Cardiff and Vale University Health Board – Local Partnership Forum Meeting

Wednesday 25 April 2018 at 10.00 am in the Corporate Meeting Room, Headquarters, UHW

CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 25 April 2018 at 10.00 am in the Corporate Meeting Room, Executive Headquarters, UHW

PART 1: ITEMS FOR ACTION		
1. **10am**	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 8 February 2018	*Chair*
5.	Action Log Review	
For Communication:		
6. **10.10**	Chief Executive's Update Report	Verbal - *Chief Executive*
7. **10.20**	Time to Change – Mental Health Campaign	*Head of Employee Health and Wellbeing Service / Staff Representative*
8. **10.35**	IMTP Update	Verbal – *Executive Director of Planning*
For Consideration:		
9. **10.45**	Local Partnership Forum Work Programme 2018/19	*Co-Chairs*
10. **10.55**	Emerging Model for Primary Care in Wales & Cardiff & Vale Position	Presentation - *Clinical Board Director*
For Appraisal:		
11. **11.20**	Finance Report	*Executive Director of Finance*
12. **11.30**	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 **11.40**	Patient Safety Quality and Experience report	
2	Performance Report	
3	Strategic Planning Flash Report	
4	Any Other Business previously agreed with the co-Chairs	
5	Review of Meeting	Verbal - *Chair*

6 **Close by 11.45**	Meeting arrangements for 2018/19 (venues to be confirmed): • Wednesday 13 June at 10am • Wednesday 22 August 2018 • Wednesday 31 October 2018 • Monday 10 December 2018 • Wednesday 6 February 2019 (n.b. the rooms 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:

Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Janice Aspinall	RCN
Catherine Salter	RCN
Peter Hewin	BAOT/UNISON
Joe Monks	UNISON
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of Workforce and OD
Joanne Brandon	Director of Communications
Abigail Harris	Executive Director of Strategic Planning
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Holly Vyse	CSP/ Staff Side Secretary
Dorothy Debrah	BDA
Steve Gaucci	UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Bob Chadwick	Executive Director of Finance (part of meeting)

Apologies:

Ceri Dolan	RCN
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Peter Welsh	Director of Corporate Governance/Senior Manager UHL
Len Richards	Chief Executive
Graham Shortland	Medical Director
Steve Curry	Chief Operating Officer
Fiona Salter	RCN
Dawn Ward	BAOT/UNISON
Pauline Williams	RCN
Claire Radley	Assistant Director of OD

Secretariat:

Rachel Pressley	Workforce Governance Manager

LPF18/001 WELCOME AND INTRODUCTIONS

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

It was noted that this was Miss Catherine Salter's last meeting as she was moving on to a new role in the RCN. Mr Jones thanked her for all her work as Deputy Lead Health and Safety Representative.

Mr Jones also noted that Ms Dawn Ward had been appointed as the new Independent Member – Trade Union, and congratulated her on behalf of the Forum. Dr Jenkins added her congratulations and offered to support Ms Ward while she got settled in to her new Board role.

LPF18/002 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/003 DECLARATIONS OF INTEREST

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

LPF18/004 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum **RECEIVED** and **APPROVED** the minutes from 13 December 2017 as an accurate record of the meeting with the following exception:

- Mr Egan had been present but was missing from the list of attendees

LPF18/005 ACTION LOG REVIEW

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

LPF 18/006 STRATEGIC PLANNING FLASH REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Executive Director of Strategic Planning, providing a high level summary of planning developments within the Health Board.

Mrs Harris advised that discussions about a UHW rebuild had now begun in earnest, but that before a business case could be developed the specifications of UHW and UHL needed to be determined and a model clinical pathway developed. There was some urgent work needed, especially in Theatres, and this would continue in the meantime.

Conversations were also taking place with PCIC around the infrastructure of Primary Care. Mrs Harris suggested that it might be beneficial for the LPF to have a separate discussion around this at some point.
ACTION: Dr Pressley

Miss Salter asked how the developments noted in the report and Canterbury were linked, and whether the Canterbury work would cause delays. Mrs Harris advised that they were completely intertwined and that while there was plenty of time to work through the detail of the rebuild, steps would be taken to ensure that it was a flexible and responsive as possible.

LPF 18/007 LEARNING FROM CANTERBURY – PROPOSED NEXT STEPS

The Local Partnership Forum was reminded by Mrs Harris that at the previous meeting the Chief Executive had talked about a recent visit by Health Board representatives to Canterbury Health System in New Zealand. Ten years ago Canterbury had been in a very similar position to the Health Board, with financial difficulties, an aging population and a heavily hospital based system which was not sustainable. They had introduced a change programme which centred around the patient ('Agnes'), and which had brought about demonstrable outcomes including fewer visits by the elderly to the Emergency Department, fall prevention, and a reduction in admissions due to Chronic Obstructive Pulmonary Disease (COPD).

The core elements of the Canterbury Health System included a vision very similar to that described Shaping Our Future Wellbeing, clinical and frontline engagement and empowerment, and an organisational culture which was built around the concept of 'Agnes' and how things would impact on her.

Mrs Harris advised that while there are no plans to 'lift and shift' the Canterbury model (in fact some aspects were already in place or more advanced), there was a great deal which could be learnt from them.

The proposed next steps included:

- re-invigorating our vision to bring it to life for frontline staff. This was supported by a recent Parliamentary Review and the emphasis it placed,through the 'quadruple aim', on keeping the workforce happy and healthy
- a re-invigorated transformation programme
- improved technology to provide more real time data
- the development of an alliance with Canterbury, South East Sydney Health Board and Grampian NHS Trust

Mr Hewin noted that staff representatives had previously indicated their support for this programme but suggested that conversations about how to make these changes, particularly cultural changes, were needed within each of the Clinical Boards. He used the example of the continued use locum psychiatrists rather than substantive nurses or therapists to illustrate some of the cultural and organisational barriers faced. Mrs Harris agreed, and talked about the impact of staff stress on patients and the importance of compassion in leadership. A number of the Executive Team had heard Prof. Michael

West speak about this at the NHS Confederation conference the previous day and Mr Richards hoped to arrange a similar UHB session in the future.

Mr Egan asked what barriers had been identified and how they would be broken down. He built on Mr Hewin's example and asked how we would respond if the Deanery threatened our teaching status if we did not replace Consultants on a like by like basis. Mr Jones asked Mrs Harris to feed these comments back to Mr Richards for his consideration.
ACTION: Mrs Harris

Miss Salter noted that health and social care were integrated in Canterbury. Mrs Harris stated that the need for integration was reinforced by the Parliamentary Review, and indicated that there had been some progress around this through the Social Partnership Board.

Mr Jones suggested that Mr Alun Tomkinson or another member of the team who had visited Canterbury should be invited to the Staff Side meeting for more detailed discussions.
ACTION: Miss Vyse

LPF 18/008 HEALTHY WORKPLACE, HEALTHY YOU

The Local Partnership Forum **RECEIVED** and **NOTED** the report of the Lead Staff Representative for Health and Safety, outlining a new toolkit focussing on staff wellbeing called 'Healthy Workplace, Healthy You'.

Mr Egan noted that the staff were the Health Board's greatest asset and that they needed to be valued and looked after. The toolkit had been developed by the RCN and introduced by the trade unions in partnership, with support from the Health and Wellbeing Advisory Group. Mr Egan advised that there were two elements to the toolkit; organisational and personal responsibility. These covered a range of topics including work life balance, health and safety, mind, body and career. The Local Partnership Forum supported the introduction of the toolkit, and welcomed this as the first report brought to the meeting by staff rather than management representatives. Mr Driscoll advised that Mr Richards was happy to sign the Pledge for the Healthy Workplace, Healthy You toolkit.

The Forum also supported the idea of an All-Wales Menopause Policy and it was **AGREED** that a joint letter should be issued by the Co-Chairs to the Welsh Partnership Forum.
ACTION: Mr Driscoll/Mr Jones

It was noted that there were a number of instances of health initiatives being aligned with charitable causes within the Health Board. These included plans for Mr Egan and other staff to shave their heads to raise money for the Orchard at UHL, and the half marathon which Mr Richards, Miss Battle and Mr Driscoll had all entered.

LPF18/009 FINANCE REPORT

The Local Partnership Forum **RECEIVED** and **NOTED** a report detailing the financial position of the UHB for the period ended 31 December 2017.

Mrs Harris advised that Welsh Government had agreed that the surplus between the value and sale price of West Wing could be used against the bottom line on this occasion

LPF18/010 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

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

Mr Driscoll reported that the sickness absence position had deteriorated in December 2017 but that it was hoped that this was an outlier due to winter illness and the flu.

He advised the Forum that the Health Board were participating in a number of local and national nursing recruitment events, to promote the UHB, Cardiff and NHS Wales. A recent visit to Southampton had been very successful, with 34 people expressing an interest in working here.

Mr Egan suggested managers should be made more aware of the Stress Risk Assessment. He believed that most managers only realized that the tool existed once Occupational Health became involved, and that it was therefore used reactively. He understood that the policy was currently being reviewed and asked if staff representatives could be heavily involved in the process.

Mr Monks reminded the Forum that he had suggested on several occasions that there was too much emphasis on poor attendance and sickness management, as oppose to good attendance, and he did not believe this had had a big impact on sickness figures. He had previously put forward the idea of letters of congratulations for staff who did not take time off sick, but as far as he was aware this had never happened. He noted that there was a lot of change taking place and that staff found this stressful. It was important to do everything possible to make that feel valued and appreciated. Mr Driscoll indicated that while he had no issue with good attendance letters being sent to staff, he could not agree with Mr Monks' comments about sickness figures as they had reduced from 6% to around 4.6%

Mr Hewin asked about the external review in Paediatrics Therapies referenced in the report as he was under the impression that local decisions based on waiting lists had superseded this. Dr Jenkins believed that it had taken place and that the review was complete. Mr Hewin expressed concern about this because as far as he was aware staff representatives had

not been involved. He was also concerned about a comment in the report relating to the 'prudent use of the registered workforce' in CD&T Clinical Board. Mr Gauci agreed to find out more about this from the Head of Workforce and OD and feedback to Mr Hewin.
ACTION: Mr Gaucci

Mr Hewin also mentioned that he was aware of the restructuring process taking place within Workforce and OD and Finance asked whether this was a precursor to changes to the lead staff representative role and Clinical Board Structure. Mr Driscoll assured him that this was about the delivery of service and would not have an impact on the Clinical Board arrangements.

Miss Salter suggested that it would be useful to see more risks reported in the Workforce KIPs, particularly around statutory and mandatory training. She suggested that it was not really sufficient to report level 1 (e-learning) training for fire, manual handling etc. when so many roles required training at a more advanced level. Mr Driscoll advised that he was reviewing the workforce KPIs with his team and expected to make changes to the report from April onwards.

LPF18/011 IMTP UPDATE

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

Mrs Harris stated that the UHB had submitted a draft plan in January but that it was not ready for approval by Welsh Government because of the underlying financial position. Money allocated for investments had been limited, but there was a balance between continuing performance and the improvement trajectory and how much could be taken out of the system.

Mr Chadwick advised that while the deficit had been reduced slightly this year, it had been hoped that this would have been greater through transformation. A plan to achieve balance was being developed, based on a 3% recurrent and 1% non-recurrent CRP. However, even with good performance and minimal investment this was not acceptable to Welsh Government and discussions continued.

Mrs Harris advised that the IMTP was available on the UHB website and that a link would be sent out to members.
ACTION: Dr Pressley

LPF18/012 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

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

LPF18/013 PERFORMANCE REPORT

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

LPF LPF18/014 ANY OTHER BUSINESS

There was no other business raised.

LPF18/015 REVIEW OF THE MEETING

The Local Partnership Forum reviewed the meeting and agreed that the Healthy Workplace, Healthy You toolkit should be brought to the attention of the Board.
ACTION: Ms Ward

LPF18/016 DATE OF NEXT MEETING

Dates of meetings for 2018/9 were being arranged and would be published as soon as possible.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 18/006	8 February 2018	Strategic Planning Flash Report	Separate discussion to be arranged around the infrastructure of Primary Care	Dr Pressley	COMPLETE – on agenda for April 2018
LPF 18/007	8 February 2018	Canterbury – Next Steps	Staff representative comments to be fed back to Mr Richards	Mrs Harris	COMPLETE
LPF 18/007	8 February 2018		Mr Alun Tomkinson or another member of the team who had visited Canterbury should be invited to the Staff Side meeting for more detailed discussions	**Miss Vyse**	COMPLETE - Anna Kuczynska attended on 21.03.18
LPF 18/008	8 February 2018	Healthy Workplace, Healthy You	A joint letter should be issued by the Co-Chairs to the Welsh Partnership Forum to request an All-Wales Menopause Policy be developed	**Mr Driscoll/Mr Jones**	COMPLETE – sent 21.03.18
LPF 18/010	8 February 2018	Workforce Report	CD&T Lead Rep to liaise with HWOD to find out more about what 'prudent use of the registered workforce' means	**Mr Gauci**	COMPLETE – this refers to utilising unregistered staff such as Healthcare Support Workers to undertake the roles that they do, therefore freeing qualified staff to do the roles that only they can do. Creation of new/enhanced roles and

					new ways of working, including the development of the HCSW workforce, in line with the HCSW Career Framework.
LPF 18/011	8 February 2018	IMTP Update	Link to the IMTP to be sent out to members	**Dr Pressley**	The draft IMTP will be finalised and uploaded onto the intranet once it has been considered at Board in the end of March
LPF 18/015	8 February 2018	Review of the meeting	The Healthy Workplace, Healthy You toolkit should be brought to the attention of the Board.	**Ms Ward**	Copy of the minutes sent to Ms Ward on 19.02.18 to advise her as she was not able to attend the LPF meeting on 8 February 2018

Cardiff and Vale UHB Time to Change Wales Pledge	
Name of Meeting : Local Partnership Forum	**Date of Meeting** 25th April 2018

Executive Lead : Executive Director of WOD
Author : Head of Employee Health and Wellbeing Services 02920743264 Lead Trade Union Rep CD&T CB / Unison Mental Health Champion
Caring for People, Keeping People Well: This report directly links to the Health Board's mission statement to care for people and keep people well. It underpins the Health Board's "Our Population", "Our Service Priorities", "Our Culture" and "Our Values" elements of the Health Board's Strategy
Financial impact : Not Applicable
Quality, Safety, Patient Experience impact : It is widely recognized that there is a correlation between staff wellbeing and quality, safety and patient experience. Improving staff wellbeing will therefore have a direct positive impact on quality of care and the patient experience
Health and Care Standard Number: 7.1 Workforce
CRAF Reference Number
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Ongoing monitoring of the UHB's Time to Change Wales Action Plan
- Bi- monthly reporting to the Health and Wellbeing Advisory Group

The Local Partnership Forum is asked to:

- **Note** the update and progress of the Time to Change Wales Pledge

SITUATION

As part of the UHBs ongoing commitment to Staff Wellbeing, the UHB is refreshing and re-enforcing its commitment to the Time to Change Wales (TTCW) campaign, the aim of which is to change how we think and act about mental health problems, at every level of this organisation.

The Board have given their commitment and it is hoped that their support to this Pledge will support managers and staff to open up discussions and improve staff well-being.

BACKGROUND

The UHB initially signed the Time to Change Wales pledge approximately 5 years ago. As part of the recent assessment process for the Corporate Health Assessment it was identified that there was an opportunity to refresh and re-enforce our commitment to the pledge and review the actions that can be taken within the UHB to reduce mental health stigma and discrimination in the workplace.

It is known how much stress/anxiety contributes to absence from work. One in four of us will experience a mental health problem and 9 in 10 say they have faced negative treatment from others as a result.

In 2017/18, 1.27% of sickness absence within the UHB was attributed to Anxiety/Depression/Stress/Other Mental Health, which equates to a financial cost of approximately £4.82 million. This figure however is likely to be higher, as it is acknowledged that there is a general under reporting due to the fear and embarrassment that can be associated with disclosing Mental illness.

ASSESSMENT AND ASSURANCE

In February 2018 at the request of the Health and Wellbeing Advisory Group, a TTCW multi-disciplinary subgroup was convened, the aim of which was to develop a TTCW action plan and re-introduce the TTCW agenda within the UHB. The sub group has met on 3 occasions and has submitted an action plan to TTCW for approval. Once approved by TTCW the action plan will be reviewed annually by the TTCW subgroup and the chair of the subgroup will report on progress made along with any risks on a bi-monthly basis to the chair of the Health and Wellbeing Advisory group

This action plan identifies the following actions that are needed within the UHB:

Senior level support

The UHB Chair has raised awareness of the TTCW pledge as part of their opening address at both the staff recognition awards and the public Board meeting and has confirmed that the UHB is committed to supporting staff with mental health conditions and to reducing stigma within the workplace.

The CEO, Chair and an independent member of the Board have been contacted by the Communications team to request a formal confirmation of their commitment to TTCW that will be used to highlight senior level support.

Raise awareness of Mental Health and the UHB TTCW pledge

A dedicated TTCW web page has been developed on the UHBs internet site which enables staff to access relevant information on TTCW, the UHBs pledge and resources that is in place to support wellbeing. This has been widely promoted by the Communication team and the number of “hits” on the site will be monitored to ensure that staff are using the resource

Three members of the TTCW subgroup have written blogs to share their lived experience. These have been shared on the UHBs TTCW internet pages with the aim of reassuring staff that it is ok to talk about mental health and encouraging others to share their experiences. Further blogs are planned to throughout the year to ensure that momentum and interest is not depleted.

One member of the subgroup has shared their lived experience as a staff story at the start of the Board meeting. Feedback from Board members was extremely positive and supportive.

A number of awareness raising events are planned during April and members of the subgroup will be attending various locations including UHL, Rookwood and St David’s to hold information stands so that staff can drop in to and find out more about TTCW. These will be advertised by the communications team.

The Lead Trade Union Rep CD&T CB / Unison Mental Health Champion is also raising awareness through Mental Health awareness events, and by representing members

Recruit TTCW Employee Champions

The only way to successfully embed the UHBs commitment to the TTCW pledge throughout the organization is to ensure that it is accessible at every level. Employee Champions are staff members who have an interest in wellbeing and who want to make a difference for their colleagues and for the UHB.

Over the next few weeks a formal request will be made via the communications team for anyone who is interested in becoming a TTCW champion. Even without this request a number of staff from various departments have already expressed their interest which is an indication of engaged staff are in regards to supporting mental health. Training provided by TTCW will be organized to enable these staff members to have to tools and skills to be a champion. As staff wellbeing is paramount ongoing support for the Employee champions is being developed by the TTCW subgroup

CAV a Coffee and TALK

Asking someone how they are if you suspect they are struggling or approaching someone to tell them you are struggling can be extremely daunting. The subgroup also recognizes that finding time in a busy working environment can make this even more difficult. In order to try and overcome this, the subgroup is developing an initiative called CAV a Coffee and TALK, to encourage staff to take a few minutes out to talk.

CAV a Coffee with a colleague and TALK

Take time out to spend a few minutes with a colleague
Sometimes life can be busy and we rarely get a chance to take time out and check in on how the people around us are. Mental Health problems are common and one in four of us will be affected at some point in our lives. Being able to talk about mental health is something that's important for us all and taking time out of the workplace and having a cup of coffee/tea can give someone the opportunity to talk.

Ask them how they are
The fact that it's sometimes difficult to talk about mental health problems can be one of the hardest parts of having a mental illness. Being unable to talk about mental health isn't good for anyone and can make recovery slower and more difficult. If you know that someone has been or think that someone may be unwell don't be afraid to ask how they are. You don't only have to take about mental health, you can also discuss everyday things

Listen to what they say
When you do ask someone how they are, it is equally important to take time to listen to their response. Listening to someone without judgement can be a powerful source of support and shows that you care about what they are saying. Sometimes solutions are unnecessary so don't feel you have to provide one. You don't need to be an expert in mental health and there are a number of wellbeing services available within the health board that you can signpost your colleague to for ongoing support.

Keep in touch
Sharing your experience with mental health can take a lot of courage. It may be hard for your colleague to keep up contact so try to keep in touch. Even just a text or email to let them know that you are thinking of them can make a big difference to how they feel and shows that you care.

You can help us create a workplace where mental health problems are not hidden in shame and secrecy. You can ensure your colleague is not afraid to speak out about their problems, or is left wondering where they can turn for help. CAV a Coffee and TALK

This branding will be unique to Cardiff and Vale UHB and will be developed so that a number of different media resources containing different levels of information will be available for use.

LOCAL PARTNERSHIP FORUM WORK PLAN 2018/19	
Name of Meeting : Local Partnership Forum	**Date of Meeting** 25 April 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
CRAF Reference Number not applicable
Equality and Health Impact Assessment Completed: N**o**

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

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

The Local Partnership Forum is asked to:

- **APPROVE** the proposed work plan

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.

Each year a programme of work is developed to help inform LPF agendas and to ensure that the items discussed are relevant and appropriate to the purpose of the meeting as set out in the Terms of Reference.

This report proposes the work programme for the Local Partnership Forum for the next 12 months. The programme should be considered indicative as the Forum will require flexibility in determining agendas to ensure any matter that warrants attention is considered in a timely manner.

LOCAL PARTNERSHIP FORUM WORKPLAN 2018/19

	25 April	13 June	1 August	31 October	10 Dec	6 February
PART 1: Items for Action/Consideration						
Minutes of the previous meeting	x	x	x	x	x	x
Action Log Review	x	x	x	x	x	x
For Consideration:						
Local Partnership Forum Work Programme 2018/19 *(Co-Chairs)*	x					
Local Partnership Forum Time Out and Action Plan – review and evaluation *(Co-Chairs)*		x				
Integrated Medium Term Plan *(Executive Director of Strategy and Planning)*			x (commissioning intentions)			
Emerging Model for Primary Care in Wales & Cardiff & Vale Position *(Clinical Board Director)*	x					
Community Mental Health Services (Director of Operations/Lead Staff Representative)		x				
Opportunities for Redesign, Surgery Clinical Board *(Director of Operations/HWOD)*			tbc			
New and Reviewed Employment Policies *(Head of Workforce Governance)*	x	x	x	x	x	x
Health and Active: healthy weight framework *(Deputy Director of Public Health)*		x				
Clinical Strategy UHW/UHL *(Executive Director of Strategy and Planning)*				x		
For Consultation/Negotiation:						
ENT Engagement (tbc)			x			

Vascular Surgery Services Engagement (tbc)			x			
For Communication:						
Update from the Chief Executive *(Chief Executive)*	x	x	x	x	x	x
Time to Change – Mental Health Campaign *(Head Of Employee Health & Wellbeing/Staff Representative)*	x					
Work Experience – Proof of Concept *(Head of LED)*		x				
Strategic Equality Plan and Annual Report *(Equality Manager)*			x			
Nurse Staffing Act *(Executive Director of Nursing)*		x				
Staff Benefits Group - update			x			x
Integrated Medium Term Plan *(Executive Director of Strategy and Planning)*	x (update)				x (update)	x (update)
For Appraisal:						
Finance Report *(Executive Director of Finance)*	x	x	x	x	x	x
Workforce Report *(Executive Director of WOD)*	x	x	x	x	x	x
PART 2: Items for information (for noting only)						
Patient Safety Quality and Experience report	x	x	x	x	x	x
Performance Report	x	x	x	x	x	x
Strategic Planning Flash Report	x	x	x	x	x	x
Minutes of the Employment Policy Sub Group	x	x	x	x	x	x
Minutes of the Workforce Partnership Group	x	x	x	x	x	x

FINANCE REPORT FOR THE PERIOD ENDED 28th FEBRUARY 2018
Name of Meeting : Local Partnership Forum **Date:** 25 April 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 financial position at the end of February 2018 is a deficit of £25.502m comprised of the following: • (£2.823m) favourable budget variance; • £28.325m planned deficit (11/12th of £30.900m).
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 work that has been undertaken to develop the 2017/18 operational plan;
- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 11 position which is £2.823m less than the profiled deficit within the financial plan;
- The identification of a full £35m savings programme.

The LPF is asked to:

- **NOTE** that the UHB has an one year operational plan that has a planned deficit of £30.900m for the year;
- **NOTE** that the UHB has reduced its forecast year end deficit by £4m in month to £26.900m;
- **NOTE** the £25.502m deficit at month 11 which includes a planning deficit of £28.325m and budget underspends of (£2.823m);
- **NOTE** that the UHB has written to Welsh Government to confirm a reduction to the cash assistance required by the UHB in line with the reduction the forecast year end deficit.

SITUATION

Following a review of expected outturn for the remainder of the year and confirmation of the month 10 position which was nearly £1.5m better than planned, the UHB's

year-end forecast improved to a deficit of £26.9m. The reduction in the forecast deficit was within the range outlined to the Board in the December Finance Report and the forecast deficit is now £4m better than the planned deficit of £30.9m.

The £4m improvement to the UHB's year-end forecast is underpinned by the following savings:

- A £1.8m non recurrent underspend against delegated budgets;
- Clarification of the required recurrent contribution for the Welsh Risk Pool (WRP) which is £1m less that the WRPs planning assumption;
- A £1.2m recurrent surplus on the UHB's Hepatitis C drugs budget;

Following confirmation of the month 11 position and a review of expected income and expenditure for the final month of the year the UHB's remains on course to deliver its revised forecast year-end deficit of £26.9m

BACKGROUND

The UHB submitted a financial plan to Welsh Government on 10th March 2017 which had a deficit of £45.873m. The plan was reconsidered by the UHB at its Board meeting on the 25th May 2017 where it was agreed to work towards a stretch target to deliver a position no worse than the £30.9m forecast position in 2016/17.

The opening underlying deficit position was £54.5m and whilst the UHB has worked towards delivering a £30.9m deficit, many of items needed to achieve this are non recurrent. The UHB's assessed underlying deficit to be carried forward into 2018/19 has fallen by £3.1m in the year to date and is currently assessed at £51.4m. The UHB is applying further pressure on the underlying deficit with the objective of reducing the figure carried forward to 2018/19 to £49m.

This report has been prepared against the 2017/18 planned deficit of £30.9m. A summary of this plan and the revised forecast is provided in table 1.

Table 1: Revised Operational Plan 2017/18 @ February 2017

	Financial Plan
	£'000
Draft Financial Plan @ Jan 2017	**-69,685**
Risk Adjustments and Transformation Opportunities	23,812
Risk Adjusted Plan @ March 2017	**-45,873**
Additional In Year Identified Savings @ December 2017	14,973
Financial Plan with Stretch Target: surplus / (deficit)	**-30,900**
WRP revision to required contribution	1,000
Surplus on Hep C budget	1,200
Improvement in forecast delegated budget position	1,800
Forecast Outturn (£m)	**-26,900**

ASSESSMENT AND ASSURANCE

The Finance Dashboard outlined in Table 2 reports actual and forecast financial performance against key financial performance measures.

Table 2: Finance Dashboard @ February 2018

Finance Dashboard								
Finance Indicators	Statutory Target	Standard	Performance		In Month	Year to Date	Month 11 Full Year Forecast
			In Month	Year to Date	RAG Rating		
Remain within revenue resource limit - Variance Adv/(Fav)	Yes	£0	£1.244	£25.502			
Reduction in underlying deficit c/f to 18/19 (£54.5m b/f to 17/18)		£0	(£1.0m)	£51.382m			
Variance against unapproved 2017/18 £30.9m deficit plan		£0	(£1.331m)	(£2.823m)			
Pay expenditure (actual versus Plan)		£0	(£0.216m)	(£2.352m)			
Non-Pay Expenditure (Actual versus Plan)		£0	(£1.117m)	£0.377m			
Income (actual versus Plan)		£0	£0.002m	(£0.848m)			
Remain with CAPEX resource limit	Yes	£0	n/a	(£1.909m)			
Creditor payments compliance 30 day Non NHS		95%	93.80%	92.40%			
CRP Green / Amber status - Delegated Targets @ Feb 28th		100% Green		100%			

Month 11 Cumulative Financial Position

The UHB reported a deficit of £25.502m at month 11 as follows:

- (£2.823m) favourable budget management variance;
- £28.325m planned deficit (11/12th of £30.900m).

Table 3 analyses the operating variance between income, pay, non pay and planned deficit.

Table 3: Summary Financial Position for the period ended 28th February 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	(116.279)	(116.277)	0.002	(1,061.643)	(1,062.491)	(0.848)	(1,283.645)	(1,283.645)	0.000
Pay	51.014	50.798	(0.216)	540.303	537.950	(2.352)	589.864	589.864	0.000
Non Pay	67.839	66.723	(1.117)	633.311	633.687	0.377	724.681	724.681	0.000
Variance to Draft Plan £m	2.575	1.244	(1.331)	111.970	109.147	(2.823)	30.900	30.900	0.000
Planned Deficit	(2.575)	0.000	2.575	(28.325)	0.000	28.325	(30.900)	0.000	30.900
Total £m	(0.000)	1.244	1.244	83.645	109.147	25.502	(0.000)	30.900	30.900

Income

The year to date and in month financial position for income is shown in table 4.

Table 4: Income Variance @ February 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	(83.636)	(83.636)	0.000	(690.704)	(690.704)	0.000
Non Cash Limited Expenditure	(1.534)	(1.534)	0.000	(17.887)	(17.887)	0.000
Accomodation & Catering	(0.230)	(0.192)	0.039	(2.232)	(2.133)	0.099
Education & Training	(3.196)	(3.185)	0.011	(34.704)	(34.797)	(0.093)
Injury Cost Recovery Scheme (CRU)	(0.189)	(0.145)	0.044	(2.076)	(2.217)	(0.141)
NHS Patient Related Income	(22.659)	(22.618)	0.041	(253.699)	(254.196)	(0.497)
Other Operating Income	(4.005)	(4.209)	(0.204)	(50.251)	(51.099)	(0.849)
Overseas Patient Income	(0.010)	(0.012)	(0.002)	0.104	(0.023)	(0.127)
Private Patient Income	(0.101)	(0.042)	0.059	(1.219)	(0.787)	0.432
Research & Development	(0.720)	(0.705)	0.015	(8.975)	(8.647)	0.328
Total £m	(116.279)	(116.277)	0.002	(1,061.643)	(1,062.491)	(0.848)

An in month deficit of £0.002m and a cumulative surplus of £0.848m is reported against income budgets.

Accommodation and catering income is again below target in month due to a shortfall in canteen and vending machine income.

The in month deficit reported against the Injury Cost Recovery Scheme follows a fall in the number of notified new cases and the withdrawal of 2 high value claims in February.

The majority of the in month favourable variance reported against other operating income relates to the expected allocation of NHS Wales Shared Service Partnership savings which are in in excess of planning assumptions.

Both the in month and cumulative underperformance against private patient income targets again relate to Specialist Services. The reduction in income will in part be offset by a corresponding reduction in costs.

The reported cumulative deficit against R & D income is primarily due to the reduction in Welsh Government funding.

Pay

Pay budgets continue to show sound performance with a year to date underspend of £2.352m. Table 5 highlights that this is favourable performance compared to a month 11 overspend of £0.827m in 2016/17.

