

Agenda attachments

0.0 Agenda 31.10.18.docx

- 1 PART 1: ITEMS FOR ACTION / CONSIDERATION
- 2 Welcome and Introductions
Chair
- 3 Apologies for Absence
Chair
- 4 Declarations of Interest
Chair
- 5 Minutes of the meeting held on 22 August 2018
Chair
1.4 LPF minutes 22 August 2018.docx
- 6 Action Log Review
Chair
1.5 LPF Action Log.docx
- 7 Health and Active: Healthy Weight Framework
Presentation: Consultant in Public Health
- 8 Clinical Strategy UHW / UHL
Presentation: Executive Director of Strategy and Planning
- 9 Communicating the Changes to Pay and Terms of Conditions
Verbal: Executive Director of Workforce and OD
- 10 Update from Chief Executive
Verbal: Chief Executive
- 11 Transformation Communication Update
Director of Transformation
1.10 Values Behaviours Communication.docx
- 12 Freedom to Speak Up / Raising Concerns
Director of Corporate Governance
1.11 Appendix 1 Managing Concerns - SOP.pdf
1.11 Staff Raising Concerns.docx
- 13 Finance Report
Executive Director of Finance
1.12 Finance Report.docx
- 14 Workforce Report
Executive Director of Workforce and OD
1.13 Workforce Indicators Report August 2018 Data.xlsx
- 15 PART 2: ITEMS FOR INFORMATION (for noting only)
- 16 Patient Safety Quality and Experience Report
2.1 Integrated QSE.docx
- 17 Performance Report
2.2 Performance Report.docx
- 18 Strategic Planning Flash Report
2.3 Strategic Service Planning update September 2018 final.docx
- 19 Staff Benefits Group - Update
2.4 Staff Benefits Board Report.docx
- 20 Review of Meeting
- 21 Any other business previously agreed with the co-Chairs
- 22 Future Meeting Arrangements:

Monday, 10 December 2018 at 10.00am (venue tbc)

nb: the room will be available from 9.00am for a staff representatives pre-meeting)

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 31 October 2018 at 10.00 am in Rooms 2 & 4, Cochrane
Building, UHW

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on 22 August 2018	Chair
5	Action Log Review	Chair
For Consideration:		
6 10.10	Health and Active: healthy weight framework	Presentation <i>Consultant in Public Health</i>
7 10.40	Clinical Strategy UHW/UHL	Presentation <i>Executive Director of Strategy & Planning</i>
8 10.55	Communicating the Changes to Pay and Terms of Conditions	Verbal <i>Executive Director of Workforce and OD</i>
For Consultation/Negotiation:		
For Communication:		
9 11.10	Update from the Chief Executive	Verbal <i>Chief Executive</i>
10 11.20	Transformation Communication Update	<i>Director of Transformation</i>
11 11.30	Freedom to Speak Up / Raising Concerns	<i>Director of Corporate Governance</i>
For Appraisal:		
12 11.40	Finance Report	<i>Executive Director of Finance</i>
13 11.50	Workforce Report	<i>Executive Director of WOD</i>
PART 2: Items for information (for noting only)		
1	Patient Safety Quality and Experience report	
2	Performance Report	
3	Strategic Planning Flash Report	
4	Staff Benefits Group – update	
5	Review of meeting	
6	Any other business previously agreed with the Co-Chairs	
Close at 12	Future Meeting Arrangements: Monday 10 th December at 10am (venue tbc) (n.b. the room will be available from 9am for a staff representatives pre-meeting)	

Minutes from the Local Partnership Forum Meeting held on Wednesday 22 August 2018 at 10am in the Seminar Room 2, 2nd Floor, Cochrane Building, University Hospital of Wales

PRESENT:

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Ceri Dolan	RCN
Pauline Williams	RCN
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Sharon Hopkins	Executive Director of Public Health/Deputy Chief Executive
Graham Shortland	Medical Director (part of meeting)
Maria Battle	UHB Chair
Nicola Foreman	Director of Corporate Governance
Steve Curry	Chief Operating Officer
Julie Cassley	Deputy Director of Workforce and OD
Joanne Brandon	Director of Communications and Health Charity
Rachel Gidman	Assistant Director of OD
Karen Burke	UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Fiona Salter	RCN
Ffion Mathews	SOCF
Len Richards	Chief Executive

IN ATTENDANCE:

Anne Wei	Strategic Partnership and Planning Manager (part of meeting)
Jonathan Pritchard	Head of Workforce and OD (part of meeting)
Melanie Wilkey	Head of Outcomes Based Commissioning (part of meeting)
Keithley Wilkinson	Equality Manager (part of meeting)

APOLOGIES:

Andrew Crook	Head of Workforce Governance
Dorothy Debrah	BDA
Steve Gaucchi	UNISON
Ruth Walker	Executive Director of Nursing
Dawn Ward	Independent Member – Trade Union
Joe Monks	UNISON
Peter Hewin	BAOT/UNISON
Julia Davies	UNISON
Peter Welsh	Hospital Senior Manager, UHL
Abigail Harris	Executive Director of Strategy and Planning
Rebecca Christie	BDA
Janice Aspinall	RCN

Secretariat:

Rachel Pressley	Workforce Governance Manager
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LPF18/052 WELCOME AND INTRODUCTIONS

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

LPF18/053 APOLOGIES FOR ABSENCE

Apologies for absence were **NOTED**.

LPF18/054 DECLARATIONS OF INTEREST

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

LPF18/055 MINUTES OF PREVIOUS MEETING

The Local Partnership Forum approved the minutes from 13 June 2018 as an accurate record of the meeting.

LPF18/056 ACTION LOG REVIEW

The Local Partnership Forum noted the Action Log.

LPF 18/057 PROVISION OF ADULT THORACIC SURGERY IN SOUTH WALES

The Medical Director delivered a presentation as part of the consultation on Thoracic Surgery in South Wales. Forum members were given the opportunity to ask questions about the proposals which will be fed back to the Welsh Health Specialised Services Committee (WHSCC). The issues raised by the Forum included:

- The need to ensure that, if thoracic surgeons were based at Morriston, staff within the Major Trauma Centre had the necessary skills to deal with polytrauma and paediatric patients
- What the likely implications for our nursing workforce, including scrub nurses, would be
- The need to ensure, from an emergency care point of view, that patients were not put at risk by this transfer
- Support services for families

(Dr Shortland, Mr Pritchard and Ms Wei left the meeting, Ms Wilkey joined the meeting)

LPF 18/058 INTEGRATED MEDIUM TERM PLAN - COMMISSIONING INTENTIONS

The Commissioning Intentions for 2019-22 were shared with the Forum, along with a presentation on the role of commissioning in the development of the IMTP.

The Commissioning principles focused on involving of our population and partners, and balancing short and long term needs to deliver 'Shaping our Future Wellbeing' and contribute to the Future Generations Act. The five key themes had been identified as: locality; pathways; reduced length of stay; regional planning; and financial assumptions.

Staff Representative Members were invited to share their thoughts and comments with Ms Wilkey outside of the meeting, and were advised that a workshop was taking place on 10 September with the Clinical Boards which they were welcome to attend. Dr Hopkins explained that the Commissioning Intentions were important as they helped the organisation to mature and develop – she re-iterated that it was really important to receive comments from staff, even if it was just on the area they worked on, and encouraged the Staff Representative Members to share their thoughts and comments.

Mr Richards noted the importance of regional planning, especially in the context of the previous presentation, and encouraged people to become more comfortable and familiar with talking about Cardiff and Vale in a regional context as home and locality and regional services were the two main drivers for the future of service delivery. Mr Egan asked if there was a sense that the organisation had matured. He thought that things had improved but he still had some concerns around silo working. Mr Richards suggested that it was *maturing*, but acknowledged that there was still more work to do.

(Ms Wilkey and Mr Egan left the meeting)

LPF 18/059 DEVELOPING AND DELIVERING OUR TRANSFORMATION PROGRAMME TO SUPPORT ACHIEVEMENT OF SOFW

Dr Hopkins asked the Forum to consider how it could best support the transformation work going forward. She talked about the difference between transformation (making a better system) and improvement (making the system we have better) and summarised key points from the report including:

- The four agreed deliverables - to reduce out-patient appointments on hospital sites; reduce length of stay; reduce unwarranted harm, waste and variation; and reduce theatre inefficiencies and improve productivity
- The seven key enablers to support transformation, each of which will have a formal programme with Clinical leadership and an Executive sponsor

It was agreed that in order to ensure the Forum was involved with the Transformation Programme Dr Hopkins would provide an update on one of the enablers at each meeting. The report prepared for HSMB would also be shared for noting at each meeting, and invitations to forthcoming workshops would be sent out. Mr Richards also encouraged all Forum members to attend the Clinical Senate where they would be able to hear about examples of good practice and innovation from front line individuals.

(Mr Wilkinson joined the meeting)

Mr Jones stated that the transformation work had his full support as Chair of Staff Representatives and Co-Chair of the Local Partnership Forum. He also supported the idea that the organisation was maturing and that some amazing pieces of work were taking place, but he expressed concern that not everyone was displaying the expected values and behaviours. It was agreed that Ms Brandon and Mrs Gidman would link in with Mr Jones around the Values communications.

Action: Ms Brandon/Mrs Gidman/Mr Jones

LPF 18/060 CHIEF EXECUTIVES REPORT

Mr Richards reflected on improvements made in our performance and delivery, especially in Unscheduled Care, stroke and paediatrics, and the positive impact this had had in our conversations with Welsh Government. He indicated that while we remained in Targeted Intervention he hoped that we would move into Business as Usual before too long. He was also pleased to report that no significant issues had been flagged as a result of unannounced inspections last year.

The financial situation continued to improve month on month, but there was still a significant challenge ahead with a need to save £9.9m by the end of the year. This had been reduced from £19.9m with help from Welsh Government. Generous RTT support had also been received, and it was hoped that a bid for transformation monies would be successful. Welsh Government had also supported the UHB through a 'spend to save' which enabled the purchase of Woodland House. This would allow non-clinical staff to move away from the UHW site and save money on rentals. The proper consultation processes would be followed before any individuals were moved.

Changes to the car parking system introduced in June had successfully reduced congestion on the UHW site and made it a safer place. There had been teething problems but the team were doing a great job dealing with these.

LPF 18/061 STRATEGIC EQUALITY PLAN AND ANNUAL REPORT

The Forum received a copy of the Annual Equality Report and progress against the delivery plan. 2016/17 had been a positive year overall, and while there were still some gaps and areas for improvement there were no areas of serious concern. Mr Wilkinson explained that as we are now in year 3 of a 4 year plan the focus had shifted from Equality (fairness) to Equity (removal of barriers).

Mental Health Clinical Board was supporting the Equality and Human Rights Commission in their research investigation into the Public Sector Equality Duty and a move away from rhetoric.

Miss Salter expressed concern at the experiences of some individuals with long term health conditions who did not receive additional support to prolong their working lives because it was considered too difficult or because managers were concerned about setting precedent. Mr Wilkinson advised that the Equality team had a new member and one of her objectives was to focus on the issues around disability and how we could move from being 'Disability Confident' to a 'leader'. Mrs Gidman advised that training on inclusivity from Cardiff and Vale College was also being piloted.

LPF 18/062 WORK EXPERIENCE

Mrs Gidman provided the Forum with an update on a structured work experience programme which had recently been piloted with Cardiff High School. This had been a great success and had provided the school children with a broad range of

experiences across the organisation, with pastoral support provided through the education team. She noted that the UHB currently employed just 26 individuals under the age of 21, but that young people were needed for succession planning.

The next stage would be to evaluate the scheme and roll it out to other schools in the area.

The Forum welcomed the initiative but noted that:

- The opportunities provided should not all be hospital focused
- Perhaps the students were too old, as A level choices had already been made at 17 and it was necessary to choose the right A level options for some jobs
- A similar opportunity should also be provided for individuals coming out of the armed forces.
- An update on apprenticeships would be provided at a future meeting.

LPF18/063 FINANCE REPORT

The Local Partnership Forum noted a report detailing the financial position of the UHB for the period ended 30 June 2018.

LPF18/066 WORKFORCE AND OD KEY PERFORMANCE INDICATORS

Mr Driscoll advised the Local Partnership Forum that the staff survey had now closed. The UHB had a 23% return which was comparable to the rest of NHS Wales but which was significantly lower than other employment sectors. He stated that there was a need for work to improve on this in the future, and suggested that there may be a local UHB survey at some point. The results would be available from September onwards.

LPF18/067 PART 2 – ITEMS FOR NOTING

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report.
- Performance Report.
- Employment Policy Sub Group minutes from 11 July 2018

LPF18/068 DATE OF NEXT MEETING

The next meeting would take place on Wednesday 31 October August 2018 at 10am in Seminar Rooms 2 & 4, 2nd Floor, Cochrane Building. The room would be available for a staff representative pre-meeting from 9am.

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 18/059	22 August 2018	Developing and Delivering our Transformation Programme	It was agreed that Ms Brandon and Mrs Gidman would link in with Mr Jones around the Values communications.	Ms Brandon/ Mrs Gidman/ Mr Jones	Verbal update to be provided at the meeting

TRANSFORMATION COMMUNICATIONS UPDATE	
Name of Meeting : Local Partnership Forum	Date of Meeting : 31 October 2018
Executive Lead : Deputy Chief Executive	
Author: Director of Communications, Health Charity, Arts and Engagement. Assistant Director of Workforce and Organisational Development	
Caring for People, Keeping People Well: Transformation underpins the 'sustainability' element of the UHB's strategy.	
Financial impact : TBC	
Quality, Safety, Patient Experience impact: Potential positive impact on quality, safety and patient experience as length of stay, wait times and outpatient appointments on hospital sites are reduced.	
Health and Care Standard Number : 3.1 Safe and Clinically Effective Care 5.1 Timely Access 6.1 Planning Care to Promote Independence 7.1 Workforce	
CRAF Reference Number : 1.1, 3.1, 5.1, 6.7, 10.1	
Equality and Health Impact Assessment Completed : Not Applicable	

ASSURANCE AND RECOMMENDATION

Local Partnership Forum is asked to:

- **NOTE** the progress so far

Value and Behaviours and Communications:

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

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

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

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

Website to host Transformation and Improvement

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

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

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

Animation

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

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

Benefits

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

Standard Operating Procedure for Managing Concerns from Staff

Signpost to support available e.g. Employee Wellbeing Service,, Trade Unions etc.

STEP 1: Concern raised through one of the following routes – previous routes have been exhausted or no alternative is available

Raising Concerns Procedure (formal stage – manager or senior leader)

F2SU

Safety Valve

Anon. letters

External agency

STEP 2: Log Concern

ALL formal concerns must be logged with Director of Corporate Governance – check for duplication before proceeding (N.B. if concern involves Director of Corporate Governance it will be referred directly with the Chief Executive and logged there). Concerns to be acknowledged within 2 working days and method/frequency of communication agreed

STEP 3: Concern triaged

Concerns will be triaged by the Director of Corporate Governance and Chair/ relevant Executive Director within 3 working days

STEP 4: Concern passed to identified individual for action

N.B. if the concern relates to an Executive it goes to the Chief Executive, if it is about the Chief Executive it will be raised with the Chair, if it is about the Chair it will be raised with the Cabinet Secretary

STEP 5: Investigation, Action and Feedback

Method/frequency of communication and confidentiality agreed with concern raiser

Investigation manager appointed and supplied with information by 'identified individual'

Fact finding/investigation conducted within 30 working days – includes witness interviews, examination of documents etc. (N.B. if 30 days is not possible the individual will be kept informed)

Investigation manager feeds back to 'identified individual'

Appropriate action taken

Feedback given to concern raiser

If individual is not content that the issue is resolved they may wish to raise their concern again through a different route or with a more senior manager

STEP 6: Log Outcome

The outcome of ALL formal concerns must be logged with Director of Corporate Governance and will be reported to Board on a quarterly basis and HSMB when received

'Blowing the whistle' or 'making a disclosure in the public interest' gives the individual certain protections. This takes place when an individual discloses that they reasonably believe that one or more of the following is either happening, has taken place, or is likely to happen in the future, and it is in the public interest:

- Someone's health &/or safety has been put in danger by action or inaction
- Damage has been caused to the environment
- A criminal offence has been committed
- A legal obligation has been breached
- There's been a deliberate attempt to cover up one of these

STAFF RAISING CONCERNS	
Name of Meeting: Local Partnership Forum	Date of Meeting: 31 October 2018
Executive Lead: Executive Nurse Director	
Author: Director of Corporate Governance 029 2074 5544	
Caring for People, Keeping People Well: This report underpins the Health Board's cultural strategic objective to "be a great place to work and learn".	
Financial impact: Concerns relating to patient safety and quality and matters of compliance can have a financial impact.	
Quality, Safety, Patient Experience impact: Concerns raised by staff may involve quality, safety and patient experience issues.	
Health and Care Standard Numbers: Standard 7.1 Workforce	
CRAF Reference Numbers: 4.1, 4.1.1, 9.1.1	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

REASONABLE ASSURANCE is provided by:

- The UHB Procedure for NHS Staff to Raise Concerns
- Supporting mechanisms of the Safety Valve and Freedom to Speak Up Safely
- The steps taken by the Working Group to strengthen the governance around staff raising concerns and improve UHB culture and confidence around this

The Local Partnership Forum is asked to:

- **NOTE** the new Standard Operating Procedure (SOP) for Managing Concerns from Staff

SITUATION

The All Wales Procedure for NHS Staff to Raise Concerns was updated in December 2017, and the revised version adopted by the UHB's Resource and Delivery Committee on 30 January 2018.

In addition, mechanisms to compliment the overarching UHB Procedure have been established in recent years with the launching of the Safety Valve in 2013 and Freedom to Speak Up Safely in 2016.

Despite the significant work done by the UHB in this area, the Wales Audit Office Audit of Cardiff and Vale University Health Board's Contractual Relationships with RKC Associates Ltd and its Owner highlighted that we can make further improvements.

The Public Accounts Committee reinforced this by expressing concern about the culture within the UHB and that staff did not feel comfortable raising concerns in that instance. It sought assurance that the UHB was putting in

place measures to promote and enhance arrangements for staff to raise concerns including those of non-compliance, recognising that it is not merely a case of having the process and procedures in place, but making sure that they are used and that people feel comfortable doing so.

BACKGROUND

Within the UHB there are three processes by which staff can raise concerns:

- *The Procedure for NHS Staff to Raise Concerns (Whistleblowing)* – sets out all of the different avenues open to staff to raise a concern
- *Freedom to Speak Up Safely* – provides a helpline for staff to ring to report a concern and also provides a number of information sources
- *Safety Valve* – staff can report patient safety concerns directly to the Chair

Having multiple routes open to staff is important so that staff feel that they have a choice when raising concerns, and feel safe to do so. However there has been no overarching system connecting these routes, and no single depository for the information. This can result in concerns being dealt with very differently depending on the avenue via which an issue is received, and means that we do not have one central record and audit trail of staff concerns. This lack of governance can expose the organisation and senior leaders within it managing these concerns.

An evaluation of Freedom to Speak Up (FTSU) was carried out in November 2017. This demonstrated that since its launch in July 2016 the FTSU information pages have been viewed more than 4300 times, but only 7 concerns have been received by the FTSU team over the past 18 months. Anecdotally it is considered that staff do not trust the Procedure for NHS Staff to Raise Concerns (Whistleblowing). This attitude may be seen as supported by responses gathered from a survey undertaken throughout February 2018 by the PALS team of 79 staff which demonstrated that 35% of respondents would not feel safe to speak up in the organisation, and the category with the highest votes was “I worry that my career would suffer”. This clearly demonstrates that not only are there shortcomings with our systems but also scope for improvement around reporting concerns.

ASSESSMENT AND ASSURANCE

A meeting of the UHB Chair, Executive Nurse Director and Director of Corporate Governance was held in January 2018. This initial discussion recognised that in addition to the work required to strengthen the culture in the UHB, there was also a need to reconcile the systems that had been established so that we would have clear and simple direction for staff and robust governance around the processing, capturing and reporting of concerns.

A Working Group chaired by the Executive Nurse Director was established to take this work forward, the first meeting of the group took place on 12 March 2018 and it continues to meet on a regular basis to further this important

agenda. Group membership includes Corporate Governance, Patient Experience, WOD, Communications and Clinical Board representation.

The following has been achieved:

- A new SOP for Managing Concerns from Staff has been developed (Appendix 1). This captures the entire system and clearly defines the routes that can be taken with timescales.
- The Director of Corporate Governance is now responsible for overall management of the staff concerns process, this includes maintaining a central secure log and receiving the final outcome of each investigation to ensure an accurate audit trail and reporting to Board and HSMB.
- A triage system is now established to discuss each concern received.
- A Communications and Engagement Plan to launch the SOP and promote raising concerns across the UHB has been developed. The launch is to take place throughout the UHB from the 22 October 2018 and communications will continue in order to maintain the profile of this important subject.

FINANCE REPORT FOR THE PERIOD ENDED 31 AUGUST 2018	
Name of Meeting : Local Partnership Forum	Date: 31 October 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 August 2018 is a deficit of £4.913m comprised of the following: <ul style="list-style-type: none"> • £4.125m planned deficit (5/12th of £9.900m); • £0.788m adverse variance against plan. 	
Quality, Safety, Patient Experience impact: This report details financial performance against the one year operational plan which supports improvements in quality, safety and patient / carer experience.	
Health and Care Standard Number 1	
CRAF Reference Number 6.7	
Equality Impact Assessment Completed: Not applicable	

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 5 position which is broadly on line with the profiled deficit within the Annual Operational Plan.

The Local Partnership Forum is asked to:

- **NOTE** that the UHB has an accepted one year operational plan that has a revised planned deficit of £9.900m for the year;
- **NOTE** the £4.913m deficit at month 5 which includes a planning deficit of £4.125m and budget overspends of £0.788m;
- **NOTE** the key concerns and actions being taken to manage risks.

SITUATION

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

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

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is now key to the success of the plan. The adverse variance reported against the operational plan deteriorated by £0.227m to £0.788m at month 5 and the UHB expects to recover this overspend as the year progresses.

BACKGROUND

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

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

The Health Board reconsidered its position at its March 2018 Board Meeting and following dialogue with Welsh Government reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement target. This decision was shared with Welsh Government and on the 10th July the UHB submitted its one year operational plan to Welsh Government. This position has been accepted and the UHB has received £10m additional annual operating plan funding and consequently the UHB has reduced its forecast deficit to £9.9m. A summary of this plan and how it has changed from the draft submitted in January 2018 is provided in Table 1.

Table 1: Operational Plan 2018/19

	Jan Plan £m	Final Plan £m	Var £m	Notes
b/f underlying deficit	(49.0)	(49.0)	0.0	
Non Recurrent Cost Improvement Plans	8.4	8.4	0.0	
Net allocation uplift (inc LTA inflation)	20.0	20.0	0.0	
Cost pressures	(33.3)	(31.1)	2.2	Reduction in FNC costs
Cost Pressures due to population growth	(4.5)	(3.5)	1.0	Reduction for RTT
Investments	(4.3)	(3.3)	1.0	Reduction for RTT
Recurrent cost improvement plans	25.3	25.3	0.0	
Additional funding assumed	15.5	0.0	(15.5)	No income assumed
In year Financial Plan	27.2	15.9	(11.3)	
Planned Surplus/(Deficit)	(21.9)	(33.2)	(11.3)	
Planned c/f from 2017/18 (non recurrent)	0.0	4.0	4.0	17/18 under plan c/f assumed
Financial Improvement Target	0.0	9.3	9.3	
Revised Planned Surplus/(Deficit) March 2018	(21.9)	(19.9)	2.0	
Additional Annual Operating Plan Funding July 2018		10.0	(10.0)	
Revised Planned Surplus/Deficit July 2018	(21.9)	(9.9)	(12.0)	

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

Table 2: Performance against 3 year financial break even duty

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

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

ASSESSMENT AND ASSURANCE

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

Table 3: Finance Dashboard @ August 2018

Measure	n	STATUS REPORT				
		August 2018	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£4.913m deficit at month 5. £0.788m adverse variance against plan	R	↓	2018/19 planned deficit £9.9m	M5 2018-19
Remain within capital resource limits.	37	Expenditure at the end of August was £12.848m against a plan of £11.928m.	G	↻	Approved planned expenditure £33.008m	M5 2018-19
Reduction in Underlying deficit	36a	£39.1m assessed underlying deficit position at month 5	R	↻	If 2018/19 plan achieved reduce underlying deficit to £39.1m	M5 2018-19
Delivery of recurrent 3% savings target	36b	£25.335m identified at Month 5	G	↑	£25.335m	M5 2018-19
Delivery of non recurrent 1% savings target	36c	£10.160m identified at month 5.	G	↑	£8.445m	M5 2018-19
Delivery of financial improvement target	36d	£9.3m identified at month 4	G	↑	£9.3m	M5 2018-19
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.3% in August	G	↑	95% of invoices paid within 30 days	M5 2018-19
Remain within Cash Limit	37b	Forecast cash deficit of £24.793m	R	↻	To remain within Cash Limit	M5 2018-19
Maintain Positive Cash Balance	37c	Cash balance = £6.148	G	↻	To Maintain Positive Cash Balance	End of August

Month 5 Cumulative Financial Position

The UHB reported a deficit of £4.913m at month 5 as follows:

- £4.125m planned deficit (5/12th of £9.900m);
- £0.788m adverse variance against plan.

The £0.788m adverse variance which is not considered material is profiled to be recovered over the final 7 months of the year.

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

Table 4: Summary Financial Position for the period ended 31st August 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(113.500)	(113.250)	0.250	(551.208)	(550.284)	0.924	(1,338.463)	(1,338.463)	0.000
Pay	49.419	49.478	0.059	246.911	246.840	(0.071)	587.127	587.127	0.000
Non Pay	64.906	64.824	(0.081)	308.423	308.358	(0.065)	761.237	761.237	0.000
Variance to Draft Plan £m	0.825	1.052	0.227	4.125	4.913	0.788	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(4.125)	0.000	4.125	(9.900)	0.000	9.900
Total £m	0.000	1.052	1.052	(0.000)	4.913	4.913	0.000	9.900	9.900

Income

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

Table 5: Income Variance @ August 2018

Income	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(74.330)	(74.330)	0.000	(366.754)	(366.754)	0.000
Non Cash Limited Expenditure	(1.615)	(1.615)	0.000	(8.074)	(8.075)	0.000
Accommodation & Catering	(0.314)	(0.306)	0.007	(1.194)	(1.229)	(0.035)
Education & Training	(3.174)	(3.158)	0.016	(15.736)	(15.727)	0.009
Injury Cost Recovery Scheme (CRU)	(0.214)	(0.171)	0.043	(1.069)	(0.935)	0.134
NHS Patient Related Income	(24.800)	(24.749)	0.051	(121.497)	(121.118)	0.379
Other Operating Income	(8.285)	(8.173)	0.112	(32.587)	(32.142)	0.444
Overseas Patient Income	(0.005)	(0.062)	(0.057)	(0.026)	(0.125)	(0.100)
Private Patient Income	(0.106)	(0.053)	0.053	(0.509)	(0.335)	0.174
Research & Development	(0.657)	(0.632)	0.025	(3.762)	(3.843)	(0.081)
Total £m	(113.500)	(113.250)	0.250	(551.208)	(550.284)	0.924

An in month deficit of £0.250m and a cumulative deficit of £0.924m is reported against income budgets. The two main adverse variances to note are:

- £0.379m variance on NHS patient related income where the position has deteriorated by £0.051m in month primarily due to continuing underperformance against out of area orthopaedics targets.
- £0.444m variance on other operating income due to underperformance against critical care, PICU and NICU activity targets.

In addition the level of Injury Cost Recovery Scheme income collected from the Compensations Recovery Unit deteriorated in month as a result of a significant level of withdrawn claims alongside a fall in the individual value of new claims.

LTA Provider Performance

The UHB receives circa £265m income from its contracts with WHSSC and LHBs in addition to 'non-LTA' income for IPFRs/SLAs and English income. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

The Month 5 reported position is summarised in Table 6 and continues to reflect the deterioration in the Aneurin Bevan position. The in-month position on Aneurin Bevan has remained relatively static against trend, whilst core activity delivery was lower than expected across other LHBs, notably Cwm Taf.

A key driver of overall LTA performance is under delivery on Orthopaedics contracts for non-Cardiff and Vale residents. This is particularly a case-mix issue related to complex spines and hip procedures.

The WHSSC LTA position does not show a material variance, as this is managed predominantly at a Clinical Board level. However, the contract continues to significantly over deliver against baseline, with notable areas including Cardiology, Renal Dialysis, Adult Critical Care and Paediatric Oncology.

Table 6: Month 5 LTA Provider Position

	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(212.391)	(89.976)	(89.976)	(0.000)
Aneurin Bevan	(29.320)	(12.278)	(11.980)	0.298
Other LHBs	(38.319)	(15.962)	(15.717)	0.245
Non-Welsh	(3.188)	(1.743)	(1.868)	(0.125)
	(283.218)	(119.958)	(119.540)	0.418

Pay

In total pay budgets are showing a cumulative underspend of £0.071m as reported in Table 7.

