2% being converted to a formal complaint.

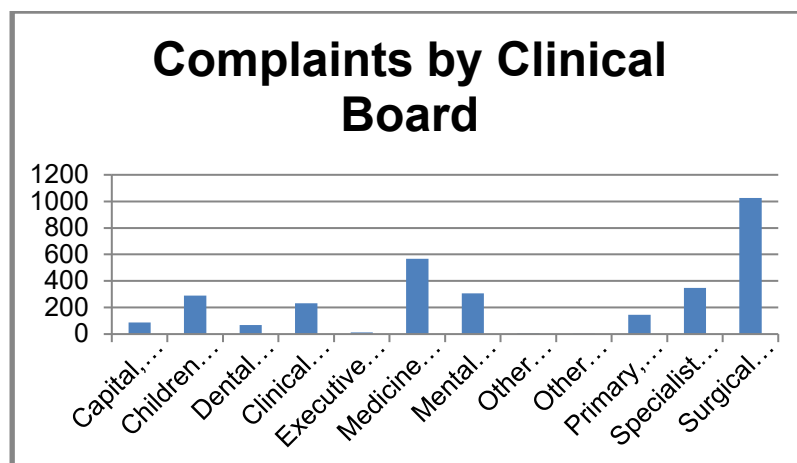
The highest number of concerns, 1,074 in total, related to concerns raised relating to clinical diagnosis, treatment and assessment, followed by, 750 concerns raised in the same period regarding waiting times, cancellation of appointments/admission.

Surgery Clinical Board continues to receive the highest number of formal and informal concerns; in total, they received 1,025 concerns, however, 72% of their concerns were managed via the informal process. As noted in the last Board Report, a high number of the informal concerns relate to the cancellation of Ophthalmology appointments. To address the backlog, a number of extra clinics are being put in place and the Clinical Board are also exploring the option of patients who meet a certain criteria, being followed up in the community setting.

Medicine had the second highest number of concerns; 567 in total. There has been an increase in concerns received in relation to the Emergency and Assessment Unit over the past few weeks. The Clinical Board has requested further concerns information regarding the trends and themes so that an improvement plan can be implemented.

Since the introduction of the new parking system in place, there has also 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. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in Concourse. It was noted in the last Board Report that there was a significant backlog and the Parking Office were not able to keep up with the volume of enquiries. However, in the last month, in order to address the high volume of enquires/complaints, the Parking Office have employed an additional member of staff to work on the front desk. This appears to have helped to decrease the backlog; however, the Concerns Team continues to receive calls relating to the contract with Parking Eye on a daily basis.

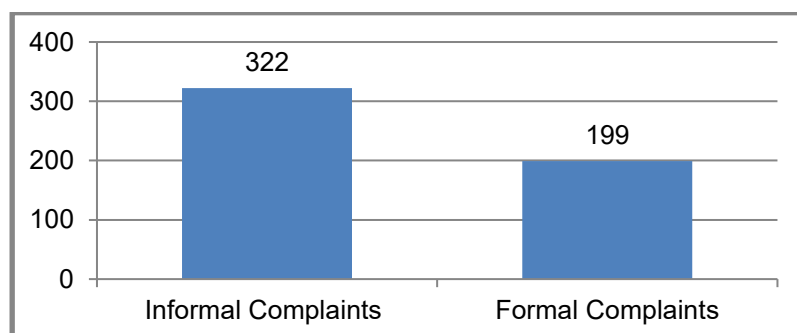




There has been an increased number of concerns via AM/MP's. However, changes such as the recent changes to the Parking System at Barry Hospital should have a positive impact upon the Patient Experience and reduce the number of concerns.

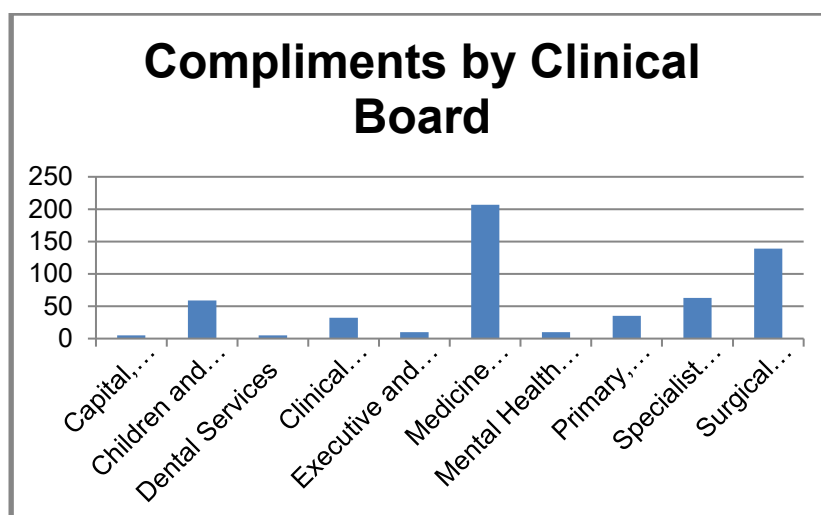
The Clinical Boards have demonstrated a continued commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting weekly to discuss all active concerns. We are seeing a steady and sustained improvement in 30-day response times. It is very pleasing to note that, the latest overall Health Board performance in response to 30-day concerns are 80%, which is an increase in comparison to 77% reported previously. The aim for 2018/ 19 is to achieve and sustain a response time of 80%.

During September and October 2018, the Health Board received 521 complaints; 62% of those were managed through the informal process, which is an improvement of 7%, in comparison to the last Board Report and the overall informal response time is 99%.



## Compliments

During the period 1<sup>st</sup> September 2017 – 31<sup>st</sup> October 2018, the Health Board received 528 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit. It should also be noted that the Concerns Team will often receive large bundles of compliments from various areas and therefore, compliments can be logged sometime later.



## How do we compare to our Peers?

## 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
Patients waiting too long for an appointment in the Botulinum Toxin Service.	Additional evening clinics have been arranged.
Patient did not receive an information leaflet as it was not linked electronically to the appointment type.	This has now been rectified and patients will now receive this information in the future.
Patient complained of being in pain whilst a biopsy was taken.	This highlighted the need for Gas and Air to be given at the beginning of the procedure to ensure patients are as comfortable as possible.
Patient raised concerns regarding the facilities on the ward not being suitable one shower on the ward and nowhere to put toiletries or clean clothes.	Layout of the bathrooms being reviewed and plans to add shelves for personal items.
We needed to identify patients with Learning needs and communicate with them effectively.	<ul style="list-style-type: none"> <li>PMS now has a flag to identify patients with learning needs.</li> <li>Communication tools have been reviewed</li> <li>The NEWS (an early warning score system) chart has been amended</li> <li>A method of capturing ongoing patient experience feedback has been put in place</li> </ul>



<b>REPORT TITLE:</b>	Performance Report					
<b>MEETING:</b>	Local Partnership Forum				<b>MEETING DATE:</b>	10.12.18
<b>STATUS:</b>	For Discussion		For Assurance	x	For Approval	
<b>LEAD EXECUTIVE:</b>	Deputy Chief Executive					
<b>REPORT AUTHORS (TITLE):</b>	Members of the Performance and Information Department					
<b>PURPOSE OF REPORT:</b>	The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.					

## SITUATION:

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

## REPORT:

### BACKGROUND:

The UHB is presently compliant with 24 of its 67 performance measures (September = 21/67, March 2018=18/60) and is making satisfactory progress towards delivering a further 21 (Sep = 29, March 2018 = 23).

Since the last report three measures have improved to green:

#15 – The proportion of formal complaints responded to within 30 working days has increased to 80%, from 74% at the start of the financial year and 43%, 18 months ago.

#20 – There has been a reduction in the number of emergency hospital admissions for patients with chronic conditions, falling from a rate of 1046 admissions per 100,000 population in the 12 months to July 2017 to 1009 in the 12 months to July 2018.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission increased to 95% in September.

Two measures have improved from red to amber:

#34 - 95% of hand hygiene audits undertaken in September showed that practice was compliant with the World Health Organisation's guidance.

#56 – The percentage of medical staff undertaking performance appraisal in the preceding 18 months has increased to 80% in September from 77% in July and is in line with the IMTP trajectory.

A deterioration in the UHB's performance was noted for 8 measures:

#2 – The percentage of children who have received 3 doses of the 6 in 1 vaccine by age 1 and who received 2 doses of the MMR vaccine by age 5 fell to 94.4% from 94.7% and from 87.9% to 84.3% respectively. This is in contrast to an anticipated improvement in performance to 95% and 88.5%, per the UHB's performance trajectory.

#12 – The proportion of deaths, clinically reviewed within 28 days of the death, reduced to 71% in August, in contrast to the UHB's anticipated level of 83%.

#30 – The proportion of patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour reduced to 62% in August, from 67% in May.

#45 – The proportion of patients who having had their 'inpatient' treatment cancelled were re-appointed within 14 days reduced to 41% in August from 58% in June.

#46 – The proportion of mental health patients whose therapeutic intervention commenced within 28 days of their initial assessment reduced from 82% in July to 60% in September.

#50 – The proportion of patients waiting less than 26 weeks on an RTT pathway for elective treatment reduced from 89% at the end of August to 86% at the end October, whilst the number of patients waiting in excess of 36 weeks reduced to 984 patients from 1000 patients. The UHB's IMTP trajectory was to reduce the number of 26 week patients to 650.

#53 – The proportion of patients admitted, discharged or transferred from the UHB's emergency care facilities within 4 hours reduced from 89% in August to 86% in October, below the UHB's performance trajectory of 88%.

#54 – The number of patients waiting over 12 hours to be admitted, discharged or transferred from within the UHB's emergency care facilities increased from 7 in August to 94 in October.

There are now 22 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	9	8	5	13/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	12	6	12	15/30
Improving culture	1	4	4	3/9
Total	24	21	22	34.5/67

## ASSESSMENT:

The report section provides commentary on the following areas of performance which have been prioritised by the Board or which have deteriorated in the period and the actions being taken to drive improvement. These are:

- i. Mortality
- ii. Healthcare Acquired Infections
- iii. Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care
- iv. GP Out of Hours services
- v. Primary care services
- vi. Stroke
- vii. Cancer
- viii. Elective access including dementia and diagnostic waiting times and postponed admissions
- ix. Outpatients, specifically non-attendance rates and the management of follow up appointments
- x. Mental Health Measures
- xi. Finance

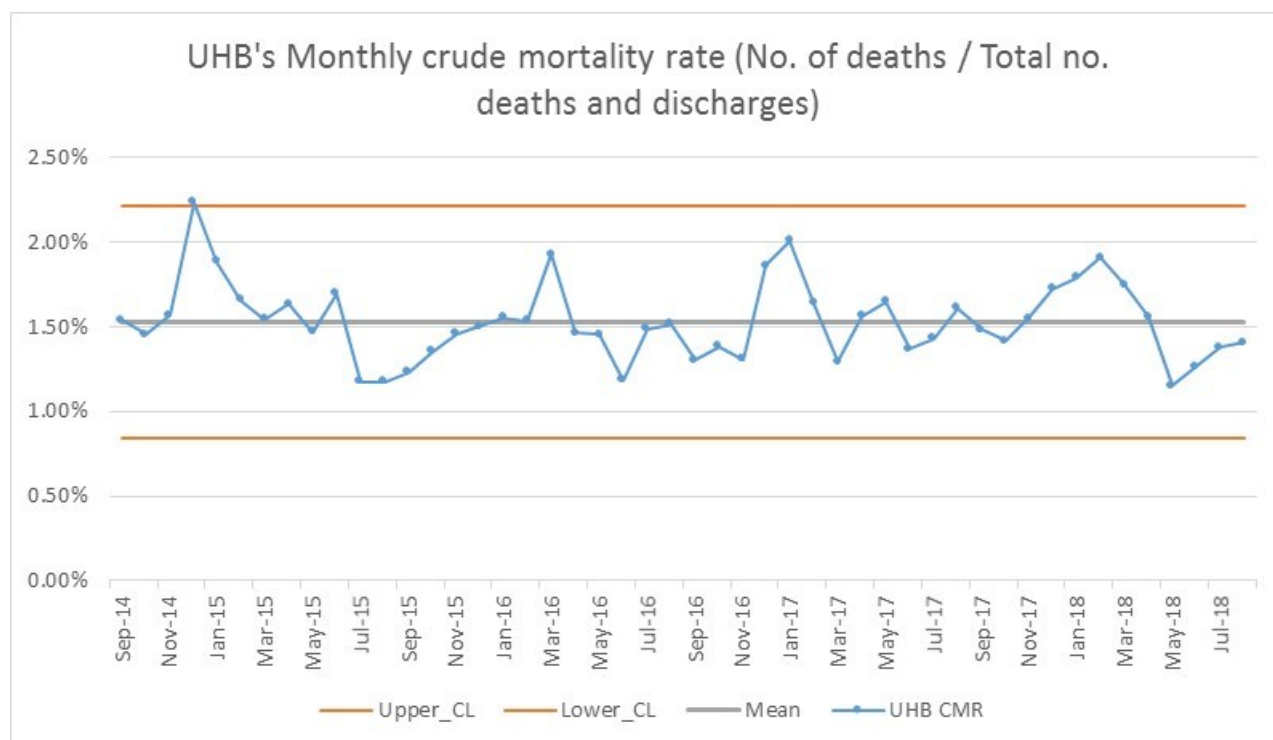
Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Executive Nurse Director.

An excel version of the dashboard is attached to this report.