Table 5: Analysis of fixed and variable pay costs

	2016/17 Total Spend £m	2016/17 Month 1 to Month 10 £m	2017/18 Month 1 to Month 10 £m	2016/17 Month 11 £m	2017/18 Month 11 £m	2016/17 Cum. to Month 11 £m	2017/18 Cum. to Month 11 £m
Basic	502.093	415.194	425.825	42.023	43.245	457.217	469.070
Enhancements	23.635	19.179	19.822	2.640	2.679	21.819	22.501
Maternity	4.136	3.477	3.443	0.295	0.299	3.772	3.742
Protection	0.743	0.621	0.567	0.060	0.052	0.680	0.619
Total Fixed Pay	**530.607**	**438.472**	**449.657**	**45.016**	**46.275**	**483.488**	**495.932**
Agency (mainly registered Nursing)	9.017	6.830	6.683	0.771	0.978	7.601	7.661
Nursing Bank (mainly Nursing)	14.249	10.934	11.677	1.297	1.301	12.231	12.978
Internal locum (Medical & Dental)	2.105	1.759	3.523	0.178	0.384	1.937	3.907
External locum (Medical & Dental)	9.547	7.889	5.768	0.784	0.585	8.673	6.353
On Call	2.154	1.718	1.774	0.233	0.260	1.951	2.033
Overtime	6.072	4.927	4.472	0.398	0.466	5.324	4.938
WLI's & extra sessions (Medical)	3.549	2.812	3.599	0.351	0.550	3.163	4.149
Total Variable Pay	**46.693**	**36.869**	**37.495**	**4.011**	**4.523**	**40.880**	**42.018**
Total Pay	**577.301**	**475.341**	**487.152**	**49.027**	**50.799**	**524.369**	**537.950**
Pay Budget	**576.692**	**474.168**	**489.288**	**49.373**	**51.014**	**523.541**	**540.303**
Budget Variance (Fav)/Adv £m	**0.609**	**1.173**	**(2.136)**	**(0.345)**	**(0.216)**	**0.827**	**(2.352)**

The increase in 2017/18 pay levels is mainly due to the cost of the annual pay award, the apprenticeship levy and funded developments.

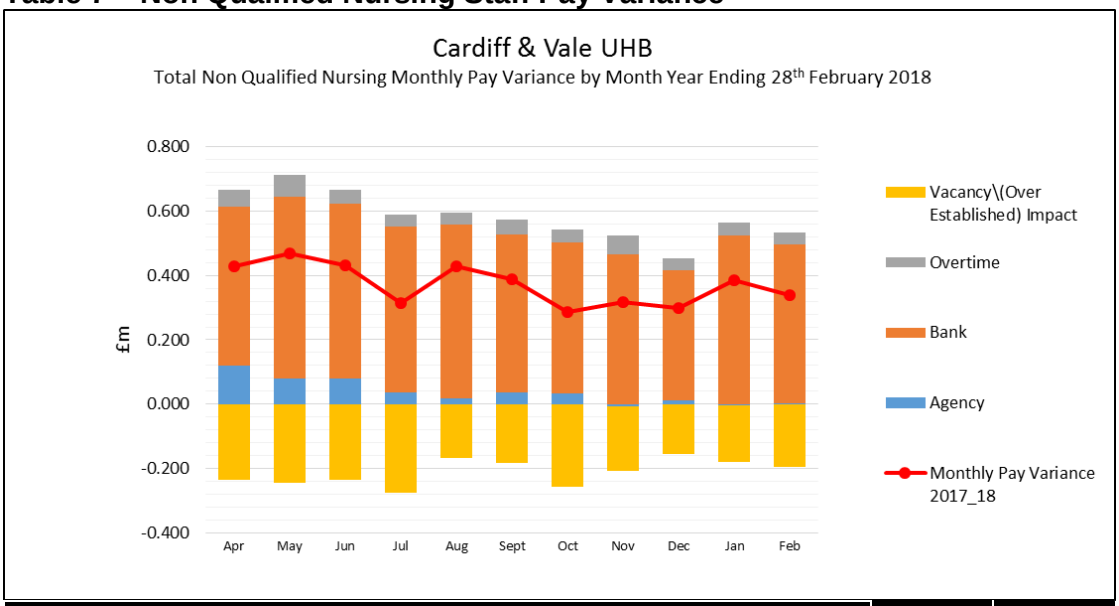
An analysis of pay expenditure by staff group is shown in Table 6.

Table 6: Analysis of pay expenditure by staff group @ February 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	1.913	1.825	(0.088)	20.833	20.168	(0.665)
Management, admin & clerical	5.722	5.641	(0.080)	63.343	62.392	(0.950)
Medical and Dental	13.181	12.976	(0.205)	139.527	138.380	(1.148)
Nursing (registered)	15.521	15.486	(0.035)	162.180	160.309	(1.871)
Nursing (unregistered)	4.171	4.510	0.339	42.858	46.942	4.084
Other staff groups	7.634	7.599	(0.036)	80.761	80.367	(0.394)
Scientific, prof & technical	2.871	2.760	(0.111)	30.800	29.391	(1.409)
Total £m	51.014	50.798	(0.216)	540.303	537.950	(2.352)

The in month underspend of £0.216m against pay budgets is broadly consistent with the trend established in the first ten months of the year. Part of the in month overspend against nursing is due to relatively high levels of sickness on medical wards. The majority of the nursing overspend continues to be a consequence of the additional cost of cover for vacant posts on medical wards.

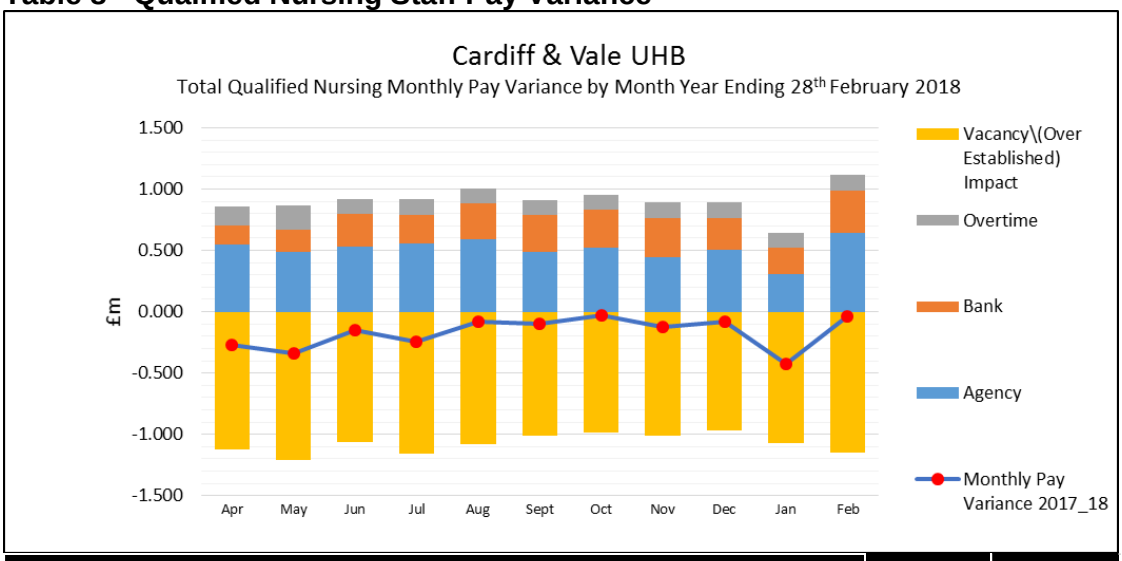
Table 7 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.001	0.403
Bank	0.495	5.505
Overtime	0.037	0.496
Adverse Impact	0.533	6.404
Vacancy\(Over Established) Impact	(0.194)	(2.320)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.339	4.084

Table 7 demonstrates that the majority of adverse variance against non-qualified nursing assistants is due to an overspend of £5.505m on bank staff which is partly offset by an underspend against established posts. The in month overspend of £0.339m is less than the average monthly overspend for the year to date of £0.371m.

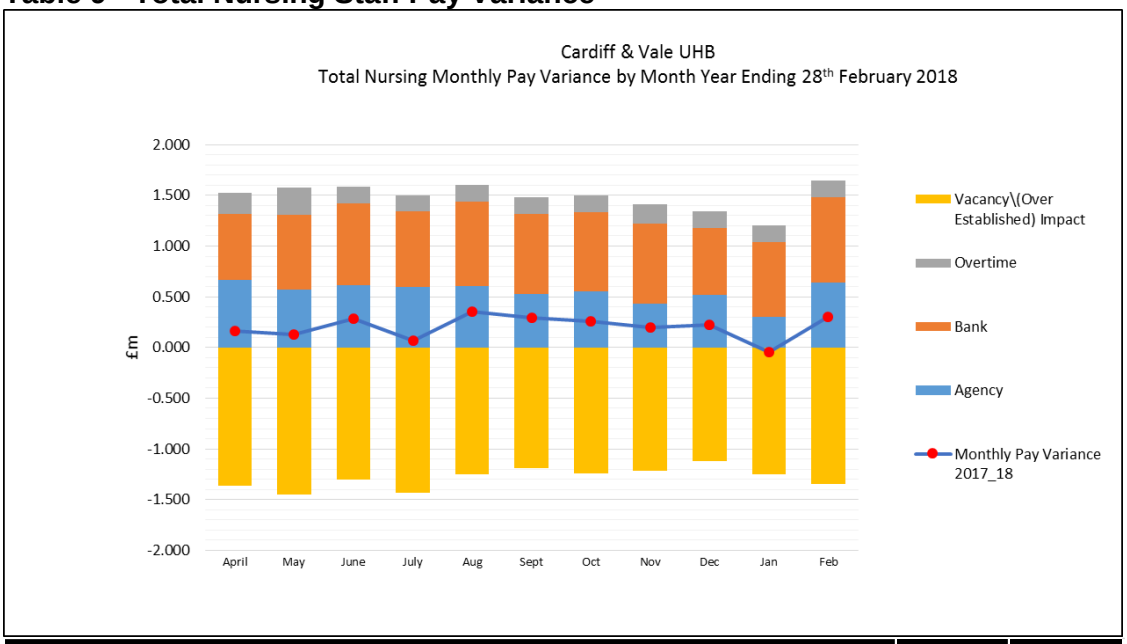
Table 8 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.642	5.630
Bank	0.344	2.869
Overtime	0.130	1.463
Adverse Impact	1.116	9.963
Vacancy\(Over Established) Impact	(1.150)	(11.833)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.035)	(1.871)

Table 8 confirms that expenditure on established qualified nursing posts is significantly less than budget. The overall trend for the year to date is moving towards broadly balanced monthly budgets. The reported variance in January was skewed by the confirmation of non recurrent Invest to Save funding from Welsh Government which was applied to support nursing posts.

Table 9 - Total Nursing Staff Pay Variance

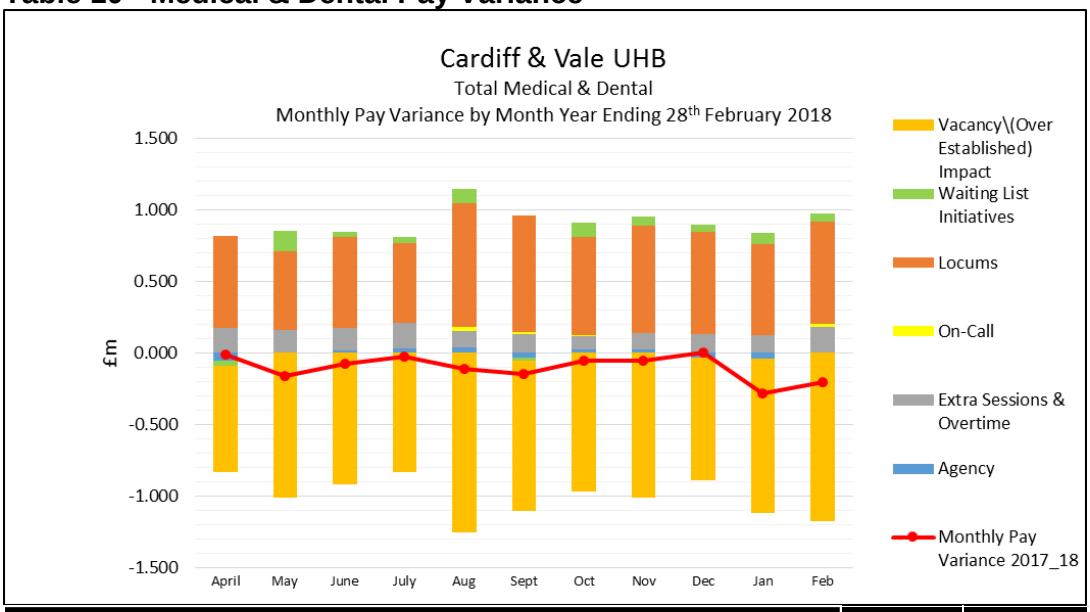


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.643	6.033
Bank	0.839	8.374
Overtime	0.167	1.960
Adverse Impact	1.649	16.366
Vacancy\(Over Established) Impact	(1.345)	(14.153)
Total Pay Variance - (Fav)/Adv £m	0.304	2.213

Table 9 shows that the expenditure against substantive nursing posts for the year to date is less than budget as reported by a £14.153m surplus against established posts. However the combined £16.366m overspend on agency, bank and overtime is greater than the underspend against vacant posts leading to an overall overspend against nursing budgets.

Table 10 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 a favourable variance of £1.148m at month 11.

Table 10 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.003	(0.039)
Extra Sessions & Overtime	0.178	1.557
On-Call	0.023	0.074
Locums	0.708	7.551
Waiting List Initiatives	0.060	0.608
Adverse Impact	0.973	9.751
Vacancy\(Over Established) Impact	(1.178)	(10.898)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.205)	(1.148)

Non Pay

Table 11 highlights an in month underspend of £1.117m and a £0.377m cumulative overspend against non pay budgets.

Table 11: Non Pay Variance @ February 2018

Non Pay	In Month			Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Clinical services & supplies	8.070	8.248	0.178	86.835	87.500	0.666
Commissioned Services	15.581	15.946	0.365	149.584	149.813	0.229
Continuing healthcare	7.615	7.710	0.095	56.355	56.921	0.566
Drugs / Prescribing	13.132	12.114	(1.018)	137.361	135.770	(1.590)
Establishment expenses	1.168	1.140	(0.029)	10.231	10.069	(0.161)
General supplies & services	0.603	0.686	0.083	5.056	5.710	0.654
Other non pay	7.236	6.450	(0.786)	29.800	30.756	0.956
Premises & fixed plant	2.987	3.052	0.065	33.664	33.022	(0.641)
Primary Care Contractors	11.447	11.377	(0.070)	124.425	124.124	(0.301)
Total £m	67.839	66.723	(1.117)	633.311	633.687	0.377

The in month overspend against clinical services and supplies represents 2% of the in month budget.

The adverse in-month movement against commissioned services reflects a deterioration in LTA expenditure, the WHSCC risk share on further C&V provider LTA over-performance, a high number of CAMHS Tier 4 admissions and a provision for WHSSC activity growth.

The in month overspend against Continuing Healthcare (CHC) partly reflects the net increase of 17 non mental health cases in month. The additional NHS funded nursing fees costs arising from the judgement of the Supreme Court are now included within the UHB's 2017/18 forecast deficit.

A number of high cost NCSO price concessions have now expired leading to an in month underspend against primary care prescribing costs. In addition the UHB recognised a significant level of savings against Hepatitis C drugs in month following confirmation of actual dispensing volumes and costs.

Other non-pay includes the additional costs resulting from the outsourcing of the neuro-interventional radiology service which are now estimated to be £0.583m for the year to date. The UHB's Director of Finance has met with the WHSCC Director of Finance to discuss whether additional income will be provided by WHSCC under the current LTA framework and there is an expectation that the issue will be concluded in March and that WHSSC will risk share these costs.

Also included in other non pay is a £1.697m contribution to the stretch target due to planned underspends in delegated budgets

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 months to 28tf February 2018 by Clinical Board is shown in Table 12.

Table 12: Financial Performance for the period ended 28th February 2017

Clinical Board	M10 Budget Variance £m	M11 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.373	0.459	0.086	0.47%
Chidren & Women	0.427	0.425	(0.003)	0.47%
Capital Estates & Facilities	(0.412)	(0.403)	0.009	(0.68%)
Dental	(0.011)	(0.007)	0.004	(0.02%)
Executives	(0.276)	(0.318)	(0.042)	(0.89%)
Medicine	0.323	0.149	(0.175)	0.14%
Mental Health	(0.364)	(0.475)	(0.111)	(0.71%)
PCIC	(2.091)	(2.303)	(0.212)	(0.82%)
Specialist	(0.508)	(0.641)	(0.134)	(0.46%)
Surgery	0.239	0.063	(0.176)	0.05%
Central Budgets	0.807	0.230	(0.577)	0.17%
SubTotal	**(1.492)**	**(2.823)**	**(1.331)**	**(0.25%)**
Planned Deficit	25.750	28.325	2.575	2.47%
Total	**24.258**	**25.502**	**1.244**	**2.23%**

All primary delegated budget holders are now reporting an underspend with the exception of the Medicine, Children and Women, Surgery and the CD&T Clinical Boards.

In month performance by the Medicine Board improved, however, pressures on nursing budgets remained. Underperformance in PICU and NICU alongside premium costs of medical cover and nursing costs are pressures in the Children and Women Clinical Board. The cumulative deficit reported by the Surgery Clinical Board fell by £0.176m in month. The overspend reported by the CD&T Clinical Board is due to the additional costs arising from the outsourcing of the neuro-interventional radiology service.

All Clinical Boards have completed a review of 2017/18 financial forecasts and those Clinical Boards with a forecast year end overspend have produced recovery plans in order to achieve a balanced year end outturn. The only Clinical Board that is now forecasting an overspend is CD&T due to the exceptional non-recurring costs in interventional neuroradiology. Without this cost pressure, the Clinical Board has a balanced plan. **The expectation now is that all Clinical Boards will deliver their latest forecast position and assurances have been received that this will be achieved.**

Savings Programme

The UHB set a 1.5% recurrent savings target of £13m and a non recurrent savings target of £4.333m for delegated budget holders. In addition the UHB targeted £2.695m savings through the delivery of UHB wide transformation and agreed a £14.973 stretch plan leading to an overall savings target of £35.001m

At month 11 the UHB has identified £39.001m savings to deliver against the £35.001m savings target as summarised in Table 13 and is detailed in **Appendix 1**.

Table 13: Progress against the 2017/18 Savings Programme at Month 11

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Over-programming) £m
Total £m	35.001	39.001	4.000

For the year to date £32.4m (83.0%) of savings are profiled into the position and these have been delivered. It should be noted that a number of identified corporate schemes are profiled into the last month of the year.

Underlying Financial Position

A key risk to the UHB is its c/f deficit from 2017/18 into 2018/19. The recurrent underlying deficit in 2016/17 b/f into 2017/18 was £54.5m. The assessed deficit c/f into 2018/19 is currently £51.4m as shown in Table 14.

Table 14: Summary of Underlying Financial Position

	2017/18 Plan £m	Forecast Position @ Month 11	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit	**54.533**	**0.000**	**54.533**
Income	**(23.414)**	**0.000**	**(23.414)**
Cost pressures less mitigating actions	**34.782**	**5.861**	**40.643**
Less CIPs	**(35.001)**	**14.621**	**(20.380)**
Deficit	**30.900**	**20.482**	**51.382**

The UHB is pursuing further recurring efficiencies with the objective of reducing the carried forward underlying deficit into 2018/19 to £49m. A large part of this will be making recurrent budget underspends within Executive Directors delegated budgets.

Balance Sheet

The Balance sheet is shown in **Appendix 3.**

The increase in reported value of property, plant and equipment reflects the impact of the Valuation Office Agency's valuation of the UHB's Estate as at 1st April 2017. The carrying value now also reflects the transfer of Llantwit Major Health Centre from Abertawe Bro Morgannwg Health Board which was completed in February 2018.

The main reason for the increase in trade debtors is the increase in amounts due from the Welsh Risk Pool. This is mirrored by a similar increase in the value of provisions held since 1st April 2017.

The reduction in trade and other payables shown within current liabilities is primarily due to the decrease in capital creditors, where the majority of the significant year end balances have now been settled.

Cash Flow Forecast

The cash flow forecast is contained in **Appendix 4**.

Welsh Government wrote to the UHB on 14th December 2017 to confirm that it will provide up to a maximum of £29.389m strategic cash only support to Cardiff & Vale UHB in 2017/18. As a consequence of the £4m reduction to the UHB forecast deficit in January the level of strategic cash assistance required by the UHB has also fallen by £4m from that previously requested. The UHB has therefore written to Welsh Government to confirm the Strategic Cash Assistance required is therefore now £4m less at £25.389m. The UHB has also requested £1.599m cash assistance for working balance movements.

The UHB has therefore requested total cash assistance of £26.988m (£25.389m strategic cash only support & £1.599m working balances cash assistance).

Public Sector Payment Compliance

The UHB's cumulative performance to the end of December improved by 0.1% in month to 92.4%. As previously reported the poor performance to date is linked to the transition to the All Wales Nursing Agency Contract. The UHB expects performance in this area to gradually improve following the introduction on the 1st August 2017 of an automated ordering & receipting process. This roll out began on 1st August 2017 and as at 28th February 2018 the UHB's eight biggest suppliers were all part of this process, with seven of the companies hitting a compliance rate of over 94% in month which is significantly better than 6 months ago. In addition, the UHB is piloting a "No Purchase Order, No Pay" policy within corporate departments with the long term intention of rolling the policy out across the UHB and improving the efficiency of invoice payments. Furthermore all Clinical Boards have formally been reminded that

the UHB expects all invoices received to either be authorised or receipted on Oracle within 3 days of receipt. It is expected that the combination of remedial actions will produce a steady improvement.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of February 2017 is detailed in **Appendix 5** and summarised in Table 15.

Table 15: Progress against Capital Resource Limit @ February 2017

	£m
Planned Capital Expenditure at month 11	25.831
Actual net expenditure against CRL at month 11	23.922
Variance against planned Capital Expenditure at month	(1.909)

The UHB anticipates to fully expend its CRL by the year end.

Financial Risks

The UHB is forecasting a £26.9m year-end deficit which is £4.0m less than its Operational Plan.

The NHS Funded Nursing Care (FNC) financial risk has now been accommodated within the UHB forecast and the risk around NCSO drugs has now largely gone. In addition Welsh Government has confirmed funding for PACS.

Therefore the only outstanding material risk relates to the performance of neonatal intensive care against the WHSSC contract. The UHB in on track to make good part of the year to date underperformance. Due to the stepped marginal cost in this contract however, if this is not achieved it will result in a £0.8m income reduction.

Key Concerns & Recovery Actions

At month 11, the key concerns and challenges are set out below:

1. Concern- Budget overspends at month 11;

   Action – All Clinical Boards have confirmed expected year end outturn through a detailed forecasting exercise and escalation process. All Clinical Boards have balanced plans except CD&T due to the exceptional non-recurring costs in interventional neuroradiology.

2. Concern – Key financial risks;

   Action – Further savings have been identified to mitigate against these and therefore the UHB has greater assurance of delivering its forecast position.

3. Concern – Underlying Deficit.

Action – Further work is being taken forward to reduce the recurrent cost base in order to minimise the c/f underlying deficit into 2018/19.

CONCLUSION

The UHB is committed to achieving in year and recurrent financial balance as soon as possible without adversely affecting patient safety and service delivery.

The UHB's draft 2017/18 financial plan aimed to achieve a £30.9m deficit. Following a review in January the UHB revised and improved its year-end forecast by £4m to a deficit of £26.9m. The cumulative underspend against the UHB plan increased by a further £1.331m in February from £1.492m to £2.823m providing the UHB with assurance that it remains on course to meet the revised forecast deficit of £26.9m.

At the beginning of 2017/18 the UHB had a brought forward underlying recurrent deficit of £54.5m. This has now reduced to £51.4m and the UHB is aiming to reduce this further so that underlying deficit carried forward into 2018/19 is circa £49m.

The UHB will continue to share progress being made with Welsh Government and at its Targeted Intervention meetings. The UHB will also ensure good financial management processes remain in place to explore further options to support longer term financial sustainability.

The reported financial position for the eleven months to the end of February is a deficit of £25.502m. This is made up of a budget plan deficit of £28.325m and a favourable variance against plan of £2.823m.

Appendix 1

2017-18 Part Year Effect Month Ending February 2018

Identified Savings	17-18 Target	Granular Identified Green	Clinical Board Amber	Clinical Board Pipeline Red	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Corporate Execs	681	941	106	72	1,046	-365
Specialist Services	2,400	2,636	311	324	2,947	-547
Capital Estates and Facilities	1,244	1,355	0	0	1,355	-111
Surgery	2,357	2,401	118	35	2,520	-163
PCIC	3,323	3,327	226	450	3,553	-230
Mental Health	1,395	1,433	0	0	1,433	-38
Children & Women	1,775	1,675	147	420	1,822	-47
Dental	400	408	0	10	408	-8
CD&T	1,880	1,890	0	163	1,890	-10
Medicine	1,878	1,879	0	157	1,879	-1
Clinical Board Forecast			4,541		4,541	-4,541
Corporate Schemes	17,668	15,108	500	234	15,608	2,060
Total Savings	**35,001**	**33,053**	**5,949**	**1,864**	**39,001**	**-4,000**

2017-18 Full Year Effect Month Ending February 2018

Identified Savings	17-18 Target	Granular Identified Green	Clinical Board Amber	Clinical Board Pipeline Red	Total Green & Amber	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Corporate Execs	501	609	87	16	696	-195
Specialist Services	1,800	1,365	450	324	1,815	-15
Capital Estates and Facilities	933	933	60	420	993	-60
Surgery	1,768	1,794	170	86	1,964	-196
PCIC	2,493	3,239	275	160	3,514	-1,021
Mental Health	1,047	1,047	0	0	1,047	0
Dental	300	88	0	20	88	212
Children & Women	1,331	946	425	723	1,371	-40
CD&T	1,382	1,382	0	163	1,382	0
Medicine	1,408	1,702	0	594	1,702	-294
Corporate Schemes	17,668	7,275	953	0	8,228	9,440
Total Savings	**30,631**	**20,380**	**2,420**	**2,505**	**22,800**	**7,831**

Appendix 2

Cardiff and Vale UHB Financial Plan 2017/18 - Monthly Run Rates

	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Forecast Year end Position £'000
Gross costs	**103,244**	**101,554**	**110,313**	**109,081**	**110,590**	**109,803**	**96,177**	**113,911**	**110,746**	**115,938**	**122,659**	**151,174**	**1,355,190**
Identified savings	-618	-1,481	-2,972	-1,757	-2,739	-2,898	-4,741	-3,568	-3,326	-3,141	-5,136	-6,624	-39,001
Unidentified savings required for stretch target													
Total savings required	**-618**	**-1,481**	**-2,972**	**-1,757**	**-2,739**	**-2,898**	**-4,741**	**-3,568**	**-3,326**	**-3,141**	**-5,136**	**-6,624**	**-39,001**
Net costs	**102,626**	**100,073**	**107,341**	**107,324**	**107,851**	**106,905**	**91,436**	**110,343**	**107,420**	**112,797**	**117,523**	**144,550**	**1,316,189**
Income (phased as per budget plan)	98,952	98,579	104,814	104,728	105,337	104,301	88,882	107,862	105,687	110,716	116,279	143,152	1,289,289
Net surplus/ (deficit)	**-3,674**	**-1,494**	**-2,527**	**-2,596**	**-2,514**	**-2,604**	**-2,554**	**-2,481**	**-1,733**	**-2,081**	**-1,244**	**-1,398**	**-26,900**

Notes

April gross costs are lower than average in part due to the monthly 1 budget setting process and the unwinding and confirmation of previous year estimates.

Gross costs in May are abated by the 7.3m profit on disposal arising from the sale of CRI West Wing and sale of the former petrol station at Llandough

Gross costs in October are abated by a £15.275m credit in respect of impairments and depreciation as a consequence of an adjustment required to the carrying value of the UHB's estate following receipt of the District valuers 5 yearly report on the estate. The October spike in savings reflects management action to recover a VAT claim c £1.5m.

Monthly gross costs will vary due to demand side seasonal care and prescribing pressures; the implementation of in year plans; the timing of weekly pay runs and the payment of pay enhancements

The spike in month 12 gross costs is primarily due to the additional £20.6m of AME Donated Depreciation\Impairments profiled into month 12 and the expected settlement of LTAs
Savings profiled to Month 11 & 12 include £1.2m Hepatitis drug savings; £1m savings on the planned contribution to the Welsh risk Pool and £1.8m savings against delegated budgets.

Appendix 3

BALANCE SHEET AS AT 28th FEBRUARY 2018

	Opening Balance 1st April 2017	Closing Balance 28th February 2018
Non-Current Assets	**£'000**	**£'000**
Property, plant and equipment	628,042	640,519
Intangible assets	1,601	1,478
Trade and other receivables	42,437	42,727
Other financial assets		
Non-Current Assets sub total	**672,080**	**684,724**
Current Assets		
Inventories	15,129	15,972
Trade and other receivables	137,493	201,355
Other financial assets	0	0
Cash and cash equivalents	881	6,289
Non-current assets classified as held for sale	1,815	0
Current Assets sub total	**155,318**	**223,616**
TOTAL ASSETS	**827,398**	**908,340**
Current Liabilities		
Trade and other payables	157,516	146,021
Other financial liabilities	0	0
Provisions	102,277	163,017
Current Liabilities sub total	**259,793**	**309,038**
NET ASSETS LESS CURRENT LIABILITIES	**567,605**	**599,302**
Non-Current Liabilities		
Trade and other payables	10,207	9,720
Other financial liabilities	0	0
Provisions	44,615	42,727
Non-Current Liabilities sub total	**54,822**	**52,447**
TOTAL ASSETS EMPLOYED	**512,783**	**546,855**
FINANCED BY: **Taxpayers' Equity**		
General Fund	399,057	432,640
Revaluation Reserve	113,726	114,215
Total Taxpayers' Equity	**512,783**	**546,855**

Appendix 4

CASH FLOW FORECAST AS AT 28th FEBRUARY 2018

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	77,340	60,358	90,378	66,386	67,086	79,642	71,292	73,102	82,767	65,128	72,858	73,876	880,213
WG Revenue Funding - Non Cash Limited (NCL)	1,830	1,830	1,150	1,410	1,610	1,815	1,375	1,720	1,605	1,620	1,630	1,530	19,125
WG Revenue Funding - Other (e.g. invoices)	2,360	2,360	2,506	2,361	2,361	2,331	2,356	2,356	2,878	5,280	2,498	5,953	35,600
WG Capital Funding - Cash Limit	9,000	2,000	1,000	2,100	3,900	2,950	0	4,200	375	3,325	5,200	7,113	41,163
Sale of Assets	0	9,152	0	0	0	0	212	550	0	0	0	0	9,914
Income from other Welsh NHS Organisations	47,076	17,644	41,554	29,101	31,459	41,273	25,977	32,259	39,530	26,020	31,674	36,264	399,831
Other - (Specify in narrative)	11,438	3,599	7,579	5,630	8,324	6,620	9,018	6,738	5,850	8,488	5,898	8,435	87,617
TOTAL RECEIPTS	**149,044**	**96,943**	**144,167**	**106,988**	**114,740**	**134,631**	**110,230**	**120,925**	**133,005**	**109,861**	**119,758**	**133,171**	**1,473,463**
PAYMENTS													
Primary Care Services : General Medical Services	5,249	4,042	8,318	3,992	3,986	6,294	4,142	4,059	6,769	4,242	4,008	6,768	61,869
Primary Care Services : Pharmacy Services	153	124	144	112	125	135	121	101	215	484	344	167	2,225
Primary Care Services : Prescribed Drugs & Appliances	15,528	2	15,095	4	7,945	16,115	3	7,429	16,189	3	7,767	7,769	93,849
Primary Care Services : General Dental Services	1,734	1,877	1,908	1,936	1,720	1,806	1,845	1,793	1,768	1,839	1,904	1,719	21,849
Non Cash Limited Payments	1,986	2,196	1,910	2,173	2,105	2,125	2,135	2,174	2,201	2,094	2,023	2,174	25,296
Salaries and Wages	45,715	47,104	47,578	46,857	46,825	46,822	46,626	47,425	47,459	47,086	47,613	47,986	565,096
Non Pay Expenditure	41,188	43,621	48,892	44,051	45,352	44,772	49,641	44,931	40,770	46,476	41,863	52,227	543,784
Capital Payment	9,738	1,925	1,323	1,802	3,587	2,322	2,277	3,052	2,773	2,439	3,008	9,169	43,415
Other items (Specify in narrative)	15,801	2,891	17,084	2,836	9,095	16,775	2,913	8,717	17,075	3,025	9,268	10,600	116,080
TOTAL PAYMENTS	**137,092**	**103,782**	**142,252**	**103,763**	**120,740**	**137,166**	**109,703**	**119,681**	**135,219**	**107,688**	**117,798**	**138,579**	**1,473,463**
Net cash inflow/outflow	11,952	(6,839)	1,915	3,225	(6,000)	(2,535)	527	1,244	(2,214)	2,173	1,960	(5,408)	
Balance b/f	881	12,833	5,994	7,909	11,134	5,134	2,599	3,126	4,370	2,156	4,329	6,289	

Appendix 5

PROGRESS AGAINST CRL AS AT 28th FEBRUARY 2018

Approved CRL issued March 3rd 2018 £'000s	41,975

Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Replacement Cardiac Catheter Labs UHW	3	2	(1)	3	3	0
Rookwood Emergency Works	733	617	(116)	1,445	946	(499)
Relocation of Central Processing Unit	0	0	0	0	0	0
Neonatal Phase 2	11,989	11,990	1	15,935	15,935	0
Primary Care Fees	18	8	(10)	125	125	0
Gamma Cameras	485	339	(146)	672	339	(333)
Anti Ligature Works	172	80	(92)	500	400	(100)
CRI Wards 14 and 14(a)	1,281	1,022	(259)	1,601	1,601	0
Genomics	426	171	(255)	1,060	1,060	0
Implementation of WIFI	250	0	(250)	600	600	0
National Clinical Information Systems	50	0	(50)	448	198	(250)
Modular Theatre Llandough	1,802	1,807	5	1,697	1,807	110
Interventional Radiology Suite UHW	0	0	0	1,500	1,500	0
ICF-Mental Health Barry Hospital	0	8	8	198	248	50
Cyber Attacks Equipment	0	0	0	180	180	0
WEDINOS Equipment	0	0	0	431	431	0
Imaging Equipment	0	0	0	100	100	0
Sub Total	**17,209**	**16,044**	**(1,165)**	**26,495**	**25,473**	**(1,022)**
Discretionary:						
I.T.	451	371	(80)	1,110	1,360	250
Equipment	803	519	(284)	1,949	2,854	905
Statutory Compliance	1,701	1,606	(95)	2,845	2,845	0
Estates	13,647	13,362	(285)	18,293	18,160	(133)
Sub Total	**16,602**	**15,858**	**(744)**	**24,197**	**25,219**	**1,022**
Donations:						
Ronald McDonald House, Oakgrove Foundation & Endowments	5,728	5,728	0	6,465	6,465	0
Sub Total	**5,728**	**5,728**	**0**	**6,465**	**6,465**	**0**
Asset Disposals:						0
West Wing	1,750	1,750	0	1,750	1,750	0
The Former Filling Station at Llandough	10	10	0	10	10	0
CRC Credits Surrendered	212	212	0	212	212	0
Longcross House	280	280	0	280	280	0
Sub Total	**2,252**	**2,252**	**0**	**2,252**	**2,252**	**0**
CHARGE AGAINST CRL	**25,831**	**23,922**	**(1,909)**	**41,975**	**41,975**	**0**
PERFORMANCE AGAINST CRL (Under)/Over £'000s		**(18,053)**			**0**	

Workforce Key Performance Indicators February 2018

Indicators 5, 8a and 9 all moved in a positive direction; indicators 1-4 and 7 moved in a negative direction.