Table 7: Analysis of fixed and variable pay costs

	2017/18 Total Spend £m	2017/18 Month 1 to Month 4 £m	2018/19 Month 1 to Month 4 £m	2017/18 Month 5 £m	2018/19 Month 5 £m	2017/18 Cum. to Month 5 £m	2018/19 Cum. to Month 5 £m
Basic	515.377	168.924	170.662	42.466	42.729	211.391	213.391
Enhancements	24.533	8.205	8.512	2.154	1.993	10.359	10.505
Maternity	4.088	1.417	1.278	0.372	0.362	1.790	1.639
Protection	0.676	0.223	0.218	0.048	0.067	0.272	0.286
Total Fixed Pay	544.674	178.770	180.669	45.041	45.151	223.811	225.821
Agency (mainly registered Nursing)	8.767	2.689	3.452	0.819	1.003	3.508	4.455
Nursing Bank (mainly Nursing)	14.439	4.586	4.000	1.253	1.143	5.839	5.142
Internal locum (Medical & Dental)	4.306	1.433	1.690	0.339	0.434	1.772	2.124
External locum (Medical & Dental)	7.118	2.130	2.440	0.548	0.500	2.678	2.940
On Call	2.224	0.684	0.794	0.207	0.225	0.891	1.019
Overtime	5.758	1.933	2.163	0.433	0.472	2.366	2.635
WLI's & extra sessions (Medical)	5.111	1.388	2.153	0.374	0.551	1.762	2.704
Total Variable Pay	47.722	14.842	16.692	3.974	4.327	18.817	21.019
Total Pay	592.396	193.613	197.362	49.015	49.478	242.628	246.840
Pay Budget	594.938	194.186	197.491	49.171	49.419	243.357	246.911
Budget Variance (Fav)/Adv £m	(2.541)	(0.574)	(0.130)	(0.155)	0.059	(0.729)	(0.071)

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

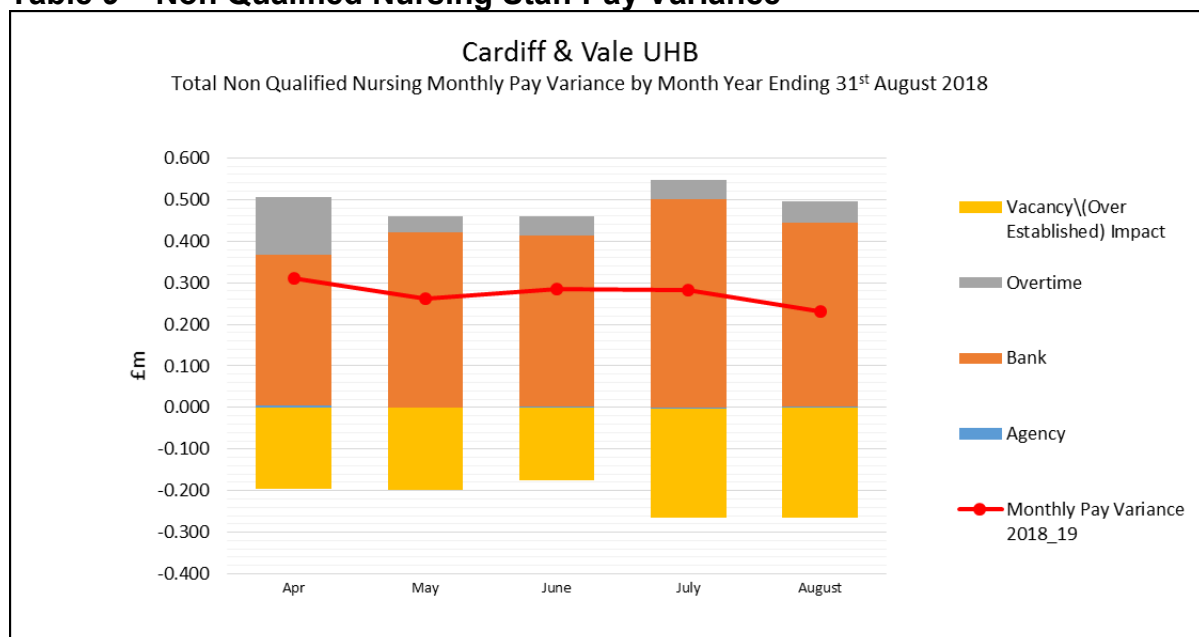
An analysis of pay expenditure by staff group is shown in Table 8.

Table 8: Analysis of pay expenditure by staff group @ August 2018

Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	1.944	1.911	(0.033)	9.708	9.352	(0.356)
Management, admin & clerical	5.744	5.687	(0.057)	28.523	28.465	(0.059)
Medical and Dental	12.754	12.862	0.108	63.728	64.064	0.336
Nursing (registered)	14.815	14.784	(0.031)	74.334	74.056	(0.278)
Nursing (unregistered)	3.969	4.200	0.231	19.790	21.160	1.370
Other staff groups	7.336	7.300	(0.037)	36.635	36.265	(0.370)
Scientific, prof & technical	2.857	2.735	(0.122)	14.192	13.479	(0.713)
Total £m	49.419	49.478	0.059	246.911	246.840	(0.071)

In total pay budgets deteriorated by £0.059m in month to an underspend for the year to date of £0.071m. The rate of overspend against nursing budgets increased from the level reported in July and the continuing overspend in this area is driven by vacancies, sickness and specializing. Increased management attention is being directed to curtail nursing expenditure and actions being taken are due to be scrutinized by the Finance Committee.

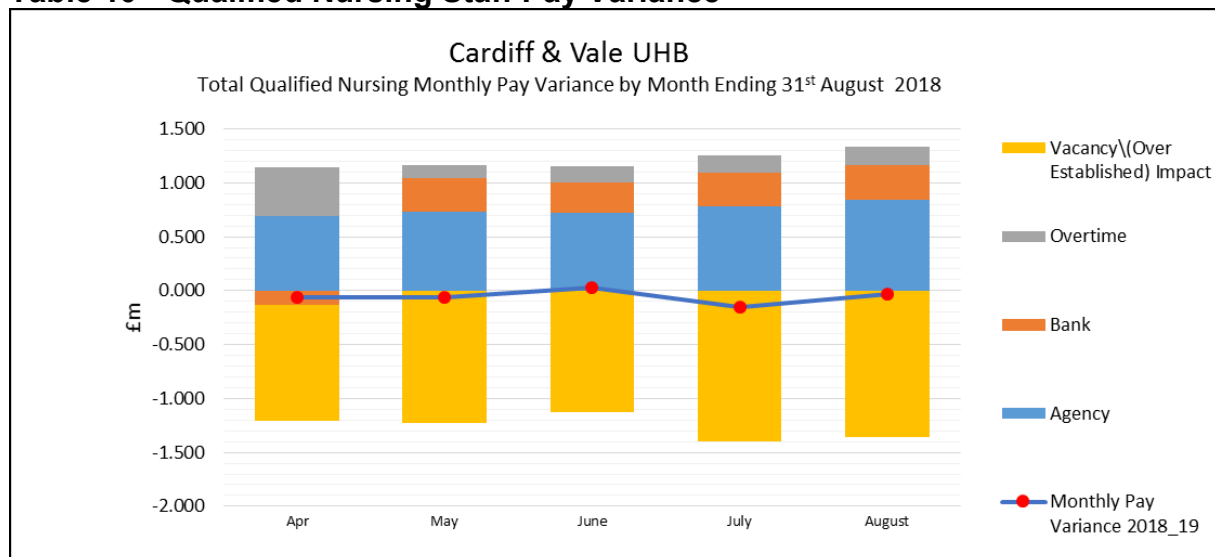
An in month overspend of £0.108m against Medical and Dental Budgets was incurred in August once again primarily due to overspends in Women & Children services and diagnostics. The overspend in Women and Children services is due to coverage of staffing gaps and the overspend against Diagnostics posts is linked to demand increases to maintain performance.

Table 9 – Non Qualified Nursing Staff Pay Variance


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.002	0.006
Bank	0.444	2.140
Overtime	0.050	0.321
Adverse Impact	0.496	2.467
Vacancy\ (Over Established) Impact	(0.265)	(1.097)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.231	1.370

Table 9 indicates that the £1.370m adverse variance against non-qualified nursing assistants is due to overspends of £2.140m on bank staff and £0.321m on overtime which is partly offset by an underspend against established posts.

Table 10 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.840	3.761
Bank	0.323	1.109
Overtime	0.168	1.053
Adverse Impact	1.331	5.923
Vacancy\ (Over Established) Impact	(1.363)	(6.201)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.031)	(0.278)

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

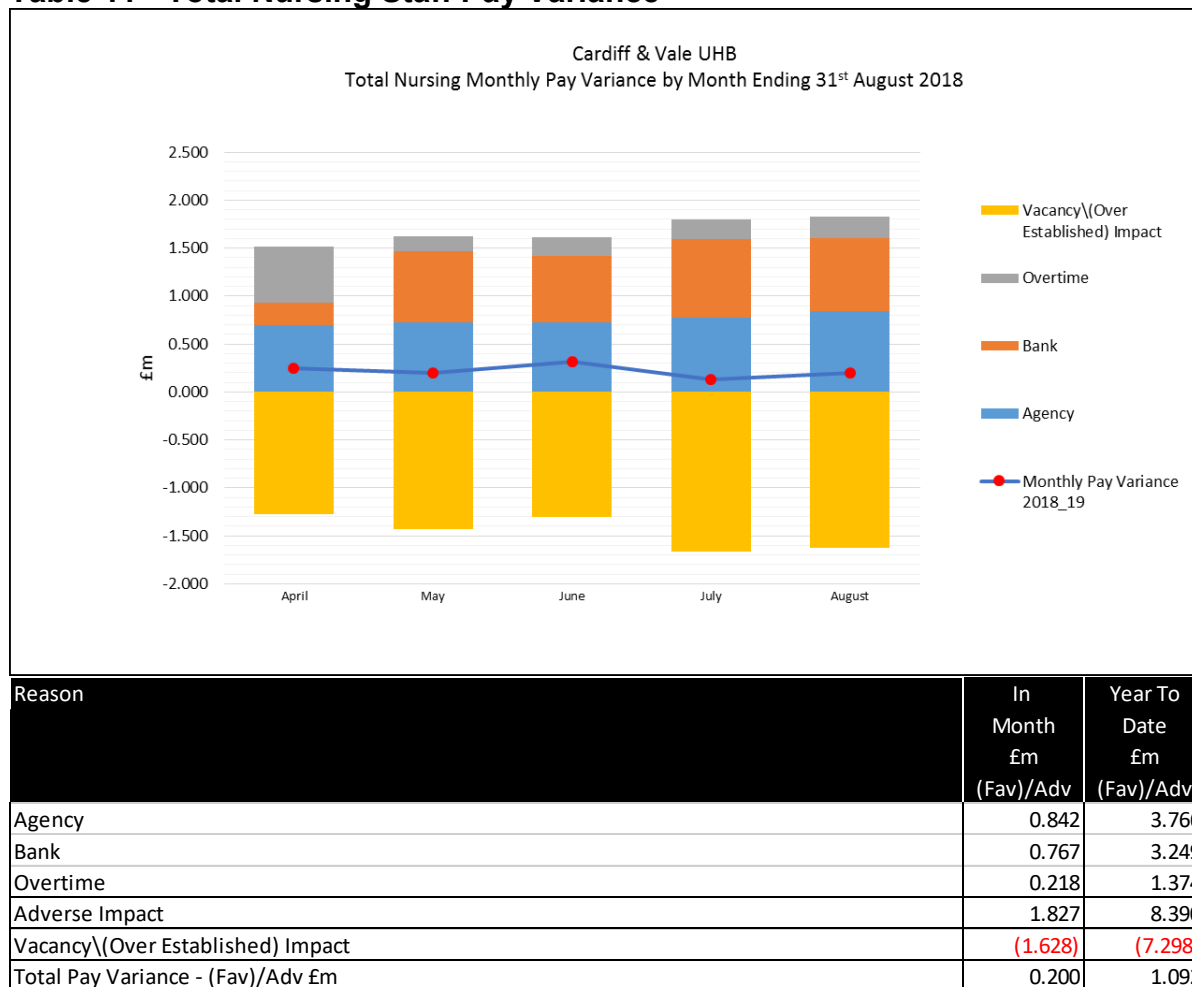
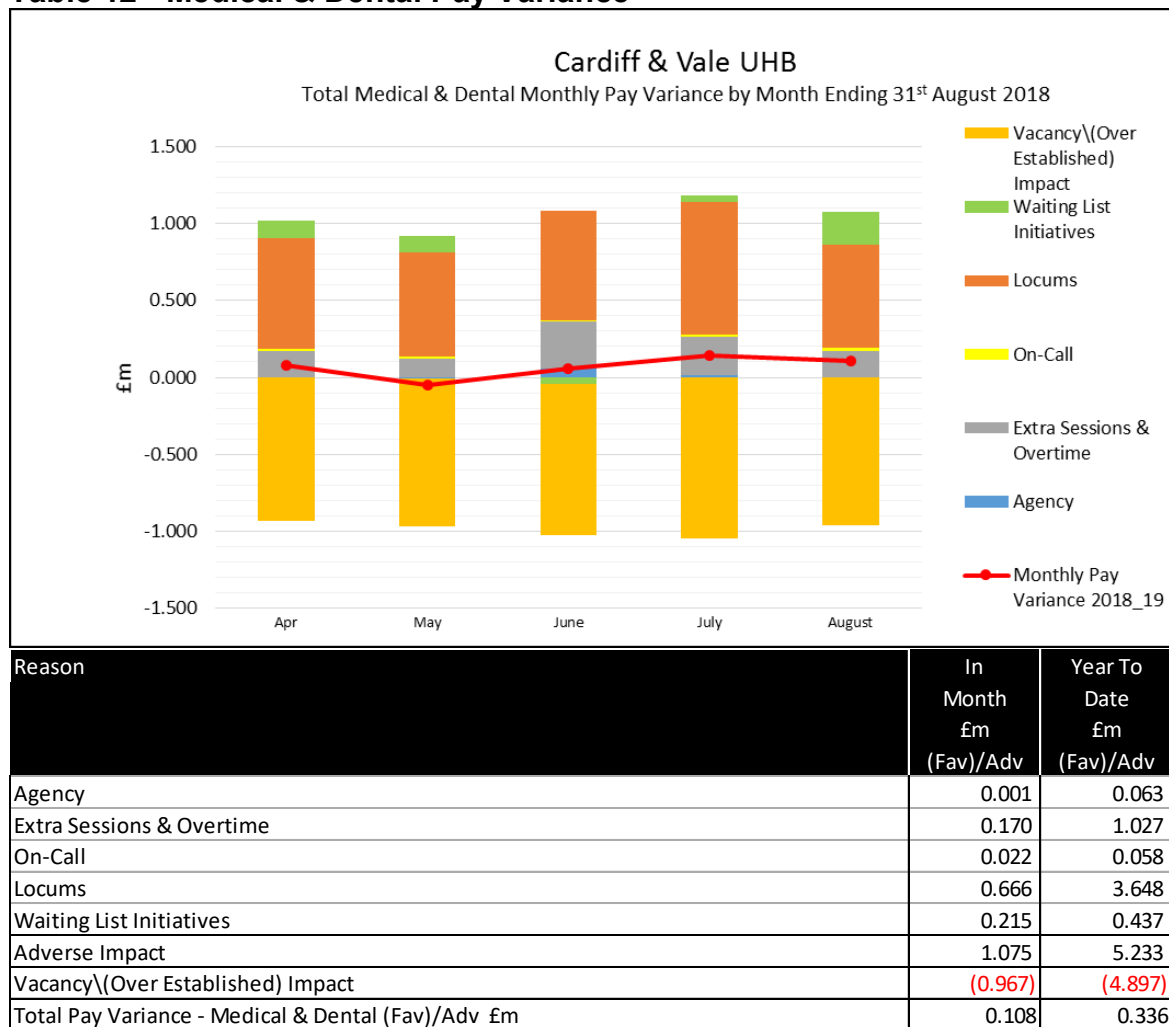
Table 11 - Total Nursing Staff Pay Variance


Table 11 identifies expenditure against substantive nursing posts for the year to date which is £1.092m more than budget. The £7.298m surplus against established posts is offset by a £8.390m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2018/19.

Table 12 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an overspend of £0.336m at month 5.

Table 12 - Medical & Dental Pay Variance


The key areas of concern are a £0.114m in month overspend and a £0.403m cumulative overspend within the Women and Children Clinical Board and a £0.084m in month overspend and a cumulative £0.279m overspend in the CD&T Clinical Board. These are offset by underspends elsewhere.

Non Pay

Table 13 highlights an in month underspend of £0.081m and a £0.065m cumulative underspend against non pay budgets.

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

Table 13: Non Pay Variance @ August 2018

Non Pay	In Month			Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	7.963	8.496	0.532	39.769	40.905	1.135
Commissioned Services	13.860	13.906	0.046	69.603	69.385	(0.218)
Continuing healthcare	5.103	5.246	0.143	25.033	25.290	0.257
Drugs / Prescribing	12.512	12.136	(0.376)	62.408	61.699	(0.710)
Establishment expenses	0.959	1.040	0.081	4.408	4.328	(0.079)
General supplies & services	0.677	0.696	0.019	3.282	3.488	0.207
Other non pay	5.312	4.708	(0.604)	22.769	22.004	(0.765)
Premises & fixed plant	3.080	3.141	0.061	13.604	13.707	0.103
Primary Care Contractors	15.438	15.455	0.016	67.547	67.551	0.004
Total £m	64.906	64.824	(0.081)	308.423	308.358	(0.065)

LTA Commissioner Performance

The UHB spends circa £160m commissioning healthcare services for its population through contracts with WHSSC, LHBs and Velindre. A favourable Month 5 variance of £0.436m is shown in Table 14 and is largely driven by the UHBs performance on contracts, including:

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

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

Table 14: Month 4 LTA Commissioner Position

	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	120.240	49.741	49.786	0.045
Velindre	16.406	6.863	6.603	(0.260)
LHBs	22.817	9.404	8.987	(0.417)
Other / NCAs	1.290	0.538	0.733	0.196
	160.754	66.545	66.109	(0.436)

The overall position on commissioned services is £0.2m worse than the LTA position however mainly due to out of area placements in Mental Health and additional demand on hospice placements.

Financial Performance of Clinical Boards

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

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

Clinical Board	M4 Budget Variance £m	M5 Budget Variance £m	In Month Variance £m	Cumulative % Variance
Clinical Diagnostics & Therapies	0.094	0.306	0.212	0.70%
Children & Women	0.491	0.643	0.152	1.58%
Capital Estates & Facilities	0.137	0.118	(0.019)	0.46%
Dental	0.043	0.119	0.076	1.46%
Executives	(0.202)	(0.286)	(0.083)	(1.88%)
Medicine	0.468	0.687	0.218	1.44%
Mental Health	0.482	0.560	0.078	1.83%
PCIC	(0.428)	(0.722)	(0.294)	(0.53%)
Specialist	0.050	0.203	0.153	0.30%
Surgery	0.445	0.582	0.138	1.10%
Central Budgets	(1.019)	(1.423)	(0.404)	(1.72%)
SubTotal	0.562	0.788	0.226	0.14%
Planned Deficit	3.300	4.125	0.825	0.75%
Total	3.862	4.913	1.051	0.89%

In month and cumulative overspends were reported by 7 Clinical Boards in August. The largest in month overspend was in Medicine where the in month overspend on nursing accounted for £0.152m out of a total in month overspend of £0.218m. Pay pressures accounted for £0.138m of the £0.212m in month overspend in Clinical Diagnostics and Therapies. The in month overspend in the Specialist Clinical Board is primarily due to clinical supplies, theatres, radiology and laboratory services

In Women & Children in month overspends were driven by medical staff budgets and the shortfall against savings targets and the overspend in the Surgery Clinical Board was shortfalls against the savings target and overspend in clinical services and supplies.

All Budget holders have been asked to finalise a detailed forecast position profiled for the remainder of the year and this is now due to be completed by the end of September.

Savings Programme

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

At month 5 the UHB has fully identified schemes to deliver against the £33.780m savings target as summarised in Table 16. This includes income generation schemes of £2.421m and accounting gains of £4.347m. Clinical Boards identified further schemes in month and those that have not yet achieved their target are still required to prioritise the identification and implementation of savings schemes as a matter of urgency to ensure that they meet their delegated targets.

Table 16: Progress against the 2018/19 Savings Programme at Month 5

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

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

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

Underlying Financial Position

A key risk to the UHB is its c/f deficit from 2018/19 into 2019/20. The recurrent underlying deficit in 2017/18 b/f into 2018/19 was £49.0m. If the 2018/19 plan is successfully delivered this would reduce to £39.1m by the year end. This is shown in Table 17.

Table 17: Summary of Underlying Financial Position

	2018/19 Plan £m	Forecast Position @ Month 4	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	49.000	0.000	49.000
Income	(33.958)	14.000	(19.958)
Cost pressures less mitigating actions	37.904		37.904
Less CIPs (includes £3.517m income generation & NR technical opportunities)	(33.780)	8.445	(25.335)
Unallocated Reserves (Positive Value)	(3.545)	0.995	(2.550)
Other mitigating actions required to deliver the financial improvement target	(5.721)	5.721	0.000
Deficit £m	9.900	29.161	39.061

Key points to note in the forecast underlying position are:

- The UHB has received £4m non recurrent income from Welsh Government in recognition of 2017/18 financial performance;
- Welsh Government confirmed an additional £10m of non-recurrent Annual Operating Plan funding in July 2018.
- The 1% non-recurrent savings target included in the plan of £8.445m;
- Of the £9.266m Financial Improvement Target, £3.545m has been identified through unallocated reserves of which £2.550m has been identified recurrently being the Welsh Risk Pool (£0.550m) and curtailing spend on investments (£2.000m) and £0.995m non recurrently through curtailing investments (£0.700m) and cost pressure funding (£0.295m). An additional £5.721m non recurrent opportunities have been identified to fully deliver the financial improvement target.

Balance Sheet

The in year decrease in the carrying value of property, plant & equipment is due to in year depreciation charges being higher than in year spend on capital projects.

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

Overall trade debtors have fallen by £1.6m since the start of the year largely as a result of monies received in July from the Welsh Risk Pool to reimburse the UHB for clinical negligence settlements and also due to a re-assessment of a significant case where the likelihood of success has moved from probable to possible. These issues have also led to a reduction to the levels of provisions held during the month. The reduction in debtors with the Welsh Risk Pool is in part offset by an increase in the level of debtors as a result of anticipated income due to be repatriated to the UHB from the Partnership Agreement with the County Council of the City and County of Cardiff and Vale Of Glamorgan Council in relation to a pooled fund for care home accommodation services for older people

The value of Trade and other payables has fallen by around £40m since the start of the year due to a £13m reduction in capital creditors and the cash settlement of clinical negligence claims and year end commissioner risk sharing liabilities with WHSCC and other LHB's. The reduction in the number of creditors held has made a positive impacted on the UHB's public sector payment compliance performance.

Cash Flow Forecast

The closing cash balance for the month is higher than anticipated due to unexpected receipts from other bodies late in the month.

Amounts shown on the sale of assets line in Appendix 3 reflect the full value of anticipated in year sale proceeds. The UHB expects to reinvest £1.403m of these receipts in the purchase of property, plant & equipment.

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

- (i) Strategic Cash Assistance £9.900m
- (ii) Capital Working Balance Cash £13.050m
- (iii) Revenue Working Balance Cash £3.699m

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

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

A reconciliation of the opening and closing cash position reported is shown below in Table 18.

Table 18: Forecast movement in cash position 2018/19

Description	£m
Opening Cash balance	1.856
Working balances arising	(16.749)
Management Actions (managing suppliers)	tbc
Forecast Deficit	(9.900)
Approved Cash Assistance & Working Balances Cash	tbc
Forecast Cash Deficit £m	(24.793)

Public Sector Payment Compliance

The UHB's cumulative performance to the end of August is 95.3%. This is a cumulative improvement of 0.4% in month with an in-month compliance rate of 96.6% in August 2018.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of August 2018 is summarised in Table 19.

Table 19: Progress against Capital Resource Limit @ August 2018

	£m
Planned Capital Expenditure at month 5	11.928
Actual net expenditure against CRL at month 5	12.848
Variance against planned Capital Expenditure at month 5	0.920

Capital progress improved in month, with net spend to the end of August accounting for 39% of the UHB's approved CRL. The reported net spend to the end of August is £0.920m above the planned spend profile and year end expenditure is expected to be within the Capital Resource Limit. Planned spends for the year reflect the latest CRL received from Welsh Government dated 12th July 2018. Therefore there has been no change to the UHBs CRL in the month of August.

Financial Risks

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

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

Key Concerns and Recovery Actions

At month 4, the key concerns and challenges are set out below:

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

Action - The UHB has identified corporate opportunities to cover the gap against the devolved saving target. The gap against the devolved savings target narrowed in month and in addition, all budget holders are still required to prioritise the identification and implementation of schemes as a matter of urgency to ensure that Clinical Boards meet their delegated targets. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

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

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

3. Concern - Managing within current budgets.

Action – Net operational overspends increased by £0.2m in month to £0.8m. Overspending Clinical Boards will need to provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

4. Concern - Managing down the underlying deficit.

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

CONCLUSION

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

The reported financial position for the first five months is a deficit of £4.913m. This is made up of a budget plan deficit of £4.125m and an adverse variance against plan of £0.788m.

Appendix 1

Month 5 In-Year Effect

Clinical Board	18-19 Target	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	6,600	6,804	122	6,926	4.20	150	-326
Capital Estates and Facilities	2,580	1,822	758	2,580	4.00	133	0
Specialist Services	4,038	3,712	396	4,108	4.07	643	-70
Medicine	3,754	2,144	1,366	3,509	3.74	531	245
Surgery	4,714	3,802	449	4,251	3.61	1,400	463
CD&T	3,442	2,015	1,107	3,122	3.63	866	320
Mental Health	2,940	2,258	307	2,565	3.49	20	375
Children & Women	3,550	1,669	1,331	3,001	3.38	699	549
Corporate Execs	1,362	883	23	906	2.66	457	456
Dental	800	211	22	233	1.17	84	567
Total	33,780	25,320	5,881	31,201	3.69	4,983	2,579

2018-19 Full Year Effect

Clinical Board	3% Recurrent	Green	Amber	Total Green & Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	%	£'000	£'000
PCIC	4,950	5,764	122	5,886	3.57	424	-936
Capital Estates and Facilities	1,935	864	1,145	2,009	3.11	380	-74
Specialist Services	3,029	2,362	487	2,849	2.82	853	180
Medicine	2,816	1,601	2,261	3,862	4.12	724	-1,047
Surgery	3,536	3,052	492	3,543	3.01	2,676	-8
CD&T	2,582	935	1,733	2,668	3.10	1,053	-86
Mental Health	2,205	1,535	307	1,842	2.51	20	363
Children & Women	2,663	920	1,626	2,546	2.87	814	116
Corporate Execs	1,022	495	13	507	1.49	491	514
Dental	600	94	0	94	0.47	110	506
Total	25,335	17,622	8,185	25,807	3.06	7,545	-472

Appendix 2

BALANCE SHEET AS AT 31st AUGUST 2018

	Opening Balance 1 st April 2018	Closing Balance 31 st August 2018
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	657,424	661,305
Intangible assets	2,245	1,890
Trade and other receivables	57,469	39,382
Other financial assets		
Non-Current Assets sub total	717,138	702,577
Current Assets		
Inventories	15,697	17,230
Trade and other receivables	166,189	182,662
Other financial assets	0	0
Cash and cash equivalents	1,856	6,147
Non-current assets classified as held for sale	0	0
Current Assets sub total	183,742	206,039
TOTAL ASSETS	900,880	908,616
Current Liabilities		
Trade and other payables	180,290	140,535
Other financial liabilities	0	0
Provisions	120,512	135,318
Current Liabilities sub total	300,802	275,853
NET ASSETS LESS CURRENT LIABILITIES	600,078	632,763
Non-Current Liabilities		
Trade and other payables	9,635	9,397
Other financial liabilities	0	0
Provisions	60,471	36,547
Non-Current Liabilities sub total	70,106	45,944
TOTAL ASSETS EMPLOYED	529,972	586,819
FINANCED BY:		
Taxpayers' Equity		
General Fund	417,207	472,144
Revaluation Reserve	112,765	114,675
Total Taxpayers' Equity	529,972	586,819

Appendix 3

CASH FLOW FORECAST AS AT 31st AUGUST 2018

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	86,045	81,620	90,750	61,720	82,480	66,170	67,985	81,985	79,785	64,986	76,185	43,033	882,744
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,590	1,380	1,540	1,650	1,560	1,560	1,560	1,560	1,560	1,560	2,258	19,378
WG Revenue Funding - Other (e.g. invoices)	3,850	3,165	2,366	2,378	2,378	2,378	2,378	2,378	2,378	4,549	2,378	4,549	35,125
WG Capital Funding - Cash Limit	8,000	6,000	1,500	1,600	7,200	4,300	3,200	1,208	0	0	0	0	33,008
Sale of Assets	0	0	0	170	0	0	0	0	270	0	1,300	120	1,860
Income from other Welsh NHS Organisations	32,230	31,149	46,893	34,472	37,820	29,293	34,733	37,964	32,640	27,230	30,343	35,786	410,553
Other - (Specify in narrative)	8,139	5,359	5,198	14,605	7,264	6,115	7,281	5,879	5,002	5,902	5,867	7,589	84,200
TOTAL RECEIPTS	139,864	128,883	148,087	116,485	138,792	109,816	117,137	130,974	121,635	104,227	117,633	93,335	1,466,868
PAYMENTS													
Primary Care Services : General Medical Services	5,267	4,164	8,167	4,908	4,136	6,891	4,158	4,158	6,891	4,158	4,154	6,891	63,943
Primary Care Services : Pharmacy Services	134	135	123	106	128	125	125	125	250	500	250	250	2,251
Primary Care Services : Prescribed Drugs & Appliances	7,008	7,632	15,311	3	15,429	0	7,600	15,200	7,600	0	7,600	7,600	90,983
Primary Care Services : General Dental Services	1,755	1,800	1,766	1,974	1,684	1,795	1,795	1,795	1,795	1,795	1,795	1,795	21,544
Non Cash Limited Payments	1,958	2,086	2,111	2,093	2,040	2,065	2,065	2,065	2,065	2,065	2,065	2,065	24,743
Salaries and Wages	47,471	47,804	47,732	47,215	47,466	47,332	47,506	47,823	47,585	47,794	48,262	48,080	572,070
Non Pay Expenditure	54,604	51,324	57,727	54,191	43,759	43,488	41,655	41,716	42,121	42,276	42,232	40,660	555,753
Capital Payment	12,496	1,679	1,935	2,308	6,862	3,589	3,343	3,178	2,774	2,722	2,341	4,233	47,460
Other items (Specify in narrative)	8,721	8,960	17,124	3,343	15,233	4,563	8,925	14,925	10,563	2,925	8,925	10,563	114,770
TOTAL PAYMENTS	139,414	125,584	151,996	116,141	136,737	109,848	117,172	130,985	121,644	104,235	117,624	122,137	1,493,517
Net cash inflow/outflow	450	3,299	(3,909)	344	2,055	(32)	(35)	(11)	(9)	(8)	9	(28,802)	
Balance b/f	1,856	2,306	5,605	1,696	2,040	4,095	4,063	4,028	4,017	4,008	4,000	4,009	
Balance c/f	2,306	5,605	1,696	2,040	4,095	4,063	4,028	4,017	4,008	4,000	4,009	(24,793)	

Approved CRL issued July 12 th 2018 £'000s	33,008
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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

Workforce Key Performance Indicators August 2018

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	Performance vs Target & Comparison with Previous Month	2018-19 target	Notes
1. Sickness Absence Rate	5.07%	4.76%	5.02%	↑ 0.06%	4.60%	YTD is cumulative rate from April to date
1a. Sickness Absence Rate (12-Months ago comparator)	4.87%	4.60%	4.77%	↑ 0.04%	4.20%	All data here relates to 2017-18, for comparative purposes
2. Job Plan Compliance	50.80%				85.00%	Compliance - a recorded job plan in ESR with a review having taken place within the last 12 months.
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.69%	6.69%	↑ 0.34%	6.34%	Excludes junior medical staff in training
4. Pay Bill Over/Underspend	-0.43%	-0.03%	0.12%	↑ 0.04%	Underspend	YTD is April-18 to current month, value shown is the amount of over/underspend as a % of budget
5. Variable Pay Rate	8.06%	8.52%	8.74%	↑ 0.06%	No target	YTD is April-18 to current month, value shown is variable pay as a % of pay bill
6. Establishment (Budget) WTE	13554.74		13752.65	↑ 21.48 WTE	No target	
7. Actual (Contracted) WTE	12738.43		12687.47	↓ 90.99 WTE	No target	
8. Fire Safety Mandatory Training Rate	65.32%	67.56%	67.56%	↓ 0.05%	85.00%	YTD is 12-month cumulative rate
9. PADR Rate	57.19%	59.00%	59.00%	↓ 0.35%	85.00%	YTD is 12-month cumulative rate

Key Messages:

Enablers (WOD)	Operational Implementation (Clinical Boards)
<ul style="list-style-type: none"> • Nurse Recruitment: The August 2018 nurse vacancy rate at Band 5 was 18.01% (355 vacancies), up by 5.58% from August 2017. Turnover has fallen by 0.26% over the same period to 12.22%. There has been a net decrease of 73 wte fewer in post, and 115 wte more vacancies than a year ago. Nurse Workforce Sustainability Plan being implemented to further progress this position. • PADR: The whole PADR process and documentation is currently being reviewed and links being explored to incorporate the talent management discussion. A survey has been developed to explore and understand why PADRs are not taking place and will be circulated end September 2018. Further training dates have been planned; also the document for recording PADRs has been updated to incorporate the revised values and behaviours framework. 	

