

**Cardiff and Vale University Health Board –
Local Partnership Forum Meeting**

**Wednesday 13 June April 2018 at 10.00 am in the Corporate
Meeting Room, Headquarters, UHW**

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



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

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 13 June 2018 at 10.00 am in Board Room, HQ, UHW

PART 1: ITEMS FOR ACTION		
1. 10.00	Welcome and Introductions	Verbal Chair
2.	Apologies for Absence	Verbal Chair
3.	Declarations of Interest	Verbal Chair
4.	Minutes of the Local Partnership Forum meeting held on 25 April	Chair
5.	Action Log Review	
For Consultation / Negotiation :		
For Consideration:		
6. 10.10	Local Partnership Forum Time Out and Action Plan – review and evaluation	Co-Chairs
7. 10.20	Community Mental Health Services	Presentation – Director of Operations / Lead Staff Representative/HWOD
For Communication:		
8. 10.50	Chief Executive's Update Report	Verbal - Chief Executive
9. 11.05	Nursing Staffing Act	Presentation - Executive Director of Nursing
For Appraisal:		
10. 11.30	Finance Report	Executive Director of Finance
11. 11.40	Workforce and OD Key Performance Indicators	Executive Director of Workforce and OD
PART 2: ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE FORUM		
1	Patient Safety Quality and Experience report	
2	Performance Report	
3	Strategy and Planning Flash Report	
4 11.50	Any Other Business previously agreed with the co-Chairs	
5	Review of Meeting	Verbal - Chair
6 Close by 12 noon	Arrangements for next meeting: Wednesday 22 August 2018 at 10am, Rooms 2 & 4, 2 nd Floor, Cochrane Building (n.b. the room will be available for a staff representatives pre-meeting one hour before the main meeting)	

**Minutes from the Local Partnership Forum Meeting held on
Thursday 8 February 2018 at 10am in Seminar Room 5, 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)
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Janice Aspinall	RCN
Rebecca Christy	BDA
Karen Burke	UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Holly Vyse	CSP/ Staff Side Secretary
Chris Lewis	Deputy Director of Finance
Peter Welsh	Director of Corporate Governance/Senior Manager UHL
Abigail Harris	Executive Director of Strategic Planning
Len Richards	Chief Executive
Joanne Brandon	Director of Communications
Jason Roberts	Deputy Director of Nursing (part of meeting)
Peter Hewin	BAOT/UNISON
Dawn Ward	Independent Member – Trade Union
Joe Monks	UNISON
Steve Gaucci	UNISON
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Acting Assistant Director of OD

In attendance:

Nicola Bevan	Head of Employee Health and Wellbeing
Anna Kuczynska	Clinical Board Director, PCIC

Apologies:

Ceri Bowan	UNITE
Andrew Crook	Head of Workforce Governance
Dorothy Debrah	BDA
Bob Chadwick	Executive Director of Finance
Graham Shortland	Medical Director
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Ffion Mathews	SOC
Steve Curry	Chief Operating Officer

Secretariat:

Rachel Pressley	Workforce Governance Manager
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LPF18/017 WELCOME AND INTRODUCTIONS

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

LPF18/018 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/019 DECLARATIONS OF INTEREST

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

LPF18/020 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 8 February 2018 as an accurate record of the meeting.

LPF18/021 ACTION LOG REVIEW

The Local Partnership Forum **RECEIVED** and **NOTED** the Action Log.

LPF18/011 (IMTP Update): a link to the full IMTP had been sent to LPF members electronically on 17 April 2018

LPF 18/022 CHIEF EXECUTIVES REPORT

The Local Partnership Forum **RECEIVED** a verbal report from the Chief Executive.

Mr Richards stated that it was worth reflecting on performance over the previous year, particularly as it had been a difficult winter. He advised that the UHB was in an overall positive position, and had performed well when benchmarked against the rest of Wales. We had delivered the agreed RTT outturn, especially in Surgery and Paediatrics, and although A&E performance had dipped it had maintained a greater than 80% achievement over the year. However, he acknowledged that there was still room for improvement, especially for patients waiting more than 12 hours.

With regards to the financial position, the planned deficit of £30.9m for 2017/18 had been reduced to £26.9m. While this remained a large overspend, it was an improvement on a downwards trajectory and demonstrated determination. A planned deficit of £19.9m had been agreed with Welsh Government for this year. The underlying deficit had been reduced from £54m to £49m but this remained too high.

Some elements of the Canterbury Model had moved forward, and the Healthcare Pathways was in the procurement stage.

Discussions with Welsh Government remained challenging and the UHB was likely to stay in targeted intervention for some time. Monthly meetings were taking place to discuss variance to the plan and in particular the financial situation.

Mr Hewin noted that Mr Richards had specifically mentioned performance in Paediatrics, but suggested that while the target had been met due to the department 'pulling out all the stops', there was still a lot to do to make this sustainable. Mr Richards stated that while there had been a flurry of activity to get below the 36 week target, there had been fairly sustained improvements within children's services and the big achievement had been getting from below 52 weeks to 36 weeks. However, he agreed that all concerned wanted to achieve sustainable solutions.

Mr Monks stated that the pressure to cut costs was relentless and was a cause of stress for staff. He suggested that there should be periodic breaks from this pressure to help make it sustainable. Mr Richards explained that the key to this was significantly reducing the underlying deficit. He said that while it remained as high as £49m it demanded a day to day response, but that as it reduced to a manageable level there would be more choices available. This meant that this year would be as difficult as the previous year had been.

LPF18/023 TIME TO CHANGE CAMPAIGN

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Head of Employee Health and Wellbeing Services and UNISON Mental Health Champion/Lead Staff Representative for CD&T Clinical Board.

Mrs Bevan explained that the Time to Change Pledge had been signed by the UHB 5 years ago, but that it was being revisited and refreshed following on from the Corporate Health Standard assessment last year.

A Time to Change Sub Group of the Health and Wellbeing Steering Group had been established, which included managers, Mr Gaucci as staff representative, and individuals with lived in experience of mental ill health. An action plan had been approved with the aim of raising awareness and de-stigmatising mental health problems.

Mr Gaucci expressed pride in what had been achieved to date, and talked about the importance of tackling the causes of work place stress including overly close supervision, dignity at work issues and staffing levels.

Mr Monks supported these comments, stating that the issue of workplace stress had been raised with the Forum many times, and that stress was the biggest cause of sickness. He emphasised the importance of working together to make the workplace a happier place. Mrs Bevan advised that there were plans to review the stress risk assessment to make it more user friendly.

Mr Egan stated that the Time to Change work was good but that there was a long way to go to break down the stigma, particularly as many people believed that by admitting to stress they could damage their career prospects. He suggested that managers and supervisors should be supported to recognize the signs of stress before Occupational Health became involved, so that they would be more proactive rather than reactive.

LPF18/024 IMTP UPDATE

The Local Partnership Forum **RECEIVED** a verbal update from the Executive Director of Strategic Planning.

Mrs Harris stated that the latest version of the full IMTP had been taken to Board in March, but it had been acknowledged there that it was not approvable. Discussions were taking place with Welsh Government, but if it could not be approved the UHB would have a one year operational plan instead. Welsh Government had specifically asked the UHB to look at sustainability of performance, service and finances, including RTT and the underlying deficit.

Welsh Government had received a presentation on programmes taking place around efficiency/productivity and transformation over the next 1, 3 and 10 years. The feedback had been positive but they wanted to see what the impact of these programmes would be in terms of the workforce and the financial position. Mrs Harris emphasised that the financial position reported for April would be very important as it needed to show that the discipline of the previous months had been maintained.

Mr Hewin stated that the Trade Unions were particularly interested in service shape and the reduction of headcount through natural wastage, and asked how they could ensure they were involved in the discussions. Mrs Harris advised that this should be through the Clinical Board and the lead staff representatives. Mr Driscoll agreed, and stated that he supported appropriate and early consultation with the Trade Unions. Mrs Cassley reminded the Forum that there were a number of organisational enablers including the productivity groups and vacancy scrutiny process, but reflected on the importance of local conversations. She also suggested that the Workforce Partnership Group could be more heavily involved in these discussions.

Mr Monks suggested that those areas with a high turnover were generating unnecessary spend, and efforts should be made to understand why staff were not being retained.

LPF18/025 LOCAL PARTNESHIP FORUM WORKPLAN

The Local Partnership Forum **RECEIVED** and **NOTED** the proposed work plan for 2018/19.

It was noted that once agreed it would be taken to Board for approval

ACTION: Mr Welsh

Mr Welsh advised that the role of the Board and its Committees was being reviewed, and that discussion would be shared with LPF to ensure that the work plan reflected UHB strategy.

Dr Hopkins asked for the transformation work to be include twice a year.

The Local Partnership Forum **SUPPORTED** the proposed work plan subject to this amendment.

It was suggested that in the future it would be helpful to have a copy of the plan for the previous year, as well as the proposals for the next 12 months.

ACTION: Dr Pressley

LPF18/026 FINANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** a report detailing the financial position of the UHB for the period ended 28 February 2018.

Mr Lewis advised that the overspend had been reduced by £4m and that Welsh Government had agreed that this could be used against the 2018/19 bottom line. He reiterated that the biggest challenge was the underlying deficit and stated that in 2018/19 the UHB had to deliver more recurrent savings.

Mr Jones asked if any pay award is agreed would it be fully funded. Mr Lewis advised that he had been told to assume that anything above 1% would be funded.

Mr Jones also asked whether sick pay enhancements would be paid from 1 January 2018, when the 3 year changes to Terms and Conditions had come to an end, and whether they would come out of last year's budget or monies from 2018/19. Mr Lewis advised that provisions had been made for this at the end of the year, but he had been told that any costs going forward would be met by Welsh Government. Mr Driscoll advised the Forum that the UHB had

not been formally told to make any such payments or received any money for this purpose so no payments had been made to date.

(Dr Kuczynska enters the meeting)

Mr Egan reminded the Forum that payment of the Living Wage had been part of the 3 year deal, and asked whether the lowest paid staff would receive an uplift. He also advised that grievances had been submitted because non payment of enhancements was an unlawful deduction of wages. He suggested that if there was written confirmation that these payments would be made there would be no need for further grievances to be submitted. Mr Driscoll agreed that a speedy settlement was advantageous to everyone and assured the Forum that these comments were being passed on to Welsh Government. Mrs Cassley advised that the situation had been discussed by the All-Wales Workforce and OD Directors group the previous week and it had been agreed that the Health Boards were not in a position to take local action about the grievances at the current time.

Mr Richards stated that the Chief Executives and Welsh Government were keen to sit down with staff representatives and agree the next steps. He indicated that they had struggled to find a suitable date and asked staff representative members of the Forum to encourage their Trade Union colleagues to meet with them as soon as possible.

Mr Hewin understood that an initial meeting between Welsh Government and Trade Unions had been arranged for the following day. He had also seen a letter which had been issued by the Joint Chairs of the Welsh Partnership Forum on pay enhancements. Mr Richards and Mr Driscoll confirmed that neither of them had received such a letter, and it was agreed that Mr Driscoll and Mr Jones as Co-Chairs would follow this up.

ACTION: Mr Driscoll / Mr Jones

LPF18/027 EMERGING MODEL FOR PRIMARY CARE IN WALES & CARDIFF & VALE POSITION

The Local Partnership Forum **RECEIVED** a presentation from the Clinical Board Director, PCIC Clinical Board on the Emerging Vision for Primary Care & the NHS in Wales.

Key points from the presentation included:

- The aim was sustainability and stability, with the intention that if care could be delivered outside of hospital it should be.
- It had been identified that improvements in workforce planning, IT and infrastructure were needed to stabilize practices. Consideration was also being given to developing support units

- Examples of cluster working had been implemented e.g. collaboration with other organisations, specific cluster roles and awareness raising
(Mrs Walker joined the meeting)
- New roles, opportunities and recruitment and retention strategies were being used to motivate professionals to achieve the vision
- The model was business focused and recognised that it was necessary for the entire system
- Examples of new services, pathways and models were described as enabling clinical consistency, improving care and reducing resources
- To finish, Dr Kuczynska provided the Forum with examples of areas of good progress and areas which required further work

The Forum considered the presentation and the following points were noted:

- Mrs Gidman indicated that the Learning, Education and Development team could help with career pathways and possibly with obtaining commissioning money from WEDS.
- Mr Hewin stated that there were good examples of work within Occupational Therapy. Dr Kuczynska acknowledged that therapists were going to be hugely important to the success of the model and that there needed to be greater understanding of their role and involvement by them.
- Mr Richards stated that having a robust Primary Care service was essential for the delivery of *Shaping Our Future Wellbeing*
- Mrs Bevan indicated that there was a wellbeing service provided for GPs which was under utilised and which could help during this time of change

(Mr Roberts left the meeting)

LPF18/028 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Executive Director of Workforce and OD.

Mr Driscoll reported that there was a paybill underspend of £3m. However, there was a continued reliance on Bank and Agency workers which was very expensive and work was needed to start closing the establishment gap.

He advised that turnover was at around about 10% and indicated that we needed a better understanding of 'regrettable leavers', as opposed to retirees for example, as this would help us change the way we engaged with our workforce. Mr Monks suggested that exit interviews should be offered for internal moves as well as leavers.

LPF18/029 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Patient Safety, Quality and Experience Report.

LPF18/030 PERFORMANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Performance Report.

LPF18/031 STRATEGIC PLANNING FLASH REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the Strategic Planning Flash Report.

LPF18/032 ANY OTHER BUSINESS

1. Mr Egan referred to the severe weather which had been experienced and suggested that the Adverse Weather Procedure had been inadequate as the organisation had not been fully prepared and there had been governance issues (e.g. DBS checks) around volunteers. He stated that there had been inconsistencies between and within the Clinical Boards and that there had been no proper de-brief to ensure that lessons had been learnt. He indicated that staff representatives should be included in any de-brief discussions.

Mrs Harris advised that a de-brief was scheduled to take place and that Clinical Boards had been asked to come prepared with good and bad experiences to share. She expected the Clinical Boards to include staff representatives in this process. She acknowledged that the Internal Audit report on business continuity had shown that they were not ready and were reactive, and advised that the Business Continuity Plan would be updated if need be.

Mr Richards indicated that he had a very different view of the experience – he thought the response from staff and the public had been fantastic but acknowledged that there were always lessons to learn. He encouraged the Forum to talk about that time and the way staff had responded to the situation in a positive way.

2. Mrs Walker thanked all the staff who had been involved in implementing the Nurse Staffing Act. The implementation plan was going to Board in May, and an update would be provided to the Forum in June.

LPF18/033 REVIEW OF THE MEETING

The Local Partnership Forum thanked Dr Kuczynska for an interesting and informative presentation.

LPF18/034 DATE OF NEXT MEETING

The next meeting would take place on Wednesday 13 June at 10am in a venue to be confirmed. The room would be available for a staff representative pre-meeting from 9am.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF18/025	25 April 2018	LPF Work Programme	The Local Partnership Forum proposed work plan for 2018/19 to the Board	Mr Welsh	Complete
LPF18/025	25 April 2018	LPF Work Programme	A copy of the plan for the previous year, as well as the proposals for the next 12 months to be included next year	Dr Pressley	Noted for February 2019
LPF18/026	25 April 2018	Finance Report	Pay Enhancements – Mr Driscoll and Mr Jones as Co-Chairs to find out what had happened to the letter issued by the Joint Chairs of the Welsh Partnership Forum on pay enhancements	Mr Driscoll / Mr Jones	Copy of the letter obtained but not distributed as there were further changes – verbal update

REVIEW OF LOCAL PARTNERSHIP FORUM – ACTION PLAN	
Name of Meeting : Local Partnership Forum	Date of Meeting 13 June 2018
Executive Lead : Executive Director of Workforce and OD	
Author : Workforce Governance Manager, 47559	
Caring for People, Keeping People Well: This report underpins the Values elements of the Health Board's Strategy.	
Financial impact : not applicable	
Quality, Safety, Patient Experience impact: LPF is the formal mechanism for the UHB and staff organisations to work together to improve health services for our population.	
Health and Care Standard Number 7.1	
CRAF Reference Number not applicable	
Equality and Health Impact Assessment Completed: No	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Ensuring alignment with the Local Partnership Forum purpose as set out in the Terms of Reference

The Local Partnership Forum is asked to:

- REVIEW** the 2017/18 action plan and agree next steps

SITUATION

The Local Partnership Forum (LPF) is a Board Advisory Group and is the formal mechanism for the UHB and staff organisations to work together to improve health services for citizens served by the UHB through “a regular and timely process of consultation, negotiation and communication” (*UHB Standing Orders*).

BACKGROUND

On 4 April 2017 LPF members took part in a workshop with the aim of:

- Ensuring the LPF served its original purpose
- Agreeing priorities and key agenda items
- Making sure that the right groups discussed the right items

- Avoiding duplication

This was achieved though examining the purpose of the LPF as set out in the Terms of Reference, and discussing what was done well, what needed to be improved, how these improvements could be made, and whether any other groups or meetings had a role to play.

ASSESSMENT

Following the workshop the feedback from participants was collated and the following action plan was approved on 1 August 2018. The Local Partnership Forum is asked to review the plan and status update, and agree what further steps should be taken to ensure LPF continues to meet its purpose

ACTION	RATIONALE	Lead	Supported by:	Status (May 2018)
All members asked to fully commit	To ensure the right people are at the table as often as possible	All	n/a	Continual
Formalised agenda setting meetings	Workforce Governance Manager to join WODD/Chair of Staff Reps meeting approximately one month before each meeting To be reviewed after 2/3 meetings to ensure timing of meetings doesn't delay publication of papers	Co-Chairs	Workforce Governance Manager	Agendas have been agreed electronically.
Key issues to be brought to LPF in plenty of time	To enable consultation/engagement rather than discussion after the event (e.g. public health, service change)	Execs / staff reps	Workforce Governance Manager	Continual n.b. this is dependent on items being referred to co-chairs/secretariat in plenty of time
Agenda to be reframed in line with the 4 themes describing LPF purpose	To ensure we've got the balance of agenda items right To make it clear why items are being brought to LPF (e.g. for consultation, communication or noting)	Co-Chairs	Workforce Governance Manager	Complete Commenced June 2017

Papers to be published two weeks before LPF meeting (previously one week before)	To make sure everyone has enough time to read the reports – papers can then be taken as read and more time can be spent discussing the issues rather than receiving the information	Workforce Governance Manager	Report authors	Complete Commenced June 2017 (n.b. this is dependent on Board papers being published at least 2 weeks before LPF meetings)
Timed agendas to be provided for all members	To ensure enough time is allocated to all agenda items	Workforce Governance Manager	n/a	Complete Commenced June 2017
One page briefing to be published after each meeting	To improve communication and understanding of what the LPF is/does. To share key messages with all staff	Co-Chairs	Workforce Governance Manager	Complete Commenced June 2017
Develop 'partnership working' webpage	To improve communication and understanding of what the LPF is/does in an accessible, informal way.	Workforce Governance Manager	Staff Side Secretariat	Complete Initial suggestion was for a LPF webpage, but this already exists and is in same format as other Board/Committee pages. The TU/Staff organisation page has been updated and consideration is being given to extending this to include WPG/EPSC, Clinical Board LPFs and information about lead reps.

Referral of items to Workforce Partnership Group, EPSG and Clinical Board Partnership Forums as appropriate	To ensure LPF focuses on high level, strategic messages and that there is enough time to discuss each agenda item.	Co-Chairs	Workforce Governance Manager	Continual
Run similar 'time out' for Workforce Partnership Group Consider repeating for Clinical Board Partnership Forums	To re-invigorate WPG and CB Partnership Forums, ensure right people are invited and agenda items are appropriate etc. This will make the meetings more meaningful and enable LPF to focus on high level/strategic issues	Co-Chairs	Head of Workforce Governance	To be arranged. It was agreed that this should not be arranged until the at LPF and referral of items had become embedded first.
WPG Terms of Reference to be checked	To ensure still up to date and that they don't require formal review (n.b. LPF Terms of Reference were formally reviewed with the Partnership and Recognition Agreement in 2016)	Co-Chairs	Head of Workforce Governance	To be completed following/as part of the 'time out'
Clinical Board Partnership Forums to send minutes to WPG (standing agenda item, for noting)	To ensure infrastructure is joined up and working as it should. To improve communication between the various groups.	DOPs/Lead Reps	HWODs	Following approval of action plan CBs will be advised of this change and asked send their minutes to WPG from September 2017
Shared meetings with other Board Advisory	To avoid duplication (e.g. IMTP consultation)	Director of Corporate Governance	Committee Secretariats	as and when required

Groups etc. as required				
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FINANCE REPORT FOR THE PERIOD ENDED 30th APRIL 2018	
Name of Meeting : Local Partnership Forum	Date: 13 June 2018
Executive Lead : Executive Director of Finance	
Author : Deputy Director of Finance 02920 743555	
Caring for People, Keeping People Well: 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.	
Financial impact: The UHB draft financial position at the end of April 2018 is a deficit of £1.809m comprised of the following: <ul style="list-style-type: none"> • £0.151m adverse budget variance; • £1.658m planned deficit. 	
Quality, Safety, Patient Experience impact: This report details financial performance against the one year operational plan which supports improvements in quality, safety and patient / carer experience.	
Health and Care Standard Number 1	
CRAF Reference Number 6.7	
Equality Impact Assessment Completed: Not applicable	

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 1 position which is broadly on line with the profiled deficit within the draft operational plan.

The LPF is asked to:

- **NOTE** that the UHB has an unapproved draft one year operational plan that has a planned deficit of £19.900m for the year;
- **NOTE** the £1.809m deficit at month 1 which includes a planning deficit of £1.658m and budget overspends of £0.151m;
- **NOTE** the key concerns and actions being taken to manage risks.

SITUATION

The UHB's draft 2018/19 operational plan includes a £19.9m planned deficit. The UHB recorded a £1.809m deficit at the end of April which includes a planning deficit of £1.658m and budget overspends of £0.151m. The adverse variance against plan at month 1 is not considered material and is expected to be recovered in year.

The key challenges for the UHB in delivering the plan as the year unfolds are expected to be:

- Delivery of a 3% recurrent and a 1% non-recurrent savings target of £25.3m and £8.4m respectively;
- Identification of opportunities to deliver the £9.3m financial improvement target;
- Managing operational service pressures within current budgets;
- Managing down the underlying deficit.

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 has been shared with Welsh Government and in this context the UHB is operating on the planning assumption of a £19.9m deficit in 2018/19. 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	March Plan £m	Var £m	Notes
b/f underlying deficit	(49.0)	(49.0)	0.0	Reduction in FNC costs Reduction for RTT Reduction for RTT No income assumed
Non Recurrent Cost Improvement Plans	8.4	8.4	0.0	
Net allocation uplift (inc LTA inflation)	20.0	20.0	0.0	
Cost pressures	(33.3)	(31.1)	2.2	
Cost Pressures due to population growth	(4.5)	(3.5)	1.0	
Investments	(4.3)	(3.3)	1.0	
Recurrent cost improvement plans	25.3	25.3	0.0	
Additional funding assumed	15.5	0.0	(15.5)	
In year Financial Plan	27.2	15.9	(11.3)	
Planned Surplus/(Deficit)	(21.9)	(33.2)	(11.3)	
Planned c/f from 2017/18 (non recurrent)	0.0	4.0	4.0	17/18 under plan c/f assumed
Financial Improvement Target	0.0	9.3	9.3	
Revised Planned Surplus/(Deficit)	(21.9)	(19.9)	2.0	

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

Table 2: Performance against 3 year financial break even duty

	Actual / forecast year end position surplus /(deficit) £m	Rolling 3 year break even duty surplus /(deficit) £m	Pass 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	(19.900)	(75.996)	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 @ April 2018

Measure	Status report					Time period
	Apr-18	RAG rating		Latest Trend	Target	
Financial balance: remain within revenue resource limits	£1.809m deficit at month 1. £0.151m adverse variance against plan	R	●	é	2018/19 planned deficit £19.9m	M12 2018-19
Remain within capital resource limits.	The UHB had an approved capital resource limit of £36.099m at the end of April. Expenditure at the end of April was £0.568m against a plan of £0.570m.	G	●	↔	Approved planned expenditure £36.099m	M12 2018-19
Reduction in Underlying deficit	£45.9m assessed underlying deficit position at month 1	R	●	é	If 2018/19 plan achieved reduce underlying deficit to £39.6m	M12 2018-19
Delivery of recurrent 3% savings target	£16.244m identified at Month 1	R	●	é	£25.335m	M12 2018-19
Delivery of non recurrent 1% savings target	£4.174m identified at month 1	R	●	é	£8.445m	M12 2018-19
Delivery of financial improvement target	£2.100m identified at month 1	R	●	é	£9.3m	M12 2018-19
Creditor payments compliance 30 day Non NHS	92.4% in April	R	●	é	95% of invoices paid within 30 days	M12 2018-19
Remain within Cash Limit	The UHB currently has a forecast cash deficit of £28.791m. Cash management plans will be developed if Welsh Government cash support is not provided.	R	●	↔	To remain within Cash Limit	M12 2018-19
Maintain Positive Cash Balance	The UHB Cash balance was £2.305m at the end of April	G	●	↔	To Maintain Positive Cash Balance	Monthly

Month 1 Cumulative Financial Position

The UHB reported a deficit of £1.809m at month 1 as follows:

- £0.151m favourable budget management variance;
- £1.658m planned deficit.

The £0.151m adverse variance against plan primarily related to overspends against ward nursing budgets and under recovery against income targets.

The month 1 position excludes the financial impact of unidentified savings schemes and mitigating actions to deliver the financial improvement target, which will be profiled into the position later in the year if they remain unachieved.

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

Table 4: Summary Financial Position for the period ended 30th April 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	(106.470)	(106.052)	0.418	(106.470)	(106.052)	0.418	(1,310.507)	(1,310.507)	0.000
Pay	49.155	49.233	0.078	49.155	49.233	0.078	583.335	583.335	0.000
Non Pay	58.973	58.628	(0.345)	58.973	58.628	(0.345)	747.072	747.072	0.000
Variance to Draft Plan £m	1.658	1.809	0.150	1.658	1.809	0.150	19.900	19.900	0.000
Planned Deficit	(1.658)	0.000	1.658	(1.658)	0.000	1.658	(19.900)	0.000	19.900
Total £m	0.000	1.809	1.809	0.000	1.809	1.809	(0.000)	19.900	19.900

Income

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

Table 5: Income Variance @ April 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	(72.635)	(72.635)	0.000	(72.635)	(72.635)	0.000
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(1.615)	(1.615)	0.000
Accommodation & Catering	(0.219)	(0.191)	0.028	(0.219)	(0.191)	0.028
Education & Training	(3.105)	(3.082)	0.023	(3.105)	(3.082)	0.023
Injury Cost Recovery Scheme (CRU)	(0.214)	(0.214)	(0.000)	(0.214)	(0.214)	(0.000)
NHS Patient Related Income	(23.502)	(23.367)	0.135	(23.502)	(23.367)	0.135
Other Operating Income	(4.378)	(4.172)	0.206	(4.378)	(4.172)	0.206
Overseas Patient Income	(0.010)	(0.022)	(0.012)	(0.010)	(0.022)	(0.012)
Private Patient Income	(0.092)	(0.048)	0.044	(0.092)	(0.048)	0.044
Research & Development	(0.700)	(0.705)	(0.005)	(0.700)	(0.705)	(0.005)
Total £m	(106.470)	(106.052)	0.418	(106.470)	(106.052)	0.418

An in month deficit of £0.418m is reported against income budgets.

The two main adverse variances to note are:

- £0.135m variance on NHS patient related income primarily driven by the UHB LTA position, expanded on below.
- £0.206m variance on other operating income due to underperformance against activity targets in critical care and NICU. Whilst this is not considered to be recurrent in nature it will be reviewed in future months to confirm any trends.

LTA Provider Performance

The UHB receives circa £260m income from its contracts with WHSSC and LHBs. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information. The Month 1 ledger position is summarised in Table 6 and reflects the deterioration in the Aneurin Bevan position, driven by the FYE of a disinvestment action and continued under performance from

last financial year. The WHSSC position does not show a variance as this is managed predominantly at a Clinical Board level.

Table 6: Month 1 LTA Provider Performance

	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(16.183)	(16.183)	0.000
Aneurin Bevan	(2.394)	(2.294)	0.100
Other LHBs	(2.971)	(2.966)	0.005
	(21.547)	(21.442)	0.105

The admitted patient care activity trend per contract across the LHBs is set out below and highlights the change in Aneurin Bevan patient flows.