Key Performance Indicator	2016-17 Outturn	YTD	Monthly Actual	Comparison with Previous Month	2017-18 target	Notes
1. Vacancy Rate (WTE)	4.61%	5.62%	5.37%	⇧ 0.37%	5.00%	YTD is 12-month average
2. Turnover Rate (WTE)	9.24%	9.14%	9.14%	⇧ 0.01%	7.0% - 9.0%	Excludes junior medical staff in training
3. Sickness Absence Rate	4.87%	5.04%	5.43%	⇧ 0.03%	4.20%	YTD is 12-month cumulative rate
4. PADR Rate	57.65%	59.40%	59.40%	⇩ 1.74%	85.00%	
5. Statutory and Mandatory Training Rate	66.18%	71.73%	71.73%	⇧ 1.31%	85.00%	
6. Pay Bill Over/Underspend	0.24%	-0.44%	-0.42%	⇨ 0.00%	Underspend	YTD is April-17 to current month, value shown is the amount of over/underspend as a % of budget
7. Variable Pay Rate	8.08%	7.81%	8.90%	⇧ 0.11%	No target	YTD is April-17 to current month, value shown is variable pay as a % of pay bill
8a. Recruitment Time to Hire	56 (Days)	46	46	⇩ 3 days	Less than 44 days	From vacancy created to sending of conditional offer
9. Job Plan Compliance	21.99%	51.31%	51.31%	⇧ 11.60%	85.00%	Compliance is having a job plan recorded in ESR with a review having taken place within the last 12 months.

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
• **Nurse Recruitment:** The February 2018 nurse vacancy rate at Band 5 was 10.70% (206 vacancies), up by 1.82% from February 2017. Turnover has fallen by 1.15% over the same period to 11.59%. There has been a net decrease of 32 wte fewer in post, and 35 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. • Women & Children's held a recruitment event, excellent attendance, 52 candidates were appointable. Funding approved for adaptation programme, plans are in place to begin the course. Further meetings regarding student streamlining have been arranged, further clarity is needed. In March there are local recruitment events have been arranged for Medicine and Critical Care. In April Surgery Clinical Board will hold a recruitment event. The job of the week pilot has been successful, subsequent posts have received between 6,500 and 7,000 views using Facebook and Twitter. • **Medical Recruitment:** As at end of February 2018 there are 35.00 WTE hard-to-fill vacancies, 7 WTE of which are consultant posts. This represents 2.48% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts.	• **CD&T:** A staff 'thank you' event is arranged for April 2018 • **CD&T:** WOD are working closely with all of our Directorates to support them in identifying their required savings. • **CD&T:** The HOWOD is working closely with LED colleagues to develop a Leadership and management development programme for the Clinical Board. • **Surgery:** Staff Briefings have been held in regards to moving Heulwen Liver Unit to B2 North. 1-to-1 meetings have also been offered to staff. It is anticipated that the change will take place in April 2018. • **Surgery:** The implementation phase of the Theatre Management Restructure is progressing well, Interviews for the Lead Nurse were held on 06/03/18. The General Manager vacancy has been advertised externally. The interviews for the Deputy General Manager/Theatre Manager for UHL will be held on 26/03/18. • **Surgery:** The turnover and vacancies for registered Theatre Practitioners continue to reduce month on month and improving staff engagement is a priority. Another Recruitment Event has been arranged for 18th April 2018. • **Surgery:** Sickness Surgeries are continuing in areas where we are reporting high levels of sickness absence, e.g. Theatres.

• **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. Work is continuing to ensure the revised values and behaviours framework is incorporated into the appraisal process i.e. updating documentation, incorporating into the training etc. 4 staff members have been recorded recently for a video which will be launched in May to promote the benefits of an effective PADR. • **Statutory and Mandatory Training:** 15 dates for Mandatory May (classroom based training) have been planned and will be advertised within the UHB shortly for bookings to be taken; 3 dates will be held in UHL and 12 in UHW. LED is working closely 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. • **Staff Engagement:** Local engagement plans are being monitored within the Clinical Boards, which incorporate the results from the Medical Engagement Survey (MES) and All Wales Staff Survey; the next All Wales Staff Survey will be launched early June 2018, with the aim of providing UHBs with results early September 2018. The CEO has signed the pledge for 'Living Our Values'; further information/ promotional packs will be distributed widely throughout the UHB during March, in addition to this, values boards will be put up in the hospital main entrances commencing in March. Values based recruitment is progressing; an interview guide and behavioural questions have been developed for staff groups. Also, an interview skills train the trainer and 'hiring managers' training is being provided by April Strategy on 15th March. Following this, a roll out plan is being developed to implement VBR within the Clinical Boards, commencing with PCIC. • **Employee Assistance Programme:** The new EAP service, provided by Care First, continues to offer assistance to staff. Since May 2017, 294 staff have accessed the counselling service while there have been 183 instances of staff accessing the online resources. Information on the service has been cascaded throughout the Clinical Boards and there is information available on the WOD internet sit. Further information on the Zest and Lifestyles services has been shared across the UHB via the Communication team in order to promote use of these services. • **Employee Wellbeing Scheme:** 36 people self-referred to EWS in February 2018. 35 people attended 1st appointments. 10 of whom were then discharged. A total of 98 appointments were attended in total. 24 people attended Wellbeing Workshops. Two Workshops were delivered this month; Resilience and Assertiveness. • **IMTP:** The draft 2018/19-2021 IMTP has been approved by the Board and submitted to Welsh Government. The Workforce & OD enabling chapter brings together a delivery plan for the next 3 years focussed around the 5 WOD objectives. The required templates have also been submitted which include UHB wide education commissioning, recruitment difficulties; and wte and workforce £££'s plans integrated with the service and financial plan.	• **PCIC:** The Clinical Board Director and interim cover for the Director of Operations and Delivery were advertised • **PCIC:** Nominations were received for the second round of the PCIC local Recognition scheme and an assessment meeting set up for 2 March 2018. • **PCIC:** A meeting was held to plan the roll out of Values Based Recruitment across Cardiff and Vale UHB beginning with PCIC. District Nurses from each locality have been identified to take part in the pilot.

Clinical Board Nursing Recruitment Activity
• **Medicine:** A Staff Nurse recruitment event will be held on Tuesday 13th March. 9 applicants have been shortlisted to attend. • **Medicine:** Following WEDS confirmation of finance for the Nurse Adaptation Programme, the Medicine Clinical Board is taking part in disc ussions around how these nurses can be supported on Medicine wards • **Medicine:** 14 HCSWs have recently been appointed and are in the process of completing their pre-employment checks • **Medicine:** The 'Job of the Week' slot has been allocated to Medicine posts a number of times, in some cases greatly increasing the amoun t of interest and number of applications to the featured posts

1. Vacancy Rate (Monthly WTE)

	WTE	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Specialist Services	1655.30	2.72%	2.42%	2.00%	2.38%	1.75%	1.97%	2.35%	1.57%	1.31%	1.93%	1.83%	2.36%	2.17%
Children & Women	1688.09	2.17%	2.89%	3.50%	5.32%	4.63%	5.21%	7.94%	6.33%	3.33%	2.06%	2.16%	2.39%	2.61%
Dental	387.89	2.84%	3.12%	2.48%	1.39%	2.32%	3.31%	1.90%	2.27%	2.99%	3.29%	0.88%	2.87%	4.26%
Capital, Estates & Facilities	1067.12	6.66%	6.39%	7.08%	7.06%	7.25%	6.86%	8.25%	7.30%	8.20%	7.82%	7.80%	3.59%	5.49%
CDT	2048.68	-0.10%	0.30%	1.48%	1.68%	4.76%	3.77%	5.22%	4.93%	4.98%	4.55%	3.91%	4.04%	4.18%
PCIC	676.20	8.32%	8.65%	10.33%	9.04%	8.77%	7.51%	7.65%	7.54%	8.05%	6.34%	5.97%	5.13%	4.96%
Mental Health	1212.06	7.41%	7.64%	8.02%	7.71%	7.77%	11.81%	7.32%	7.24%	6.93%	6.46%	5.70%	6.08%	6.27%
Medicine	1607.53	7.23%	6.89%	7.80%	7.75%	9.04%	9.83%	10.70%	9.16%	10.23%	7.99%	6.86%	7.07%	7.82%
Surgical Services	1759.26	5.62%	5.57%	6.46%	6.77%	7.74%	8.31%	7.75%	7.06%	7.56%	7.19%	7.22%	7.75%	7.28%
Corporate	687.31	6.58%	6.26%	8.11%	8.11%	8.92%	7.68%	8.52%	8.68%	9.51%	8.75%	9.04%	9.14%	10.85%
uHB	**12789.43**	**4.54%**	**4.61%**	**5.33%**	**5.54%**	**6.12%**	**6.62%**	**6.96%**	**6.23%**	**6.17%**	**5.47%**	**5.08%**	**5.00%**	**5.37%**

Over 5.0%
Under 5.0%

Note:
This data is sourced from ESR and whilst the WTE staffing numbers are accurate (Payroll-managed), department managers and Finance staff are required to maintain the accuracy of the recorded establishment data.
The WTE staffing numbers and % rates for PCIC, Corporate, Medicine and CD&T are adjusted to reflect posts that are hosted within these Boards for professional accountability purposes where the service delivery is within PCIC.

2. Turnover Rate (12-Month WTE, excluding junior medical staff)

	Average WTE	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Dental	351.63	6.86%	6.68%	6.55%	5.99%	5.67%	6.66%	9.38%	9.59%	9.02%	9.18%	8.45%	7.89%	7.76%
Children & Women	1579.77	8.64%	9.23%	9.02%	9.39%	9.32%	9.18%	8.95%	8.80%	8.39%	8.68%	8.29%	8.19%	8.42%
Specialist Services	1516.22	9.22%	8.85%	8.62%	8.56%	8.44%	8.67%	8.66%	8.64%	8.65%	9.31%	8.90%	8.59%	8.65%
Capital, Estates & Facilities	1072.09	6.72%	6.93%	7.18%	7.73%	7.70%	7.76%	8.56%	8.34%	8.72%	8.13%	8.55%	8.72%	8.36%
CDT	2019.62	8.68%	8.93%	8.61%	8.50%	8.03%	8.24%	8.70%	8.56%	8.47%	8.10%	8.66%	8.81%	9.20%
Medicine	1464.65	9.19%	9.50%	9.65%	9.60%	10.18%	9.45%	9.84%	9.06%	9.58%	9.37%	9.29%	8.84%	8.99%
Surgical Services	1578.44	9.12%	9.08%	9.18%	8.87%	8.85%	8.72%	8.75%	8.64%	9.06%	9.37%	8.97%	9.51%	9.02%
Mental Health	1167.61	10.67%	9.89%	10.12%	10.32%	10.49%	10.66%	10.61%	10.62%	9.67%	9.77%	9.56%	9.75%	9.50%
Corporate	698.46	9.71%	9.91%	10.08%	10.36%	9.58%	9.40%	10.29%	10.31%	10.32%	9.94%	10.48%	10.30%	10.12%
PCIC	653.25	13.79%	14.43%	14.85%	13.75%	13.10%	12.92%	12.91%	13.48%	13.80%	13.07%	13.39%	12.46%	12.78%
uHB	**12101.75**	9.16%	9.24%	9.24%	9.22%	9.11%	9.09%	9.38%	9.24%	9.24%	9.22%	9.19%	9.13%	9.14%

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.

uHB Staffing Position

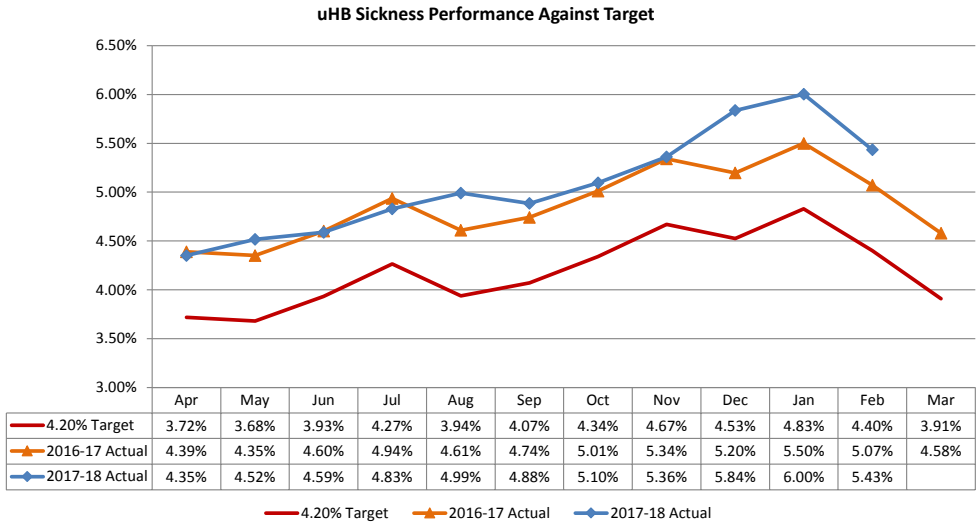
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Change since March 17
Worked WTE	12848.86	12896.82	12947.34	12916.46	12980.06	12867.64	12893.14	12937.81	12896.59	12897.38	13038.92	12977.01	12997.31	13035.00	87.66
Contracted WTE	12674.90	12674.54	12667.96	12585.67	12551.70	12557.24	12591.86	12579.02	12710.07	12684.55	12771.19	12830.08	12800.43	12789.43	121.47

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

3. Sickness Rate (12- Month Cumulative)

	WTE	Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Capital, Estates & Facilities	1067.12	6.08%	7.07%	7.09%	7.14%	7.25%	7.18%	7.36%	7.56%	7.56%	7.61%	7.60%	7.83%	7.99%	7.96%
CDT	2048.68	3.25%	3.71%	3.70%	3.72%	3.74%	3.73%	3.75%	3.77%	3.77%	3.80%	3.75%	3.81%	3.83%	3.86%
Children & Women	1688.09	3.77%	4.48%	4.43%	4.46%	4.47%	4.50%	4.40%	4.40%	4.47%	4.52%	4.49%	4.59%	4.66%	4.70%
Corporate	687.31	2.68%	2.64%	2.57%	2.57%	2.52%	2.54%	2.51%	2.46%	2.48%	2.40%	2.42%	2.41%	2.55%	2.58%
Dental	387.89	3.46%	3.92%	3.88%	3.91%	3.92%	3.84%	3.88%	3.82%	3.86%	3.81%	3.70%	3.64%	3.50%	3.49%
Medicine	1607.53	4.67%	5.58%	5.51%	5.51%	5.50%	5.47%	5.49%	5.57%	5.62%	5.63%	5.49%	5.49%	5.53%	5.63%
Mental Health	1212.06	5.56%	6.40%	6.41%	6.43%	6.45%	6.39%	6.35%	6.33%	6.34%	6.40%	6.56%	6.70%	6.84%	6.84%
PCIC	676.20	4.37%	5.22%	5.23%	5.24%	5.24%	5.10%	5.05%	5.05%	4.98%	4.94%	4.96%	5.15%	5.28%	5.38%
Specialist Services	1655.30	4.13%	4.76%	4.69%	4.66%	4.62%	4.57%	4.48%	4.43%	4.45%	4.34%	4.28%	4.35%	4.40%	4.40%
Surgical Services	1759.26	3.96%	4.69%	4.74%	4.75%	4.81%	4.81%	4.72%	4.78%	4.83%	4.85%	4.78%	4.89%	4.93%	4.96%
uHB	**12789.43**	**4.20%**	**4.89%**	**4.87%**	**4.88%**	**4.89%**	**4.86%**	**4.84%**	**4.86%**	**4.89%**	**4.89%**	**4.86%**	**4.94%**	**5.01%**	**5.04%**

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

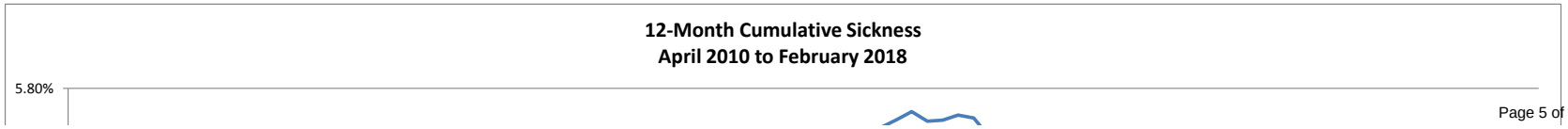


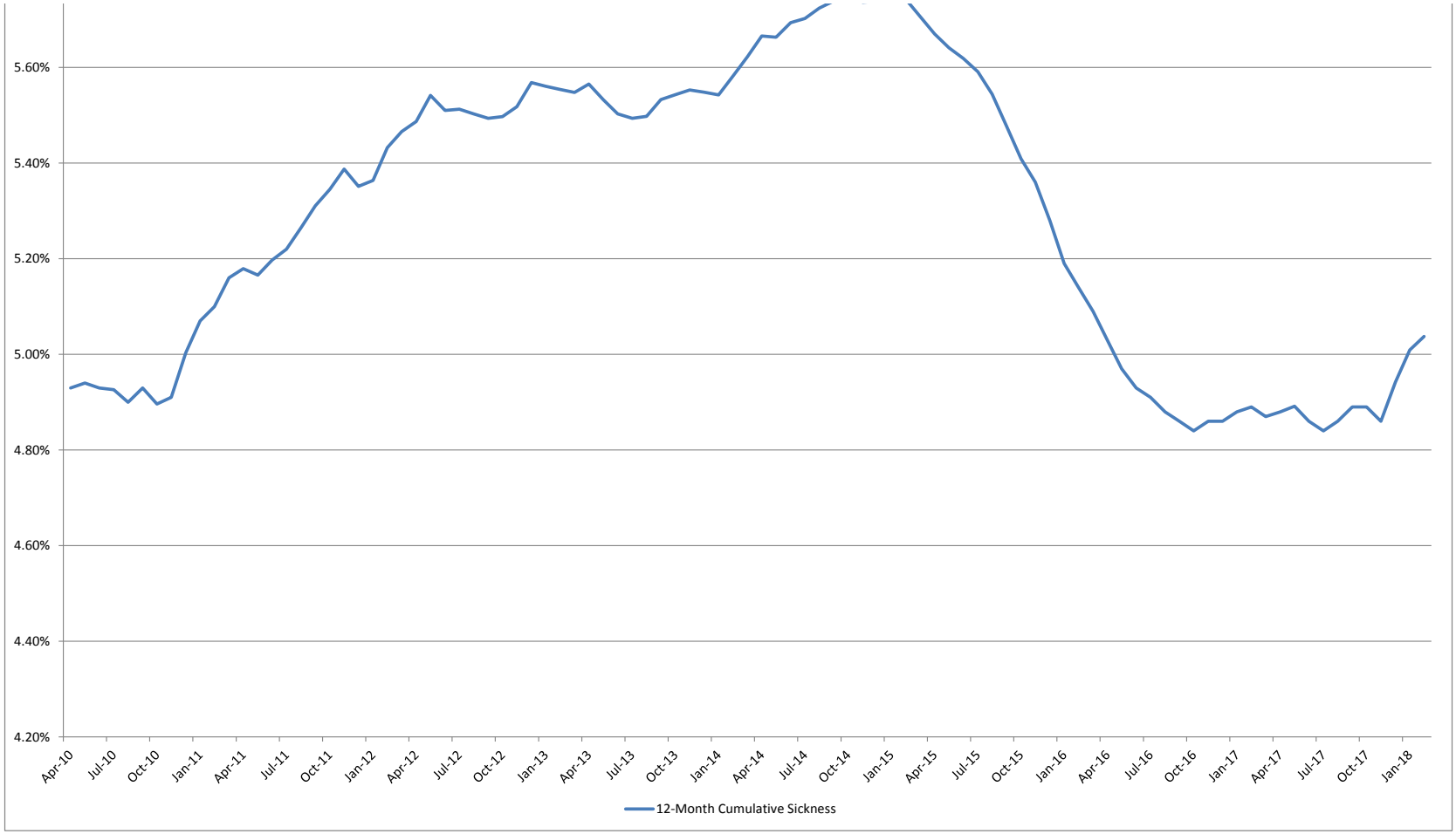
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
4.20% Target	3.72%	3.68%	3.93%	4.27%	3.94%	4.07%	4.34%	4.67%	4.53%	4.83%	4.40%	3.91%
2016-17 Actual	4.39%	4.35%	4.60%	4.94%	4.61%	4.74%	5.01%	5.34%	5.20%	5.50%	5.07%	4.58%
2017-18 Actual	4.35%	4.52%	4.59%	4.83%	4.99%	4.88%	5.10%	5.36%	5.84%	6.00%	5.43%	

Position	Rate	Av. WTE Lost per Calendar Day	Av. Calendar Days Lost per WTE	Actual Direct Cost
Start – Mar-17	4.87%	613	18	£18.1m
Current – Feb-18	5.04%	639	18	£19.2m
Progress achieved to date	+0.17%	+26	0	+£1.1m
Target – Mar-18	4.20%	528	15	£15.6m (projected)

Note:
The target lines are based on the 2016-17 sickness trend, reduced by the necessary reduction to deliver 4.2% sickness.

The Direct costs of sickness shown are the actual and target of the amount of salary paid to staff who are absent from work due to sickness. This takes no account of the replacement costs (Bank, overtime etc.)




5.60%
5.40%
5.20%
5.00%
4.80%
4.60%
4.40%
4.20%
Apr-10
Jul-10
Oct-10
Jan-11
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Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
12-Month Cumulative Sickness

3a. Sickness Hotspot Monitoring

		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Capital, Estates & Facilities	Ward Based Teams UHL	7.82%	10.86%	9.27%	9.79%	5.90%	2.18%	1.73%	3.87%	7.41%	8.10%	8.32%	8.04%	7.57%
	Ward Based Teams UHW	8.13%	8.30%	7.36%	7.62%	8.34%	9.62%	9.58%	8.86%	8.51%	8.78%	10.91%	9.78%	6.81%
Children & Women's	C1	6.24%	6.00%	4.96%	1.08%	8.02%	13.62%	7.26%	7.63%	11.71%	6.81%	5.38%	6.42%	4.76%
	CCNS (Childrens Community Nursing Service)	11.73%	14.19%	9.63%	9.52%	9.50%	9.65%	10.04%	12.10%	10.67%	8.82%	11.85%	8.90%	5.87%
	Child Health Occupational Therapy	11.11%	8.19%	6.12%	3.03%	4.34%	4.08%	4.45%	6.60%	0.00%	0.83%	2.77%	0.00%	0.00%
	Health Visiting	4.92%	6.09%	7.72%	7.01%	4.97%	5.12%	3.90%	2.49%	3.37%	6.83%	7.26%	8.05%	7.51%
	Paediatric ICU/HDU	7.19%	10.13%	6.62%	7.63%	6.69%	3.57%	8.23%	6.18%	6.63%	9.30%	9.65%	8.11%	6.29%
CD&T	Patient Administration UHL	4.97%	3.82%	6.56%	8.17%	7.22%	7.30%	10.77%	9.76%	12.49%	10.42%	7.14%	4.90%	8.44%
	Phlebotomy Service	5.84%	5.24%	3.54%	1.95%	3.46%	5.35%	8.35%	10.00%	12.12%	8.27%	7.87%	7.63%	9.83%
Medicine	A1 Short Stay	5.45%	7.89%	7.41%	8.89%	9.47%	12.34%	9.98%	6.20%	6.27%	5.10%	6.45%	6.46%	5.49%
	A6 Stroke Unit	7.91%	10.40%	10.08%	13.22%	11.04%	8.75%	5.22%	7.07%	10.32%	9.20%	8.18%	9.12%	4.67%
	C7 Medical	6.45%	8.19%	6.54%	4.63%	3.28%	7.94%	7.41%	3.90%	5.63%	4.03%	7.86%	12.75%	9.70%
	East 4	2.86%	1.33%	3.06%	3.56%	4.06%	8.94%	9.74%	10.69%	8.80%	9.38%	6.94%	7.70%	5.86%
	East 6	6.40%	9.66%	10.95%	9.48%	12.32%	8.86%	8.21%	6.26%	14.71%	16.67%	13.73%	19.28%	17.66%
	East 7	6.07%	5.38%	6.80%	3.59%	7.67%	10.70%	10.39%	5.65%	6.42%	7.50%	5.37%	10.19%	4.85%
	East 8	12.63%	12.48%	8.65%	5.26%	1.92%	7.51%	7.89%	13.44%	6.12%	5.86%	9.47%	15.08%	12.10%
	Respiratory Unit UHW (B7)	11.10%	5.67%	4.96%	6.05%	7.28%	7.21%	9.29%	6.81%	3.47%	6.92%	6.39%	1.91%	2.37%
	Stroke Rehabilitation Centre	8.88%	2.50%	7.82%	8.91%	7.77%	8.29%	11.78%	10.16%	11.83%	16.67%	18.97%	14.20%	10.92%
	Ward A4 - Medicine	9.19%	6.17%	8.80%	9.33%	12.45%	11.65%	9.29%	6.56%	6.57%	4.01%	3.80%	3.61%	5.08%
	West 2	11.60%	6.94%	5.93%	7.96%	8.48%	10.46%	11.15%	10.31%	6.86%	8.22%	8.90%	11.53%	15.75%
Mental Health	Alder Ward	9.11%	7.58%	16.86%	15.44%	22.12%	21.26%	18.84%	12.69%	20.01%	21.47%	21.45%	16.54%	8.39%
	Cedar Ward	9.94%	7.41%	10.85%	10.28%	9.81%	11.42%	9.38%	11.17%	10.39%	8.53%	4.06%	4.42%	4.31%
	Daffodil Ward	9.08%	8.59%	12.59%	16.02%	20.44%	12.22%	11.20%	11.49%	9.42%	8.89%	12.02%	9.91%	7.48%
	Hazel Ward	6.61%	6.52%	5.86%	1.61%	7.26%	9.87%	4.39%	1.27%	7.20%	9.35%	9.53%	5.27%	13.06%
	East 12 (formerly Whit W1)	10.21%	5.89%	5.90%	2.54%	4.35%	7.81%	14.08%	11.90%	11.18%	13.72%	7.65%	10.30%	2.88%
	East 14	9.66%	9.52%	10.62%	17.40%	17.41%	17.01%	18.29%	20.51%	20.08%	17.16%	15.87%	14.72%	12.74%
	East 16	7.70%	11.45%	6.50%	8.68%	10.52%	15.34%	8.02%	8.96%	8.15%	8.81%	9.28%	5.80%	4.36%
	East 18 (formerlyHamadryad Ward)	11.65%	14.34%	12.56%	10.93%	9.51%	7.42%	1.27%	3.85%	8.10%	17.02%	21.48%	15.70%	13.14%
	Meadow Ward	15.80%	13.99%	13.52%	11.51%	5.14%	8.14%	7.33%	11.36%	7.55%	9.68%	8.72%	14.56%	13.25%
	Pine Ward	16.14%	11.95%	11.80%	12.14%	9.29%	3.24%	3.99%	8.69%	3.25%	6.16%	5.61%	4.55%	6.10%
PCIC	Continence	23.32%	23.32%	23.32%	11.47%	9.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Llanrumney District Nursing Team	21.51%	18.57%	10.00%	8.09%	6.70%	10.24%	2.52%	5.52%	0.54%	0.64%	9.82%	11.44%	12.78%
	Nurse Assessor Team				0.00%	4.94%	14.11%	15.95%	9.87%	14.11%	18.77%	29.34%	20.81%	25.58%
	Palliative Care Nurses	8.47%	15.04%	16.95%	14.37%	16.08%	15.63%	24.27%	9.14%	6.16%	5.96%	1.35%	0.00%	0.00%
	Penarth District Nursing Team	8.13%	6.15%	0.00%	4.16%	1.20%	2.45%	10.66%	6.90%	9.42%	16.11%	13.61%	8.04%	4.53%
	Riverside District Nursing Team	5.76%	8.36%	14.02%	14.85%	11.63%	14.99%	17.52%	10.74%	9.64%	12.57%	11.42%	13.67%	15.30%
Specialist Services	Adult Cardiac ITU	6.12%	5.86%	5.41%	4.27%	3.85%	6.24%	5.73%	5.99%	5.52%	5.92%	6.07%	5.00%	6.82%
	B5 Nephrology and Tx	5.54%	3.94%	4.48%	5.88%	5.80%	6.22%	3.79%	3.01%	2.63%	3.56%	6.15%	8.95%	5.92%
	Critical Care Adult UHW	5.59%	5.30%	5.22%	6.46%	5.83%	4.51%	4.20%	5.33%	5.82%	6.15%	6.08%	6.33%	5.78%
	Neurosurgery	8.29%	7.94%	13.22%	9.00%	8.17%	7.84%	8.69%	8.93%	4.57%	5.29%	11.00%	9.23%	2.36%
	T4, Neurosciences UHW	5.91%	5.15%	4.80%	4.79%	3.71%	4.55%	6.18%	7.14%	7.52%	9.88%	7.73%	8.66%	7.16%
Surgical Services	SSSU Recovery & Anaesthetics	9.75%	7.66%	11.90%	13.92%	5.77%	6.95%	10.36%	13.04%	7.98%	6.19%	5.57%	1.70%	4.02%
	SSSU Theatres	5.49%	8.62%	8.05%	8.38%	9.91%	8.22%	6.68%	8.53%	8.65%	10.26%	9.54%	9.30%	11.00%