- **Medical Recruitment:** As at end of August 2018 there are 26.00 WTE hard-to-fill vacancies, 3 WTE of which are consultant posts. This represents 1.84% of the M&D workforce. Specific workforce plans are being developed to address hard-to-fill medical posts.
- **Statutory and Mandatory Training:** Dates for classroom based Mandatory September have been advertised and dates for November being agreed with the trainers. The Training Needs Analysis (TNA) for mandatory training (level 1 awareness raising) is currently being uploaded into ESR; this will enable staff to view, via the ESR compliance matrix, the mandatory training they are required to undertake and the refresher period - communications are being shared widely. Phase 2 will involve identifying level 2 and 3 training requirements for each role, this will be uploaded into ESR over the next couple of months. Alongside this user guides are being developed and updated, which will include instructions for managers to run their own compliance reports for their departments.
- **Staff Engagement:** : The All Wales Staff Survey deadline has passed; the UHBs final response rate was 23% and the All Wales response rate was 29%; an improvement on 2013. The results of the national and local surveys will be formally launched on the 1st October and Quality Health will provide feedback to the Executive Team shortly after. Training on the reporting tool is taking place during September which will allow more detailed analysis to be run. One of the 7 transformational enablers is reinvigorating the values and behaviours into action piece of work, this is currently being scoped and a proposal went to management exec on the 3rd Sept 2018. This work will build upon our values and behaviours framework. Values Based Recruitment training is continuing, with a further 8 workshops planned until end December 2018. Also, an evaluation workshop is booked for end October 2018 to review how the process is working in practice.

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

	WTE	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Corporate	674.95	2.59%	2.10%	2.15%	2.22%	2.37%	2.48%	2.64%	2.69%	2.71%	3.76%	3.71%	3.71%	3.52%	3.31%
CDT	2068.90	3.68%	3.46%	3.62%	3.70%	3.76%	3.81%	3.87%	3.93%	3.96%	3.56%	3.59%	3.62%	3.60%	3.58%
Children & Women	1664.92	4.30%	4.20%	4.22%	4.30%	4.40%	4.54%	4.70%	4.77%	4.74%	3.98%	3.93%	4.00%	4.16%	4.32%
Surgical Services	1727.70	4.42%	4.48%	4.50%	4.59%	4.66%	4.78%	4.88%	4.94%	4.90%	4.65%	4.61%	4.65%	4.65%	4.70%
Dental	383.83	3.39%	3.49%	3.59%	3.54%	3.48%	3.48%	3.50%	3.50%	3.54%	3.89%	4.44%	4.61%	4.81%	4.73%
Specialist Services	1635.12	4.12%	4.04%	4.13%	4.12%	4.13%	4.23%	4.39%	4.49%	4.52%	5.05%	4.97%	4.78%	4.76%	4.85%
PCIC	659.95	4.67%	4.71%	4.72%	4.81%	4.93%	5.09%	5.24%	5.32%	5.19%	4.43%	4.87%	4.94%	5.24%	5.36%
Medicine	1563.36	5.16%	5.51%	5.49%	5.51%	5.51%	5.55%	5.65%	5.74%	5.75%	5.16%	5.19%	5.33%	5.49%	5.61%
Capital, Estates & Facilities	1078.39	7.05%	7.71%	7.62%	7.66%	7.70%	7.93%	8.07%	7.98%	7.88%	5.89%	5.30%	5.30%	5.54%	5.78%
Mental Health	1230.35	6.09%	6.39%	6.39%	6.49%	6.71%	6.90%	6.98%	6.97%	6.81%	5.06%	5.37%	5.71%	5.81%	5.84%
uHB	12687.47	4.60%	4.66%	4.69%	4.75%	4.82%	4.93%	5.05%	5.10%	5.07%	4.56%	4.57%	4.62%	4.70%	4.76%

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

Note:

This new indicator shows the sickness absence rate calculated on a cumulative basis from April 1st, so the May rate is the sum of absence for April and May represented as a percentage of the sum of availability for April and May, and so on. This replicates the methodology utilised by Finance for reporting pay spend.

The RAG-rating for sickness for August 2017 to March 2018, as shown in each of the 3 matrices, are based on the 2017-18 sickness targets (overall 4.20%).

Sickness Rate (In-Month)

	WTE	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Corporate	674.95	2.59%	2.15%	2.42%	2.62%	3.42%	3.37%	4.10%	3.50%	3.38%	3.76%	3.66%	3.71%	2.97%	2.47%
CDT	2068.90	3.68%	3.92%	4.48%	4.21%	4.27%	4.28%	4.45%	4.72%	4.40%	3.56%	3.62%	3.68%	3.55%	3.49%
Dental	383.83	3.39%	4.24%	4.25%	3.42%	3.24%	3.64%	3.75%	3.69%	4.31%	3.89%	4.98%	4.96%	5.37%	4.42%
Surgical Services	1727.70	4.42%	4.72%	4.57%	5.11%	5.16%	5.76%	5.85%	5.69%	4.49%	4.65%	4.57%	4.74%	4.65%	4.90%
Children & Women	1664.92	4.30%	4.12%	4.34%	4.79%	5.14%	5.63%	6.15%	5.55%	4.52%	3.98%	3.89%	4.13%	4.64%	4.94%
Specialist Services	1635.12	4.12%	3.99%	4.61%	4.12%	4.30%	5.04%	5.80%	5.40%	4.71%	5.05%	4.88%	4.41%	4.69%	5.19%
PCIC	659.95	4.67%	5.46%	4.85%	5.47%	5.89%	6.46%	6.78%	6.35%	4.04%	4.43%	5.29%	5.09%	6.13%	5.82%
Mental Health	1230.35	6.09%	6.63%	6.37%	7.08%	8.32%	8.31%	7.56%	7.05%	5.45%	5.06%	5.68%	6.40%	6.11%	5.94%
Medicine	1563.36	5.16%	6.21%	5.40%	5.60%	5.50%	5.85%	6.48%	6.59%	5.83%	5.16%	5.22%	5.64%	5.96%	6.07%
Capital, Estates & Facilities	1078.39	7.05%	8.79%	7.15%	7.89%	8.02%	9.73%	9.26%	7.01%	6.80%	5.89%	4.74%	5.31%	6.21%	6.72%
uHB	12687.47	4.60%	5.01%	4.91%	5.10%	5.36%	5.84%	6.07%	5.69%	4.87%	4.56%	4.57%	4.74%	4.92%	5.02%

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

Sickness Rate (12- Month Cumulative)

	WTE	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Corporate	674.95	2.59%	2.46%	2.48%	2.40%	2.42%	2.41%	2.55%	2.58%	2.71%	2.88%	3.01%	3.16%	3.21%	3.28%
CDT	2068.90	3.68%	3.77%	3.77%	3.80%	3.75%	3.81%	3.83%	3.86%	3.96%	4.09%	4.08%	4.08%	4.08%	4.05%
Dental	383.83	3.39%	3.82%	3.86%	3.81%	3.70%	3.64%	3.50%	3.49%	3.54%	3.77%	3.82%	3.90%	4.15%	4.16%
Children & Women	1664.92	4.30%	4.40%	4.47%	4.52%	4.49%	4.59%	4.66%	4.70%	4.74%	4.78%	4.79%	4.75%	4.74%	4.81%
Specialist Services	1635.12	4.12%	4.43%	4.45%	4.34%	4.28%	4.35%	4.40%	4.40%	4.52%	4.57%	4.69%	4.68%	4.72%	4.87%
Surgical Services	1727.70	4.42%	4.78%	4.83%	4.85%	4.78%	4.89%	4.93%	4.96%	4.90%	4.91%	4.94%	4.99%	5.02%	5.01%
PCIC	659.95	4.67%	5.05%	4.98%	4.94%	4.96%	5.15%	5.28%	5.38%	5.19%	5.18%	5.28%	5.39%	5.52%	5.55%
Medicine	1563.36	5.16%	5.57%	5.62%	5.63%	5.49%	5.49%	5.53%	5.63%	5.75%	5.74%	5.79%	5.78%	5.78%	5.77%
Mental Health	1230.35	6.09%	6.33%	6.34%	6.40%	6.56%	6.70%	6.84%	6.84%	6.81%	6.76%	6.66%	6.67%	6.65%	6.60%
Capital, Estates & Facilities	1078.39	7.05%	7.56%	7.56%	7.61%	7.60%	7.83%	7.99%	7.96%	7.88%	7.83%	7.61%	7.43%	7.25%	7.06%
uHB	12687.47	4.60%	4.86%	4.89%	4.89%	4.86%	4.94%	5.01%	5.04%	5.07%	5.11%	5.12%	5.12%	5.13%	5.14%

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

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

	WTE	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Capital, Estates & Facilities	1078.39	6.34%	3.65%	3.73%	4.21%	4.35%	4.46%	4.74%	4.37%	4.20%	4.07%	3.86%	4.23%	4.28%	4.65%
CDT	2068.90	6.34%	6.81%	6.85%	6.63%	6.46%	6.81%	6.68%	7.04%	6.98%	7.40%	7.48%	7.01%	6.96%	7.41%
Children & Women	1664.92	6.34%	5.90%	5.95%	5.50%	5.73%	5.46%	5.39%	5.29%	5.64%	5.72%	5.58%	6.01%	6.11%	6.93%
Corporate	674.95	6.34%	6.73%	6.63%	7.07%	6.71%	7.14%	7.13%	6.77%	6.51%	6.22%	5.90%	6.44%	7.04%	7.29%
Dental	383.83	6.34%	2.55%	3.27%	3.15%	3.27%	3.09%	2.54%	2.38%	2.73%	3.10%	2.95%	3.12%	2.89%	4.18%
Medicine	1563.36	6.34%	7.19%	6.77%	7.20%	7.22%	7.14%	6.81%	6.91%	7.02%	6.79%	6.77%	6.42%	6.49%	6.67%
Mental Health	1230.35	6.34%	6.10%	6.46%	5.74%	5.70%	5.51%	5.62%	5.55%	5.72%	5.60%	5.18%	5.25%	5.15%	5.70%
PCIC	659.95	6.34%	9.63%	10.23%	10.90%	10.86%	10.86%	9.99%	10.22%	10.37%	10.37%	10.63%	10.36%	10.23%	10.65%
Specialist Services	1635.12	6.34%	6.51%	6.80%	6.84%	7.28%	6.96%	6.46%	6.66%	6.96%	7.09%	6.92%	6.81%	6.81%	6.71%
Surgical Services	1727.70	6.34%	5.93%	6.03%	6.09%	5.92%	5.63%	5.80%	5.62%	5.92%	5.99%	6.00%	6.32%	6.56%	6.44%
uHB	12687.47	6.34%	6.25%	6.35%	6.36%	6.38%	6.33%	6.19%	6.20%	6.34%	6.38%	6.29%	6.31%	6.37%	6.69%

Worse than March
2018 rate (6.34%)

Better than March
2018 rate (6.34%)

Note:
Voluntary Resignation Turnover represents the number of leavers in a 12-month period where the recorded reason for leaving is voluntary resignation, represented as a percentage of the average of the number of staff for the same 12-month period.
Turnover data in respect of junior medical staff in training has been excluded from these calculations. There are other areas (notably Dental) that are training centres where student turnover may skew the turnover rates.

6 & 7. uHB Staffing Position

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Change since March 18
Worked WTE	12893.14	12937.81	12896.59	12897.38	13038.92	12977.01	12997.31	13035.00	13049.31	12991.99	12996.03	12797.28	12737.56	12905.15	-144.16
Establishment WTE	13485.23	13520.24	13554.61	13519.36	13510.43	13517.18	13474.49	13514.62	13554.74	13656.97	13834.54	13736.93	13731.17	13752.65	197.91
Actual (Contracted) WTE	12591.86	12579.02	12710.07	12684.55	12771.19	12830.08	12800.43	12789.43	12738.43	12774.81	12717.21	12685.27	12778.46	12687.47	-50.95

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

	Headcount	% With No Recorded Plan	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
CDT			35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%				Under 75%
Children & Women			60.75%	62.96%	66.67%	66.04%	61.68%	57.41%	54.21%	53.27%	52.78%	50.91%				75% - 85%
Dental			38.60%	42.11%	73.68%	73.68%	76.79%	79.63%	77.78%	74.07%	70.91%	72.22%				Over 85%
Medicine			28.85%	31.43%	43.40%	43.40%	41.12%	39.62%	44.23%	45.28%	42.86%	40.95%				
Mental Health			58.82%	55.10%	52.08%	43.75%	40.43%	35.42%	28.57%	22.45%	18.37%	17.39%				
PCIC			90.91%	70.00%	70.00%	70.00%	70.00%	70.00%	77.78%	100.00%	100.00%	88.89%				
Specialist Services			42.06%	38.53%	40.54%	38.39%	33.04%	33.63%	30.09%	32.74%	31.03%	42.31%				
Surgical Services			9.42%	8.95%	10.05%	11.64%	24.74%	23.94%	71.96%	71.28%	70.21%	70.05%				
Capital, Estates & Facilities																
Corporate																
uHB			35.04%	34.59%	40.03%	39.22%	40.90%	39.71%	51.31%	50.80%	48.99%	50.15%				

Source - ESR

Note:

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

Job Plans Compliance - % Consultants with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
CDT			35.09%	33.33%	33.33%	31.75%	31.75%	31.75%	25.40%	22.22%	19.35%	16.39%			
Children & Women			67.05%	69.66%	70.79%	70.11%	64.77%	60.23%	55.06%	56.18%	52.81%	50.55%			
Dental			76.19%	80.95%	90.48%	90.48%	95.24%	100.00%	95.24%	90.00%	85.00%	95.00%			
Medicine			33.33%	36.36%	50.56%	50.00%	47.19%	45.45%	51.16%	52.27%	49.43%	47.67%			
Mental Health			58.06%	53.33%	53.33%	46.67%	41.38%	36.67%	25.81%	16.67%	23.33%	25.00%			
PCIC			85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			
Specialist Services			45.83%	41.84%	44.00%	43.00%	37.00%	37.62%	33.66%	34.31%	32.38%	45.16%			
Surgical Services			9.78%	9.29%	10.44%	12.09%	25.14%	24.31%	74.18%	73.48%	72.38%	72.22%			
Capital, Estates & Facilities															
Corporate															
uHB			36.78%	36.68%	40.17%	39.69%	41.45%	40.31%	53.89%	53.02%	51.21%	53.36%			

Job Plans Compliance - % SAS Doctors with Reviewed Job Plans

	Headcount	% With No Recorded Plan	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Children & Women			31.58%	31.58%	47.37%	47.37%	47.37%	45.00%	50.00%	38.89%	52.63%	52.63%			
Dental			16.67%	19.44%	63.89%	63.89%	65.71%	66.67%	66.67%	64.71%	62.86%	58.82%			
Medicine			5.88%	5.88%	5.88%	11.11%	11.11%	11.11%	11.11%	11.11%	11.11%	10.53%			
Mental Health			60.00%	57.89%	50.00%	38.89%	38.89%	33.33%	33.33%	31.58%	10.53%	5.56%			
PCIC			100.00%	25.00%	25.00%	25.00%	25.00%	25.00%	33.33%	100.00%	100.00%	50.00%			
Specialist Services			9.09%	9.09%	9.09%	0.00%	8.33%	8.33%	0.00%	18.18%	18.18%	18.18%			
Surgical Services			0.00%	0.00%	14.29%	0.00%	14.29%	14.29%	14.29%	14.29%	14.29%	14.29%			
Capital, Estates & Facilities															
CDT															
Corporate															
uHB			26.32%	23.89%	39.29%	36.84%	38.05%	36.61%	37.61%	39.09%	37.50%	33.64%			

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

	Budget	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	April-18 to Date (£)
PCIC	£31,776,011	-3.07%	-3.13%	-2.99%	-2.85%	-2.57%	-2.67%	-2.68%	-2.02%	-4.27%	-3.12%	-2.61%	-2.50%	-2.90%	-£384,071
Specialist Services	£84,207,669	-0.90%	-0.83%	-0.93%	-0.85%	-0.97%	-0.94%	-0.79%	-0.89%	-1.87%	-1.96%	-1.69%	-1.95%	-2.05%	-£731,667
Dental	£16,992,555	0.12%	-0.15%	0.09%	0.04%	0.08%	0.06%	0.17%	0.10%	-3.13%	-2.09%	-1.65%	-1.82%	-1.64%	-£116,275
Capital, Estates & Facilities	£28,395,275	0.28%	0.27%	-0.08%	-0.22%	-0.26%	-0.11%	-0.22%	0.04%	2.51%	0.90%	1.53%	-0.23%	-0.72%	-£84,906
CDT	£81,987,487	-0.40%	-0.66%	-0.73%	-0.71%	-0.44%	-0.46%	-0.48%	-0.40%	-0.29%	-0.45%	-0.65%	-0.72%	-0.18%	-£62,331
Corporate	£30,421,782	-0.42%	-1.07%	-0.97%	-0.90%	-0.95%	-0.91%	-0.89%	-1.58%	1.25%	0.86%	1.64%	0.71%	-0.13%	-£16,555
Surgical Services	£90,927,699	-1.38%	-1.47%	-1.42%	-1.36%	-1.56%	-1.88%	-1.90%	-1.78%	1.08%	0.09%	-0.40%	-0.15%	0.13%	£51,203
Children & Women	£78,330,148	-0.13%	-0.06%	0.15%	0.40%	0.55%	0.45%	0.49%	0.50%	0.37%	0.30%	0.55%	0.66%	0.65%	£214,656
Mental Health	£50,813,728	-0.64%	-0.60%	-0.51%	-0.69%	-0.81%	-0.94%	-1.02%	-0.86%	1.68%	1.20%	1.32%	1.35%	1.29%	£275,579
Medicine	£79,164,932	2.12%	2.15%	2.04%	2.14%	1.97%	1.88%	1.79%	1.76%	1.64%	2.07%	2.18%	2.03%	2.19%	£746,785
uHB	£583,455,771	-0.30%	-0.41%	-0.40%	-0.34%	-0.35%	-0.44%	-0.44%	-0.43%	0.16%	-0.04%	0.05%	-0.07%	-0.03%	-£70,852

Over Budget
Under Budget

Note:

The pay budget for August 2018 was £49,419,340 and the pay bill was £49,478,038. This represents an overspend of £58,698. For the financial year 2018-19 the 12-month pay budget is £583,455,771.

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

	Budget	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Corporate	£30,421,782	2.38%	2.74%	2.69%	2.67%	2.60%	2.53%	2.52%	2.53%	2.84%	2.48%	2.29%	2.24%	2.32%
Capital, Estates & Facilities	£28,395,275	5.75%	5.57%	5.40%	5.27%	5.10%	5.28%	5.25%	5.50%	5.49%	6.30%	5.73%	3.27%	3.12%
Dental	£16,992,555	2.51%	2.46%	2.45%	2.51%	2.47%	2.56%	2.75%	2.84%	2.32%	2.79%	2.92%	2.99%	3.15%
PCIC	£31,776,011	4.65%	4.40%	4.21%	3.65%	3.75%	3.79%	3.88%	3.98%	3.23%	3.62%	3.40%	3.77%	3.74%
Children & Women	£78,330,148	4.39%	4.59%	4.63%	4.73%	4.69%	4.64%	4.68%	5.04%	4.41%	4.68%	4.96%	5.02%	5.14%
CDT	£81,987,487	4.72%	4.65%	4.55%	4.54%	4.51%	4.56%	4.71%	5.00%	5.30%	5.46%	5.39%	5.15%	5.36%
Specialist Services	£84,207,669	7.52%	7.58%	7.47%	7.53%	7.46%	7.47%	7.54%	7.98%	7.73%	7.78%	8.15%	8.59%	8.54%
Surgical Services	£90,927,699	8.96%	9.01%	8.99%	8.99%	8.87%	8.91%	9.13%	9.43%	9.58%	9.44%	9.55%	9.79%	9.98%
Mental Health	£50,813,728	9.57%	9.78%	10.10%	10.16%	10.16%	10.21%	10.30%	10.55%	10.56%	10.97%	11.18%	11.42%	11.48%
Medicine	£79,164,932	16.01%	15.93%	15.85%	16.13%	16.05%	16.09%	16.22%	16.60%	18.90%	18.37%	18.03%	17.95%	17.83%
uHB	£583,455,771	7.76%	7.78%	7.75%	7.72%	7.66%	7.70%	7.81%	8.06%	8.43%	8.46%	8.47%	8.46%	8.52%

No Target

Note:

The matrix above shows variable pay represented as a percentage of total pay bill. The percentage of spend on variable pay is 0.76% higher than for August 2017. The proportion of the paybill attributable to bank and agency for August 2018 (2.74%) is 2.80% lower than for August 2017.

Medicine: The increase in temporary staff in nursing was due to additional annual leave cover and is expected to reduce in September.

This was offset by a reduction in temporary medical staff costs (although overall medical costs increased in the month due to the impact of the junior Dr rotations which was £76k).

Mental Health: The cumulative variable pay expenditure within MH CB is mainly driven by nursing bank and agency expenditure. The high expenditure is mainly due to the need to cover nursing vacancies, sickness and continued high acuity levels which has resulted in a greater requirement of specialising and close observations. There have been known specific patients which have required periods of intense specialising and the costs of this have been identified as approximately £115k in the Adult Directorate to date and £25k within MHSOP Directorate.

The variable expenditure on Qualified Nursing, particularly agency, is on average £20k higher per month compared to 2017/18. The reasons for this increase is due to backfill of staff to provide specialising to specific patients between April and June. The overall nursing position has slightly improved in month with agency increasing but with bank expenditure decreasing, has resulted in a slightly better temporary spend position. The nursing financial position is being monitored closely by the Clinical Board and meetings are on-going with regard to recovery actions.

The medical variable pay is made up of both locums and Staff flow and is due to the requirement to fill/backfill vacancies, largely within the Community Mental Health Teams. The medical variable pay has seen a considerable increase in Staff flow costs within July and August with the expenditure doubling compared to the average of the first three months. This has been due to appointment of Medacs medical staff to cover vacancies on a short term basis due to holiday season pressures. The overall Medical variable pay had remained consistent for the period April to June 18 but increased significantly in July. August's position was on average for the period April to July.

Surgical Services: Agency, Bank and Overtime usage is unchanged and therefore still accounting for 51% of the total variable pay. Vacancies have reduced in month, but the variable pay has remained at a similar level as a number of the staff hired are supernumerary. In addition to increased annual leave and sickness.

Expenditure on Locums, Staff Flow, WLIs and Extra Sessions accounts for 45% and on-call accounting for the remaining 4%. There are still a number of Consultant/Junior vacancies, and so the spend is as a result of backfilling these posts.

Statutory and Mandatory Training Rate (12- Month Cumulative)

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Dental	570	74.67%	80.81%	85.34%	87.59%	87.92%	88.84%	88.94%	89.21%	88.70%	88.46%	88.41%	88.23%	87.75%
Corporate	784	71.04%	72.00%	75.06%	78.00%	78.51%	79.37%	81.03%	81.46%	81.93%	81.86%	81.38%	81.41%	80.77%
Children & Women	2086	64.55%	64.92%	66.32%	70.53%	71.65%	73.94%	76.33%	77.07%	80.78%	79.12%	79.49%	80.02%	80.16%
CDT	2378	77.57%	78.91%	79.80%	80.33%	80.10%	80.28%	80.51%	80.18%	79.03%	80.86%	80.73%	80.34%	79.71%
PCIC	910	63.37%	65.89%	69.20%	71.52%	72.24%	71.99%	73.24%	74.12%	75.92%	76.48%	77.56%	77.70%	77.01%
Mental Health	1424	59.53%	61.02%	61.32%	63.14%	64.06%	66.31%	68.33%	69.59%	72.29%	74.24%	74.83%	75.30%	75.27%
Specialist Services	1817	61.54%	60.99%	62.72%	64.96%	65.56%	67.09%	68.25%	68.44%	69.14%	70.13%	71.27%	72.27%	72.50%
Medicine	1801	50.98%	52.76%	55.85%	60.93%	62.65%	65.63%	67.46%	67.52%	68.71%	69.93%	71.45%	70.93%	71.67%
Capital, Estates & Facilities	1253	55.72%	57.17%	58.31%	60.15%	63.58%	64.30%	66.43%	65.04%	62.42%	61.05%	60.36%	64.87%	66.45%
Surgical Services	1976	52.27%	53.02%	55.04%	57.32%	59.49%	59.81%	60.27%	61.21%	62.71%	64.71%	65.54%	65.35%	65.76%
uHB	14999	62.36%	63.55%	65.43%	68.00%	69.14%	70.41%	71.73%	72.04%	73.01%	73.67%	74.14%	74.61%	74.76%

Under 75%
75% - 85%
Over 85%

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

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Equality	14999	70.46%	70.93%	72.01%	74.01%	75.26%	75.78%	76.54%	76.81%	77.83%	78.69%	79.16%	79.78%	79.87%
Fire	14999	52.99%	54.16%	57.47%	60.63%	61.57%	63.37%	64.74%	65.32%	66.98%	66.68%	66.51%	67.61%	67.56%
Health & Safety	14999	72.31%	73.35%	74.64%	76.75%	78.01%	78.81%	79.67%	80.22%	80.56%	81.79%	82.58%	83.11%	82.67%
IPC	14999	73.39%	74.14%	75.17%	76.97%	78.17%	78.87%	79.48%	79.82%	80.50%	82.24%	82.93%	82.85%	82.60%
Information Governance	14999	62.94%	64.60%	67.08%	69.77%	70.54%	71.16%	71.45%	70.69%	70.33%	68.20%	68.00%	68.49%	69.54%
Manual Handling	14999	62.95%	63.55%	64.77%	66.76%	67.63%	67.43%	69.15%	69.13%	69.13%	69.61%	69.86%	70.00%	70.74%
Resuscitation	14999	32.47%	35.58%	40.28%	44.46%	45.46%	50.67%	53.91%	53.87%	56.81%	59.28%	60.46%	61.53%	61.57%
Safeguarding Adults	14999	65.20%	66.23%	67.20%	69.61%	71.11%	72.11%	73.59%	74.39%	75.62%	76.20%	76.54%	76.55%	76.44%
Safeguarding Children	14999	65.37%	66.34%	67.57%	70.48%	71.70%	72.67%	73.91%	74.52%	75.50%	75.95%	76.63%	77.11%	77.01%
Violence & Aggression	14999	65.49%	66.62%	68.11%	70.56%	71.97%	73.27%	74.81%	75.58%	76.79%	78.08%	78.78%	79.03%	79.64%

Under 75%
75% - 85%
Over 85%

All staff (i.e. inclusive of junior medical staff in training) are expected to achieve and maintain compliance. Staff are being measured individually against 13 subjects (Dementia Awareness, Mental Capacity Act and Violence Against Women, Domestic Abuse and Sexual Violence have been added to the list of topics) but the Health Board compliance is calculated for the 10 subjects as listed.