Table 6: FCE Activity Data from 2011/12 to 2017/18

	ALL FCE's						
All Organisations	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Abertawe Bro Morgannwg UHB	4,660	4,735	5,164	4,879	5,128	5,010	4,672
Aneurin Bevan LHB	23,703	22,088	20,562	18,421	18,014	17,052	16,991
Betsi Cadwaladr UHB	87	79	101	89	75	133	71
Cardiff and Vale UHB	172,309	174,792	175,045	171,569	174,298	172,627	169,241
Cwm Taf LHB	10,364	10,592	11,233	10,333	9,552	9,667	9,948
Hywel Dda LHB	3,160	3,003	3,152	3,063	3,252	3,078	3,066
NON WELSH	1,344	1,540	1,288	1,240	1,403	1,344	1,389
Powys Teaching LHB	850	926	848	757	882	861	773
Total FCE's	216,477	217,755	217,393	210,351	212,604	209,772	206,151
Total FCE's OOA 5 LHBs combined	42,737	41,344	40,959	37,453	36,828	35,668	35,450

Total FCE's		1%	0%	-3%	-2%	-3%	-5%
Total FCE's C&V		1%	2%	0%	1%	0%	-2%
Total FCE's OOA 5 LHBs combined		-3%	-4%	-12%	-14%	-17%	-17%

Pay

In total pay budgets are showing an adverse variance of £0.078m as reported in Table 7.

Table 7: Analysis of fixed and variable pay costs

	2017/18 Total Spend £m	2017/18 Month 0 to Month 0 £m	2018/19 Month 0 to Month 0 £m	2017/18 Month 1 £m	2018/19 Month 1 £m	2017/18 Cum. to Month 1 £m	2018/19 Cum. to Month 1 £m
Basic	515.377	0.000	0.000	41.732	42.605	41.732	42.605
Enhancements	24.533	0.000	0.000	1.772	2.116	1.772	2.116
Maternity	4.088	0.000	0.000	0.316	0.309	0.316	0.309
Protection	0.676	0.000	0.000	0.059	0.053	0.059	0.053
Total Fixed Pay	544.674	0.000	0.000	43.879	45.083	43.879	45.083
Agency (mainly registered Nursing)	8.767	0.000	0.000	0.805	0.944	0.805	0.944
Nursing Bank (mainly Nursing)	14.439	0.000	0.000	1.030	0.614	1.030	0.614
Internal locum (Medical & Dental)	4.306	0.000	0.000	0.368	0.411	0.368	0.411
External locum (Medical & Dental)	7.118	0.000	0.000	0.555	0.620	0.555	0.620
On Call	2.224	0.000	0.000	0.154	0.194	0.154	0.194
Overtime	5.758	0.000	0.000	0.488	0.897	0.488	0.897
WLI's & extra sessions (Medical)	5.111	0.000	0.000	0.214	0.470	0.214	0.470
Total Variable Pay	47.722	0.000	0.000	3.614	4.150	3.614	4.150
Total Pay	592.396	0.000	0.000	47.493	49.233	47.493	49.233
Pay Budget	594.938	0.000	0.000	47.733	49.155	47.733	49.155
Budget Variance (Fav)/Adv £m	(2.541)	0.000	0.000	(0.240)	0.078	(0.240)	0.078

The increase in 2018/19 pay levels is mainly due to the cost of the 2017/18 annual pay award which is not included in the April 2017/18 expenditure and additional overtime and enhancements paid in 2018/19.

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

Table 8: Analysis of pay expenditure by staff group @ April 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	1.911	1.813	(0.098)	1.911	1.813	(0.098)
Management, admin & clerical	5.653	5.684	0.031	5.653	5.684	0.031
Medical and Dental	12.667	12.749	0.082	12.667	12.749	0.082
Nursing (registered)	14.851	14.786	(0.065)	14.851	14.786	(0.065)
Nursing (unregistered)	3.977	4.288	0.310	3.977	4.288	0.310
Other staff groups	7.280	7.239	(0.040)	7.280	7.239	(0.040)
Scientific, prof & technical	2.816	2.674	(0.142)	2.816	2.674	(0.142)
Total £m	49.155	49.233	0.078	49.155	49.233	0.078

The key concern is within nursing budgets which in total are £0.245m overspend, mainly in medicine (£0.128m), mental health (£0.151m) and surgery (£0.144m). Whilst budget holders have mainly mitigated this by underspends elsewhere, increased management attention will be required to curtail nursing expenditure. This will be monitored by the Finance Committee and is included on its risk register. The in month overspend of £0.078m against pay budgets reflects a change from the trend of pay underspends reported in 2017/18 and is in part due to the re-establishment of pay budgets within Clinical Boards.

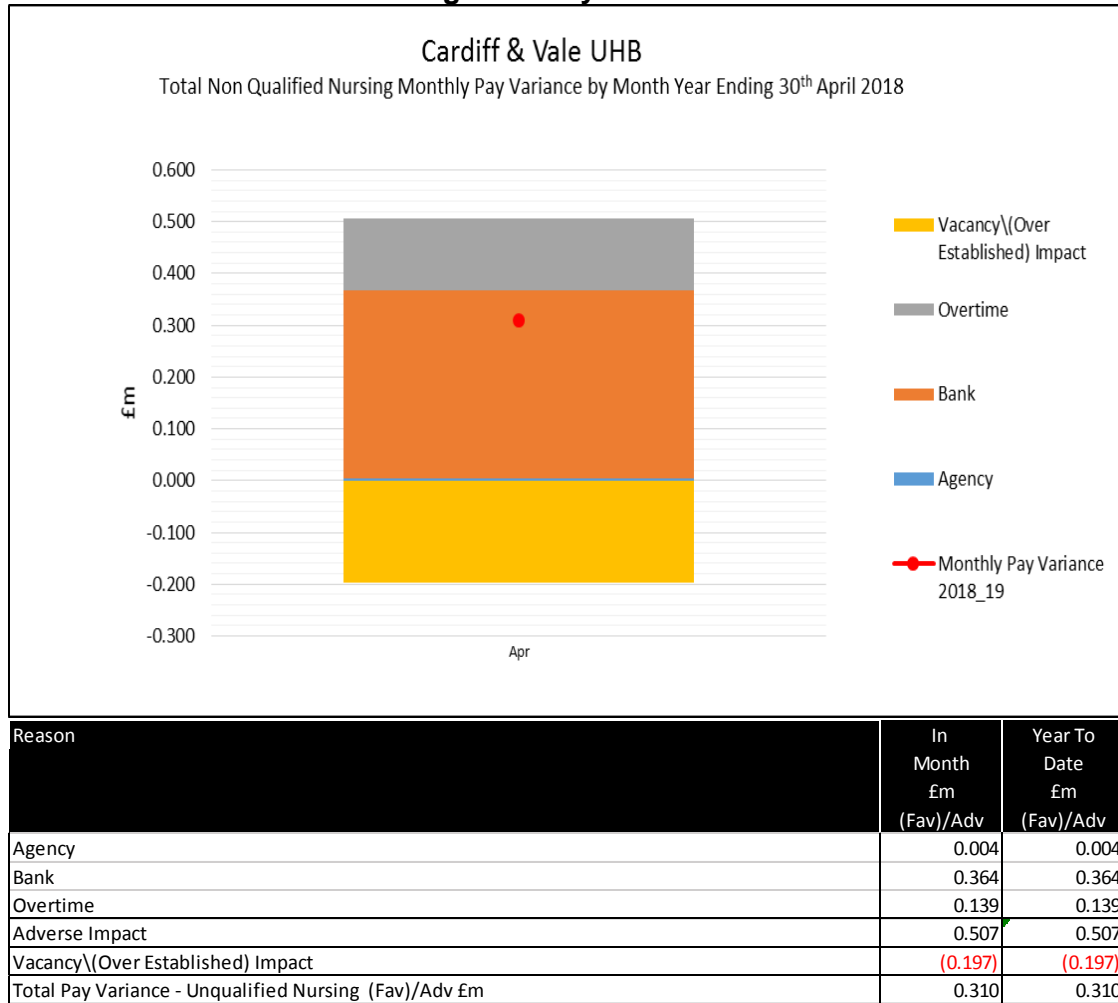
Table 9 – Non Qualified Nursing Staff Pay Variance

Table 9 indicates that the adverse variance against non-qualified nursing assistants is due to an overspend of £0.364m on bank staff which is partly offset by an underspend against established posts.

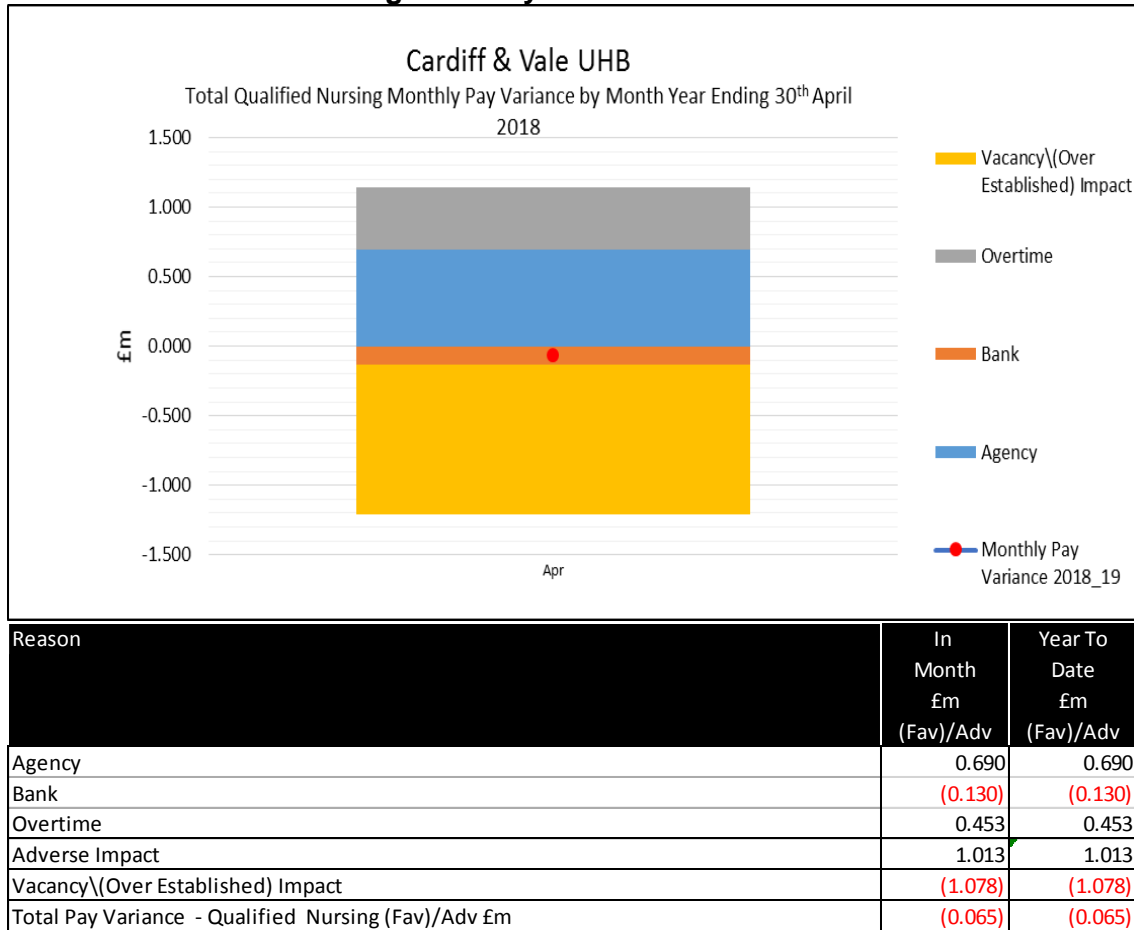
Table 10 - Qualified Nursing Staff Pay Variance

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

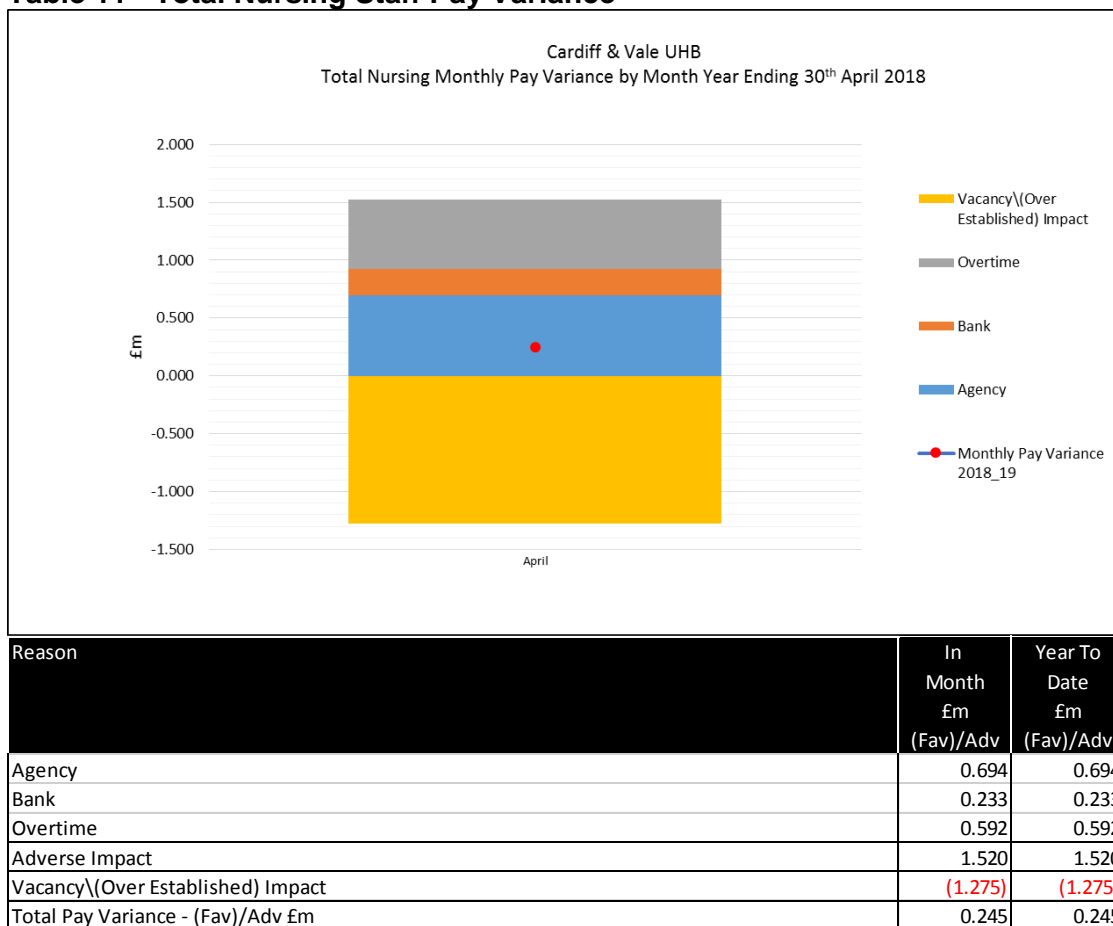
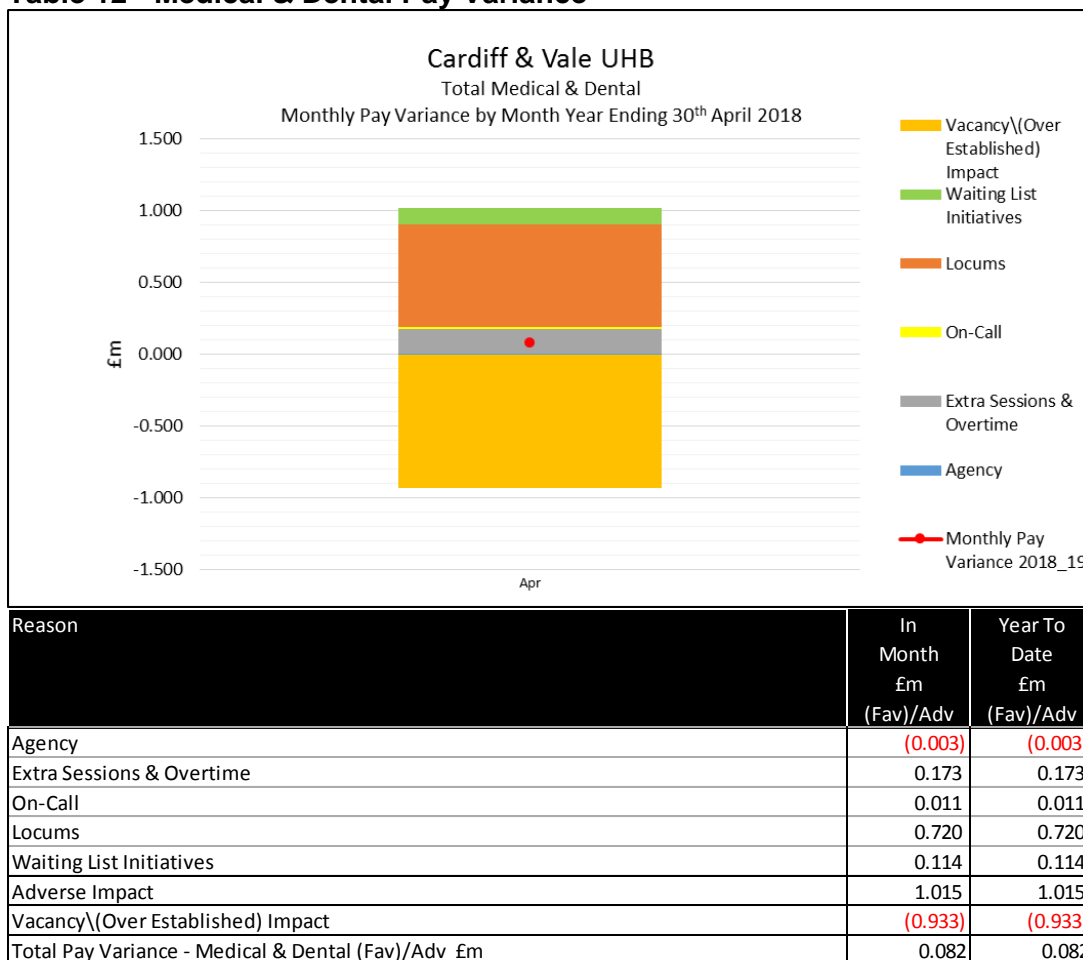
Table 11 - Total Nursing Staff Pay Variance

Table 11 identifies expenditure against substantive nursing posts for the year to date which is £0.245m more than budget. The £1.275m surplus against established posts is offset by a £1.520m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and it will feature 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 partially offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.082m at month 1.

Table 12 - Medical & Dental Pay Variance

The majority of the £0.082m overspend on Medical and Dental budgets is within the Women and Children (£0.078m) and CD&T (£0.068m) Clinical Boards.

Non Pay

Table 13 highlights a £0.345m favourable variance against non pay budgets with small underspends in a number of areas. These underspends in clinical services and supplies, commissioned services, establishment expenses and premises and fixed plant are offsetting pressures in income and pay.

Table 13: Non Pay Variance @ April 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	7.796	7.644	(0.152)	7.796	7.644	(0.152)
Commissioned Services	13.814	13.680	(0.135)	13.814	13.680	(0.135)
Continuing healthcare	5.080	5.125	0.045	5.080	5.125	0.045
Drugs / Prescribing	12.111	12.126	0.015	12.111	12.126	0.015
Establishment expenses	0.899	0.800	(0.099)	0.899	0.800	(0.099)
General supplies & services	0.657	0.658	0.001	0.657	0.658	0.001
Other non pay	4.073	4.136	0.062	4.073	4.136	0.062
Premises & fixed plant	3.297	3.213	(0.084)	3.297	3.213	(0.084)
Primary Care Contractors	11.244	11.246	0.002	11.244	11.246	0.002
Total £m	58.973	58.628	(0.345)	58.973	58.628	(0.345)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre and other LHBs. A favourable Month 1 variance on LTAs of £0.149m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

- underspend on the WHSSC ICP provision, although there are a number of recognised risks within the specialised commissioning plan that may present in-year;
- Lower than anticipated NICE cancer drugs expenditure with Velindre, although this is projected to growth through 2018/19;
- Continued under performance in ABMU recovered at an enhanced marginal rate.

Table 14: Month 1 LTA Commissioner Performance

	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	120.122	10.010	9.971	(0.039)
Velindre	16.257	1.255	1.199	(0.056)
ABMU	12.364	1.030	1.010	(0.020)
Other LHBs	8.483	0.712	0.678	(0.034)
	157.226	13.007	12.858	(0.149)

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 one month to 30th April 2018 by Clinical Board is shown in Table 15.

Table 15: Financial Performance for the period ended 30th April 2018

Clinical Board	M0 Budget Variance £m	M1 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.000	0.007	0.007	0.08%
Children & Women	0.000	0.070	0.070	0.86%
Capital Estates & Facilities	0.000	0.035	0.035	0.63%
Dental	0.000	(0.029)	(0.029)	(1.72%)
Executives	0.000	(0.051)	(0.051)	(1.64%)
Medicine	0.000	0.079	0.079	0.83%
Mental Health	0.000	0.036	0.036	0.60%
PCIC	0.000	(0.081)	(0.081)	(0.33%)
Specialist	0.000	(0.018)	(0.018)	(0.14%)
Surgery	0.000	0.148	0.148	1.42%
Central Budgets	0.000	(0.047)	(0.047)	(0.30%)
SubTotal	0.000	0.151	0.151	0.14%
Planned Deficit	0.000	1.658	1.658	1.56%
Total	0.000	1.810	1.810	1.70%

A number of Clinical Boards reported an overspend against budgets at month 1. The largest overspend was in Surgery where pressures against nursing budgets arose partly due to a 4 week delay in closing capacity due to Health Board bed pressures alongside additional specialising costs. The overspend in Children and Women is due to pressure in medical pay and the deficit in the Medicine is due to a continuation of the overspend on unregistered nursing.

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 1 reporting the UHB has identified £21.750m savings to deliver against the £33.780m savings target as summarised in Table 16 and as detailed in **Appendix 1**. This reflected the updated position at the time of reporting to Welsh Government.

Table 16: Progress against the 2018/19 Savings Programme at Month 1

	Total Savings Target £m	Total Savings Identified £m	Total Savings Unidentified £m
Total £m	33.780	21.750	12.030
Total identified Savings includes income generation schemes			

In addition £2.050m of the £9.266m Financial Improvement Target has been identified which leaves £7.216m to be unidentified.

If the £12.030m unidentified savings and £7.216m unidentified Financial Improvement Target were profiled into the reported position in 1/12ths, the Financial position at Month 1 would be £1.6m worse than reported.

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 £39.6m by the year end. This is shown in Table 17.

Table 17: Summary of Underlying Financial Position

	2018/19 Plan £m	Forecast Position @ Month 1	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	49.000	0.000	49.000
Income	(23.958)	4.000	(19.958)
Cost pressures less mitigating actions	37.904		37.904
Less CIPs (includes £1.799m income generation)	(33.780)	8.445	(25.335)
Unallocated Reserves (Positive Value)	(2.050)		(2.050)
Other mitigating actions required to deliver the financial improvement target	(7.216)	7.216	0.000
Deficit £m	19.900	19.661	39.561

Key points to note in the forecast underlying position are:

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

- The 1% non-recurrent savings target included in the plan of £8.445m;
- Of the £9.266m Financial Improvement Target, £2.050m has been identified through cost avoidance of Welsh Risk Pool costs (£0.550m) and curtailing spend on population growth (£1.5m) leaving £7.216m to find.

If no further progress was made against the recurrent CIP target, the UHB would have a carried forward underlying deficit of £45.9m being £39.6m identified in Table 17 and the shortfall on the FYE of recurrent savings schemes of £6.3m identified in Appendix 1.

Balance Sheet

The 2018/19 brought forward balances will be confirmed following the approval of the UHB's 2017/18 Accounts and the Balance Sheet will be reported at month 2

Cash Flow Forecast

The cash flow forecast will be reported in detail at month 2 following the approval of the UHB's 2017/18 Accounts. At the end of April 2018 the UHB had a forecast year end cash deficit of £28.791m. This consists of the anticipated deficit of £19.9m, £3.699m for 2017/18 year end revenue allocations not backed by cash and £5.192m of 2017/18 capital cash which was not drawn down last year. Cash management plans will be developed if Welsh Government cash support is not provided.

The UHB's cash balance at the end of April was £2.305m.

Public Sector Payment Compliance

Month 1 non-NHS Creditor payment compliance was 92.4% for April which is better than the 92.2% 2017/18 cumulative performance but below the 95% 30 day target. The poor month 1 position is partly due to a small backlog of invoices brought forward from 2017/18 following prioritisation of 2017/18 year end payments.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of April 2018 is summarised in Table 18.

Table 18: Progress against Capital Resource Limit @ April 2018

	£m
Planned Capital Expenditure at month 1	0.568
Actual net expenditure against CRL at month 1	0.570
Variance against planned Capital Expenditure at month	0.002

Capital progress to date is in line with the expected profile. The UHB had an approved capital resource limit of £36.099m at the end of April 2018 comprising of £12.974m discretionary funding and £23.125m towards specific projects (including £19.724m to complete the Neo Natal upgrading project.)

Financial Risks

The UHB's forecast year end position of a £19.900m deficit and the key risks to be managed in delivery of the plan are:

- Management of budget pressures;
- Deliver £25.3m recurrent CIP (3%);
- Deliver £8.4m non-recurrent CIP (1%);
- Delivery of £9.3m mitigating actions to deliver the financial improvement target.

Key Concerns And Recovery Actions

At month 1, 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 impact of any CRP shortfall will be reflected in the month 2 position. All budget holders are required to prioritise the identification and implementation of schemes as a matter of urgency to ensure a full savings plan is in place. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

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

Action – the UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the financial improvement target.

3. Concern - Managing within current budgets.

Action - 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 currently has a one year draft financial plan for 2018/19 which includes a financial improvement target of £9.3m to reach a planned deficit of

£19.9m. To deliver this the UHB will need to deliver £33.8m savings and identify mitigating actions of £9.3m to deliver the financial improvement target. At month 1, against these requirements the UHB has unidentified savings of £12.030m and unidentified mitigating actions of £7.2m. This is a key risk in the delivery of the financial plan and will remain an area of focus until this risk is managed.

A key aim of the UHB is to reduce its underlying deficit in order to move towards a sustainable financial position and secure IMTP approval in future years. The forecast year end underlying position at month 1 is a deficit of £39.6m and this is dependent upon finding further recurrent savings with a full year effect of £6.3m.

The reported financial position for the first month is a deficit of £1.809m. This is made up of a budget plan deficit of £1.658m and an adverse variance against plan of £0.151m.