< last month & < last year
< last month or < last year
> last month & > last year

Source: ESR Self-Service

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

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
PCIC	834	60.61%	62.90%	73.27%	71.07%	73.98%	73.97%		73.85%	78.16%	80.95%	77.91%	75.90%	74.22%
Dental	455	70.26%	67.68%	81.01%	69.69%	66.60%	70.11%		50.00%	55.11%	66.96%	68.94%	71.05%	70.11%
Children & Women	1956	54.76%	59.17%	63.97%	60.92%	60.30%	59.31%		51.44%	54.90%	64.43%	64.32%	66.58%	67.64%
Specialist Services	1708	63.55%	62.47%	68.16%	64.23%	64.54%	66.49%		61.01%	61.45%	68.43%	66.21%	65.57%	65.40%
Medicine	1707	51.29%	49.90%	54.60%	52.87%	53.83%	54.78%		49.37%	47.76%	58.39%	58.94%	62.79%	62.92%
CDT	2252	67.39%	66.92%	71.71%	69.15%	69.04%	68.65%		65.77%	64.97%	65.64%	63.96%	63.24%	60.92%
Capital, Estates & Facilities	1203	63.06%	58.69%	59.68%	42.68%	29.98%	22.94%		22.82%	24.63%	30.36%	46.75%	52.37%	54.20%
Corporate	779	60.20%	57.09%	64.15%	60.35%	59.78%	58.00%		55.31%	56.48%	57.29%	57.41%	57.16%	53.40%
Surgical Services	1794	44.25%	45.30%	49.24%	47.08%	46.51%	49.63%		49.70%	49.15%	57.83%	55.68%	53.20%	51.39%
Mental Health	1326	54.13%	52.35%	56.40%	52.10%	50.47%	51.81%		48.07%	50.15%	52.27%	49.21%	50.04%	49.70%
uHB	**13174**	**58.00%**	**57.65%**	**62.81%**	**58.34%**	**57.12%**	**57.18%**		**53.15%**	**54.12%**	**60.03%**	**60.32%**	**61.14%**	**59.40%**

Under 75%
75% - 85%
Over 85%

Note:

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

4a. Medical Appraisal Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
PCIC	8	60.00%	63.64%	63.64%	72.73%	90.91%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
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%
CDT	71	94.29%	87.32%	88.73%	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%
Surgical Services	217	79.04%	75.44%	81.50%	81.82%	81.90%	83.19%		80.44%	79.65%	81.61%	81.17%	79.28%	80.18%
Children & Women	127	64.86%	59.46%	61.07%	62.42%	83.33%	89.47%		79.31%	79.66%	83.48%	82.50%	84.17%	79.53%
Specialist Services	155	73.83%	71.81%	72.19%	74.83%	73.86%	75.66%		70.51%	70.70%	73.46%	73.29%	75.32%	76.77%
Mental Health	61	80.95%	79.69%	81.25%	80.30%	81.82%	78.13%		73.77%	73.02%	73.77%	73.77%	73.33%	75.41%
Medicine	153	68.00%	61.29%	63.87%	66.88%	70.13%	73.03%		67.74%	66.46%	69.43%	70.20%	71.52%	69.93%
Dental	47	68.75%	64.58%	73.91%	76.09%	67.35%	72.92%		72.92%	72.92%	72.92%	71.43%	65.96%	63.83%
Capital, Estates & Facilities														
uHB	**840**	**74.39%**	**70.17%**	**73.26%**	**75.06%**	**78.75%**	**80.86%**		**76.01%**	**75.70%**	**77.86%**	**77.71%**	**77.65%**	**77.02%**

Under 75%
75% - 85%
Over 85%

4a i. Consultant Medical Appraisal Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-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%
PCIC	6	83.33%	71.43%	71.43%	71.43%	85.71%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Children & Women	88	78.13%	74.19%	78.26%	80.22%	85.88%	90.59%		82.35%	83.53%	86.75%	87.88%	91.67%	87.50%
CDT	71	94.29%	87.32%	88.73%	92.75%	94.03%	92.65%		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%
Surgical Services	188	85.49%	82.20%	88.89%	90.53%	90.05%	89.06%		87.56%	86.53%	88.48%	87.89%	85.26%	85.11%
Medicine	96	80.85%	75.53%	77.08%	78.35%	80.61%	83.51%		82.47%	82.47%	87.63%	86.60%	85.57%	84.38%
Mental Health	32	86.11%	86.11%	88.89%	91.67%	91.67%	86.84%		85.71%	88.57%	87.88%	87.88%	81.25%	84.38%
Specialist Services	114	80.91%	80.73%	81.65%	82.73%	82.73%	82.73%		81.43%	82.30%	84.35%	84.21%	85.09%	83.33%
Dental	37	73.17%	68.29%	78.95%	81.58%	75.00%	80.00%		80.00%	80.00%	80.00%	82.05%	75.68%	72.97%
Capital, Estates & Facilities														
uHB	**633**	**83.13%**	**79.63%**	**83.57%**	**85.45%**	**86.30%**	**87.13%**		**84.53%**	**84.87%**	**86.99%**	**86.81%**	**85.78%**	**84.52%**

Under 75%
75% - 85%
Over 85%

4a ii. SAS Medical Appraisal Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
PCIC	2	33.33%	76.67%	66.67%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Surgical Services	5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Children & Women	17	77.78%	70.59%	70.59%	72.22%	88.24%	94.12%		88.24%	88.24%	88.24%	88.24%	82.35%	82.35%
Medicine	17	75.00%	68.42%	76.47%	82.35%	82.35%	82.35%		82.35%	82.35%	82.35%	82.35%	82.35%	82.35%
Mental Health	21	82.61%	82.61%	82.61%	75.00%	79.17%	71.43%		70.00%	70.00%	75.00%	70.00%	75.00%	76.19%
Specialist Services	12	81.82%	72.73%	72.73%	72.73%	63.64%	72.73%		63.64%	63.64%	66.67%	66.67%	66.67%	75.00%
Dental	10	42.86%	42.86%	50.00%	50.00%	33.33%	37.50%		37.50%	37.50%	37.50%	30.00%	30.00%	30.00%
Capital, Estates & Facilities														
CDT														
Corporate														
uHB	**84**	**75.86%**	**72.94%**	**75.00%**	**75.58%**	**76.74%**	**78.05%**		**75.31%**	**75.31%**	**76.83%**	**73.81%**	**73.81%**	**75.00%**

Under 75%
75% - 85%
Over 85%

4a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Children & Women	13	15.79%	15.00%	20.00%	19.23%	50.00%	62.50%		55.56%	66.67%	77.78%	66.67%	72.73%	53.85%
Specialist Services	27	45.83%	40.00%	40.74%	46.15%	46.43%	51.85%		36.67%	36.67%	40.63%	40.63%	43.33%	51.85%
Medicine	25	45.45%	50.00%	50.00%	52.38%	54.55%	52.38%		30.43%	28.00%	24.00%	25.00%	37.50%	40.00%
Surgical Services	21	32.14%	28.57%	33.33%	32.26%	35.48%	46.67%		20.83%	24.00%	25.00%	25.00%	25.00%	28.57%
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
Mental Health														
PCIC														
uHB	**86**	**35.48%**	**33.68%**	**35.58%**	**36.54%**	**44.94%**	**51.16%**		**32.56%**	**33.71%**	**35.56%**	**35.87%**	**40.45%**	**43.02%**

Under 75%
75% - 85%
Over 85%

4a iv. Other Medical Appraisal Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Surgical Services	3	66.67%	50.00%	66.67%	40.00%	40.00%	60.00%		66.67%	66.67%	66.67%	75.00%	100.00%	100.00%
Specialist Services	2	25.00%	25.00%	25.00%	50.00%	50.00%	50.00%		0.00%	0.00%	33.33%	33.37%	50.00%	50.00%
Mental Health	8	25.00%	20.00%	20.00%	33.33%	33.33%	40.00%		16.67%	12.50%	12.50%	25.00%	37.50%	37.50%
Children & Women	9	26.67%	22.22%	13.33%	14.29%	75.00%	100.00%		40.00%	28.57%	33.33%	33.33%	25.00%	33.33%
Medicine	15	7.14%	0.00%	5.00%	10.53%	17.65%	29.41%		22.22%	21.05%	22.22%	15.38%	15.38%	13.33%
PCIC	0	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
uHB	**37**	**21.95%**	**15.38%**	**14.58%**	**20.41%**	**35.14%**	**47.22%**		**28.57%**	**24.39%**	**28.21%**	**31.43%**	**34.29%**	**32.43%**

Under 75%
75% - 85%
Over 85%

4b. Non-Medical PADR Rate

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
PCIC	826	67.97%	70.59%	73.70%	71.00%	73.22%	72.89%	72.92%	73.54%	77.90%	80.72%	77.64%	75.61%	73.97%	Under 75%	666.7218789
Dental	408	77.41%	78.60%	82.63%	68.24%	66.43%	69.45%	68.10%	47.80%	53.40%	66.25%	68.64%	71.64%	70.83%	75% - 85%	270.3
Children & Women	1829	56.62%	62.87%	64.14%	60.83%	58.94%	57.55%	57.13%	49.77%	53.38%	63.15%	63.11%	65.43%	66.81%	Over 85%	1154.989504
Specialist Services	1553	63.98%	65.35%	67.87%	63.47%	63.87%	65.83%	66.71%	60.14%	60.60%	67.88%	65.47%	64.57%	64.26%		1054.233942
Medicine	1554	52.03%	52.95%	53.99%	51.91%	52.72%	53.52%	53.25%	47.67%	46.01%	57.24%	57.85%	61.94%	62.23%		889.4809873
CDT	2181	67.73%	69.40%	71.23%	68.49%	68.35%	68.01%	67.74%	65.09%	64.21%	64.86%	63.15%	62.44%	60.11%		1414.702703
Capital, Estates & Facilities	1203	62.90%	60.13%	59.68%	42.68%	29.98%	22.94%	21.20%	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%		365.17866
Corporate	778	63.32%	63.09%	64.06%	60.25%	59.68%	57.97%	59.50%	55.26%	56.43%	57.24%	57.36%	57.11%	53.34%		445.2894057
Mental Health	1265	55.59%	55.33%	55.22%	50.75%	49.02%	50.63%	49.22%	46.88%	49.04%	51.19%	48.03%	48.92%	48.46%		647.5967078
Surgical Services	1577	41.22%	44.44%	45.38%	42.95%	42.26%	45.59%	49.44%	45.87%	45.39%	54.43%	52.13%	49.52%	47.43%		858.3414634
uHB	**13174**	**59.16%**	**63.09%**	**62.19%**	**57.37%**	**55.86%**	**55.82%**	**56.04%**	**51.77%**	**52.80%**	**58.85%**	**59.21%**	**60.09%**	**59.40%**		7752.74055

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

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Dental	539	85.04%				71.61%	73.16%	74.67%	80.81%	85.34%	87.59%	87.92%	88.84%	88.94%
Corporate	790	71.12%				67.11%	68.72%	71.04%	72.00%	75.06%	78.00%	78.51%	79.37%	81.03%
CDT	2349	79.34%				73.42%	75.65%	77.57%	78.91%	79.80%	80.33%	80.10%	80.28%	80.51%
Children & Women	2083	67.12%				60.56%	61.95%	64.55%	64.92%	66.32%	70.53%	71.65%	73.94%	76.33%
PCIC	895	66.40%				61.23%	61.48%	63.37%	65.89%	69.20%	71.52%	72.24%	71.99%	73.24%
Mental Health	1378	58.62%				56.95%	58.24%	59.53%	61.02%	61.32%	63.14%	64.06%	66.31%	68.33%
Specialist Services	1826	66.50%				59.22%	60.07%	61.54%	60.99%	62.72%	64.96%	65.56%	67.09%	68.25%
Medicine	1833	56.66%				49.74%	49.43%	50.98%	52.76%	55.85%	60.93%	62.65%	65.63%	67.46%
Capital, Estates & Facilities	1228	58.51%				52.24%	54.64%	55.72%	57.17%	58.31%	60.15%	63.58%	64.30%	66.43%
Surgical Services	1995	60.53%				49.25%	50.52%	52.27%	53.02%	55.04%	57.32%	59.49%	59.81%	60.27%
uHB	**14916**	66.18%				59.30%	60.56%	62.36%	63.55%	65.43%	68.00%	69.14%	70.41%	71.73%

Under 75%
75% - 85%
Over 85%

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

	Headcount	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Equality	14916	77.07%				68.63%	69.33%	70.46%	70.93%	72.01%	74.01%	75.26%	75.78%	76.54%
Fire	14916	52.60%				48.85%	50.87%	52.99%	54.16%	57.47%	60.63%	61.57%	63.37%	64.74%
Health & Safety	14916	78.86%				69.52%	70.53%	72.31%	73.35%	74.64%	76.75%	78.01%	78.81%	79.67%
IPC	14916	79.39%				71.11%	71.64%	73.39%	74.14%	75.17%	76.97%	78.17%	78.87%	79.48%
Information Governance	14916	63.87%				57.59%	59.77%	62.94%	64.60%	67.08%	69.77%	70.54%	71.16%	71.45%
Manual Handling	14916	61.71%				61.82%	62.36%	62.95%	63.55%	64.77%	66.76%	67.63%	67.43%	69.15%
Resuscitation	14916	51.52%				28.54%	30.13%	32.47%	35.58%	40.28%	44.46%	45.46%	50.67%	53.91%
Safeguarding Adults	14916	52.02%				61.68%	63.37%	65.20%	66.23%	67.20%	69.61%	71.11%	72.11%	73.59%
Safeguarding Children	14916	65.95%				62.66%	63.84%	65.37%	66.34%	67.57%	70.48%	71.70%	72.67%	73.91%
Violence & Aggression	14916	78.83%				62.64%	63.75%	65.49%	66.62%	68.11%	70.56%	71.97%	73.27%	74.81%

Under 75%
75% - 85%
Over 85%

Between March and June 2017 learning compliance data has been migrated from the Learning@NHS Wales system into ESR, as a part of the transition to the use of ESR as the recording database for learning compliance. Staff compliance is now directly recorded in ESR as soon as statutory or mandatory e-learning is undertaken. Whilst the migration of data has been completed there remains a need for managers and staff to validate the records for accuracy.

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.

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

	Budget	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	April-17 to Date (£)
PCIC	£30,170,291	-3.59%	-2.76%	-4.34%	-3.56%	-3.24%	-2.75%	-3.07%	-3.13%	-2.99%	-2.85%	-2.57%	-2.67%	-2.68%	-£768,801
Surgical Services	£91,912,583	0.20%	0.02%	-0.98%	-1.14%	-1.56%	-1.64%	-1.38%	-1.47%	-1.42%	-1.36%	-1.56%	-1.88%	-1.90%	-£1,646,157
Mental Health	£51,526,846	-0.92%	-1.41%	-0.74%	-0.93%	-0.58%	-0.77%	-0.64%	-0.60%	-0.51%	-0.69%	-0.81%	-0.94%	-1.02%	-£476,291
Corporate	£31,726,141	-1.99%	-3.22%	-1.25%	-1.28%	-0.63%	-3.36%	-0.42%	-1.07%	-0.97%	-0.90%	-0.95%	-0.91%	-0.89%	-£260,286
Specialist Services	£82,278,050	-0.77%	-1.09%	-0.84%	-1.40%	-1.49%	-1.25%	-0.90%	-0.83%	-0.93%	-0.85%	-0.97%	-0.94%	-0.79%	-£603,387
CDT	£81,085,751	-0.24%	-0.34%	-0.01%	-0.12%	-0.16%	-0.13%	-0.40%	-0.66%	-0.73%	-0.71%	-0.44%	-0.46%	-0.48%	-£361,667
Capital, Estates & Facilities	£28,952,918	-0.93%	-1.23%	-4.66%	-3.26%	-1.39%	-0.29%	0.28%	0.27%	-0.08%	-0.22%	-0.26%	-0.11%	-0.22%	-£57,686
Dental	£17,038,173	0.67%	0.77%	-0.37%	-0.23%	0.21%	0.32%	0.12%	-0.15%	0.09%	0.04%	0.08%	0.06%	0.17%	£26,410
Children & Women	£75,693,632	2.41%	2.39%	-0.65%	-0.36%	-0.29%	-0.31%	-0.13%	-0.06%	0.15%	0.40%	0.55%	0.45%	0.49%	£352,105
Medicine	£77,386,399	2.45%	2.72%	2.69%	2.19%	2.14%	2.18%	2.12%	2.15%	2.04%	2.14%	1.97%	1.88%	1.79%	£1,335,944
uHB	**£577,519,906**	**0.16%**	**0.24%**	**-0.50%**	**-0.60%**	**-0.51%**	**-0.55%**	**-0.30%**	**-0.41%**	**-0.40%**	**-0.34%**	**-0.35%**	**-0.44%**	-0.44%	-£2,352,417

Over Budget
Under Budget

Note:
The pay budget for February 2018 was £51,014,134 and the pay bill was £50,797,965. This represents an underspend of £216,169. For the financial year 2017-18 the 12-month pay budget is £577,519,906.

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

	Budget	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Corporate	£31,726,141	2.45%	2.61%	1.95%	2.37%	2.39%	2.15%	2.38%	2.74%	2.69%	2.67%	2.60%	2.53%	2.52%
Dental	£17,038,173	1.27%	1.30%	1.98%	1.82%	2.00%	2.17%	2.51%	2.46%	2.45%	2.51%	2.47%	2.56%	2.75%
PCIC	£30,170,291	5.48%	6.78%	2.85%	3.74%	4.28%	4.34%	4.65%	4.40%	4.21%	3.65%	3.75%	3.79%	3.88%
Children & Women	£75,693,632	5.47%	5.50%	4.13%	4.49%	4.60%	4.44%	4.39%	4.59%	4.63%	4.73%	4.69%	4.64%	4.68%
CDT	£81,085,751	5.08%	5.25%	4.21%	4.66%	4.84%	4.79%	4.72%	4.65%	4.55%	4.54%	4.51%	4.56%	4.71%
Capital, Estates & Facilities	£28,952,918	5.89%	6.11%	6.85%	5.48%	5.88%	5.54%	5.75%	5.57%	5.40%	5.27%	5.10%	5.28%	5.25%
Specialist Services	£82,278,050	7.42%	7.53%	5.87%	7.28%	7.30%	7.40%	7.52%	7.58%	7.47%	7.53%	7.46%	7.47%	7.54%
Surgical Services	£91,912,583	8.59%	8.72%	8.91%	8.89%	8.79%	8.87%	8.96%	9.01%	8.99%	8.99%	8.87%	8.91%	9.13%
Mental Health	£51,526,846	8.33%	8.43%	10.11%	9.86%	9.64%	9.50%	9.57%	9.78%	10.10%	10.16%	10.16%	10.21%	10.30%
Medicine	£77,386,399	15.96%	16.41%	17.45%	16.83%	15.51%	15.85%	16.01%	15.93%	15.85%	16.13%	16.05%	16.09%	16.22%
uHB	**£577,519,906**	**7.80%**	**8.08%**	**7.61%**	**7.79%**	**7.65%**	**7.67%**	**7.76%**	**7.78%**	**7.75%**	**7.72%**	**7.66%**	**7.70%**	**7.81%**

No Target

Note:
The matrix above shows variable pay represented as a percentage of total pay bill. The percentage of spend on variable pay is effectively the same as for February 2017. The proportion of the paybill attributable to bank and agency for February 2018 (6.05%) is 0.13% lower than for February 2017.

Medicine: With regards to nursing Bank and Agency, there has been a further increase in usage and costs in month 11 compared to month 10. The vacancy position continues to be the number one driver for the use of temporary cover however sickness levels remained high and fluctuated throughout the month as did the need to special patients. The winter ward has remained open which as noted last month, includes a mixture or substantive staff and bank and agency but the backfill of the substantive staff across the Board will also be via temporary cover. In February there was an increase in the use of Qualified agency cover which is reflected in the expenditure.
As noted since month 9, the increased level of extra sessions expenditure is the result of additional sessions to support winter pressures, these are set to continue for the remainder of the year and are part of the approved winter plan. The continuing use of extra sessions that has been in pace all year largely supports the AU and consultant gaps and the Middle Grade rota in EU where gaps are being covered by consultants.
Locum and staff flow usage continue to reflect gaps in the rotas across the Board, due to vacancies and sickness. In addition there are locum doctors in place as part of the winter plan to support the additional ward and medical outliers. Additional funded plans came on Board in February reflecting the further increase in expenditure.
Waiting list initiative usage continues to be directly related to the RTT plan and has grown in month as a number of specialities are now providing additional sessions.
Mental Health: The cumulative variable pay expenditure within MH CB is mainly driven by nursing bank and agency expenditure. The high ongoing usage is due to the need to cover nursing vacancies, sickness and continued high acuity levels which has resulted in a greater requirement of specialing and close observations.
The variable expenditure on HCSWs is higher than the other staff groups as they cover the majority of the requirements of the specialing and close observations of patients with Mental Health needs.
The HCSW Agency switch off at the end of October has not really decreased the overall nursing temporary pay expenditure, with more dependency being put on bank, qualified agency and overtime to cover shifts. Within February the qualified agency is higher than the average of the months before the HCSW agency switch off, the reason for this is probably due to the need to cover high acuity, sickness and vacancies.
The medical variable pay is made up of both locums and Staff flow and is due to the requirement to fill/backfill vacancies, largely within the Community Mental Health Teams. The medical variable pay has increased within February by only £7k due to the increase in internal locum costs.

Surgical Services: As reported in earlier months of 2017-18, the variable pay in M11 continues to be driven primarily by Agency, Bank and overtime usage. The mix of which is fluctuating between months, however this is variable due to both demand and supply of the sources of cover to support vacancies, sickness, specialing of patients etc and the need to support additional capacity and supernumerary nurses. At month 11, these three types of pay are attributable for 52% of the total cumulative variable pay expenditure.
In addition expenditure on Locums, staff flow, WLI and extra sessions is being driven by the ongoing need to cover vacant junior medical posts, sickness and the usage of WLI's to support RTT. At Month 11, these four types of pay are attributable for 45% of the total cumulative variable pay expenditure – with on-call accounting for the remaining 3%.

8. Time to Hire (Time to hire from vacancy authorisation to actual or booked start date - Trac T15)

	Vacancy Rate	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Capital, Estates & Facilities	5.49%	66	72	91	81	65	122	98	74	93	0	88	64
PCIC	4.96%	48	80	72	69	90	80	83	72	75	51	87	74
Dental	4.26%	67	66	80	51	77	61	125	64	64	0	84	80
CDT	4.18%	77	82	81	89	95	124	90	78	73	51	78	80
Mental Health	6.27%	100	88	110	89	100	88	92	87	85	0	82	81
Specialist Services	2.17%	92	100	75	82	87	98	117	112	71	73	94	83
Children & Women	2.61%	78	76	88	87	115	112	116	94	81	0	85	83
Corporate	10.85%	87	58	69	56	68	87	93	94	113	52	108	84
Surgical Services	7.28%	74	96	73	93	135	108	81	90	73	0	81	88
Medicine	7.82%	104	91	95	100	90	90	122	89	89	0	103	93
uHB	**5.37%**	**82**	**84**	**84**	**85**	**95**	**100**	**103**	**88**	**85**	**56**	**90**	**82**

Poorer performance than previous month
Better performance than previous month

8a. Time to Hire (From vacancy created to sending of conditional offer - Trac T16)

	Vacancy Rate	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Corporate	10.85%	45	38	37	32	51	38	57	74	24	41	32	28
Capital, Estates & Facilities	5.49%	51	42	23	40	129	43	47	50	54	0	51	38
PCIC	4.96%	43	55	50	59	43	44	54	52	48	20	45	46
Medicine	7.82%	52	40	42	76	49	49	55	66	51	84	54	48
CDT	4.18%	63	51	56	60	66	64	69	57	53	54	52	49
Children & Women	2.61%	63	59	68	71	72	68	66	66	55	91	72	49
Mental Health	6.27%	72	75	53	51	61	49	41	61	75	0	51	52
Surgical Services	7.28%	54	48	60	66	45	54	57	51	53	0	49	55
Dental	4.26%	52	26	68	71	57	42	47	50	31	0	56	62
Specialist Services	2.17%	58	46	58	59	59	63	54	61	49	0	63	65
uHB	**5.37%**	**56**	**49**	**52**	**55**	**57**	**55**	**56**	**62**	**46**	**53**	**49**	**46**

Over 44 Working Days
44 Days or Under (NWSSP Target)

8b. Approval to Advertise (From authorisation start to final approval - Trac T1b)

	Vacancy Rate	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Surgical Services	7.28%	11	46	30	13	28	15	16	15	10	0	12	7
PCIC	4.96%	8	39	9	10	11	10	14	12	9	0	10	8
Dental	4.26%	11	3	11	20	15	25	12	26	10	0	9	9
Corporate	10.85%	9	16	13	18	15	21	18	19	13	2	13	9
CDT	4.18%	10	21	30	15	33	25	28	21	14	21	17	10
Capital, Estates & Facilities	5.49%	12	18		19	15	17	14	13	19	0	7	13
Specialist Services	2.17%	13	15	19	26	19	15	21	17	21	0	16	13
Mental Health	6.27%	20	16	29	26	26	24	16	23	17	0	25	16
Children & Women	2.61%	14	30	24	31	39	29	25	26	23	0	17	17
Medicine	7.82%	8	42	24	24	18	19	12	6	20	0	11	21
uHB	**5.37%**	**11**	**26**	**23**	**20**	**24**	**20**	**19**	**19**	**16**	**12**	**15**	**12**

Over 10 Working Days
10 Days or Under (NWSSP Target)

Source: Trac

Please note that the Clinical Boards shown with zero compliance rates for December 2017 indicates that there were no completed vacancies for this period.

Time to hire from vacancy authorisation to booked (or actual) start date
This figure relates to the period from the date when the vacancy is authorised by NWSSP Recruitment or the UHB Medical Workforce Department to the booked or actual start date.
It should be noted that the recruitment of Student Nurses/Midwives skews the figures as the applicants are frequently recruited months before they actually qualify and are able to commence employment. This figure includes the notice given by any applicant who is currently employed.
Local targets have not been set, so the RAG-rating simply identifies improvements or deteriorations in performance.

From vacancy requested by manager to sending of conditional offer
This figure relates to the period from the date when the vacancy is created on the Trac system by the Recruiting Manager through to the date when NWSSP Recruitment or the UHB Medical Workforce Department are advised of the outcome of the recruitment process and issue a conditional job offer. This then initiates the pre-employment check process.
It should be noted that this includes both the vacancy authorisation, short listing and interview stages.

The targets used are as set by NWSSP Recruitment.

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

	Headcount	% With No Recorded Plan	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Dental	54	7.41%	1.72%	1.28%	1.72%	1.72%	30.51%	39.66%	38.60%	42.11%	73.68%	73.68%	76.79%	79.63%	77.78%
PCIC	9	0.00%	5.88%	66.67%	66.67%	90.91%	100.00%	100.00%	90.91%	70.00%	70.00%	70.00%	70.00%	70.00%	77.78%
Surgical Services	189	1.59%	10.42%	9.00%	9.47%	10.53%	11.05%	10.47%	9.42%	8.95%	10.05%	11.64%	24.74%	23.94%	71.96%
Children & Women	107	3.74%	24.07%	37.07%	39.05%	42.45%	61.32%	67.92%	60.75%	62.96%	66.67%	66.04%	61.68%	57.41%	54.21%
Medicine	104	5.77%	13.86%	13.51%	14.71%	15.24%	15.24%	15.24%	28.85%	31.43%	43.40%	43.40%	41.12%	39.62%	44.23%
Specialist Services	113	1.77%	21.50%	22.95%	24.53%	26.17%	28.30%	42.06%	42.06%	38.53%	40.54%	38.39%	33.04%	33.63%	30.09%
Mental Health	49	10.20%	12.96%	45.90%	58.18%	61.11%	63.64%	58.49%	58.82%	55.10%	52.08%	43.75%	40.43%	35.42%	28.57%
CDT	63	0.00%	43.55%	38.57%	67.74%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%
Capital, Estates & Facilities															
Corporate															
uHB	**688**	**3.49%**	**16.74%**	**21.99%**	**26.70%**	**27.99%**	**33.91%**	**34.54%**	**35.04%**	**34.59%**	**40.03%**	**39.22%**	**40.90%**	**39.71%**	**51.31%**

Under 75%
75% - 85%
Over 85%

Source - ESR

Note:

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

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
PCIC	6	0.00%	22.22%	77.78%	77.78%	100.00%	100.00%	100.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dental	21	0.00%	5.00%	2.44%	5.00%	5.00%	52.38%	76.19%	76.19%	80.95%	90.48%	90.48%	95.24%	100.00%	95.24%
Surgical Services	182	1.10%	10.81%	9.33%	9.84%	10.93%	11.48%	10.87%	9.78%	9.29%	10.44%	12.09%	25.14%	24.31%	74.18%
Children & Women	89	4.49%	28.41%	43.75%	46.51%	50.57%	73.56%	76.74%	67.05%	69.66%	70.79%	70.11%	64.77%	60.23%	55.06%
Medicine	86	5.81%	16.05%	15.22%	16.67%	17.24%	17.05%	17.05%	33.33%	36.36%	50.56%	50.00%	47.19%	45.45%	51.16%
Specialist Services	101	0.99%	23.40%	24.32%	26.32%	28.13%	30.53%	45.83%	45.83%	41.84%	44.00%	43.00%	37.00%	37.62%	33.66%
Mental Health	31	16.13%	16.67%	45.95%	61.29%	63.33%	63.33%	61.29%	58.06%	53.33%	53.33%	46.67%	41.38%	36.67%	25.81%
CDT	63	0.00%	43.55%	38.57%	67.74%	66.13%	66.10%	36.21%	35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%
Capital, Estates & Facilities															
Corporate															
uHB	**579**	**29.88%**	**20.18%**	**23.57%**	**29.12%**	**30.42%**	**35.85%**	**36.32%**	**36.78%**	**36.68%**	**40.17%**	**39.69%**	**41.45%**	**40.31%**	**53.89%**

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Dental	33	12.12%	0.00%	0.00%	0.00%	0.00%	18.42%	18.92%	16.67%	19.44%	63.89%	63.89%	65.71%	66.67%	66.67%
Children & Women	18	0.00%	5.00%	5.00%	5.26%	5.26%	5.26%	30.00%	31.58%	31.58%	47.37%	47.37%	47.37%	45.00%	50.00%
Mental Health	18	0.00%	8.33%	45.83%	54.17%	58.33%	64.00%	54.55%	60.00%	57.89%	50.00%	38.89%	38.89%	33.33%	33.33%
PCIC	3	0.00%	0.00%	50.00%	50.00%	75.00%	100.00%	100.00%	100.00%	25.00%	25.00%	25.00%	25.00%	25.00%	33.33%
Surgical Services	7	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.29%	0.00%	14.29%	14.29%	14.29%
Medicine	18	5.56%	5.00%	5.26%	5.56%	5.56%	5.88%	5.88%	5.88%	5.88%	5.88%	11.11%	11.11%	11.11%	11.11%
Specialist Services	12	8.33%	7.69%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	9.09%	0.00%	8.33%	8.33%	0.00%
Capital, Estates & Facilities															
CDT															
Corporate															
uHB	**109**	**6.42%**	**3.40%**	**13.71%**	**15.45%**	**16.53%**	**24.79%**	**26.27%**	**26.32%**	**23.89%**	**39.29%**	**36.84%**	**38.05%**	**36.61%**	**37.61%**

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
Name of Meeting : Local Partnership Forum **Date of Meeting :** 25 April 2018

Executive Lead : Executive Nurse Director
Author : Assistant Director Patient Safety and Quality - 029 2184 6117
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 LPF is asked to:

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

SITUATION

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

BACKGROUND

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It summarises the 'looking, listening and learning' that is undertaken on a daily basis across the UHB, enabling Clinical Boards and the Corporate Nursing Team to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

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

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

ASSESSMENT

The Board should be advised that there are currently a number of quality and safety issues that remain of concern and continue to receive a high level of focus and monitoring.