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

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
PCIC	858		73.85%	78.16%	80.95%	77.91%	75.90%	74.22%	68.60%	71.20%	74.88%	72.95%	72.10%	71.68%
Specialist Services	1720		61.01%	61.45%	68.43%	66.21%	65.57%	65.40%	62.46%	63.28%	64.54%	66.93%	66.41%	66.10%
Dental	475		50.00%	55.11%	66.96%	68.94%	71.05%	70.11%	66.81%	68.12%	73.36%	68.21%	65.82%	64.21%
Children & Women	1971		51.44%	54.90%	64.43%	64.32%	66.58%	67.64%	60.74%	55.79%	63.52%	63.24%	64.04%	63.47%
Medicine	1688		49.37%	47.76%	58.39%	58.94%	62.79%	62.92%	57.85%	60.00%	60.68%	60.27%	61.87%	62.62%
Mental Health	1395		48.07%	50.15%	52.27%	49.21%	50.04%	49.70%	50.80%	57.53%	59.93%	58.68%	63.66%	62.58%
Capital, Estates & Facilities	1322		22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	53.83%	55.18%	54.99%
Corporate	772		55.31%	56.48%	57.29%	57.41%	57.16%	53.40%	52.56%	52.21%	52.67%	52.77%	52.77%	52.85%
Surgical Services	1790		49.70%	49.15%	57.83%	55.68%	53.20%	51.39%	48.07%	50.31%	52.08%	58.04%	52.31%	52.57%
CDT	2329		65.77%	64.97%	65.64%	63.96%	63.24%	60.92%	56.19%	63.27%	54.46%	51.56%	49.70%	48.73%
uHB	14320		53.15%	54.12%	60.03%	60.32%	61.14%	59.40%	57.19%	58.66%	59.54%	57.61%	59.35%	59.00%

Under 75%
75% - 85%
Over 85%

Note:

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

9a. Medical Appraisal Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
CDT	72		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	84.72%	86.11%	84.72%	83.56%	83.33%	84.72%
Children & Women	146		79.31%	79.66%	83.48%	82.50%	84.17%	79.69%	71.23%	68.92%	70.83%	71.03%	68.97%	70.55%
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%
Dental	50		72.92%	72.92%	72.92%	71.43%	65.96%	63.83%	65.22%	62.50%	64.58%	63.83%	55.32%	62.00%
Medicine	146		67.74%	66.46%	69.43%	70.20%	71.52%	71.05%	67.90%	67.90%	69.33%	70.12%	74.15%	73.97%
Mental Health	62		73.77%	73.02%	73.77%	73.77%	73.33%	75.41%	75.00%	78.33%	80.33%	75.41%	79.03%	80.65%
PCIC	7		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%
Specialist Services	155		70.51%	70.70%	73.46%	73.29%	75.32%	76.28%	76.58%	76.10%	76.25%	78.13%	77.56%	78.71%
Surgical Services	208		80.44%	79.65%	81.61%	81.17%	79.28%	78.73%	78.03%	78.57%	79.82%	80.18%	84.21%	85.58%
Capital, Estates & Facilities														
uHB	847		76.01%	75.70%	77.86%	77.71%	77.65%	76.83%	74.66%	74.49%	75.45%	75.68%	76.71%	78.04%

Under 75%
75% - 85%
Over 85%

9a i. Consultant Medical Appraisal Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
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		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Mental Health	33		85.71%	88.57%	87.88%	87.88%	81.25%	84.38%	81.82%	87.88%	93.94%	84.85%	87.88%	90.91%
Surgical Services	187		87.56%	86.53%	88.48%	87.89%	85.26%	85.11%	85.19%	86.32%	86.84%	87.30%	87.70%	88.77%
Medicine	96		82.47%	82.47%	87.63%	86.60%	85.57%	84.38%	85.57%	85.57%	87.63%	87.63%	87.50%	86.46%
CDT	71		87.14%	88.73%	88.89%	88.89%	87.50%	85.92%	85.92%	87.32%	85.92%	84.72%	84.51%	85.92%
Specialist Services	119		81.43%	82.30%	84.35%	84.21%	85.09%	83.33%	82.20%	84.75%	84.75%	84.75%	81.51%	84.03%
Children & Women	94		82.35%	83.53%	86.75%	87.88%	91.67%	87.50%	81.72%	77.42%	78.49%	78.95%	78.49%	79.79%
Dental	37		80.00%	80.00%	80.00%	82.05%	75.68%	72.97%	72.97%	72.97%	72.97%	72.97%	64.86%	72.97%
Capital, Estates & Facilities														
uHB	644		84.53%	84.87%	86.99%	86.81%	85.78%	84.52%	83.57%	84.21%	84.98%	84.57%	83.67%	85.25%

Under 75%
75% - 85%
Over 85%

9a ii. SAS Medical Appraisal Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
PCIC	1		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%
Children & Women	17		88.24%	88.24%	88.24%	88.24%	82.35%	82.35%	88.89%	88.89%	88.24%	88.24%	82.35%	82.35%
Specialist Services	10		63.64%	63.64%	66.67%	66.67%	66.67%	75.00%	72.73%	63.64%	72.73%	72.73%	80.00%	80.00%
Surgical Services	5		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Health	22		70.00%	70.00%	75.00%	70.00%	75.00%	76.19%	76.19%	76.19%	76.19%	71.43%	77.27%	77.27%
Medicine	19		82.35%	82.35%	82.35%	82.35%	82.35%	82.35%	77.78%	72.22%	72.22%	73.68%	73.68%	73.68%
Dental	13		37.50%	37.50%	37.50%	30.00%	30.00%	30.00%	33.33%	27.27%	36.36%	30.00%	20.00%	30.77%
Capital, Estates & Facilities														
CDT														
Corporate														
uHB	87		75.31%	75.31%	76.83%	73.81%	73.81%	75.00%	75.00%	70.93%	71.76%	71.43%	71.43%	71.26%

Under 75%
75% - 85%
Over 85%

9a iii. Clinical Fellow Medical Appraisal Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Specialist Services	25		36.67%	36.67%	40.63%	40.63%	43.33%	51.85%	51.85%	42.86%	41.38%	51.72%	56.00%	56.00%
Medicine	18		30.43%	28.00%	24.00%	25.00%	37.50%	40.00%	38.46%	42.31%	46.15%	46.15%	55.56%	55.56%
Surgical Services	13		20.83%	24.00%	25.00%	25.00%	25.00%	28.57%	29.17%	29.17%	33.33%	33.33%	50.00%	46.15%
Children & Women	24		55.56%	66.67%	77.78%	66.67%	72.73%	53.85%	28.57%	28.57%	34.78%	31.82%	29.17%	37.50%
Capital, Estates & Facilities														
CDT														
Corporate														
Dental														
Mental Health														
PCIC														
uHB	80		32.56%	33.71%	35.56%	35.87%	40.45%	43.02%	37.76%	36.36%	39.22%	41.58%	46.91%	48.75%

Under 75%
75% - 85%
Over 85%

9a iv. Other Medical Appraisal Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Surgical Services	3		66.67%	66.67%	66.67%	75.00%	100.00%	100.00%	40.00%	20.00%	25.00%	25.00%	33.33%	66.67%
Children & Women	11		40.00%	28.57%	33.33%	33.33%	25.00%	33.33%	42.86%	50.00%	54.55%	54.55%	54.55%	45.45%
Mental Health	7		16.67%	12.50%	12.50%	25.00%	37.50%	37.50%	33.33%	33.33%	28.57%	42.86%	42.86%	42.86%
Medicine	13		22.22%	21.05%	22.22%	15.38%	15.38%	13.33%	14.29%	14.29%	13.64%	18.18%	7.14%	7.69%
CDT	1								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Specialist Services	1		0.00%	0.00%	33.33%	33.37%	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Capital, Estates & Facilities														
Corporate														
Dental														
PCIC			100.00%	100.00%	100.00%	100.00%	100.00%	0.00%						
uHB	36		28.57%	24.39%	28.21%	31.43%	34.29%	32.43%	30.61%	31.37%	29.79%	34.04%	34.21%	30.56%

Under 75%
75% - 85%
Over 85%

9b. Non-Medical PADR Rate

	Headcount	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Capital, Estates & Facilities	1322	21.20%	22.82%	24.63%	30.36%	46.75%	52.37%	54.20%	57.08%	54.08%	53.13%	52.11%	55.18%	54.99%
CDT	2257	67.74%	65.09%	64.21%	64.86%	63.15%	62.44%	60.11%	55.28%	62.37%	53.46%	50.29%	48.63%	47.59%
Children & Women	1825	57.13%	49.77%	53.38%	63.15%	63.11%	65.43%	66.81%	59.91%	54.90%	62.93%	63.22%	63.65%	62.90%
Corporate	771	59.50%	55.26%	56.43%	57.24%	57.36%	57.11%	53.34%	52.50%	52.15%	52.60%	52.11%	52.71%	52.79%
Dental	425	68.10%	47.80%	53.40%	66.25%	68.64%	71.64%	70.83%	66.99%	68.78%	74.39%	67.46%	66.98%	64.47%
Medicine	1542	53.25%	47.67%	46.01%	57.24%	57.85%	61.94%	62.23%	56.83%	59.18%	59.77%	59.68%	60.71%	61.54%
Mental Health	1333	49.22%	46.88%	49.04%	51.19%	48.03%	48.92%	48.46%	49.69%	56.57%	58.97%	58.46%	62.94%	61.74%
PCIC	851	72.92%	73.54%	77.90%	80.72%	77.64%	75.61%	73.97%	68.31%	70.92%	74.76%	71.97%	71.87%	71.45%
Specialist Services	1565	66.71%	60.14%	60.60%	67.88%	65.47%	64.57%	64.26%	61.04%	61.97%	63.33%	65.04%	65.31%	64.86%
Surgical Services	1582	49.44%	45.87%	45.39%	54.43%	52.13%	49.52%	47.43%	43.94%	46.28%	48.16%	48.27%	48.11%	48.23%
uHB	13473	56.04%	51.77%	52.80%	58.85%	59.21%	60.09%	59.40%	56.06%	57.60%	58.48%	57.61%	58.26%	57.80%

Under 75%
75% - 85%
Over 85%

401.3019024
1464
1152.463557
441.2829457
281.5625
882.6124083
682.4082305
686.9011125
1062.379986
861.0629012
7928.698454

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

Name of Meeting: Local Partnership Forum **Date:** 31 October 2018

Executive Lead : Executive Nurse Director

Author : Assistant Director Patient Safety and Quality - 029 2184 6117
Assistant Director Patient Experience - 029 2184 6108

Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" elements of the Health Board's Strategy.

Financial impact: There are significant potential financial implications associated with this work in relation to clinical negligence claims.

Quality, Safety, Patient Experience impact: The work outlined within this paper reflects the significant activity taking place to improve patient safety and experience leading to improved quality and care outcomes for patients.

Health and Care Standard Number 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.3, 6.3

CRAF Reference Number 5.1, 5.1.5, 5.6, 5.7

Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

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

The Local Partnership Forum 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 July to end of August 2018.

BACKGROUND

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

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

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

ASSESSMENT

The following areas will require a continued focus in order to maintain patient safety quality and experience.

The total number of Serious Incidents (SIs) open with WG is 99 at the time of this report. Of these, 48% are breaching WG timescales for closure. Given the rate of monthly reporting we would expect to have in the region of 90 SIs open at any given time, so we are slightly outside of that target. Many SIs are complex and it is very challenging to complete investigations within the 60 working day target set by Welsh Government. Monthly targets are in place for each Clinical Board and these are performance managed through the Executive Performance reviews.

The % of concerns managed via informal resolution has dropped to 48% against a UHB target of 60%. A review of a sample of concerns was undertaken and the choice of management seemed appropriate and proportionate to the issues raised. This will continue to be monitored.

The Board should be advised that there has been a noticeable increase in the number of Regulation 28 reports and enquiries that have been received from the Coroner during this period. A lack of communication from the Coroner's office to the central corporate team has meant that the UHB has not had the opportunity to adequately prepare for some of the inquests and this means that staff who could have provided adequate assurance to the Coroner at the inquest were not present.

The UHB continues to work as closely as possible with the Coroners officers and to educate staff in relation to the need to seek corporate support if they are approached to attend an inquest.

The Board will note that the UHB continues to report the deaths of patients known to Substance misuse services. The Patient Safety Team is taking forward work with members of the Area Planning Board to ensure that there is a multi-agency review of fatal drug poisonings in line with Welsh Government Guidance. At the present time there are opportunities to strengthen the systems that are currently in place.

Since the introduction of the new parking system, there has been a significant increase in the volume of calls and emails to the Concerns Team following parking tickets being issued. These have been made by both members of the public as well as staff. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in concourse. We have been in discussion with the on-site parking office and we are working with them to identify themes to share with the parking provider.

July –August 2018

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	0	No new Serious Incidents were reported.
Clinical Diagnostics and Therapeutics	1	A pathology slide had been used for teaching purposes when consent for teaching had not been sought. The matter was reported to the Human Tissue Authority and is jointly under investigation with Cardiff University.
	1	A patient took an accidental overdose of prescribed medication. The medication should be taken weekly but it was taken daily.
Dental	0	No new Serious Incidents were reported.
Executive Nurse	2	Incidents reported where the Procedural Response to Unexpected Death in Childhood (PRUDIC) process has been instigated.
Medicine	5	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a reduction in the previous reporting timeframe.
	5	Falls where the patient sustained significant injury. There is no change in incidents reported from the previous reporting timeframe.
	1	A critically unwell patient was noted to have an air embolus on CT scan imaging. The circumstances around the presence of the air embolus are under investigation.
Mental Health	1	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	A young person was admitted to an adult mental health ward overnight whilst awaiting transfer to the care of Child and

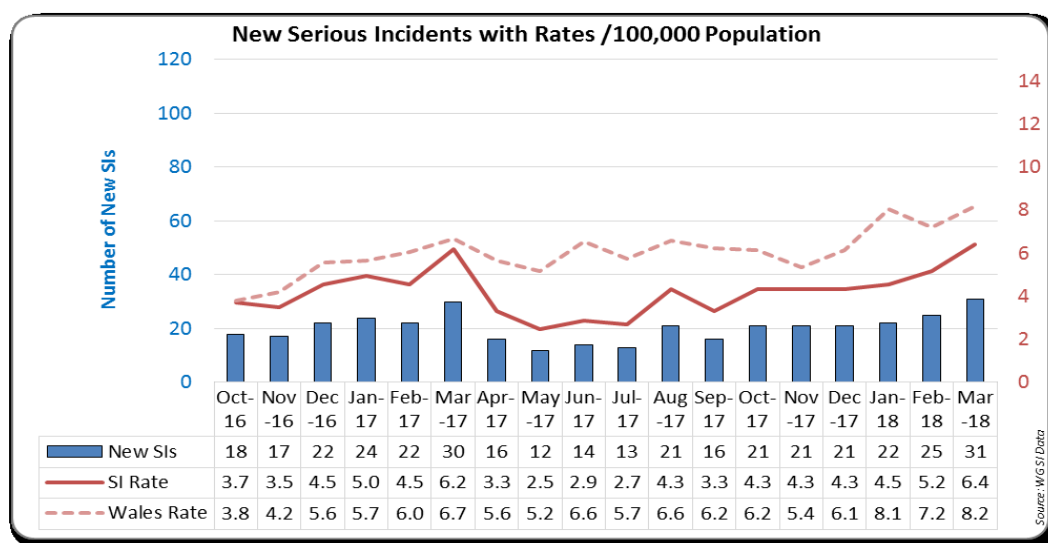
	7	Adolescent Mental Health Services (CAMHS). Unexpected deaths of patients known to Mental Health services, including substance misuse services.
Primary Care & Intermediate Care	15	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe, representing an improved reporting culture.
Specialist	5	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is an increase since the previous reporting timeframe.
	1	A patient required a repeat chest x-ray to explore a possible abnormality seen on an earlier image. Unfortunately, the repeat x-ray was not undertaken in a timely manner and the patient re-presented to the Health Board unwell with complications potentially arising from the incident.
	1	An inpatient required a clinical invasive procedure to investigate his illness. It transpired that the procedure had not been booked. The patient became more unwell and the major haemorrhage protocol had to be initiated.
Surgery	3	Falls where the patient sustained significant injury. This is an increase in incidents reported from the previous reporting timeframe.
	2	Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease in incidents reported in the previous reporting timeframe.
	1	Concern was raised that a patient may have experienced awareness under anaesthetic.
Total	52	

No Surprises		
Clinical Board	Number	Description
Children and Women	1	A No Surprises form was submitted to Welsh Government ahead of the publication of an Ombudsman's Section 16 report. The report raised issues regarding the length of wait a boy experienced for specialist nephrology surgery.
Mental Health	1	An altercation incident occurred in Llanarth Court where a service user know to Mental Health services resides. The incident led to the arrest of four people and treatment for injuries was required.
Total	2	

How do we compare to our Peers?

As reported to the previous Board meeting, the graph below demonstrates the reporting rate of Serious Incidents to Welsh Government per 100,000 population between October 2017 and March 2018. This information is provided to the UHB from WG on a 6-monthly basis with the most recent report received in June 2018.

WG commented that the Serious Incident reporting rate for the UHB was below the all Wales rate. It was anticipated that this was due to reduced reporting of pressure ulcers as SIs from Primary Care and Intermediate Care (PCIC) Clinical Board. It is evident in the table above that increased reporting with PCIC Clinical Board has been activated. It should be noted that changes to pressure ulcer reporting requirements to WG are anticipated over the coming months.

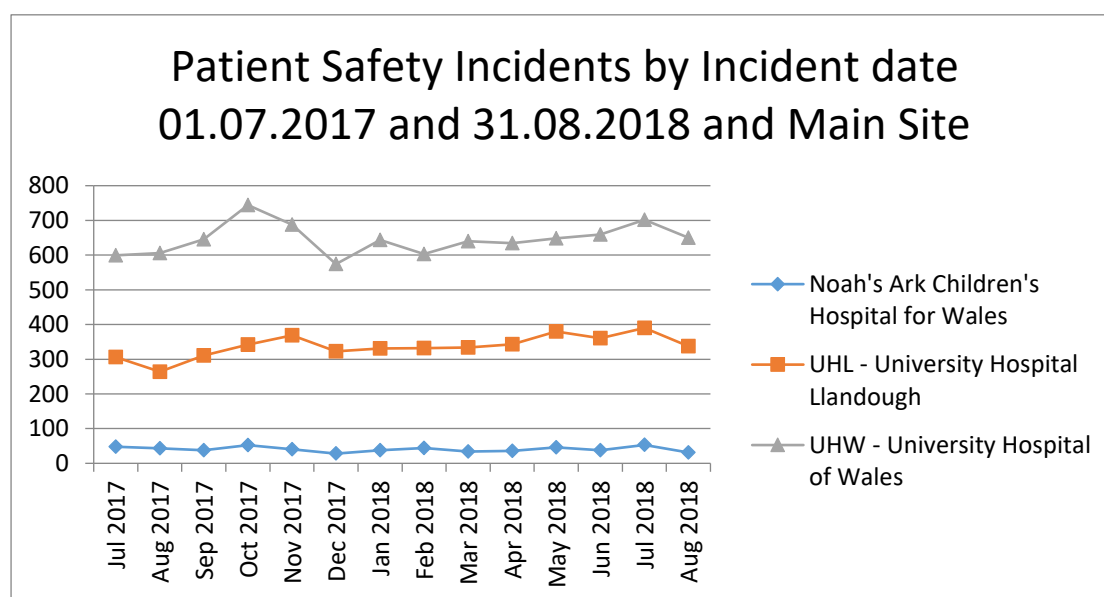


WG further advised that Serious Incidents are generally reported in a timely manner and an explanation is provided when they are delayed in being reported.

The UHB has a well embedded process in place for all reported incidents which identify potential major or catastrophic harm. This enables them to be reviewed promptly in case further investigation is required. Any delays to the onward reporting process occur when clarifying information is being sought internally.

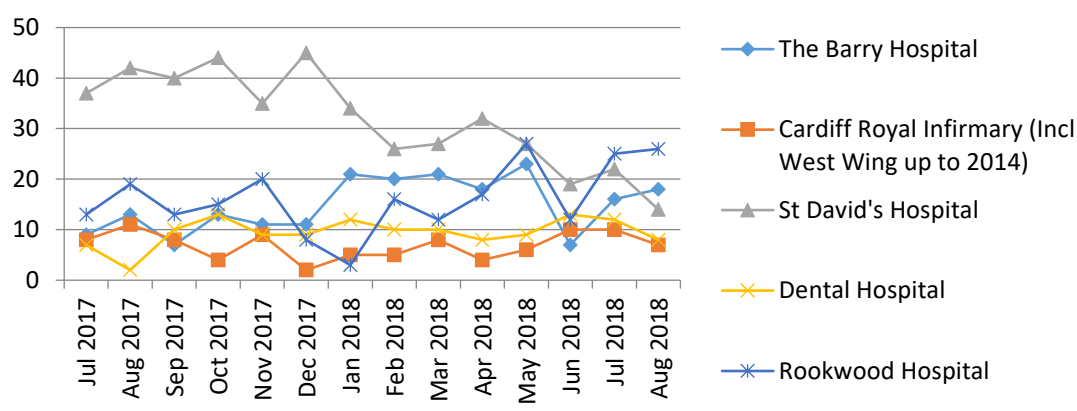
The UHB continues to strive to achieve timely closure of incidents with WG. Key performance indicators are in place and Clinical Boards are generally achieving the required levels of performance, supported by the Patient Safety Team.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between July 2017 and August 2018. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites.



The graph overleaf demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between July 2017 and August 2018. The lower volume of incidents reported reflects the size and activity levels at the sites.

Patient Safety Incidents by Incident date 01.07.2017 and 31.08.2018 and Other Sites



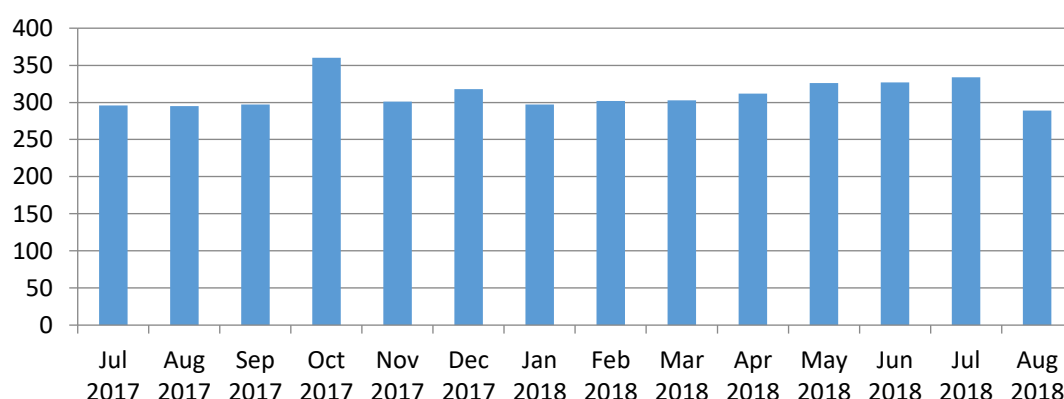
There are no trends of concern.

Patient Falls

How are we doing?

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

Patient Accidents/Falls Incidents (witnessed or suspected slip/trip/fall) by Incident date 01.07.2017 - 31.08.2018



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

A small increase in the number of falls resulting in significant injury was reported to Welsh Government in this timeframe with eight such incidents reported, representing

an increase of 3 such incidents when compared to the previous report to Board. . They all occurred on different wards when patients were mobilising.

How do we compare with our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing about it?

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

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

Cardiff and Vale UHB were shortlisted in the 'Patient Safety in the Community' category at the recent Health Service Journal Patient Safety Awards in Manchester. The shortlisted project was the individualised strength and balance programmes (ISBP) that are offered to people at risk of falling in the community by the Community Resource Teams.

These 6-month programmes have been in place since October 2015, with over 1,500 people taking part to date. Outcomes have been very positive, with improved scores in gait and balance tests, reduced fear of falling, and a decrease in the number of falls experienced by those participating. They have also shown a decrease in the number of falls-related ambulance call outs and falls-related Emergency Department attendances for those people who complete the programmes.

Positive feedback was received from the judging panel in London, which featured a 'skype chat' with a patient who was on one of the programmes from their own home. The judges complimented the patient-centred nature of the programmes and were impressed by the positive outcomes.

Regulation 28 reports

Three Regulation 28 reports were issued to the UHB by Her Majesty's Coroner in the current reporting timeframe.

- The Coroner wrote to a number of organisations, including the UHB, following the narrative conclusion where a delay of four hours in sending an emergency response occurred. The UHB is working with colleagues in Welsh Ambulance Services NHS Trust to respond to the issues raised. The Coroner raised a number of points which he has asked to be considered.

The particular issue raised for Health and for the UHB, relates to turnaround delays at major hospitals for ambulances. The evidence showed that both UHW and UHL, that night, were exceeding the target of 15 minute handover of patients.

- The Coroner also wrote to a number of organisations following the narrative conclusion of a person's inquest where concern was raised regarding care of a patient who required transfer for out of area treatment, namely neuro-interventional radiology services. Currently the UHB has in place one Consultant who undertakes both diagnostic and interventional work and a second consultant who is undertaking diagnostic work only. The UHB has arrangements in place with Bristol to cover for leave and the transfer of patients is managed through the neurosciences Directorate. Unfortunately this is a known national shortage profession but the UHB continues to look for opportunities to recruit.
- In addition, the Coroner wrote to the UHB following a patient's inquest where a narrative conclusion was reached in which the Coroner endorsed a view that appointment of a qualified trauma co-ordinator/practitioner was beneficial. This would be to coordinate the multidisciplinary care of patients requiring surgery under Trauma and Orthopaedics. The UHB has responded to the Coroner confirming that there are actually two Trauma Nurse co-ordinators in post whose role is to oversee the patient pathway when they are admitted with trauma.

The UHB also received a letter from the Coroner further to the inquest of a patient who sustained a fall as an inpatient in February 2018, which was reported as a Serious Incident. The Coroner returned an accidental death conclusion but wished to further query a matter related to the documentation of a Do Not Attempt Resuscitation decision. The UHB has responded fully to the Coroner and has also liaised with the Chair of the All Wales DNACPR Group to request that a change to the current form is considered in line with the Coroner's observations.

Outcomes of internal and external inspection processes

How are we doing?

Internal Observations of Care

Twenty-two unannounced inspections took place between July - August 2018. These took place across five Clinical Boards.

Areas of notable practise include:

1. **Nutrition & Hydration:** The sustained high temperature during July - August made in-patient environments especially uncomfortable and warm. All wards inspected were meeting patient hydration needs and inspectors consistently found that water jugs were full and within arms-reach. Good monitoring of nutrition and fluid intake was especially evident on Clinical Gerontology wards.

2. **Ward Information Boards:** Newly introduced patient information boards are being used effectively by all wards inspected, across adult ward areas. Key information is being updated and displayed regularly.
3. **Staff/patient information:** Excellent examples of displays and patient information relating to Sepsis and Pressure Damage have been noted, especially on Heulwen and Day Surgery.

What are we doing about it?

How are we doing	What are we doing about it
During two inspections, staff in Medicine Clinical Board reported an absence of falls training available.	Practice Development nurses are developing falls simulation training and have recently begun training the first cohorts of staff.
Five clinical areas require more frequent recording of resuscitation trolley checks.	Each ward has raised this in staff meetings and safety briefings. Ward sisters completing monthly audit checks.
Outstanding maintenance requests have been noted across most areas inspected.	Requests continue to be chased up locally by Ward Sister/Senior Nurses.
Overall standards of medication administration and management continue to improve. Medication was left unattended on two occasions and discontinued incorrectly.	Concerns relating to storage of medication addressed during inspection and shared with Ward Sister/Charge Nurse. Medical staffing Co-ordinator is raising issues of discontinuing medication, in accordance with procedure, with medical staff.
Two examples of patient identifiable information being left unattended were observed.	The matter is being addressed by wards looking to change specimen collection arrangements with portering staff and reminders in team meetings.

The UHB is hoping to transition from paper-based/free text inspections to the use of a dedicated inspection app for iPads/mobile devices. The UHB Charitable Funds Committee has agreed funding for four iPads. We expect that this will make it easier to compare standards between areas and to quantify progress between inspections. When this new process is established, there will be much more timely feedback of inspection outcomes to ward managers and other senior staff and all inspection reports and action plans will be published on the UHB's nursing intranet site

Patient Experience

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

How are we doing?

Real Time

The patient satisfaction scores from the National Surveys distributed across the Health Board are illustrated in the table below:

	July	August
UHL	98%	97%
UHW	97%	96%

NB: The satisfaction score has been calculated to include 7 and above, prior it was 8 and above. This is in line with other organisations across Wales.

Once again, the number of real times surveys completed during both July and August exceeded **1,000** with the majority being really positive. Qualitative comments to support this are:

Following a crisis of severe allergic reaction I was once again taken under the caring arm of the North Crisis team and then the Crisis Recovery Unit, which guided me through recovery and stability. Amazing how all these lovely people have been totally at hand to look after me and always welcome attending the Crisis Recovery Unit, with its Art room, Gym, Games room. It feels as if I'm visiting my friends for the day and have structure to my day in the process of recovery.

I have written this on behalf of my daughter as she has a L.D. The staff on Heulwen have been so kind and helpful. I was enabled to stay with my daughter and this made her stay and treatment she received so much easier. My daughter needs to come back in and out and I really hope she can come back to this ward with its familiar surroundings and staff. Top class nursing care.

An ongoing evaluation of patients and families who have an identified Learning disability and who use our services, is currently being undertaken. This is currently hospital based but we will aim to incorporate care in the community in the near future.

Retrospective

At the beginning of August surveys were sent to people with Learning Disabilities who had either been inpatients or outpatients at the Health Board. An additional survey for their carer/relative or member of staff was also sent for completion. The people identified had received care during July. The numbers are relatively low and therefore feedback will be provided in a subsequent report.

Proactive and Reactive

During August a proactive survey was undertaken for relatives/carers on Critical Care, in the General and Neurological Units; the aim being to improve their experiences.

Overall results were positive.

At this very emotional and stressful time, the staff were brilliant, caring attentive and very reassuring

However there were key issues raised including:

1. 'Too noisy'
2. Lack of provision for refreshments
3. Medical staff not updating relatives

Actions

1. Work is being undertaken to reduce noise levels, particularly by night
2. Commercial Manager contacted to provide update regarding refreshments
3. Feedback shared with Consultants

Stroke Rehabilitation Centre (SRC) Feedback

During Carers Week 2018 a carer's information session was held during evening visiting times at SRC. Twenty carer's surveys were given to relatives and carers encouraging them to provide feedback on the care received. The returns rate was 25% with only five of the twenty surveys returned, therefore it is important to note that the results may not be representative of all carers. The majority of carers felt welcomed on to the ward, supported by staff, and were complimentary about the care provided. However, most of the respondents felt that the ward was understaffed and this was having a negative impact on patient care. The report has been shared with the Lead Nurse for the area.