Appendix 1

2018-19 Weekly Summary LIVE 2018-19 PYE

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	6,600	4,956	422	5,378	3.26	1,221	1,222
Surgery	4,714	3,332	502	3,834	3.25	1,789	880
Mental Health	2,940	1,423	526	1,949	2.65	520	991
CD&T	3,442	514	1,708	2,222	2.58	727	1,220
Specialist Services	4,038	1,898	620	2,518	2.49	995	1,520
Capital Estates and Facilities	2,580	839	617	1,456	2.26	268	1,124
Children & Women	3,550	761	1,160	1,921	2.16	950	1,629
Medicine	3,754	1,510	489	1,999	2.13	1,731	1,755
Dental	800	98	100	198	0.99	73	602
Corporate Execs	1,362	251	24	275	0.81	514	1,087
Transformation	0	0	0	0	0.00	0	0
Total	33,780	15,581	6,169	21,750	2.58	8,788	12,030

2018-19 Weekly Summary LIVE 2018-19 FYE

Clinical Board	3% Recurrent	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	4,950	4,619	122	4,741	2.87	208	209
Mental Health	2,205	896	446	1,342	1.83	520	863
CD&T	2,582	303	2,138	2,441	2.84	980	141
Surgery	3,536	2,504	505	3,009	2.55	3,020	527
Capital Estates and Facilities	1,935	409	1,420	1,829	2.84	465	106
Dental	600	63	0	63	0.32	88	537
Children & Women	2,663	542	1,246	1,788	2.02	1,463	874
Medicine	2,816	1,530	350	1,880	2.00	2,333	935
Specialist Services	3,029	1,219	395	1,614	1.60	1,280	1,415
Corporate Execs	1,022	251	36	287	0.84	508	735
Total	25,335	12,335	6,659	18,994	2.25	10,865	6,341

Workforce Key Performance Indicators April 2018

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	Comparison with Previous Month	2018-19 target	Notes
1. Sickness Absence Rate	5.07%	5.11%	4.56%	↑ 0.04%	4.60%	YTD is 12-month cumulative rate
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	4.88%	4.47%	↑ 0.01%		All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%	48.99%	48.99%	↓ 1.81%	85.00%	Compliance - a recorded job plan in ESR with a review having taken place within the last 12 months.
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.38%	6.38%	↑ 0.04%		Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	0.16%	0.16%	↑ 0.59%	Underspend	YTD is April-18 to current month, value shown is the amount of over/underspend as a % of budget
5. Variable Pay Rate	8.06%	8.43%	8.43%	↑ 0.37%	No target	YTD is April-18 to current month, value shown is variable pay as a % of pay bill
6. Establishment (Budget) WTE	13554.74		13656.97	↑ 102.23 WTE		
7. Actual (Contracted) WTE	12738.43		12774.81	↑ 36.39 WTE		
8. Fire Safety Mandatory Training Rate	65.32%	66.98%	66.98%	↑ 1.66%	85.00%	
9. PADR Rate	57.19%	58.66%	58.66%	↑ 1.47%	85.00%	

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> Nurse Recruitment: The April 2018 nurse vacancy rate at Band 5 was 13.16% (255 vacancies), up by 3.43% from April 2017. Turnover has risen by 0.31% over the same period to 12.34%. There has been a net decrease of 52 wte fewer in post, and 68 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. Medical Recruitment: As at end of April 2018 there are 27.00 WTE hard-to-fill vacancies, 5 WTE of which are consultant posts. This represents 1.92% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts. PADR: All managers/ reviewers now have the responsibility to record their staffs PADRs electronically via ESR. Enhanced reviewer training has recently taken place which provides reviewers/ line managers with an introduction to coaching and MBTI and how these are beneficial skills to use for the PADR. The document for recording PADRs has been updated and now incorporates the revised values and behaviours framework. A video has been developed to promote the benefits of an effective PADR which will be launched in May. 	<ul style="list-style-type: none"> Surgery: Stage 1 of the Theatre restructure is nearly complete. We have made an external appointment to the General Manager role and the successful candidates takes up post on 30/07/18. The 3 Theatre Managers take up post on 04/06/18. We have re-advertised the Deputy General Manager/Theatre Manager for UHL – the closing date is 22/05/18. Following the transition period the Clinical Board/Directorate will then be looking at the wider structure to ensure it is efficient, effective and sustainable. Surgery: The Clinical Board has met the requirements of the Nurse Staffing Act in that all Nursing establishments have been agreed and signed off. As part of this work our Ward Sisters/Managers have been made supervisory so that they have more capacity to coach, mentor and support staff on the ward environment. Surgery: The Clinical Board has presented a workforce plan that is sustainable and affordable, to date 47wte post have been disestablished as they have been vacant for some time and other posts have reduced as a result of organisational change/ward reconfiguration. The Clinical Board are continuing to look for opportunities to reduce the current budgeted workforce through further

	organisational changes, service redesign, role redesign, etc. Please be assured no staff have been adversely affected through this process.
<ul style="list-style-type: none"> • Statutory and Mandatory Training: Mandatory May (classroom based training) dates have been advertised and bookings being taken; 3 dates are being held in UHL and 12 in UHW. LED is continuing to work with subject matter experts to develop a targeted training needs analysis for mandatory training, which will be uploaded into ESR. As ESR self-service is fully deployed, over 300 managers have received training on how to view their compliance records and complete the e-learning modules as required. User guides are also currently being updated. • Staff Engagement: The All Wales Staff Survey will be launched on 11th June 2018 for 6 weeks. 100% of staff will be invited to complete the survey which will be accessible via a variety of options i.e. ESR self-service, personal invite via email, web link, request for paper, over telephone direct with Quality Health. A local communications plan is progressing which includes posters, bulletins and will be shared widely within the UHB. It is anticipated the results will be available early September. A Values board has been put up in the UHB main corridor and further information/ promotional packs are in the process of being distributed widely. Values based recruitment train the trainer took place in March, along with training for PCIC recruiting managers; feedback from PCIC managers that have used the process has been very positive. Further training dates have been set up and a roll-out plan for all Clinical Boards is being finalised. • Employee Assistance Programme: Following a review of the EAP activity it was identified that despite efforts to promote the service over the past 12 months very few staff were accessing this in comparison to the in house EWS. It was therefore agreed that the EAP provision would be stopped and that the EWS resource would be developed. 	<ul style="list-style-type: none"> • Surgery: The Peri-Operative Care Directorate are currently running a pulse survey in SSSU Ward to 'test the temperature' in relation to staff morale, pressure of work, etc. • Surgery: The number of formal employee relations cases have reduced to a more manageable level, we have experienced an increase over the last 12 months which is not the norm for the Clinical Board. • Surgery: Recruitment and retention continues to be a high priority for the Clinical Board, with monthly meetings held to monitor the position. • PCIC: Nominations have been received for the 3rd round of PCIC's local Recognition scheme. • PCIC: A facilitated discussion on alcohol and substance misuse took place as part of the North and West Locality meeting • PCIC: Lisa Dunsford commenced on 1 April 2018 as Director of Operations and Delivery to replace Sue Morgan who is on secondment as the National Director and Strategic Programme Lead for Primary and Community Care • CEF: Capital, Estates and Facilities Service Board have appointed a Band 4 to support and monitor sickness, PADR and Statutory and Mandatory compliance rates. The new postholder will focus initially on sickness compliance.

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

	Average WTE	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Dental												2.38%	2.73%	3.10%
Capital, Estates & Facilities												4.37%	4.20%	4.07%
Mental Health												5.55%	5.72%	5.60%
CDT												5.29%	5.64%	5.72%
Surgical Services												5.62%	5.92%	5.99%
Corporate												6.77%	6.51%	6.22%
Medicine												6.91%	7.02%	6.79%
Specialist Services												6.66%	6.96%	7.09%
Children & Women												7.04%	6.98%	7.40%
PCIC												10.22%	10.37%	10.37%
uHB												6.20%	6.34%	6.38%

Under 7%, Over 9%
7.0% - 9.0%

Note:

Turnover data in respect of junior medical staff in training has been excluded from these calculations, so the average WTE numbers also exclude this staff group. There are other areas (notably Dental) that are training centres where student turnover may skew the turnover rates.

6 & 7. uHB Staffing Position

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Change since March 18
Worked WTE	12947.34	12916.46	12980.06	12867.64	12893.14	12937.81	12896.59	12897.38	13038.92	12977.01	12997.31	13035.00	13049.31		-13049.31
Establishment WTE	13279.60	13294.15	13287.50	13375.98	13485.23	13520.24	13554.61	13519.36	13510.43	13517.18	13474.49	13514.62	13554.74	13656.97	102.23
Actual (Contracted) WTE	12667.96	12585.67	12551.70	12557.24	12591.86	12579.02	12710.07	12684.55	12771.19	12830.08	12800.43	12789.43	12738.43	12774.81	36.39

Note:

Currently an improvement would be a reduction in the worked WTE, as this is a calculated value and includes staff overtime and bank use; and an increase in contracted WTE, as this would demonstrate that vacancies are being filled. As can be seen above both the contracted and worked WTE are higher than those for March 2017

1. Sickness Rate (12- Month Cumulative)

	WTE	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
Corporate	686.46	2.59%	2.57%	2.52%	2.54%	2.51%	2.46%	2.48%	2.40%	2.42%	2.41%	2.55%	2.58%	2.71%	2.88%	> 0.5% Off Target
Dental	393.90	3.39%	3.91%	3.92%	3.84%	3.88%	3.82%	3.86%	3.81%	3.70%	3.64%	3.50%	3.49%	3.54%	3.77%	< 0.5% Off Target
CDT	2047.86	3.68%	3.72%	3.74%	3.73%	3.75%	3.77%	3.77%	3.80%	3.75%	3.81%	3.83%	3.86%	3.96%	4.09%	Below / On Target
Specialist Services	1655.96	4.12%	4.66%	4.62%	4.57%	4.48%	4.43%	4.45%	4.34%	4.28%	4.35%	4.40%	4.40%	4.52%	4.57%	
Children & Women	1680.67	4.30%	4.46%	4.47%	4.50%	4.40%	4.40%	4.47%	4.52%	4.49%	4.59%	4.66%	4.70%	4.74%	4.78%	
Surgical Services	1757.46	4.42%	4.75%	4.81%	4.81%	4.72%	4.78%	4.83%	4.85%	4.78%	4.89%	4.93%	4.96%	4.90%	4.91%	
PCIC	656.99	4.67%	5.24%	5.24%	5.10%	5.05%	5.05%	4.98%	4.94%	4.96%	5.15%	5.28%	5.38%	5.19%	5.18%	
Medicine	1601.56	5.16%	5.51%	5.50%	5.47%	5.49%	5.57%	5.62%	5.63%	5.49%	5.49%	5.53%	5.63%	5.75%	5.74%	
Mental Health	1233.65	6.09%	6.43%	6.45%	6.39%	6.35%	6.33%	6.34%	6.40%	6.56%	6.70%	6.84%	6.84%	6.81%	6.76%	
Capital, Estates & Facilities	1060.29	7.05%	7.14%	7.25%	7.18%	7.36%	7.56%	7.56%	7.61%	7.60%	7.83%	7.99%	7.96%	7.88%	7.83%	
uHB	12774.81	4.60%	4.88%	4.89%	4.86%	4.84%	4.86%	4.89%	4.89%	4.86%	4.94%	5.01%	5.04%	5.07%	5.11%	

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

	Headcount	% With No Recorded Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
PCIC	9	0.00%	66.67%	90.91%	100.00%	100.00%	90.91%	70.00%	70.00%	70.00%	70.00%	70.00%	77.78%	100.00%	100.00%
Dental	55	10.91%	1.72%	1.72%	30.51%	39.66%	38.60%	42.11%	73.68%	73.68%	76.79%	79.63%	77.78%	74.07%	70.91%
Surgical Services	188	1.60%	9.47%	10.53%	11.05%	10.47%	9.42%	8.95%	10.05%	11.64%	24.74%	23.94%	71.96%	71.28%	70.21%
Children & Women	108	3.70%	39.05%	42.45%	61.32%	67.92%	60.75%	62.96%	66.67%	66.04%	61.68%	57.41%	54.21%	53.27%	52.78%
Medicine	105	5.71%	14.71%	15.24%	15.24%	15.24%	28.85%	31.43%	43.40%	43.40%	41.12%	39.62%	44.23%	45.28%	42.86%
Specialist Services	116	4.31%	24.53%	26.17%	28.30%	42.06%	42.06%	38.53%	40.54%	38.39%	33.04%	33.63%	30.09%	32.74%	31.03%
CDT	62	0.00%	67.74%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%
Mental Health	49	10.20%	58.18%	61.11%	63.64%	58.49%	58.82%	55.10%	52.08%	43.75%	40.43%	35.42%	28.57%	22.45%	18.37%
Capital, Estates & Facilities															
Corporate															
uHB	692	4.19%	26.70%	27.99%	33.91%	34.54%	35.04%	34.59%	40.03%	39.22%	40.90%	39.71%	51.31%	50.80%	48.99%

Source - ESR

Under 75%
75% - 85%
Over 85%

Note:

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

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
PCIC	6	0.00%	77.78%	100.00%	100.00%	100.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dental	20	0.00%	5.00%	5.00%	52.38%	76.19%	76.19%	80.95%	90.48%	90.48%	95.24%	100.00%	95.24%	90.00%	85.00%
Surgical Services	181	1.10%	9.84%	10.93%	11.48%	10.87%	9.78%	9.29%	10.44%	12.09%	25.14%	24.31%	74.18%	73.48%	72.38%
Children & Women	89	3.37%	46.51%	50.57%	73.56%	76.74%	67.05%	69.66%	70.79%	70.11%	64.77%	60.23%	55.06%	56.18%	52.81%
Medicine	87	5.75%	16.67%	17.24%	17.05%	17.05%	33.33%	36.36%	50.56%	50.00%	47.19%	45.45%	51.16%	52.27%	49.43%
Specialist Services	105	3.81%	26.32%	28.13%	30.53%	45.83%	45.83%	41.84%	44.00%	43.00%	37.00%	37.62%	33.66%	34.31%	32.38%
Mental Health	30	16.67%	61.29%	63.33%	63.33%	61.29%	58.06%	53.33%	53.33%	46.67%	41.38%	36.67%	25.81%	16.67%	23.33%
CDT	62	0.00%	67.74%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%
Capital, Estates & Facilities															
Corporate															
uHB	580	3.28%	29.12%	30.42%	35.85%	36.32%	36.78%	36.68%	40.17%	39.69%	41.45%	40.31%	53.89%	53.02%	51.21%

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
PCIC	3	0.00%	50.00%	75.00%	100.00%	100.00%	100.00%	25.00%	25.00%	25.00%	25.00%	25.00%	33.33%	100.00%	100.00%
Dental	35	17.14%	0.00%	0.00%	18.42%	18.92%	16.67%	19.44%	63.89%	63.89%	65.71%	66.67%	66.67%	64.71%	62.86%
Children & Women	19	5.26%	5.26%	5.26%	5.26%	30.00%	31.58%	31.58%	47.37%	47.37%	47.37%	45.00%	50.00%	38.89%	52.63%
Specialist Services	11	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	0.00%	8.33%	8.33%	0.00%	18.18%	18.18%
Surgical Services	7	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.29%	0.00%	14.29%	14.29%	14.29%	14.29%	14.29%
Medicine	18	5.56%	5.56%	5.56%	5.88%	5.88%	5.88%	5.88%	5.88%	11.11%	11.11%	11.11%	11.11%	11.11%	11.11%
Mental Health	19	0.00%	54.17%	58.33%	64.00%	54.55%	60.00%	57.89%	50.00%	38.89%	38.89%	33.33%	33.33%	31.58%	10.53%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	112	8.93%	15.45%	16.53%	24.79%	26.27%	26.32%	23.89%	39.29%	36.84%	38.05%	36.61%	37.61%	39.09%	37.50%

5. Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Dental	562			71.61%	73.16%	74.67%	80.81%	85.34%	87.59%	87.92%	88.84%	88.94%	89.21%	88.70%
Corporate	797			67.11%	68.72%	71.04%	72.00%	75.06%	78.00%	78.51%	79.37%	81.03%	81.46%	81.93%
Children & Women	2360			60.56%	61.95%	64.55%	64.92%	66.32%	70.53%	71.65%	73.94%	76.33%	77.07%	80.78%
CDT	2103			73.42%	75.65%	77.57%	78.91%	79.80%	80.33%	80.10%	80.28%	80.51%	80.18%	79.03%
PCIC	902			61.23%	61.48%	63.37%	65.89%	69.20%	71.52%	72.24%	71.99%	73.24%	74.12%	75.92%
Mental Health	1412			56.95%	58.24%	59.53%	61.02%	61.32%	63.14%	64.06%	66.31%	68.33%	69.59%	72.29%
Specialist Services	1836			59.22%	60.07%	61.54%	60.99%	62.72%	64.96%	65.56%	67.09%	68.25%	68.44%	69.14%
Medicine	1827			49.74%	49.43%	50.98%	52.76%	55.85%	60.93%	62.65%	65.63%	67.46%	67.52%	68.71%
Surgical Services	2001			49.25%	50.52%	52.27%	53.02%	55.04%	57.32%	59.49%	59.81%	60.27%	61.21%	62.71%
Capital, Estates & Facilities	1230			52.24%	54.64%	55.72%	57.17%	58.31%	60.15%	63.58%	64.30%	66.43%	65.04%	62.42%
uHB	150300			59.30%	60.56%	62.36%	63.55%	65.43%	68.00%	69.14%	70.41%	71.73%	72.04%	73.01%

Under 75%
75% - 85%
Over 85%

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

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Equality	150300			68.63%	69.33%	70.46%	70.93%	72.01%	74.01%	75.26%	75.78%	76.54%	76.81%	77.83%
Fire	150300			48.85%	50.87%	52.99%	54.16%	57.47%	60.63%	61.57%	63.37%	64.74%	65.32%	66.98%
Health & Safety	150300			69.52%	70.53%	72.31%	73.35%	74.64%	76.75%	78.01%	78.81%	79.67%	80.22%	80.56%
IPC	150300			71.11%	71.64%	73.39%	74.14%	75.17%	76.97%	78.17%	78.87%	79.48%	79.82%	80.50%
Information Governance	150300			57.59%	59.77%	62.94%	64.60%	67.08%	69.77%	70.54%	71.16%	71.45%	70.69%	70.33%
Manual Handling	150300			61.82%	62.36%	62.95%	63.55%	64.77%	66.76%	67.63%	67.43%	69.15%	69.13%	69.13%
Resuscitation	150300			28.54%	30.13%	32.47%	35.58%	40.28%	44.46%	45.46%	50.67%	53.91%	53.87%	56.81%
Safeguarding Adults	150300			61.68%	63.37%	65.20%	66.23%	67.20%	69.61%	71.11%	72.11%	73.59%	74.39%	75.62%
Safeguarding Children	150300			62.66%	63.84%	65.37%	66.34%	67.57%	70.48%	71.70%	72.67%	73.91%	74.52%	75.50%
Violence & Aggression	150300			62.64%	63.75%	65.49%	66.62%	68.11%	70.56%	71.97%	73.27%	74.81%	75.58%	76.79%

Under 75%
75% - 85%
Over 85%

Learning compliance data was migrated from the Learning@NHS Wales system into ESR between March and June 2017, as a part of the transition to the use of ESR as the recording database for learning compliance, which was why no compliance data was available. Staff compliance is now directly recorded in ESR as soon as statutory or mandatory e-learning is undertaken.

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 won't be extended to incorporate the longer list until April 2018.

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

	Budget	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	April-18 to Date (£)
PCIC	£31,776,011	-4.34%	-3.56%	-3.24%	-2.75%	-3.07%	-3.13%	-2.99%	-2.85%	-2.57%	-2.67%	-2.68%	-2.02%	-4.27%	-£112,899
Dental	£16,992,555	-0.37%	-0.23%	0.21%	0.32%	0.12%	-0.15%	0.09%	0.04%	0.08%	0.06%	0.17%	0.10%	-3.13%	-£44,553
Specialist Services	£84,207,669	-0.84%	-1.40%	-1.49%	-1.25%	-0.90%	-0.83%	-0.93%	-0.85%	-0.97%	-0.94%	-0.79%	-0.89%	-1.87%	-£131,240
CDT	£81,987,487	-0.01%	-0.12%	-0.16%	-0.13%	-0.40%	-0.66%	-0.73%	-0.71%	-0.44%	-0.46%	-0.48%	-0.40%	-0.29%	-£19,789
Children & Women	£78,330,148	-0.65%	-0.36%	-0.29%	-0.31%	-0.13%	-0.06%	0.15%	0.40%	0.55%	0.45%	0.49%	0.50%	0.37%	£24,229
Surgical Services	£90,927,699	-0.98%	-1.14%	-1.56%	-1.64%	-1.38%	-1.47%	-1.42%	-1.36%	-1.56%	-1.88%	-1.90%	-1.78%	1.08%	£83,981
Corporate	£30,421,782	-1.25%	-1.28%	-0.63%	-3.36%	-0.42%	-1.07%	-0.97%	-0.90%	-0.95%	-0.91%	-0.89%	-1.58%	1.25%	£32,027
Medicine	£79,164,932	2.69%	2.19%	2.14%	2.18%	2.12%	2.15%	2.04%	2.14%	1.97%	1.88%	1.79%	1.76%	1.64%	£113,582
Mental Health	£50,813,728	-0.74%	-0.93%	-0.58%	-0.77%	-0.64%	-0.60%	-0.51%	-0.69%	-0.81%	-0.94%	-1.02%	-0.86%	1.68%	£71,539
Capital, Estates & Facilities	£28,395,275	-4.66%	-3.26%	-1.39%	-0.29%	0.28%	0.27%	-0.08%	-0.22%	-0.26%	-0.11%	-0.22%	0.04%	2.51%	£57,364
uHB	£583,455,771	-0.50%	-0.60%	-0.51%	-0.55%	-0.30%	-0.41%	-0.40%	-0.34%	-0.35%	-0.44%	-0.44%	-0.43%	0.16%	£77,707

Over Budget
Under Budget

Note:

The pay budget for April 2018 was £49,155,175 and the pay bill was £49,232,882. This represents an overspend of £77,707. 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	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	No Target
Dental	£16,992,555	1.98%	1.82%	2.00%	2.17%	2.51%	2.46%	2.45%	2.51%	2.47%	2.56%	2.75%	2.84%	2.32%	
Corporate	£30,421,782	1.95%	2.37%	2.39%	2.15%	2.38%	2.74%	2.69%	2.67%	2.60%	2.53%	2.52%	2.53%	2.84%	
PCIC	£31,776,011	2.85%	3.74%	4.28%	4.34%	4.65%	4.40%	4.21%	3.65%	3.75%	3.79%	3.88%	3.98%	3.23%	
Children & Women	£78,330,148	4.13%	4.49%	4.60%	4.44%	4.39%	4.59%	4.63%	4.73%	4.69%	4.64%	4.68%	5.04%	4.41%	
CDT	£81,987,487	4.21%	4.66%	4.84%	4.79%	4.72%	4.65%	4.55%	4.54%	4.51%	4.56%	4.71%	5.00%	5.30%	
Capital, Estates & Facilities	£28,395,275	6.85%	5.48%	5.88%	5.54%	5.75%	5.57%	5.40%	5.27%	5.10%	5.28%	5.25%	5.50%	5.49%	
Specialist Services	£84,207,669	5.87%	7.28%	7.30%	7.40%	7.52%	7.58%	7.47%	7.53%	7.46%	7.47%	7.54%	7.98%	7.73%	
Surgical Services	£90,927,699	8.91%	8.89%	8.79%	8.87%	8.96%	9.01%	8.99%	8.99%	8.87%	8.91%	9.13%	9.43%	9.58%	
Mental Health	£50,813,728	10.11%	9.86%	9.64%	9.50%	9.57%	9.78%	10.10%	10.16%	10.16%	10.21%	10.30%	10.55%	10.56%	
Medicine	£79,164,932	17.45%	16.83%	15.51%	15.85%	16.01%	15.93%	15.85%	16.13%	16.05%	16.09%	16.22%	16.60%	18.90%	
uHB	£583,455,771	7.61%	7.79%	7.65%	7.67%	7.76%	7.78%	7.75%	7.72%	7.66%	7.70%	7.81%	8.06%	8.43%	

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

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
PCIC	830	73.27%	71.07%	73.98%	73.97%		73.85%	78.16%	80.95%	77.91%	75.90%	74.22%	68.60%	71.20%	Under 75%
Dental	458	81.01%	69.69%	66.60%	70.11%		50.00%	55.11%	66.96%	68.94%	71.05%	70.11%	66.81%	68.12%	75% - 85%
Specialist Services	1713	68.16%	64.23%	64.54%	66.49%		61.01%	61.45%	68.43%	66.21%	65.57%	65.40%	62.46%	63.28%	Over 85%
CDT	1887	71.71%	69.15%	69.04%	68.65%		65.77%	64.97%	65.64%	63.96%	63.24%	60.92%	56.19%	63.27%	
Medicine	1715	54.60%	52.87%	53.83%	54.78%		49.37%	47.76%	58.39%	58.94%	62.79%	62.92%	57.85%	60.00%	
Mental Health	1354	56.40%	52.10%	50.47%	51.81%		48.07%	50.15%	52.27%	49.21%	50.04%	49.70%	50.80%	57.53%	
Children & Women	2321	63.97%	60.92%	60.30%	59.31%		51.44%	54.90%	64.43%	64.32%	66.58%	67.64%	60.74%	55.79%	
Capital, Estates & Facilities	1202	59.68%	42.68%	29.98%	22.94%		22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	
Corporate	768	64.15%	60.35%	59.78%	58.00%		55.31%	56.48%	57.29%	57.41%	57.16%	53.40%	52.56%	52.21%	
Surgical Services	1795	49.24%	47.08%	46.51%	49.63%		49.70%	49.15%	57.83%	55.68%	53.20%	51.39%	48.07%	50.31%	
uHB	14043	62.81%	58.34%	57.12%	57.18%		53.15%	54.12%	60.03%	60.32%	61.14%	59.40%	57.19%	58.66%	

Note:

There was no combined PADR and medical appraisal rate for August 2017, due to complications with an upgrade to the Medical Appraisal Recording System (MARS).