## 1) MORTALITY

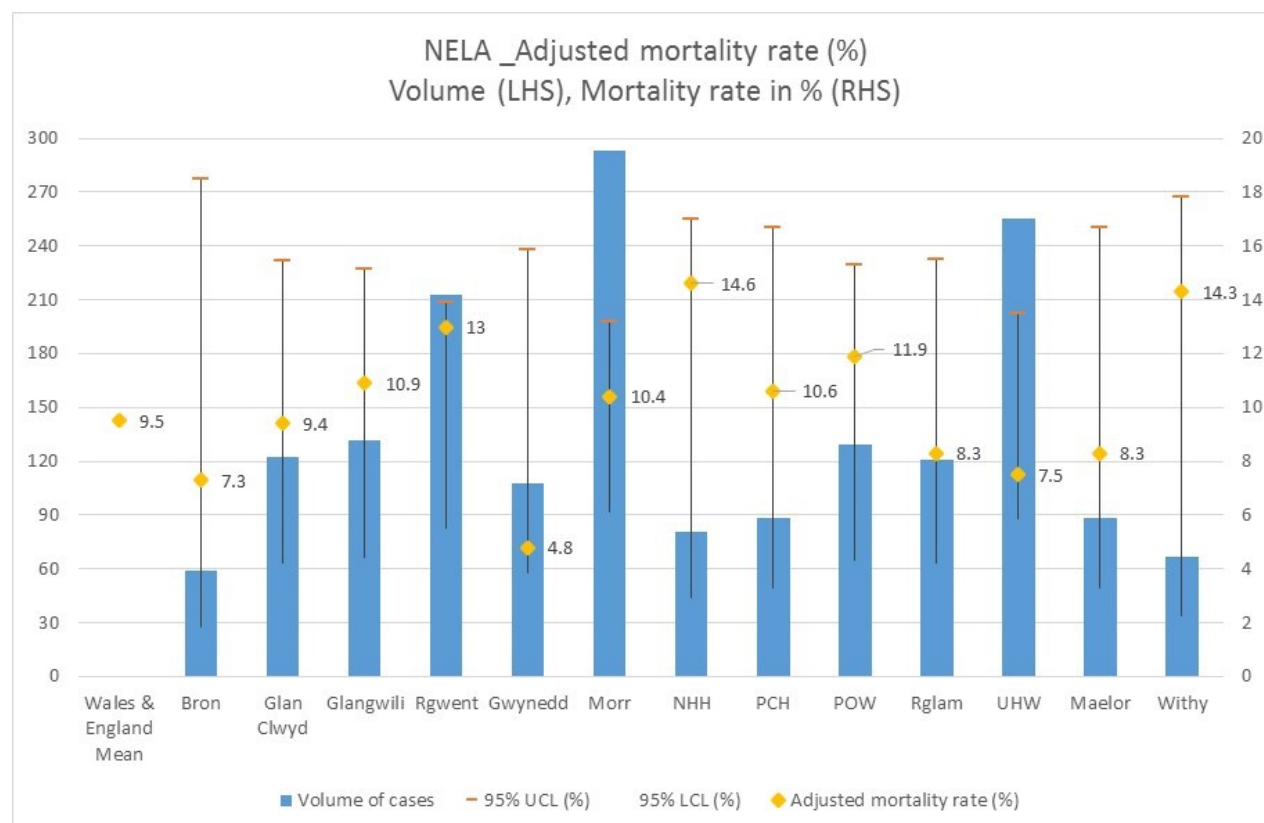
### How are we doing?

The latest data from CHKS continues to indicate that Cardiff and Vale UHB has the lowest risk adjusted and crude mortality rates in Wales. The UHB's Risk Adjusted Mortality Index score for the 12 months up to July 18 was 84 (UK mean is c.100) and the UHB's crude mortality rate is 1.5%. As shown below the UHB's crude mortality rate has been stationary since January 2015.



The 4<sup>th</sup> report from the National Emergency Laparotomy Audit was published in the first week of November and can be accessed at: <https://www.nela.org.uk/Fourth-Patient-Audit-Report>. Data from the report indicates:

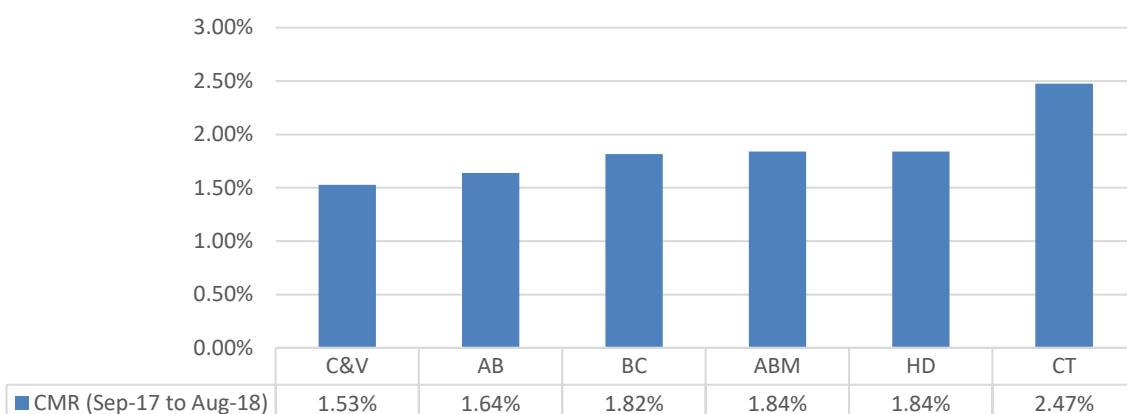
- UHW treated 255 patients between December 2016 and November 2017, the period under review. This was the 10<sup>th</sup> highest volume of emergency laparotomies in England and Wales;
- The UHB had a risk adjusted mortality rate of 7.5% down from 17-21% 3 and 4 years ago. This is the 3<sup>rd</sup> lowest of the 10 hospitals treating more than 250 patients, the 44<sup>th</sup> lowest of the 174 English and Welsh hospitals participating in the audit and the 3<sup>rd</sup> lowest of the Welsh hospitals.



## How do we compare with our peers?

The UHB's performance is in line with the performance attained by our peer group of 24 acute teaching hospitals in the UK outside of London and better than that attained by our Welsh Health Board peers.

Crude Mortality Rate (Sep-17 to Aug-18)



## 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.

## What are we doing?

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. A detailed report on mortality is being reviewed to inform any changes to the ongoing programme of monitoring and management.

The UHB will continue to ensure that value based healthcare retains a balanced approach, seeking to improving outcomes and experience, whilst making more effective use of resources.

## 2) HEALTHCARE ACQUIRED INFECTIONS

### How are we doing?

Each year the Welsh Government places an improvement target on the UHB to reduce the numbers of healthcare acquired infections. The number of cases recorded within the UHB, between 1<sup>st</sup> April and the 31<sup>st</sup> October, is shown below for 5 organisms, alongside a straight line trajectory of the maximum number we should observe if we are to deliver the improvement target.

	C. difficile	S.Aureus bacterium	E coli	Klebsiella sp bacteraemia	Pseudomonas
Expected rate	23	20	60		
Expected no. to Oct-18	66	57	172	59	55
Observed number to date	70	93	217	52	15
Under / over profile	4	36	46	-7	-40

### How do we compare with our peers?

Performance up to the end of October, suggests that all organisations are struggling to meet the C. difficile, S. aureus and E.coli targets. Cardiff and Vale are the only organisation to be within the straight line trajectory to deliver the Klebsiella target and are one of only two to deliver the improvement target for pseudomonas.

Wales 2018/19 reduction expectation, Apr - Oct 18															
	C. difficile			S. aureus bacteraemia			E. coli bacteraemia			Klebsiella sp bacteraemia			Pseudomonas aeruginosa bacteraemia		
	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month	Current period rate	Current period number	Current period average number per month
Abertawe Bro Morgannwg UHB	42.21	131	19	35.77	111	16	100.54	312	45	26.75	83	12	5.80	18	3
Aneurin Bevan UHB	25.11	86	12	28.32	97	14	77.96	267	38	20.44	70	10	5.84	20	3
Betsi Cadwaladr UHB	27.21	111	16	22.55	92	13	82.85	338	48	15.20	62	9	4.17	17	2
Cardiff and Vale UHB	24.37	70	10	32.38	93	13	75.54	217	31	18.10	52	7	5.22	15	2
Cwm Taf UHB	20.60	36	5	35.47	62	9	94.40	165	24	20.02	35	5	7.44	13	2
Hywel Dda UHB	42.23	95	14	33.78	76	11	95.12	214	31	21.78	49	7	11.56	26	4
Wales	29.64	541	77	29.20	533	76	83.28	1,520	217	19.45	355	51	6.03	110	16

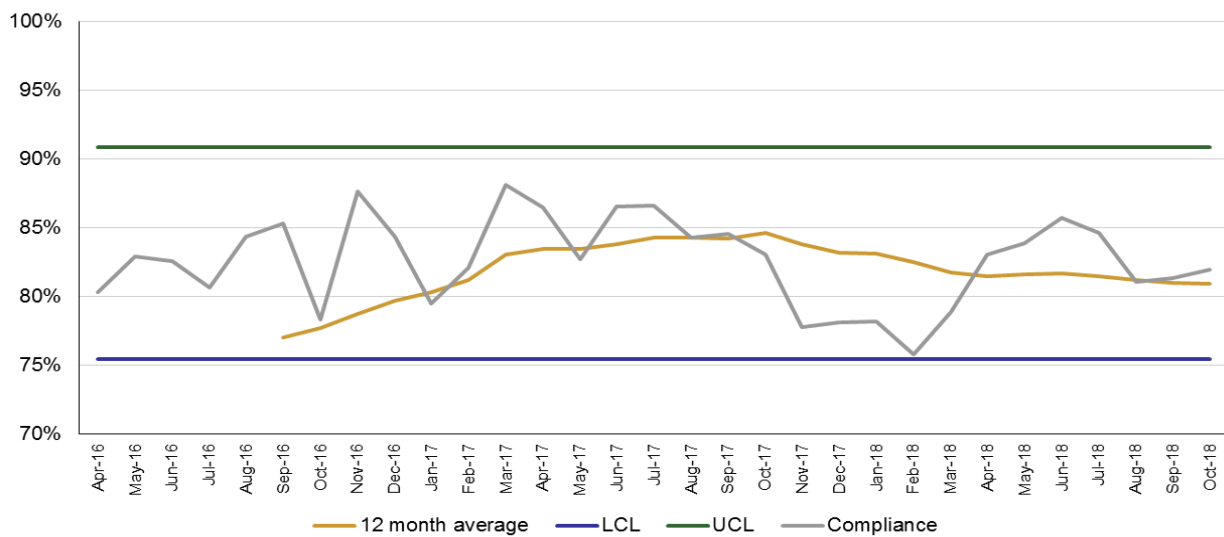
## What actions are we taking and do we need to take to improve the position and when will they start to take effect?

- C. difficile figures are holding at a reasonably low level so far in 2018/19 despite the introduction of a more sensitive test. The current position needs to be sustained with continuing drive to improve to enable us to reduce to below the required WG target. Actions needed include adherence to antimicrobial prescribing guidance; early isolation and effective treatment.
- The total Staph. aureus bacteraemia figures including MRSA are the most worrying HCAI indicators at present.
  - The STOP campaign was re-launched last week to raise awareness of the need to use medical devices carefully and manage them effectively.
  - Further work is needed to embed the use of PVC insertion packs
  - ANTT training and implementation is well underway across the Health Board but needs to be implemented for all staff groups including the medical teams.
- E.coli bacteraemia – we are in a better position than for the same period last year, but we are still adrift of the current target for 2018/19. The main focus of work is to improve the management of UTI across all sectors of healthcare and with our partners in the care homes and community. A UTI improvement group is in place led by the Executive Nurse Director.

## 3) UNSCHEDULED CARE

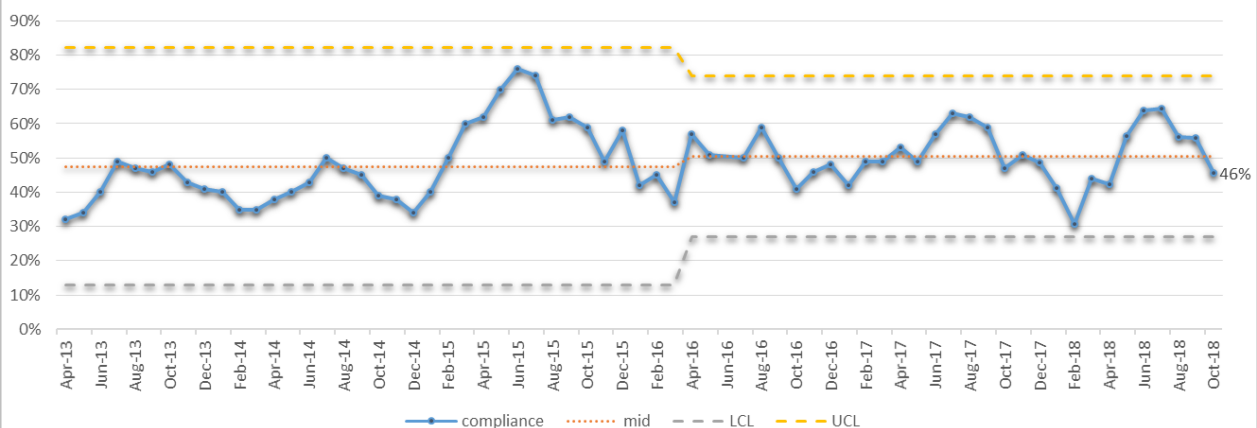
The proportion of immediate and life threatening calls responded to within 8 minutes was 81.9% in October; with the 12 month cumulative performance showing a slow decline over the last 5 months to 80.9%. However, performance remains above the Welsh Government target of 65%.