Actions

Feedback from this, combined with other sources of feedback for example quality indicators, are being used to inform ongoing discussions with the Director of Nursing for the Medicine Clinical Board about safe staffing ratios on SRC. They are currently reviewing staffing in line with acuity data from June in readiness for establishment sign off under the Safer Nurse Staffing Act.

Carers Update: John's Campaign Pilot Evaluation

The pilot commenced late February 2018 across four of the Boards sites on seven wards, involving three clinical areas. A full evaluation of the pilot areas is being completed, although the campaign has been well received by staff and embedded on all the wards, areas for consideration were highlighted by staff. The main issues include:

- Carer Expectations of the Campaign – the patient's care continues to be the priority, therefore carer involvement should not be to the detriment of the patient's well-being e.g. when patients are tired/unwell.
- Staff Experiences – as carers had open visiting, some wards experienced an increase in carers asking for information at inappropriate and busy times, such as medication rounds.
- Patient Focused – some felt there needed to be a clear emphasis that the campaign was for the benefit of patients and should not be to their detriment, patients are very tired and need rest so not always appropriate to have carers visiting all day.

As a consequence of the campaign:

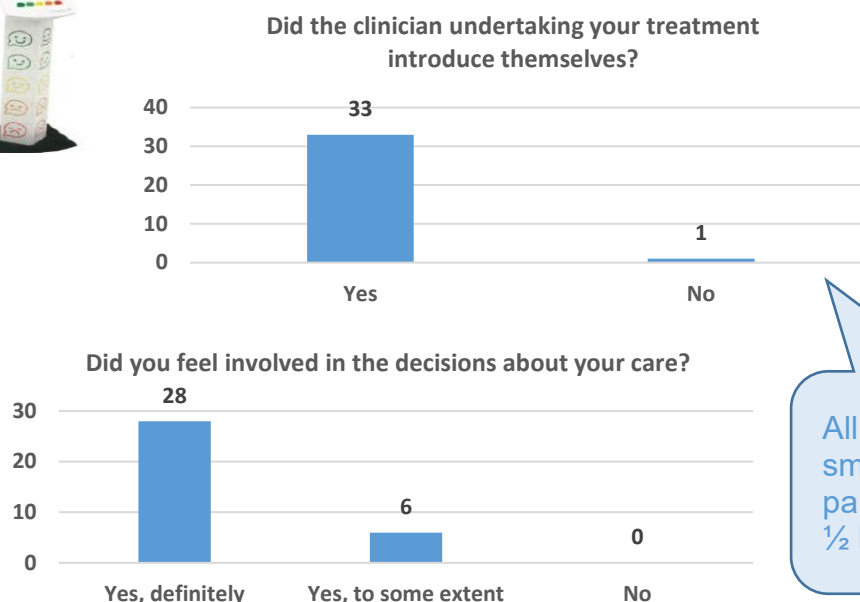


- Carers Wales has agreed to facilitate a Carers First Aid session in Barry Hospital.
 - Leaflet racks were purchased for B6 to allow them to display carers information on the corridor leading to the ward.
- The Patient Experience Support Advisor will be based at St Davids Hospital twice a month to help support carers on the wards.

The John's Campaign Working Group will be meeting imminently to discuss the evaluation and planned roll out of the campaign.

Dental Hospital

Following a Community Health Council visit the Department of Oral and Maxillofacial Surgery undertook a satisfaction questionnaire. During May 34 completed questionnaires were received, with overall results extremely positive in relation to questions asked. Examples are illustrated below:



I am petrified of the dentist, but staff made me feel so comfortable and relaxed

All went really smoothly other than parking. Had to wait ½ hour for a space!

Ward Feedback Kiosks

The Kiosks have been situated in MEAU (Medical Emergency Assessment Unit) at University Hospital Llandough and the AU (Assessment Unit) at University Hospital of Wales.

The data collected to date has been further analysed, with the main themes identified as waiting times, environment and communication. These have been shared with the Director of Nursing Medicine Clinical Board and Lead Nurse Emergency Unit. In addition, an assessment was undertaken to see if the emerging themes could be correlated with performance. The current performance measure used in the assessment units is length of stay. Whilst the themes had identified long waits as an issue, these were related to the Assessment Lounge area specifically and performance could, therefore, not be aligned. It has, therefore, been agreed during September to move the feedback kiosks from their current location in the Assessment Unit Lounge to the trolley bay in MEAU and Assessment Unit North at UHW to ensure feedback is gathered for patients who are admitted and stay in the Assessment Units.

The Lead Nurse Patient Experience is to review the efficacy of Health Board volunteers supporting within these areas, to enhance patient and carer experience.

Balancing

Complaints

In the year between 1st July 2017 and 31st August 2018, the Health Board has received 3,109 complaints, of which 60% were managed through our informal process, with less than 2% being converted to a formal complaint.

The highest number of concerns, 1,012 in total, relate to clinical diagnosis and treatment, followed by, 687 concerns raised in the same period regarding waiting times, cancellation of appointments/ admission.

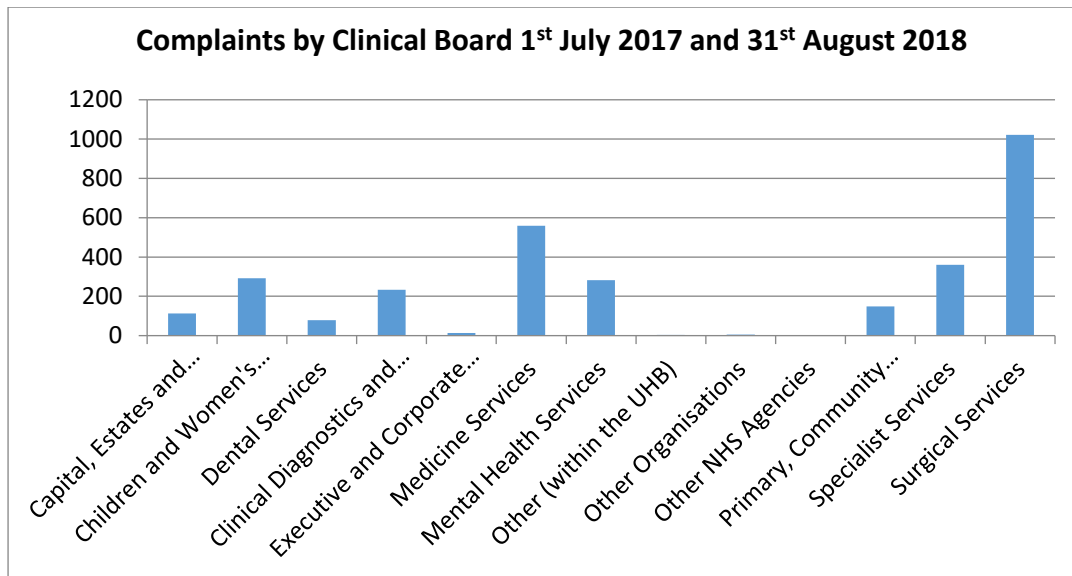
Surgery Clinical Board continues to receive the highest number of formal and informal concerns; in total, they received 946 concerns, however, 71% of their concerns were managed via the informal process. Unfortunately, during July and August, there was a noticeable increase in the informal Ophthalmology concerns as a result of a high volume of outpatient appointment cancellations. Following a member of staff going on maternity leave, the Clinical Board had difficulties appointing to the post which resulted in a number of cancellations with appointments being offered a year later. This issue was escalated to the Clinical Board Director and a number of actions were taken to reinstate appointments and all canceled patients from July were re-booked for August. Actions taken include:

- Weekly planning meeting with the team and consultant
- Work to is being undertaken to increase optometrists sessions to support the backlog of patients.

Initial enquiries are positive in availability and interest from community optometrists. Testing is also under way to link Optometric practices to UHW's network so that there is a potential for stable glaucoma patients to be reviewed in the community using the UHB's electronic patient record with an ability for virtual review of any patients requiring a Consultant input.

Medicine had the second highest number of concerns, 513 in total.

Since the introduction of the new parking system, there has been a significant increase in the volume of calls and emails to the Concerns Team following parking tickets being issued. These have been made by both members of the public as well as staff. All complainants are being directed to the dedicated parking email address and complainants are being advised of the temporary office in concourse. Unfortunately, we are aware that there is a huge backlog of enquiries and members of the public are getting increasingly frustrated and feel the only option is to contact the Concerns Team. There has also been an increased number of concerns in relation to this issue from AM/MP's. However changes such as the recent changes to the Parking System at Barry Hospital which has introduced free car parking for 4 hours should have a positive impact upon the Patient Experience and reduce the number of concerns.

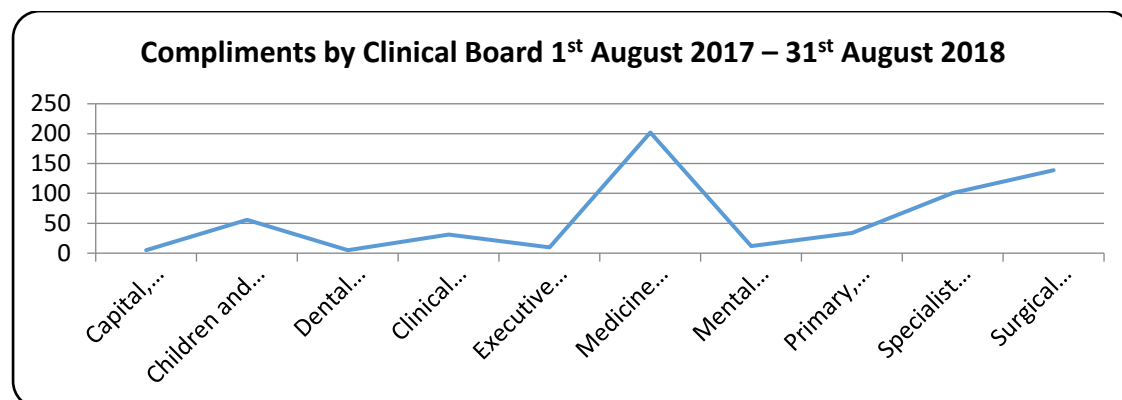


The Clinical Boards have shown a commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting weekly to discuss all active concerns. We are seeing a steady and sustained improvement in 30-day response times, the latest overall Health Board performance in response to 30-day concerns is 77%, which is an increase in comparison to 75% reported previously. The aim for 2018/ 19 is to achieve and sustain a response time of 80%.

During the months of July and August 2018, the Health Board received 442 complaints, 55% of those were managed through the informal process, and the overall informal response time is 99%. The percentage of concerns managed via the informal route has decreased however on review of a sample of concerns the choice of management seemed appropriate and proportionate to the issues raised. This will continue to be monitored.

Compliments

During the period 1st August 2017 – 31st August 2018, the Health Board received 595 compliments. Medicine Clinical Board continues to receive the highest number of compliments, in particular for the Emergency Unit. It should also be noted that the Concerns Team will often receive large bundles of compliments from various areas and therefore, compliments can be logged sometime later.



How do we compare to our Peers?

There is currently no reliable All Wales benchmarking data available.

What are we doing?

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

You Said	We Did
Family not made aware of accommodation facilities while daughter was an inpatient	It has become standard practice to notify patients relatives who require accommodation of this potential option.
Those women who have an elective Caesarean section are given a leaflet on what to expect and care during and after the operation whereas those women who have an emergency caesarean are not given this leaflet.	We will ensure in the future that all women who have had an emergency caesarean section are provided with this leaflet.
Health screening questionnaire completed prior to admission did not indicate any learning difficulties and staff were unable to plan in advance of patient's arrival to put specific plan of care in place around patient's health needs.	We now provide teaching sessions for staff from SSSU ensuring they are equipped with the correct skills to care for patients with learning difficulties and a cubicle will be sought to enable family/carers to attend to provide support.
You held out your arm which the Phlebotomist took for consent for procedure to continue. You became upset after procedure and this could easily have contributed to the bruising if the arm was moved	We are in the process of writing a patient guidance on the possible side effects of giving blood samples and how to avoid bruising so that this severity of bruising is reduced in future.

vigorously and the post-venepuncture was not completed properly.	
You state that you asked for gas and air which you were told you could not have on the Induction Unit.	We have a portable gas and air cylinder on the ward now so that women can use this if required during transfer to the delivery suite.
You informed us that a nurse did not call that morning and you requested a nurse called in the afternoon. The message was acknowledged by the team administration and a nurse was allocated this call but you were not called to acknowledge receipt of this message or informed that a nurse would attend.	The team has agreed to review their current call handling process ensuring that messages are managed in a way that informs and reassures our patients and relatives.
Failure in paper report being received in the Consultant's office meant that an appointment was not issued to discuss the results of the scan.	The Neurosciences Directorate Management Team has launched an improvement project with the aim of implementing a new electronic system which will negate the need for the paper based system. It will allow the Directorate to review whether a patient has received their scan within the time period.
Consideration should have been taken in regard to location for induction due to history of quick labours and the requirement for IAP (intrapartum antibiotic prophylaxis) in labour and for this to have been documented on the Intrapartum Plan of Care sheet.	In an update to the Induction of Labour guideline currently being undertaken, consideration is being given to the group of women that may require induction of labour (IOL) on Delivery Suite as opposed to the antenatal ward. As part of this review, women with a previous rapid labour will be considered for IOL on Delivery Suite.
A build-up of wax in patient's ear contributed to deafness and if it were removed her hearing is likely to return to a level where telephone communication would be possible again. This service was not provided locally.	A member of the Audiology Team attended the patient at home after discussion with her relatives to remove the buildup of wax. The staff member fitted her with a communicator which she can use with headphones and she was happy to accept that to use when her carers are present and they can help her

	with it which will make communication with her easier for everyone. She could also hear better once the wax was removed.
More information on mental health conditions given if diagnosed or in waiting area, and how to get support from people outside and other organisations.	Team advised to use information leaflets from MIND, also accessed by downloading from their website.
Didn't realise that I could only have throat spray or sedation –form says both available.	Some staff will only give one or other – the department is looking to revise the sedation guidelines.
Fix light in carers room.	Light fixed.

PERFORMANCE REPORT	
Name of Meeting :	Local Partnership Forum
Date of Meeting:	31 October 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 2018/9 by achieving compliance with 21 of its 66 performance measures.

The Local Partnership Forum is asked to:

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

SITUATION

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

BACKGROUND

The UHB is presently compliant with 21 of its 67 performance measures (July =22/66, May =19/65, March 2018=18/60) and is making satisfactory progress towards delivering a further 29 (July =26, May 2018 = 23, March 2018 = 23).

Since the last report two measures have improved to green:

#4 – The proportion of adults within Cardiff and the Vale of Glamorgan population consuming more than 14 units of alcohol per week was reported to have fallen to 21% in 2016/17 from 23% in 2015/16.

#37a – The proportion of invoices paid within 30 days in July was 95.3% against the expected minimum standard of 95%.

Four measures have improved from red to amber:

#42 – The enhanced recovery after surgery programme has been successfully implemented in Orthopaedics and plans are in preparation to scale out a wider Prehab to Rehab plan across the surgical specialties.

#45 – The proportion of patients whose operation was cancelled by the Health Board, who received a new treatment date within 14 days has improved from 37% at the start of the year to 58%.

#54 – The number of patients who waited more than 12 hours for admission in the Emergency Unit reduced to 7 in August.

#62 – The number of non mental health patients whose transfer of care was delayed reduced in August to 37, from 47 in June. The number of patients whose transfer was delayed who are on a mental health pathway remains at 4.

A deterioration in the UHB's performance was noted for 4 measures:

#3 – The proportion of adults classed as obese or overweight increased to 56% in the 2016/17 National Survey from Wales. An increase from 53% in the previous survey.

#32 – The proportion of patients who had a nutrition score completed and appropriate action taken within 24 hours of admission reduced to 94% in July from 96% in March.

#34 – 94% of hand hygiene audits undertaken in July showed that practice was compliant with the Welsh Health Organisation's guidance.

#61 – The proportion of ambulance handovers within 15 minutes and 60 minutes reduced from 64% and 95% respectively in June to 56% and 93% in August.

There are now 17 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	7	12	3	13/22
Delivering our service priorities	2	3	1	3.5/6
Delivering sustainably	11	11	8	16.5/30
Improving culture	1	3	5	2.5/9
Total	21	29	17	35.5/67

ASSESSMENT

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

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

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

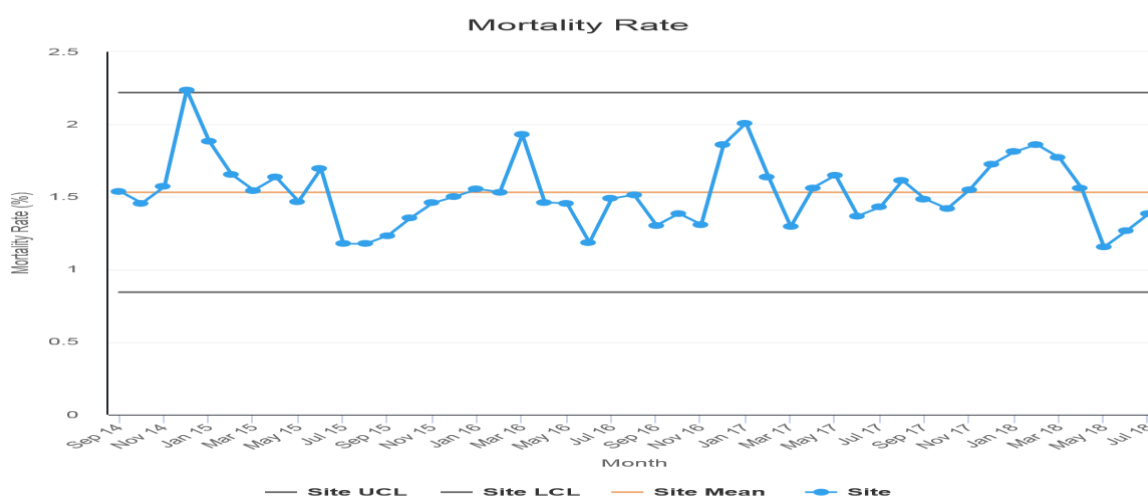
Cardiff and Vale University Health Board - Performance Dashboard - August 2018																					
Purpose	Strategic Objectives	Measure	n	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18	RAG rating	May 18	RAG rating	Status report	Jul 18	RAG rating	Aug 18	RAG rating	Latest Trend	Target	Time period	Exception Report	
All tasks responsibility for improving on health and wellbeing	Uptake of influenza vaccination among high risk groups	1	<45 50%, 45-64 52%, pregnant women 40%	<45 70%, 45-64 53%, pregnant women 49%	<45 58.5%, 45-64 47.7%, pregnant women 49%	<45 58.5%, 45-64 47.7%, pregnant women 49%	<45 58.5%, 45-64 47.7%, pregnant women 49%	<45 58.5%, 45-64 47.7%, pregnant women 49%	A	<45 71%, 45-64 49%, pregnant women 49%	A	<45 71%, 45-64 49%, pregnant women 49%	<45 71%, 45-64 49%, pregnant women 49%	<45 71%, 45-64 49%, pregnant women 49%	<45 71%, 45-64 49%, pregnant women 49%	<45 71%, 45-64 49%, pregnant women 49%	<45 71%, 45-64 49%, pregnant women 49%	Green: Community 70%, staff 60%, Ambler (improvement on 16/17) - public 70%, staff 60%, Ambler 70%	End of season		
	Percentage of children who have received 3 doses of the 3 in 1 vaccine by age 5 and who received 2 doses of the MMR vaccine by age 5	2	84.0%	84.0%	83.7%	81.2%	81.2%	81.2%	A	81.2%	A	81.2%	81.2%	81.2%	81.2%	81.2%	81.2%	Target: 95%, Ambler = EOP MMR trajectory of 95% & 95%	Jan-Apr 18		
	Proportion of adults obese or overweight	3	55% (12/13)	54% (13/14)	54%	54%	54%	54%	54%	A	54%	A	54%	54%	54%	54%	54%	Reduction on previous year (2017/18) 2017/18	NSW 2016/17		
	% of adults smoking - 14 units of alcohol p. wk (New measure)	4	44% (12/13)	44% (13/14)	44%	44%	44%	44%	44%	A	44%	A	44%	44%	44%	44%	44%	New measure - previous results relate to consumption above recommended units	NSW 2016/17		
	Proportion of adults meeting physical activity guidelines	5	20% (12/13)	27% (13/14)	27%	27%	27%	27%	27%	A	27%	A	27%	27%	27%	27%	27%	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016/17		
	% of C&V resident smokers who make a quit attempt via smoking cessation services - target 50%	6	not available	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	A	0.6%	A	0.6%	0.6%	0.6%	0.6%	0.6%	WGS target 5% by 2017/18, MTP trajectory = 1% for 2018/19	Full year 2018		
	% of C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	not available	36.9%	46.0%	47.0%	47.0%	47.0%	47.0%	A	47.0%	A	47.0%	47.0%	47.0%	47.0%	47.0%	Tier 1 target 40%, MTP trajectory = 58%	Full year 2018		
	Rate of conceptions among females under 18	8	Cardiff 30.4 per 1000, Vale 16.6 per 1000	Cardiff 30.4 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	A	Cardiff 27.5 per 1000, Vale 16.6 per 1000	A	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	Cardiff 27.5 per 1000, Vale 16.6 per 1000	reduction on previous year	2016 (Annual)		
	Cause Hospital Mortality Rate for people aged less than 75	9	94	103	103	103	103	103	103	A	103	A	103	103	103	103	103	12 Month Reduction Target (2018 to Jun-18 was 6%)	12 months to Aug-18		
	Emergency code mortality rate (12 mths)	10	3.15%	3.27%	2.94%	3.05%	3.05%	3.05%	3.05%	A	3.16%	A	3.08%	3.08%	3.08%	3.08%	3.08%	Reduction in C&V (May-Apr 17 was 2.96%)	12 months to Aug-18		
Deliver outcomes that matter to people	Demonstrate reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mths)	11	stroke 14.5%, heart attack 3.7%, MRCF 8.1%	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	stroke 11.2%, heart attack 3.7%, MRCF 8.1%	stroke 11.2%, heart attack 3.7%, MRCF 8.1%	stroke 11.2%, heart attack 3.7%, MRCF 8.1%	stroke 11.2%, heart attack 3.7%, MRCF 8.1%	stroke 11.2%, heart attack 3.7%, MRCF 8.1%	A	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	A	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	stroke 12.8%, heart attack 3.7%, MRCF 8.1%	Demonstrate reduction in mortality 12 month rate (Jun-16 to May-17: 12.4%, 13.5%, 14.5%)	12 months to Jun-18			
	% Universal mortality reviews undertaken within 20 days of a death (line measure)	12	25%	25%	25%	25%	25%	25%	25%	A	25%	A	25%	25%	25%	25%	25%	NEW MEASURE from April 17 - Target is 95%, Ambler is improvement from 10% baseline	May-18		
	Patient experience monitored through 'Fundamentals of Care' audit and national survey	13	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	A	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	A	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	Operational score 84% (12-14 mths), User Experience score 89% (2018-18/19)	% of the respondents who rated overall experience of care as 8/10 or above (Green 95%)	National report Sep-18		
	'Ten minutes to your patient feedback scores'	14	811 > 90%	711 > 90%	611 > 90%	511 > 90%	411 > 90%	311 > 90%	211 > 90%	A	111 > 90%	A	111 > 90%	111 > 90%	111 > 90%	111 > 90%	111 > 90%	Green: 90% for each of the 11 questions, Ambler > 85%	Monthly snapshot for Aug-18	In Haring Report	
	Proportion of formal complaints responded to within 30 working days	15	40%	40%	40%	40%	40%	40%	40%	A	40%	A	40%	40%	40%	40%	40%	Green: 80%, Ambler: Ambler's improvement from 40% target	Complaints received to 30/11/18	In Haring Report	
	Life expectancy at birth	16	80.8 2009/11	80.8 2011/13	80.8	80.8	80.8	80.8	80.8	A	80.8	A	80.8	80.8	80.8	80.8	80.8	80.8	Continuous Improvement (June 18 figures updated)	Jan-18	
	Reduce infant mortality for population	17	4.1 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	A	4.3 per 1,000 live births (2017)	A	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	reduction on 2016 rate (5%)	CMS (2018)		
	% live births with a birth weight of less than 2500g	18	7.3% (prevalence)	6.7% (prevalence)	5.9% (prevalence)	5.9%	5.9%	5.9%	5.9%	A	5.9%	A	5.9%	5.9%	5.9%	5.9%	5.9%	5.9%	12 mth cumulative reduction on previous year (5.9%)	Aug-18	
	Rate of hospital admissions with any mention of external self-harm for children and young people per 1000 pop (line measure)	19	433	387	387	387	387	387	387	A	387	A	387	387	387	387	387	387	Annual reduction from 3.07 to 1.016 & 4.33 in 16/15	Year 16/17	
	Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions - per 1000 pop	20	1157	1040	1020	1020	1020	1020	1020	A	1013	A	1014	1014	1014	1014	1014	1014	reduction, against target 12 month period (previous year 1115)	Update May-18	
Our services that deliver the population health vision are defined in the plan	Reduction in the number of emergency hospital admissions within a year for basket of 8 chronic conditions	21	223	196	192	196	202	202	A	204	A	201	202	202	202	202	202	202	reduction, against target 12 month period (previous year 178)	Update May-18	
	25-year survival rate for known high grade cervical, 50+ per 1000 people (Overall Population aged 16+)	22	727.5 (Male/Female)	553.9 (Male/Female)	499	544.9	583.7	583.7	583.7	A	558	A	559	559	559	559	559	559	reduction on previous year (2017/18) 100,000 cases	May-Apr 18	
	Delivery of the 31 day (line USC) and 62 day (USC) cancer access standards	23	96.4% NUSC, 82% USC	96.4% NUSC, 82% USC	100% NUSC, 74.2% USC	97% NUSC, 87% USC	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	A	96.3% NUSC, 85.6% USC	A	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	96.3% NUSC, 85.6% USC	96 % NUSC, 90% USC	Jan-18		
	Primary care contractor professionals assurance status	24	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Managerial Intervention Required	Managerial Intervention Required	A	Managerial Intervention Required	A	Managerial Intervention Required	Managerial Intervention Required	Managerial Intervention Required	Managerial Intervention Required	Managerial Intervention Required	Managerial Intervention Required	Notes: (1 planned merger reported last month not going ahead as scheduled, due to the merger practice. Board/contract compliance, with the exception of 4 applications that remain outstanding)	as at 15/10/18		
	% GP Practices open during day hours or within 1 hour of health care services not expected to open	25	70% (2013)	87% (2014)	87% (2015)	88%	88%	88%	88%	A	88%	A	88%	88%	88%	88%	88%	88%	Improvement target (2013 - 88%)	Aug-18	
	Domestic Abuse: Diagnosis rate, Access & training	26	87%	87%	87%	87%	87%	87%	87%	A	87%	A	87%	87%	87%	87%	87%	87%	Target: Diagnosis improvement in proportion to those diagnosed with domestic abuse, 95% memory pages access within 14 days, 95% memory pages access within 14 days, 95% memory pages access within 14 days, 95% memory pages access within 14 days	Diagnosis V. Access Aug-18	
	% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	27	2.77%	2.77%	2.60%	3.00%	3.00%	3.00%	3.00%	A	3.00%	A	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	Green: 2.8%, Ambler: Ambler's improvement from 2.8% target	12 months to Jun-18	
	Sustained compliance against four acute stroke bundles	28	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	A	1. 98%, 2. 40%, 3. 94%, 4. 98%	A	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	1. 98%, 2. 40%, 3. 94%, 4. 98%	Green: 100%, Ambler > 95%	Monthly performance to Jul-18		
	Number of new serious incidents & % assessed within agreed timescale	29	102	97 serious incidents, 47 not assessed	219 serious incidents, 21 not assessed	208 serious incidents, 20 not assessed	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	A	240 Ser, 31 no assessment, 10 not assessed	A	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	240 Ser, 31 no assessment, 10 not assessed	% of Ser. incidents in past 2018 (10/18) 22% (16/17): Timeliness for assurance 95%	% of Ser. Incidents to Aug-18	In Haring Report	
	% patients with a positive screening for sepsis in both respiratory and emergency A&E who have received all 6 elements of the sepsis care bundle	30	Bundles 6. 96% compliance	Bundles 6. 96% compliance	Bundles 6. 96% compliance	64.9%	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	A	Jan-18: 65%, YTD 60%	A	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	Jan-18: 65%, YTD 60%	Continuous improvement target (last 12 months 67%)	Jul-18		
Care for patients and families in need	Reduction in number of patients who had a potentially preventable hospital Acquired Infection (PFI) up to 30 days post discharge	31	41.0%	36.0%	156	161	161	161	A	161	A	161	161	161	161	161	161	NEW Definition FOR 2018/17: ruling 12 mth reduction in preventable PFI per year of 2017 Case Analysis	12 mths to Dec-17		
	% of infection cases completed and appropriate action taken within 30 days of admission	32	92%	94%	94%	94%	94%	94%	94%	A	94%	A	94%	94%	94%	94%	94%	94%	Green: 95%, Ambler 90%	Monthly snapshot for Jul-18	
	Patient experience: Credit & clearing scores for high risk areas	33	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	A	Very high risk: 90%, High risk: 92%, Significant risk: 92%	A	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Very high risk: 90%, High risk: 92%, Significant risk: 92%	Green: 100%, Ambler > 95%	Monthly snapshot for Aug-18		
	% compliance with Hand Hygiene (WHO 5 moments)	34	91%	91%	94%	94%	94%	94%	94%	A	94%	A	94%	94%	94%	94%	94%	94%	Green: 100%, Ambler > 95%	Monthly snapshot for Aug-18	
	Reduction in C Difficile and Staphylococcus Aureus (Bacteremia MRSA), waiting times to a zero tolerance	35	201 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	A	172 C Difficile cases, 31 MRSA cases	A	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	172 C Difficile cases, 31 MRSA cases	WGS target: C Diff: 4, MRSA: 123 & 0 cases	5 mths: Apr to Aug-18		
	Reduction in the number of healthcare acquired sepsis cases	36	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	A	Monthly average = 31 (10/17-16/18)	A	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	Monthly average = 31 (10/17-16/18)	8% reduction on previous year (2016/18) = 34.4 target = 8% reduction on previous year (2016/18)	2018/19 planned deficit 470	MS 2019	
	Financial balance: remain within revenue resource limits	36	£10.1M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	A	£21.3M Deficit at M12	A	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	£21.3M Deficit at M12	2018/19 planned deficit 470	MS 2019		
	Remain within capital resource limits	37								A		A						Approved planned expenditure £26.09m	MS 2019		
	Reduction in underlying deficit	38a								A		A						# 2018/19 plan achieved deficit underlying deficit to 439	MS 2019		
	Delivery of recurrent 1% savings target	39a								A		A							£26.09m	MS 2019	
Sustainability	Delivery of recurrent 1% savings target	39b							A		A								£26.09m	MS 2019	
	Delivery of financial improvement target	39c							A		A								£26.09m		

ASSESSMENT

1) MORTALITY

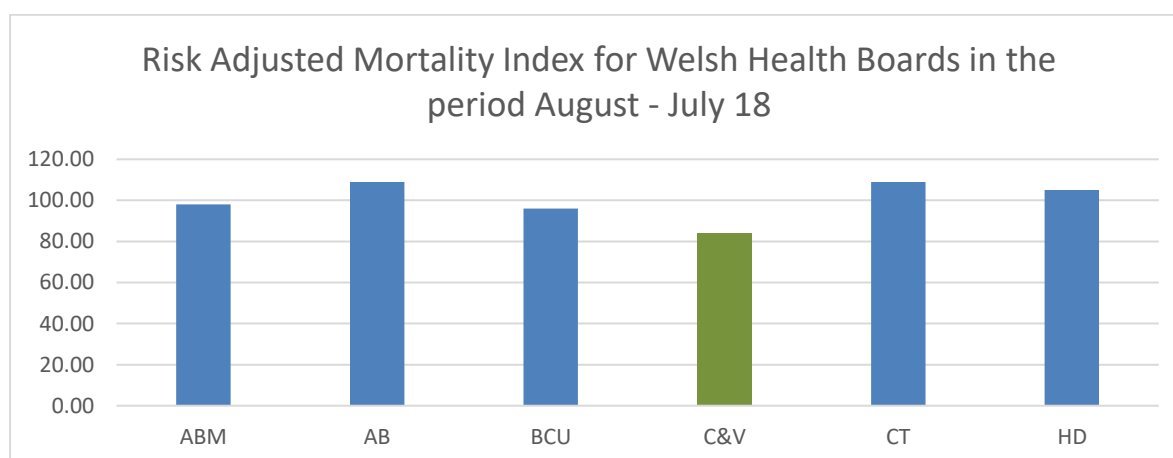
How are we doing?