9a. Medical Appraisal Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-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%	Under 75%
PCIC	8	63.64%	72.73%	90.91%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75% - 85%
CDT	72	88.73%	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	84.72%	86.11%	Over 85%
Surgical Services	224	81.50%	81.82%	81.90%	83.19%		80.44%	79.65%	81.61%	81.17%	79.28%	78.73%	78.03%	78.57%	
Mental Health	60	81.25%	80.30%	81.82%	78.13%		73.77%	73.02%	73.77%	73.77%	73.33%	75.41%	75.00%	78.33%	
Specialist Services	159	72.19%	74.83%	73.86%	75.66%		70.51%	70.70%	73.46%	73.29%	75.32%	76.28%	76.58%	76.10%	
Children & Women	148	61.07%	62.42%	83.33%	89.47%		79.31%	79.66%	83.48%	82.50%	84.17%	79.69%	71.23%	68.92%	
Medicine	162	63.87%	66.88%	70.13%	73.03%		67.74%	66.46%	69.43%	70.20%	71.52%	71.05%	67.90%	67.90%	
Dental	48	73.91%	76.09%	67.35%	72.92%		72.92%	72.92%	72.92%	71.43%	65.96%	63.83%	65.22%	62.50%	
Capital, Estates & Facilities															
uHB	882	73.26%	75.06%	78.75%	80.86%		76.01%	75.70%	77.86%	77.71%	77.65%	76.83%	74.66%	74.49%	

9a i. Consultant Medical Appraisal Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-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%	Under 75%
PCIC	6	71.43%	71.43%	85.71%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75% - 85%
Mental Health	33	88.89%	91.67%	91.67%	86.84%		85.71%	88.57%	87.88%	87.88%	81.25%	84.38%	81.82%	87.88%	Over 85%
CDT	71	88.73%	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	85.92%	87.32%	
Surgical Services	190	88.89%	90.53%	90.05%	89.06%		87.56%	86.53%	88.48%	87.89%	85.26%	85.11%	85.19%	86.32%	
Medicine	97	77.08%	78.35%	80.61%	83.51%		82.47%	82.47%	87.63%	86.60%	85.57%	84.38%	85.57%	85.57%	
Specialist Services	118	81.65%	82.73%	82.73%	82.73%		81.43%	82.30%	84.35%	84.21%	85.09%	83.33%	82.20%	84.75%	
Children & Women	93	78.26%	80.22%	85.88%	90.59%		82.35%	83.53%	86.75%	87.88%	91.67%	87.50%	81.72%	77.42%	
Dental	37	78.95%	81.58%	75.00%	80.00%		80.00%	80.00%	80.00%	82.05%	75.68%	72.97%	72.97%	72.97%	
Capital, Estates & Facilities															
uHB	646	83.57%	85.45%	86.30%	87.13%		84.53%	84.87%	86.99%	86.81%	85.78%	84.52%	83.57%	84.21%	

9a ii. SAS Medical Appraisal Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
PCIC	2	66.67%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Under 75%
Children & Women	18	70.59%	72.22%	88.24%	94.12%		88.24%	88.24%	88.24%	88.24%	82.35%	82.35%	88.89%	88.89%	75% - 85%
Surgical Services	5	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	80.00%	Over 85%
Mental Health	21	82.61%	75.00%	79.17%	71.43%		70.00%	70.00%	75.00%	70.00%	75.00%	76.19%	76.19%	76.19%	
Medicine	18	76.47%	82.35%	82.35%	82.35%		82.35%	82.35%	82.35%	82.35%	82.35%	82.35%	77.78%	72.22%	
Specialist Services	11	72.73%	72.73%	63.64%	72.73%		63.64%	63.64%	66.67%	66.67%	66.67%	75.00%	72.73%	63.64%	
Dental	11	50.00%	50.00%	33.33%	37.50%		37.50%	37.50%	37.50%	30.00%	30.00%	30.00%	33.33%	27.27%	
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	86	75.00%	75.58%	76.74%	78.05%		75.31%	75.31%	76.83%	73.81%	73.81%	75.00%	75.00%	70.93%	

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
Specialist Services	28	40.74%	46.15%	46.43%	51.85%		36.67%	36.67%	40.63%	40.63%	43.33%	51.85%	51.85%	42.86%	Under 75%
Medicine	26	50.00%	52.38%	54.55%	52.38%		30.43%	28.00%	24.00%	25.00%	37.50%	40.00%	38.46%	42.31%	75% - 85%
Surgical Services	24	33.33%	32.26%	35.48%	46.67%		20.83%	24.00%	25.00%	25.00%	25.00%	28.57%	29.17%	29.17%	Over 85%
Children & Women	21	20.00%	19.23%	50.00%	62.50%		55.56%	66.67%	77.78%	66.67%	72.73%	53.85%	28.57%	28.57%	
Capital, Estates & Facilities															
CDT															
Corporate															
Dental															
Mental Health															
PCIC															
uHB	99	35.58%	36.54%	44.94%	51.16%		32.56%	33.71%	35.56%	35.87%	40.45%	43.02%	37.76%	36.36%	

9a iv. Other Medical Appraisal Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
Specialist Services	2	25.00%	50.00%	50.00%	50.00%		0.00%	0.00%	33.33%	33.37%	50.00%	50.00%	100.00%	100.00%	Under 75%
Children & Women	16	13.33%	14.29%	75.00%	100.00%		40.00%	28.57%	33.33%	33.33%	25.00%	33.33%	42.86%	50.00%	75% - 85%
Mental Health	6	20.00%	33.33%	33.33%	40.00%		16.67%	12.50%	12.50%	25.00%	37.50%	37.50%	33.33%	33.33%	Over 85%
Surgical Services	5	66.67%	40.00%	40.00%	60.00%		66.67%	66.67%	66.67%	75.00%	100.00%	100.00%	40.00%	20.00%	
Medicine	21	5.00%	10.53%	17.65%	29.41%		22.22%	21.05%	22.22%	15.38%	15.38%	13.33%	14.29%	14.29%	
CDT	1												0.00%	0.00%	
Capital, Estates & Facilities															
Corporate															
Dental															
PCIC		0.00%	0.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	0.00%			
uHB	51	14.58%	20.41%	35.14%	47.22%		28.57%	24.39%	28.21%	31.43%	34.29%	32.43%	30.61%	31.37%	

9b. Non-Medical PADR Rate

	Headcount	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
PCIC	822	73.70%	71.00%	73.22%	72.89%	72.92%	73.54%	77.90%	80.72%	77.64%	75.61%	73.97%	68.31%	70.92%
Dental	410	82.63%	68.24%	66.43%	69.45%	68.10%	47.80%	53.40%	66.25%	68.64%	71.64%	70.83%	66.99%	68.78%
CDT	1815	71.23%	68.49%	68.35%	68.01%	67.74%	65.09%	64.21%	64.86%	63.15%	62.44%	60.11%	55.28%	62.37%
Specialist Services	1554	67.87%	63.47%	63.87%	65.83%	66.71%	60.14%	60.60%	67.88%	65.47%	64.57%	64.26%	61.04%	61.97%
Medicine	1553	53.99%	51.91%	52.72%	53.52%	53.25%	47.67%	46.01%	57.24%	57.85%	61.94%	62.23%	56.83%	59.18%
Mental Health	1294	55.22%	50.75%	49.02%	50.63%	49.22%	46.88%	49.04%	51.19%	48.03%	48.92%	48.46%	49.69%	56.57%
Children & Women	2173	64.14%	60.83%	58.94%	57.55%	57.13%	49.77%	53.38%	63.15%	63.11%	65.43%	66.81%	59.91%	54.90%
Capital, Estates & Facilities	1202	59.68%	42.68%	29.98%	22.94%	21.20%	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%
Corporate	767	64.06%	60.25%	59.68%	57.97%	59.50%	55.26%	56.43%	57.24%	57.36%	57.11%	53.34%	52.50%	52.15%
Surgical Services	1571	45.38%	42.95%	42.26%	45.59%	49.44%	45.87%	45.39%	54.43%	52.13%	49.52%	47.43%	43.94%	46.28%
uHB	13161	62.19%	57.37%	55.86%	55.82%	56.04%	51.77%	52.80%	58.85%	59.21%	60.09%	59.40%	56.06%	57.60%

Under 75%
75% - 85%
Over 85%

663.4932015
271.625
1177.297297
1054.912779
888.9086057
662.4427984
1372.220991
364.8751034
438.9935401
855.0757381
7745.090206

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT	
Name of Meeting : Board Meeting	Date of Meeting : 31.05.18
Executive Lead : Executive Nurse Director	
Author : Assistant Director Patient Safety and Quality - 029 2184 6117 Assistant Director Patient Experience - 029 2184 6108	
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" elements of the Health Board's Strategy.	
Financial impact: There are significant potential financial implications associated with this work in relation to clinical negligence claims.	
Quality, Safety, Patient Experience impact: The work outlined within this paper reflects the significant activity taking place to improve patient safety and experience leading to improved quality and care outcomes for patients.	
Health and Care Standard Number 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 6.3	
CRAF Reference Number 5.1, 5.1.5, 5.6, 5.7	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

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.

The Board is asked to:

- **CONSIDER** the content of this report.
- **NOTE** the areas of current concern and **AGREE** that the current actions being taken are sufficient.

SITUATION

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from March to end of April 2018.

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

There are two of areas that remain of concern and a continued focus for patient safety quality and experience.

Never Events – another Never Event has been reported by the Dental Clinical Board. While we recognise that these types of Never Events are the most commonly reported type in the UK, this is of concern due to the fact that there has been a cluster of such incidents. The Patient Safety team will be working with the Clinical Board to consider the introduction of a Local Safety Standard for Invasive procedures (LocSIPP) – this is a new toolkit that has been produced by the British Association of Oral Surgeons for clinical teams involved in dental extractions. It gathers together recommendations regarding the development of safety standards to minimise the risk of wrong site surgery in all dental settings, focusing on the extraction of the wrong tooth. In addition, the Executive Nurse Director is considering an independent review of current processes.

Serious Incident reporting – there has been a further increase in reporting during March and April 2018 when the UHB reported 30 and 27 SIs respectively. This continues to relate to the increase in the reporting of pressure damage as described in the previous report to Board. The Board has been advised previously that they should anticipate an increasing

trajectory of reporting, as we take steps to improve the quality of the reporting of pressure damage in community settings. A considerable amount of work is being undertaken to both improve reporting and also to improve the prevention and management of pressure damage. A more detailed update will be provided in the next Board report. A paper will also be presented to the September 2018 Quality, Safety and Experience Committee in line with the agreed workplan.

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children and Women	1	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	<ul style="list-style-type: none"> A baby required admission to the Neonatal Unit following a difficult Ventouse delivery.
Dental	1	<ul style="list-style-type: none"> A patient had root canal treatment to a lower right tooth instead of the lower left side. This is being managed as a Never Event.
Executive Nurse	2	<ul style="list-style-type: none"> Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	19	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
	7	<ul style="list-style-type: none"> Falls where the patient sustained significant injury.
	1	<ul style="list-style-type: none"> Patients delayed in having diagnostic or surveillance procedures in Gastroenterology.
	1	<ul style="list-style-type: none"> There was a delay in triage and assessment of an unwell patient brought to hospital by Welsh Ambulance Services NHS Trust.
Mental Health	6	<ul style="list-style-type: none"> Unexpected deaths of patients known to Mental Health services, including Addictions services.
	3	<ul style="list-style-type: none"> Falls where the patient sustained significant injury.
	1	<ul style="list-style-type: none"> A patient was found to have an infectious illness requiring treatment and isolation after admission to Hafan Y Coed.
Primary Care and Intermediate Care	1	<ul style="list-style-type: none"> The death of a patient is being investigated by the Coroner. The patient was known to Primary Care. There is concern about medication management by a community pharmacy that needs to be addressed.
Specialist	3	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
	2	<ul style="list-style-type: none"> Falls where the patient sustained significant injury. An outbreak of Vancomycin-Resistant Enterococci temporarily affected Cardiothoracic

	1	Services.
	1	<ul style="list-style-type: none"> An unexpected death of a Cardiothoracic Services patient was reported to the Coroner.
Surgery	2	<ul style="list-style-type: none"> Falls where the patient sustained significant injury.
	1	<ul style="list-style-type: none"> Death of a patient where a healthcare associated infection has been recorded on the patient's death certificate.
	1	<ul style="list-style-type: none"> Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	<ul style="list-style-type: none"> A medication error involving prescription and administration of methotrexate was reported. It is being managed as a Never Event.
	1	<ul style="list-style-type: none"> An incident occurred where a patient with multiple fractures had a screw inserted to the incorrect site. This is being managed as a Never Event.
Total	57	

No Surprises		
Clinical Board	Number	Description
Executive Nurse	1	<ul style="list-style-type: none"> Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	1	<ul style="list-style-type: none"> An outbreak of diarrhoea and vomiting symptoms temporarily affected several wards.
Mental Health	1	<ul style="list-style-type: none"> The wife of a patient known to Mental Health services was interviewed for a BBC radio programme following publication of a report from Cardiff University regarding people living with dementia.
PCIC	1	<ul style="list-style-type: none"> A Health Centre sustained significant water damage due to flooding which affected normal service provision.
Specialist	1	<ul style="list-style-type: none"> Identification of an infection temporarily affected services in Critical Care and Neurosciences.
Surgery	1	<ul style="list-style-type: none"> A patient reported his concerns regarding delayed orthopaedic surgery to the local media.
Total	6	

How do we compare to our Peers?

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

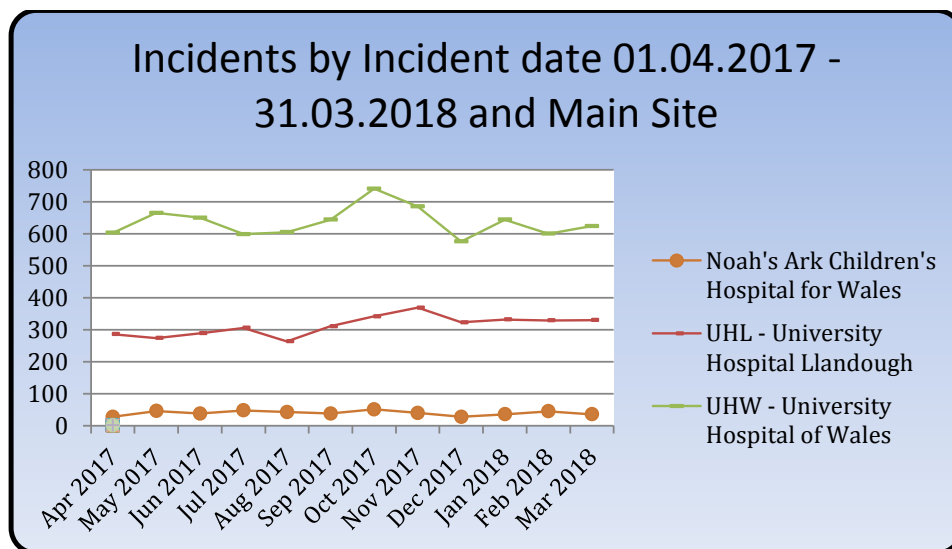


GIG
CYMRU
NHS
WALES

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

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 over the last twelve months. 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.



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 three new Never Events since the last report to Board which have been outlined in the new incidents section of this report. The incidents remain under investigation.

What are we doing about it?

A cluster of Never Events in the Dental Clinical Board will have been noted by the Board.

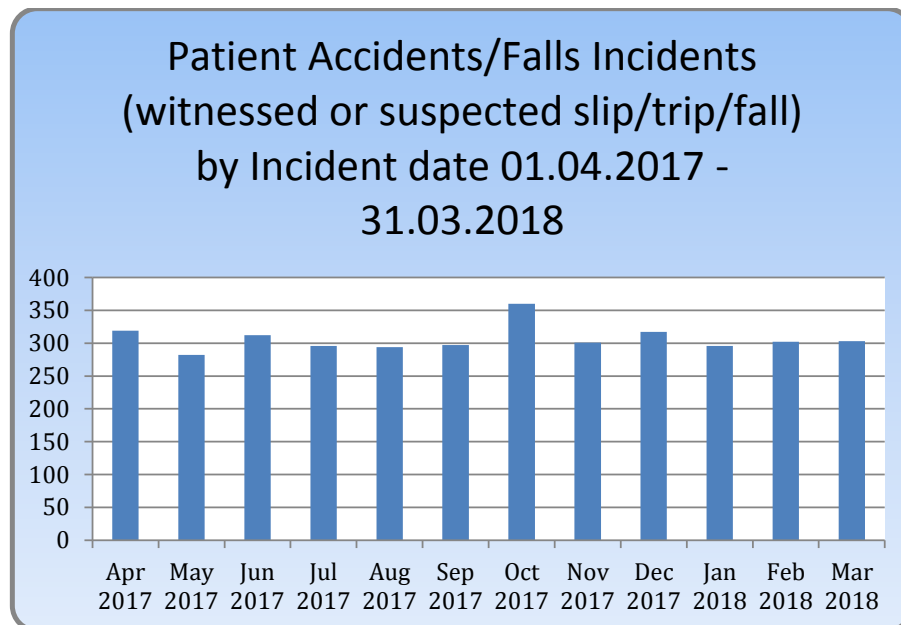
The Delivery Unit has provided the UHB with information from NHS England for consideration regarding use of National Safety Standards for Invasive Procedures (NatSSIPs) in dental settings to reduce the risk of Never Events.

The Patient Safety Team has presented information to the Clinical Board on NatSSIPs to facilitate their implementation programme. The Executive Nurse Director is considering an independent review of the dental never events.

Patient Falls

How are we doing?

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



The majority of falls continue to result in no significant injury to patients. The Patient Safety Team monitors the trend of falls over the Winter period as previous increases at this time have been noted. It is evident that there has not been an increased volume of incidents reported this year.

There was however, an increase in the number of falls resulting in significant injury in March and April 2018. 14 incidents were reported to Welsh Government as Serious Incidents which was an increase from 10 incidents in the last report to Board. Two of the incidents in the current report occurred on ward C6 at UHW but there is no other trend in the remaining incidents as they all occurred in different clinical areas.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

Oliver Williams, the Falls Strategy Implementation Lead, is embedding well into his new role.

He has enjoyed recent success with celebrations of his work. He was an award winner at the Cardiff and Vale UHB Staff Recognition Awards in March 2018 where he was awarded the Dr Kate Granger Award for Compassionate Care.

He has also presented his work on an Individualised Strength and Balance Programme at the recent International Forum on Quality and Safety in Healthcare in Amsterdam.

He has presented to a judging panel for the Health Service Journal Patient Safety Awards 2018. The outcome is awaited.

The nature of his strategic role provides an opportunity to influence and implement schemes across the UHB in the coming months to improve patient safety and experience in relation to falls. The focus of this work will be in the development and expansion of community based, multi-agency initiatives to prevent and manage falls. In addition to this, there will be some initiatives taken forward to reduce falls in the in-patient setting, including an innovative LIPs project being taken forward by a multi-disciplinary team incorporating clinical simulation training to support staff in preventing and managing falls.

Regulation 28 reports

The UHB has not received any Regulation 28 reports during this reporting period.

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

Twenty unannounced internal inspections were undertaken during March and April 2018. These were undertaken across five Clinical Boards; 18 inspections were undertaken as part of the planned programme of unannounced inspections, whilst one was requested by a Lead Nurse and another by the Deputy Nurse Director.

The inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner; with evidence of kind, caring staff seen across all areas. The key findings are reported back to the clinical area at the time of the inspections and a written report is submitted to the Director of Nursing for that Clinical Board; of note, what is considered good practice in one area, may be an area requiring improvement in another.

Key findings for March and April have shown:

- Improvements with medicines management continues
- Good leadership and team working continues to be observed during the inspection process, evidenced by calm, organised ward areas, good

communication between staff groups and positive comments from both staff and patients.

- There continues to be a variation in the standard of completion of documentation:
- Comprehensive completion of risk assessment in most areas but not all
- examples of good evaluation of care
 - some attempts to individualise care plans seen, but this is not consistent across all areas
- Patient identifiable data (PID) has been seen to be left unattended at times, e.g. computer screens displaying PID open, notebook containing PID kept in sluice area.
- Delay in maintenance requests being actioned continues.
- Excellent interaction with patients noted, and patients are complimentary about the care they received.

What are we doing about it?

Discussion takes place with the nurse in charge at the time of the inspection to ensure action is taken to address areas requiring improvement.

Positive areas identified during the inspection process are fed back to the nurse in charge during feedback at the end of the inspection.

A monthly report detailing all findings relating to medicines management continues to be provided to the Nurse Advisor for Medicines Management and this information is fed in to the Medication Safety Group as appropriate for consideration.

Monthly reports of the findings of inspections are provided as part of the Clinical Board Directors of Nursing Professional Nursing Review with the Executive Nurse Director, this meeting forms part of the scrutiny and assurance arrangements within the UHB.

External inspections

During this period, Healthcare Inspectorate Wales carried out an unannounced inspection of Elizabeth Ward. Feedback at the end of the day was very positive. The UHB is currently awaiting the draft report and recommendations.

Patient Experience

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?

Real Time

The patient satisfaction scores from the National Surveys distributed across the UHB during March and April were 91% and 92% consecutively.

The number of routine 'real time' paper surveys completed each month across our Clinical Boards during March and April has been **1020** and **1129** consecutively.

The Patient Experience Team have also met with staff from the Mental Health Clinical Board to discuss survey returns and how to improve compliance and engagement with the patients/carers. Productive discussion took place and agreement that a poster to promote the value and to provide feedback of actions would be designed. A service user has been instrumental in the initial draft design, encouraging ownership and collaboration.

The majority of qualitative comments received were in relation to a positive experience and include:

Level of care received over the last two days has been very good. Felt like I've been treated as a person and not just another patient, and that my individual needs mattered.

I have been treated with care, diligence and friendliness in a clean and welcoming ward. Every one of the staff – medical, nursing and practical support (cleaners and caterers) have been 100% supportive, polite and caring.

However we don't always get it right and when asked '*Was there anything we could do to change and improve you experience?*' One patient responded by saying:

An awful lot in my opinion. Mental health is so critical to the social wellbeing of community. If someone had a broken leg /hip or heart attack the treatment would be visible. Mental health is invisible!

In addition, we were able to make some changes based on feedback;

You said	We did
Can you support an ordinary plaster for people with allergies to micropore?	Discussed with the Senior Nurse and alternatives are available – clinical area also notified of feedback
To be seen on time or within acceptable wait. Problem with notes delayed appointment by two hours	Doctor apologised to patient, hearing aid also checked and nurse undertook venepuncture to prevent further delays –Patient appeared happy leaving clinic.

One of the themes that does frequently occur is issues with the Health Board lifts with the following two qualitative comments received during March and April are examples of the comments made by patients and the public:

2 lifts working

The Health Board estates team have been working to resolve this issue and recently changed Contractors, with the aim of significantly reducing the frequency whereby the lifts are 'out of action'. The 'new' Contractor has a positive record of prompt resolution when they previously managed the contract.

The lifts would be my main concern at times they are not working and I cannot walk more than 100 yards and have to use a very heavy scooter. I have waited up to 10 mins for a lift to arrive only to have to wait for able bodied patients, family and hospital workers to take their place leaving me waiting.

We have Happy or not machines in 3 hospital sites and one community dental practice. We recently changed the question to:

Would you recommend this hospital to your family and friends?



Cardiff and Vale UHB / 01/04/18 – 30/04/18

Would you recommend this hospital to family and friends?



82% Positive

Total feedback: 2,964

Retrospective

The National Programme for Unscheduled Care Boards has endorsed a programme of work to conduct an evaluation of how well the health and social care system managed over the winter period 2017/18. Feedback was required from 1st December 2017 to 31st March 2018 and numerous sources accessed to provide this. This included:

- Access to an on line survey which was promoted and shared via the Health Board Communications team using Social Media platforms e.g. Twitter and Face book.
- The PALS team proactively contacting approximately twenty people via email and in addition undertook twenty phone calls.
- The survey link was shared via the Health and Social Care Facilitator Networks, for both Cardiff and the Vale.

In summary, the feedback was from both primary and secondary care. The experience shared varied greatly, however, the majority of people felt that the Emergency Services in Cardiff and Vale UHB coped as well as could be expected, despite the huge amount of pressure on them during the winter months. Examples of the mixed qualitative comments provided include:

They struggles with sheer volume of people, some of which perhaps didn't need to be there, but they still managed to do their job.

Great performance considering the financial constraints and the insatiable demand.

The top four suggestions for Cardiff and the Vale in preparation for next winter were:

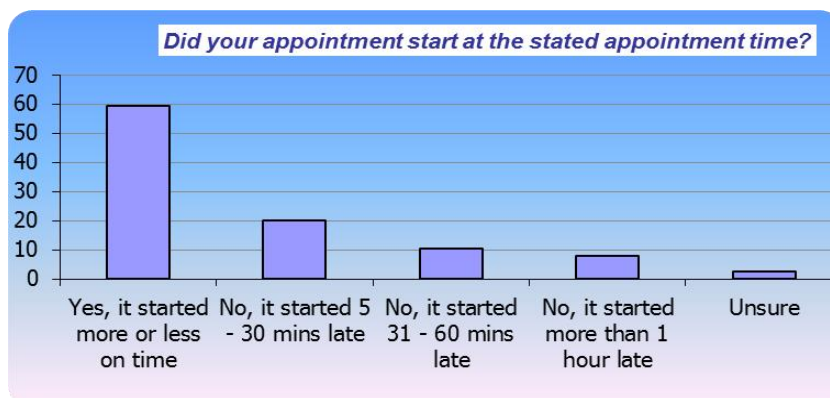
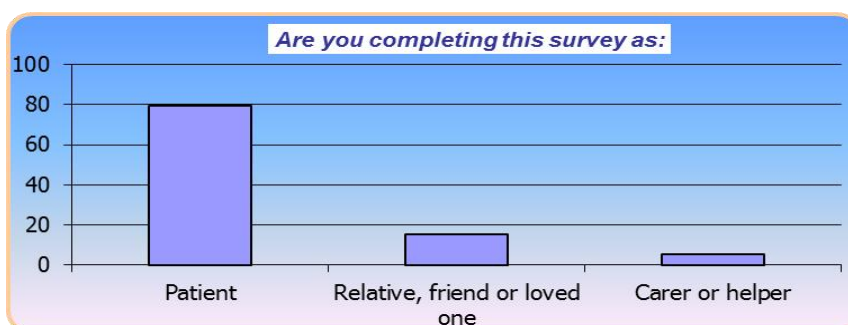
1. More staff/adequate staffing
2. Improved access to GP services, both in and out of hours to help the Emergency Unit
3. More centralised Government resources/funding
4. More community resources to alleviate the strain on secondary care

Proactive and Reactive

Outpatients Kiosk

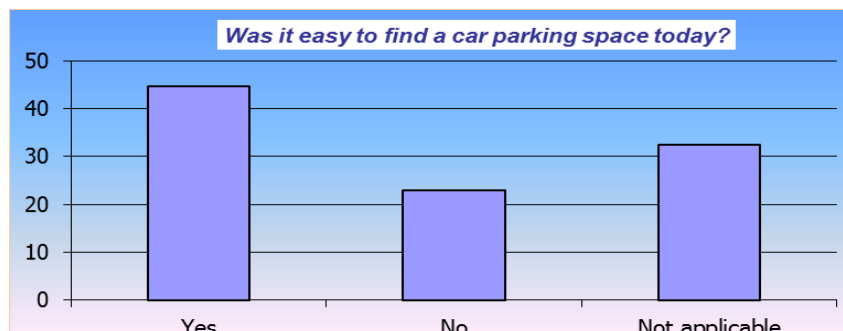


This Kiosk has received in total 1368 responses mainly from patients and continues to be completed consistently each month by over 100 patients.



It is pleasing to note that 60% of appointments are on schedule.

However, car parking remains a concern, since the introduction of park and ride it has been noted that this problem has been decreasing.

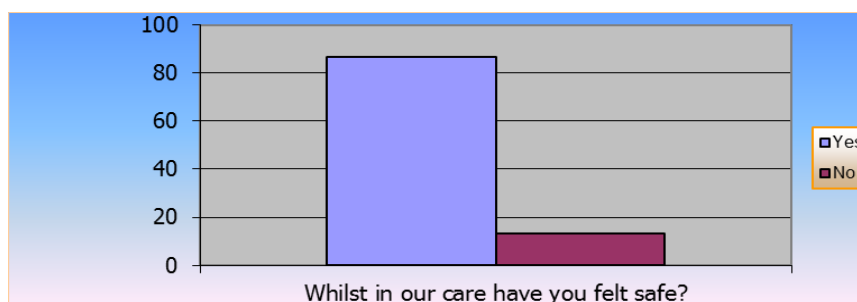


Ward Feedback Kiosks



The ward feedback kiosks were introduced to the wards in June 2017 and were a means of gathering real time feedback from patients, relatives, friends, carers and staff. The survey tools loaded on the kiosks, were available in both English and Welsh. During each survey period, the kiosk remained on its designated ward for one week. A detailed report was then sent to the area the following week. To date, 3,054 surveys have been completed

Most patients feel safe in our care and involved in decisions about their care.



	Have you felt involved when decisions have been made about your care/treatment?
Yes	84%

For this year we will be targeting primary care settings to ensure that we have feedback from patients, staff and carers in GP, Dental and pharmacy practices.

Balancing

Complaints

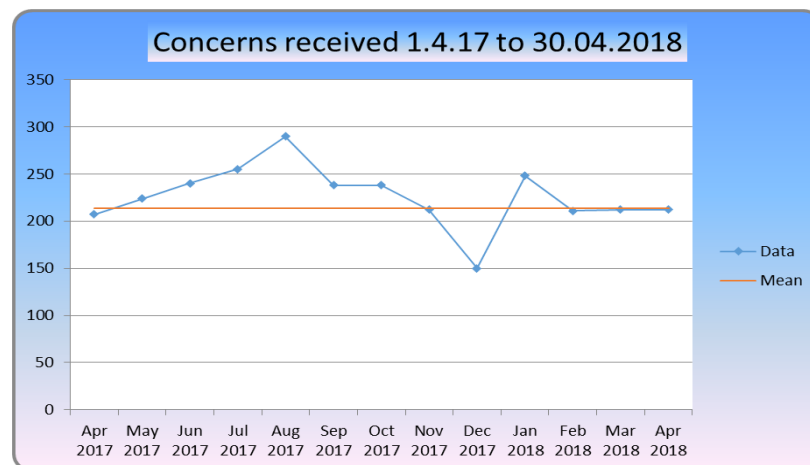
Between 1st April 2017 and 31st March 2018, we have received 2,727 Complaints, of which 61% were managed through our informal process, with less than 2% being converted to a formal complaint.

There was a rise in formal concerns during March 2018, whereby we received 111 formal concerns in comparison to an average of 88 per month, however, this reduced in April to 93. The highest number of concerns, 815 in total, related to waiting times and cancellation of appointments/admission followed by 774 concerns raised primarily relating to Clinical Diagnosis and treatment.

Surgery Clinical Board continue to receive the highest number of formal and informal concerns; during March and April. However, the Surgery Clinical Board managed 67% of their concerns informally and a high percentage related to a delay in Ophthalmology Outpatient Appointments. As a result of the high volume of concerns raised, the Clinical Board implemented a number of changes to address this, including, introduction of a Nurse Led Clinic for patients who meet specific criteria and can be seen by a nurse. We have seen a reduced backlog of patients waiting to receive a follow up appointment and there has been a slight decrease in the number of informal concerns received. During March and April, 86 informal concerns were logged, in comparison to 111 during January and February. The UHB will continue to monitor this position.

The Clinical Boards have shown a commitment to working with the Concerns Team to maintain the improvement in the 30 day response times, meeting weekly to discuss all active concerns. The latest overall Health Board performance in response to 30-day concerns is 72%. This is a slight decrease in comparison to 74% reported in the last Board report.

During March and April, the Health Board received 423 complaints, 52% of those were managed through the informal process, and the overall informal response time is 95%.



Compliments

During the period 1st April 2017 - 30th April 2018, the Health Board received 600 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit.

How do we compare to our Peers?

There is currently no reliable All Wales benchmarking data available.