**Proportion of Immediate and Life Threatening calls responded to within 8 minutes**

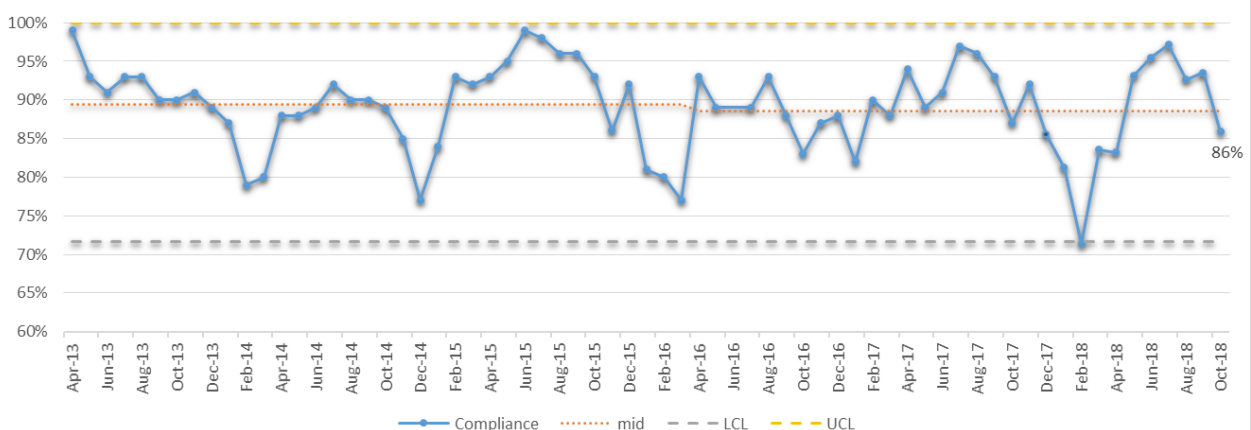


In respect of ambulance handovers, 46% of patients were handed over within 15 minutes and 86% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

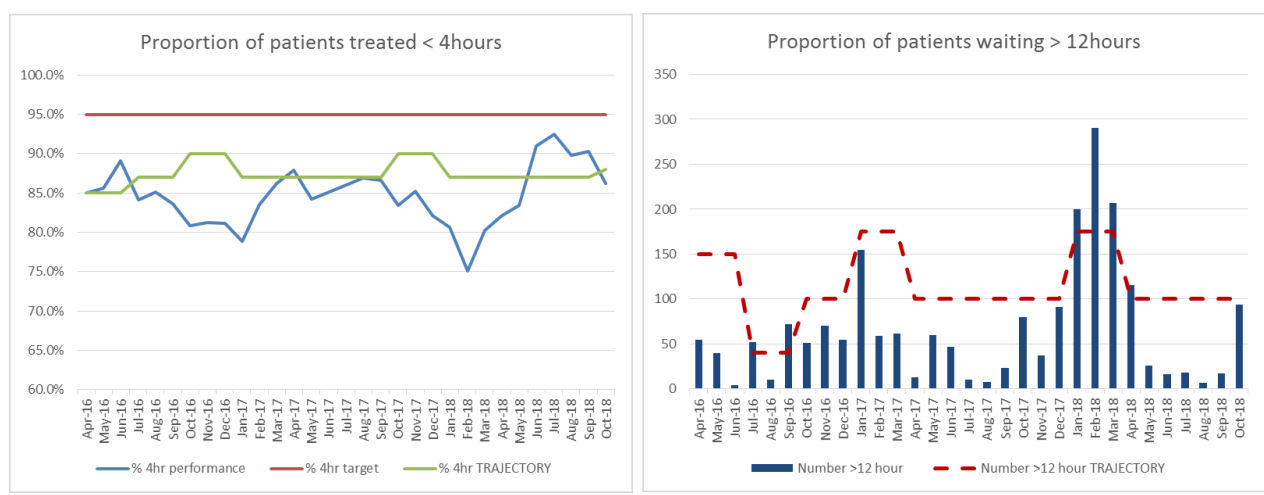
**Proportion of ambulance handovers completed within 15 minutes**



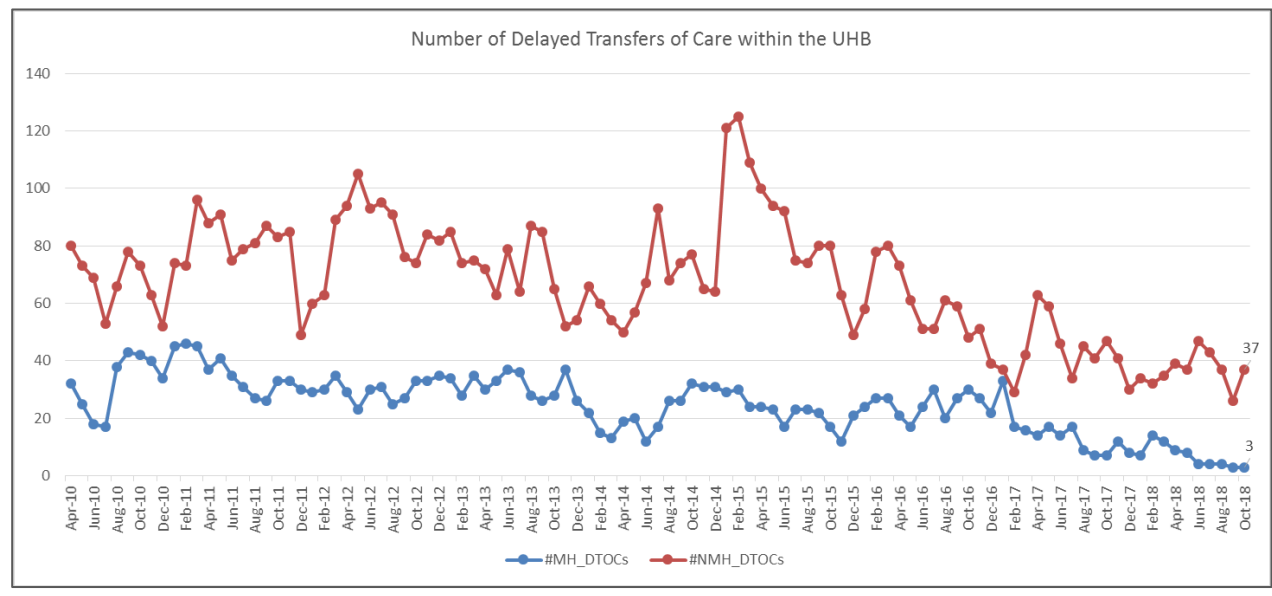
**Proportion of ambulance handovers completed within 60 minutes**



The proportion of patients admitted, discharged or transferred within 4 hours fell in October to 86.2%, below both the WG target of 95% and the UHB's IMTP trajectory of 88%. The number of patients waiting in excess of 12 hours increased to 94, which is significantly higher than the WG's standard of zero. These figures exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.



At the October 2018 census point, the UHB recorded that 37 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 997 in the month, equating to 32 beds per day. DTOC's overall have been on a downward trend for some time allowing for seasonal variances.





## How do we compare with our peers?

The latest performance data available indicates that C&V performs within or better than the Welsh average for WAST response, handover and emergency department treatment times.

Month	Sep 18	Sep 18	Sep 18	Sep 18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	77.5%	588	78.3%	526
AB	78.6%	450	76.3%	461
BCU	69.6%	1817	69.7%	757
C&V	90.3%	17	81.3%	145
CT	87.1%	270	67.4%	4
HD	83.4%	663	66.1%	200
<b>C&amp;V Rank</b>	<b>1/6</b>	<b>1/6</b>	<b>1/6</b>	<b>2/6</b>

The UHB is ranked 4<sup>th</sup> for mental health delayed transfers of care of patients and is ranked 3<sup>rd</sup> 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	332	60	248	92	82	86	30	4/6
# HB non MH DTOC	721	922	1146	448	268	491	230	3/6

## What are the main areas of risk?

Delivery of high quality, safe care in EU requires the availability of sufficiently trained clinical decision makers to meet demand 24 hours a day, 7 days a week and sufficient capacity within the department to assess and treat patients. The ability to recruit staff and for patients to be transferred up to a ward or the assessment units as and when their care requires it, remain the two key risks.

Patients whose care pathways are delayed are not receiving the most effective, safest care. There is an opportunity cost of a bed and its associated resources being used sub-optimally, as other patients requiring that capacity are delayed, potentially requiring them to also be treated sub-optimally.

Winter brings additional pressure in the Unscheduled Care system, with demand increases and higher levels of acuity

## What actions are we taking?

The approach, outlined previously, that has contributed to recent performance improvement, remains in place. This entails an enhanced focus on 4 hour and 12 hour waits and ambulance delays through EU two-hourly 'huddles'. This has been augmented by enhanced Executive Director Support and in the out of hours period by increased focus from the Senior Manager on Call and Executive on-call.

Implementation of the 2018-19 integrated winter plan with our partners and on a whole system basis continues. The Board has received a separate update on this. The key elements of the plan are 'Keep Me home'; in-hospital schemes; and 'Get me Home'. The UHB has also recently received additional funding from Welsh Government for Winter pressures.

The Health Board has received funding from Welsh Government from the Transformation funding to implement 'Get me Home plus'. 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. Get Me Home Plus will change the way partner organisations can work together in hospitals. For example local authorities will work with the NHS to provide increased daily contact on the wards. Get Me Home Plus will see people being assessed in their own home after being discharged from hospital, rather than being assessed before being discharged.

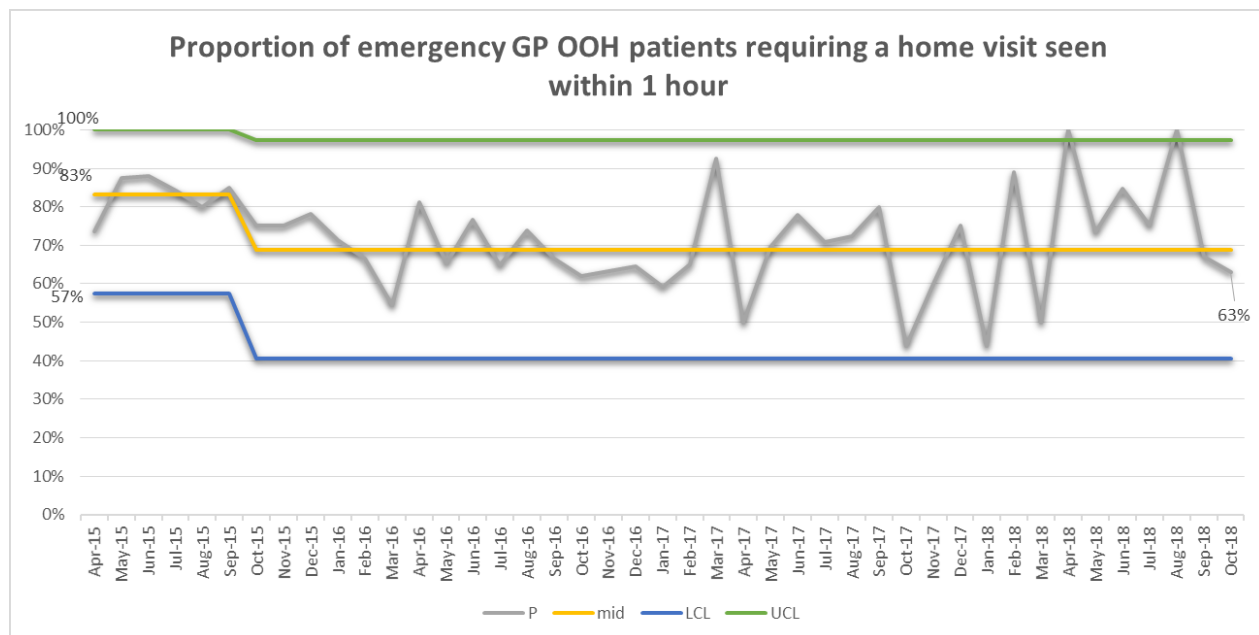
#### 4) GP OUT OF HOURS SERVICES (OOH)

##### How are we doing?

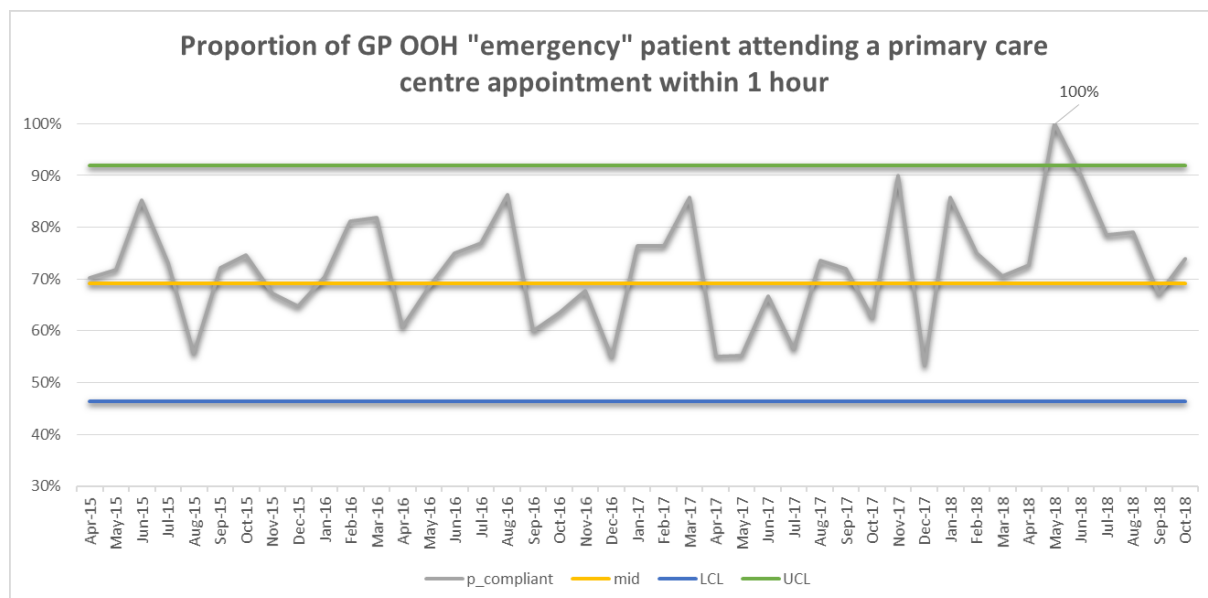
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance has slightly declined over the last two months with now only five of the standards being achieved in October (8 in August and 6 in September were achieved).