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



How do we compare with our peers?

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



Risks

Hospital mortality is a useful indicator for measuring the UHB's effectiveness in providing safe, clinically effective services and for the early identification of harm occurring.

What are we doing?

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

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

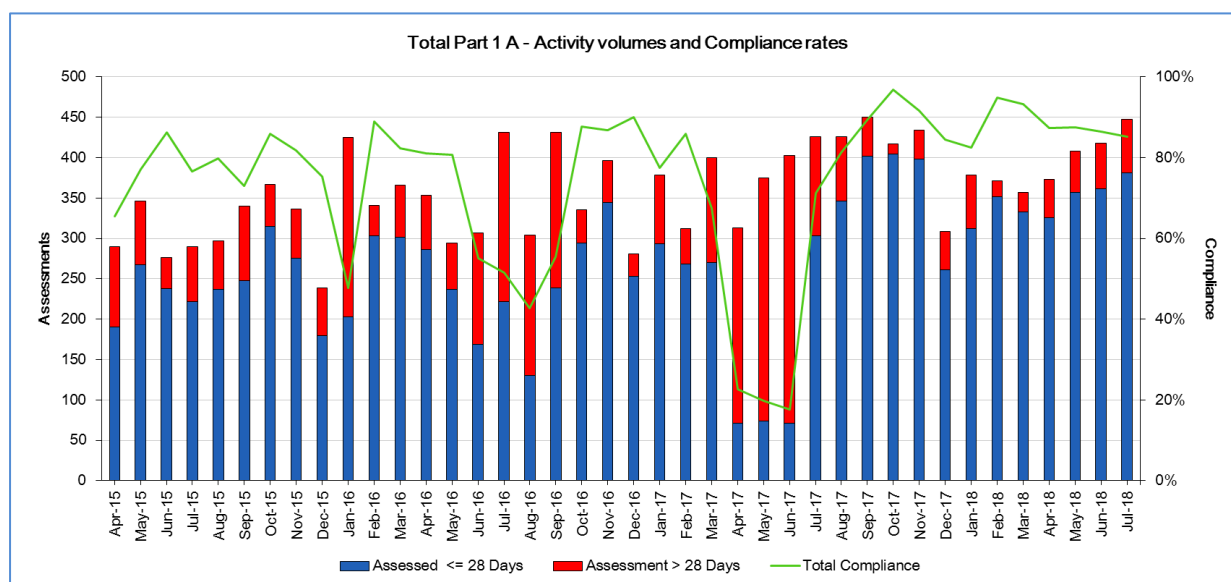
2) MENTAL HEALTH

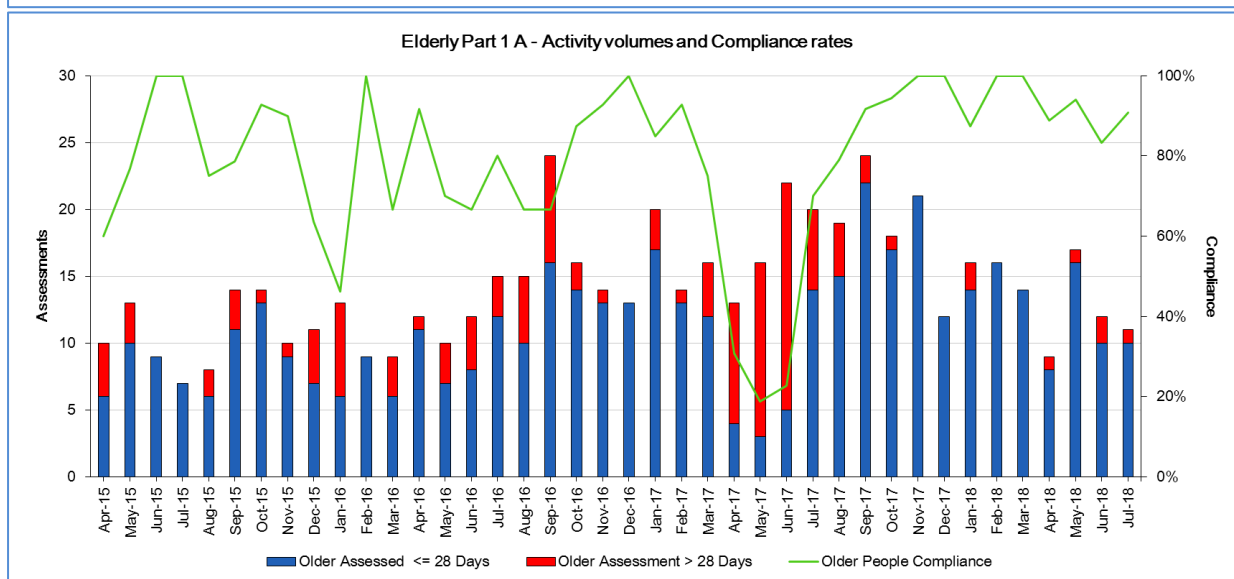
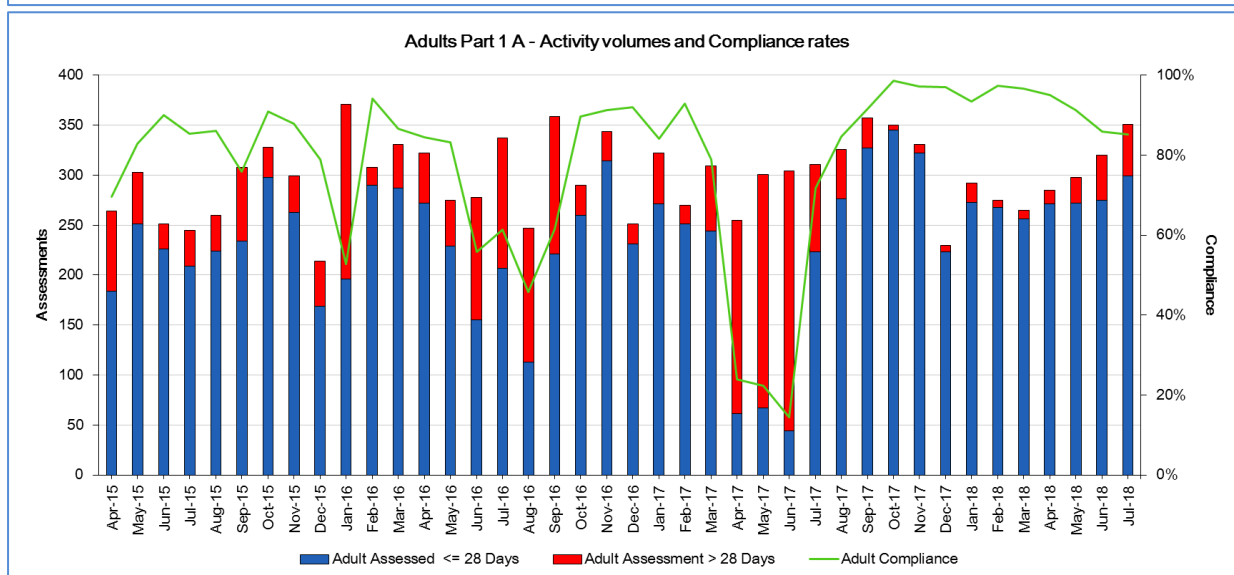
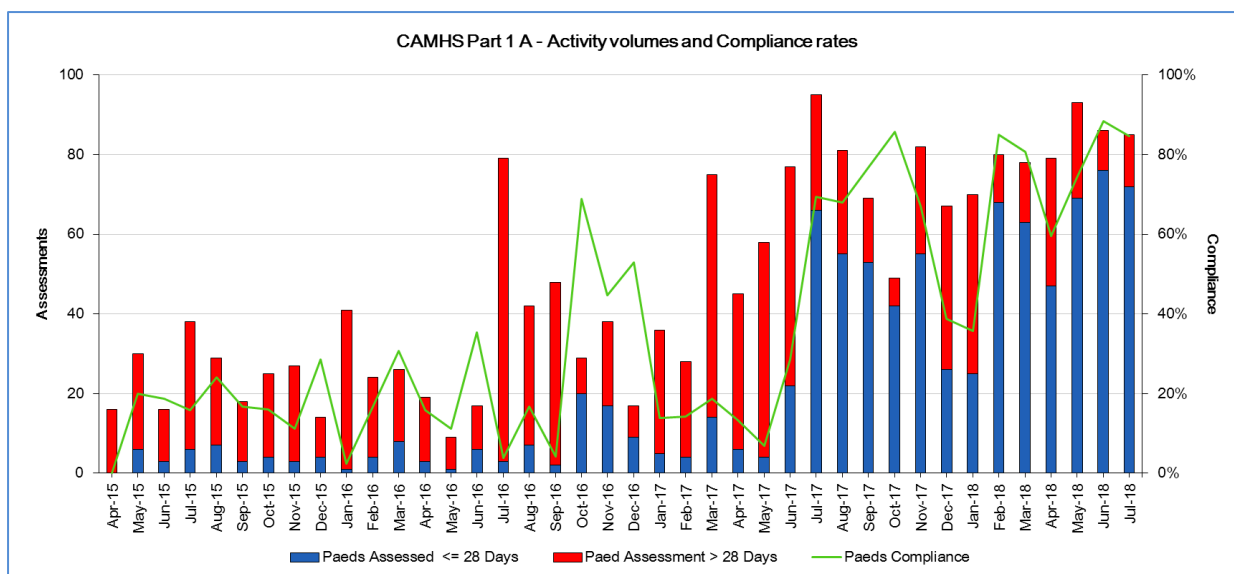
How are we doing?

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

Overall 88.2% of service users seen in July 2018 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

All three services within the UHB were compliant with the Welsh Government's standard of 80%.





Part 1b: Overall 82.1% 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 85.1% of LHB residents had a valid Community Treatment Plan completed at the end of July. Performance This remains below 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?

Whilst we are performing comparatively well for Part 1a of the measure, the deterioration in the UHB's level of performance in respect of delivering parts 1b and 2, has not been observed in other Health Boards.

June 2018	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of Therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
Wales	84.0%	82.4%	88.7%	100.0%
ABM	82.5%	79.5%	88.2%	100.0%
AB	86.8%	85.0%	91.2%	100.0%
BCU	73.4%	71.5%	92.1%	100.0%
C&V	86.4%	71.4%	85.3%	100.0%
CTaf	90.5%	89.4%	79.6%	100.0%
HDda	86.6%	88.9%	91.8%	100.0%
Powys	83.1%	82.1%	94.0%	100.0%
Rank	4/7	7/7	6/7	-/7

What are the main areas of risk?

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

A further risk facing the Board is associated with the delivery standard for part 1b: "commencement of therapy". The standard is not sensitive to the group-based model used by the organisation for proving many of the interventions, nor to the UHB's Solution Focused Brief Therapy approach, whereby effectively every session could be the practitioner's last session with the patient and thus 'treatment' could be

deemed to start at first contact, which the new rules from WG define as explicitly not counting as the first point of treatment

What actions are we taking?

Part 1a – Establishment of a 3 point plan to develop CAMHs services to ensure ongoing compliance:

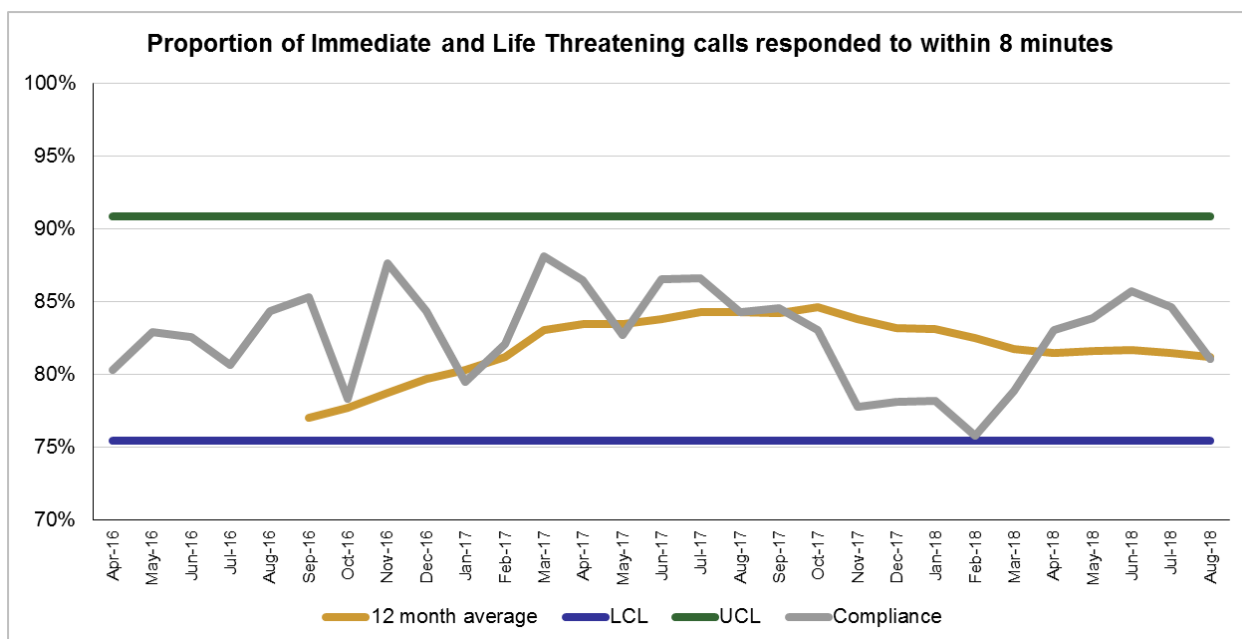
- A 'bridging' strategy has been put in place to 'front-load' the assessment pathway with senior staff NB – since the reported position, weekly performance data indicates that we are now exceeding the 28 days assessment position.
- The second element to the plan is the development of a whole system model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

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

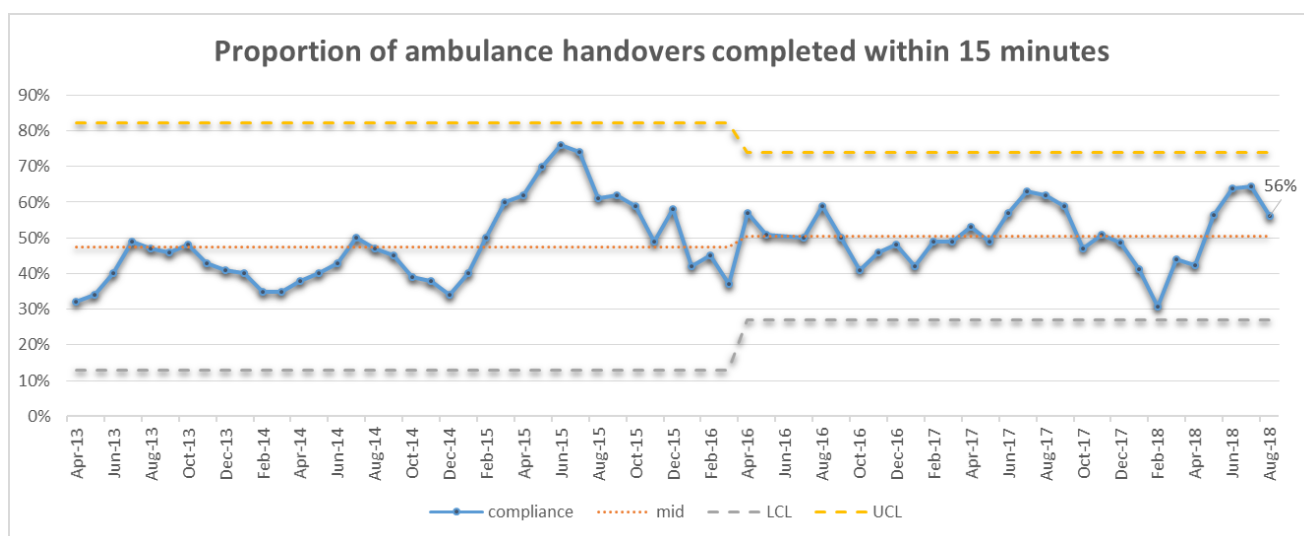
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

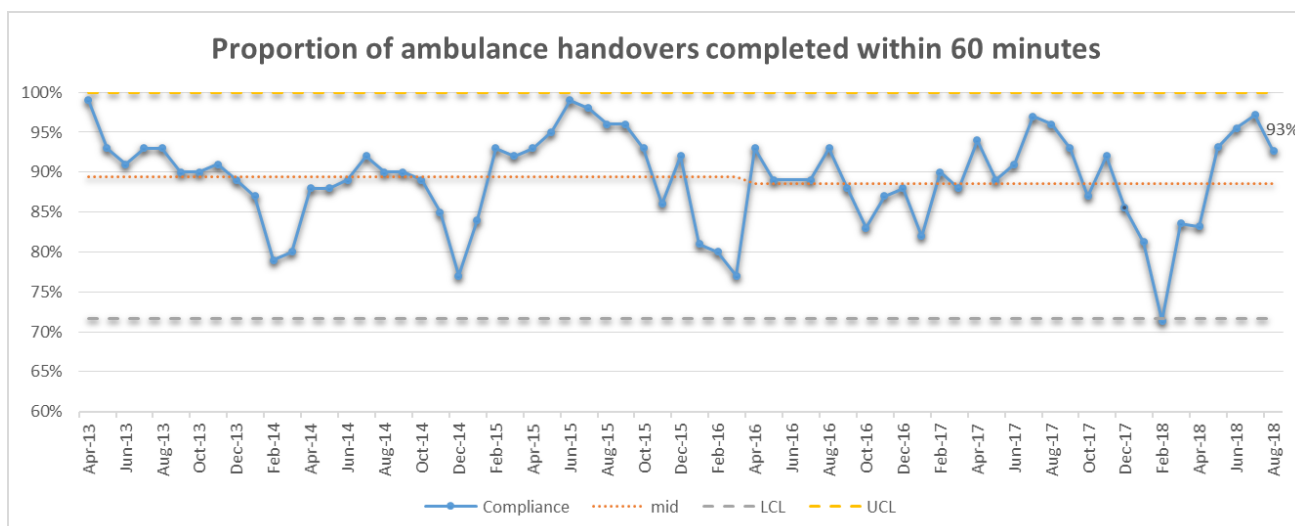
3) UNSCHEDULED CARE

The proportion of immediate and life threatening calls responded to within 8 minutes was 81% in August; fluctuating around the 12 month average of 82%. Performance remains above the Welsh Government target of 65%.

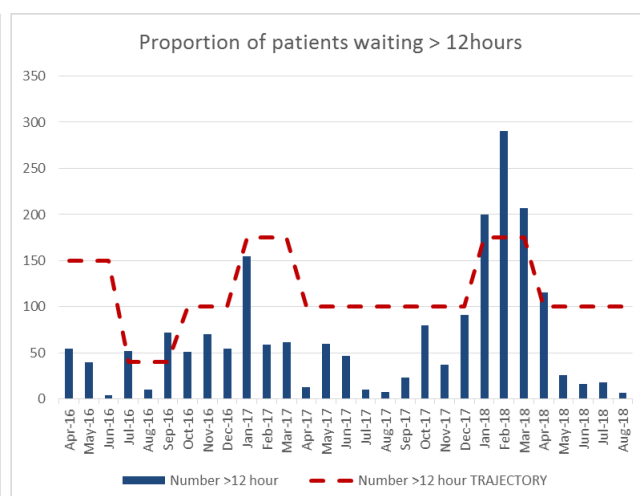
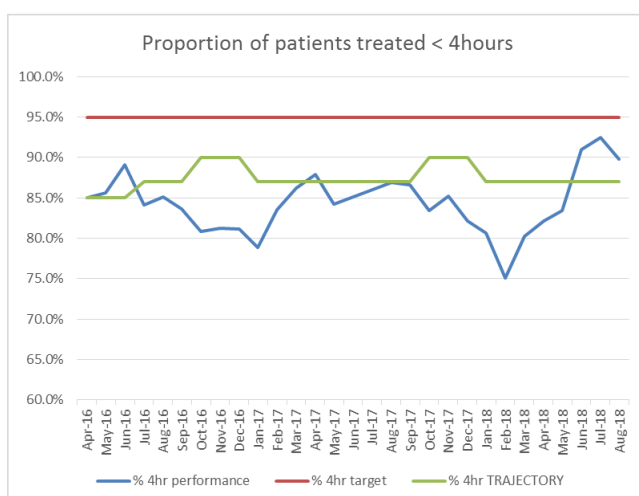


In respect of ambulance handovers, 56% of patients were handed over within 15 minutes and 93% of patients handed over within an hour marginally below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

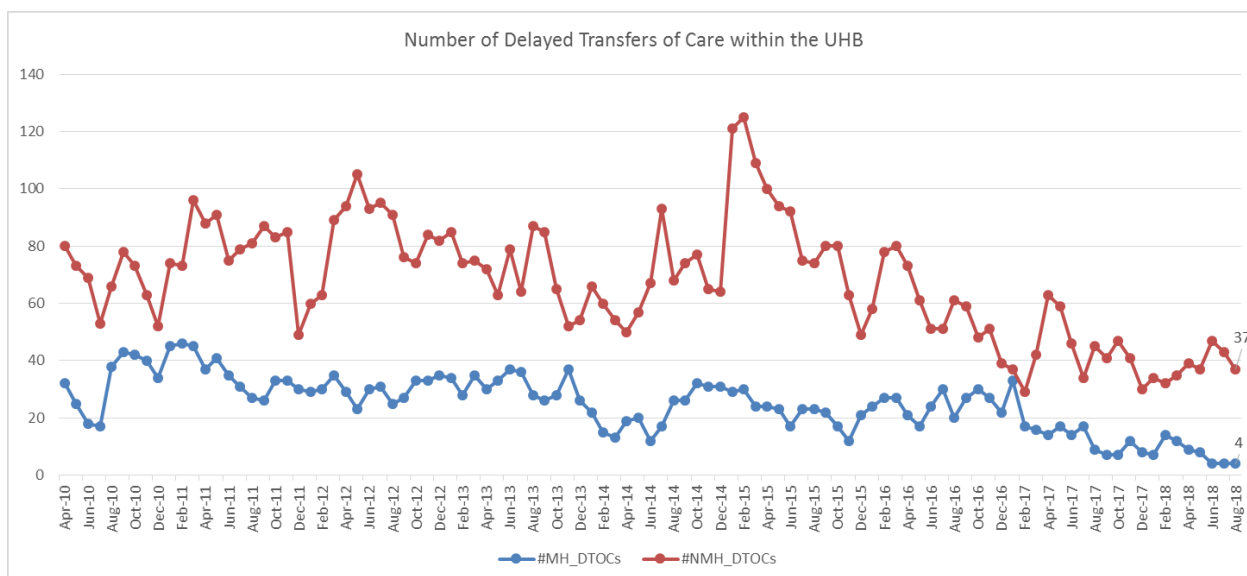




The proportion of patients admitted, discharged or transferred within 4 hours fell in August to 89.8%, below the WG target of 95% but continuing to exceed the UHB's IMTP trajectory of 87%. The number of patients waiting in excess of 12 hours further reduced to 7, remaining slightly above WG's standard 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 August 2018 census point, the UHB recorded that 41 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1035 in the month, equating to 41 beds per day. DTOC's overall have been on a downward trend for some time allowing for seasonal variances.



How do we compare with our peers?

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

Month	May 18	May 18	Aug 18	May 18
HB	4 Hour	Patients >12Hrs	Red Call<8 Minutes	Ambulance Waits>1 Hr
ABM	78.9%	624	79.2%	452
AB	79.6%	331	70.6%	239
BCU	77.5%	1039	71.4%	498
C&V	83.4%	26	81.1%	171
CT	91.8%	100	73.2%	3
HD	83.3%	707	70.2%	165
C&V Rank	2/6	1/6	1/6	3/6

The UHB is ranked 4th for mental health delayed transfers of care of patients and is ranked 5th for its Mental Health rate.

	ABM	AB	BC	CV	CT	HD	Pow	C&V Rank
# HB MH DTOC	625	965	1133	461	280	446	259	4/6
# HB non MH DTOC	331	84	233	124	85	87	49	5/6

What are the main areas of risk?

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

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

What actions are we taking?

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

The implementation of a 'Summer Plan' to improve the unscheduled care system – which leads into our Winter Plan – is progressing. There are a number of improvement initiatives, namely around improving primary care resilience, front door processes, reducing in-hospital length of stay and developing domiciliary based initiatives for expediting discharges.

Development of the 2018-19 integrated winter plan with our partners and on a whole system basis continues. A paper will be presented to Board at its September 2018 meeting.

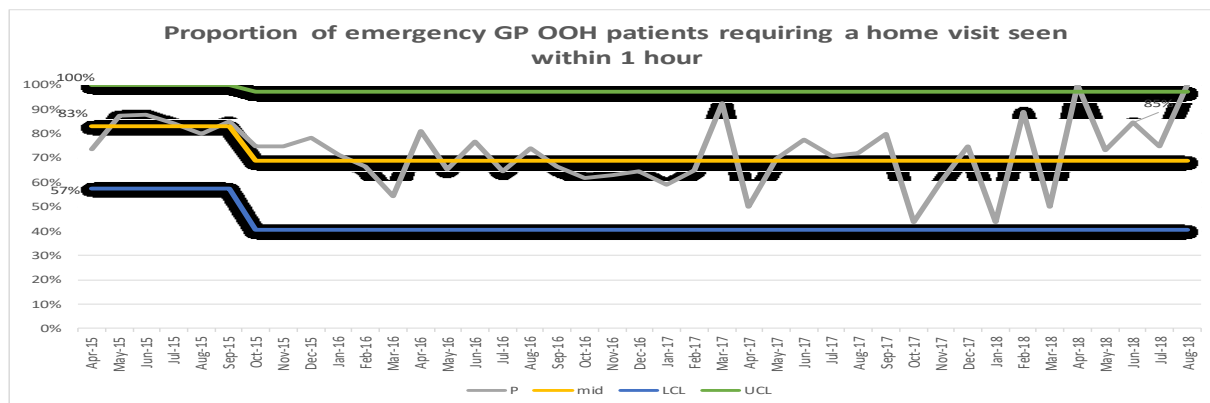
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

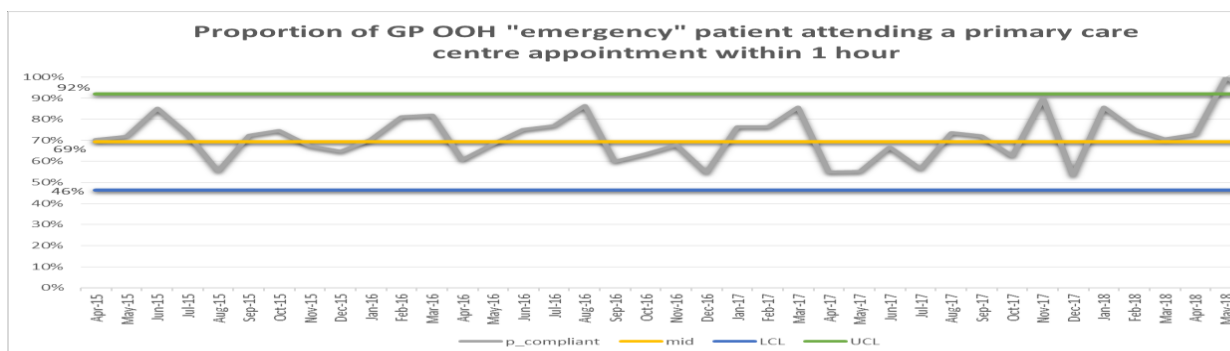
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. Performance has steadily improved in all areas since February. Eight of the standards were achieved in August.