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
Patient would like option of jacket potatoes with fillings	Request shared with Operational Services Manager – patient able to request jacket potatoes on any lunch or supper service at the hospital
The entrance is very dirty	Within 24 hours of asking the Estates team jet washed the front entrance of the Women's Unit
I should have an OT assessment before discharge as my flat is not accessible to me	Occupational Therapy assessment underway
Would like more physio if possible	Physio informed
TVs in the Delivery Suite would be a great addition, reclining chairs or chair bed in recovery for partners would be of benefit	Application to the Charitable Funds Committee to provide televisions for the Delivery rooms and additional recliner chairs

The toilet flush in my room needs fixing – I found it embarrassing	Maintenance Request placed to review flush as part had broken off
Patient unhappy in four-bedder as doesn't get along with one of the other patients	Senior Nurse contacted, patient moved and is a lot happier
Patient in next bed took glasses by mistake – glasses got broken	Optician filled out prescription – receipt submitted for a claim
Anxious about coping after leaving hospital. Would like help and support as to what to do next	Discussed with Sister – Care package being organised
I found it hard to hear names being called especially with a lot of background noise. My name was called out twice before I realised it was my turn. In this day and age of technology, is it possible to consider flashing names up on television screens or an electronic appointment board?	We are looking at ways of improving our communication between ourselves and the patients. The television screens are an excellent idea and discussions have taken place with IT to see the feasibility of using the current ones in our waiting room.
It was difficult to access Department of Sexual Health Services	Access to the service has been reviewed and community clinics reviewed with discussions with the CHC
All documents in the community clinic were in English no Welsh versions available.	All patient accessible paperwork has been reviewed and is being translated into Welsh,
GP OOH-Concerns raised regarding appropriateness of GP out of Hours Telephone Triage	Clinical decision templates reviewed - these support clinical telephone triage,
It was difficult to access Department of Sexual Health Services	Access to the service has been reviewed and community clinics reviewed with the CHC to improve.

PERFORMANCE REPORT	
Name of Meeting : Board Meeting	Date of Meeting : 31 st May 2018
Executive Lead : Director of Public Health	
Authors : Members of the Performance and Information Department (tel 029 20745602)	
Caring for People, Keeping People Well: This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.	
Financial impact: The achievement of the efficiency and productivity targets will deliver savings to support the financial position	
Quality, Safety, Patient Experience impact : The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement	
Health and Care Standard 1 – Governance Leadership and Accountability	
CRAF Reference No 6 - Resources	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

REASONABLE ASSURANCE is provided by:

- the fact that the UHB is making progress in delivering our Operational Delivery Plan for 2017/8 by achieving compliance with 18 of its 60 performance measures.

The Board is asked to:

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

SITUATION

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

BACKGROUND

The UHB is presently compliant with 19 of its 65 performance measures (March 2018=18/60, March 2017 = 23/58) and is making satisfactory progress towards delivering a further 23 (March 2018 = 23).

Since the last report three measures have improved to green:

#8 – The rate of conceptions among females under 18 reduced from 27.5 per 1000 females in Cardiff and 19 per 1000 in Vale in 2015 to 22.3 per 1000 and 15.9 per 1000 in the Vale

#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 improved from 55% in January to 90% in April.

#43 – The proportion of episodes coded within 30 days increased to 96% in April from 94.9%. The coding of mental health inpatient activity has commenced.

One measure has improved from red to amber:

#28 – Performance against the first and second of the four stroke bundles has risen from 23% and 90% to 48% and 97% respectively. It is expected that as a UHB we demonstrate sustained continuous improvement.

A deterioration in performance was observed against

#10 – The Emergency crude mortality rate (12 mth) increased from 2.92% to 3.14% over the course of the year. However as identified in the body of the report risk adjusted mortality rate, a measure that is more aligned with services, has improved.

#18 – The proportion of live births with a birth weight of less than 2500g rose from 5.8% to 6.1% in the 12 month period. Whilst not a statistically significant increase, and the measure may have been influenced by changes to maternity services across South East Wales, presently there is no evidence suggesting that the requirement to deliver further reductions was achieved.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission fell to 93% in March from 95% in January.

#56 – The percentage of medical staff undertaking Performance Appraisal fell from 77% to 74%. The expectation is that we demonstrate an improvement on the 77% rate observed in March 2015.

There are now 18 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	7	11	2	12.5/20
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	9	6	15	12/30
Improving culture	1	3	5	2.5/9
Total	19	23	23	30.5/65

ASSESSMENT

Section 2 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:

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

Commentary and assessment on the latest finance and quality and safety indicators is provided in separate reports from the Directors of Finance and Nursing respectively.

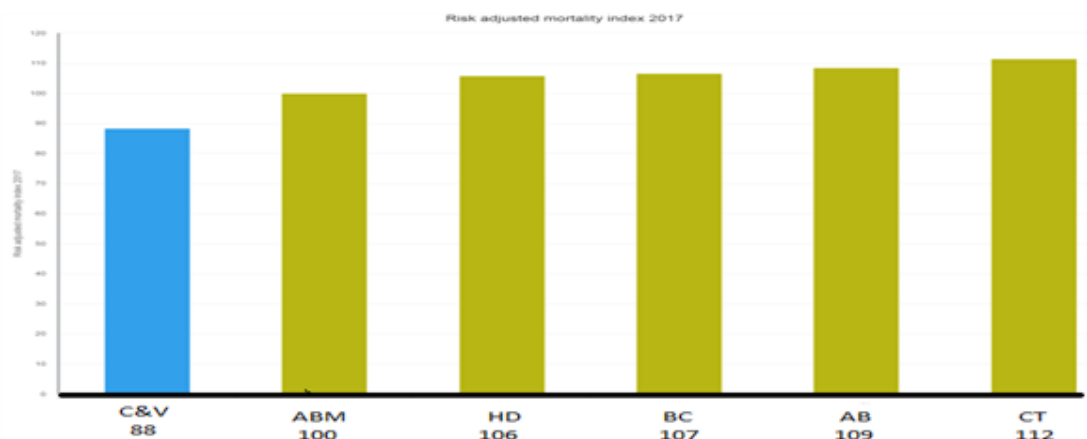
Cardiff and Vale University Health Board - Performance Dashboard - May 2018														
Purpose	Strategic Objectives	Measure	n	Status report										Exception Report
				Mar-14	Mar-15	Mar-16	Mar-17	Mar-18	RAG rating	May-18	RAG rating	Latest trend	Target	
All take responsibility for improving our health and wellbeing	Update of influenza vaccination among high risk groups	Percentage of children who have received 1 doses of the 1 in vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	1	>65: 68.5%, 0-64: 52%, pregnant women: 44%	>65: 70.8%, 0-64: 53%, pregnant women: 49%	>65: 68.5%, 0-64: 47.7%, pregnant women: n/k	>65: 68.5%, 0-64: 48.1%, staff: 52.9%	>65: 70.8%, 0-64: 49%, staff: 64.7%	A	A	Green: Community: 70%, staff: 60%, Amber (improvement on 16/17) - profile FYO >65: 70%, 0-64: 52%, staff: 50%	End of season		
		2	84.6%	84.0%	83.7%	81.2%	5 in 1: 94.7%, MMR2: 87.5%	5 in 1: 96.0%, MMR2: 87.5%	A	A	Target: 95%, amber - EOV MTP trajectory of 95% & 90%	Jan-Mar		
		3	55% (12/13)	54% (13/14)	54%	54%	52%, Age std 54%	52%, Age std 54%	G	G	reduction on previous year (54% 2012/13, 2013/14)	NSW 2016/17		
		4	44% (12/13)	44% (13/14)	44%	42%	23% Age std 23%	23% Age std 23%	A	A	New measure - previous results relates to consumption above recommended units	NSW 2016/17		
		5	26% (12/13)	27% (13/14)	27%	60%	60% Age std 59%	60% Age std 59%	A	A	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016/17		
		6	not available	0.6%	1.1%	0.7% to Q2	3.85% to Q2 17/18	1.25% to Q3 17/18	R	R	WG target by 20/17/18, MTP trajectory = 1% for Q1/18	Q3 17/18		
		7	not available	36.9%	46.0%	67.0%	55.3% Q2 17/18	64% Q3 17/18	G	G	Tier 1 target 40%, MTP trajectory = 58%	Q3 17/18		
		8	Cardiff 35 per 1000, Vale 28.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 30.4 per 1000, Vale 19.4 per 1000	Cardiff 27.5 per 1000, Vale 15.9 per 1000	Cardiff 27.5 per 1000, Vale 15.9 per 1000	Cardiff 22.3 per 1000, Vale 15.9 per 1000	G	G	reduction on previous year	2016 (Annual)		
		9	94	103	0.60%	0.60%	0.62%	0.63%	G	G	12 Month Reduction Target (12M to Apr-16 was 58%)	12 months to Apr-18		
		10	3.15%	3.27%	2.94%	3.05%	3.05%	3.14%	A	A	Reduction in CMR (May-Apr-17 was 2.92%)	12 months to Apr-18		
Deliver outcomes that matter to people	Stroke and heart failure mortality rates	Stroke 14.5%, heart attack 3.7%, AMHF 8.3%	stroke 12.8%, heart attack 3.2%, AMHF 6.9% (F&B)	stroke 10.1%, heart attack 3.7%, AMHF 5.9%	stroke 11.2%, heart attack 3.8%, AMHF 6.1%	stroke 12.5%, heart attack 3.8%, AMHF 6.5%	stroke 12.5%, heart attack 3.8%, AMHF 6.5%	A	A	Demorable reduction in rolling 12 month rate (Oct 15 to Sep 16: 10.1%, 3.7%, 6.9%)	12 months to Jan-18			
		% Universal mortality review undertaken within 28 days of a death (New measure)	22	20%	25%	25%	71%	81%	A	A	NEW MEASURE from April 17 - Target = 95%, Amber is improvement from 70% baseline	Feb-18		
		Patient experience monitored through 'Fundamentals of Care' audit and national surveys	13	Operational score 84% (412 >85%), User Experience score 89% (215 >85%)	Operational score 81% (412 >85%), User Experience score 89% (215 >85%)	Operational score 81% (412 >85%), User Experience score 89% (215 >85%)	Operational score 81% (412 >85%), User Experience score 89% (215 >85%)	Operational score 81% (412 >85%), User Experience score 89% (215 >85%)	A	A	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National report Sept-16		
		'Two minutes of your Time patient feedback scores'	14	6/11 >90%	7/11 >90%	6/11 >90%, 7/11 >90%	6/11 >90%, 7/11 >90%	6/11 >90%, 7/11 >90%	6/11 >90%, 7/11 >90%	R	R	Green: 80% for each of the 11 questions, Amber: 80% for each of the 11 questions	Monthly snapshot for Apr-18	
		Proportion of formal complaints responded to within 30 working days	15	45%	43%	55%	43%	74%	69%	A	A	Green: 80%, Amber: sustainable improvement from 40-60% range	Complaints received to 31/3/18	
		Life expectancy at birth	16	80.5 2009/11	80.8 2010/11	80.8	80.8	80.8	80.8	G	G	Continuous improvement (March-18 figures updated)	2014-2016	
		Reduce infant mortality for population	17	4.1 per 1,000 live births (2012)	4.1 per 1,000 live births (2012)	4.1 per 1,000 live births (2012)	4.1 per 1,000 live births (2012)	4.1 per 1,000 live births (2012)	4.1 per 1,000 live births (2012)	G	G	reduction on 2015 rate (3.9)	CNS (2016)	
		% live births with a birth weight of less than 2500g	18	7.3% (provided)	6.7% (provided)	5.8% (provided)	5.9%	5.9%	5.9%	A	A	12 mth cumulative reduction on previous year (9.5%)	Upto Feb-18	
		Rate of hospital admissions with any mention of intentional self-harm for children and young people per 1000 pop (New measure)	19	433	387	387	387	387	387	G	G	Annual reduction from 3.87 in 15/16 & 4.33 in 14/15	Year 16/17	
		Reduction in the number of emergency hospital admissions for people with a chronic condition, per 1000 pop (New measure)	20	1157	1048	1020	1089	1013	1013	A	A	reduction against same 12 month period of previous year (110)	Upto Jan-18	
Our services that deliver the population health our citizens are entitled to expect	Emergency admission for hip fracture (age-standardised, 65+ per 100,000 people) (Revised Population applied)	Reduction in the number of emergency hospital readmissions within a year for people with a chronic condition	21	223	196	192	196	202	204	A	A	reduction against same 12 month period of previous year (198)	Upto Jan-18	
		Summary of 31 day Non-ESG and 60 day ESG care standards	22	727.5 (Mar-Feb-14)	633.9 (Mar-Feb-15)	499	554.8	563.7	556	A	A	reduction on previous year (961 per 100,000 conf limit=66)	Jan-Dec2017	
		96% NUSC, 63% USC	96.4% NUSC, 62% USC	100% NUSC, 74% USC	98.3% NUSC, 86% USC	98.3% NUSC, 86% USC	98.3% NUSC, 86% USC	R	R	98% NUSC, 96% USC	Monthly snapshot for Mar-18			
		Satisfactory	Satisfactory	Satisfactory	Satisfactory	Managerial Intervention Required	Managerial Intervention Required	A	A	5 sustainability applications and one pending. Support is being provided to four practices who are looking to merge into two in October 2018.	as at 10/5/18			
		% GP Practices open during day care hours or within 1 hour of 9AM to 5PM	25	76% (2013)	83% (2014)	83% (2015)	88%	88%	88%	G	G	Improvement target (2015 - 86%)	May-18	
		Dementia Burden: Diagnosis rates, Access & training	26	97%	Diagnosis: 54% Access: 84%, Training: 42%	Diagnosis: 55% Access: 71%, Training: 33%	Diagnosis: 58% Access: 98%, Training: 30%	Diagnosis: 63% Access: 98%, Training: 32%	G	G	Target: Diagnosis improvement in proportion to 65 years diagnosed with dementia. Access attain 95% memory patients seen within 14 weeks. Training improvement in 9/6 practices that completed MH DES in dementia care	Diagnosis Yr 16/17, Access: Apr-18, Training: Year 16/17		
		% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	27	2.77%	2.77%	2.60%	3.00%	3.30%	3.30%	A	A	Demorable reduction in rolling 12 month rate (Jan Dec 16: 2.8% - Amber remain in SPC limits (6.0998-2.08, UCL=5.25))	12 months to Apr 18	
		Sustained compliance against four acute stroke bundles	28	1.96% - 2.46%, 3.77% - 4.91%	1.96% - 2.46%, 3.77% - 4.91%	1.96% - 2.46%, 3.77% - 4.91%	1.96% - 2.46%, 3.77% - 4.91%	1.96% - 2.46%, 3.77% - 4.91%	1.96% - 2.46%, 3.77% - 4.91%	R	R	Amber: Continuous improvement. Green: UHB MTP Mar-18 trajectory: 60%, 96%, 89%, 85%	Monthly performance in Mar 18	
		Number of new serious incidents & % assured within agreed timescale (NEW MEASURE)	29	102	97 serious incidents, 41 no surprises	219 serious incidents, 21 no surprises	206 serious incidents, 39 no surprises	249 SIs, 31 no surprises - 52% assured in timescale	250 SIs, 34 no surprises - 54% assured in timescale	A	A	No. of SIs: reduction in year (219 SIs in 15/16, 236 16/17). Timeliness for assurance: 95%	No. of SIs: yr to 29 Feb, Timeliness: Mar-18	
		% patients with a positive screening for sepsis in both patients and emergency A&E who have received all 6 elements of the sepsis 6 bundle and 1 top	30	Bundle 6: 84% compliant	Bundle 6: 86.7% compliant	Bundle 6: 90.6% compliant	64.9%	Jan-18: 90%, YTD 66%	Apr-18: 90%, YTD 66%	G	G	Continuous improvement target (Q1 16/17 = 48.1%, Q2 = 62%, Q3=64%, Q4 = 67%)	Apr-18	
Reduce harm, waste and ensure sustainability making best use of the resources available to us.	Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	% of nutrition score completed and appropriate action taken within 24 hours of admission	31	41.0%	35.0%	156	161	10 potentially preventable, 0 to be reviewed	6 potentially preventable, 0 to be reviewed	A	A	NEW MEASURE from April 17 - rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	12 mths to Dec-17	
		Patient environment: Credits 4 cleaning scores for high risk areas	32	92%	94%	95%	94%	95%	95%	G	G	Green: 95%, Amber 90%	Monthly snapshot for Mar-18	
		% compliance with Hand Hygiene (WHO 5 moments)	33	91%	91%	94%	94%	94%	94%	A	A	Green: 100%, Amber=95%	Monthly snapshot for Mar-18	
		Reduction in C. Difficile and Staphylococcus Aureus Bacteremia (MRSA), working towards a zero tolerance	34	263 C difficile cases, 31 MRSA cases	172 C difficile cases, 44 MRSA cases	11 C difficile cases, 11 S aureus cases	13.7 C difficile cases, 10.6 S aureus cases	115 C difficile cases, 15 S aureus cases	126 C difficile cases, 15 S aureus cases	R	R	WG target: 127 C diff, 9 S aureus, 200 e-coli	12 mths: Apr 17 to Mar-18	
		Reduction in the number of hospital acquired pressure ulcers	35	Monthly average = 38 (31/17/18)	M12 = 413, avg = 34.4	M10 = 417, avg = 34.4	M10 = 577 (M12) = 55	M10 = 1119 (M12) = 107	Data quality issue identified	A	A	10% reduction on previous year (2015/16 avg = 34.4, target = 30.8, variance = 3.6)	2018/19 planned deficit £19.9m	
		Financial balance: remain within revenue resource limits	36	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£20.717m deficit at M11	£25.05m deficit at M11	£25.05m deficit at M11	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Remain within capital resource limits	37	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Reduction in underlying deficit	38	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Delivery of recurrent 3% savings target	39	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Delivery of recurrent 1% savings target	40	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Have a planned care system where demand and capacity are in balance	Financial balance: remain within revenue resource limits	Delivery of financial improvement target	41	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Credit payments compliance 30 day Net NHS	42	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Remain within Cash Limit	43	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Maintain Positive Cash Balance	44	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Number of procedures undertaken that are on the UHB's 'Returners not normally undertaken' list for procedures of limited clinical effectiveness	45	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Reducing outpatient did not attend rates for New and Follow Up appointments	46	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Reducing inpatient theatre utilisation (adjoining Newton measure)	47	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Uptake of ERAS across whole HB	48	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Ensure that the data completeness standards are adhered to within 1 month of the episode end and date	49	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Have an unplanned emergency care target in the right place, first time	Part 1 Local Primary care Mental Health Support Services (NHS funded) (NHS funded) (NHS funded)	Part 1 Local Primary care Mental Health Support Services (NHS funded) (NHS funded) (NHS funded)	50	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m
Part 2 Coordination of care and treatment Planning for Secondary Mental Health Users (NHS funded) (NHS funded) (NHS funded)	51			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Part 3 3% of former users of secondary mental health services who are assessed under part 3 of the measures, who received their outcome assessment report within 10 days	52			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Part 4 Mental Health Advocacy (Provision of an advocate to all eligible requesters)	53			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	54			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Attainment of the primary care out of hours service standards	55			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Deliver the 70% Call & 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	56			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	57			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Elimination of over 12 hour waits within all hospital emergency care facilities	58			£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Be a great place to work and learn	Part 1 Local Primary care Mental Health Support Services (NHS funded) (NHS funded) (NHS funded)			Percentage of staff (including medical) undertaking PDR (Performance Appraisal Development Review)	59	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m
		Medical Staff - percentage of staff undertaking Performance Appraisal	60	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		% of staff completing staff survey in the organisation	61	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Control costs (NHS funded) (NHS funded) (NHS funded)	62	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Achieve annual local sickness and absence workforce target	63	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Retain platinum corporate health standard	64	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Ambulance handover times: % within 15 and 60 minutes	65	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		No. of Delays transferred care - mental health (all ages) and non mental health (75 years and over)	66	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Progress on developing high level strategies & relationships with CQU	67	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
		Progress in Delivering Strategic Programme	68	£19.117m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	£21.36m deficit at M12	R	R	2018/19 planned deficit £19.9m	M1 2018/19	
Work better together with partners to deliver care and support across sectors, making best use of our people and technology	Part 1 Local Primary care Mental Health Support Services (NHS funded) (NHS funded) (NHS funded)	Part 1 Local Primary care Mental Health Support Services (NHS funded) (NHS funded) (NHS funded)	69	£19.117m deficit at M12	£21.36m deficit at M12									

ASSESSMENT

1) MORTALITY

How are we doing?

Latest data from CHKS indicates that Cardiff and Vale UHB has the lowest risk adjusted mortality rates in Wales, with 12% (88 – 100) fewer deaths observed than would be expected based on the UK average.



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.

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 considered by the management executive in May, 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 improve outcomes and experience, whilst making more effective use of resources.

2) MENTAL HEALTH

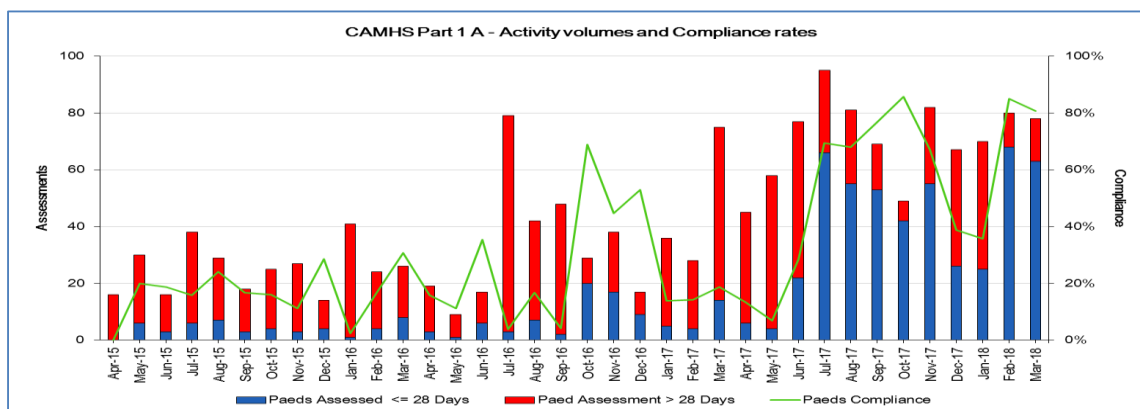
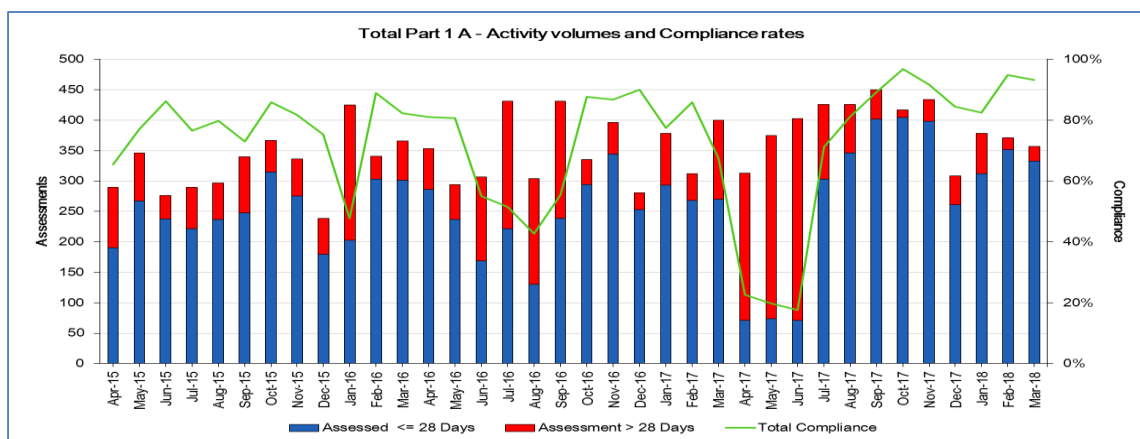
How are we doing?

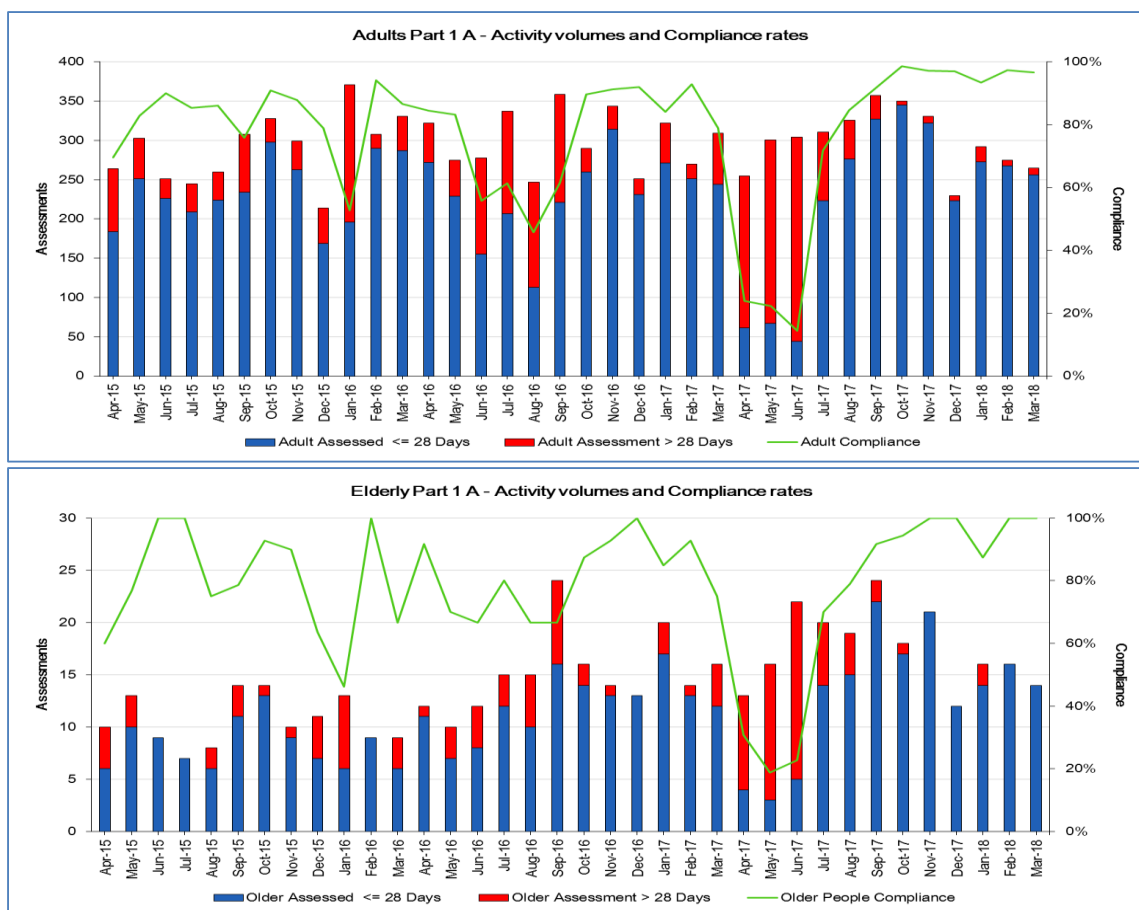
Part 1a: Service users to receive an assessment within 28 days

Overall 93.7% of service users seen in March 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%.

All three services within the UHB were compliant with the Welsh Government's standard of 80%. There has been a significant improvement in access into the Children's and Adolescents' service, where compliance has risen from 36% in January up to 81% in March.

Both the adult and older people's services achieved the standard of 80%, delivering 97% and 100% respectively.





Part 1b: Overall 67% 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%.

Part 2: Overall 91.0% of LHB residents had a valid Community Treatment Plan completed at the end of March. Performance remains above the standard of 90%.

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

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

How do we compare with our peers?

The UHB's level of performance is similar to that of other Health Boards in Wales, as per the data for February 2018. However alongside Betsi Cadwaldr UHB we are no longer consistently meeting part 1b of the measures.

February 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.
Wales	86.8%	87.7%	89.0%	100.0%
ABM	73.8%	88.8%	89.0%	100.0%
AB	95.9%	92.6%	91.1%	100.0%
BCU	77.6%	78.5%	86.4%	100.0%
C&V	94.9%	75.4%	90.1%	100.0%
CTaf	88.5%	95.2%	85.4%	100.0%
HDda	94.2%	84.0%	92.5%	100.0%
Powys	88.9%	82.8%	92.5%	100.0%
Rank	2/7	7/7	4/7	-/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 proving many of the interventions, nor to the UHB's Solution Focused Brief Therapy approach, whereby effectively every session could be the practitioners 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 of the measure was delivered in February and March 2018 with the capacity and demand were more closely aligned.

The service has been meeting on a regular basis with the delivery unit who have been supporting and advising on the improvement plan.