	Demonstrates that a standard has been achieved		Total Contacts= 8297			Total Contacts= 9010			Total Contacts= 8553		
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Adastra = 7052			Total Clinical Contacts Recorded on Adastra = 7703			Total Clinical Contacts Recorded on Adastra = 7383		
	Demonstrates that a standard has <b>not</b> been achieved										
	Demonstrates volumes only		Aug-18			Sep-18			Oct-18		
Standard	Description	Target	Total	Result	Score	Total	Result	Score	Total	Result	Score
Telephone Services											
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7194	6526	91%	7745	7027	91%	7281	6594	91%
		100% ans. in 120 seconds	7194	6798	94%	7745	7391	95%	7281	6892	95%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7194	464	6%	7745	132	2%	7281	112	2%
Handling	% of calls recording the correct patient demographic information	100% Correct	7194	7194	100%	7745	7745	100%	7281	7281	100%
Telephone Triage Services											
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	1862	1529	82%	2281	1928	85%	2233	1902	85%
	Longest time to triage an urgent call	Longest time		575			754			508	
	Average of the 10 longest times to triage an urgent call	Average time		332			274			311	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3492	3021	87%	3723	3306	89%	3540	3141	89%
	Longest time to triage a routine call	Longest time		1327			771			1108	
	Average of the 10 longest times to triage a routine call	Average time		741			443			649	
Immediate Life Threatening (LT) Conditions											
Referral	Number of life threatening conditions identified	100% within 3 minutes	104	104	100%	183	183	100%	136	136	100%
Home Visiting											
Home Visits	The number and percentage of home visits	No target	7052	440	6%	7703	536	7%	7383	501	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	5	5	100%	15	10	67%	8	5	63%
	The number of face to face contacts within two hours	100% seen within two hours	5	5	100%	15	14	93%	8	8	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	147	111	76%	192	154	80%	168	143	85%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	288	230	80%	329	223	68%	325	243	75%
Primary Care Centre Appointments											
PCC	The number and percentage of PCC attendances	No target	7052	2165	31%	7703	2514	33%	7383	2389	32%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	11	79%	30	20	67%	19	14	74%
	The number of face to face contacts within two hours	100% seen within two hours	14	14	100%	30	30	100%	19	18	95%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	204	186	91%	262	226	86%	228	190	83%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	1947	1922	99%	2222	2193	99%	2142	2098	98%
Transmissions											
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	7594	7594	100%	8393	8393	100%	8059	8059	100%
Other Data											
Outcomes	The number of calls ending in telephone advice	No target	7052	1767	25%	7703	2042	27%	7383	2124	29%
	The number of calls advised to contact their GP within 24hrs.	No target	7052	844	12%	7703	934	12%	7383	880	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7052	465	7%	7703	539	7%	7383	476	6%
	The number of referrals to WAST	No target	7052	168	2%	7703	226	3%	7383	202	3%
	The number of referrals for direct admission	No target	7052	289	4%	7703	277	4%	7383	274	4%
Referrals IN	The number of referrals from the Emergency Department	No target	7052	47	0.7%	7703	43	0.6%	7383	33	0.4%
	The number of referrals from WAST	No target	7052	128	2%	7703	139	2%	7383	146	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4214	3520	84%	4363	3899	89%	4421	3634	82%
Complaints/Incidents											
Complaints	Total number of complaints received & number upheld	No target		5			1			10	
Compliments	Total number of compliments received	Volume only		2			3			3	
Significant Events	Total number of significant events recorded	Volume only		0			0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			0			0	

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 September and October was 67% and 63% 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 74% in October against a minimum 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. The UHB’s relative performance is shown below for August 2018.

Aug-18	ABM	AB	BC	C&V	CT	HD	Pow	C&V Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	89.2%	84.3%	73.9%	82.1%	61.9%	72.9%	94.2%	4/7
% very urgent patients seen<= 60 mins following clinical assessment	100%	66.7%	66.7%	84.2%	76.1%	100%	88.9%	5/7

### What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 60 minutes (a P1 call) 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 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?

A process to look at changing the skill mix and rostering of the multi-disciplinary team providing the service is well advanced. Notable progress to report:

- Minor Illness clinicians are being trialled within the service during the weekend. A SBAR has been completed and submitted to 111 with a view to funding for a pilot as well as an evaluation of the project. The service is currently waiting on a response from 111. Recruitment of minor illness staff from primary care for weekend working is underway via the temporary staffing department. Estimated start of pilot Dec / Jan 2018
- A 3 year work plan has been developed following the capacity and demand work, this is currently being shared with the clinical board and subsequently presented to the Exec Board.
- An evaluation of the All-Wales OOHs peer review will be undertaken once it has been completed with particular interest around a training hub and development of OOH dental services.
- The service is working with the 111 project to pilot Health Care Support Workers within the multi-disciplinary team. Finance has been approved and HCSW's are currently being sought via the temporary staffing department. The project is expected to commence in December with an evaluation to be completed after 3 months
- The 'Expected Death Policy' was passed by the UHB NMB in October which enables qualified practitioners, not just medics, to certify death. A letter has now been sent to HM Coroner advising of the new policy. In-house training will commence for all LHB staff undertaking confirmation of death early in 2019. Additionally we are liaising with WG to establish an e-learning package for the theoretical element of the training.
- To ensure 'at risk' areas of the rota can be filled, the management team now have discretion to offer enhanced 'bundle rates' to GPs as required rather than at set times.

## 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:** At the end of October the UHB has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations. The application received in September having been successfully resolved.
- b) **Contract terminations:** The UHB has received notice from 1 practice that they intend to bring their GMS (GP services) contract to an end. The UHB is presently out to tender to re-provide this service via a GMS contract.
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services

### 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 and 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.

## 6) STROKE

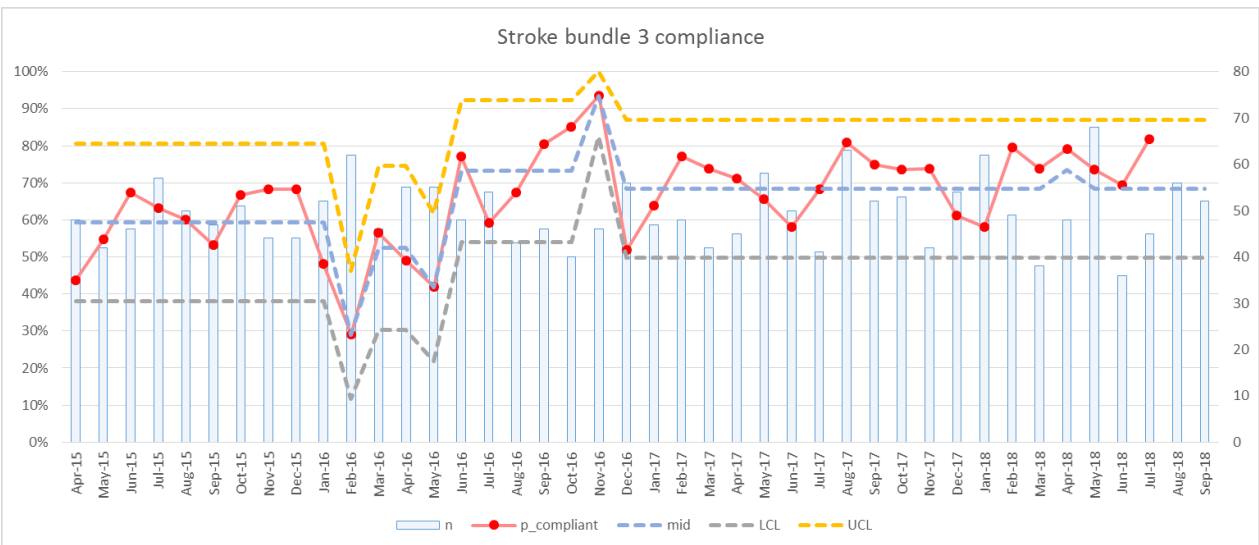
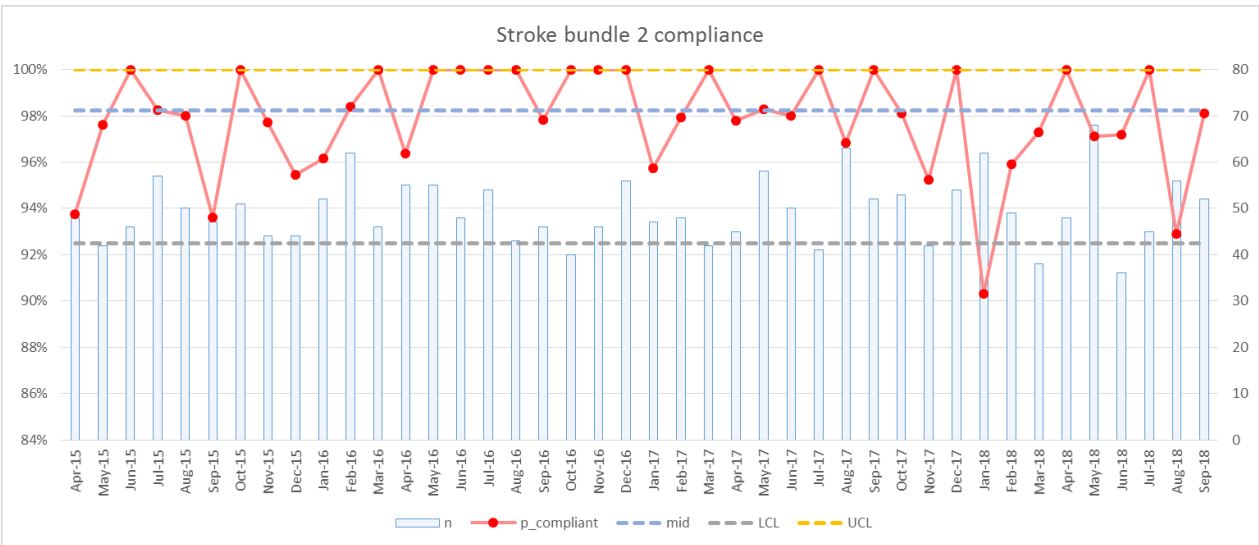
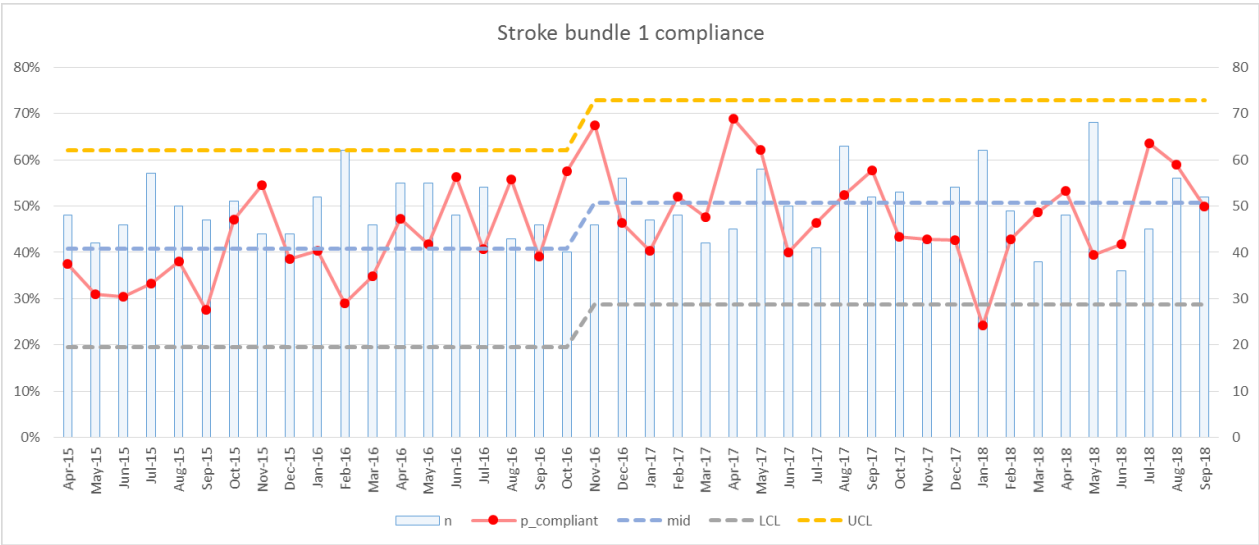
### How are we doing?

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).

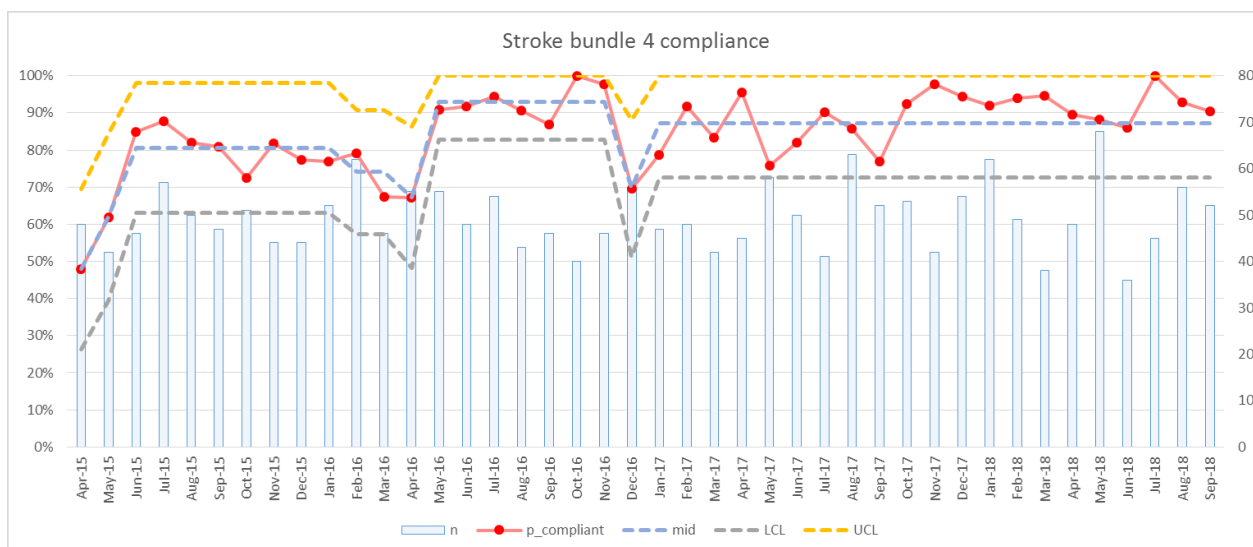
The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. The UHB is presently meeting 2 out of the four standards.