Serious Incident reporting – there has been an increase in reporting during February 2018 when the UHB reported 25 SIs. This rate of reporting has not been seen since March 2017, but is due largely to the increase in the reporting of pressure damage. This has happened as a result of the UHB being identified as an under-reporter of pressure damage, when compared with peers across Wales. A considerable amount of work is being undertaken across the UHB to improve the quality of pressure damage assessment, reporting and undertaking root cause analysis, so that a reliable baseline can be established and we can identify if this damage is healthcare acquired. WG is due to publish related guidance, which may allow us to report retrospectively if an investigation determines that it was healthcare acquired and avoidable. Until this guidance is available, the Board should anticipate an increasing trajectory of reporting, as we take steps to improve the quality of the reporting of pressure damage in community settings.

Gastroenterology - we continue to report SIs related to Endoscopy services. These relate mainly to access to the service – delays in urgent and routine endoscopies and patients who are being lost to follow up –particularly in our surveillance patient group. The situation is being closely monitored by the Clinical Board and there is input from the Corporate Operations and Patient Safety team to support the Clinical Board in delivering the necessary improvements. The Quality, Safety and Experience Committee (QSE)

received a detailed paper in February 2018. The UHB has received in-year funding to improve waiting times and has agreed with Welsh Government that any additional capacity would need to be balanced across clinical priorities and would, therefore, be used to both reduce the volume of urgent and routine patients waiting greater than eight weeks and also patients overdue their surveillance endoscopy. The additional capacity has been secured through our existing private providers on an outsourcing arrangement and also a new provider on an insourcing arrangement. The outsourcing capacity commenced at the beginning of January 2018 and the insourcing arrangement commenced on 27th January 2018. With this additional in-year activity in place, it is anticipated that waiting times across all categories of endoscopy patients, including surveillance, will reduce significantly by the end of March 2018. The Board should note, however, that the number of Serious Incidents as a result of long waiting times in endoscopy is likely to increase as we identify those patients when the backlog is reduced.

We will be surveying patients who did not attend recent endoscopy appointments to determine if there are any reasons for non-attendance that can be addressed.

The QSE Committee is monitoring the issue and a further report is being presented to the forthcoming April 2018 committee.

Patient Safety Impact due to the current operational pressures. – The Board will note from the detailed performance reports that the activity and demand across all of our services has seen our services under considerable pressure. This has led to staff, in line with good governance, reporting concerns about patient care via datix and directly to the Executive Team. Some of this reporting of clinical incidents has led to us reporting serious Incidents to Welsh Government. The details of these incidents are in the body of the report

The UHB continues to work closely with the Welsh Ambulance Services Trust (WAST), to jointly investigate any serious incidents reported by either organization. A recent meeting was held between the Executive Nurse Director and members of the patient safety teams from the UHB and from WAST, to clarify the current position and to agree reporting processes and working arrangements. A paper providing and overview of current WAST related serious incidents involving Cardiff and the Vale UHB, was presented to the Management Executive on 5th March 2018 and this will be updated and presented to the April 2018 QSE Committee.

All incidents reported by the Emergency Units are being monitored and reported by exception, to the weekly Executive Concerns meeting.

Patient Falls

In-patient falls continue to be the most frequently reported patient safety incident. It is anticipated that this will continue to feature as a commonly

reported patient safety incident while balancing the risk of rehabilitating and mobilizing patients who would otherwise start to ‘de-condition’, Although the majority of patients, do not experience major harm, approximately one patient a week experiences a serious injury from an in-patient fall. The aim of the UHB Falls Prevention Strategy will be to focus on community based interventions to prevent falls and unnecessary hospital admissions and for in-patient falls, will focus on education and training of staff with an ambition to reduce the number of injurious in-patient falls on a year by year basis.

A range of performance indicators which span the healthcare system have recently been agreed. These will be presented to and monitored by the UHB Falls Delivery Group.

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT
January – February 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

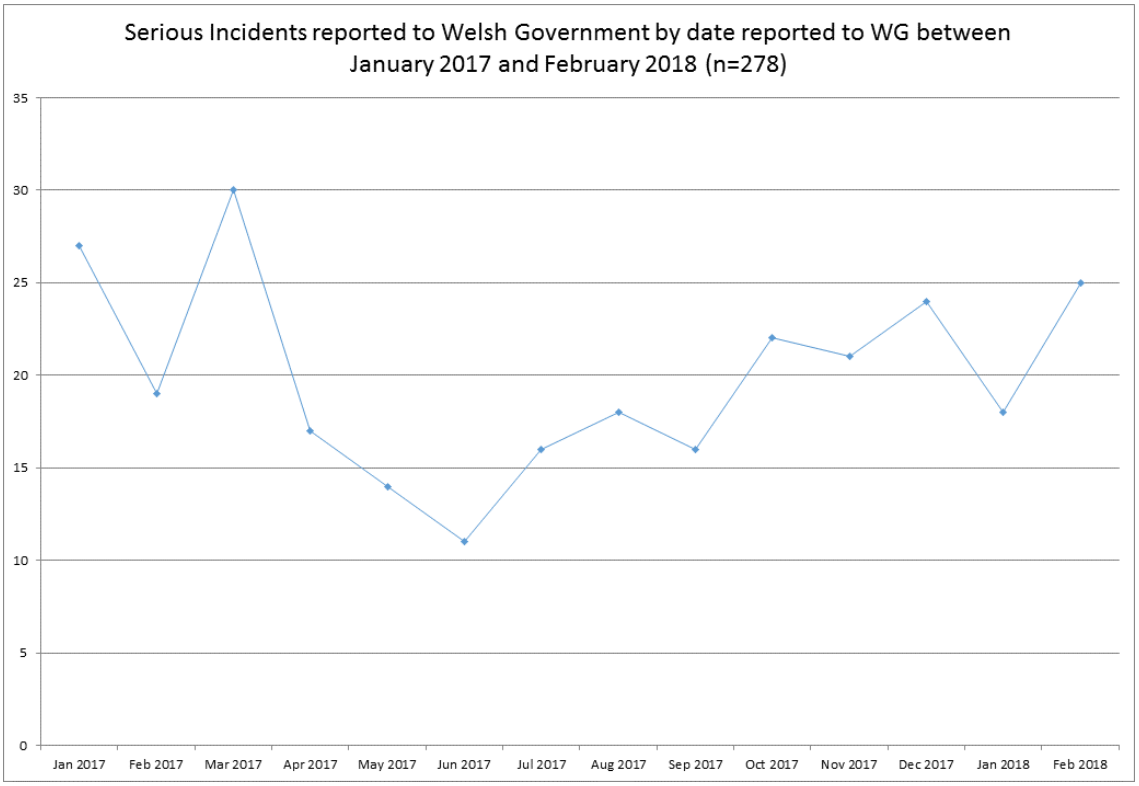
Serious Incidents		
Clinical Board	**Number**	**Description**
Children and Women	1 1	• Medication intended for administration via an epidural was commenced intravenously. The error was identified very promptly and no harm came to the patient. • A case of shoulder dystocia has been reported by Obstetrics.
Dental	0	• Not applicable.
Executive Nurse	1	• Incident reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	14 9 3 1	• Grade 3 or 4 healthcare acquired pressure damage. • Falls where the patient sustained significant injury. • Patients delayed in having diagnostic or surveillance procedures in Gastroenterology. • Concern regarding the management of a patient who presented with sepsis and subsequently died.
Mental Health	1 3	• Fall where the patient sustained significant injury. • Unexpected deaths of patients known to Mental Health services, including Addictions services.
Primary Care and Intermediate Care	1	• Grade 3 or 4 healthcare acquired pressure damage.
Specialist	2 1	• Grade 3 or 4 healthcare acquired pressure damage. • Concern has been raised regarding the length of time a patient has waited for pituitary surgery.
Surgery	1 1 1	• The UHB has retrospectively reported an incident to WG as a clinical negligence claim is progressing for an Ophthalmology patient where it is reported that there were delays in treatment of the patient. • A patient's anticoagulation medication was not recommenced in a timely manner whilst the patient was in hospital and this caused the patient harm. • A patient received a botox injection into an unintended site. This does not constitute a Never Event but WG has asked the Delivery Unit to work with the UHB on this investigation

	2	process for assurance purposes. • Grade 3 or 4 healthcare acquired pressure damage.
Total	**43**	

No Surprises		
Clinical Board	**Number**	**Description**
Clinical Diagnostics and Therapeutics	1	• A member of staff has been arrested by the police following serious allegations regarding medicines.
Executive/ Miscellaneous	1 1	• A patient who has been in liaison with the Concerns Department raised her concerns further with the media. It relates to surgery undertaken some years ago. • A Nursing and Midwifery Council hearing was due to proceed. It related to health consultations with staff members.
Medicine	1 1 1	• A patient known to the Gastroenterology Directorate raised concerns regarding his care with the BBC. • An outbreak of flu/respiratory symptoms temporarily affected several wards. • A Nursing and Midwifery Council hearing was due to be held. It related to a previously reported SI and Coroner's case.
Primary Care and Intermediate Care	1	• A member of staff employed by another organisation was scheduled to attend a Court hearing. It related to a UHB patient who lived in supported accommodation managed by this other organisation.
Specialist	1	• A patient group raised concerns with a media outlet regarding historic blood scandal issues.
Total	8	

A total of 43 Serious Incidents were reported during this period. This contrasts with 45 Serious incidents reported in November and December 2017. The graph below demonstrates the trend in SI reporting over the last 12 months:

Graph 1 below demonstrates the trend in SI reporting over the last 12 months;



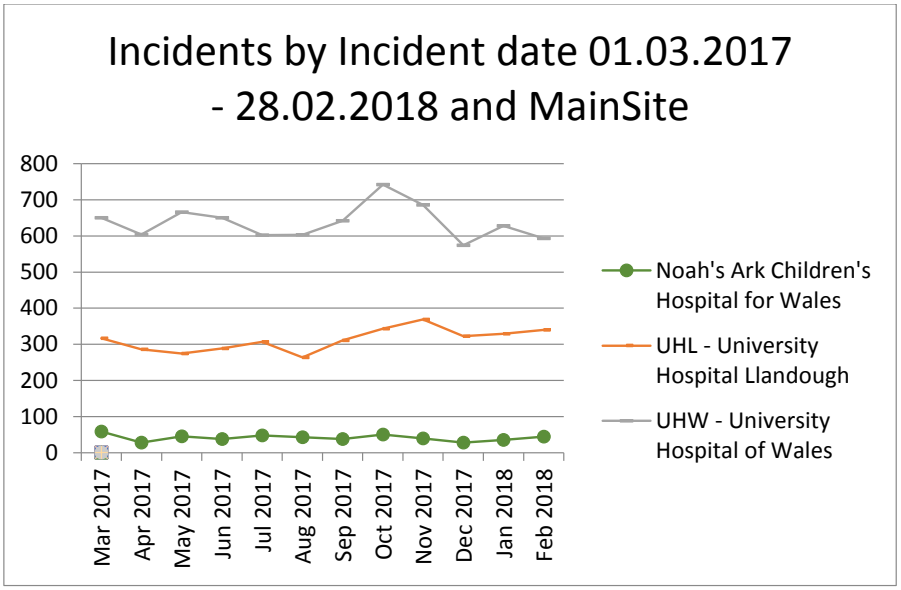
While the UHB had begun to see a decrease in the number of SIs being reported during the first 6 months of 2017, a request from WG to increase the reporting of Grade 3 and 4 pressure damage has seen an overall steady increase in the number of SIs being reported.

How do we compare to our Peers?

There is no updated information available from Welsh Government (WG) since the last data that was presented to Board in the January 2018 report. Benchmarking data is provided by WG on a 6 monthly basis and is due in at the end of the October 2017 – March 2018 period.

Graph 2 below, demonstrates the total number of 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.

Graph 2



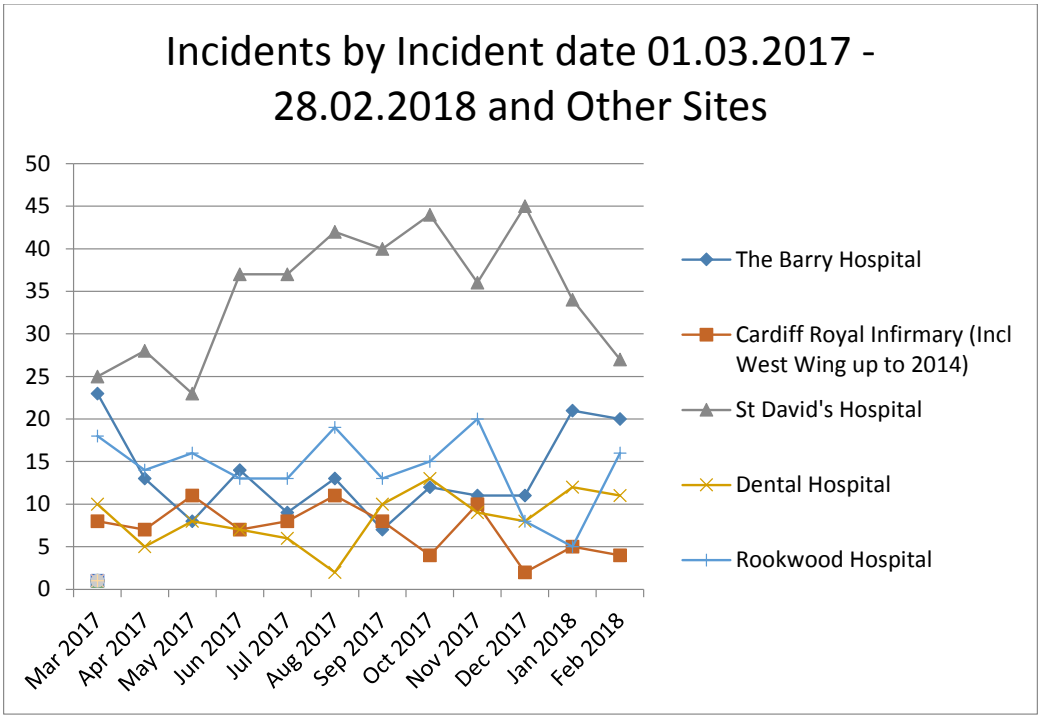
There are no significant changes to trends in reporting.

Graph 3, demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites over the last twelve months. The lower volume of incidents reported reflects the size and activity levels at the sites.

The Board was advised in November 2017, of an unexpected increase in falls at St David's Hospital. Graph 3 demonstrates that rates of incident reporting at St David's Hospital are now returning to anticipated levels having been monitored recently due to increased levels of reporting. In January and February 2018, there were 18 and 11 patient accidents/falls respectively. Several patients have fallen more than once, with a maximum of 4 incidents of falls reported each in two patients. No serious injuries were sustained by patients.

In addition, incident reporting levels following the transfer of the Iorwerth Jones Centre to UHL have also been monitored as there initially appeared to be an increase in reported incidents. A lower number of incidents has been reported in January and February 2018 with 19 reported incidents. 10 of these incidents were patient accidents/falls. Several patients fell more than once, with a maximum of 2 incidents of falls each reported in three patients. No serious injuries were sustained by any of the patients.

Graph 3



Never Events

All Wales position

Updated information available from Welsh Government regarding the position across Wales on Never Events, will be available at the end of the reporting period from October 2017 – March 2018.

No new Never Events have been reported by the UHB during this reporting timeframe.

What are we doing about it?

The UHB currently, has 2 Never Events open with WG.

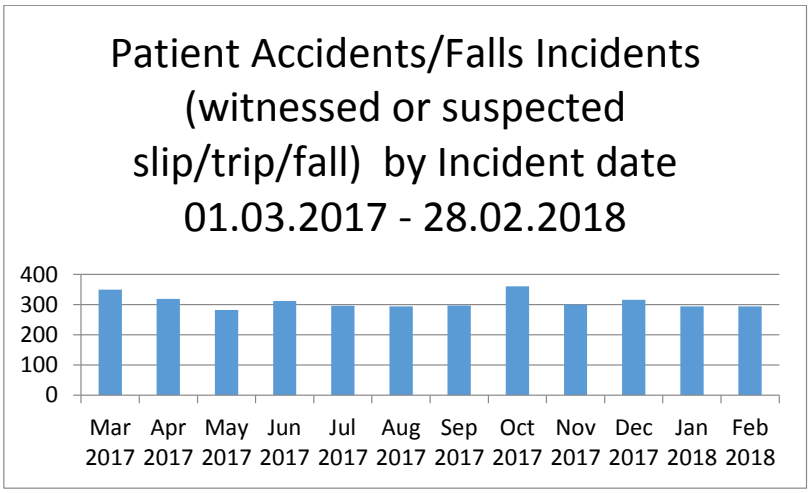
The Dental Clinical Board have an over-arching improvement plan in place for the prevention of Never Events and have currently concluded the investigation of two incidents from the previous reporting period. New improvements will include:

- The introduction of a second check for the correct identification of teeth, by registered Dental nurses
- Review and revision of student and staff departmental information
- Revised procedures for the supervision of students in outreach clinics

Patient Falls

How are we doing?

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



The majority of falls continue to result in no significant injury to patients. The UHB is monitoring the trend of falls over the winter period as previous increases at this time have been noted. In January and February 2018, 10 falls were deemed to require reporting to WG due to significant injuries being sustained by patients. In the same period last year we reported 13 such incidents. On investigation it was determine that one of these incidents had not resulted in any significant injury to the patient and the UHB has submitted a closure form to WG.

An incident occurred in February 2018 in the Medicine Clinical Board at UHL whereby a patient tragically died having sustained a head injury following an inpatient fall. This case is currently under investigation internally and the Patient Safety team will work closely with the Clinical Board and Her Majesty's Coroner to prepare for the inquest.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

The Falls Strategy Implementation Lead has commenced in post in January 2018. A falls strategy is in development. The Falls Delivery Group is now well embedded with a good level of multi-agency, multidisciplinary and pan Clinical Board representation. It is anticipated that the Falls baseline assessment, Strategy and improvement plan will be agreed at the next meeting in May 2018.

The Strategy Lead has led the development of a falls prevention fuel tank animation which was launched on 26th February 2018 to coincide with Falls Prevention Awareness Week. The video was supported by 1000 Lives, the National Taskforce for Falls and Ageing Well in Wales and is part of the national Steady on Stay SAFE campaign. Further information can be viewed on the link provided: http://www.cardiffandvaleuhb.wales.nhs.uk/news/47667

A current community based initiative features the pilot of an inter-generational project which encourages young children to invite their grandparents to a special assembly focusing on Falls Prevention.

Regulation 28 reports

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

Outcomes of internal and external inspection processes

How are we doing?

Internal observations of care

24 unannounced internal inspections were undertaken in January and February 2018. These were undertaken across five Clinical Boards, and all 24 inspections were undertaken as part of the planned programme of unannounced inspections.

As previously reported, the inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner. 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, might be an area requiring improvement in another.

Key findings for January and February have shown:

- Continued improvements with medicines management noted over the year, but continued attention is required to ensure that all medicines fridges and cupboards are locked when not in use.
- There has been increased evidence of good leadership and team working e.g. observation of good communication between different disciplines, positive comments from staff relating to leadership on the ward and calm, organised ward areas.
- Good provision of activities for patients especially those within mental health services, that included games rooms with facilities such as a football table, pool table, table tennis facility and board games; a mini gym room was also ready for patient use,
- Patients are complimentary about the care they received

Areas for improvement include:

- Variation in the standard of completion of documentation:

  - comprehensive completion of risk assessment in some areas
  - examples of good evaluation of care
  - little attempt to individualise care plans in some areas with no care plans in place
- Lack of storage space.
- Delay in maintenance requests being actioned.

What are we doing about it?

The UHB has appointed a Lead Nurse to support the introduction of the All Wales electronic -nursing documentation. Outputs from this are anticipated in 12 months time, but it will provide an opportunity for a complete review of current practices.

A monthly report detailing all findings relating to medicines management continues to be provided to the Nurse Advisor for Medicines Management. Key messages and learning for staff are included in the bi-monthly Medication Safety Executive newsletter.

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.

Storage space will continue to be an issue but can be addressed through refurbishment programmes and new builds. Infection, prevention and control audits of clinical areas, reinforce messages with regards to unnecessary clutter.

The issues in relation to delays in maintenance requests have been raised with the Estates Manager.

External inspections

Healthcare Inspectorate Wales (HIW), carried out inspections to Daffodil Ward on the Llanfair Unit in January 2018 and also a Mental Health Act monitoring visit to Beech Ward. On the whole both visits were very positive and no immediate assurance issues were identified.

In January 2018, the UHB also received a draft report following a National Thematic review of Adult Community Mental Health services across Wales. In Cardiff and the vale UHB, the visit was carried out at the Links, which is the oldest and largest of the eight CMHTs that provide multi-disciplinary and community based mental health care and social services within the area of Cardiff and the Vale of Glamorgan.

In particular the report highlighted the poor environment and a number of health and safety, fire, security and environmental actions which have been identified in the service's own health and safety risk assessments. Actions identified in these assessments require implementation to ensure risks are being appropriately managed and to ensure the building is fit for purpose. Sustainable plans for the CMHT being run in an appropriate environment, are

being put in place and a business case, to secure capital investment for a new build, have been submitted to Welsh Government.

The report also highlighted, again, the need to review and manage the caseloads of psychiatrists and Community Psychiatric Nurses (CPNs). At the time of the inspection the caseload of The Links was 520 open and active cases, which had significantly reduced since 2014. This reduction has been achieved through a concerted effort by staff at the CMHT, working closely with their GP colleagues, combined with a proactive case load management system, adopted by the CMHT manager, Community Psychiatric Nurse (CPN) lead and the Social Work manager. However, HIW have still highlighted the need for the UHB to ensure that psychiatrist caseloads are safe and manageable. This is significant because it was a key issue highlighted in the MR L Homicide review in 2014. The report and improvement plan will be presented at the April 2018 QSE Committee (pending publication by HIW), and assurance on this particular issue will be required.

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 number of routine 'real time' paper surveys completed each month across our Clinical Boards during January and February has been **1085** and **1094** consecutively. The patient satisfaction scores from the National Surveys distributed across the UHB during January and February were 91% and 89% consecutively, which is similar to the previous reporting period. . The majority of qualitative comments received were in relation to a positive experience and include:

It can be difficult to evidence outcomes as the majority of comments relate to behaviours, for example:

> My mother is no longer able to communicate but as a family we are very grateful for the care she has received and are impressed by the efficient dedication of the staff as well as their great empathy. It makes this difficult time more bearable.

> Very positive experience overall, staff made a great effort to make me feel comfortable regarding my transgender identity despite admitting they don't have extensive knowledge of trans healthcare which is greatly appreciated.

This is the first time I have had to stay in hospital in many years. I had heard horror stories from people who had stayed and expected the worst. How wrong I was. I am so amazed how professional and compassionate all the staff are at UHW. They are all a credit to their profession. I felt I was the most important patient they ever had there. I would like to thank everyone on behalf of my family for taking such care of me.

However there are also examples of 'you said – we did'

I would like to go out a bit more of the time	Ward Sister to review patients leave and if appropriate will arrange extra staff to accommodate
As B4 patients do not venture outside the ward, would it be possible for someone to buy a paper for me in the morning?	Discussion have been held with RVS Trolley Service to see whether this can be accommodated

Within the qualitative feedback, patients often tell us they are bored, an example being:

'Need a bit more entertainment'.

Boredom and loneliness continues to feature in patient experience feedback. In addition to Arts and Craft volunteers, an Arts and Craft Group was set up at University Llandough Hospital. It is initially facilitated by the Patient Experience Macmillan Information and Support Facilitator; but will be sustainably supported by Health Board volunteers. This group is for patients, carers and those wishing to attend from the community are also welcomed.

On 20th February a pilot of the 'principles of John's Campaign' was launched at St Davids Hospital. The co-founder of the campaign Dr Julia Jones was in attendance. The pilot involves seven wards areas across four hospital sites. A brand has been developed, signifying hands around a person, supported by the message that '***we care for those who care'.***

The Principles of the Campaign include:

1. **Priority** – early identification of carers;
2. **Principles** – ensuring a carer voice, and that they are informed and communicated with;
3. Our **Promises** - that carers are welcome and that they can continue their caring role of they wish e.g. in mealtimes, personal care and medicines management etc;
4. Finally carers **Please** – respect other patients privacy, ward issues and tell us if you need our help and support.

Proactive and Reactive

Outpatients Kiosk

The outpatient's kiosk was introduced to the UHB in May 2017 and is a means of gathering feedback from patients, relatives, friends and carers.

Since placing the kiosk in the department on 3rd May 2017, we have had 1080 surveys completed, both full and partial. Of these, 859 (80%) are by patients, 164 (15%) by relatives/friends/loved ones and 57 (5%) by carers/helpers.

The most recent report includes feedback from 1st January – 20th February 2018, during which time we had 131 survey completions. Patients continue to complain that they have difficulty in parking and in a third of cases this makes them late for appointments. It should be noted, however, that since the commencement of the survey this has been an improving picture. A small percentage of patients continue to experience difficulties in finding their clinic and this has also made them late for their appointment. Again, of those patients surveyed, it is pleasing to note that 60% reported clinics running to their scheduled times and when a clinic was running late in 55 % of clinics patients were informed regarding the reason for the delay.

We have now completed this outpatient kiosk survey phase and will be implementing a more targeted approach in coming months. The new survey questions have been agreed and will be uploaded onto a portable kiosk for testing. The kiosk will then

stay for a period of time in a specific clinic area e.g. two weeks, before moving onto the next.

Ward Feedback Kiosks

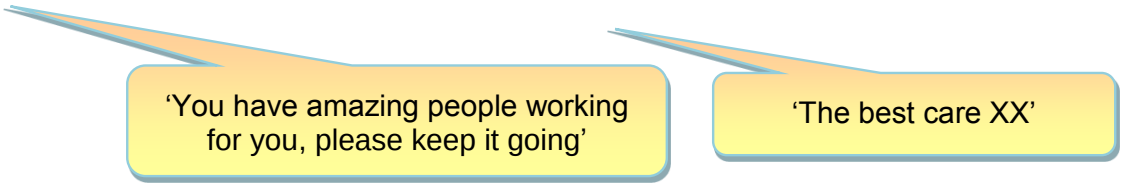
The ward feedback kiosks were introduced to the wards in June 2017 and are a means of gathering real time feedback from patients, relatives, friends, carers and staff. The survey tools, currently loaded on the kiosks, are available in both English and Welsh. During each survey period, the kiosk remains on its designated ward for one week. A detailed report is then sent to the area at the start of the following week. If there are any areas noted for improvement these are highlighted to the ward and the Patient Experience Team will follow up on any actions noted.

In addition to this, the kiosk can be opportunistically placed in an area where concerns have been raised, as a means of responding quickly and gaining a sense of any potential quality and safety issues from patient and staff feedback.

To date, 32 areas have been surveyed at UHW and 33 areas at UHL. The table below gives a breakdown of which areas have been surveyed since January's Board report, number of surveys completed in each area and the percentage of those completed by patients, relatives/friends/carers and staff.

Basic findings *(based on data from 1st Jan – 4th Mar 2018)*

- Overall 525 surveys have been completed, 295 (56%) by staff, 70 (13%) by relatives/friends/carers and 160 (30%) by patients. However, this distribution does vary depending on ward, please see table above.
- 95% of surveys were completed in English, 5% completed in Welsh.
- 84% of patients felt safe whilst in our care
- 66% of patients thought staff were always kind and caring towards them and 64% of relatives/friends/carers thought staff were always kind and caring towards the patient. 53% of staff, believed that patients thought staff were always kind and caring.
- 81% of patients felt they were involved when decisions were made about their care/treatment,.
- 67% of patients rated their care as excellent and 60% of relatives/friends/carers rated the care the patient received as excellent. Incidentally, only 44% of staff believed that patients rated the care they received as excellent.
- On the whole comments left by patients and relatives/friends/carers were positive and were in relation to the care received and staff. However, there were some negative comments regarding the ward environment/facilities, and patient rights.



- Comments left by staff centered mainly around understaffing issues. However, there were some positive comments made around team work and staff.

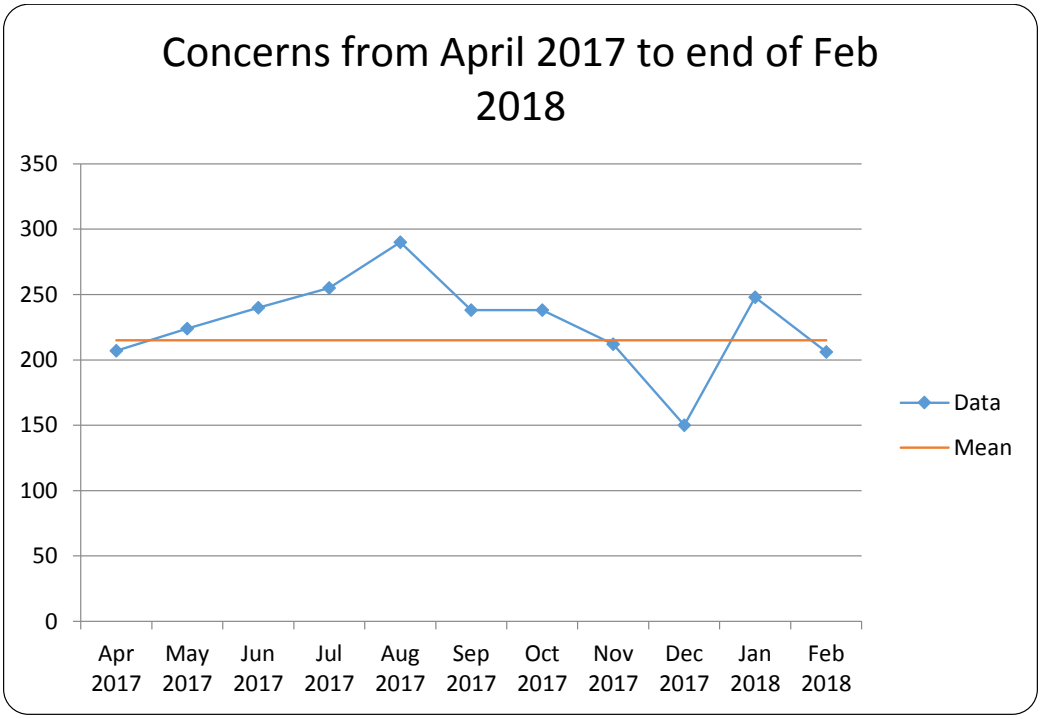
Balancing

Complaints

The UHB receives approximately 2,600 concerns per year; this is set in the context of approximately 1.8 million patient contacts Since 1st April 2017, the UHB has received 2,505 concerns, 62% of those were managed through our informal process, with less than 2% being converted to a formal complaint (instances where the Clinical Board has not been able to resolve the concerns raised in a timely manner or the complainant is unhappy with the informal response).