The service has developed weekly reporting through the PARIS information system and put in place a robust operational process which includes:

- Pre appointment screening introduced and telephone triage in place where appropriate. This tends to be for older young people.
- Daily monitoring of position

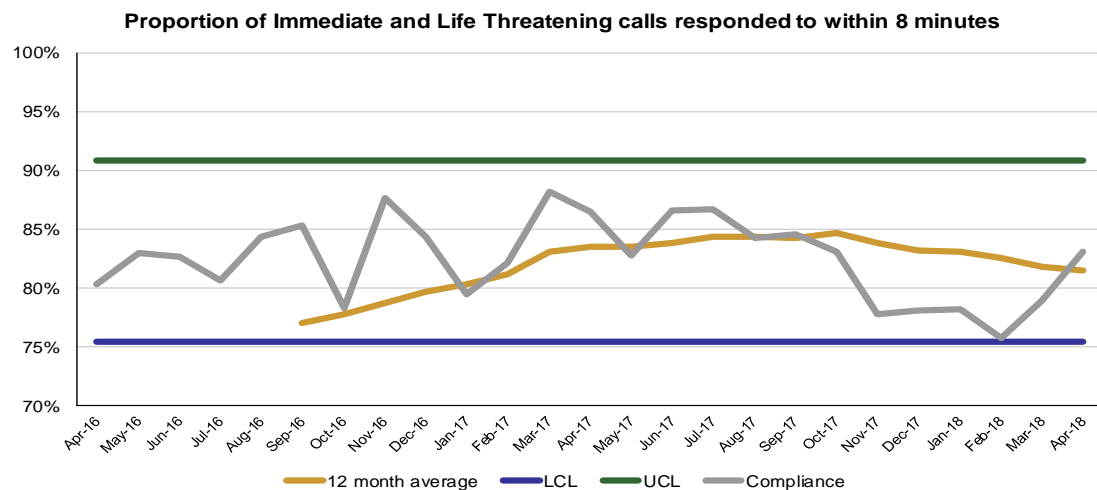
- Regular validation of PARIS in place based on weekly monitoring reports
- Booking in turn on a weekly basis to utilise every available slot that becomes available
- Strict adherence to booking rules and where appropriate clock readjustment in place
- Suspension put in place for family choice
- Phoning all patients to check attendance daily
- Refilling all cancelled slots
- Utilising any DNA slots to make phone calls and start assessments
- Continuing to utilise additional slots where these can be sourced from limited pool.

In respect of part 1b, a service plan for delivery of the Matrics Cymru, which has resulted in an increased level of capacity being required to meet demand for a wider variety of specific one-to-one psychological interventions, is being considered. The plan is also working around the new reporting guidance recently received from WG and used in this report.

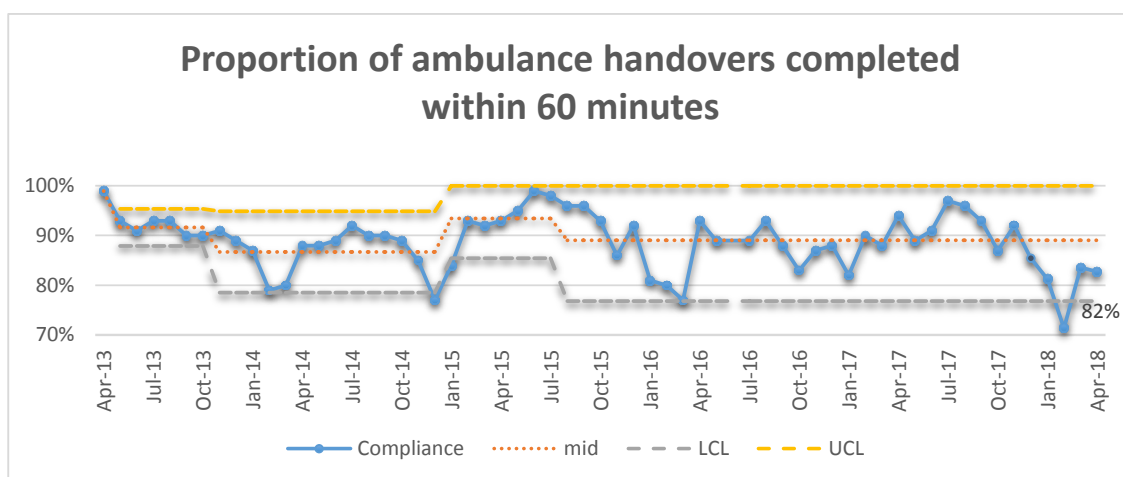
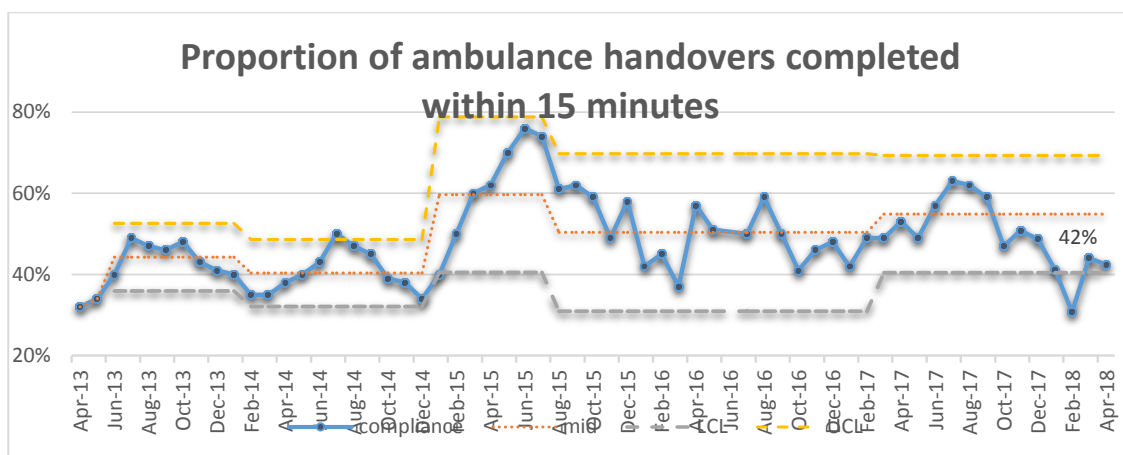
(For information Matrics Cymru provides evidenced based (including NICE) guidelines for the delivery of psychological therapies and is markedly affecting what interventions we deliver and how we deliver them.

3) UNSCHEDULED CARE

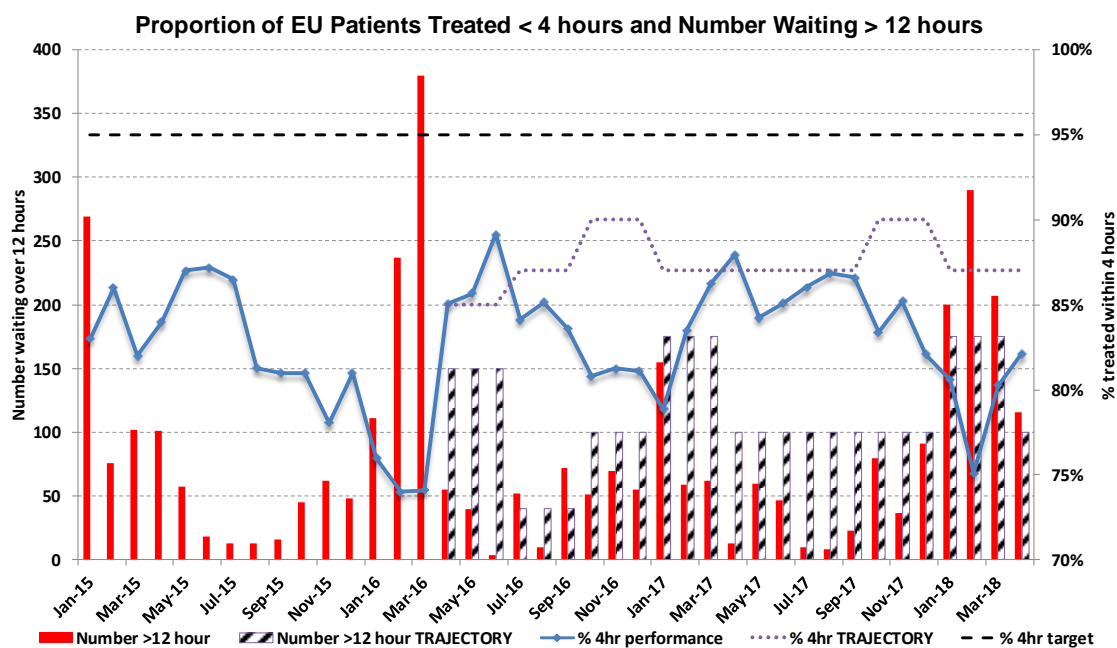
The proportion of immediate and life threatening calls responded to within 8 minutes was 83% in April, in line with the 12 month average of 82%, and above the Welsh Government target of 65%.



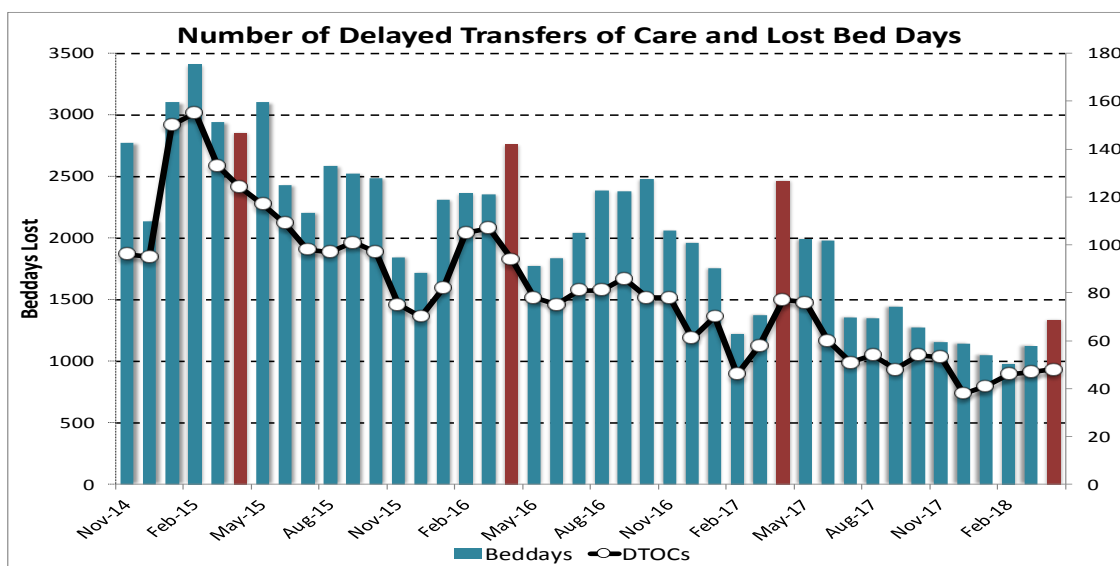
In respect of ambulance handovers, 42% of patients were handed over within 15 minutes and 83% of patients handed over within an hour. The WG minimum standard is 60% within 15 minutes, and 100% within 60 minutes. The UHB's improvement trajectory is 84% within 1 hour.



The proportion of patients admitted, discharged or transferred within 4 hours rose in April to 82.1%, against the WG expected level of performance of 95% and the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours decreased to 116, which is above the IMTP trajectory of 100 and in excess of 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 April 2018 census point, the UHB recorded that 48 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1338 in the month, equating to 45 beds per day. This marginal increase is similar to seasonal trends.



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	Mar-18	Mar-18	Mar-18	Mar-18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	71.4%	1051	66.6%	1006
AB	75.3%	752	67.2%	537
BCU	67.8%	2058	73.8%	1170
C&V	80.2%	207	78.9%	344
CT	81.6%	516	68.9%	11
HD	80.3%	860	58.9%	303
Wales	75.6%	5444	69.6%	3417
C&V Rank	3/6	1/6	1/6	3/6

The UHB is ranked 4th for delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, whilst the Mental Health rate is ranked 2nd out of 6.

February-18		Wales	ABM	AB	BCU	C&V	CT	HDda	Powys	C&V Rank
No. of DTOCs per 10,000	Non Mental Health (Age 75+)	143.1	123.0	182.1	154.7	149.3	127.2	89.8	175.6	4/7
	Mental Health (all Ages)	3.1	5.8	2.0	3.0	2.3	2.8	2.8	3.2	2/7

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.

What actions are we taking?

The Health Board continues to maintain and implement schemes predicted on ensuring the quality and safety of services is maintained and performance improved. These include:

- Extension until Mid-May of a number of schemes that had originally been put in place as part of the Integrated Winter Plan – including additional senior decision makers at key times; tactical deployment of additional bed capacity; and dedicated clinical team to review medical outliers
- Continued joint working with WAST to develop and implement new EU attendance avoidance pathways e.g. gynaecology, mental health, ACS
- Planning cycle in place for weekends and bank holidays
- In conjunction with our partners, a workshop was held on 2nd May to review the positives, challenges and learning from the 2017/18 Integrated Winter

Plan – the outcome of which will be used to inform development of the 2018/19 Integrated Winter Plan.

- Development of a Summer Plan to improve the unscheduled care system – which would lead into our Winter Plan. There are a number of areas of focus including an EU footprint review; specific pieces of work on discharges e.g. discharge to assess; Live Information system; and opportunities in UHL.

Enhanced performance management and focus on 4 hour and 12 hour waits and ambulance delays through EU performance huddle approach

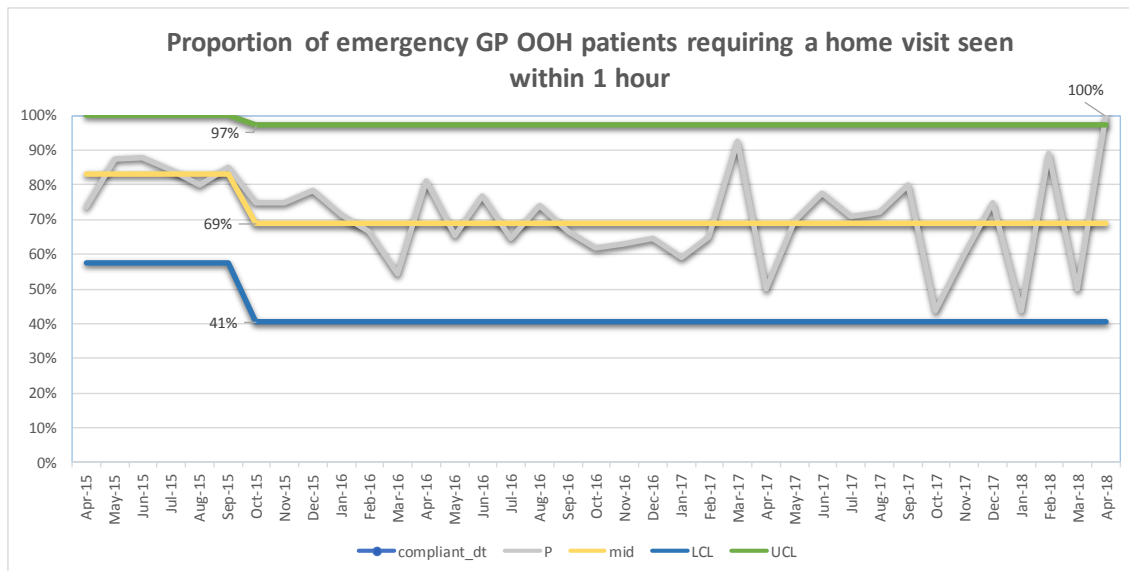
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

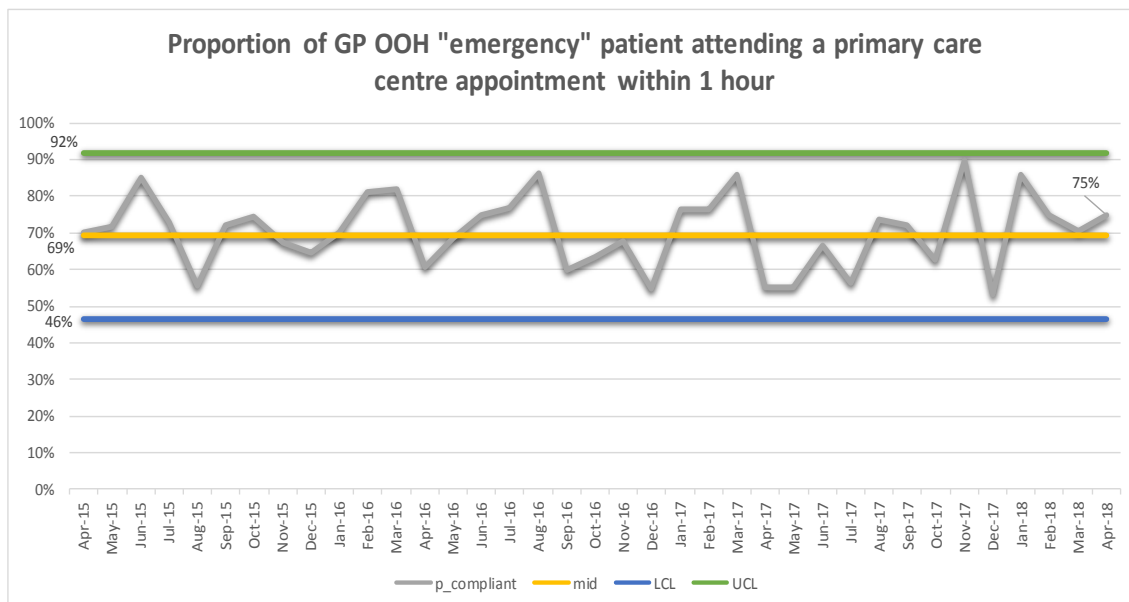
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance improved on all measures in March compared to April, as demand reduced and the shift fill rate improved 84% in April, from 79% in February.

Demonstrates that a standard has been achieved			Total Contacts= 9641			Total Contacts= 9310		
Demonstrates that a standard is within 10% of being achieved			Total Clinical Contacts Recorded on Adastra = 8494			Total Clinical Contacts Recorded on Adastra = 8141		
Demonstrates that a standard has not been achieved			Mar-18			Apr-18		
Demonstrates volumes only			Total	Result	Score	Total	Result	Score
Standard	Description	Target						
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	8424	6681	79%	8346	7244	87%
		100% ans. in 120 seconds	8424	7312	87%	8346	7672	92%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	8424	363	4%	8346	190	2%
Handling	% of calls recording the correct patient demographic information	100% Correct	8424	8424	100%	8346	8346	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2525	1783	71%	2329	1749	75%
	Longest time to triage an urgent call	Longest time		555			601	
	Average of the 10 longest times to triage an urgent call	Average time		400			390	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	4069	3061	75%	3971	3076	77%
	Longest time to triage a routine call	Longest time		1177			1068	
	Average of the 10 longest times to triage a routine call	Average time		748			815	
Immediate Life Threatening (ILT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	178	178	100%	176	176	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	8494	566	7%	8141	538	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	7	50%	7	7	100%
	The number of face to face contacts within two hours	100% seen within two hours	14	11	79%	7	7	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	193	143	74%	200	150	75%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	359	239	67%	331	238	72%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	8494	2544	30%	8141	2467	30%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	17	12	71%	4	3	75%
	The number of face to face contacts within two hours	100% seen within two hours	17	16	94%	4	3	75%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	351	249	71%	261	225	86%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2176	2076	95%	2202	2168	98%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	9350	9349	100%	9122	9122	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	8494	2515	30%	8141	2323	29%
	The number of calls advised to contact their GP within 24hrs.	No target	8494	2969	35%	8141	2811	35%
Referrals OUT	The number of referrals to the Emergency Department	No target	8494	503	6%	8141	514	6%
	The number of referrals to WAST	No target	8494	92	1%	8141	95	1%
	The number of referrals for direct admission	No target	8494	381	4%	8141	360	4%
Referrals IN	The number of referrals from the Emergency Department	No target	8494	16	0.2%	8141	28	0.3%
	The number of referrals from WAST	No target	8494	92	1%	8141	168	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	5202	4166	80%	4386	3686	84%
Complaints/Incidents								
Complaints	Total number of complaints received & number upheld	No target		3			8	
Compliments	Total number of compliments received	Volume only		2			2	
Significant Events	Total number of significant events recorded	Volume only		0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			0	

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour had previously been fluctuating wildly, between limits of 41% and 97%. Discrete performance in April was however 100%, with the notable change being a reduced level of demand. The mean performance is 69% compared with 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 75% in April. Performance has remained within the same process control limits for the past 36 months.



How do we compare with our peers?

Welsh Government have 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.

Feb-18	ABM	AB	BC	C&V	CT	HD	Powys	C&V
--------	-----	----	----	-----	----	----	-------	-----

								Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	78%	77%	63%	68%	54%	57%	83%	4/7
% very urgent patients seen<= 60 mins following clinical assessment	25%	72%	50%	85%	65%	67%	92%	2/7

What are the main areas of risk?

The two areas of concern are:

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

What action 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. As part of this:

- The pilot to examine the effectiveness of deploying a Paediatric Advanced Nurse Practitioner and a triage nurse with a background in Paediatrics was successful and the process is in motion to substantiate this development.
- The University have agreed in principle to provide opportunities to deploy an Advanced Paramedic in the out of hours service, the process for doing so is under consideration
- A 3 month pilot to examine the potential to use clinical practitioners including those with a paramedic background to complement the capacity to provide home visits starts in May, prior to the Bank Holiday.
- Interviews to build a clinical practitioner staffing bank have commenced, with the intention of the bank providing access to additional capacity on a flexible basis.
- A preferred options for improving the career progression of the clinical practitioners as a means of recruiting and retaining high quality individuals, has been presented by the service. The direct and wider implications are presently being considered
- Joint working arrangements have been established with Cardiff University to provide mentorship and exposure to the Out of Hours service for students undertaking the “Advanced Clinical Practice” qualification.
- Demand capacity analysis at a case mix level is close to completion to support both scheduling and skill mixing by hour of the week and week of the year.

In addition to the above, GP Out of Hours services across Wales, have been invited to work with WG to consider what the future performance measures and standards need to be to deliver on Welsh policy commitments.

5) STROKE

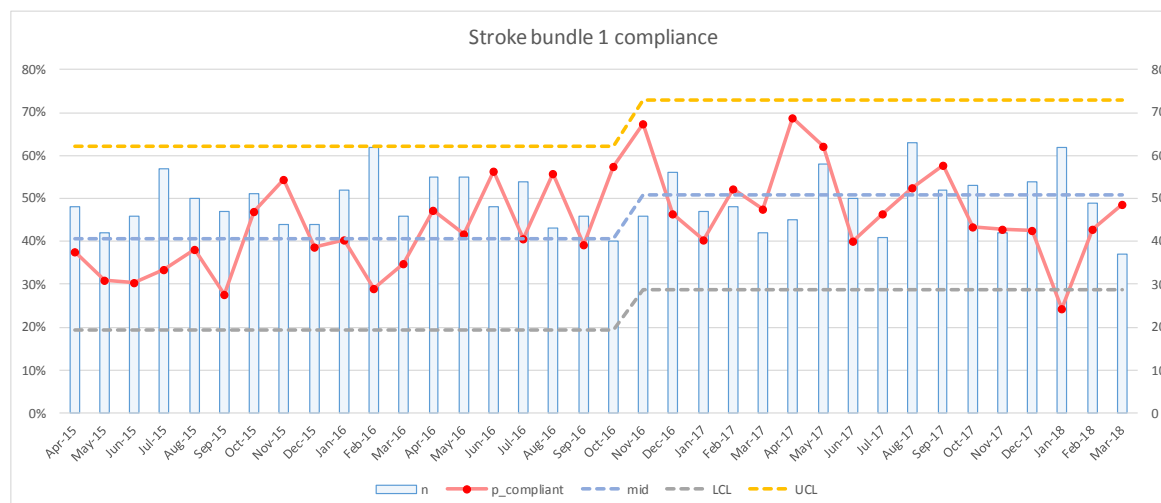
How are we doing?

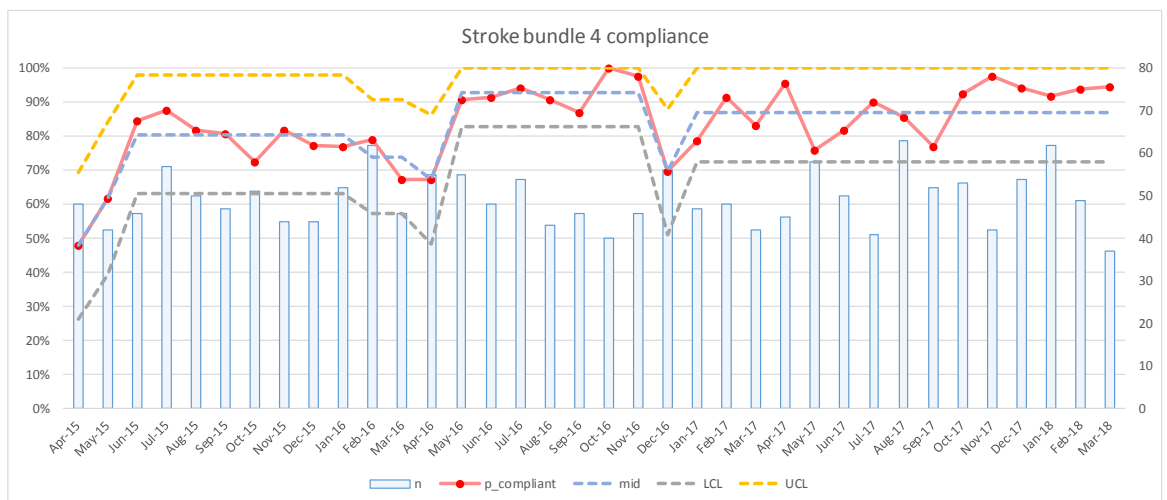
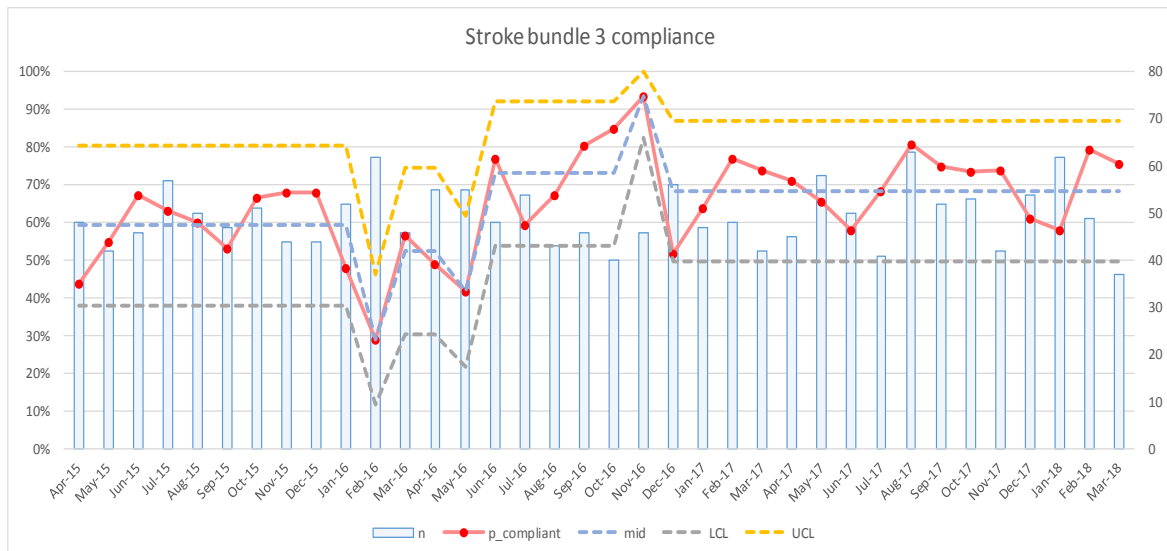
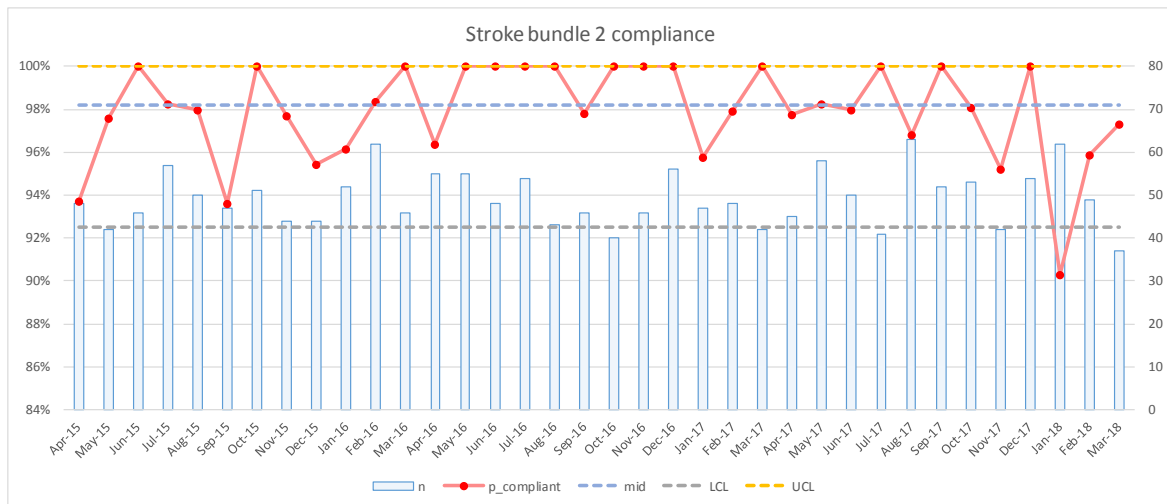
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

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.