WG benchmarking standard		IMTP trajectory	UHB in Sept-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	50%
12 Hour QIM	CT Scan within 12 hours	97%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	88%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	14%

Trends in performance in delivering the full bundles are shown below. These indicate that the significant deterioration in performance observed in January has been managed and performance has now improved back to the process mean:







## 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 August 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	29.3%	51.5%	44.9%	63.0%	33.9%	62.5%	1/6
CT scan <1h	40.5%	48.5%	39.0%	58.2%	55.9%	71.6%	2/6
Assessed by a stroke consultant <24h	91.1%	98.5%	76.0%	83.6%	59.3%	91.0%	4/6
Thrombolysis door to needle (<=45min)	0.0%	0.0%	21.1%	0.0%	0.0%	33.3%	

## What are the main areas of risk?

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. the DTN time for thrombolysis in hours is within the 45mins target for non-complicated stroke, however DTN time out of hours remains a challenge

## What actions are we taking?

- Ongoing education and training sessions for junior medical staff who respond to Code Stroke out of hours
- Continue to complete RCAs for all 45min breaches, to identify areas for improvement and plan corrective measures



## 7) CANCER

### How are we doing?

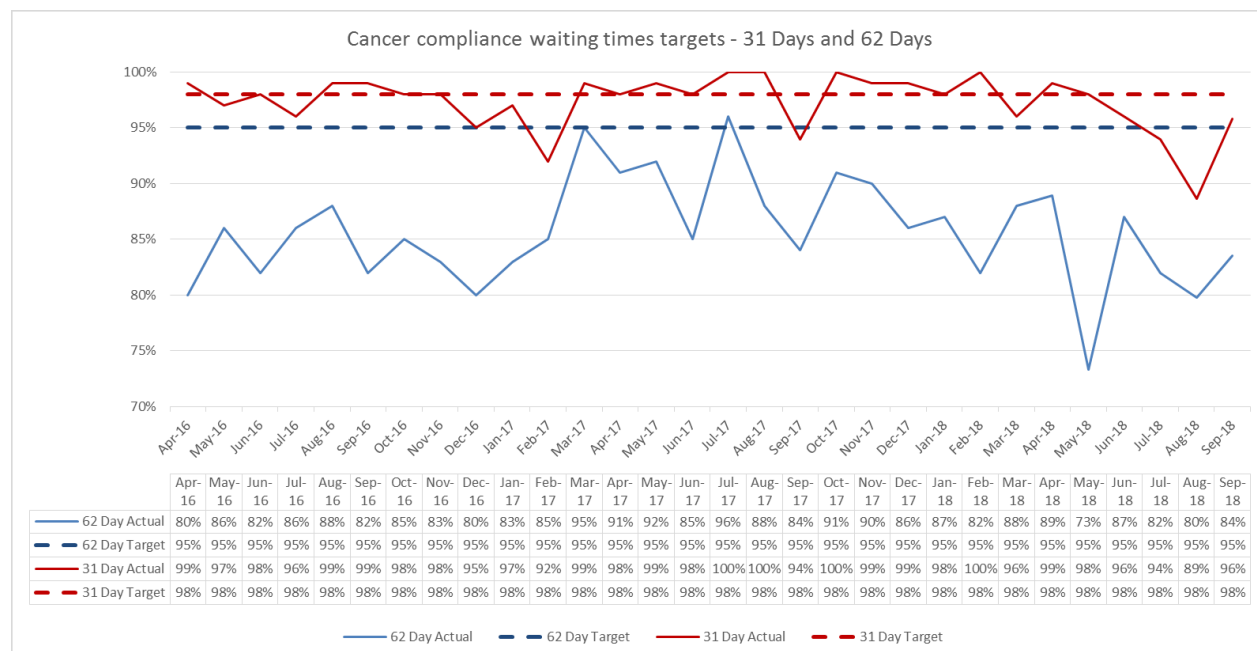
#### USC

Reported performance for September is 83.52%, in line with the forecast provided in last month's report (82% to 85%) but below IMTP trajectory and target. There were 15 breaches in month and 91 patients treated. The UHB has received 1300 more referrals (19% increase) and treated 22 more patients (4.1% increase) year-to-date compared to last year. Breaches: Lower GI – 5; Urology – 4; Haematology – 2; Upper GI – 2; Lung – 1; Other – 1.

#### NUSC

Reported performance for September is 95.83%. There were 3 breaches in month, 6 less than last month

Breaches: Lung – 2; Lower GI – 1.



The UHB continues to prepare for the implementation of the 'Single Cancer Pathway' (SCP). The go-live date is yet to be confirmed by Welsh Government but it is anticipated this will be on a phased approach – potentially with public reporting of the SCP alongside the current cancer performance measures early in 2019/20 and then for performance and progress to be monitored during 2019 with a view to reaching a point regarding the formal switch to the SCP. A presentation to Board members on the SCP will be given at the Board Development Day on 13th December 2018.

## How do we compare with our peers?

In August 2018, the UHB was 88.6% compliant with the 98% delivery standard for the 31 day non-USC pathway. No Health board delivered the 95% 62 day USC standard; C&V ranked bottom in both targets.

Aug 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Non USC	97.4%	96.8%	98.9%	88.6%	96.6%	96.0%	6/6
USC	94.1%	83.6%	85.3%	79.8%	85.0%	90.9%	6/6

## What are the main areas of risk?

The issues and challenges remain largely similar to those previously reported:

- Increase in demand in a number of tumour sites. Year to date the Health Board has received 1300 (19%) more USC 62 day cancer referrals than the same period last year, with an exceptional demand increase in a number of tumour sites, as follows:

	Head and neck	Upper Gastrointestinal	Lower Gastrointestinal	Lung	Sarcoma	Skin	Brain/CNS	Breast	Gynaecological	Urological	Haematological	Children's cancer	Other	Total Referrals
Apr -Sept 18	706	760	1635	100	2	1562	9	1759	614	820	57	7	3	8034
Apr -Sept 17	681	613	1306	136	5	1222	8	1650	460	601	37	6	9	6734
% change	3.7%	24.0%	25.2%	-26.5%	-60.0%	27.8%	12.5%	6.6%	33.5%	36.4%	54.1%	16.7%	-66.7%	19.3%

- 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
- Patients on our GI pathway are waiting too long for diagnosis

## What actions are we taking?

- A range of actions have been taken to reduce the time patients wait for an initial outpatient appointment on the breast pathway. These include the appointment of a locum radiologist, who commenced in October. These actions are having an effect with the median wait for the first appointment having reduced from 45 days in September to 30 days in October.
- The pathway redesign project, led by the Medical Director, in GI continues. A cross-Clinical Board / Directorate workshop, supported by the UHB's Continuous Service Improvement Team, was held on 29<sup>th</sup> October to look at delays in the radiology component part of the pathway.

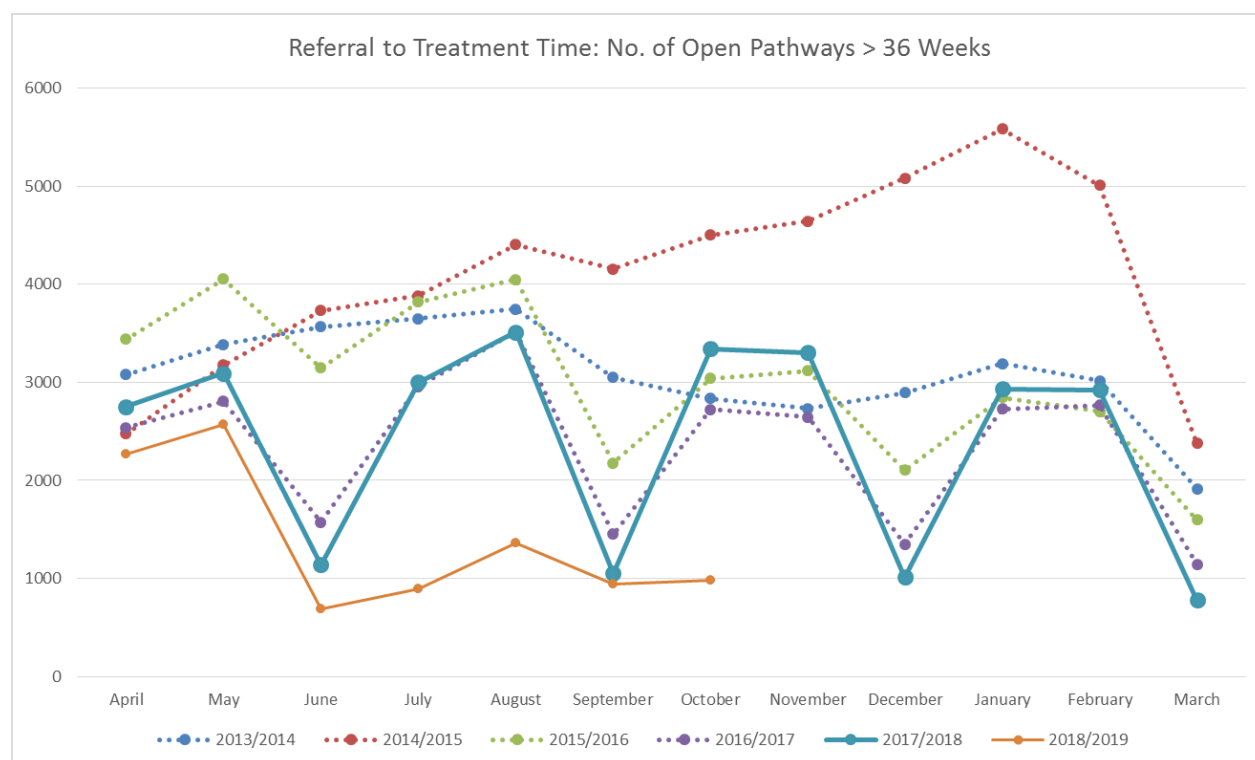
- The process to recruit an additional 4 radiographers to increase scanning capacity for CT has commenced.
- Core endoscopy capacity continues to be used for cancer referrals and surveillance, with insourcing activity focused on reducing the non urgent demand waiting in excess of 8 weeks.
- Interviews for Cancer Services Lead Manager post (who will have senior managerial level responsibility for working with Clinical Boards to improve performance) took place on the 14<sup>th</sup> November 2018.

## 8) ELECTIVE ACCESS

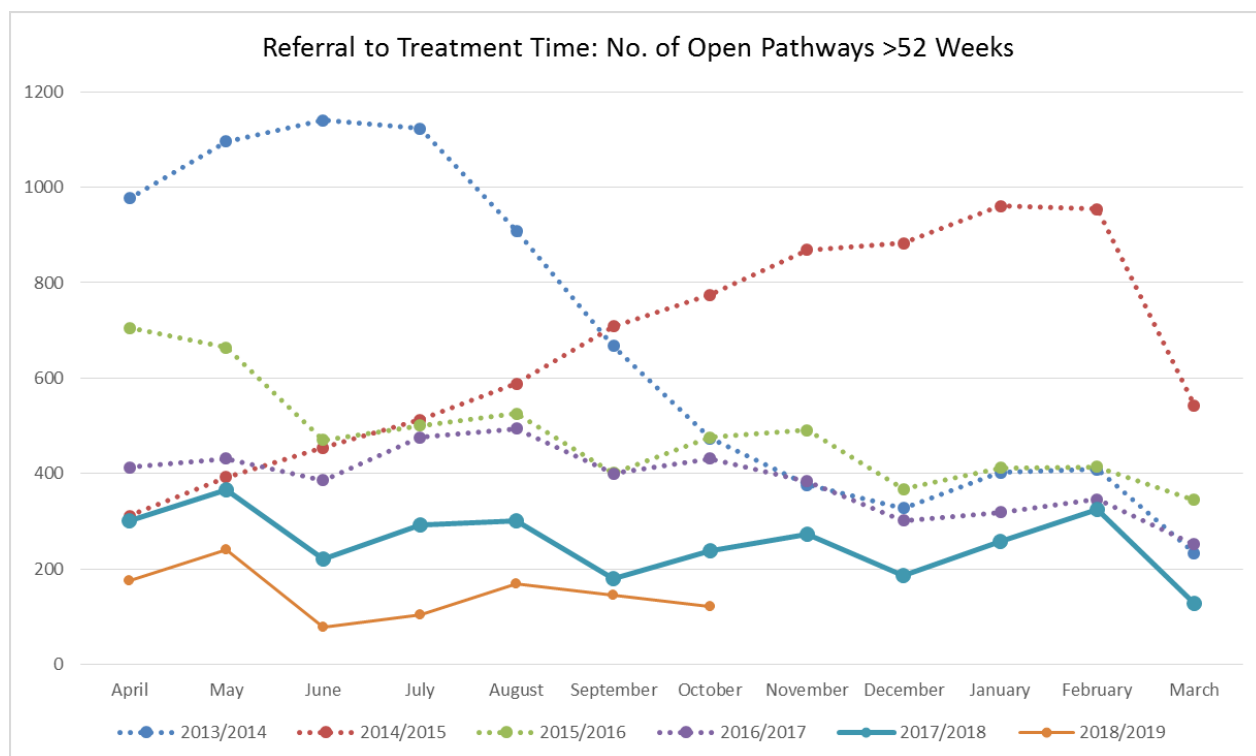
### How are we doing?