Graph 4 shows the number of concerns (formal/informal) reported over the last 11 months:

Graph 4



There was a rise in informal concerns in July 2017, which were in relation to out-patients appointment waiting times. There were however no particular themes or trends. It should be noted, that the UHB always experiences a rise in the number of formal complaints received and this is evident again in 2018. The number of contacts with complainants is noticeably increased over this period. Normally, we can anticipate an improving trajectory and we will continue to monitor this.

During January and February, there has been a focus across the Clinical Boards to improve the 30 day response time. This has had a very positive outcome as the latest overall Health Board performance in response to 30-day concerns is 74% in comparison to 55% reported in the last Board report.

During January and February, the Health Board received 449 complaints, 60% of those were managed through the informal process, and the overall informal response time is 93%.

Surgery Clinical Board continue to receive the highest number of formal and informal concerns; during January and February, Surgery Clinical Board managed 74% of their concerns informally. We are anticipating a decrease in the volume of informal concerns logged with Surgery, as a high percentage related to a delay in Ophthalmology Outpatient Appointments and the Clinical Board have taken a number of actions to address this, including, introduction of a Nurse Led Clinic for patients who meet a specific criteria and can be seen by a nurse. This has reduced the backlog of patients waiting to receive a follow up appointment. THE UHB will continue to monitor this position.

Compliments

During the period 1st April 2017– 28th February 2018, the Health Board logged 552 compliments. Medicine Clinical Board continues to receive the highest volume of compliments, particularly within the Emergency, Medicine Directorate. Following the recent adverse weather conditions it has been pleasing to note a significant increase in the number of compliments received for our staff and volunteers who overcame significant difficulties to be able to provide care for our patients.

How do we compare to our Peers?

At present there is no new All Wales data available regarding concerns or compliments. Generally across the four quadrants there is little reliable benchmarking data available with the exception of Ombudsman reports.

We have noted an increase in the number of cases for investigation, with 2 new cases in January and 6 new cases in February.

The UHB has not had a section 16 public report published since June 2015.

The latest Ombudsman casebook can be found here and this provides an All Wales perspective.

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
Informal concerns were raised about cancelled appointments for botox clinics to treat muscular disorders	We organised additional evening clinics to see and treat 200 patients
Concerns about Communication with patients and families using ALAS were noted as a theme	The service have reviewed the communication pathway to maintain a log of inter professional communication to ensure that families are kept fully informed
2 incidents were noted where people fell outside the medicentre due to a fault with the walkways uneven paving.	The redress leads identified that the area was managed by the university and following contact with them the fault was quickly rectified

PERFORMANCE REPORT
Name of Meeting : Local Partnership Forum **Date of Meeting :** 25 April 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 LPF is asked to:

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

SITUATION

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

BACKGROUND

The UHB is presently compliant with 18 of its 60 performance measures (January = 21, March = 23/58) and is making satisfactory progress towards delivering a further 23 (January = 23, March =13).

Since the last report one measure has improved to amber:

#15 – The proportion of formal complaints responded to within 30 days has increased steadily from 43% to 55% in December and is presently at 74%.

Six measures have deteriorated. These are:

#1 The UHB is now unlikely to achieve the 75% standard for vaccination within the community, despite a marked improvement in uptake of the influenza virus compared with last year,. Our present rate is 70.8% for the over 65 year population and 49% for the high risk population aged <65.

#28 – Performance against the first and second of the four stroke bundles has fallen from 43% and 95% to 23% and 90% respectively. It is expected that as a UHB we demonstrate sustained continuous improvement.

#43 – The proportion of episodes coded within 30 days fell to 94.9% in December. The expected standard is 95%.

#54 – The number of patients waiting over 12 hours to be admitted, discharged or treating within the Emergency Unit increased to 290 in February. The WG standard is that no patient waits over 12 hours, whilst the UHB's delivery trajectory was to limit the number to a maximum of 175 during quarter 4.

#59 – The cumulative 12 month annual rate of sickness absence deteriorated to 5.04%, the highest rate. The UHB's IMTP improvement trajectory sought to deliver a reduced rate of 4.2% for the 12 months to March 2018.

#61 - The proportion of ambulance handovers completed within 15 and 60 minutes of arrival reduced to 31% and 71% respectively in February. The Welsh Government standard is 60% and 100% respectively, whilst the UHB's improvement trajectory was to deliver performance against the 60 minute handover rate of circa 84%.

#62 – The number of patients whose care is delayed increased to 46 at the census date in February 2018 from 38 in December. The objective is to deliver a 10% reduction on the March 2017 census position, (which was 46 patients).

There are now 19 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. Performance data can be accessed via http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/322147.

Policy Objective	Green	Amber	Red	Score
Delivering for our population	8	10	2	13/20
Delivering our service priorities	2	2	2	3/6
Delivering sustainably	7	7	11	10.5/25
Improving culture	1	4	4	3/9
Total	18	23	19	29.5/60

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:

- 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
- Staff sickness

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.

ASSESSMENT

1) MENTAL HEALTH

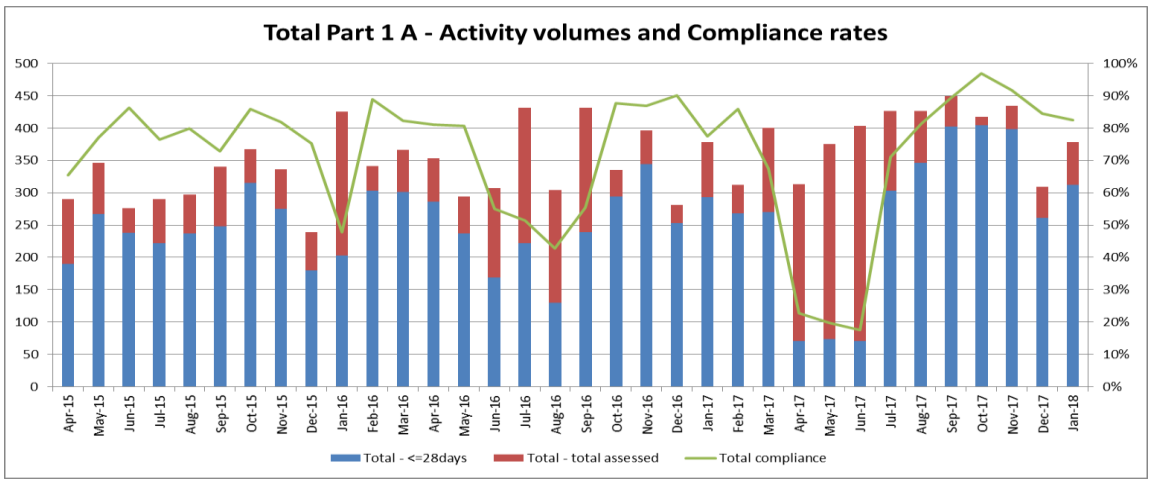
How are we doing?

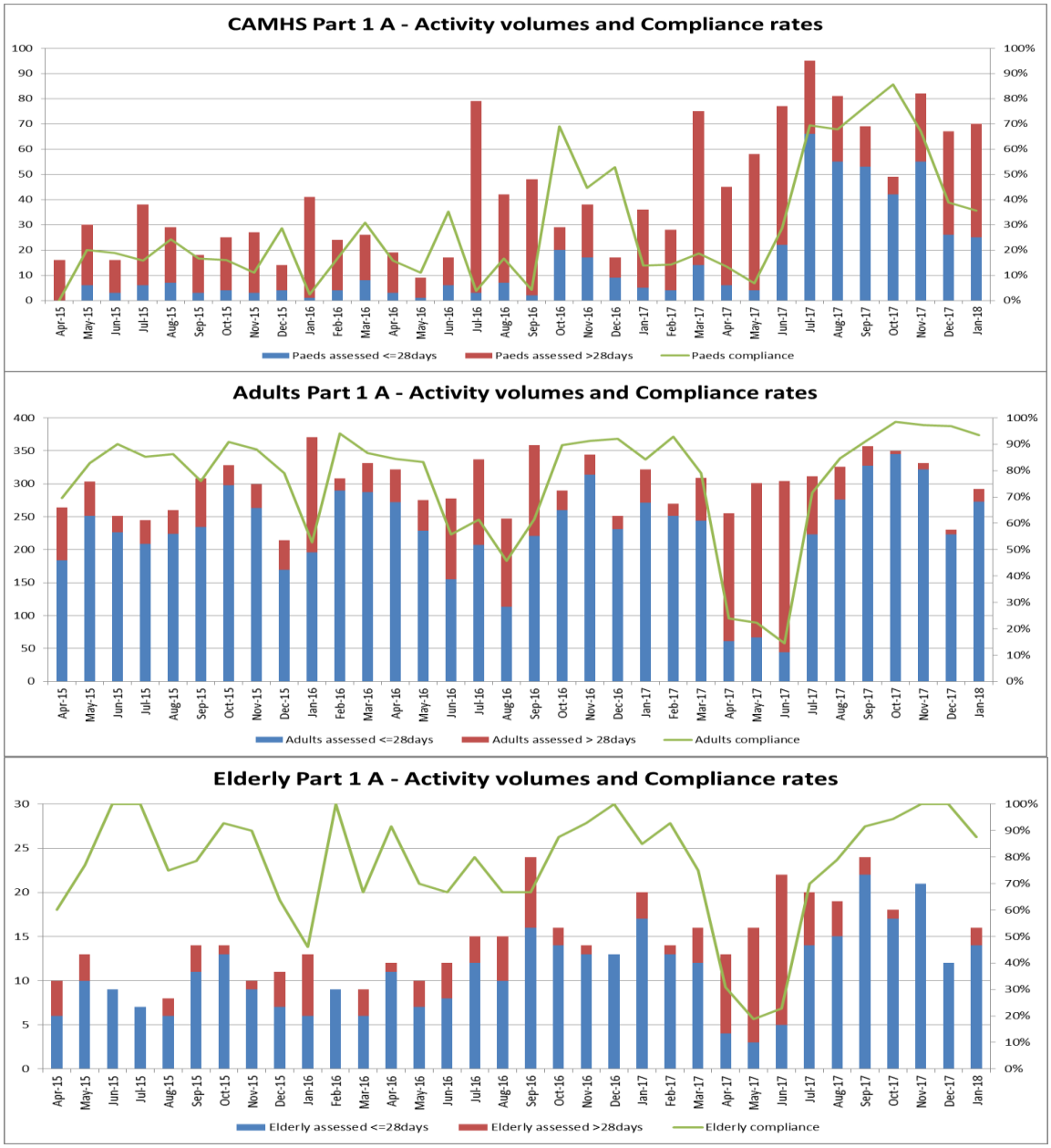
Part 1a: Service users to receive an assessment within 28 days

Overall 83% of service users seen in January 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%.

Whilst overall the UHB was compliant with the Welsh Government's standard, there has been a significant deterioration in access into the Children's and Adolescents' service, where compliance has fallen from 86% in October down to 36% in February.

Both the adult and older people's services achieved the standard of 80%, delivering 93% and 88% respectively. Referral volumes received by the adult and older people's services over the 2017 calendar year averaged almost 900 per month, a slight increase on the previous year. However as noted in the risk section of this report, CAMHS demand, measured by resource required to meet the need, has almost doubled in 18 months, during which time the service has struggled to achieve a full establishment of staff to provide the service.





Part 1b: Overall 79% 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 90.1% of LHB residents had a valid Community Treatment Plan completed at the end of November. 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 December 2017:

December 2017	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	80.5%	80.8%	90.0%	100.0%
ABM	65.3%	70.4%	89.4%	100.0%
AB	80.8%	83.2%	90.4%	100.0%
BCU	80.9%	81.8%	89.3%	100.0%
C&V	84.5%	86.0%	90.0%	100.0%
CTaf	84.8%	83.3%	87.5%	100.0%
HDda	86.8%	86.4%	93.9%	100.0%
Powys	85.7%	77.7%	91.0%	100.0%
Rank	4/7	2/7	4/7	-/7

What are the main areas of risk?

Whilst the number of referrals into the adult mental health system has started to plateau, demand for the Children and Young Peoples service continues to increase rising from c. 300 hours work per month in the Summer of 2016 to 550-600 in January 2018. This risk exacerbates a further risk relating to the low level of resilience planned for, with regard to the service's capacity to meet the demand. This is presently materialising due to vacancies and sickness absence.

A further reputational 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. Group based interventions being less effective when there are breaks in their delivery. Consequently groups are scheduled to be completed prior to the holiday periods, resulting in variation in performance against a monthly access indicator. Discussions within the community of practitioners which advises WG are scheduled to take place shortly to consider the options.

What actions are we taking?

The Child and Adolescent service are delivering the following actions which it is anticipated will result in the position being recovered by the end of March:

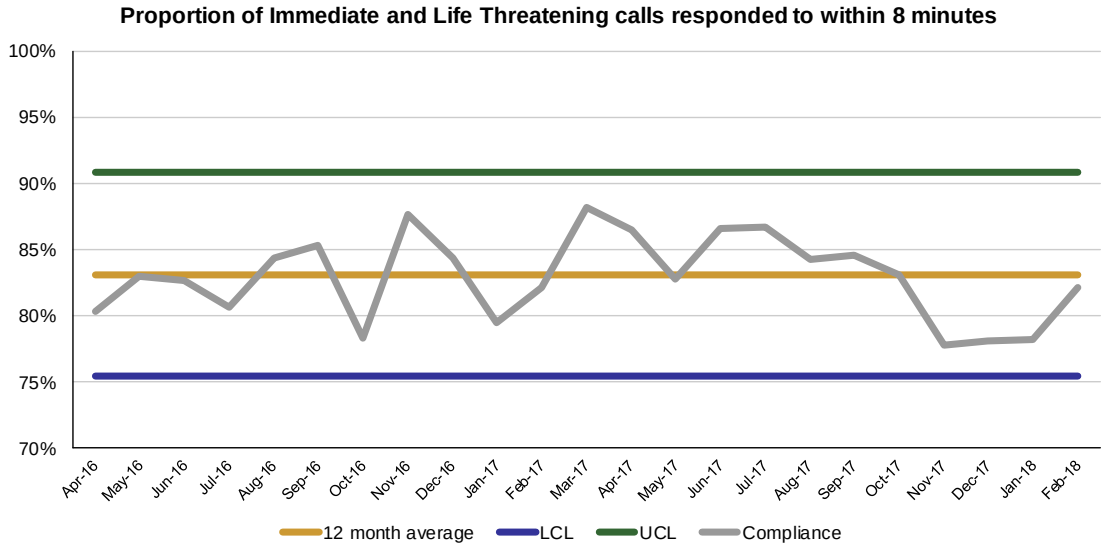
- Pre appointment screening introduced and telephone triage in place where appropriate. This tends to be for older young people.

- Senior staff member in the CYP team prioritising telephone assessment for Young People 16 -17 year olds (7 in this age range awaiting assessment as of 12th January)
- Working with Adult PMHSS to use bank options for young people 17 plus. 7 young people fall into this age range and need to be assessed before 24th January so we have sourced 4 bank shifts (2 each shift)
- Additional support sourced from part time staff member in Cwm Taf CAMHS to do a clinic on a Friday afternoon. 3 cases until the end of March.
- Additional clinics being undertaken by a Child Psychologist as extra hours (22 cases seen in last 3 months)
- Evening clinics being planned to run dependent on availability of bank staff between now and year end.
- New staff starter 0.5 WTE in February and offer to be made to candidate on the reserve list from last interviews for a 0.5 post, this will leave the service with only a 0.5 vacancy.

In respect of part 1b, a service plan for delivery of the Matrics Cymru, which has resulted in an increased level of demand for a wider variety of specific one-to-one psychological interventions, is being considered.

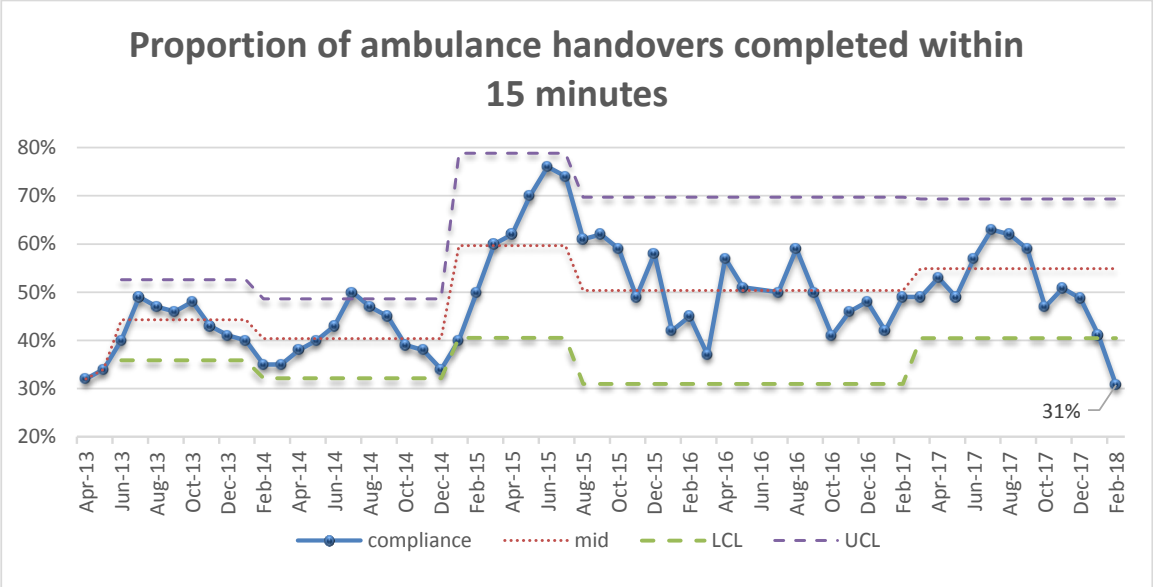
2) UNSCHEDULED CARE

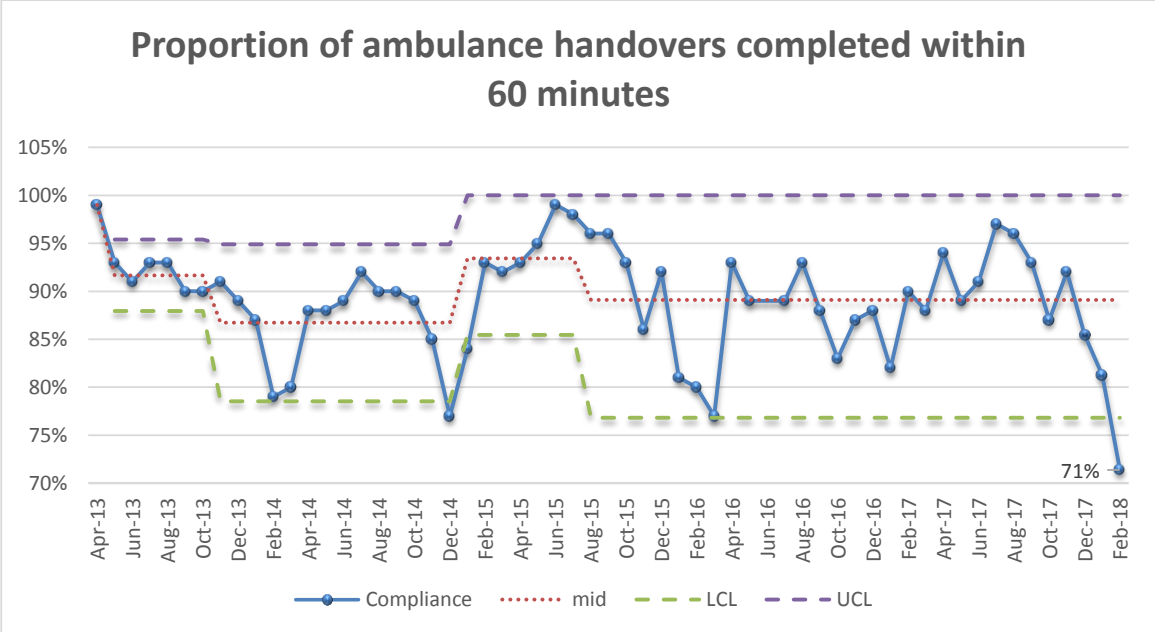
The proportion of immediate and life threatening calls responded to within 8 minutes remains stationary around a mean of 83%, above the Welsh Government target of 70%.



In respect of ambulance handover delays, performance in February had fallen to 31% for patients handed over within 15 minutes and 71% of patients handed over

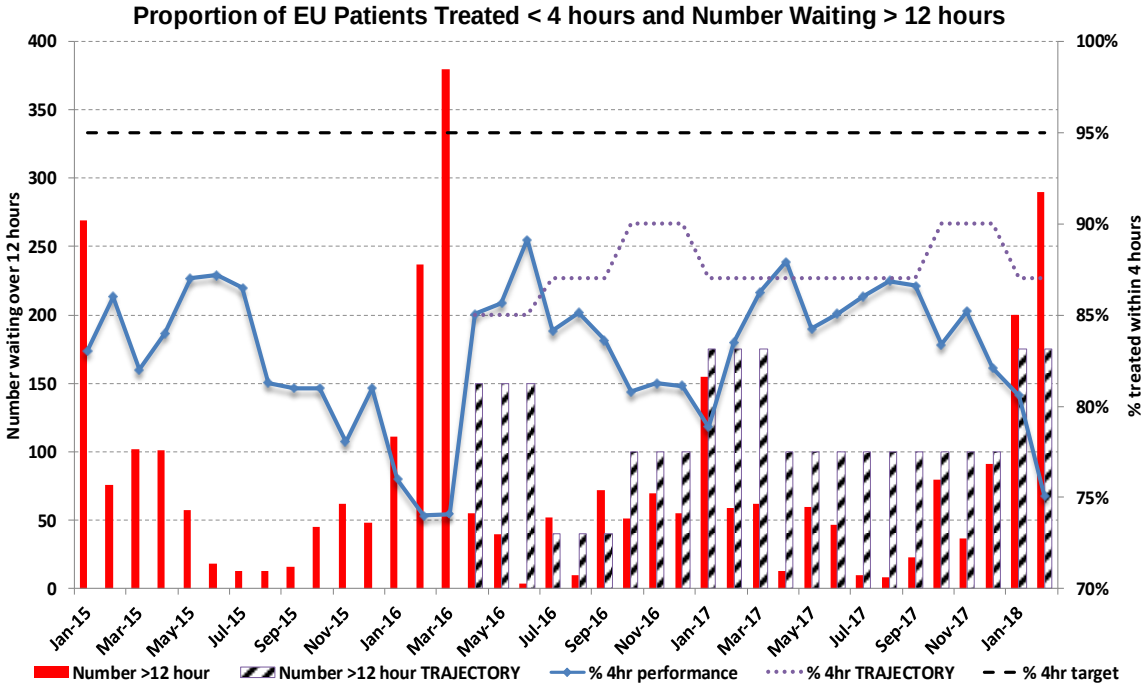
within an hour. Performance in this area is highly volatile, suggesting the service lacks resilience.



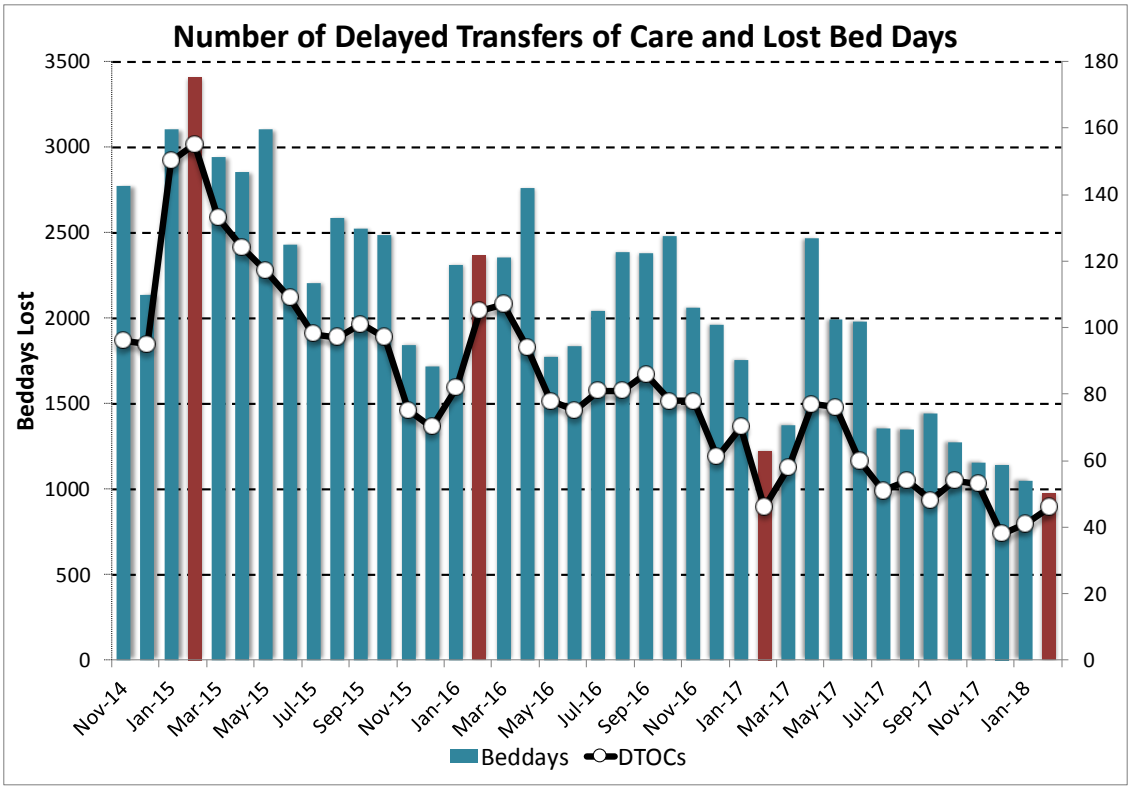


The proportion of patients admitted, discharged or transferred within 4 hours fell in February to 75.1%, against the WG expected level of performance of 95% and the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours increased to 290, which is above the IMTP trajectory of 175 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 February 2018 census point, the UHB recorded that 46 patients had their care pathway delayed as per formal WG rules. The number of bed days attributed to patients whose care was delayed was 972 in the month, equating to 35 beds per day. This continues the downward trend and meets the Welsh Government's expectation to deliver continuous reduction.



How do we compare with our peers?

The latest performance data available indicates that C&V performs within or better than the Welsh average.

Month	Jan-18	Jan-18	Jan-18	Jan-18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	76.1%	924	66.1%	1030
AB	76.7%	726	71.1%	503
BCU	72.7%	1820	70.0%	1598
C&V	80.6%	200	78.2%	430
CT	79.3%	731	67.3%	11
HD	83.2%	710	65.2%	287
Wales	78.0%	5111	69.7%	3951
C&V Rank	2/6	1/6	1/6	3/6

The UHB has the 4th highest rate of delayed transfers of care of patients aged over 75 years overall in Wales for non-Mental Health, whilst the Mental Health rate is the 6th highest. Recognising that for the past 5+ years, the UHB has been the worst performer in this area, this position would indicate that the levels of improvement made by the UHB in improving the discharge process and our approach to integrated care are relatively far better than those seen in other Health Boards

January-18		Wales	ABM	AB	BCU	C&V	CT	HDda	Powys	C&V Rank
No. of DTOCs per 10,000	Non Mental Health (Age 75+)	142.7	120.7	179.9	159.6	150.2	126.0	79.9	185.3	4/7
	Mental Health (all Ages)	3.2	6.2	1.8	2.8	2.5	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?

As reported previously the UHB has put in place a number of additional schemes across the whole system as part of its Winter Plan. In addition, we progressed a number of further schemes with the additional Welsh Government Winter monies. All of the schemes are predicted on ensuring the quality and safety of services is maintained. These include:

- Additional Senior Decision makers at key times, including weekends and out of hours to help both maintain the flow at the front door and on wards to maximise discharges
- Tactical deployment of additional bed capacity, flexing bed capacity up and down in response to demand and operational pressures
- Maximising our integrated models of care – CRT; Integrated discharge team; Increased capacity for Residential Discharge to Assess services
- Increased GP OOH resilience in line with demand
- Robust procedure in place for the management of infectious incidents and outbreaks, including the isolation and cohorting of patients admitted with respiratory infections, D&V or flu. When necessary, we have increased our IP&C support and advice over 7 days a week
- Dedicated clinical team to focus on the management of outliers
- Continued joint working with WAST to develop and implement new EU attendance avoidance pathways e.g. gynaecology, mental health, ACS
- A 6 week Hospital Avoidance Pilot commenced on 26th February, a joint project between WAST and the UHB. The scheme involves an Emergency Nurse Practitioner, OT and Physiotherapist supporting a paramedic to identify suitable patients who could be managed in their own home or residential/nursing home. The aim is to reduce the number of admissions to the Emergency Unit

Planning for the Easter Period has commenced, with all Clinical Boards currently finalising their plans to meet the unscheduled care challenges during and directly after Easter. The plans include maintaining bed capacity, securing senior clinical decision makers, ensuring experienced members of Clinical Board teams are available over the period and other general resilience and escalation measures.