	Demonstrates that a standard has been achieved		Total Contacts= 8623			Total Contacts=8515			Total Contacts= 8297		
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on Aداstra = 7447			Total Clinical Contacts Recorded on Aداstra = 7295			Total Clinical Contacts Recorded on Aداstra = 7052		
	Demonstrates that a standard has not been achieved		Jun-18			Jul-18			Aug-18		
	Demonstrates volumes only										
Standard	Description	Target	Total	Result	Score	Total	Result	Score	Total	Result	Score
Telephone Services											
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7744	7054	91%	7480	6764	91%	7194	6526	91%
		100% ans. in 120 seconds	7744	7369	95%	7480	7051	95%	7194	6798	94%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7744	111	1%	7480	113	2%	7194	464	6%
Handling	% of calls recording the correct patient demographic information	100% Correct	7744	7744	100%	7480	7460	100%	7194	7194	100%
Telephone Triage Services											
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2036	1686	83%	2008	1687	84%	1862	1529	82%
	Longest time to triage an urgent call	Longest time		513			667			575	
	Average of the 10 longest times to triage an urgent call	Average time		357			445			332	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3814	3341	88%	3566	3150	88%	3492	3021	87%
	Longest time to triage a routine call	Longest time		715			912			1327	
	Average of the 10 longest times to triage a routine call	Average time		479			824			741	
Immediate Life Threatening (ILT) Conditions											
Referral	Number of life threatening conditions identified	100% within 3 minutes	158	158	100%	143	143	100%	104	104	100%
Home Visiting											
Home Visits	The number and percentage of home visits	No target	7447	510	7%	7295	496	7%	7052	440	6%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	13	11	85%	12	9	75%	5	5	100%
	The number of face to face contacts within two hours	100% seen within two hours	13	13	100%	12	11	92%	5	5	100%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	197	171	87%	172	137	80%	147	111	76%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	300	247	82%	312	274	88%	288	230	80%
Primary Care Centre Appointments											
PCC	The number and percentage of PCC attendances	No target	7447	2358	32%	7295	2295	31%	7052	2165	31%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	4	4	100%	20	18	90%	14	11	79%
	The number of face to face contacts within two hours	100% seen within two hours	4	4	100%	20	20	100%	14	14	100%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	258	224	87%	212	185	87%	204	186	91%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2096	2060	98%	2063	2042	99%	1947	1922	99%
Transmissions											
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	8398	8398	100%	8169	8169	100%	7594	7594	100%
Other Data											
Outcomes	The number of calls ending in telephone advice	No target	7447	2072	28%	7295	1989	27%	7052	1767	25%
	The number of calls advised to contact their GP within 24hrs.	No target	7447	842	11%	7295	894	12%	7052	844	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	7447	485	7%	7295	518	7%	7052	465	7%
	The number of referrals to WAST	No target	7447	171	2%	7295	236	3%	7052	168	2%
	The number of referrals for direct admission	No target	7447	226	3%	7295	253	3%	7052	289	4%
Referrals IN	The number of referrals from the Emergency Department	No target	7447	28	0.4%	7295	35	0.5%	7052	47	0.7%
	The number of referrals from WAST	No target	7447	154	2%	7295	168	2%	7052	128	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4178	3602	86%	4173	3696	89%	4214	3620	84%
Complaints/Incidents											
Complaints	Total number of complaints received & number upheld	No target		2			2			5	
Complaints	Total number of complaints received	Volume only		7			2			2	
Significant Events	Total number of significant events recorded	Volume only		0			0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			0			0	

The proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour had previously been fluctuating wildly, between limits of 41% and 97%. Discrete performance in July and August was 75% and 100% respectively, meeting the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 90% in July and 79% (11/14) in August against a minimum standard of 75%.



How do we compare with our peers?

Welsh Government has chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients. The UHB's relative performance is shown below for May 2018.

May-18	ABM	AB	BC	C&V	CT	HD	Pow	C&V Rank
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	85%	86%	75%	76%	67%	62%	85%	4/7
% very urgent patients seen <= 60 mins following clinical assessment	60%	78%	43%	73%	83%	100%	85%	5/7

What are the main areas of risk?

The two areas of concern are:

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

What actions are we taking?

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

- Minor Illness clinicians are being trialled within the service during the weekend periods.
- A 3 year work plan has been developed following the capacity and demand work, this is currently being shared with the clinical board.
- The all-Wales OOHs peer review will be taking place at the end of September.

- The service is working with the 111 project to pilot Health Care Support Workers within the multi-disciplinary team. Presently we are awaiting written confirmation of the finance having been received before moving forward
- Confirmation of the Expected Death Policy documentation has been completed for the UHB, which includes a policy change enabling qualified practitioners, not just medics, to certify death. Agreement from the Nursing & Midwifery Council's Director of Nursing Board is now awaited.

5) STROKE

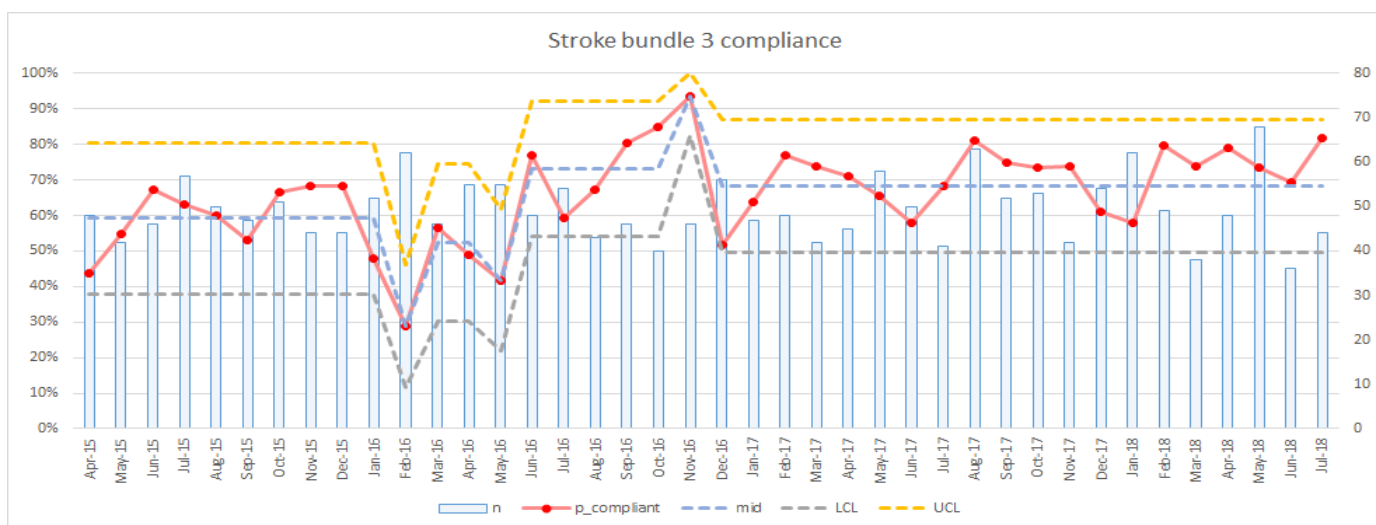
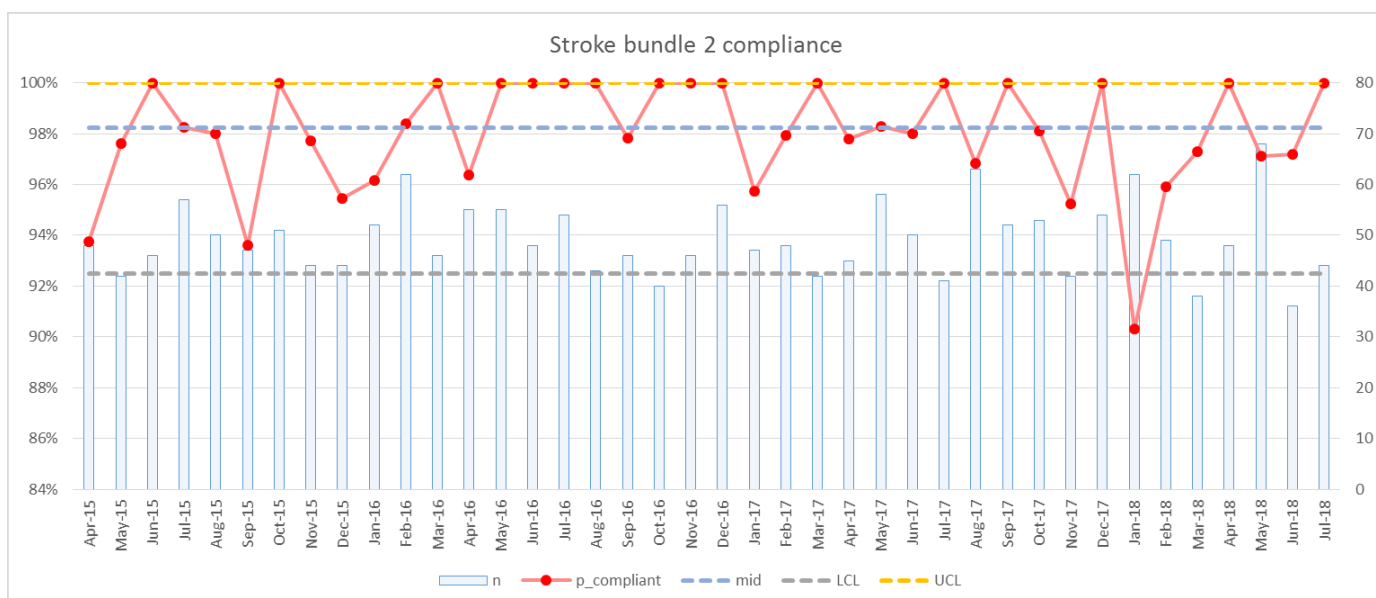
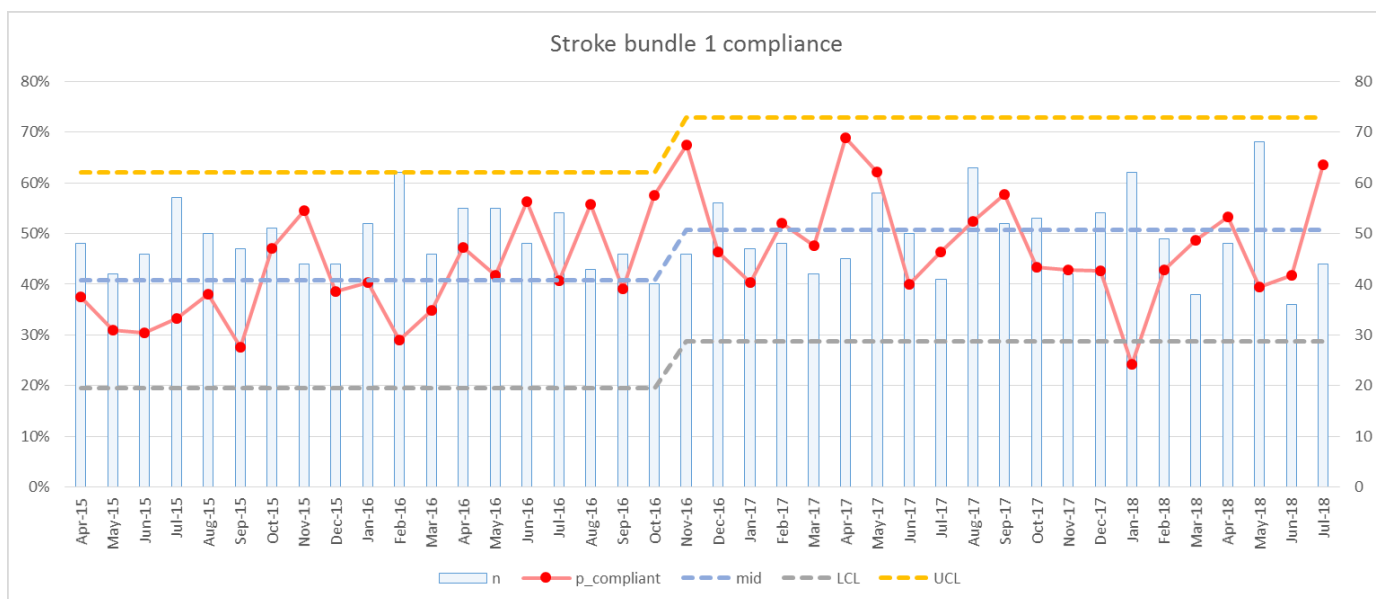
How are we doing?

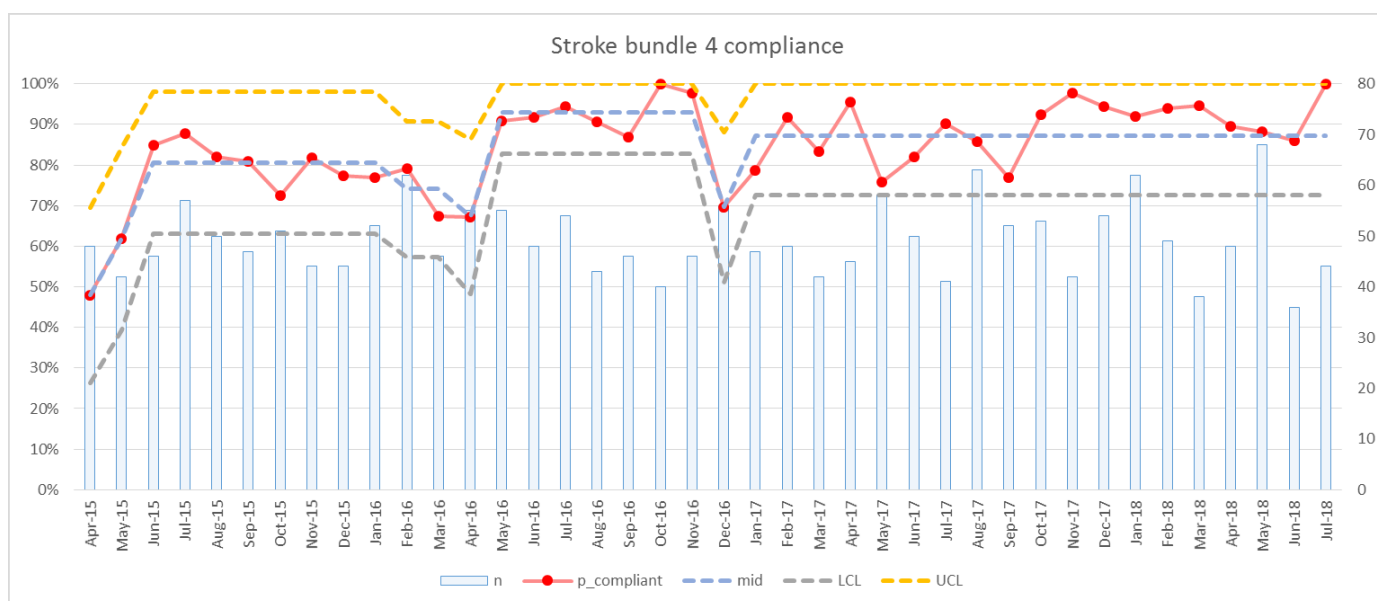
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

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

WG benchmarking standard		IMTP trajectory	UHB in Jul-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	60%	63.6%
12 Hour QIM	CT Scan within 12 hours	97%	100%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	81.8%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	25%	10.0%

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





How do we compare with our peers?

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

In May 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	37.5%	64.8%	47.6%	39.4%	47.4%	65.5%	5/6
CT scan <1h	43.0%	63.4%	39.8%	72.1%	66.7%	72.0%	1/6
Assessed by a stroke consultant <24h	93.3%	94.4%	83.5%	83.8%	51.3%	94.7%	4/6
Thrombolysis door to needle (<=45min)	11.1%	37.5%	35.7%	10.0%	0%	50%	5/6

What are the main areas of risk?

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

What actions are we taking?

The overall ability to transfer to an acute stroke unit has now improved.

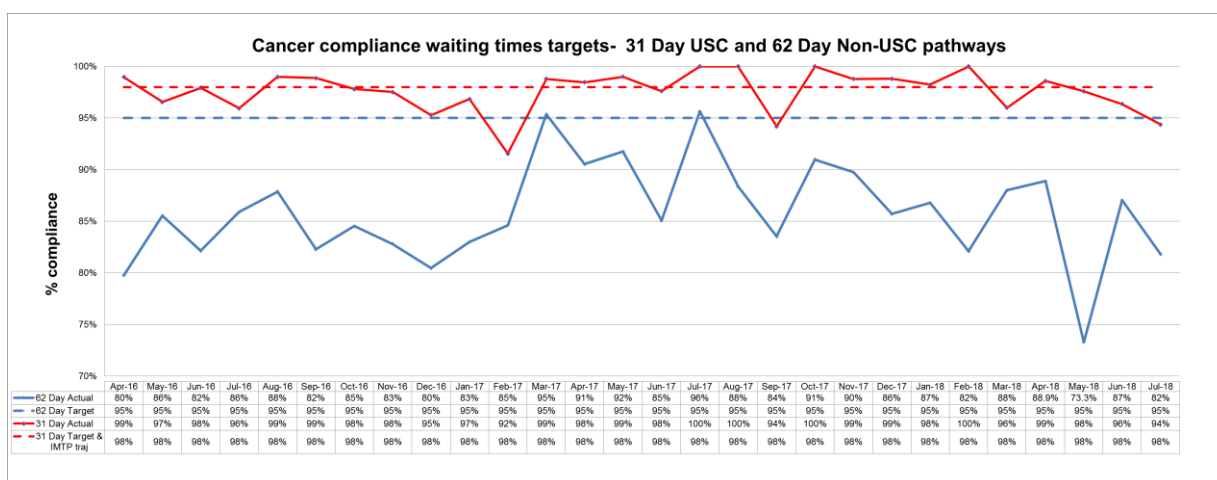
The inpatient thrombolysis pathway is being revisited to explore options to streamline the process further and further training for junior doctors and EU middle grade medical staff is to be provided.

6) CANCER

How are we doing?

94.4% of cancer patients on the 31 day pathway were treated within the standard in July 2018, with 2 Lower Gastrointestinal, and 2 Breast patients waiting in excess of 31 days. There has been a steady decline in performance from 97.6% in May.

Reported performance against the USC 62 day target in July 2018 was 81.8%, below the UHB's IMTP trajectory for quarter 2 of 92%. There were 20 breaches in month, of which 2 were Head and Neck, 7 were GI; 1 haematology; 2 breast; 4 Urology and 4 Lung.



The UHB continues to prepare for the implementation of the 'Single Cancer Pathway' (SCP). In line with Welsh Government requirements, the UHB has been submitting a shadow report on SCP performance – with the latest report submitted in May for April data. The Health Board reported 94% compliance including application of suspensions and a 63% compliance without suspensions. It should be noted, however, that this is not a true reflection of ongoing SCP performance – as the requirement for the initial months was to only include patients joining the pathway after January 2018 – and reporting requirements are not fully finalised.

How do we compare with our peers?

In June 2018, the UHB was 96.4% compliant with the 98% delivery standard for the 31 day non-USC pathway. No Health Board delivered the 95% 62 day USC standard.

June 2018	ABM	AB	BCU	C&V	CT	HD	Wales	C&V Rank
Non USC	96.2%	98.1%	97.8%	96.4%	98.2%	97.5%	97.4%	5/6
USC	84.1%	87.9%	83.3%	87.0%	83.3%	91.0%	85.9%	3/6

What are the main areas of risk?

- The main reasons for the deterioration in performance relate to an exceptional rise in Urgent Suspected Cancer referrals combined with a delayed impact of loss of radiology capacity as a result of the severe weather in March. It is worth noting that the UHB has treated 30 more confirmed cancer patients year-to-date compared to last year, a 9% increase on the previous two years.
- Balancing demand and capacity, including the need to balance waiting time target demands and clinical urgency across all categories of referrals. This is particularly challenging for diagnostics.
- Challenges in recruiting healthcare professionals to key (and often specialist) posts.
- 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?

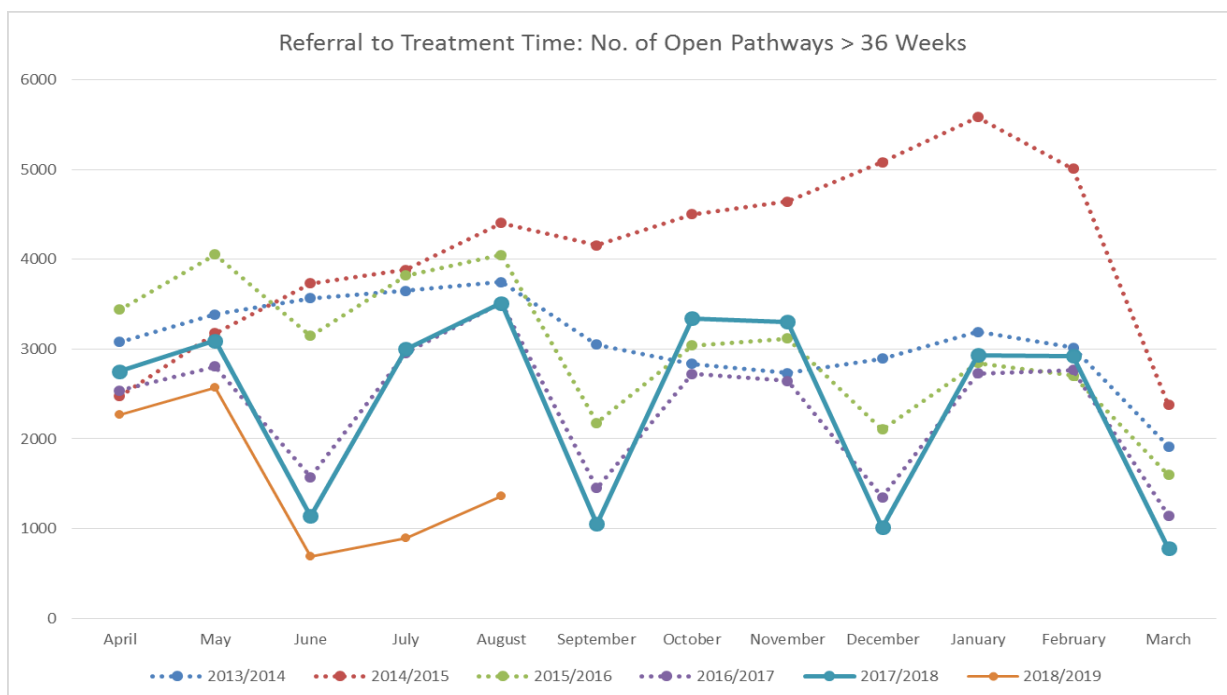
- Extraordinary meetings, chaired by the Chief Operating Officer, with Clinical Board Directors of Operations to agree and monitor actions to improve performance by individual tumour sites continue on a weekly basis.
- Pursuing (a) additional activity for breast (Outpatients & mammograms) and (b) locum to cover unplanned absences – both to reduce time to the first outpatient in breast.
- Pursuing additional capacity for CT reporting to reduce backlog and time to report.
- Recruitment of an additional 4 WTE radiographers to increase scanning capacity for CT underway.
- Core endoscopy capacity is being used for cancer referrals and surveillance (with insourcing activity focused on > 8 weeks diagnostics).
- Medicine Clinical Board has met with Velindre NHS Trust and agreed a range of actions to address delays for patients on a lung cancer pathway.
- The pathway redesign project in GI continues, as previously reported.

7) ELECTIVE ACCESS

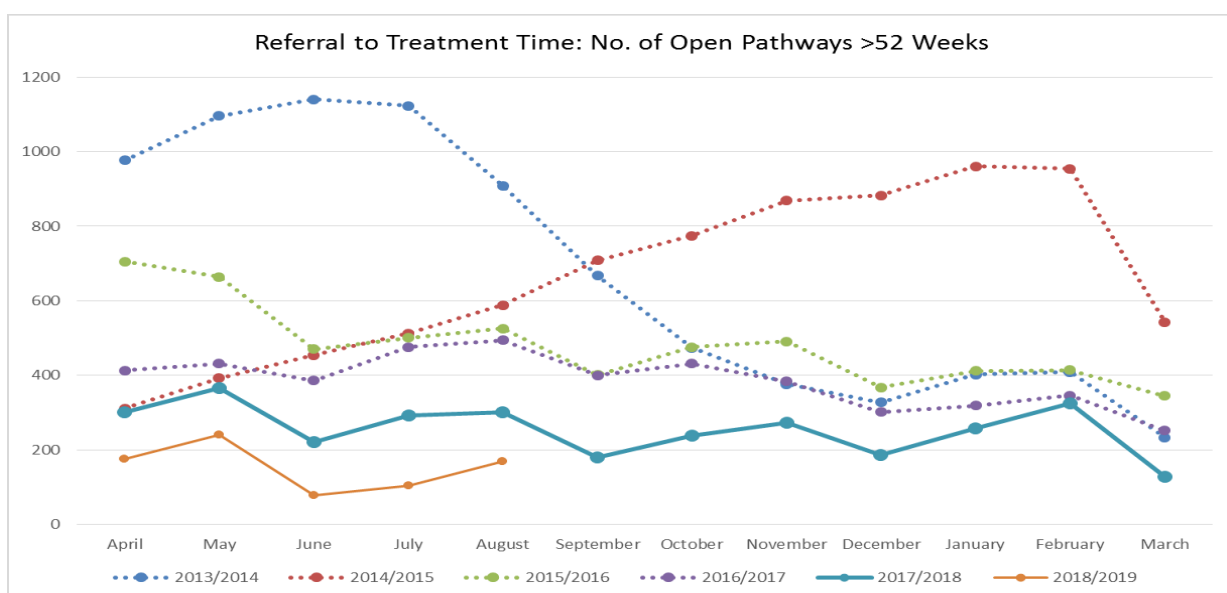
How are we doing?

There were 10768 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of August, equating to 86% of patients waiting under 26 weeks, in line with the IMTP trajectory of 86%.

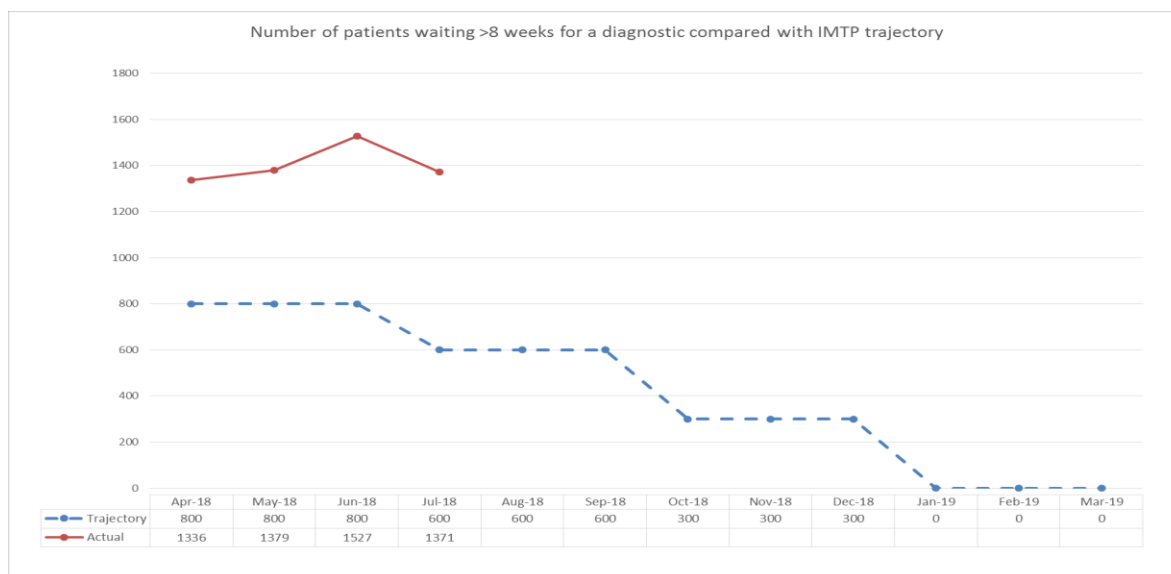
The number of patients waiting over 36 weeks reduced to 1366 at the end of August. This is a 40% reduction in the number of long waiting patients that was recorded at the start of the financial year.



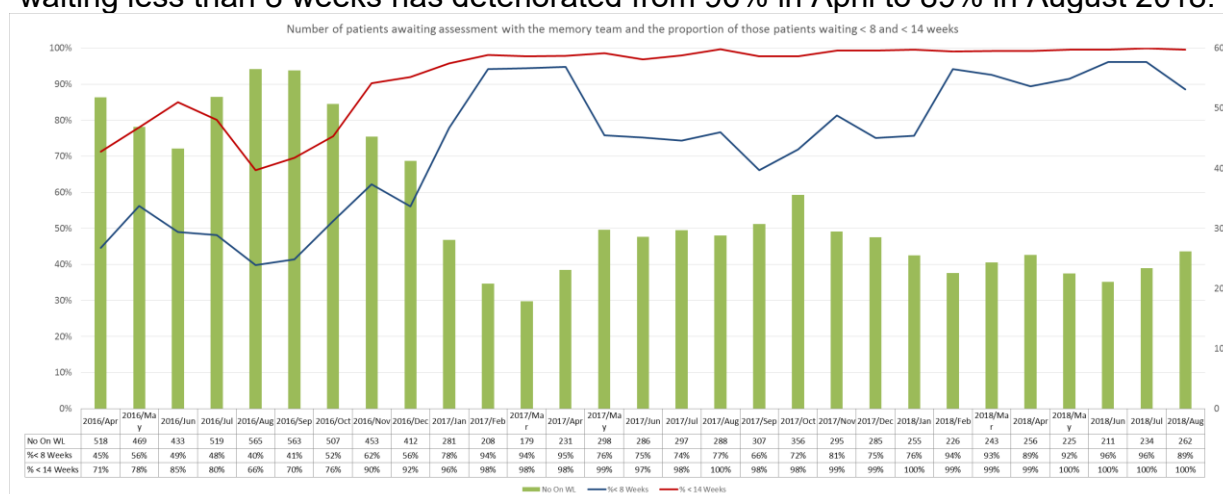
The number patients greater than 52 weeks at the end of August was 169, broadly in line with the numbers reported over the past 6 months.



The Welsh Government has now included additional cardiac diagnostic services within the national performance framework, which was not factored in to the UHB's IMTP trajectory. As a consequence the Health Board is now reporting the number of patients waiting greater than 8 weeks for a diagnostic test at the end of July 2018 as 1371, against the original trajectory which does not account for the cardiology tests.