WG benchmarking standard		IMTP trajectory	UHB in Mar-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	50%
12 Hour QIM	CT Scan within 12 hours	97%	97%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	81%
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 is improving back to the process mean:





The following table shows the UHB's performance against all of the QIMs:

Stroke Care Performance Indicators	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
1. Access													
1a - Percentage of All Stroke Patients Thrombolysed	16.7%	17.8%	17.2%	10.0%	7.3%	15.9%	19.2%	11.3%	9.5%	14.8%	11.3%	12.2%	18.9%
1b - Percentage of Eligible Stroke Patients Thrombolysed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2. Time													
2a - Thrombolysed Patients with Door-to-needle time <=45 mins	0.0%	0.0%	10.0%	40.0%	0.0%	20.0%	20.0%	0.0%	25.0%	12.5%	0.0%	16.7%	0.0%
2b - Thrombolysed Door-to-needle <=45 mins	14.3%	12.5%	10.0%	40.0%	33.3%	40.0%	30.0%	0.0%	25.0%	12.5%	14.3%	66.7%	14.3%
2c - Thrombolysed Patients with Onset-to-Needle time <=45 mins	0.0%	0.0%	10.0%	20.0%	0.0%	10.0%	10.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%
2d - Thrombolysed Patients with Pre and Post Discharge	100.0%	87.5%	100.0%	100.0%	66.7%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
72 Hour Pathway Care KPIs													
1. Within 4 Hours Care KPI	47.6%	68.9%	62.1%	40.0%	46.3%	52.4%	57.7%	43.4%	42.9%	42.6%	24.2%	42.9%	48.6%
1a - Direct Admission to Acute Stroke Unit	46.2%	67.5%	62.3%	42.6%	50.0%	52.5%	57.1%	44.9%	48.7%	45.1%	21.1%	43.5%	50.0%
1a - TRAJECTORY for above	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
1b - Swallow Screening	75.0%	82.9%	81.5%	63.8%	71.8%	71.7%	76.0%	66.0%	70.0%	73.6%	51.7%	60.9%	58.3%
2. Within 12 Hours Care KPI	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.3%	95.9%	97.3%
2a - CT Scan	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.3%	95.9%	97.3%
2a - TRAJECTORY for above	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%
3. Within 24 Hours Care KPI	73.8%	71.1%	65.5%	58.0%	68.3%	81.0%	75.0%	73.6%	73.8%	61.1%	58.1%	79.6%	75.7%
3a - Assessed by a Stroke Consultant	92.9%	86.7%	86.2%	76.0%	78.0%	95.2%	92.3%	92.5%	73.8%	72.2%	77.4%	85.7%	81.1%
3b - Assessed by a Stroke Nurse	95.2%	95.6%	93.1%	90.0%	97.6%	96.8%	92.3%	88.7%	92.9%	88.9%	77.4%	89.8%	89.2%
3b - TRAJECTORY for above	88.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%	89.0%
3c - Assessed by One of OT, PT, SALT	81.0%	84.4%	75.9%	72.0%	85.4%	85.7%	82.7%	81.1%	100.0%	90.7%	88.7%	93.9%	94.6%
4. Within 72 Hours Care KPI	83.3%	95.6%	75.9%	82.0%	90.2%	85.7%	76.9%	92.5%	97.6%	94.4%	91.9%	93.9%	94.6%
4a - Formal Swallow Assessment	76.9%	85.7%	73.7%	65.0%	82.4%	82.6%	75.0%	89.5%	100.0%	96.0%	95.7%	96.3%	95.2%
1a - TRAJECTORY for above	84.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
4b - OT Assessment	90.0%	100.0%	86.3%	94.0%	93.9%	92.9%	93.8%	91.3%	97.4%	94.0%	92.6%	93.5%	97.1%
4c - Physiotherapy Assessment	95.2%	100.0%	94.3%	98.0%	97.3%	95.0%	93.9%	100.0%	100.0%	98.1%	98.1%	100.0%	100.0%
4d - SALT Communications Assessment	90.9%	95.7%	75.0%	76.9%	90.9%	84.2%	78.8%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Patients Treated per Month	42	45	58	50	41	63	52	53	42	54	62	49	37

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 on a sustainable basis. It also indicates that the UHB is providing a more timely thrombolysis service than our peers.

February-18	Wales	ABM	AB	BCU	C&V	CT	HDda	C&V Rank
Direct admission to Acute Stroke Ward within 4 hours	41.5%	24.4%	41.8%	48.8%	40.7%	38.1%	61.7%	4/7
CT Scan within 12 hours	96.4%	96.4%	95.5%	94.1%	96.6%	97.6%	100.0%	3/7
Assessed by Stroke Consultant within 24 hours	85.3%	88.1%	97.0%	84.7%	82.8%	57.1%	90.6%	5/7
Door to Needle within 45 Minutes	26.1%	7.7%	20.0%	28.6%	66.7%	0.0%	44.4%	1/7

What are the main areas of risk?

These are the latest QIMs which are considered to be significant factors in improving health outcomes when delivered. As such failure to achieve them may have an adverse impact on patient care.

The greater operational challenges to delivery are:

- Inability to transfer patients to the acute stroke unit, where the stroke multi-disciplinary team is based, has a detrimental impact on provision of each of the later bundles, in particular clinical assessment within 24 hours.

What actions are we taking?

4hr Target:

- A second 90-day transformation programme has commenced led by a dedicated senior nurse and programme manager.
- In response to the number of 4hr breaches noted during the hours 5-8pm Monday to Friday, the Stroke nurse specialists are working extended hours up to 8pm. The pilot commenced on 9th April 2018
- A dashboarding tool to monitor and highlight reasons for discharge delays across the complete stroke pathway has been developed and is on track to become live at the end of May. This should improve flow across the pathway
- A Benchmark of high performing stroke services is taking place in May and June, which is anticipated to inform future service and system improvements.

Thrombolysis:

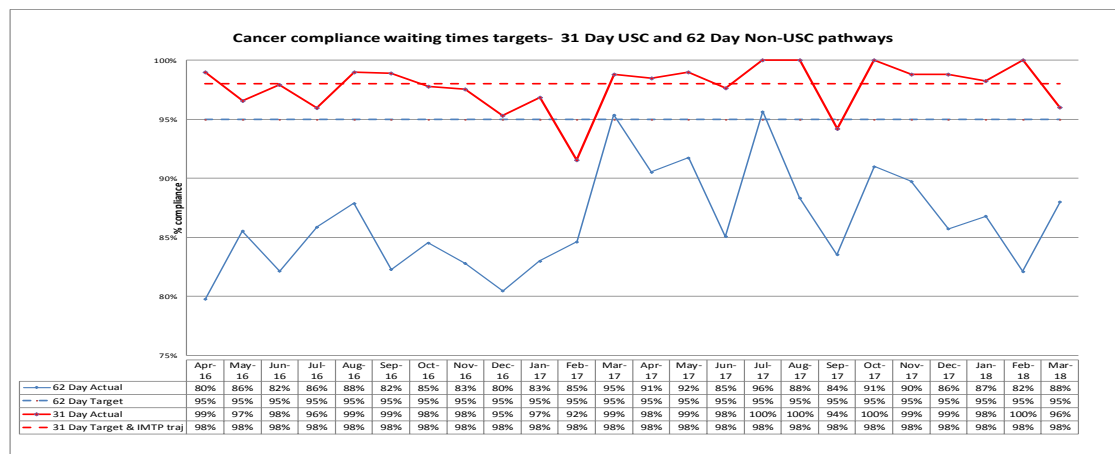
- The code Stroke 1 pathway has been process mapped and a pilot has commenced to further embed elements of the Helsinki Model. This is working well with further reductions in the “door to needle” time observed.
- Root Cause Analysis forms are being completed at weekly breach meetings for patients who have breached the 45 min target.

6) CANCER

How are we doing?

96% of cancer patients on the 31 day pathway were treated within the standard in March 2018, with 2 urology and 1 lung patient waiting in excess of 31 days. Performance over the year has been consistent in fluctuating around the 98.5% level, above the Welsh Government's minimum standard.

Reported performance against the USC 62 day target in March was 87%, below the UHB's IMTP trajectory for quarter 4 of 92%. There were 13 breaches in month, of which 4 were GI; 3 haematology; 2 breast; 2 Urology; 1 Lung; and 1 other. Performance for the complete year was 88% (1005/1142), 3 % higher than last year, with 55 more patients treated.



The UHB continues to prepare for the implementation of the 'single cancer pathway'. In line with Welsh Government requirements, the UHB submitted its shadow report on SCP performance in April for January data. The Health Board reported 100% compliance. It should be noted, however, that this is not a true reflection of ongoing SCP performance as the Welsh Government requirement for this month was to include those patients referred in January and treated in January.

How do we compare with our peers?

In February 2018, the UHB was 1 of 4 Health Boards compliant with the 98% delivery standard for the 31 day non-USC pathway. No health boards delivered the 95% 62 day USC standard.

Feb-18	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	93.7%	98.7%	99.3%	100%	99.2%	95.1%	97.5%	1/6
USC	82.6%	94.7%	86.6%	82.1%	84.3%	89.2%	87.0%	6/6

What are the main areas of risk?

The key risks to delivering the required quality and experience standards are:

- GI continues to be the single biggest issue for the UHB. Whilst the issues are fully understood, these are multi-factorial. Actions to address these are being progressed - see actions being taken section below.
- We continue to treat patients in turn or according to their clinical priority but remain aware that our backlog of untreated patients waiting > 62 days fluctuates and remains too high. The UHB needs to further reduce the backlog across all tumour sites to be assured of continuous improvement and achieving the levels of performance set out in our IMTP.
- Waits for 1st new appointment for Breast are too long – although plans have now

been agreed to reduce these back down to 3 weeks.

What actions are we taking?

As reported last month, the single biggest challenge for the UHB is Gastrointestinal (GI). The issues are multi-factorial and we continue to implement a range of improvement cycles, including:

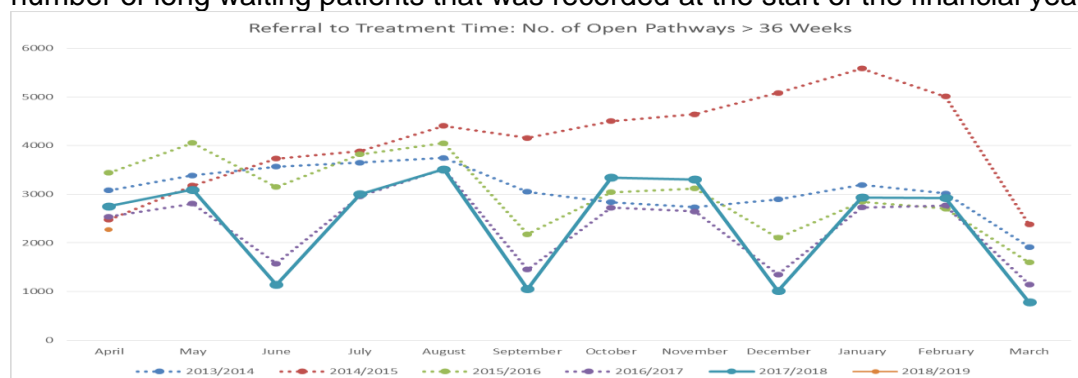
- Refined endoscopy referral process
- Pilot initiative to provide CT Colonograms on the same day as the colonoscopy in UHL.
- A new process for expediting diagnostic delays; continued reduction of endoscopy waits; and CPEX delays, working across the 3 clinical boards who deliver the services.
- Inclusion of GI patients in Tentacle, the Health Board's tracking system. This will continue to be developed over the next 6 weeks in order to support proactive management, and automated validation

7) ELECTIVE ACCESS

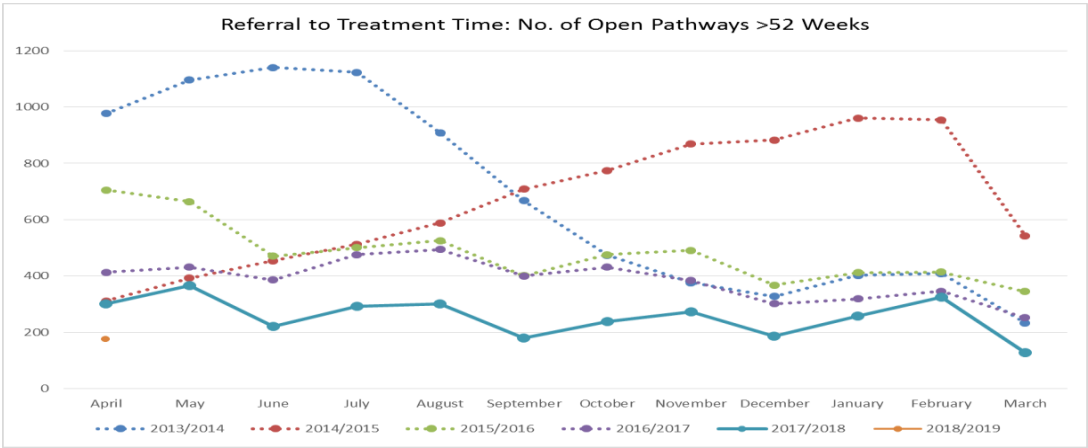
How are we doing?

There were 11140 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of March, equating to 86.5% of patients waiting under 26 weeks, against the IMTP trajectory of 86%.

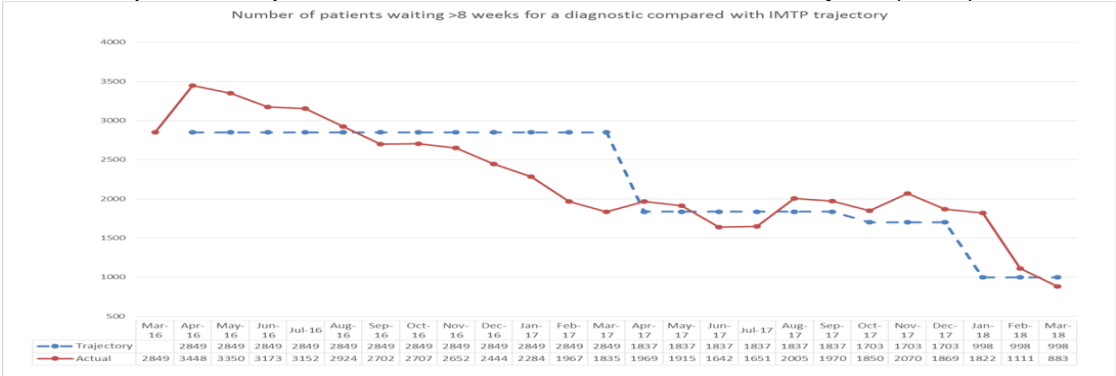
The number of patients waiting over 36 weeks reduced to 783 at the end of March, meeting the UHB's revised trajectory of 800. This is a one third reduction in the number of long waiting patients that was recorded at the start of the financial year.



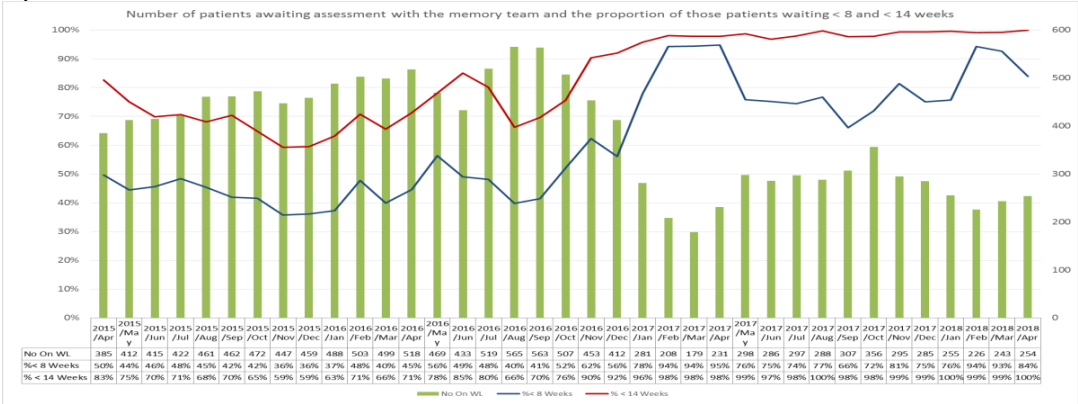
There has also been a significant decrease in the numbers of our longest waiting patients. With 129 patients waiting greater than 52 weeks at the end of March, a 50% reduction.



The Health Board also reduced the number of patients waiting greater than 8 weeks for a diagnostic test at the end of March 2018 to 883, against a revised target of 998. This position represented a 52% reduction on March last year (1837).



At the end of April 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, did however decrease from 94% in February to 84% in April 2018.



How do we compare with our peers?

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

and 7th for the number of patients waiting in excess of 8 weeks for a diagnostic.

February 2018	Wales	ABM	AB	BC	C&V	CT	HD
% < 26 weeks – RTT	87.3%	87.5%	91.1%	83.2%	86.1%	91.3%	87.0%
No. > 36 weeks – RTT	19031	4111	1122	7933	2921	514	2430
No. > 8 weeks diagnostic	4129	278	550	1052	1111	1071	66

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
- Reliance of external providers

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

- Development and monitoring of demand and capacity plans as part of its annual and quarterly Planned Care planning cycle
- Early decision making to smooth activity across the year and maximise opportunities for improvement

8) HEALTHCARE ACQUIRED INFECTIONS

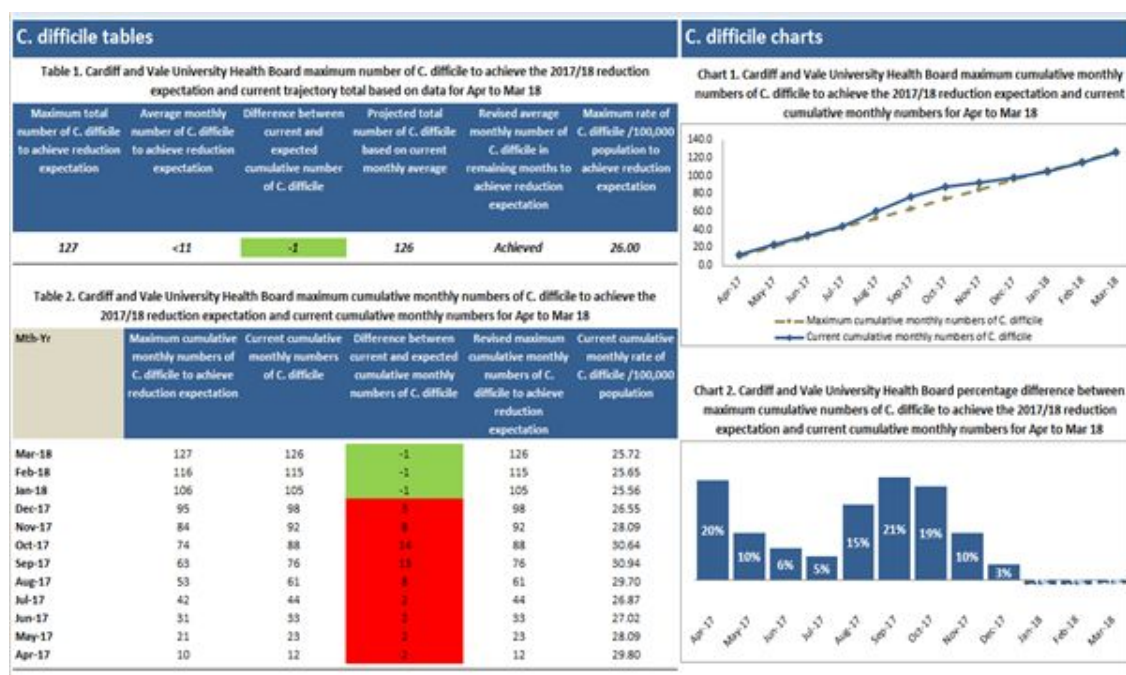
How are we doing?

The requirements for Cardiff and Vale UHB were as follows:

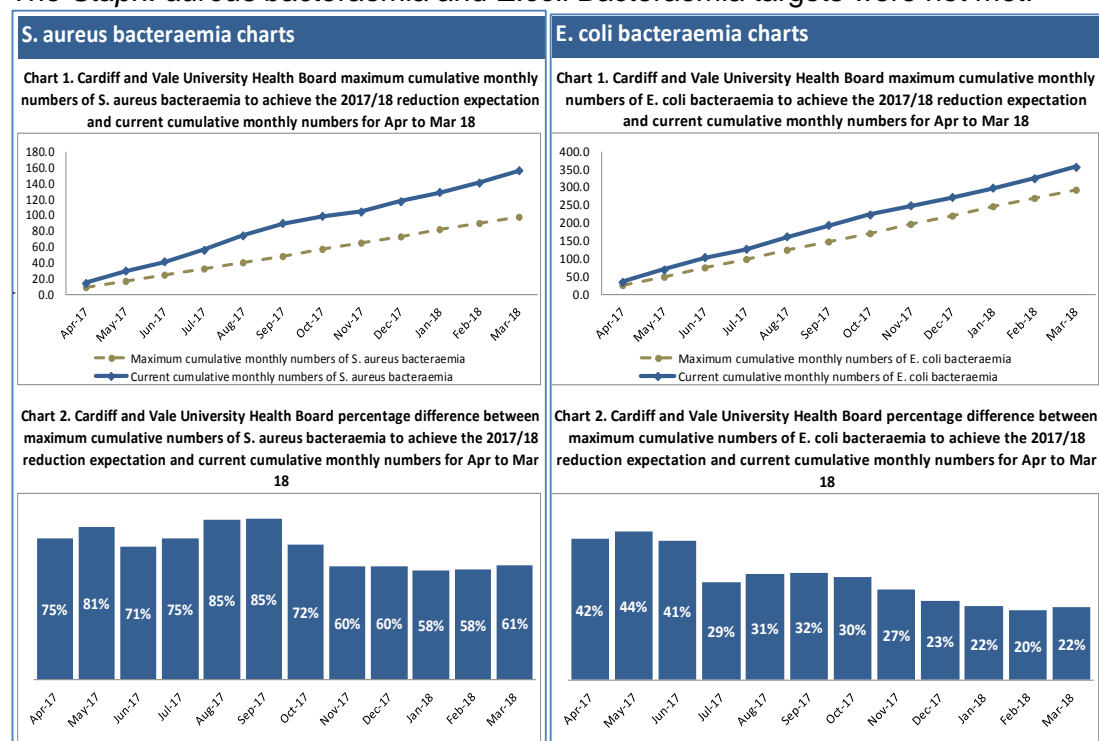
- *C.difficile*: To reduce to 26 cases per 100,000 population by end March 2018.
- *Staph. aureus* bacteraemia: To reduce to 20 cases per 100,000 population by end March 2018.
- *E.coli* bacteraemia: To reduce to 60 cases per 100,000 population by end March 2018.

Position at end March 2018:

The target set for *C. difficile* was achieved.



The *Staph. aureus* bacteraemia and *E.coli* Bacteraemia targets were not met.



The Welsh Government published the targets for 2018/19 on 4th May. These require:

- Further 10% reduction in rate of *C. difficile* disease against achievement of 2017-18.

- *Staph. aureus* bacteraemia to reduce to 20 cases per 100,000 population
- *E.coli* bacteraemia to reduce to 60 cases per 100,000 population
- *Klebsiella* Sp. and *Pseudomonas aeruginosa* bacteraemia will be added to the reporting dashboards – a 10% reduction in numbers of cases compared to 2017-18 will be expected.
- For the first time Antimicrobial Prescribing Goals have also been included in the direction to Health Boards.
 - Primary and secondary care required to reduce total volume of antimicrobial usage by 5%.
 - Secondary care to increase the proportion of antimicrobial usage within the WHO access category of antimicrobials to $\geq 55\%$ of total antibiotic consumption in DDDs.

Position at end April 2018 – 1st month of data:

C.difficile: 3 cases of *C. difficile* were documented in April 2018. This is the lowest number of cases of *C. difficile* in a month since August 2006.

Staph. aureus blood stream infections: 11 cases of *Staph. aureus* bacteraemia were documented in April 2018, including 1 case of MRSA bacteraemia. Unfortunately this number continues the trend of higher numbers of bacteraemia than we need to see to realise an improvement.

E.coli blood stream infections: 24 cases

Pseudomonas aeruginosa blood stream infections: 2 cases

Klebsiella sp. Blood stream infections: 4 cases.

How do we compare with our peers?

Comparative data is not available for this first month of the financial year.

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

A detailed organisational plan to address the new requirements is being prepared by the Infection Prevention and Control Group and should be completed by June 2018. Otherwise our planned work remains as highlighted previously:

- to continue to improve our position for *C. difficile* disease, sustaining the achievements already made.
- To re-invigorate work to tackle *Staph. aureus* bacteraemia.
- To effectively link work to improve Antimicrobial Stewardship with work to reduce the burden of Gram negative bacteraemia and *C. difficile* disease.
- To ensure that the Multi-drug resistant organism IP&C procedure and risk assessment are embedded effectively across the organisation.
- To address environmental and infra-structure issues which increase our risks of outbreaks of infectious diseases.
- To ensure that quality improvement methodology – the LIPS programme and

the 1000 Lives HCAI & AMR collaborative are all used in support of addressing HCAs and Antimicrobial Resistance.

9) FINANCE

How are we doing?

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not acceptable due to assumptions around additional funding. 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 was not acceptable by Welsh Government.

The Health Board reconsidered its position at its March 2018 Board Meeting and following helpful 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 has been shared with Welsh Government and is currently the position that the UHB is working towards.

Reported month 1 position

At month 1 the UHB is reporting a deficit of £1.809m comprised of the following:

- £1.658m planned deficit (1/12th of £19.900m);
- £0.151m adverse variance against plan.

Income/Pay/Non Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Income	(106.470)	(106.052)	0.418	(106.470)	(106.052)	0.418
Pay	49.155	49.233	0.078	49.155	49.233	0.078
Non Pay	58.973	58.628	(0.345)	58.973	58.628	(0.345)
Variance to Draft Plan £m	1.658	1.809	0.150	1.658	1.809	0.150
Planned Deficit	(1.658)	0.000	1.658	(1.658)	0.000	1.658
Total £m	0.000	1.809	1.809	0.000	1.809	1.809

The £0.151m adverse variance against plan primarily related to overspends against ward nursing budgets totalling £0.245m within the Medicine, Mental Health and Surgery Clinical Boards.

It is important to note that this position excludes the financial impact of unidentified savings schemes and mitigating actions, which will be profiled into the position later in the year if they remain unachieved.

Progress against savings targets

Progress against the devolved 3% recurrent and 1% non-recurrent savings targets at the week commencing 23rd April is detailed below:

Clinical Board	Recurrent			Non-Recurrent		
	18-19 3% recurrent	Identified Green & Amber	Identified Green & Amber	18-19 1% non-recurrent	Identified Green & Amber	Identified Green & Amber
	£'000	£'000	%	£'000	£'000	%
PCIC	4,950	4,950	100%	1,650	428	26%
Mental Health	2,205	1,182	54%	735	714	97%
CD&T	2,582	1,630	63%	861	589	68%
Surgery	3,536	2,306	65%	1,179	460	39%
Specialist Services	3,029	1,076	36%	1,010	1,267	126%
Capital Estates and Facilities	1,935	1,364	70%	645	91	14%
Children & Women	2,663	1,591	60%	888	307	35%
Medicine	2,816	1,561	55%	939	183	19%
Corporate Execs	1,022	521	51%	341	0	0%
Dental	600	63	11%	200	135	68%
Total	25,335	16,244	64%	8,445	4,174	49%

Of the £9.3m financial improvement target, £7.2m remains unidentified.

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 £39.6m.

Creditor payment compliance: Month 1 non-NHS Creditor payment compliance was 92.4% for April, below the 95% 30 day target.