3) 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. The latest update is as follows:

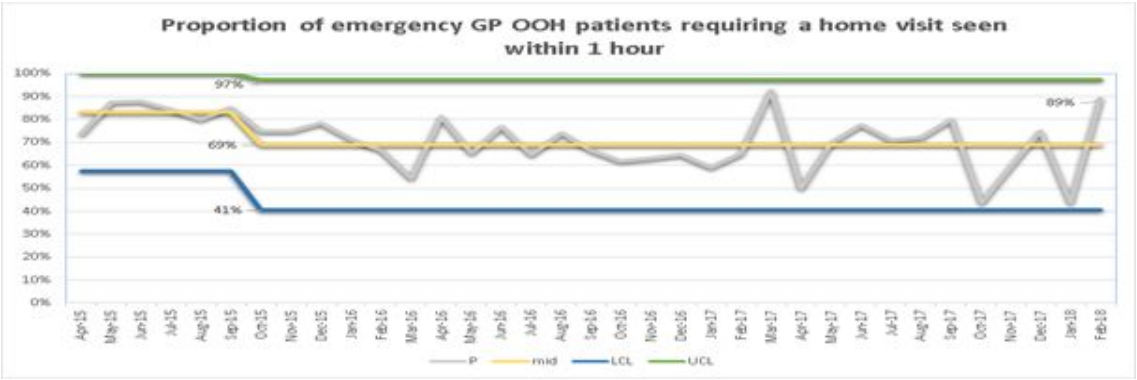
In summary for February, the UHB achieved the following:

- 8 areas were reported as Green (5 reported for December)
- 1 areas was reported as Amber (2 reported for December)
- 8 areas were reported as Red (10 reported for December)

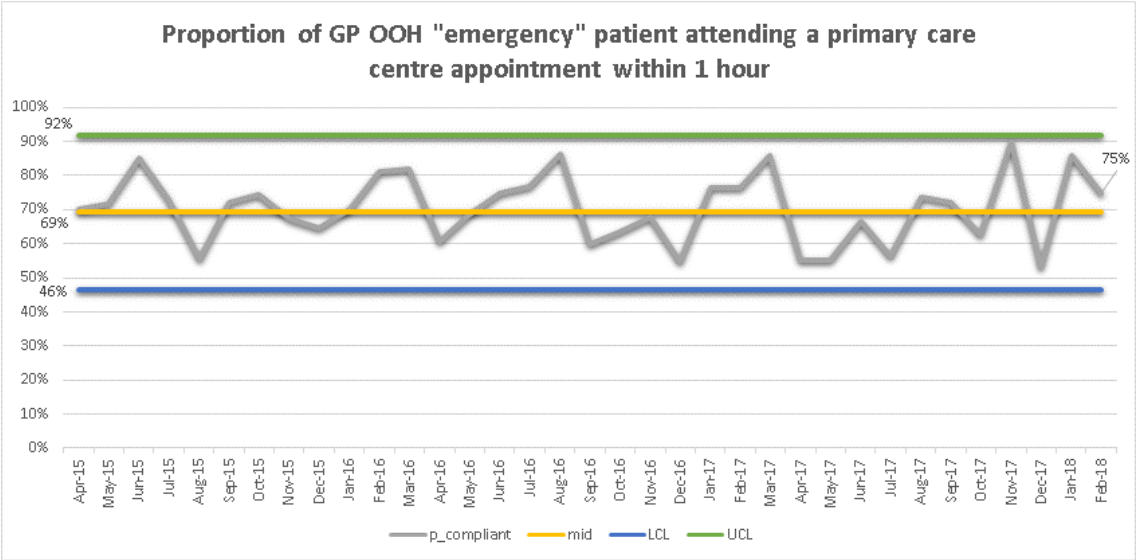
	Demonstrates that a standard has been achieved		Total Contacts= 9899				Total Contacts= 8978			
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Adastra = 8532				Total Clinical Contacts Recorded on Adastra = 7781			
	Demonstrates that a standard has **not** been achieved		Jan-18				Feb-18			
	Demonstrates volumes only									
Standard	**Description**	**Target**	Total	Result	Score		Total	Result	Score	
Telephone Services										
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	8969	7769	87%		8289	6675	81%	
		100% ans. in 120 seconds	8969	8353	93%		8289	7314	88%	
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	8969	189	2%		8289	276	3%	
Handling	% of calls recording the correct patient demographic information	100% Correct	8969	8969	100%		8289	8289	100%	
Telephone Triage Services										
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2694	1964	73%		2474	1672	68%	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3870	2684	69%		3629	2451	68%	
Immediate Life Threatening (ILT) Conditions										
Referral	Number of life threatening conditions identified	100% within 3 minutes	264	264	100%		210	210	100%	
Home Visiting										
Home Visits	The number and percentage of home visits	No target	8532	616	7%		7781	561	7%	
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	16	7	44%		9	8	89%	
	The number of face to face contacts within two hours	100% seen within two hours	16	14	88%		9	9	100%	
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	219	142	65%		218	156	72%	
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	381	249	65%		334	209	63%	
Primary Care Centre Appointments										
PCC	The number and percentage of PCC attendances	No target	8532	2397	28%		7781	2294	29%	
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	7	6	86%		4	3	75%	
	The number of face to face contacts within two hours	100% seen within two hours	7	7	100%		4	4	100%	
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	296	206	70%		318	248	78%	
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2094	2019	96%		1972	1908	97%	
Transmissions										
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	10241	10241	100%		8938	8938	100%	
Other Data										
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4607	3599	78%		3488	2752	79%	
Complaints/Incidents										
Complaints	Total number of complaints received & number upheld	No target		8				1		
Compliments	Total number of compliments received	Volume only		4				3		
Significant Events	Total number of significant events recorded	Volume only		1				0		
Serious Incidents	Total number of serious incidents recognised	Volume only		0				0		

Call volumes have reduced from the peak observed in December and are broadly in line with demand experienced in January and February of 2017. The proportion of shifts filled has increased back up to 79% from 72% in December.

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continues to fluctuate wildly, between limits of 41% and 97%. 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 February. Performance has remained within the same process control limits for the past 34 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. It is understood that organisations are in a state of transition in terms of their reporting, prior to the new definitions, presently used by C&V, being uniformly applied across Wales from April.

It is also understood from data incorporated within previous service presentations that C&V categorise almost 100% more calls as urgent than the other Health Boards. This is the result of a clinical decision taken following a serious clinical incident within the service.

Dec-17	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	No data	84%	58%	61%	57%	55%	98%	3/6
% very urgent patients seen<= 60 mins following clinical assessment	No data	66%	50%	74%	71%	33%	70%	1/6

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 subsequence 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 has begun. As part of this:

- A 3 month pilot to examine the effectiveness of deploying a Paediatric Advanced Nurse Practitioner and a triage nurse with a background in Paediatrics has commenced.
- Exploring, with the University, opportunities to deploy Advanced Paramedic in the out of hours service in the future.
- 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 will start in April
- A clinical practitioner staffing bank is being set up with the intention of having access to additional capacity on a flexible basis.
- Options for improving the career progression of the clinical practitioners is being considered, as a means of recruiting and retaining high quality individuals.
- 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.

4) STROKE

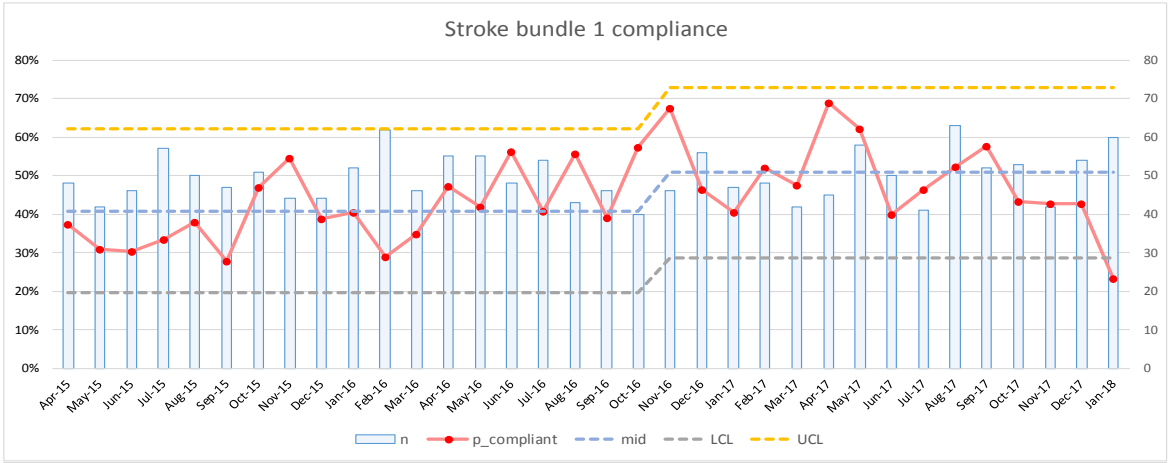
How are we doing?

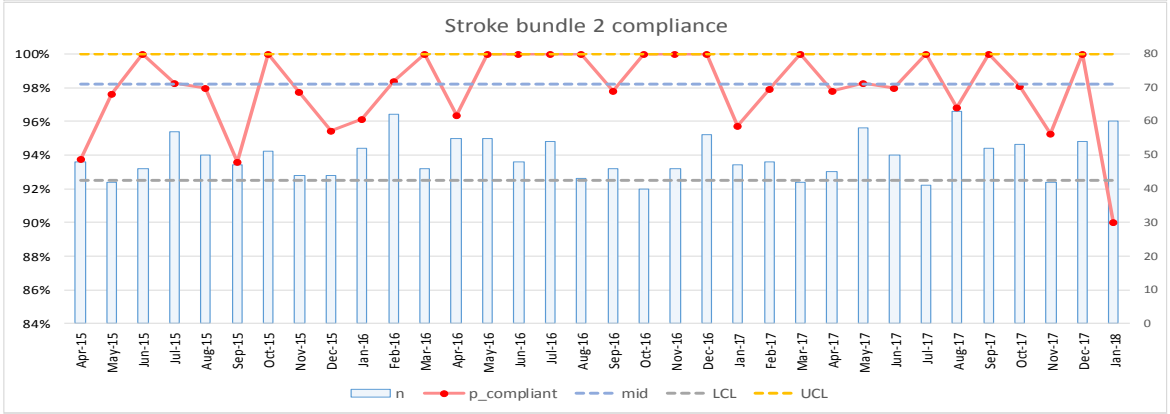
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

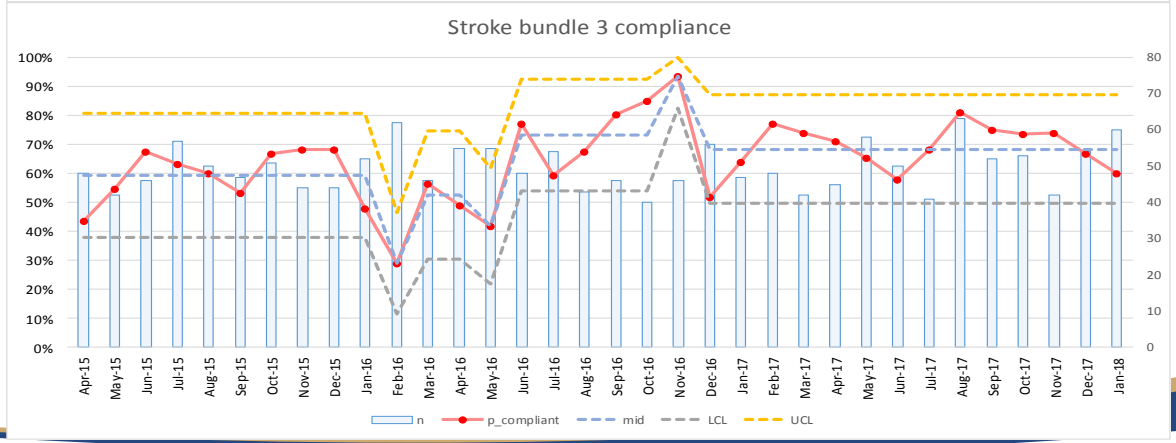
The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other.

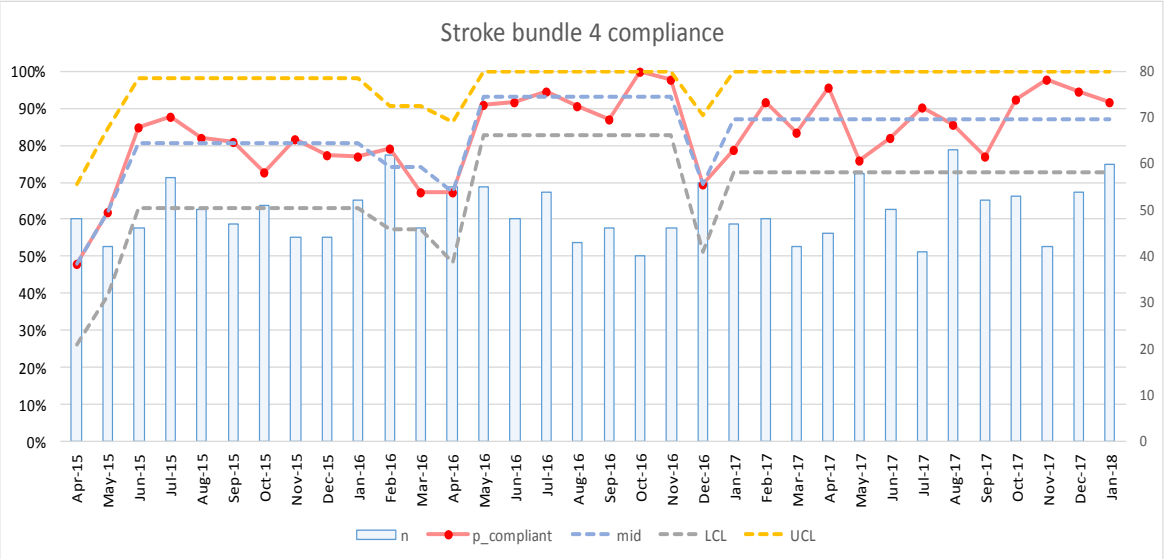
WG benchmarking standard		IMTP trajectory	UHB in Jan-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	21%
12 Hour QIM	CT Scan within 12 hours	96%	90%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	89%	80%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	Improve	14%

Trends in performance in delivering the full bundles are shown below. These indicate that there have been significant deteriorations in performance against the 4 and 12 hour bundles:









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

Stroke Care Performance Indicators	*Jan-17*	*Feb-17*	*Mar-17*	*Apr-17*	*May-17*	*Jun-17*	*Jul-17*	*Aug-17*	*Sep-17*	*Oct-17*	*Nov-17*	*Dec-17*	*Jan-18*
1. Access													
1a - Percentage of All Stroke Patients Thrombolysed	17.0%	20.8%	16.7%	17.8%	17.2%	10.0%	7.3%	15.9%	19.2%	11.3%	9.5%	14.8%	11.7%
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 <=30 mins	12.5%	10.0%	0.0%	0.0%	10.0%	40.0%	0.0%	20.0%	20.0%	0.0%	25.0%	12.5%	0.0%
2b - Thrombolysed Door-to-needle <=45 mins	37.5%	40.0%	14.3%	12.5%	10.0%	40.0%	33.3%	40.0%	30.0%	0.0%	25.0%	12.5%	14.3%
2c - Thrombolsyed Patients with Onset-to-Needle <=90 mins	12.5%	0.0%	0.0%	0.0%	10.0%	20.0%	0.0%	10.0%	10.0%	0.0%	0.0%	0.0%	0.0%
2d - Thrombolysed Patients with Pre and Post Thrombo NIHS	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	66.7%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
72 Hour Pathway Care KPIs													
1. Within 4 Hours Care KPI	40.4%	52.1%	47.6%	68.9%	62.1%	40.0%	46.3%	52.4%	57.7%	43.4%	42.9%	42.6%	23.3%
1a - Direct Admission to Acute Stroke Unit	43.2%	53.3%	46.2%	67.5%	62.3%	42.6%	50.0%	52.5%	57.1%	44.9%	48.7%	45.1%	21.4%
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	76.7%	74.5%	75.0%	82.9%	81.5%	63.8%	71.8%	71.7%	76.0%	66.0%	70.0%	73.6%	50.0%
2. Within 12 Hours Care KPI	95.7%	97.9%	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.0%
2a - CT Scan	95.7%	97.9%	100.0%	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.0%
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	63.8%	77.1%	73.8%	71.1%	65.5%	58.0%	68.3%	81.0%	75.0%	73.6%	73.8%	66.7%	60.0%
3a - Assessed by a Stroke Consultant	74.5%	89.6%	92.9%	86.7%	86.2%	76.0%	78.0%	95.2%	92.3%	92.5%	73.8%	77.8%	80.0%
3b - Assessed by a Stroke Nurse	97.9%	89.6%	95.2%	95.6%	93.1%	90.0%	97.6%	96.8%	92.3%	88.7%	92.9%	88.9%	78.3%
3b - TRAJECTORY for above	88.0%	88.0%	88.0%	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	72.3%	87.5%	81.0%	84.4%	75.9%	72.0%	85.4%	85.7%	82.7%	81.1%	100.0%	90.7%	88.3%
4. Within 72 Hours Care KPI	78.7%	91.7%	83.3%	95.6%	75.9%	82.0%	90.2%	85.7%	76.9%	92.5%	97.6%	94.4%	91.7%
4a - Formal Swallow Assessment	41.7%	82.4%	76.9%	85.7%	73.7%	65.0%	82.4%	82.6%	75.0%	89.5%	100.0%	96.0%	95.7%
1a - TRAJECTORY for above	84.0%	84.0%	84.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
4b - OT Assessment	100.0%	93.3%	90.0%	100.0%	86.3%	94.0%	93.9%	92.9%	93.8%	91.3%	97.4%	94.0%	92.6%
4c - Physiotherapy Assessment	100.0%	97.9%	95.2%	100.0%	94.3%	98.0%	97.3%	95.0%	93.9%	100.0%	100.0%	98.1%	98.1%
4d - SALT Communications Assessment	88.9%	96.7%	90.9%	95.7%	75.0%	76.9%	90.9%	84.2%	78.8%	93.9%	100.0%	100.0%	100.0%
Patients Treated per Month	47	48	42	45	58	50	41	63	52	53	42	54	60

How do we compare with our peers?

The latest available benchmarking data across Wales is for January 2018, indicating that the UHB's relative performance has deteriorated against 3 of the 4 bundles.

HB	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
4 Hours	32%	39%	40%	21%	50%	60%	40%	6/6
12 Hours	93%	97%	90%	90%	100%	100%	95%	5/6
24 Hours*	Not reported due to data change							
Door to Needle <= 45 Minutes	0%	10%	0%	14%	20%	57%	17%	3/6

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:

- 90-day transformation programme is underway; 1wte senior nurse and 0.6wte management time has been dedicated to stroke.
- Stroke Escalation Plan has been developed
- Daily huddle established to review breaches within the last 24hrs and plan for the 24hrs ahead
- Review the Code Stroke 2 pilot pathway - the aim is to reduce the number of inappropriate calls to the stroke team
- In the process of developing an educational plan for wards in UHW and UHL to highlight the Code Stroke process for inpatients who stroke
- SOP has been developed for patients on Stroke Rehabilitation Centre who do not require stroke specific rehabilitation / do not have rehab potential
- SOP has been developed for patients on A6s and SRC who were admitted as medical outliers, stroke mimics or who are palliative who no longer require stroke specific input
- Implemented weekly MDT and IDS discharge planning meetings for medically fit patients on SRC – our ALOS on SRC has halved since these meetings have been implemented

Thrombolysis:

- Code Stroke 1 pathway was process mapped and a pilot is being implemented to further embed elements of the Helsinki Model – commenced 12.03.18. Aim is to reduce the “door to needle” time
- Root Cause Analysis forms are being completed at weekly breach meetings for patients who have breached the 45 min target.

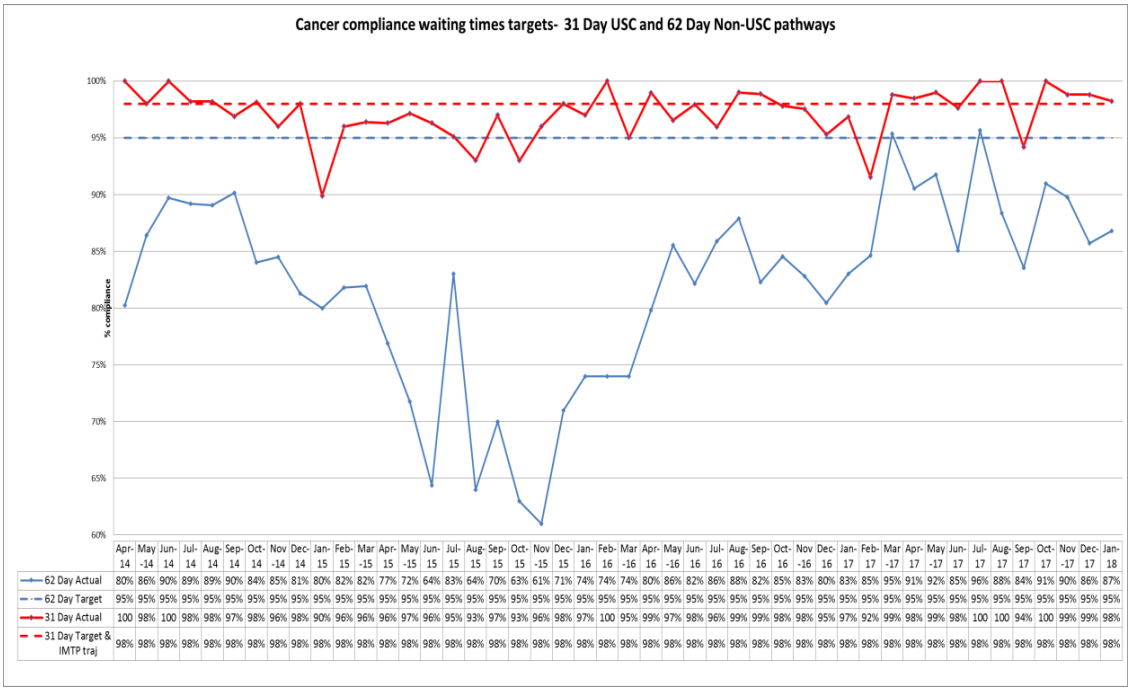
5) CANCER

How are we doing?

The UHB met the Non-USC 31 day target in January for the fourth consecutive month, with reported performance 98.25%.

Reported performance against the USC 62 day target in January was 86.79%, a 1% improvement on last month but below the UHB's IMTP trajectory. There were 14 breaches in month, of which 7 (50%) related to GI.

Year to date, we continue to show improvement over the previous three years



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
62 Day Actual	80%	86%	90%	89%	89%	90%	84%	85%	81%	80%	82%	82%	77%	72%	64%	83%	64%	70%	63%	61%	71%	74%	74%	74%	80%	86%	82%	86%	88%	82%	85%	83%	80%	83%	85%	95%	91%	92%	85%	96%	88%	84%	91%	90%	86%	87%
62 Day Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
31 Day Actual	100	98%	100	98%	98%	97%	98%	96%	98%	90%	96%	96%	96%	97%	96%	95%	93%	97%	93%	96%	98%	97%	100	95%	99%	97%	98%	96%	99%	99%	98%	98%	95%	97%	92%	99%	98%	99%	98%	100	100	94%	100	99%	99%	98%
31 Day Target & IMTP traj	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%

Single Cancer Pathway (SCP)

The UHB continues with implementation of the SCP. The main issues for the UHB were outlined in a previous brief. The UHB had submitted a bid to the Wales Cancer Network for Project Management Support for 2018-19

How do we compare with our peers?

In December 2017, the UHB was 1 of 3 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.

Dec 2017	ABM	AB	BCU	C&V	CT	HD	Wales	C&V

								Rank
Non USC	94.0%	95.4%	99.3%	98.8%	100%	94.3%	96.8%	3/6
USC	82.4%	89.9%	88.0%	85.7%	87.3%	90.1%	87.2%	5/6

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.

What actions are we taking?

The UHB remains committed to maintaining and sustaining improvement. As reported above, the single biggest challenge for the UHB is GI. The issues are multi-factorial with a range of actions, therefore, being progressed:

- Pathway redesign project in GI – Process mapping has shown that pathway redesign is required to ensure all patients can be seen and treated within 62 days, particularly those that require multiple diagnostics. This work, along with reducing clinical variation, is being taken forward by the GI Pathway Improvement Project Team. Led by the by Medical Director, this has full clinical and managerial engagement.
- Reduction in waiting times – The UHB continues with implementation of its endoscopy plan to reduce the backlog and balance demand and capacity, thereby improving patient experience and access to endoscopy services. WG improvement monies for 2017/18 and in particular additional capacity through insourcing (commenced 27th Jan) are supporting the Directorate in balancing waiting times and clinical urgency
- Strengthening tracking – Tracking resource between Clinical Boards (Surgery and Medicine) is now aligned with a joint weekly meeting in place. To further strengthen tracking and expediting of patients through the GI pathway, the Cancer Services team are progressing with automating feeds and bringing GI onto the UHB's cancer tracking IT system (Tentacle). It is anticipated that this will be live in March 2018.
- A direct telephone booking process has been trialled and full implementation is now being for USC endoscopy appointments. In addition direct booking for endoscopy from outpatient clinic appointments is now in place.

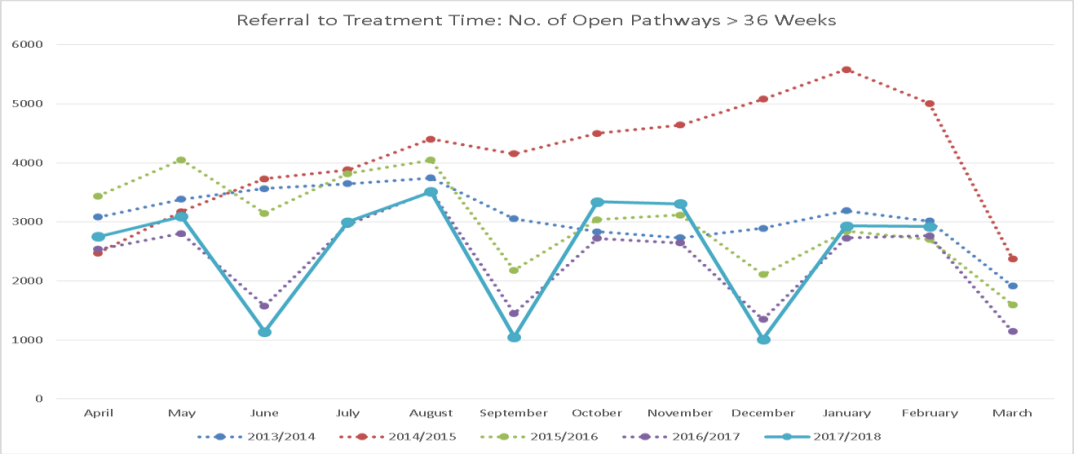
In addition:

- Enhanced performance management arrangements remain in place, including monthly Cancer Challenge and Support meetings with Clinical Boards chaired by the Chief Executive Officer
- All Directorates have been asked to secure additional capacity, where possible, between now and the end of March, to bring activity forward, thereby both improving timeliness of access and experience for patients and performance. Patients continue to be tracked at both Directorate and UHB level, with actions escalated as appropriate.

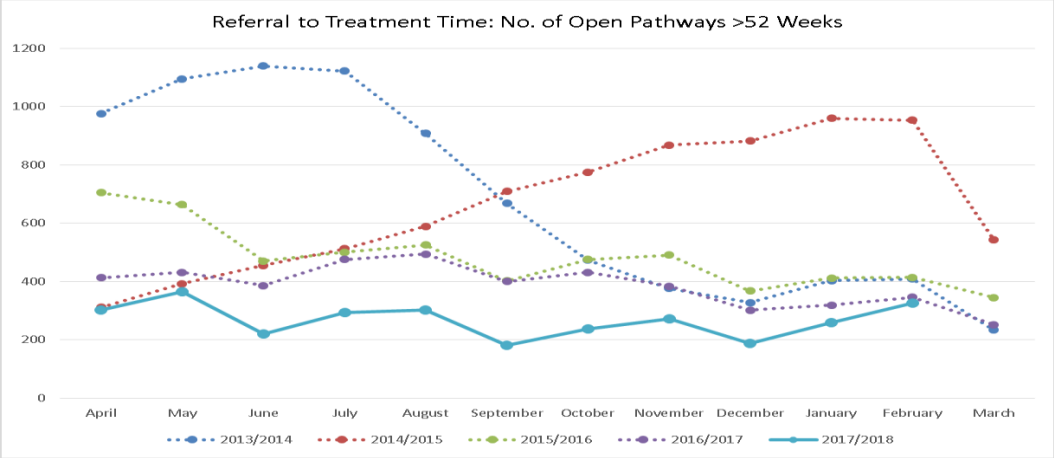
6) ELECTIVE ACCESS

How are we doing?

The UHB has marginally improved on its position from January and is expecting to meet its target for year end.

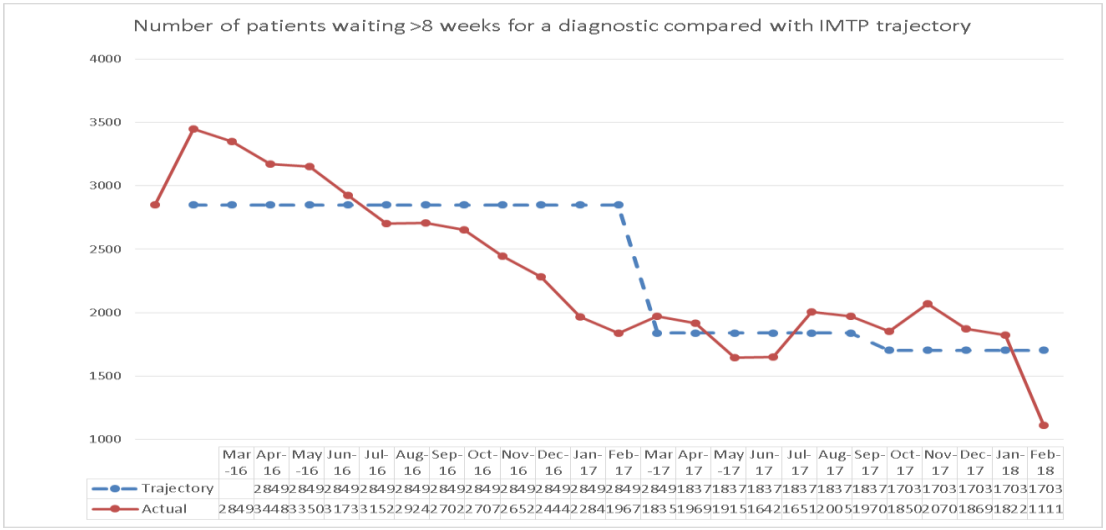


There has been an increase in the numbers of our longest waiting patients; there were 326 patients waiting greater than 52 weeks (259 in January).

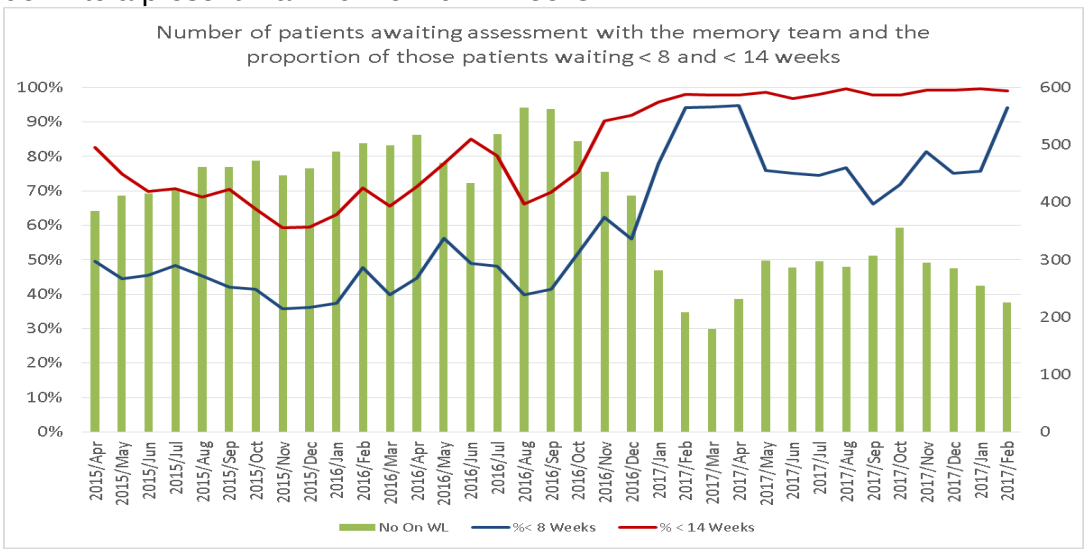


There were 11,558 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of February, equating to 86% of patients waiting under 26 weeks. This performance meets the 86% improvement trajectory submitted in the annual plan.

The February position for the number of patients waiting more than 8 weeks for a diagnostic test is 1,111; this exceeds the IMTP target by nearly 600. This has largely been possible as a result of the in-souring of gastroenterology services this quarter.



At the end of February 2018, 99% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks, improved from 75%% in December to 94% in February 2018. Since October 2017 GP-led clinics have been reinstated to stabilise the waiting list and reduce the worsening trajectory. This has reduced the waiting times down to a present maximum of 10-12 weeks.



How do we compare with our peers?

The All-Wales waiting time position at the end of October 2017, shown below, indicates that Cardiff & Vale ranked 5th for the % of patients waiting less than 26 weeks, 3rd 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.

As at 31/12/16	Wales	ABM	AB	BC	C&V	CT	HD	Powys	C&V Rank
% < 26 weeks - RTT	86.0%	85.3%	89.2%	79.8%	84.7%	85.8%	83.2%	100%	5/7
No. > 36 weeks - RTT	19446	4716	1607	10365	1012	994	3309	0	3/7
No.>8 weeks diagnostic	9134	0	1510	1123	1869	1676	0	1	7/7

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

A key risk remains elective procedure cancellations as a result of both bed and critical care pressures, with a further snow warning given for the weekend of the 16th March.