There were 10706 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of October, equating to 86% of patients waiting under 26 weeks, below the IMTP trajectory of 88.5%.

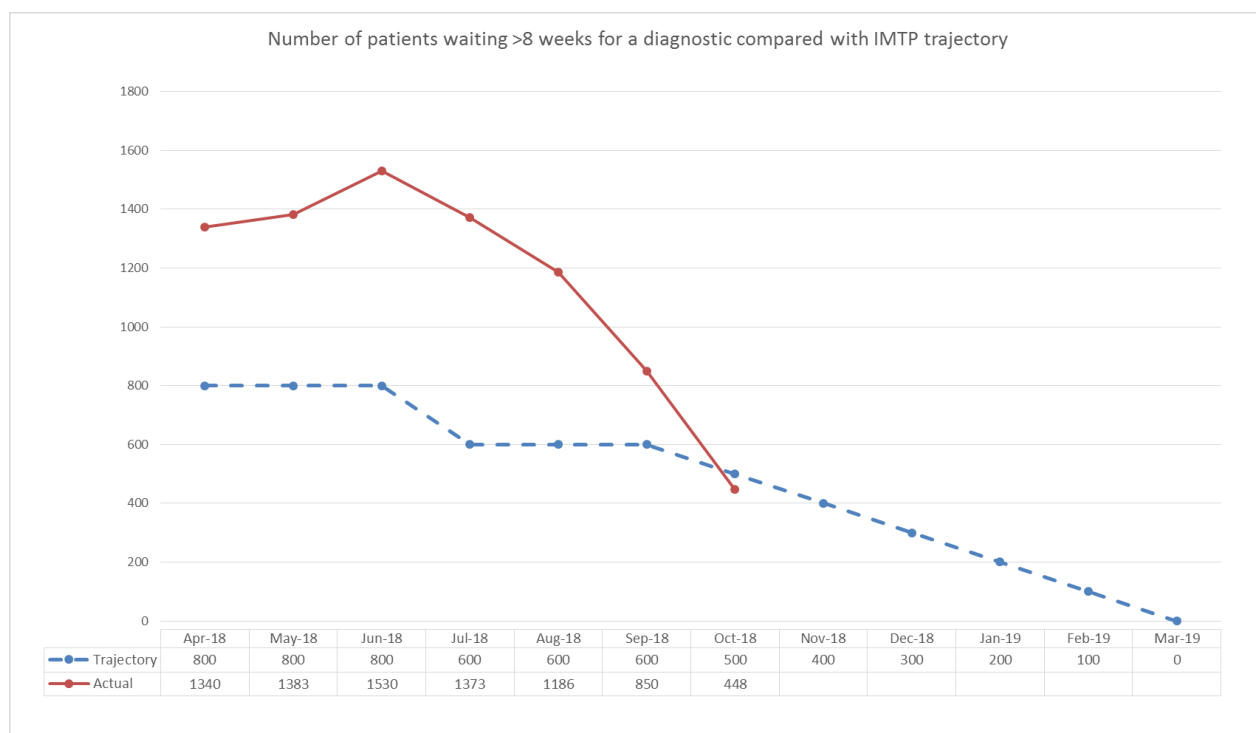
The number of patients waiting over 36 weeks reduced to 984 at the end of October. This is a 56% reduction in the number of long waiting patients that was recorded at the start of the financial year. It has remained below 1000 for 4 months out of 7, but is in excess of the IMTP trajectory of 650.



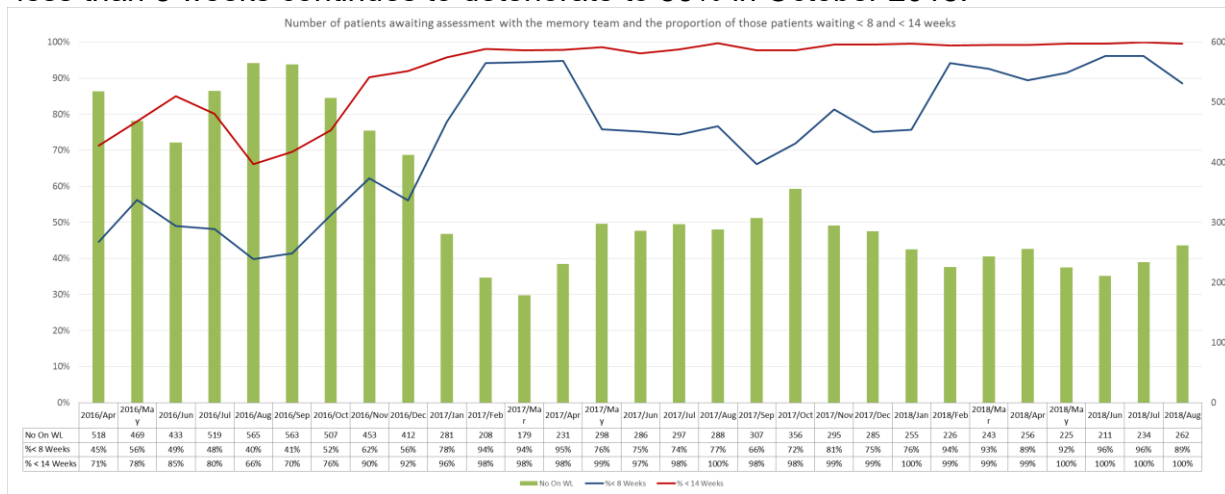
The number patients greater than 52 weeks at the end of October was 123, broadly in line with the numbers reported over the past 6 months.



The Welsh Government has now included additional cardiac diagnostic services within the national performance framework, which was not factored in to the UHB's IMTP trajectory. As a consequence the Health Board is now reporting the number of patients waiting greater than 8 weeks for a diagnostic test at the end of October 2018 as 448, which is lower than the trajectory; this does not account for the cardiology tests.



At the end of October 2018, 100% 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 continues to deteriorate to 83% in October 2018.



## How do we compare with our peers?

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

August 2018	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	89.1%	89.3%	84.5%	87.4%	91.4%	84.8%	4/6
No. > 36 weeks - RTT	3,497	1,159	7,291	1,366	229	2,080	3/6
No. > 8 weeks diagnostic	811	663	2,462	1,186	211	78	5/6

## What are the main areas of risk and how are we mitigating them?

There are a number of areas of risk including:

- Demand increases and capacity gaps
- Physical theatre capacity and theatre staffing
- Medical staff vacancies and unplanned absences
- Reliance on external providers
- Winter pressures, in particular availability of critical care and ward beds

As in previous years, the UHB is mitigating the risk through:

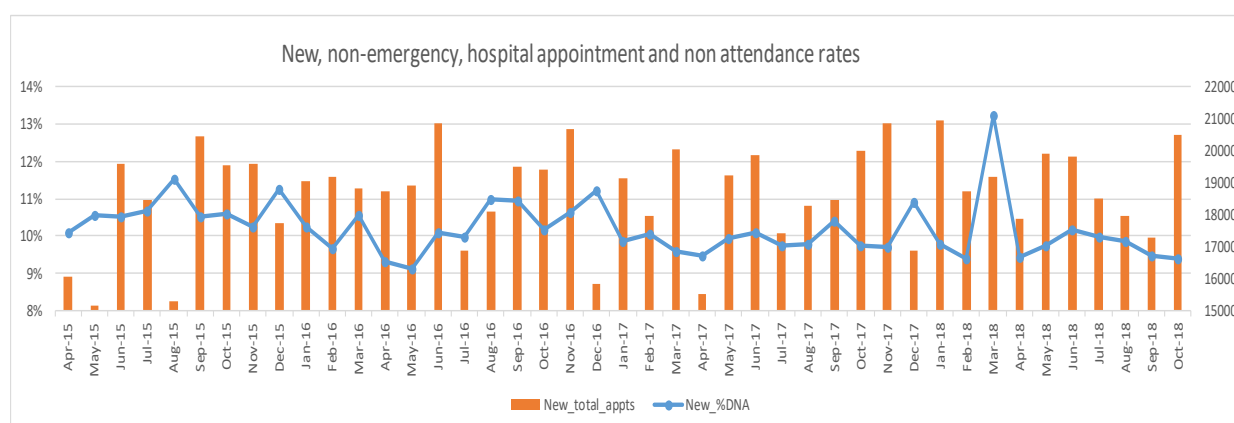
- Development and monitoring of demand and capacity plans as part of its established Planned Care planning cycle. This is now undertaken on a monthly as well as annual basis. As part of this process, both recurrent and non-recurrent solutions are identified and implemented to reduce demand and capacity gaps.
- Early decision making to smooth activity across the year and maximise opportunities for improvement
- Targeted investment to reduce new outpatient waits and long waits
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

## 9) OUTPATIENTS

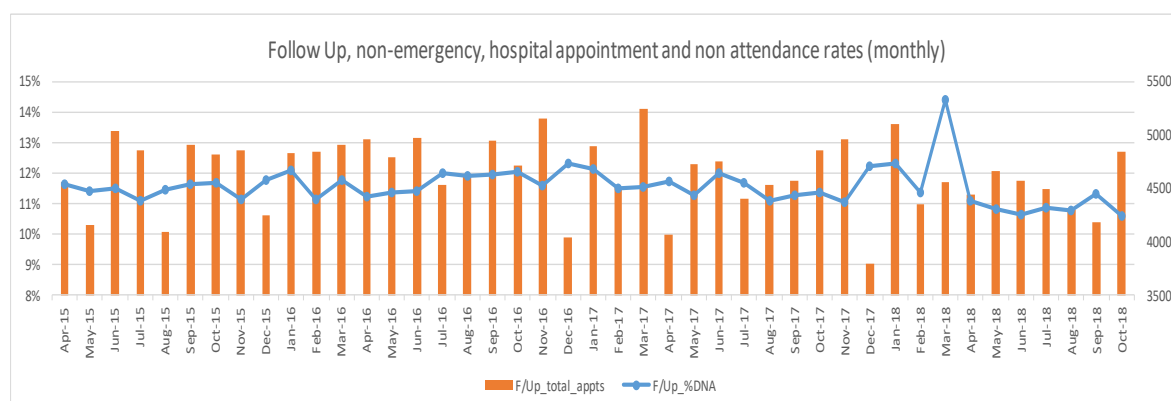
### How are we doing?

#### Non attendance rates

In the 12 months up to the end of October 2018, 23000 attendances out of the 228,000 first (new), non emergency, hospital, outpatient appointments scheduled, were recorded as not having gone ahead as a result of the patient not having attended. At 10.1%, this rate is similar to the 10.0% rate observed in the previous 12 month period.



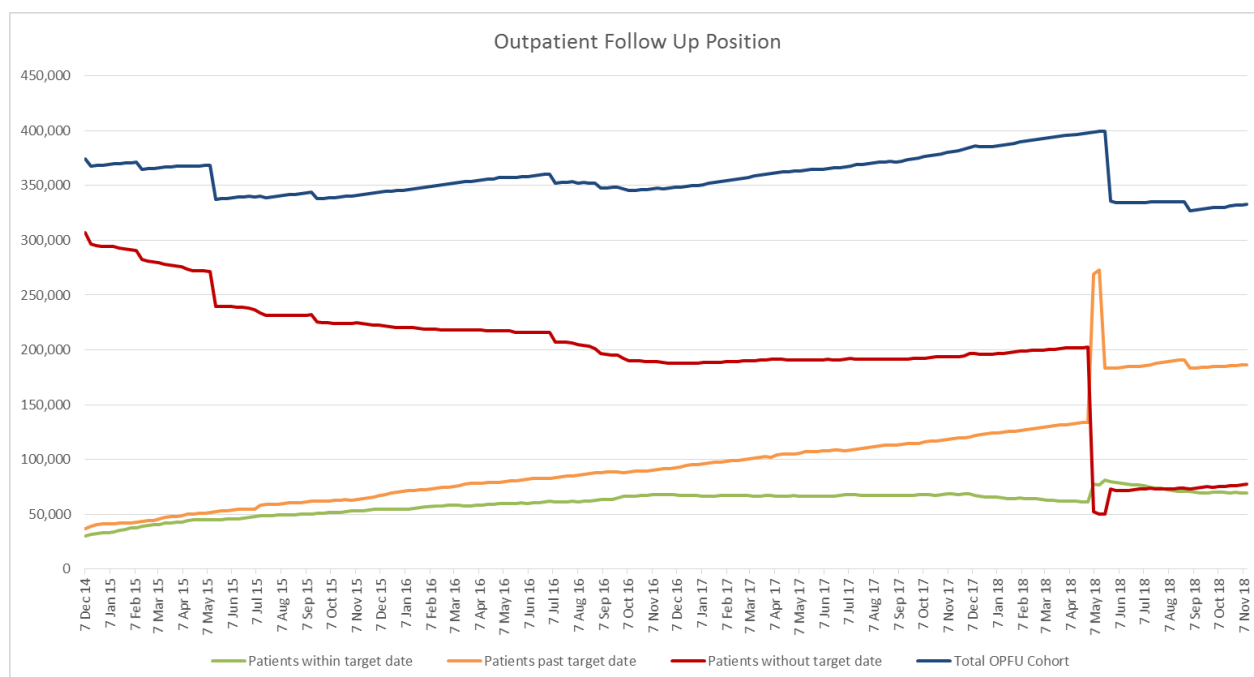
In the same period; 62,000 'follow up' non emergency, hospital, outpatient appointments scheduled were recorded as not having gone ahead as a result of the patient not having attended. This equates to 11.5% of all follow up appointments scheduled, and is again similar to the rate of 11.6% observed in the 12 months up to 31<sup>st</sup> October 2017. However as can be seen from the run chart suggests, the rate is now reducing following the spike in March.