Remain within Capital expenditure resource limit: THE UHB had an approved annual capital resource limit of £36.099m at the end of April. Capital expenditure for April was £0.568m against an in month target of £0.570m.

Cash: The UHB has a forecast cash deficit of £28.791m. Cash management plans will be developed if Welsh Government cash support is not provided. The UHB cash balance at the end of April was £2.305m.

What are our key areas of risk?

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

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

- Identification of opportunities to deliver the £9.3m financial improvement target;
- Managing operational service pressures within current budgets.
- Managing down the underlying deficit

What actions are we taking to improve?

Delivery of savings targets - the impact of any CRP shortfall will be reflected in the month 2 position. All budget holders are required to prioritise the identification and implementation of schemes as a matter of urgency to ensure a full savings plan is in place. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

Delivery of financial improvement target - the UHB is undertaking further work to refine this plan and further options are being considered to manage the financial risks in delivering the improvement target.

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 Board is asked to **CONSIDER** UHB current performance and the actions being taken to improve performance.

CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Paediatrics, Obstetrics & Neonatal (PON) Project Board. Lead planner: Marie Davies, C&V (Chair) <div>A</div>	<ul style="list-style-type: none"> Cwm Taf formally provided revised projections of cross border activity flows and projected NICU cot requirements; requires clinical agreement across UHBs regarding operational and workforce arrangements and WHSC contract variation for NICU flow changes. Financial / tariff details relating to this still awaited, but expected to be confirmed before the end of July; including approach to retrospective adjustments in event of activity differing significantly from projections. 	<ul style="list-style-type: none"> Obs, Paeds and Neonatal T&F groups now working on detailed service specifications, operational pathways and supporting workforce plans over next 2-3 months. Chris Lewis (ADoF C&V) to resume lead role for C&V in finalising negotiations with CT regarding finance/contracting adjustments to support proposed service changes. 	MD
		Key milestones & dates (as per each service heading below)	
Paediatrics C&V leads: Planning – Marie Davies Paediatrics: <i>Jennifer Evans</i>	<ul style="list-style-type: none"> Cwm Taf UHB progressing detailed planning for the opening of the new paediatric assessment unit at Royal Glamorgan, which remains on course for September 2018. This includes final scrutiny of the proposed medical model, together with finalising contingency arrangements e.g. for the management of seriously ill paediatric walk-ins presenting at the assessment unit. A service specification document is being prepared as a summary of the agreed future model and supporting arrangements. 	<ul style="list-style-type: none"> Clinicians to agree revised pathways across the region to support the interim and longer term plans and ensure seamless arrangements across the two HBs. Costed implementation plan to BCAG for additional activity. 	
		Key milestones & dates <ul style="list-style-type: none"> June 18 – agreement of final tariff arrangements July 18 – activity business case to BCAG Jun 18 - sign off of revised pathways and service specification Sep 18 – implementation of final clinical model 	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

Obstetrics Lead planner: Rachel Marsh, CT C&V Clinical Lead – Pina Amin Planning – Marie Davies Planning: David Hanks	<p>Service planning arrangements remain as previously advised, with all consultant-led obstetrics at Royal Glam being transferred to PCH in Sep 2018. Those women within Cwm Taf who choose to give birth at UHW will be able to do so once the new UHW capital facilities are completed and operational in Feb 2019. Estimate remains that this will result in 635 additional births at UHW, and an implementation plan for the extra capacity and staffing required to accommodate this will be finalised as soon as the activity-based tariff funding details are formally confirmed.</p> <p>Inter service visits between senior clinicians are being arranged to enhance familiarity with neighbouring protocols and practices, with the particular aim of ensuring a smooth and seamless pathway for women who will receive their obstetric care in more than one health board area. Some elements of the service specification remain yet to be finalised. The sustainability of the interim service arrangements at Cwm Taf remain under regular review, with contingency / escalation measures in place should these be required.</p>	<ul style="list-style-type: none"> • Agree revised pathways across the region to support the interim and longer term plans and ensure seamless arrangements for mothers receiving their maternal care across two HBs. • Close monitoring of planned cross boundary bookings and births, to monitor any significant deviations from revised projected figures and ensure services are able to respond. • Costed implementation plan to BCAG for additional activity. • Revenue business case for additional consultant appointments (standards compliance). <p>Key milestones & dates</p> <ul style="list-style-type: none"> • June 18 – agreement of final tariff arrangements • June 18 - sign off of revised pathways and service specification • June 18 – activity business case to BCAG • Sept 18 – initial transfer of Royal Glam activity to PCH Merthyr • Feb 19 – transfer of agreed activity from PCH to UHW and implementation of final clinical model 	
Neonatal Lead planner: Sam Williams, ABM C&V Clinical lead: Jenny Calvert Planning – Marie Davies Planning: David Hanks	<p>Task and finish group not currently meeting, as baseline assessments of cross-health board activity adjustments, cot provision and future requirements across Wales are being led by WHSSC. It is envisaged that once this work is completed, the group will be reconvened (1) to oversee the neutral transfer of resources between HBs in response to projected changes in activity flow and (2) to develop a regional-wide business case for investment to bring the service across the region fully in line with BAPM standards. This would cover senior clinician presence, nurse staffing ratios and a range of therapy and diagnostic support</p>	<ul style="list-style-type: none"> • WHSSC/UHB to agree cost neutral post implementation activity commissioning position; neonatal capacity across the region; and business case priorities for future investment <p>Key milestones & dates</p> <ul style="list-style-type: none"> • Jun 18 – agreement of revised activity commissioning with WHSSC • Jun 18 - sign off of revised pathways and service specification • Jul 18 - confirm local resource requirements to support revised activity commissioning • Feb 19 – implementation of final clinical model 	
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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

	<p>including physiotherapy, occupational, therapy, dietetics, psychology, pharmacy and radiology.</p> <p>Concerns remain within the service that until a business case is agreed, submitted and approved, the neonatal service at UHW continues to provide sub-optimal clinical outcomes and length of stay. A separate SBAR and service risk log has been developed for this purpose, which will form the basis of future discussions between the Clinical Board and WHSSC.</p>		
<p>ENT Lead planner: Ruth Treharne, CT</p> <p>C&V Clinical lead: Alun Tomkinson.</p> <p>C&V reps ENT Implementation Team: Surgery - Alun Tomkinson Surgery CB - Mike Bond Programme Mgt - Emma Wilkins</p>	<ul style="list-style-type: none"> Reviewing data to ensure no significant difference in volumes from 2014. Engagement with wider group of clinicians from emergency medicine, anaesthetics and max fax to discuss the proposal, answer queries and discuss any potential concerns. Discussed engagement proposal with CHC who are happy to progress through regional structure and to do this jointly with vascular. 	<ul style="list-style-type: none"> Agree clinical risks and progress with developing mitigations. Agree service model. 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> TBC – agree financial impact of the change TBC – agree workforce implications of the change TBC – complete engagement January 2019 – sign off proposed changes March/April 2019 – revised model in place 	
<p>Vascular Lead planner: Ian Morris, AB</p> <p>C&V leads: Planning - Lee Davies Surgery CB - Mike Bond CD&T CB - Matt Temby</p>	<ul style="list-style-type: none"> Consultant engagement meetings held with vascular and interventional radiology reps from across UHBs. C&V/CT preferred option is phased approach. ENT theatre changes (UHL) required to create capacity at UHW. CHC supportive of joint engagement on proposed/planned changes for ENT and Vascular. Modelling on impact of Vascular/Interventional Radiology to be completed Spring 2018. 	<ul style="list-style-type: none"> Capital BJC to be submitted to WG summer 2018. Pursue employment options e.g. C&V hosting IR consultants across the region. Phased implementation of model – plan to be developed. 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> Bed and theatre plans for phased implementation to be developed. CEOs to meet to discuss modelling early April. 	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

Diagnostics Lead planner: Ruth Treharne, CT C&V Clinical Lead: Mike Bourne CD&T CB - Matt Temby Planning - Linda Donovan	<ul style="list-style-type: none"> Capacity requirements for 2017/18 and subsequent two years modelled. Two sub groups established for EUS/RFA and Endoscopy – C&V representation on both. Next meeting 20.04.18. 	<ul style="list-style-type: none"> On-going clarification of interplay between National Task Force, National Imaging Board and Regional Planning group and priorities. Standardised demand and capacity modelling across the region to be developed with DU support. Diagnostic pathways to be transformed – reduce access and treatment times. 	
		Key milestones & dates <ul style="list-style-type: none"> To be determined. 	
EUS/RFA Lead planner: Rachel Marsh, CT C&V leads: Radiology – Ashley Roberts Surgery – Wyn Lewis Medicine – John Green Respiratory – Diane Parry Planning – Marie Davies	<ul style="list-style-type: none"> Meeting 05.03.18. C&V scoping work identified potential additional capacity for short term solution. 	<ul style="list-style-type: none"> Baseline data to be collected. Current and future D&C gaps and workforce requirements to be finalised. Proposal for Regional EUS service - option appraisal to be undertaken. Option for regional Oesophageal RFA service to be reviewed 	
		Key milestones & dates <ul style="list-style-type: none"> Recommendation on RFA options – timescale to be confirmed at April meeting. 	
Endoscopy Lead planner: Rachel Marsh, CT C&V leads: Medicine - John Green Medicine - Jeff Turner Directorate – <i>Hannah Rix</i> Planning – Linda Donovan	<ul style="list-style-type: none"> General expectation that demand will outstrip capacity even across the region. Regional solution to be explored – scoping of options to be undertaken. Meeting 19.03.18 – cancelled; to be rearranged. 	<ul style="list-style-type: none"> Baseline data to be collected including demand management methodologies and ERCP services. Current and future D&C gaps and workforce requirements to be finalised. Audit on referrals, validation process and validation outcome. 	
		Key milestones & dates <ul style="list-style-type: none"> Detailed action plan for collaboration to be agreed. 	
Ophthalmology Lead planner: Nicola Prygodzicz, AB	<ul style="list-style-type: none"> 2018/19 Demand and Capacity assessment at sub specialty level. Sub-speciality collaboration: <ul style="list-style-type: none"> Glaucoma 	<ul style="list-style-type: none"> Identify opportunities for regional solutions. Electronic Patient Record is key enabler. Switch to Primary Care – need expansion of services. 	
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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

C&V leads: Planning - Lee Davies Surgery CB - Tina Bayliss	<ul style="list-style-type: none"> ○ Wet AMD ○ Cataracts; ○ Oculoplasty; ○ Cornea; ○ Diabetic retinopathy; ○ Paediatrics. <ul style="list-style-type: none"> • With exception of PoW, HBs are over-reliant on additional/external capacity to meet demand. 	Key milestones & dates <ul style="list-style-type: none"> • Regional Ophthalmology Plan for 2018/19 available by end of March 2018 and featured in each HB IMTP. 	
Orthopaedics Lead planner: Abi Harris, C&V C&V leads: Orthopaedics – Simon White Surgery CB – Mike Bond Planning - Marie Davies Planning - David Hanks	<ul style="list-style-type: none"> • Completion of 2018/19 demand/capacity assessments across the region to a common methodology aligned to the National Planned Care approach. • Assessment of the recent Welsh Government discussion paper on elective orthopaedic services • Commencement of a more detailed analysis of capacity and pressure points at sub-specialty level (beginning with knees), with a view to building a comprehensive picture (broken down by consultant) of best practice, benchmarks, current constraints and future opportunities/potential for collaboration and improvement. 	<ul style="list-style-type: none"> • Review and update the 2018/19 demand/capacity assessments to incorporate the final backlog figures carried over from end March. • Complete detailed scoping documents for the agreed sub-specialties • Review the first draft regional action plan that has been circulated to group members Key milestones & dates <ul style="list-style-type: none"> • May 18 – Update 2018/19 demand and capacity assessments, complete specialty scoping documents and review first draft regional plan • Sep 18 - Clarify any issues arising from the above analysis, and use information obtained above to develop prioritised regional action plan. Submit action plan with key milestones as a comprehensive response to the recent Welsh Government paper. 	
NHS COLLABORATIVE			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Major Trauma Spec Svs CB – Nav Masani Clinical Lead: Melissa Rossiter	<ul style="list-style-type: none"> • Consultation completed. Outcome reported to Boards March 2018. All HBs supported recommendations of the Independent Panel. • MT Clinical Lead working with key individuals. 	<ul style="list-style-type: none"> • Progress implementation of MT database. • Finances to be refreshed when updated figures/data received (post implementation of EMRTS). 	
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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

Programme Mgt – Emma Wilkins <div>A</div>	<ul style="list-style-type: none"> MT Capital Planning Project Team established – to consider capital requirements and fit/alignment with other UHB capital schemes. 	Key milestones & dates <ul style="list-style-type: none"> March 2018 - Health Boards approved outcome of consultation. 	
HASU <div>A</div>	<ul style="list-style-type: none"> SIG, Chaired by Ann Lloyd proposed 5 HASUs in Wales (1 X BCUHB; 1 x ABMU; 3 x SE Wales – UHW, PCH or RGlamH, Gwent). Internal Multi CB Stroke Delivery Group to determine UHB model (Sp Svs/Med/CD&T). Clinical Lead to be agreed. All Wales HASU meeting 30.04.18 – led by Dr Phil Jones, National Clinical Lead (Wales) for Stroke. 	<ul style="list-style-type: none"> Regional meeting concluded that regional planning for a should lead local planning C&V service model to be determined. Internal SDG to meet. 	
SARC Lead planner: Rachel Hennessey, C&V <div>A</div>	<ul style="list-style-type: none"> Work ongoing: <ul style="list-style-type: none"> C&V UHB has recruited programme director & programme structure to take forward the multi-agency, South Wales wide implementation planning to deliver service model developed through NHS Wales Health Collaborative SARC project now in place. 	Key milestones & dates <ul style="list-style-type: none"> Regional HASU models agree – timescales and outline plan to be agreed on 30.04.18. 	
		<ul style="list-style-type: none"> Develop BJC for Capital solution –based on agreed NHS Wales Health Collaborative proposals 	
		Key milestones & dates <ul style="list-style-type: none"> June 2018 – Inaugural Multi-agency Network Project Board to confirm: ToR, Programme Structure, draft work programme & key deliverables with South Wales stakeholders 	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

WHSSC (Welsh Health Specialised Services Committee)			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Thoracic Surgery Clinical Lead: Specialist Services CB ABMU Implementation Plan Group - C&V reps: Clinical: Margaret Kornaszewska Operational: Nick Gidman Planning: Linda Donovan/Anne Wei Financial – Hywel Pullen	<ul style="list-style-type: none"> WHSSC led Thoracic Surgery Service consultation to run 2 July – 24 August on the Independent Panel's recommendation that a single site be established for South Wales, based at Morriston Hospital, Swansea. Outcome of consultation to be considered by Boards in September. 	<ul style="list-style-type: none"> Local programme of consultation activity being developed in liaison with CHC. To include multiple opportunities for public and staff engagement. Further work on implementation and potential consultation underway. UHB Clinical, Operational, Financial and Planning representatives on ABMUHB Implementation Planning Group (Executive overview from GS and AH). 	
		Key milestones & dates <ul style="list-style-type: none"> ABMU implementation plan to be submitted to WHSSC Joint Committee by 08.05.18. 	
NICU Clinical Lead: Children & Women CB	<ul style="list-style-type: none"> Revenue business case required for additional consultant to meet standards compliance 		
		Key milestones & dates <ul style="list-style-type: none"> Submission to BCAG June/July 2018 	
Transgender Service	<ul style="list-style-type: none"> Business case developed for submission to Welsh Government, initial discussion at BCAG, further refinement of case and clinical model required. 		
		Key milestones & dates <ul style="list-style-type: none"> Not yet determined 	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

Local Planning			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Theatres/Haematology/Radio Pharmacy Block Clinical Leads: Surgery/Specialist/CD&T Clinical Boards Planning Lead: Marie Davies/Lee Davies <div>R</div>	Business Cases Strategic Context Paper for Theatres/Haematology/Radio Pharmacy Block Paper produced in relation to the development of a strategic context development plan for the above, within C&VUHB, for next 10-15 years. Paper provides the rationale for developing several business cases as detailed below. Tranche 1 Business Cases SOC/OBC will include new accommodation based on requirement to address environmental deficiencies for: <ul style="list-style-type: none"> the replacement of 5 of the main theatres as well as 2 decant theatres linked to the existing theatre accommodation; <i>Haematology facilities</i> - Development of facilities for Haematology has been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns <i>Radio Pharmacy facilities</i> - Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes. BJC – Replacement of theatres 5&6 at UHL BJC - Hybrid & Major Trauma Theatre at UHW Development of the BCs is progressing Tranche 2 Business Cases <ul style="list-style-type: none"> UHW – Rolling refurbishment of main theatres 	<ul style="list-style-type: none"> Pace of development of Business Cases - Project team has been established but project management resource is lacking. 	
		Key milestones & dates <ul style="list-style-type: none"> Overall completion aim - 2022/23 SOC/OBC – TBD. Clinical specification for Haematology signed off. Clinical spec for Radio-pharmacy to be completed. Critical path for business case development to be produced. BJC – UHL – options feasibility testing nearing completion. Likely preferred option 2 modular theatres plus 24 bed ward (for winter/decant) due to time critical requirement for capacity. Critical path for business case development to be produced. BJC –Critical path for business case development to be produced.	
<ul style="list-style-type: none"> UHW – Provision of a Hybrid Theatre 	Development of BJC progressing. Hybrid & MTC theatre - options feasibility testing concluded. Preferred option likely to be hybrid theatre located in courtyard with adjacent general/MT theatre.	Key milestones & dates <ul style="list-style-type: none"> Overall completion 2019 	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

<div>A</div> <ul style="list-style-type: none"> UHW Refurbishment of the Mortuary <div>A</div>	Recent HTA inspection highlighted significant refurbishment required in order to meet the requirements of the HTA standard. Discussions on-going in relation to the scope of the refurbishment work required.	Key milestones & dates <ul style="list-style-type: none"> To be determined 	
<ul style="list-style-type: none"> UHW Suite 19 – Renal Facilities <div>G</div>	Suite 19 - UHB Board Approval 25.01.18. Approved by Welsh Government April 2018.	Key milestones & dates <ul style="list-style-type: none"> Overall completion late 2018 	
<ul style="list-style-type: none"> UHL Upgrading of Cystic Fibrosis Facilities <div>G</div>	BJC now progressing following decision of CMG in Sept 2017 to take the scheme off hold. BJC will include for the provision of additional capacity to accommodate growth in demand, as well as environmental improvements on the basis that the utilisation of the additional capacity will be phased as it is dependent on the approval of additional revenue funding from WHSSC.	Key milestones & dates <ul style="list-style-type: none"> Anticipated completion of the BJC late 2018. 	
Genomics	Discussion being taken forward at national level through Genomics Task Force Group	Key milestones & dates <ul style="list-style-type: none"> None currently to report 	
Shaping Our Future Wellbeing: In Our Community Programme <div>A</div>	<ul style="list-style-type: none"> Programme Business Case in development – current iteration to focus on 1st tranche of projects Revenue pressure likely, but not fully quantified. Awaiting confirmation from relevant CBs/Finance Lead Quarterly briefing in development for circulation in April 2018 	Tranche 1:- <ul style="list-style-type: none"> Link with Strategic Clinical Services Plan/Model Confirm capital costs for 1st tranche projects Draft PBC with Programme Team for comment and completion of remaining gaps in information Tranche 2:-	

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JUNE 2018)

		<ul style="list-style-type: none"> Proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities. 	
		Key milestones & dates <ul style="list-style-type: none"> Submission to Welsh Government July 2018 	
H&WC@CRI - Masterplan (SOFW:IOC First Tranche Project) <div>G</div>	<ul style="list-style-type: none"> Masterplan to inform future phases in development NB Capital only projects being progressed as part of Phase 2 include:- <ul style="list-style-type: none"> Redevelopment of the Chapel. Safeguarding /Remedial works. 	<ul style="list-style-type: none"> Exercise to refine schedule of accommodation, creative use of space to increase flexibility to accommodate service scope. To be progressed once new D4L Framework in place 	
		Key Milestones and dates <ul style="list-style-type: none"> 	
Relocation of SARC within CRI and enabling works (H&WC@CRI – Phase 2) <div>G</div>	<ul style="list-style-type: none"> Relocation of SARC from main building Business Case to include enabling works - temporary relocation of CAU and Links CMHT Anticipate BJC route – to be confirmed by WG 	<ul style="list-style-type: none"> Inaugural Project Team planned - end April 2018 Benefit workshop planned for March 2018 Risk workshop planned for April 2018 Meeting with WG being arranged to agree scoping document for business case 	
		Key Milestones and dates <ul style="list-style-type: none"> BJC submission to WG – to be confirmed but anticipated May 2019 	
Wellbeing Hub @ Park View <div>A</div>	<ul style="list-style-type: none"> Collaborative project with LA and 3rd sector to develop wellbeing hub adjacent to Ely and Caerau Community Hyb. Will include replacement of Park View Health Centre. Anticipate OBC/FBC route – to be confirmed by WG Project Team established and planning work underway. 	<ul style="list-style-type: none"> Meeting with WG being arranged to agree scoping document for business case SCP to be appointed from new D4L Framework – anticipated availability, April 2018 Benefits workshop planned for March 2018 Workshop planned to identify potential for shared flexible accommodation Awaiting confirmation from relevant CBs/Finance Lead that redesigned service 	

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		delivery models can be achieved within the available revenue envelope	
		Key Milestones and dates	
		<ul style="list-style-type: none"> OBC – March 2019. 	
Wellbeing Hub @ Maelfa	<ul style="list-style-type: none"> Development of wellbeing hub to include replacement of Llanedeyrn Health Centre. December 2017: WG announcement of Primary Care Pipeline funding of £8m total for WH@Maelfa, requiring compressed business case process. Project Team established and planning work underway. 	<ul style="list-style-type: none"> SCP to be appointed from new D4L Framework – anticipated availability, April 2018. Benefits workshop planned for April 2018. Awaiting confirmation from relevant CBs/Finance Lead that redesigned service delivery models can be achieved within the available revenue envelope. 	
		Key Milestones and dates	
		<ul style="list-style-type: none"> OBC Dec 2018. FBC Dec 2019. Facility to be opened by Dec 2021. 	
Wellbeing Hub @ Penarth	<ul style="list-style-type: none"> December 2017: WG announcement of Primary Care Pipeline funding of £6m total for WH@Penarth, requiring compressed business case process. 	<ul style="list-style-type: none"> Inaugural Project Team planned for early April 2018 	
		Key Milestones and dates	
		<ul style="list-style-type: none"> OBC Dec 2018. FBC Dec 2019. Facility to be opened by Dec 2021. 	
		Key milestones & dates	
		<ul style="list-style-type: none"> Nil identified 	
Clinical Services – Strategic Plan	<ul style="list-style-type: none"> First workshop with CBDs held 15.03.18. Outline model for specialist/acute hospital sites key principles agreed – further development work required to agree core model and to confirm engagement approach. 	<ul style="list-style-type: none"> Workshops in July/October 2018 with wider clinical leads. Engagement plan to be developed for delivery during summer 2018. 	
		Key milestones & dates	
		<ul style="list-style-type: none"> 2nd workshop with CBDs in June 2018 to determine emergency care/front door model. 	

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Tertiary Services Plan	A	Options being explored for senior independent support to develop the strategy.	<ul style="list-style-type: none">• Link with Clinical Services – Strategic Plan.	
			Key milestones & dates <ul style="list-style-type: none">•	
LDP		<ul style="list-style-type: none">• Ongoing work in relation to expansion of Primary Care premises to meet population growth; estates planning to support new models of primary/community care recognising growth in strategic sites.	<ul style="list-style-type: none">• SOFW:IOC Tranche 2 - proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities.	
			Key milestones & dates <ul style="list-style-type: none">• West Cardiff Cluster workshop 14/06	
IMTP		<ul style="list-style-type: none">• Draft IMTP submitted to WG 31.01.18• Ongoing dialogue and work to produce annual plan for 2018-19 based on TI discussions.	<ul style="list-style-type: none">• Quarter 4 2017/18 progress report to June Board meeting.	
			Key milestones & dates <ul style="list-style-type: none">• Annual plan to be submitted end July 2018	
Emergency Preparedness, Resilience and Response				
<p>Purpose: EPRR team provides an emergency preparedness service for the UHB in accordance with the responsibilities under the Civil Contingencies Act 2004 and other statutory legislation. (Contact: A Stephenson)</p> <p>Activity to Note: Corporate BC Planning Guidance and ‘template’ BC Plan approved by Resource & Delivery Committee (30/01). Clinical Boards are progressing with BC implementation. Clinical Board-specific advice and support provided to PCIC (3no. locality teams); and Children and Women.</p> <p>The Wales PREPARE Conference was held to share the experiences of colleagues from the Emergency Services, NHS, Government and Local Authorities of their response and recovery to the UK terror attacks in 2017. CVUHB were represented by Abigail Harris, the EPRR team, Sherard Le Maître, Ceri Chinn & Orla Morgan (13.02.18). The first Wales Cyber Security Conference was held to raise awareness of the threat to the UK from cyber-attacks, introduce the National Cyber Security Strategy and how it should be delivered in Wales. CVUHB represented by EPRR (Huw Williams) & IM&T (Phil Clee) (20.03.18).</p>				
Training and Resources to Note: <ul style="list-style-type: none">• Counter Terrorism (CT) Awareness Training ongoing - 421 trained to date. 3 further sessions confirmed for 15/06, 11/09 & 07/12.• Fraudulent Documents Training – 22 trained to date.• Tactical (Silver) Officer Training - 12 Officers currently booked to attend on 16/05.		Priorities and Progress <ul style="list-style-type: none">• South Wales Local Resilience Forum (SWLRF) Community Risk and Threat Registers for 2018/19 complete. Both Registers are scheduled for presentation to SWLRF Executive Group (20/04).• Identification of Business Continuity Leads for each Clinical Board to coordinate development, delivery and maintenance of business continuity plans for Directorates under their control.		Significant Risks or Decisions <ul style="list-style-type: none">• Following the severe weather events at the end of February, Clinical Boards etc. are providing feedback on the UHB response (by 05/04) for a debrief report.• UPDATE to Last Report: CVUHB is now in receipt of 11no. replacement PRPS suits.• Suits are being delivered into WAST on a monthly basis, and distributed across all UHB’s accordingly.

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- Business Continuity Awareness Session - 12 Officers currently booked to attend on 11/04. 2 further sessions for 04/07 & 12/09.
- 2^{no}. bespoke STAY Safe/Suspicious Mail/Suspect Package/Phone Threats Training delivered to Operational Services – 25 trained to date. Further sessions planned for Apr 18.
- Specialist multi-agency training support at Whitchurch ongoing
- EPRR Team currently working with the Emergency Unit to dispose of expired PRPS suits.
- Task & Finish group est. to develop UHB Reception Centre Arrangements. Support from partners including South Wales Police, Cardiff Council and the 3rd sector has been acquired. Next meeting (25/04).
- Part One of Biannual Major Incident Communications Test with WAST (15.03). CVUHB Passed. Part Two – MERIT activation (22.03).
- CVUHB will have its full quota (24) by July 2018.

Strategic Service Planning Papers Under Development <div>key: P-papers due, P*-papers late</div>		Lead	Jun-18														Jul-18																				
			01/06/2018	04/06/2018	05/06/2018	06/06/2018	07/06/2018	08/06/2018	11/06/2018	12/06/2018	13/06/2018	14/06/2018	15/06/2018	18/06/2018	19/06/2018	20/06/2018	21/06/2018	22/06/2018	25/06/2018	26/06/2018	27/06/2018	28/06/2018	29/06/2018	02/07/2018	03/07/2018	04/07/2018	05/07/2018	06/07/2018	09/07/2018	10/07/2018	11/07/2018	12/07/2018	13/07/2018	16/07/2018	17/07/2018	18/07/2018	19/07/2018
Papers		Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri
Thoracic Surgery outcome	MD/AW																																				
One Year Operational Plan	MD																																				
Planning Flash Report	LD																																				
Planning Programme Tracker	ASD																																				
CMG Service Planning Report	ASD																																				
Business Continuity Guidance	AS/HW																																				
SOFW:IOC Programme Business Case	AE																																				
BCAG Decision Report	MD																																				

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Board
Board Development
Strategy and Engagement Committee
Stakeholder Reference Group
Local Partnership Forum
Mgt Exec
HSMB
OPG / Clinical-Service Boards
SDDG
BCAG
CMG
Strategic Clinical Reference Group
SOFW:IOC Programme Board
SOFW:IOC Project Board
Directors of Planning
Strategic Leadership Group
Cardiff/ValePSB
Resource & Delivery

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