The Health Board lost a significant amount of activity due to the snow and is currently off track in meetings its' year end targets of 800 for patients waiting in excess of 36 weeks, and 998 patients waiting in excess of 8 weeks for a diagnostic.

Whilst some of the RTT position has been recovered through commissioning of additional WLIs, there are still a number of other recovery plans that will need to be realised for the Health Board to meet its target. The key ones are additional activity from ophthalmology insourcing (commences 17th March); and further additional WLI activity for a number of specialties.

The reported diagnostic position for February 2018 was 1111 patients waiting greater than eight weeks. This represents a 41% reduction since the end of the last quarter and is in line with additional activity commissioned from the Welsh Government improvement monies. Recovery plans to address the loss of activity associated with the snow are continuing to be put in place to bring the Health Board back on plan. These include additional endoscopy lists over the Easter bank holiday and commissioning radiology activity from external providers.

7) HEALTHCARE ACQUIRED INFECTIONS

How are we doing?

Welsh Government Reduction Expectations 2017/18

The requirements for Cardiff and Vale UHB are 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.

The numbers of cases recorded up to the end of Februaryr within the UHB is shown below alongside a straight line trajectory for delivery.

Target Organism	Total Allowable for 2017/18	Month 11 target	Apr-Feb 2018
C. difficile	126	115	115
***S. aureus* (Total)**	96	88	140
E. coli	290	266	316

Included within the *S. aureus* total were 14 MRSA cases against a target of zero.

Position as at the end of February:

C. difficile: With one month to go the UHB are now on target to achieve the reduction expectation for *C. difficile.* We must have fewer than 11 cases of *C. difficile* during March to achieve the required target. As at 12th March there have been 3 cases of *C. difficile* confirmed across the Health Board.

***Staph. aureus* blood stream infections*:* The** UHB can no longer achieve the *Staph. aureus* bacteraemia reduction expectation. We have increased our numbers of *Staph. aureus* bacteraemia against the previous year and have also seen more cases of MRSA bacteraemia than last year.

***E.coli* blood stream infections:** The UHB are now unable to achieve the reduction expectation for *E.coli* bacteraemia by end of March 18. It is however likely that we will be able to demonstrate a reduction in cases compared with 2016/17. We will need to ensure that we continue the work to reduce this burden of disease during 2018/19.

How do we compare with our peers?

***C. difficile, S. aureus* bacteraemia and *E. coli* bacteraemia monthly commentary, up to Feb 18**

Reduction expectation summary (Apr 17 - Feb 18)

Number and rate of *C. difficile, S. aureus* bacteraemia and *E. coli* bacteraemia per 100,000 population by health board, Apr 17 - Feb 18

Not on trajectory to achieve expected reduction by Mar 18
On trajectory to achieve expected reduction by Mar 18

	C. difficile		*S. aureus* bacteraemia		*E. coli* bacteraemia	
	Number (*)	Rate**	Number (*)	Rate**	Number (*)	Rate**
ABM UHB	243 (+118)	50.17	183 (+87)	37.78	486 (+164)	100.35
AB UHB	201 (+68)	37.60	137 (+36)	25.63	420 (+95)	78.57
BC UHB	254 (+89)	39.89	185 (+58)	29.05	485 (+59)	76.17
C&V UHB	115 (=0)	25.65	140 (+52)	31.23	316 (+50)	70.49
CT UHB	54 (=0)	19.79	95 (+41)	34.82	254 (+72)	93.11
HD UHB	143 (+52)	40.73	121 (+51)	34.46	415 (+180)	118.19
All Wales	**1042 (+304)**	**36.58**	**865 (+297)**	**30.36**	**2390 (+487)**	**83.90**

* (difference between current number of cases and number required to be on trajectory to meet the reduction expectation)
** Rate per 100,000 population

As can be seen from the above summary Cardiff & Vale HB and Cwm Taf HB are on target to achieve the reduction expectation for *C. difficile* by end March 2018. No other Health Board is on target to deliver on any of the HCAI reduction expectations

for 2017/18.

2017/18 FY summary (Apr 17 - Feb 18)

Number and rate of *C. difficile*, MRSA bacteraemia, MSSA bacteraemia and *E. coli* bacteraemia per 100,000 population by health board, Apr 17 - Feb 18

More cases than Apr 16 – Feb 17
Same cases as Apr 16 – Feb 17
Fewer cases than Apr 16 – Feb 17

	C. difficile		MRSA bacteraemia		MSSA bacteraemia		*E. coli* bacteraemia	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
ABM UHB	243	50.17	19	3.92	164	33.86	486	100.35
AB UHB	201	37.60	15	2.81	122	22.82	420	78.57
BC UHB	254	39.89	38	5.97	147	23.09	485	76.17
C&V UHB	115	25.65	13	2.90	127	28.33	316	70.49
CT UHB	54	19.79	10	3.67	85	31.16	254	93.11
HD UHB	143	40.73	9	2.56	112	31.90	415	118.19
P THB	21	17.36	0	0.00	1	0.83	3	2.48
V NHST	11	N/A	0	N/A	3	N/A	11	N/A
All Wales	**1042**	**36.58**	**104**	**3.65**	**761**	**26.71**	**2390**	**83.90**

* Rate per 100,000 population

When the number of cases seen in April 17 to February 2018 is compared with the same period in 2016/17 it can be seen that Cardiff and Vale has seen a reduced number of cases of *C. difficile* and also fewer cases of *E.coli* BSI, *Staph. aureus* BSI (MRSA & MSSA) cases have increased compared with 2016/17 figures.

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

Once the Welsh Health Circular is received from Welsh Government providing detail of the improvement goals to be achieved by end March 2019 we will need to develop an organisational plan to address the requirements for 2018/19.

Otherwise our planned work remains as highlighted below.

C. difficile: Work to reduce *C. difficile* through focussing on hotspots, improving early isolation of patients with diarrhoea, improving treatment and adhering to antimicrobial prescribing guidance appears to be making a difference to our numbers of cases month on month. We need to understand what is making the difference and ensure that the good work is spread across the whole organisation and sustained, so that our numbers of *C. difficile* cases continue to decrease.

Staphylococcus aureus: As a UHB we are refreshing our approach to reducing this burden of infection focussing on medical device management and implementation of ANTT across the Health Board and more focussed work in the community related to wound management and prevention of infection in substance misusers. With regard to the increases in MRSA bacteraemia, we need to reverse the upward trend in cases urgently, and through clinical boards, will bring back a focus on not tolerating cases of MRSA and preventable infections.

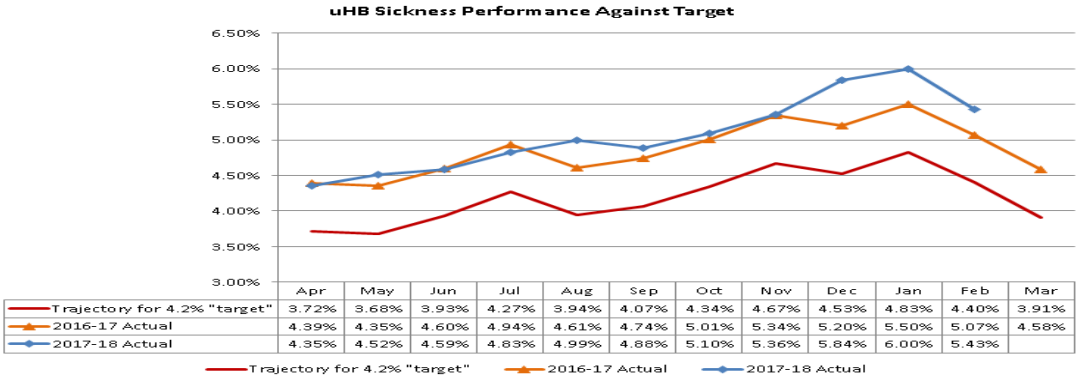
E.coli: Our figures for *E.coli* blood stream infections are lower in April 17 to February 2018 vs the same period in 2016/17. It was a challenging new target introduced this year and one which the UHB cannot now achieve by the end March 2018. However, tracking our cases month on month has shown the significant burden of infection that is related to *E.coli* blood stream infections and we have seen some improvement. As this target is linked to the UK Antimicrobial Resistance Strategy commitment to reduce Gram negative blood stream infections by 50% by 2020/21 there will be further pressure to make improvements over the coming years.

A significant burden of *E.coli* blood stream infection presents from the community, but even so, it is estimated that a significant proportion of these cases are healthcare associated and therefore potentially preventable. We have started a UTI improvement group through the PCIC clinical board to take forward work in the community to improve the management of UTI and urinary catheters in the community with a view to that feeding into reductions in *E.coli* BSI. This work needs to continue and to move from pilot work to spreading good practice and improvements in UTI prevention and management across the broader healthcare services of the Health Board as soon as possible.

8) Staff Sickness

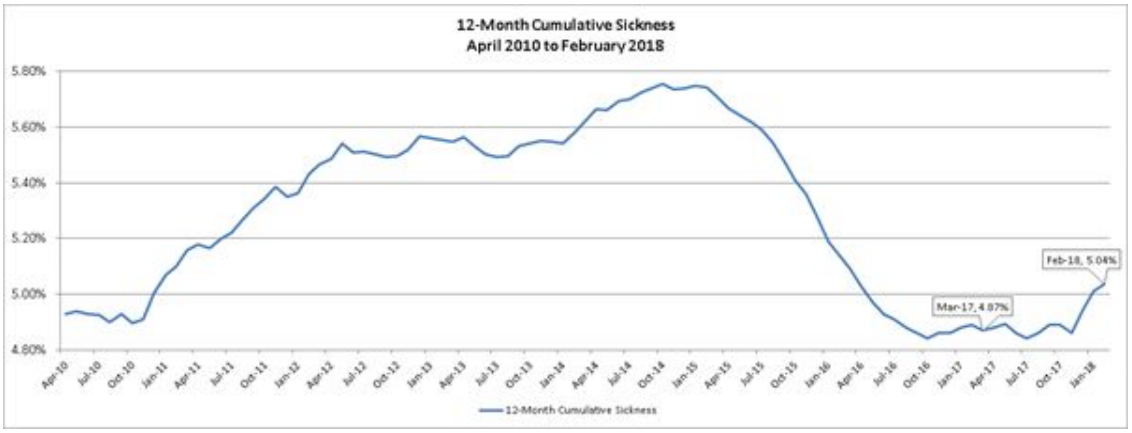
How are we doing?

In February absence rates due to sickness equated to 5.43% of planned working hours (capacity). This is 1% higher than the seasonal delivery trajectory required for the UHB to deliver on its 4.2% improvement target.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory for 4.2% "target"	3.72%	3.68%	3.93%	4.27%	3.94%	4.07%	4.34%	4.67%	4.53%	4.83%	4.40%	3.91%
2016-17 Actual	4.39%	4.35%	4.60%	4.94%	4.61%	4.74%	5.01%	5.34%	5.20%	5.50%	5.07%	4.58%
2017-18 Actual	4.35%	4.52%	4.59%	4.83%	4.99%	4.88%	5.10%	5.36%	5.84%	6.00%	5.43%	

The 12 month cumulative rate of sickness has increased above 5% for the first time since April 2016 to 5.04% by the end of February. This level of absence equates to 639 whole time equivalents being absent every calendar day, or each whole time equivalent having 18 days sickness per annum. The actual direct cost of this level absence being assessed as £19.2m, £3.6m above the UHB's annual plan.



How do we compare with our peers?

For the 12 months up until October, the UHB had sickness rates comparable with the better levels of performance seen in the other HBs

	ABM	AB	BC	C&V	CT	HD	Powys	C&V Rank
Oct-17	5.6%	5.2%	4.9%	4.9%	5.5%	4.9%	4.7%	4/7

What are our key areas of risk?

The ability to provide safe, high quality services to meet our population's needs and expectations within the resources available is dependent on the having sufficient levels of staffing with the right competencies and training in work at the right time. Higher levels of staff absence threaten service sustainability and can wider system inefficiencies.

What actions are we taking to improve?

The overall aim for Health and Wellbeing in C&V UHB is to embed a proactive, holistic and sustainable approach to maximising attendance within C&V. The Health and Wellbeing Advisory Group sets the strategic Direction of Health and Wellbeing at work for all staff and encourages and endorses a culture of Health and Wellbeing for staff in line with the Gold and Platinum Corporate Health Standard.

The Health and Wellbeing Group are refreshing and re-enforcing our Time to Change Plan which tackles mental health discrimination and stigma and encourages our employees to talk about mental health experiences.

We have adopted and are both promoting and encouraging the use of the New Health and Wellbeing guidance tools developed by NHS Wales staff working in collaboration with Trade Unions. The guidance signposts staff to information and resources to enable them to make better choices with regards to their own health and wellbeing and that of others.

Mental Health Champions (Time to Change) and Health & Wellbeing Champions (via Health and Wellbeing Advisory Group) are currently being recruited which will make a positive long term difference to all our staff.

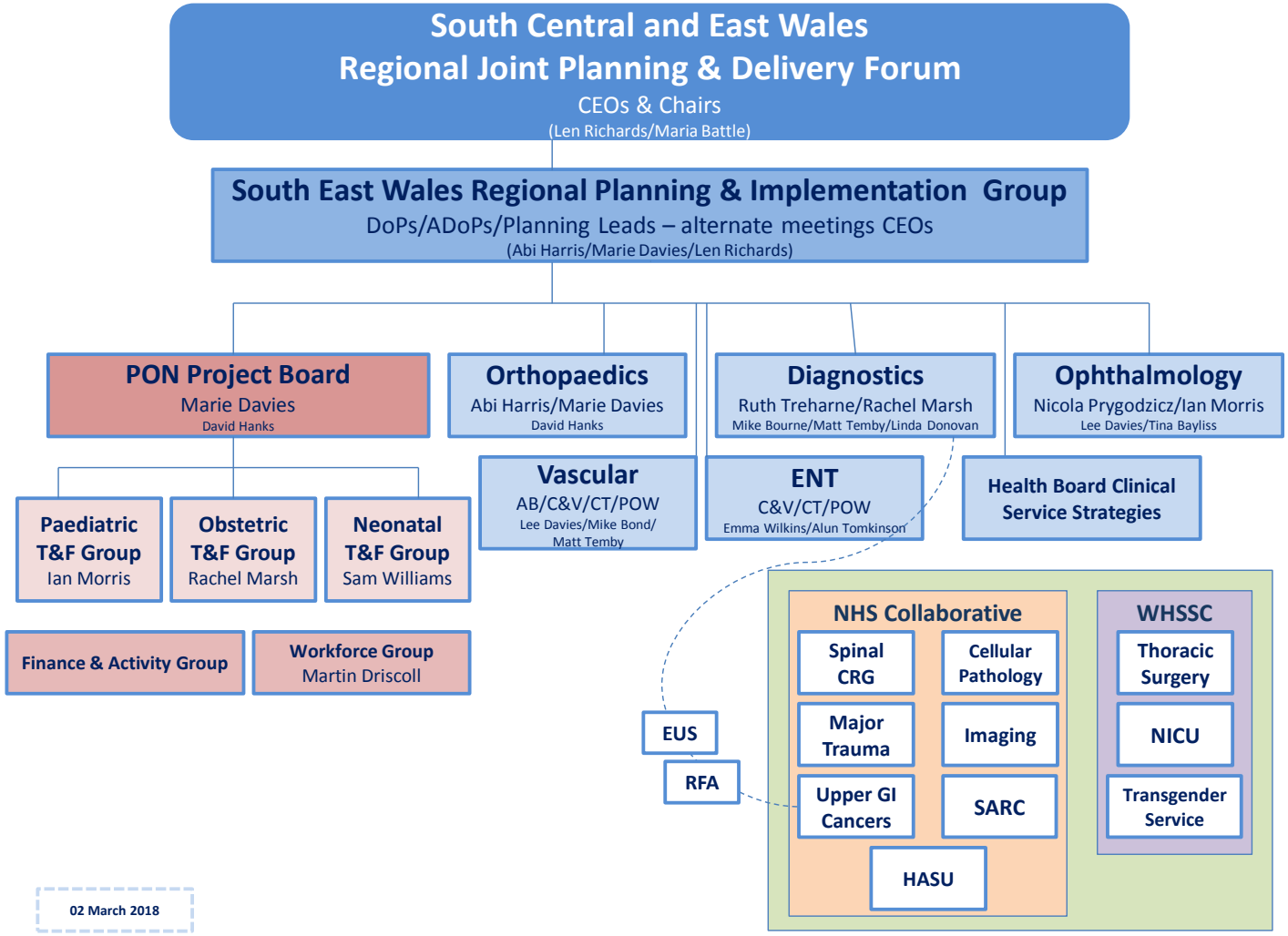
The UHB's Maximising Attendance Group is continuing to lead on operational attendance management, providing a focus on:

- whole system problem-solving of attendance management issues
- Monitoring and early appropriate response to changes in performance in attendance
- Adoption of good and emerging practice from the national Attendance Management and Health and Wellbeing Groups

RECOMMENDATION:

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

CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)



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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Paediatrics, Obstetrics & Neonatal (PON) Project Board. Lead planner: Marie Davies, C&V (Chair) A	• 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 WHSSC contract variation for NICU flow changes. • It is anticipated that the financial details relating to this will be confirmed in the near future; including approach to retrospective adjustments in event of activity differing significantly from projections.	• 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. **Key milestones & dates** (as per each service heading below)	MD
Paediatrics C&V leads: Planning – Marie Davies Planning - David Hanks Paediatrics: *Jennifer Evans*	• Cwm Taf to implement arrangements to centralise IP paediatric services at PCH with effect from late Summer 2018 (date TBC)	• 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** • Apr 18 – agreement of final tariff arrangements • Apr 18 – activity business case to BCAG • Apr 18 - sign off of revised pathways and service specification • Summer 18 (date TBC) – implementation of final clinical model	

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

Obstetrics Lead planner: Rachel Marsh, CT C&V Clinical Lead – Pina Amin Planning – Marie Davies Planning: David Hanks	• Cwm Taf to implement interim arrangements to centralise their consultant led obstetric at PCH with effect from late Summer 2018, with the final full implementation of the South Wales Programme changes in Spring 2019 – est Feb 2019 when all relevant capital schemes are complete.	• 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). **Key milestones & dates** • May 18 – agreement of final tariff arrangements • Jul 18 – activity business case to BCAG • May 18 - sign off of revised pathways and service specification • 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	• Cwm Taf to implement interim arrangements to centralise their consultant led obstetric at PCH with effect from late Summer 2018, with the final full implementation of the South Wales Programme changes in Spring 2019 – est Feb 2019 when all relevant capital schemes are complete • Principle agreed of revenue neutral financial capacity adjustment, using tariff implications of activity flow changes.	• WHSSC/UHB to agree cost neutral post implementation activity commissioning position; neonatal capacity across the region; and business case priorities for future investment **Key milestones & dates** • May 18 – agreement of revised activity commissioning with WHSSC • May 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 REGIONAL PROGRAMME (MARCH 2018)

ENT Lead planner: Ruth Treharne, CT C&V Clinical lead: Alun Tomkinson. C&V reps ENT Implementation Team: Surgery - Alun Tomkinson Surgery CB - Mike Bond Programme Mgt - Emma Wilkins	• 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.	• Agree clinical risks and progress with developing mitigations. • Agree service model. **Key milestones & dates** • April 2018 – complete activity modelling • April 2018 – sign off service model • 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	
Vascular Lead planner: Ian Morris, AB C&V leads: Planning - Lee Davies Surgery CB - Mike Bond CD&T CB - Matt Temby	• 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 early April 2018.	• 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. **Key milestones & dates** • Bed and theatre plans for phased implementation to be developed. • CEOs to meet to discuss modelling early April.	
Diagnostics Lead planner: Ruth Treharne, CT C&V Clinical Lead: Mike Bourne CD&T CB - Matt Temby Planning - Linda Donovan	• 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.	• 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.	

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

		Key milestones & dates • 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	• Meeting 05.03.18. • C&V scoping work identified potential additional capacity for short term solution.	• 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** • 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 – *Hannah Rix* Planning – Linda Donovan	• 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.	• 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** • Detailed action plan for collaboration to be agreed.	

Ophthalmology
Lead planner: Nicola Prygodzicz, AB
 	
C&V leads:
Planning - Lee Davies
Surgery CB - Tina Bayliss
	• 2018/19 Demand and Capacity assessment at sub specialty level.
	• Sub-speciality collaboration:
	  ○ Glaucoma
	  ○ Wet AMD
	  ○ Cataracts;
	  ○ Ocuplasty;
	  ○ Cornea;
	  ○ Diabetic retinopathy;
	  ○ Paediatrics.
	• With exception of PoW, HBs are over-reliant on additional/external capacity to meet demand.
		• Identify opportunities for regional solutions.
		• Electronic Patient Record is key enabler.
		• Switch to Primary Care – need expansion of services.
		Key milestones & dates
		• Regional Ophthalmology Plan for 2018/19 available by end of March 2018 and featured in each HB IMTP.	

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

Orthopaedics Lead planner: Abi Harris, C&V C&V leads: Orthopaedics – Simon White Surgery CB – Mike Bond Planning - Marie Davies Planning - David Hanks	• High level D&C analysis completed – key pressure areas identified. • Scoping of in-year regional collaboration at sub-speciality level.	• Ongoing liaison with orthopaedics workstream of the Planned Care Board to ensure no duplication or conflict. • Next meeting 27.03.18. **Key milestones & dates** • Mar 18 – finalise all regional 2018/19 demand and capacity in common format • Apr 18 - Initial deep dive into sub-specialty capacity and constraints, to use as basis for responding to WG high level assumptions re future regional capacity plan • Jul 18 - implement in-year regional capacity plan • Sept 18 - agree preferred option for medium / long term optimal service model	

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G	On schedule for delivery of objectives and benefits within timescales, no issues.

CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

NHS COLLABORATIVE

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Major Trauma Spec Svs CB – Nav Masani Clinical Lead: Melissa Rossiter Programme Mgt – Emma Wilkins A	• Consultation completed. Outcome to be considered by UHB Board and CHCs end of March 2018. • MT Clinical Lead working with key individuals. • MT Capital Planning Project Team established – to consider capital requirements and fit/alignment with other UHB capital schemes.	• Progress implementation of MT database. • Finances to be refreshed when updated figures/data received (post implementation of EMRTS). **Key milestones & dates** • March 2018 - Health Boards to consider/approve outcome of consultation.	
HASU A	• SIG, Chaired by Ann Lloyd agreed 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.	• Regional meeting being planned (April/May) – led by Dr Phil Jones, national lead. • C&V HASU gap to be determined. • Internal SDG to meet. **Key milestones & dates** • Regional HASU models agree – timescales and outline plan to be agreed on 30.04.18.	

SARC
Lead planner: Marie Davies, C&V
A
	• Work ongoing:
	  ○ S Wales UHBs collaborating to work up options to stabilise acute Paeds service for South Wales (currently unavailable in AB and ABMU)
	  ○ C&V UHB currently recruiting programme and clinical lead to take forward the multi-agency, South Wales wide implementation planning to deliver service model developed through NHS Wales Health Collaborative SARC project
		• Develop BJC for Capital solution –based on agreed NHS Wales Health Collaborative proposals
		Key milestones & dates
		• April 2018 – interim acute paediatric model options to be agreed by working group for presentation to stakeholder UHBs
		• April/May 18 - Recruit to Programme Director & clinical lead posts
		• April 2018 - Circulate draft work programme to South Wales stakeholders
		• May 2018 Establish programme structure and governance arrangements & key deliverables	

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A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 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 Financial – Hywel Pullen	• Thoracic Surgery Service engagement concluded. WHSSC Joint Committee have accepted the Independent panel recommendation that a single site be established for South Wales, based at Morriston Hospital, Swansea. • First meeting of joint group 09.03.18; next meeting 13.04.18.	• 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** • ABMU implementation plan to be submitted to WHSSC Joint Committee by 08.05.18.	
NICU Clinical Lead: Children & Women CB	• Revenue business case required for additional consultant to meet standards compliance	**Key milestones & dates** • Submission to BCAG June/July 2018	
Transgender Service	• Business case developed for submission to Welsh Government, initial discussion at BCAG, further refinement of case and clinical model required.	**Key milestones & dates** • Not yet determined	

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G	On schedule for delivery of objectives and benefits within timescales, no issues.

CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 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 R	**Business Cases** **Strategic Context Paper for Theatres/Haematology/Radio Pharmacy Block** Paper being produced in relation to the development of a strategic context development plan for the above, within C&VUHB, for next 10-15 years. Paper will provide the rationale for developing several business cases as detailed below. **Tranche 1 Business Cases** **SOC/OBC** will include new accommodation for: • the replacement of *6 of the main theatres* as well as 2 decant theatres linked to the existing theatre accommodation; • *Haematology facilities* - 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 • *Radio Pharmacy facilities* - Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes. Development of the BJC is progressing. Project team has been established. **Tranche 2 Business Cases** • UHW – On-going refurbishment of main theatres	• Development of Business Cases **Key milestones & dates** • Overall completion 2022/23	
• UHL - Replacement of Theatres 5 and 6 G	Development of the BJC progressing. Project Team established. Outstanding information in relation to current facilities, theatre schedule, model of care, condition of current estate is now required.	**Key milestones & dates** Programme developed showing timeline and key events – anticipated completion of BJC May 2018.	

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G	On schedule for delivery of objectives and benefits within timescales, no issues.

CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

• UHW – Provision of a Hybrid Theatre in Main Theatres A	Development of BJC progressing.	**Key milestones & dates** • Overall completion 2019	
• UHW Refurbishment of the Mortuary A	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** • To be determined	
• UHW Suite 19 – Renal Facilities G	Suite 19 BJC approved by CMG 20.11.17 and BCAG 13.11.17. UHB Board Approval 25.01.18. Submitted to WG 01.02.18. Letter of support awaited from Renal Network.	**Key milestones & dates** • Overall completion late 2018	
• UHL Upgrading of Cystic Fibrosis Facilities G	BJC now progressing following decision of CMG in Sept 2017 to take the scheme off hold. Confirmation required from CMG that 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** • Anticipated completion of the BJC late 2018.	
Genomics	Discussion being taken forward at national level through Genomics Task Force Group	**Key milestones & dates** • None currently to report	
Shaping Our Future Wellbeing: In Our Community Programme A	• 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	Tranche 1:- • 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 • Quarterly briefing in development for circulation in April 2018	

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

		Tranche 2:- • Proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities. **Key milestones & dates** • Anticipated completion of PBC – summer 2018, dependent on agreement with WG regarding detail within economic appraisal.	
H&WC@CRI - Masterplan (SOFW:IOC First Tranche Project) G	• Masterplan to inform future phases in development **NB** Capital only projects being progressed as part of Phase 2 include:- • Redevelopment of the Chapel. • Safeguarding /Remedial works.	• 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** • To be incorporated into next iteration of the PBC.	
Relocation of SARC within CRI and enabling works (H&WC@CRI – Phase 2) G	• 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	• 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** • BJC submission to WG – to be confirmed but anticipated May 2019	
Wellbeing Hub @ Park View A	• 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.	• 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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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

		delivery models can be achieved within the available revenue envelope **Key Milestones and dates** • OBC – March 2019.	
Wellbeing Hub @ Maelfa G	• 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.	• 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** • OBC Dec 2018. • FBC Dec 2019. • Facility to be opened by Dec 2021.	
Wellbeing Hub @ Penarth G	• December 2017: WG announcement of Primary Care Pipeline funding of £6m total for WH@Penarth, requiring compressed business case process.	• Inaugural Project Team planned for early April 2018 **Key Milestones and dates** • OBC Dec 2018. • FBC Dec 2019. • Facility to be opened by Dec 2021.	
Acute Oncology Service/Facility A	• Macmillan funding for AOS ends shortly – not identified as cost pressure; no funding to continue service. • Cancer Group looking at scope and service models in conjunction with Macmillan – will require additional UHB funding.	• Link with Velindre TCS for in-reach; requires revenue funding. **Key milestones & dates** • Nil identified	
Clinical Services – Strategic Plan A	• First workshop with CBDs held 15.03.18. Outline model for specialist/acute hospital sites agreed.	• Workshops in July/October 2018 with wider clinical leads. **Key milestones & dates** • 2nd workshop with CBDs in May 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.	• Link with Clinical Services – Strategic Plan. **Key milestones & dates** •	
LDP	• 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.	• SOFW:IOC Tranche 2 - proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities. **Key milestones & dates** • To be determined	
IMTP	• Draft IMTP submitted to WG 31.01.18 • Ongoing dialogue and work to produce final version.	• Quarter 4 2017/18 progress report to April Board meeting. **Key milestones & dates** • Board approval 29.03.18. • WG submission date 29.03.18.	

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

Emergency Preparedness, Resilience and Response

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)

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.

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).

Training and Resources to Note:

- 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.
- 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

Priorities and Progress

- 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.
- 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).

Significant Risks or Decisions

- 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.
- CVUHB will have its full quota (24) by July 2018.

Partnerships and Engagement

- Major Trauma Centre – Outcome of consultation to be reported to UHB Boards and CHCs March 2018.
- Public Services Boards Wellbeing Plans currently being finalised, to be signed off by PSB partner organisations March 2018 and PSBs by May 2018.

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CARDIFF AND VALE UHB REGIONAL PROGRAMME (MARCH 2018)

Strategic Service Planning Papers Under Development

key: P-papers due, P*-papers late

Papers	Lead	Mar-18																
		01/03/2018 Thu	02/03/2018 Fri	05/03/2018 Mon	06/03/2018 Tues	07/03/2018 Wed	08/03/2018 Thu	09/03/2018 Fri	12/03/2018 Mon	13/03/2018 Tues	14/03/2018 Wed	15/03/2018 Thu	16/03/2018 Fri	19/03/2018 Mon	20/03/2018 Tues	21/03/2018 Wed	22/03/2018 Thu	23/03/2018 Fri
Cardiff and VoG Wellbeing Plans	AW										P							
TCS - OBC nVCC	LD										P							
Thoracic Surgery outcome	MD/AW																	
Final Draft Corporate IMTP	MD		P								P							
Major Trauma Network outcome	AW										P							
Planning Flash Report	LD																	
Planning Programme Tracker	ASD						P											
CMG Service Planning Report	ASD						P											
TS Framework update	AW/LD																	
Business Continuity Guidance	AS/HW																	
SOFW:IOC Quarterly Briefing	AE		P			P												
Planning Programme Report	MD			P														
BCAG Agenda	MD																	
BCAG Decision Report	MD																	
SDDG Agenda	MD																	
Suite 19-Renal Business Case	ASD																	

Papers	Lead	Apr-18																								
		26/03/2018 Mon	27/03/2018 Tues	28/03/2018 Wed	29/03/2018 Thu	30/03/2018 Fri	02/04/2018 Mon	03/04/2018 Tues	04/04/2018 Wed	05/04/2018 Thu	06/04/2018 Fri	09/04/2018 Mon	10/04/2018 Tues	11/04/2018 Wed	12/04/2018 Thu	13/04/2018 Fri	16/04/2018 Mon	17/04/2018 Tues	18/04/2018 Wed	19/04/2018 Thu	20/04/2018 Fri	23/04/2018 Mon	24/04/2018 Tues	25/04/2018 Wed	26/04/2018 Thu	27/04/2018 Fri
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CMG Service Planning Report	ASD											P														
TS Framework update	AW/LD																									
Business Continuity Guidance	AS/HW																									
SOFW:IOC Quarterly Briefing	AE																									
Planning Programme Report	MD																									
BCAG Agenda	MD																									
BCAG Decision Report	MD																									
SDDG Agenda	MD																									
Suite 19-Renal Business Case	ASD																									

- 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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