#### Follow ups

At the 5<sup>th</sup> November the UHB had 335,000 open pathways of patients requiring a follow up appointment open. Of these 119000 (35.6%) were recorded as having waited more than 100% longer than their target date and a further 6.7% were waiting more than 50% longer than their target date. A break down by clinical board is provided below:

n.b. A target date is often set at the time of the last clinical event, as the time window in which the patient should next be 'reviewed'. For example: patients may be invited back to clinic six weeks post their discharge from hospital. In this example, patients who were waiting more than 12 weeks past the date of their discharge for their 'follow up review' would be recorded as having waited in excess of 100% longer than their target date.



## How do we compare with our peers?

The Welsh Government provides a comparison report covering only a limited number of specialties which are part of the planned care programme for both non attendance rates and the follow up management position. As at August, the UHB had the highest non attendance rate for these specialties in Wales and the second highest non attendance rate for follow ups.

### Non attendance rates (limited specialties only)

Aug-18	ABM	AB	BC	CT	CV	HD	Powys	C&V Rank
New	5.4%	6.4%	6.4%	7.3%	9.0%	7.7%	5.6%	7/7
Fup	6.6%	6.3%	6.4%	10.5%	10.0%	9.4%	5.3%	6/7

The UHB also has the largest reported number of patients waiting beyond their target date.

**Follow up patients waiting beyond their target date. (limited specialties only)**

Sep-18	ABM	AB	BC	CT	CV	HD	Powys	C&V Rank
No. F/up past target date	2420 0	1114 1	4577 7	1402 0	8055 8	1628 5	320	7/7

**What are the main areas of risk?**

As identified in the recent WAO report (<https://www.audit.wales/publication/management-follow-outpatient-appointments-across-wales>) there are known clinical risks associated with delays in follow-up appointments, and patients can come to irreversible harm while on the waiting list. The RNIB report highlighted the risks of ophthalmology patients losing their sight because of delayed follow-up, but there are also a number of other high-risk specialties where patients could equally come to harm because of delays in receiving follow-up care.

These risks equally apply to new outpatients, arising either as a result of long waiting times or because of a failed initial appointment.

**What actions are we taking?**

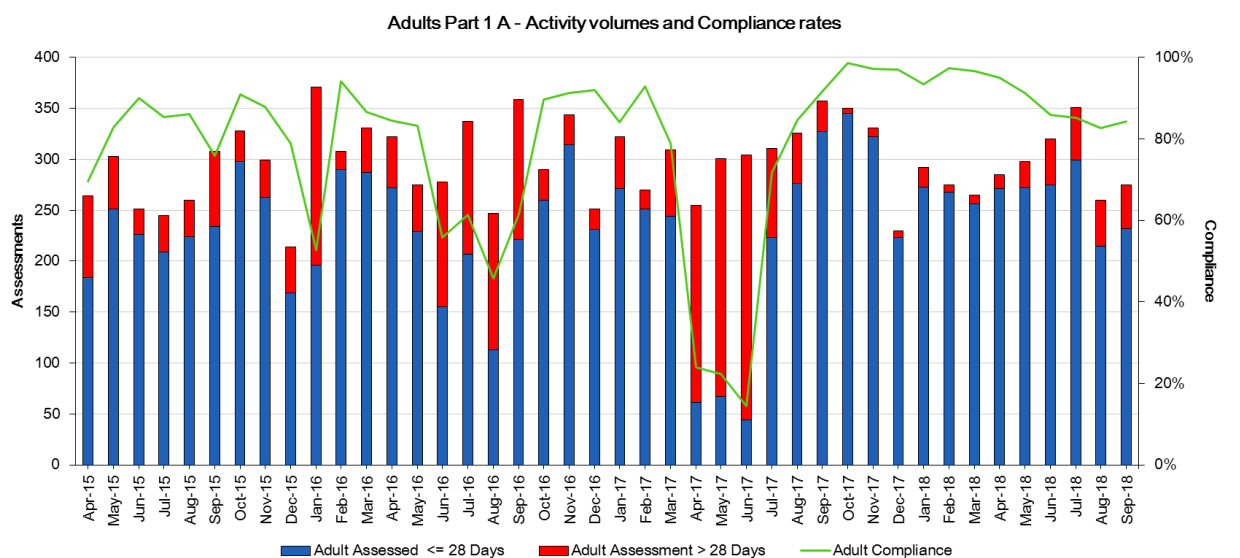
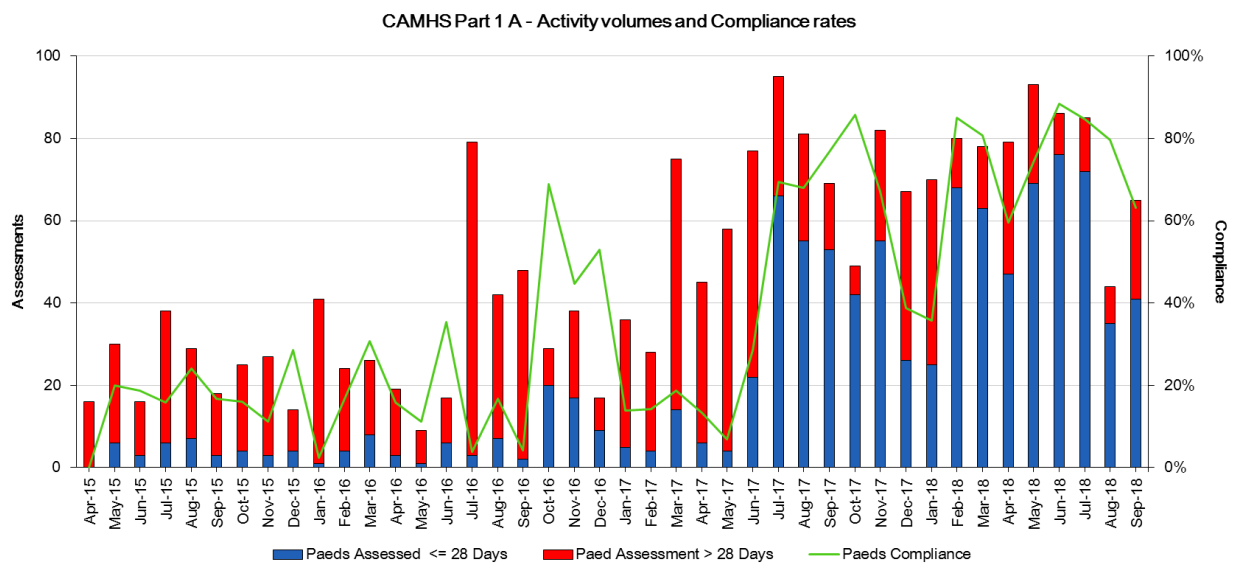
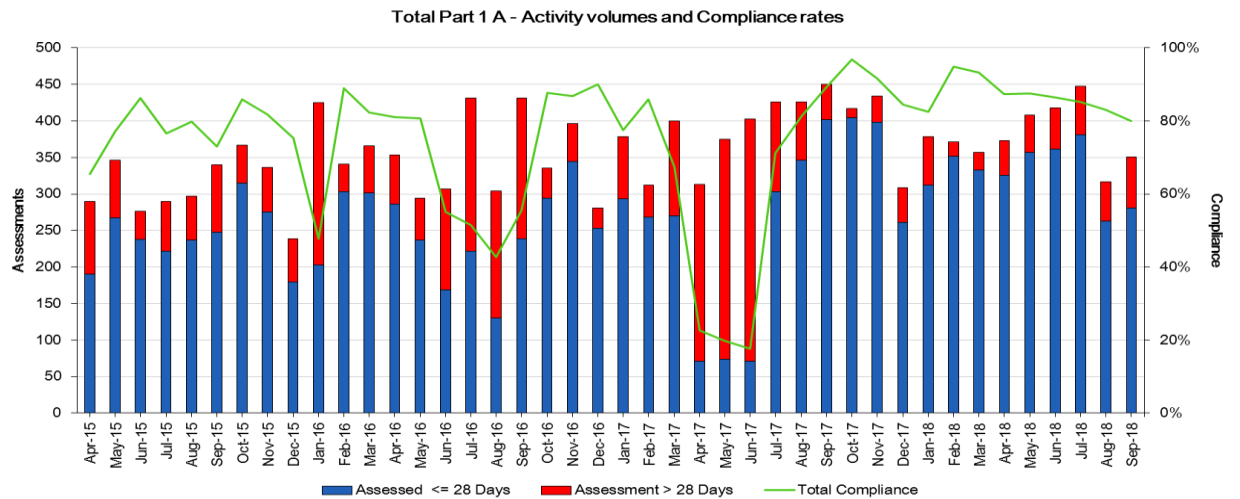
Transforming outpatient services is a key objective of the UHB's transformation programme. Key elements of the programme include:

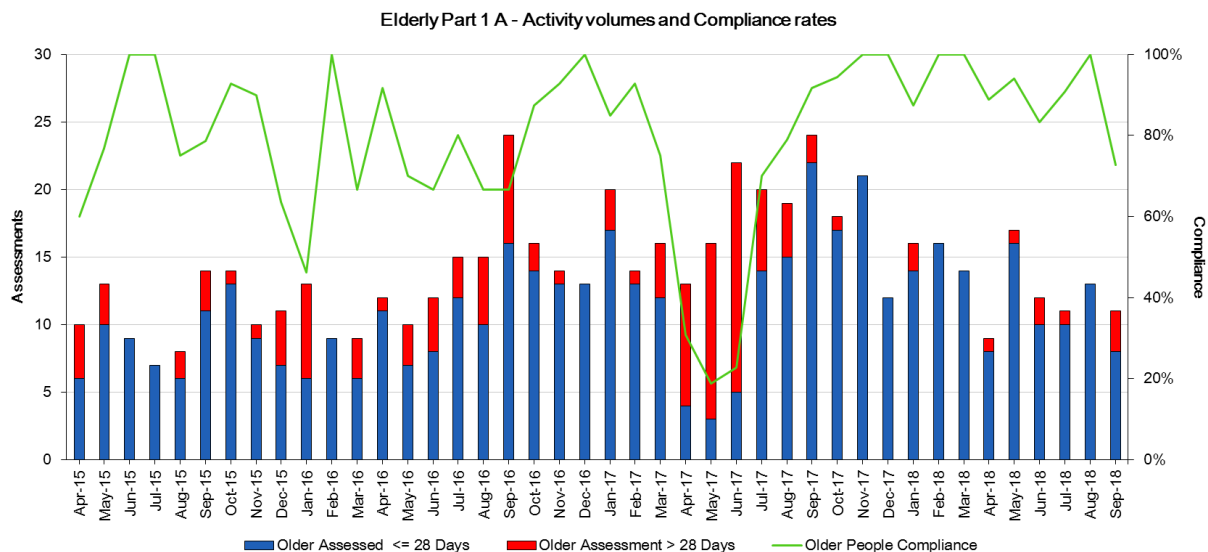
- Using health pathways to transform and standardise our services, supporting and developing community and primary care based services, which reduces reliance on traditional hospital-based care models.
- Adopting see-on-symptom and virtual clinic approaches
- Developing our citizen portal, digitising our outpatient appointment letters and supporting patients to self-manage their care in order to reduce non-attendance rates and reduce the requirement on patients to travel to hospital.

**10) MENTAL HEALTH****How are we doing?****Part 1a: Service users to receive an assessment within 28 days**

80% of service users seen in September 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 by service group is shown below:







Part 1b: Overall only 60% of service users started a therapeutic intervention following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

The effect of the Matrix Cymru on demand for more specific interventions as delivered by PMHSS contributes to the pressure and consequent failure to achieve the standard. Reporting through the system has also recently identified errors in the process mapping which determines the criteria for measurement. This has been corrected but will not filter through in reports until November/December.

Part 2: Overall 85% of LHB residents had a valid Community Treatment Plan completed at the end of September.

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 achieved Part 1a of the measure the deteriorating trend continues although projections for October are optimistic. The deterioration in the UHB's level of performance in respect of delivering parts 1b and 2, has not been observed in other Health Boards and continues to be monitored.

August-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	80.5%	90.3%	89.7%	100.0%
AB	83.2%	81.2%	90.9%	100.0%
BCU	70.9%	59.9%	87.0%	100.0%
C&V	83.1%	74.3%	86.1%	100.0%
CTaf	81.8%	94.9%	80.9%	100.0%
HDda	93.4%	90.7%	93.3%	100.0%
Powys	80.1%	70.7%	93.4%	100.0%
Rank	3/7	5/7	6/7	-/7

### **What are the main areas of risk?**

The ability of the children and young people's Part 1 team to consistently achieve the target of 80% of children seen in less than 28 days is subject to major fluctuations of demand and the staffing capacity of a small team which cannot flex adequately at times of peak demand.

A further risk facing the Board is associated with the delivery standard for part 1b: "commencement of therapy". The standard is not sensitive to the group-based model used by the organisation for providing many of the interventions, nor to the UHB's Solution Focused Brief Therapy approach, whereby effectively every session could be the practitioner's last session with the patient and thus 'treatment' could be deemed to start at first contact, which the new rules from WG define as explicitly not counting as the first point of treatment.

### **What actions are we taking?**

Part 1a – A 3 point plan to develop CAMH services to ensure ongoing compliance is being worked through:

- A 'bridging' strategy has been put in place to 'front-load' the assessment pathway with senior staff NB – since the reported position, weekly performance data shows some improvement and that we are now generally exceeding the 28 days assessment position.
- The second element to the plan is the development of a whole system model to provide access at the first point of contact in primary care and to develop the prevention agenda.
- Thirdly, the latest 'Project dashboard' report for the repatriation of CAMH specialist services for Cwm Taf remains on track.

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. 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.

A band 6 vacancy has recently been filled and will relieve some of the pressure on the service in due course.

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.

## **11) 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 £0.120m in month 7 to £0.635m and the UHB expects to recover this overspend in the final 5 months of the year.

### **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 10<sup>th</sup> 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 7 position

At month 7 the UHB is reporting a deficit of £6.410m comprised of the following:

- £5.775m planned deficit (7/12<sup>th</sup> of £9.900m);
- £0.635m adverse variance against plan.

The overspend against the plan fell by £0.120m to £0.635m in month and is primarily driven by nursing, clinical supplies and services and slippage against savings schemes. These areas are subject to additional scrutiny and the overall adverse variance to the plan is expected to be recovered over the final 5 months of the year in line with forecasts provided by budget holders for the remainder of the year.

## Income and Expenditure Analysis

### Summary Financial Position for the period ended 31<sup>st</sup> October 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	(117.811)	(117.597)	0.214	(780.761)	(779.454)	1.307	(1,369.483)	(1,369.483)	0.000
Pay	51.017	50.963	(0.054)	347.613	347.269	(0.343)	590.772	590.772	0.000
Non Pay	67.619	67.340	(0.279)	438.924	438.595	(0.329)	788.611	788.611	0.000
Variance to Draft Plan £m	0.825	0.705	(0.120)	5.775	6.410	0.635	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(5.775)	0.000	5.775	(9.900)	0.000	9.900
Total £m	0.000	0.705	0.705	(0.000)	6.410	6.410	(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 7 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 would be £39.1m.

## Creditor payment compliance

Month 7 non-NHS Creditor payment compliance was 95.6% for the 7 months to the end of October, achieving the 95% 30 day target.

### **Remain within Capital expenditure resource limit**

THE UHB had an approved annual capital resource limit of £33.355m at the end of October. Capital expenditure at the end of October was £16.896m against a plan of £17.533m.

### **Cash**

The UHB has a forecast cash deficit of £11.743m. Cash management plans will be developed if Welsh Government cash support is not provided.  
The UHB cash balance at the end of August was £4.315m.

### **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 will need to 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.

### **RECOMMENDATION:**

The Local Partnership Forum is asked to:

- **NOTE** UHB current performance and the actions being taken to improve performance.

## SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO 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	
Sustainable development principle: 5 ways of working	Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:			Not Applicable							

**MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00  
AM ON 15<sup>TH</sup> NOVEMBER 2018 IN CHILD DENTAL HEALTH, DENTAL HOSPITAL,  
UHW**

**Present:**

Peter Hewin	BAOT/ Unison Representative (Co-Chair)
Rachel Pressley	Workforce Governance Manager (Co-Chair)
Sian Rowlands	Head of Corporate Governance
Nicky Bevan	Head of Employee Health & Wellbeing Services (in attendance)
Rob Parr	Assistant Head of Workforce & OD
Bill Salter	Staff Side
Rebecca Marsh	Assistant Head of Workforce & OD
Nicola Robinson	Deputy Head of Human Resources
Pauline Williams	RCN Representative
Lizzie Lewis	Assistant HR Officer Intern

**EPSG 18/014 WELCOME AND INTRODUCTIONS**

Dr Pressley welcomed everyone to the meeting and introductions were made.

**EPSG 18/015 APOLOGIES FOR ABSENCE**

Apologies were received from Terrie Waites, Katrina Griffiths, Bryony Donegan, Leanne Morris, Ffion Matthews and Ceri Dolan

**EPSG 18/016 MINUTES FROM THE PREVIOUS MEETING**

The Employment Policy Sub Group agreed that the minutes from 8 November 2017 and 11 July were accurate records of the meetings.

The following matters arising not included in the action log were raised:

- Mr Hewin re-iterated that staff side wished to be involved in the implementation and training when new policies (including All-Wales policies) are adopted.  
**ACTION: Dr Pressley** to liaise with Mike Jones
- There was a further discussion about the mixed messages being sent to staff regarding the use of social media/email/mobile phones especially in terms of when it is ok to use these mechanisms to communicate with patients. Ms Bevan stated that it would be beneficial for Occupational Health to explore more routes through social media/ IT technology to reduce their DNA's. It was agreed that this issue was wider than the Social Media/Internet Policies. Dr Pressley and Ms Rowlands agreed to discuss the matter outside of the meeting with a view to linking in with IM&T and Patient Experience as appropriate.  
**ACTION: Dr Pressley/Ms Rowlands**



## **EPSG 18/017      ACTION LOG**

The Group noted the action log.

It was agreed that Dr Pressley would email Mike Jones with the list of policies requiring staff side leads. The PADR Policy would be removed from this list as it had previously been agreed that this would be parked until further information was known about the Pay Progression elements of the pay deal.

**ACTION: Dr Pressley**

## **EPSG 18/018      RATIFICATION OF CHAIR'S ACTION**

Dr Pressley reminded the Group that the last meeting had not been quorate, and that a number of other meetings had been cancelled due to the number of apologies received. As a result Chair's Action had been taken by herself and Mr Hewin on a number of items.

The Employment Policy Sub Group ratified Chairs Action taken as follows:

1. Approval of Recruitment and Selection Procedure for non-medical staff (24.05.18)
2. Approval of Industrial Injuries Procedure (previously Guidelines) (19.7.18 and 30.10.18)
3. Recommendation to Strategy and Delivery Committee that the Fixed Term Contract Policy and Professional Registration Policy should be reallocated as Procedures (19.7.18, subsequently approved by Committee on 11.09.18)
4. Approval of Family Friendly Policies EHIA, Professional Registration EHIA and Working Times Policy EHIA (19.7.18)
5. PADR Policy, Flexible Working Policy and Shared Parental Leave Procedure should not be reviewed until more information was available on whether there was going to be any national work on them following on from pay talks (19.07.18)

Consideration was given to reducing the number needed for a meeting to be quorate, but it was agreed that 3 WOD and 3 Staff Representatives was reasonable, though this could be reviewed again at a later date if it continued to be a problem. It was noted that while there were 8 staff representative seats on the Group, two of these were currently unallocated. Dr Pressley agreed to contact Mr Jones to see if these could be filled.

**ACTION: Dr Pressley**

## **EPSG 18/019      REVISED EPSG TERMS OF REFERENCE**

Dr Pressley presented the revised EPSG Terms of Reference to the group. Key Changes were noted as follows:

- Implementation issues to be considered, especially for All-Wales policies
- Membership updated to reflect recent changes

- The Co-Chairs can take action on behalf of the group for urgent matters or where the group is not quorate

The Group approved the revised Terms of Reference subject to the following changes:

- 3.10 all actions taken by the co- chairs must be ratified at the next **quorate** meeting
- 5.1 and 5.2 to be merged to reflect that there will be a periodic review of the effectiveness of the meeting.

**ACTION: Dr Pressley**

The revised Terms of Reference are to be shared with the Local Partnership Forum for noting.

**ACTION: Dr Pressley**

## **EPSG 18/020**

## **MANAGEMENT OF ALCOHOL, DRUGS AND SUBSTANCE MISUSE AT WORK PROCEDURE**

Mr Parr presented the revised Management of Alcohol, Drugs and Substance Misuse at Work Procedure. It was proposed that this became a procedure instead of a policy, as it comes under the Health and Wellbeing Policy (currently under development).

Mr Parr highlighted the main changes as follows:

- Emphasis on the employee seeking support from their GP
- Reference made to the “Your health and wellbeing” internet pages
- Reference made to “Drink Aware”
- References to legal highs removed
- Staff reminded of their duty of care to inform their manager
- Advice should be sought from WOD, where a person is deemed to be unfit to carry out their duties and the individual is driving home
- Section on what to do if a problem is disputed by an employee incorporated

Mrs Robinson welcomed the guidance on contacting WOD, stating that on occasions managers have waited until the end of an employee’s working hours/ shift before they speak to them regarding concern of alcohol/ substance misuse. It was agreed that under section 2.3 it should be emphasised that managers should speak to employees ‘immediately’.

**ACTION: Mr Parr**

There was also discussion about who should be contacted during unsociable hours when WOD aren’t available. It was agreed that an ‘Appropriate Senior Manager’ should be contacted during unsociable hours and that this should be added to Section 2.3.

**ACTION: Mr Parr**

In relation to section 2.4, it was agreed by the group that the last sentence in Section 2.4 did not need to include “which may necessitate further investigation” and therefore this phrase should be removed.

**ACTION: Mr Parr**

It was noted that as this Procedure was replacing an existing policy it would need to go to the Strategy and Delivery Committee for final approval.

**ACTION: Dr Pressley**

**EPSG 18/021      MANAGING ATTENDANCE AT WORK POLICY**

The Managing Attendance at Work Policy was presented to the group and Mrs Marsh explained major changes that had been made, with significant emphasis now placed on wellbeing as well as sickness management.

The intention was that all managers must be trained within two years of the policy going live and that training should be delivered in partnership. UHB representatives had been to a national ‘train the trainer’ session and the next step was for a session to be held for Human Resources, Trade Union Representatives and Occupational Health. Mr Hewin, Ms Marsh and Ms Bevan to look at dates for the end of 2018 and start of 2019.

**ACTION: Mrs Marsh/Mr Hewin/Mrs Bevan**

Ms Rowlands noted that the old sickness policy still being available on the Intranet even though it is no longer in use. Dr Pressley agreed to liaise with the Corporate Governance team to ensure it is removed from CAV Web/ Intranet.

**ACTION: Dr Pressley**

**EPSG 18/022      MENOPAUSE POLICY**

Mrs Bevan gave a brief overview of the work undertaken to develop an All Wales Menopause Policy. Dr Pressley said that the policy has not yet be approved but that when issued it will consist of a brief Policy with accompanying ‘how to’ guidance and advice.

**EPSG 18/023      ANY OTHER BUSINESS**

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

**EPSG 18/024      DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 9<sup>th</sup> January at 10.00 am, Board Room, Dental Hospital, UHW.

## **Employment Policy Sub Group**

### **Terms of Reference and Operating Arrangements**

#### **1. ROLE AND FUNCTION**

- 1.1 The Employment Policy Sub Group (EPSG) is established as the primary forum for the development and review of employment policies and other related Human Resources (HR) and Workforce and Organisational Development (WOD) procedures and other written control documents. These are referred to collectively within these terms of reference as “employment policies, procedures or other written control documents”.
- 1.2 The purpose of the EPSG is to:
- identify, understand and act upon changes in employment legislation, national policy and good employment practice
  - review existing employment policies, procedures and other written control documents and develop new ones as required, and to consider the implementation and communication of them and their impact on staff across the University Health Board (UHB).
  - ensure all employment policies and procedures are subject to an Equality and Health Impact Assessment.
  - ensure that appropriate engagement and consultation has taken place prior to recommending the approval of any employment policy, procedure or other written control document.
  - comment on NHS Wales policies and consider implementation issues as appropriate

#### **2. DELEGATED POWERS AND AUTHORITY**

- 2.1 The EPSG will :

- Act with the delegated authority of the LPF to establish partnership task and finish groups to carry out specific pieces of policy development work
- act with the delegated authority of the Strategy and Delivery Committee and approve employment procedures and other written control documents (not policies). Where the Group is unable to reach a consensus and approve a document the matter will be referred to the Local Partnership Forum and Strategy and Delivery Committee for further discussion and approval.

### **3. OPERATING ARRANGEMENTS**

#### **3.1 Membership of the EPSG will comprise of:**

##### **Management Representatives**

- Workforce Governance Manager (Co-Chair)
- Head Human Resources Operations/ Deputy Head Human Resources Operations
- 2 X Assistant Head of Workforce Organisational Development
- Assistant HR Manager
- 2 X Senior HR Officer

##### **Staff Representatives**

- Peter Hewin – BAOT/UNISON (Co-Chair)
- Matt Thomas - UNISON (Vice Chair, SS)
- Ceri Dolan - RCN
- Pauline Williams - RCN
- Ceri Bowen – UNITE
- Ffion Matthews- CSP
- Staff representative (vacant)
- Staff Representative (vacant)

#### **3.2 In attendance**

Standing invitations are issued to the following:

- Head of Workforce Governance
- Head of Corporate Risk and Governance
- Equality Manager
- Independent Member - Trade Union
- Chair of LNC

All staff representatives and other employees who have played a lead role in the development of a policy, procedure or other control document are invited to attend all EPSG meetings when that document is under consideration.

The EPSG Joint Chairs may invite any others from within or outside the organisation to attend all or part of a meeting to assist with its discussions on any particular matter

- 3.3 Deputies may attend in the absence of a member and it will be the member's responsibility to ensure that they are appropriately briefed and able to contribute to the decision-making process.
  - 3.4 The EPSG may establish sub-groups or task groups to perform time limited work to advise on specific matters.
  - 3.5 The Workforce Governance Manager will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.
  - 3.6 Administrative support will be provided by the Workforce and Organisational Development Function.
  - 3.7 Meetings will be held bi monthly to alternate with LPF but this may be changed to reflect the need of either staff or management representatives.
- Where joint chairs agree, extraordinary meetings may be scheduled with 7 calendar days notice.
- 3.8 There should be at least three management representatives and three staff representatives in attendance for the meeting to be quorate. If the meeting is not quorate no decisions can be made but information may be exchanged.
  - 3.9 The business of the meeting shall be restricted to matters pertaining to UHB employment policies, procedures and practices.
  - 3.10 The Co-Chairs can take action on behalf of the Group in urgent matters or where the meeting is not quorate. All actions taken by the Co-Chairs must be ratified at the next quorate Employment Policy Sub Group meeting.
  - 3.11 The minutes shall normally be distributed within 2 weeks of the meeting and no later than 7 days prior to the following meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.

#### **4. REPORTING AND ASSURANCE ARRANGEMENTS**

- 4.1 The EPSG shall:
  - report formally and on a timely basis to the LPF on the Group's activities;

- bring to the LPF's attention any policy development or amendment requiring specific discussion before final approval is given by Strategy and Delivery Committee.
- 
- bring to LPF's attention any procedural development or amendment where agreement cannot be reached, for further consideration and negotiation, before final approval is given by the Strategy and Delivery Committee

## **5. Review**

- 5.1 The EPSG will undertake an periodic review of its performance to ensure that it is properly carrying out its role and function and ensure that meetings are effective. This may include reviewing the Terms of Reference