At the end of August 2018, 100% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks has deteriorated from 96% in April to 89% in August 2018.



How do we compare with our peers?

The All-Wales waiting time position at the end of June 2018, shown below, indicates that Cardiff & Vale ranked 3rd for the proportion of patients waiting less than 26 weeks, 2nd for the lowest number of patients waiting in excess of 36 weeks and 5th for the number of patients waiting in excess of 8 weeks for a diagnostic.

Jun 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	88.7%	88.7%	90.8%	85.8%	88.7%	93.1%	86.4%	3/6
No. > 36 weeks - RTT	12594	3319	848	5767	686	195	1779	2/6
No. > 8 weeks diagnostic	5018	915	502	1742	1527	207	122	5/6

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

There are a number of areas of risk including:

- Demand increases and capacity gaps
- Physical theatre capacity and theatre staffing
- Reliance on external providers

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

- Development and monitoring of demand and capacity plans as part of its established Planned Care planning cycle. This now includes a move to monthly cohort monitoring.
- Early decision making to smooth activity across the year and maximise opportunities for improvement.

8) FINANCE

How are we doing?

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

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

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is now key to the success of the plan. The adverse variance reported against the operational plan deteriorated by £0.227m in month 5 to £0.788m and the UHB expects to recover this overspend as the year progresses.

Background

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

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

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

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

Reported month 5 position

At month 5 the UHB is reporting a deficit of £4.913m comprised of the following:

- £4.125m planned deficit (5/12th of £9.900m);
- £0.788m adverse variance against plan.

The overspend against the plan increased by £0.227m to £0.788m and is primarily driven by nursing, clinical supplies and services and slippage against savings schemes. These areas are subject to additional scrutiny and the overall adverse variance to the plan is expected to be recovered over the final 7 months of the year.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st August 2018

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(113.500)	(113.250)	0.250	(551.208)	(550.284)	0.924	(1,338.463)	(1,338.463)	0.000
Pay	49.419	49.478	0.059	246.911	246.840	(0.071)	587.127	587.127	0.000
Non Pay	64.906	64.824	(0.081)	308.423	308.358	(0.065)	761.237	761.237	0.000
Variance to Draft Plan £m	0.825	1.052	0.227	4.125	4.913	0.788	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(4.125)	0.000	4.125	(9.900)	0.000	9.900
Total £m	0.000	1.052	1.052	(0.000)	4.913	4.913	0.000	9.900	9.900

Progress against savings targets

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

At month 5 the UHB has fully identified schemes to deliver against the £33.780m savings target

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

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

Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £49.0m. If the 2018/19 financial plan is fully delivered the forecast 2019/20 brought forward underlying deficit would be £39.1m.

Creditor payment compliance

Month 5 non-NHS Creditor payment compliance was 95.3% for April, achieving the 95% 30 day target.

Remain within Capital expenditure resource limit

THE UHB had an approved annual capital resource limit of £33.008m at the end of August. Capital expenditure at the end of August was £12.848m against a plan of £11.928m.

Cash

The UHB has a forecast cash deficit of £24.793m. Cash management plans will be developed if Welsh Government cash support is not provided.
The UHB cash balance at the end of August was £6.148m.

What are our key areas of risk?

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

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

What actions are we taking to improve?

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

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

RECOMMENDATION:

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

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Paediatrics, Obstetrics & Neonatal (PON) Project Board. Lead planner: Marie Davies, C&V (Chair) <div style="background-color: yellow; border: 1px solid black; display: inline-block; padding: 2px;">A</div>	<ul style="list-style-type: none"> Cwm Taf formally have been further reviewing projections of cross border activity flows for Obstetrics and self-presenting paediatric emergencies and projected NICU cot requirements. Resourcing requirements and financial arrangements to support the changes in activity are due to be agreed in commissioning and DOF/CEO meetings in October. Cwm Taf have identified March 2019 as their preferred 'Go Live' date for the proposed service changes. C&V to review service resourcing requirements pending confirmation of flow changes to establish lead time for implementing required workforce plan to support changes to activity flows. Joint engagement and communication exercise will be required to ensure clear public and patient information is provided to support changes to current flows. 	<ul style="list-style-type: none"> Obs, Paeds and Neonatal T&F groups meeting in October to review operational pathways and supporting workforce plans. C&V midwifery reps working with Cwm Taf to support workforce and clinical governance planning. <p>Key milestones & dates (as per each service heading below) Capital scheme completion estimates:</p> <ul style="list-style-type: none"> PCH Obstetrics and Neonatal expansion – to be commissioned by October 2018 now slipped to end November 2018. UHW Obstetrics & Neonatal expansion – to be commissioned by Feb 2019. Date for transfer of agreed activity from RGlamH to UHW to be agreed dependant on delivery timescale associated with implementation of workforce plans. 	MD
Paediatrics C&V leads: Planning – Marie Davies Paediatrics: <i>Jennifer Evans</i>	<ul style="list-style-type: none"> Cwm Taf UHB progressing detailed planning for the opening of the new paediatric assessment unit at Royal Glamorgan. There has been a review of their plans for management of paediatric walk-ins presenting at A&E. The final service model and clinical pathways are due to be presented to the regional Paediatric Task and Finish group on 18th October in order to update the service specification document to detail the agreed operational model, patient pathways from all referral sources, activity flows and supporting workforce arrangements. It is understood that due to the delay on the capital scheme at PCH, it would be the end of November at the earliest that the service moves could take place and that 	<ul style="list-style-type: none"> Clinicians to agree revised pathways across the region to support the interim and longer term plans and ensure seamless arrangements across the two HBs. Costed implementation plan to BCAG for additional activity. <p>Key milestones & dates</p> <p>Oct 18 - sign off of revised pathways and service specification</p> <ul style="list-style-type: none"> Oct 18 – agreement of final revenue arrangements Nov 18 – activity business case to BCAG TBA – implementation of final clinical model 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
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.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
	<p>Cwm Taf UHB propose to delay implementation until March 2019.</p> <ul style="list-style-type: none"> Workforce plans also continue to be progressed, both to support the implementation of the above and to ensure the sustainability of current services during the interim period. 		
Obstetrics Lead planner: Rachel Marsh, CT C&V Clinical Lead – Pina Amin Planning – Marie Davies	<ul style="list-style-type: none"> Obstetrics flow plans currently under review. The Cwm Taf plan remains to establish a FMLU and local midwifery and consultant ante-natal services at Royal Glamorgan hospital and to divert consultant obstetrics admissions and deliveries to Princess of Wales and Prince Charles hospitals with residual flows to UHW. The implementation plan for the extra capacity and staffing required at UHW to accommodate this will be updated as soon as the flow and revenue funding details are formally confirmed. Some elements of the service specification remain yet to be finalised. The sustainability of the interim service arrangements at Cwm Taf have been under regular review, and contingency/escalation measures have now been implemented including the temporary transfer of some midwifery leads from UHW to Royal Glamorgan to provide clinical governance support to Cwm Taf colleagues alongside others from Princess of Wales. The regional Obstetrics Task & Finish group is meeting on 26th October to continue to work through operational arrangements required to implement the revised service flows and confirm the clinical pathway requirements. As with Paeds, the obstetrics workforce plans continue to be progressed, both to support the implementation 	<ul style="list-style-type: none"> Agree revised pathways across the region to support the interim and longer term plans and ensure seamless arrangements for mothers receiving their maternal care across two HBs. Close monitoring of planned cross boundary bookings and births, to monitor any significant deviations from revised projected figures and ensure services are able to respond. Costed implementation plan to BCAG for additional activity. Revenue business case for additional consultant appointments (standards compliance). <p>Key milestones & dates</p> <p>Oct 18 - sign off of revised pathways and service specification</p> <ul style="list-style-type: none"> Oct 18 – agreement of final revenue arrangements Nov 18 – activity business case to BCAG TBA – transfer of agreed activity from RGH to UHW (dependant on delivery timescale associated with implementation of workforce plans) 	

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Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
	of the above and to ensure the sustainability of current services during the interim period. <i>There are now risks to the implementation timescale for C&V due to the slippage on the planning and resourcing timetable and the impact of lead times to recruit particularly midwifery staff.</i>		
Neonatal Lead planner: Sam Williams, ABM C&V Clinical lead: Jenny Calvert Planning – Marie Davies	<ul style="list-style-type: none"> As with Paeds and Obs the flows and casemix for NICU services are being revised. It is anticipated that these will be formally reviewed at the commissioning meeting with Cwm Taf and C&V UHB's on the meeting on 10th Oct. Once this is confirmed there will be confirmation between WHSSC, Cwm Taf and Cardiff and Vale to oversee the neutral transfer of resources between HBs in response to projected changes in activity flow at full tariff rate. WHSSC is taking the lead to develop a regional-wide business case for investment to bring the service across the region fully in line with BAPM standards. This would cover senior clinician presence, nurse staffing ratios and a range of therapy and diagnostic support including physiotherapy, occupational therapy, dietetics, psychology, pharmacy and radiology. Concerns remain within the service that, until a business case is agreed, submitted and approved, the neonatal service at UHW continues to provide sub-optimal clinical outcomes and length of stay. A separate SBAR and service risk log has been developed for this purpose, which will form the basis of future discussions between the UHB and WHSSC. 	<ul style="list-style-type: none"> WHSSC/UHB to agree cost neutral post implementation activity commissioning position; neonatal capacity across the region; and business case priorities for future investment 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> Oct 18 – agreement of revised activity commissioning with WHSSC Oct 18 - sign off of revised pathways and service specification Nov 18 - confirm local resource requirements to support revised activity commissioning TBA – transfer of agreed activity from RGH to UHW (dependant on delivery timescale associated with implementation of workforce plans) 	

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

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
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 – None identified	Reported to Regional Planning and Delivery Group: “This legacy Programme will concentrate on and achieve a regional solution for Head and Neck surgery. It was accepted that the transfer of management of POW will add a new dynamic and potentially different solutions.”	None confirmed.	
		Key milestones & dates None confirmed.	
Vascular Lead planner: Ian Morris, AB C&V leads: Planning - Lee Davies Surgery CB - Mike Bond CD&T CB - Matt Temby	<ul style="list-style-type: none"> Consultant engagement meetings continue to be held with vascular and interventional radiology reps from across UHBs. Regional agreement on clinical model and staffing requirements for IR. ENT theatre changes (UHL) required to create capacity at UHW. Proposal to implement full vascular service model in 2019 ahead of availability of hybrid theatre. 	<ul style="list-style-type: none"> Capital BJC to be submitted to WG – slipped to end Q3 2019. Construction completion estimated end 2020. Implementation plan to introduce regional interventional IR rota across SE Wales in Nov 2018. Local bipartite contingency plan under consideration between CT and AB in the event that a Cardiff based service is not deliverable within agreed timescales. Detailed plan for key enablers and confirmation of timescale to provide the capacity in C&V UHB for the full vascular centralisation plan under development. Engagement plan with CHC and wider stakeholder to be developed. 	
		Key milestones & dates <ul style="list-style-type: none"> IR implementation targeted for Nov 2018. Weekly meeting between AB/C&V/CT planners (next dates 10th & 17th October). 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
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.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Diagnostics Lead planner: Ruth Treharne, CT C&V Clinical Lead: Mike Bourne CD&T CB - Matt Temby Planning – Marie Davies	<ul style="list-style-type: none"> Capacity requirements for 2017/18 and subsequent two years modelled. Two sub groups established for EUS/RFA and Endoscopy – C&V representation on both. Next meeting 19th Nov 	<ul style="list-style-type: none"> On-going clarification of interdependencies between National Task Force, National Imaging Board and Regional Planning group and priorities. Standardised demand and capacity modelling across the region to be developed with DU support. Diagnostic pathways to be transformed – reduce access and treatment times. 	
		Key milestones & dates <ul style="list-style-type: none"> To be determined at next meeting 19th Nov 2018 	
EUS/RFA Lead planner: Rachel Marsh, CT C&V leads: Radiology – Ashley Roberts Surgery – Wyn Lewis Medicine – John Green Respiratory – Diane Parry Planning – Marie Davies	<ul style="list-style-type: none"> C&V scoping work identified potential additional capacity for short term solution. WHSSC leading planning approach across S Wales for Oesophageal RFA service options 	<ul style="list-style-type: none"> Baseline data to be collected. Current and future D&C gaps and workforce requirements to be finalised. Proposal for Regional EUS service - option appraisal to be undertaken. 	
		Key milestones & dates <ul style="list-style-type: none"> Timescale and approach to be confirmed at next meeting 19th Nov 2018. 	
Endoscopy Lead planner: Rachel Marsh, CT C&V leads: Medicine - John Green Medicine - Jeff Turner Directorate – <i>Hannah Rix</i> Planning – Marie Davies	<ul style="list-style-type: none"> General expectation that demand will outstrip capacity even across the region. Baseline data has been collected including demand management methodologies and ERCP services. Regional solution continue to be explored – scoping of options to be undertaken. Next meeting 19th Nov 	<ul style="list-style-type: none"> Current and future D&C gaps and workforce requirements to be finalised. Audit on referrals, validation process and validation outcome. 	
		Key milestones & dates <ul style="list-style-type: none"> Detailed action plan for collaboration to be agreed at next meeting 19th Nov 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
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.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Ophthalmology Lead planner: Nicola Prygodzicz, AB C&V leads: Planning - Lee Davies Surgery CB - Tina Bayliss	<ul style="list-style-type: none"> 2018/19 Demand and Capacity assessment at sub undertaken at specialty level. Bids developed by UHB to expand community service provision (2 or 3 hubs proposed) at pace under development for: <ul style="list-style-type: none"> AMD Diabetics Eye Casualty Glaucoma 	<ul style="list-style-type: none"> Identify opportunities for regional solutions. Electronic Patient Record is key enabler. Switch to Primary Care – need expansion of services. 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> Regional Ophthalmology Plan for 2018/19 produced with detailed action plan. Timescale and process UHB bids for additional central funding (subject to WG support) to be approved UHB governance framework (CMG & BCAG) as appropriate. 	
Orthopaedics Lead planner: Abi Harris, C&V C&V leads: Orthopaedics – Simon White Surgery CB – Mike Bond Planning - Marie Davies	<ul style="list-style-type: none"> Completion of 2018/19 demand/capacity assessments across the region to a common methodology aligned to the National Planned Care approach. Commencement of a more detailed analysis of capacity and pressure points at sub-specialty level (beginning with knees), with a view to building a comprehensive picture of best practice, benchmarks, current constraints and future opportunities/potential for collaboration and improvement. 	<ul style="list-style-type: none"> Review and update the 2018/19 demand/capacity assessments to incorporate the final backlog figures carried over from end March. Complete detailed scoping documents for the agreed sub-specialties. Review the first draft regional action plan that has been circulated to group members. 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> Nov 18 - Clarify any issues arising from the above analysis, and use information obtained above to develop prioritised regional action plan. Submit action plan with key milestones as a comprehensive response to the recent Welsh Government paper – subject to planning capacity 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
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.

NHS COLLABORATIVE			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Major Trauma Spec Svs CB – Nav Masani Clinical Lead: Melissa Rossiter Operational Lead: Paula Goode Programme Mgt – Rachel Hennessy <div>A</div>	<ul style="list-style-type: none"> MT Project/governance structure reviewed and updated. Steering group to be established to take forward the next phase of the MT project at UHW. MT Capital Planning – project teams proposed to take forward MT components of capital planning programme and structure aligned to MT project structure. Wales Trauma Network Board established – draft TQUIN data submitted by C&V. 	<ul style="list-style-type: none"> Progress implementation of MT database. Finances to be refreshed when updated figures/data received (post implementation of EMRTS). Activity figures/data being updated to reflect anticipated change in demand post implementation of the MTC. Exploring options to establish 'sharepoint' or similar for the MTC project. Develop business cases for capital solutions for theatres/polytrauma ward/single point of entry. 	
		Key milestones & dates <ul style="list-style-type: none"> Draft timelines being considered at MT Project Board October 2018. 	
		Key milestones & dates <ul style="list-style-type: none"> None confirmed 	
SARC Lead planner: Rachel Hennessey, C&V <div>G</div>	<ul style="list-style-type: none"> Project progressing in line with workplan Project structure in place, with quarterly Project Board chaired by Maria Battle. Interim proposal for paediatric service model agreed by CEOs. CEOs agreed appointment of clinical lead for the region for paediatric services and adult services. 	<ul style="list-style-type: none"> Develop SOC/OBC/FBC for Capital solution – based on agreed NHS Wales Health Collaborative proposals. Implementation plan to be developed for interim paediatric service model. Recruitment to clinical lead posts to be taken forward by Children & Women's Clinical Board. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
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.

		Key milestones & dates <ul style="list-style-type: none"> FME option appraisal workshop to take place 24th October 2018 to determine preferred model for provision of FME services. Paediatric option appraisal workshop to take place 15th November 2018 to review the preferred service model for the region. Working towards interim solution for paediatric model to be in place by end of calendar year. 	
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WHSSC (Welsh Health Specialised Services Committee)

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Thoracic Surgery Clinical Lead: Specialist Services CB ABMU Implementation Plan Group - C&V reps: Clinical: Margaret Kornaszewska Operational: Nick Gidman Planning: Linda Donovan/Anne Wei Financial – Hywel Pullen	<ul style="list-style-type: none"> WHSSC led Thoracic Surgery Service consultation closed 27th August 2018 on the Independent Panel's recommendation that a single site be established for South Wales, based at Morriston Hospital, Swansea. Outcome of consultation to be considered at special public meetings of Health Boards in October based on a recommendation from the WHSSC Joint Committee. 	<ul style="list-style-type: none"> Local programme of consultation activity completed in liaison with CHC. Included multiple opportunities for public, stakeholder and staff engagement. UHB Clinical, Operational, Financial and Planning representatives on ABMUHB Implementation Planning Group (Executive overview from GS and AH). 	
		Key milestones & dates <ul style="list-style-type: none"> C&V UHB Board meeting 25th October 2018 to consider outcome of consultation and WHSSC recommendation on way forward 	
NICU Clinical Lead: Children & Women CB	<ul style="list-style-type: none"> Revenue business case required for additional consultant to meet standards compliance. 	Key milestones & dates <ul style="list-style-type: none"> Submission to BCAG Nov/Dec 2018 	

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Transgender Service Clinical Lead: Medicine CB Operational: Geraldine Johnstone	<ul style="list-style-type: none"> • Business case discussed at BCAG. Formal approval of Business case still outstanding pending confirmation of arrangements for prescribing costs. • Initial clinics to go live in October 	Key milestones & dates <ul style="list-style-type: none"> • First clinics October 2018 	
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Local Planning			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Theatres/Haematology/Radio Pharmacy/Polytrauma Ward Block Clinical Leads: Surgery/Specialist/CD&T Clinical Boards Planning Lead: Marie Davies/ Lee Davies <div data-bbox="400 882 533 922">R</div>	<p>Business Cases Strategic Overview Paper for Theatres/Haematology/Radio Pharmacy/Polytrauma Ward Block Paper produced in relation to the development of the strategic overview, within C&VUHB, for next 10-15 years. Paper provides the rationale for developing several business cases as detailed below.</p> <p>Tranche 1 Business Cases OBC will include new accommodation based on requirement to address environmental deficiencies for:</p> <ul style="list-style-type: none"> • the replacement of 5 of the main theatres as well as 2 decant theatres linked to the existing theatre accommodation; • <i>Haematology facilities</i> - Development of facilities for Haematology has been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns • <i>Radio Pharmacy facilities</i> - Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes. • <i>Polytrauma Ward</i> – Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development. • BJC – Replacement of theatres 5&6 at UHL • BJC - Hybrid & Major Trauma Theatre at UHW 	<ul style="list-style-type: none"> • Pace of development of Business Cases - Project team has been established but project management resource is lacking. <p>Key milestones & dates Overall completion aim - 2022/23</p> <ul style="list-style-type: none"> • Strategic Overview Paper to be submitted to WG October 2018 • OBC Jan – Dec 2019 (subject to WG approval of the Strategic Overview Paper) • FBC March –Dec 2020 • BJC March 2019 • BJC Sept 2019 	
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	<ul style="list-style-type: none"> • BJC – Provision of 2nd Ophthalmology Theatre, UHW • Reconfiguration of Black and Grey Theatres at UHL <p>Development of the BCs is progressing</p> <p>Tranche 2 Business Cases</p> <ul style="list-style-type: none"> • UHW – Rolling refurbishment of main theatres 	<ul style="list-style-type: none"> • Programme to be confirmed • Construction to be completed by March 2019 	
<ul style="list-style-type: none"> • Replacement of Theatres 5&6 at UHL <p>A</p>	BJC – UHL – options feasibility testing nearing completion. Likely preferred option 3 modular theatres plus 24 bed ward (for winter/decant) due to time critical requirement for capacity.	<p>Key milestones & dates</p> <ul style="list-style-type: none"> • BJC to be completed by May 2019. • Overall completion mid 2020 	
<ul style="list-style-type: none"> • UHW – Provision of a Hybrid Theatre/+ MTC Theatre <p>A</p>	Development of BJC progressing. Hybrid & MTC theatre - options feasibility testing concluded. Preferred option likely to be hybrid theatre located in courtyard with adjacent general/MT theatre.	<p>Key milestones & dates</p> <ul style="list-style-type: none"> • BJC completion 2019 • Construction completion 2020 	
<ul style="list-style-type: none"> • UHW Emergency Unit and Paediatric Single Point of Entry <p>A</p>	A requirement for the Major Trauma Centre designation includes the development of the infrastructure to support the service requirements in relation to the Emergency Unit and the creation of a Paediatric Single Point of Entry.	<ul style="list-style-type: none"> • Programme to be confirmed 	
<ul style="list-style-type: none"> • UHW – Provision of 2nd Ophthalmology Theatre <p>A</p>	Development of a 2 nd Ophthalmology Theatre to meet demand pressures.	<ul style="list-style-type: none"> • Programme to be confirmed 	
<ul style="list-style-type: none"> • UHL – Upgrading of Black and Grey Theatres <p>A</p>	WG has confirmed that additional discretionary allocation will be made in November with first call on allocation for this scheme. Progressing at risk because of the interdependency with the vascular centralisation at UHW.	<ul style="list-style-type: none"> • Construction to be completed mid 2019 	
<ul style="list-style-type: none"> • UHW Refurbishment of the Mortuary 	Recent HTA inspection highlighted significant refurbishment required in order to meet the requirements of the HTA standard.	<p>Key milestones & dates</p> <ul style="list-style-type: none"> • BJC to be completed May/June 2019 	

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<div style="background-color: orange; color: black; text-align: center; width: 40px; margin: 0 auto;">A</div>	Discussions on-going in relation to the scope of the refurbishment work required. Development of BJC progressing.		
<ul style="list-style-type: none"> UHL Upgrading of Cystic Fibrosis Facilities <div style="background-color: orange; color: black; text-align: center; width: 40px; margin: 0 auto;">A</div>	BJC now progressing following decision of CMG in Sept 2017 to take the scheme off hold. BJC will include for the provision of additional capacity to accommodate growth in demand, as well as environmental improvements on the basis that the utilisation of the additional capacity will be phased as it is dependent on the approval of additional revenue funding from WHSSC.	Key milestones & dates <ul style="list-style-type: none"> Anticipated completion of the BJC March 2019 	
Genomics	Discussion being taken forward at national level through Genomics Task Force Group	Key milestones & dates <ul style="list-style-type: none"> None currently to report 	
Shaping Our Future Wellbeing: In Our Community Programme <div style="background-color: green; color: black; text-align: center; width: 40px; margin: 0 auto;">G</div>	Tranche 1 Projects:- <ul style="list-style-type: none"> Internal planning for the first tranche projects underway – see below for progress. Tranche 2:- <ul style="list-style-type: none"> Planning work started within Cardiff West Cluster in response to LDP growth and infrastructure opportunities. PCIC and Medicine CBs developing plan in relation to early projects which will contribute to the development of the H&WC@Barry. 	Awaiting response from WG, particularly in relation to:- <ul style="list-style-type: none"> potential for using approval of the PBC to enable a shortened business case approval process for individual projects release of capital to appoint design team to progress development of 1st tranche projects Key milestones & dates <ul style="list-style-type: none"> Programme Business Case submitted to WG beginning of July 	
H&WC@CRI - Masterplan (SOFW:IOC First Tranche Project) <div style="background-color: red; color: black; text-align: center; width: 40px; margin: 0 auto;">R</div>	<ul style="list-style-type: none"> Initial assessment indicates that available space at CRI is insufficient to accommodate the draft service scope. 	<ul style="list-style-type: none"> Further work required to challenge space allocation and identify creative space solutions Key Milestones and dates <ul style="list-style-type: none"> To be identified 	

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Relocation of SARC within CRI and enabling works (H&WC@CRI – Phase 2) <div style="background-color: yellow; border: 1px solid black; padding: 2px; display: inline-block;">A</div>	<ul style="list-style-type: none"> SOC available and progressing through internal approval process. Chair's Action to be sought to enable the SOC to be submitted to WG early October, prior to ratification at UHB Board at the end of October. Scheme includes associated enabling works - temporary relocation of CAU and Links CMHT on CRI site. 	<ul style="list-style-type: none"> Once WG have approved SOC, the development of the OBC will be initiated and the Design Team appointed. 	
Wellbeing Hub @ Park View <div style="background-color: yellow; border: 1px solid black; padding: 2px; display: inline-block;">A</div>	<ul style="list-style-type: none"> Scoping meeting with WG to determine business case route to be rearranged, following cancellation of meeting on 3 Sept. 	<ul style="list-style-type: none"> Project plan to be revised following scoping meeting with WG 	
Wellbeing Hub @ Maelfa <div style="background-color: green; border: 1px solid black; padding: 2px; display: inline-block;">G</div>	<ul style="list-style-type: none"> SCP appointed July 2018. Service scope and capacity planning identified. Programme for submission of business cases has slipped by 3 months, although planned opening date has not moved. 	<ul style="list-style-type: none"> Service/revenue modelling work to be undertaken to confirm delivery of redesigned service models within revenue envelope. 	
Wellbeing Hub @ Penarth <div style="background-color: green; border: 1px solid black; padding: 2px; display: inline-block;">G</div>	<ul style="list-style-type: none"> SCP appointed July 2018. Service scope and schedule of accommodation revised to accommodate Albert Road Surgery, although GPs still exploring options. Programme for submission of business cases has slipped by 3 months, although planned opening date has not moved. 	<ul style="list-style-type: none"> Revised service scope and capacity planning still to be signed off by some Clinical Boards Service/revenue modelling work to be undertaken to confirm delivery of redesigned service models within revenue envelope. 	

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Clinical Services – Strategic Plan A	<ul style="list-style-type: none"> Workshops held with March and June 2018. Outline model for specialist/acute hospital sites and emergency/front door key principles agreed – further development work required to agree core model and to confirm engagement approach. 	<ul style="list-style-type: none"> Workshop 26th October 2018 with wider clinical leads. Engagement plan to be developed for delivery during Spring 2019 	
		Key milestones & dates	
		•	
Tertiary Services Plan A	Options being explored for senior independent support to develop the strategy.	<ul style="list-style-type: none"> Link with Clinical Services – Strategic Plan. 	
		Key milestones & dates	
		•	
LDP	<ul style="list-style-type: none"> Ongoing work in relation to expansion of Primary Care premises to meet population growth; estates planning to support new models of primary/community care recognising growth in strategic sites. 	<ul style="list-style-type: none"> SOFW:IOC Tranche 2 - proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities. 	
		Key milestones & dates	
		• West Cardiff Cluster workshop 14/06	
IMTP	<ul style="list-style-type: none"> Draft IMTP in development for submission to WG 31.01.19 Ongoing dialogue and work to produce annual plan for 2018-19 based on TI discussions. 	<ul style="list-style-type: none"> Quarter 4 2017/18 progress report to June Board meeting. 	
		Key milestones & dates	
		• Annual plan to be submitted end July 2018	
HASU A	<ul style="list-style-type: none"> Internal Multi CB Stroke Delivery Group to determine UHB model (Sp Svs/Med/CD&T). Clinical Lead agreed – Dr Shakeel Ahmad. 	<ul style="list-style-type: none"> Regional meeting concluded planning should be at local level. C&V service model to be determined. Internal SDG to meet. 	

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)

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Activity to Note: Delivery of Exercise Leopard III at Whitchurch Hospital ongoing – testing the multi-agency response to a Marauding Terrorist Firearms Attack (MTFA) in a shopping centre resulting in multiple casualties and fatalities. Three sessions undertaken (10/09, 17/09 & 24/09), four remaining (01/10, 08/10, 15/10 & 22/10). Feedback to date from Staff and volunteers is very positive.

National Pandemic Flu Service (NPFS) held w/c 03/09. The primary aim was to focus on the operational aspects of mobilising the NPFS and checking that Health Boards were able to access and familiarise themselves with the NPFS applications. CVUHB provided feedback via EPRR (Huw Williams) & PCIC (Karen May & Louise Allen).

The WAST Bi Annual Major Incident Communications Test held w/c 03/09. CVUHB successfully completed all three elements (Major Incident Alert Call, MERIT Activation & METHANE Mass Casualty Dashboard Test) with input from EPRR (Huw Williams), Switchboard (Glenn Rogers), Emergency Unit (Lisa Waters) & Patient Access (Philippa Hicks).

Training and Resources to Note:	Priorities and Progress	Significant Risks or Decisions
<ul style="list-style-type: none"> Tactical (Silver) Officer Training: next session timetabled (10/10). Counter Terrorism (CT) Awareness Training ongoing - 577 trained to date. 1 further scheduled session for 2018 (07/12). New dates for 2019 are (12/03, 05/06, 05/09 & 11/11). Business Continuity Awareness Sessions ongoing: 106 attended to date. New dates for 2019 are (09/01, 11/04, 16/07 & 10/10) at UHW. Strategic Gold Training: next session timetabled (13/12). Specialist multi-agency training support at Whitchurch ongoing. Welsh Government Cyber Workshop planned for (15/11). Presentations from partners in National Cyber Security Programme, National Cyber Security Centre (NCSC) & Welsh Government Resilience team. Invite extended with IM&T. 	<ul style="list-style-type: none"> Three generic Business Continuity awareness sessions delivered (11/04, 04/07 & 12/09), with Clinical Board-specific advice and support provided to PCIC, Surgery, Medicine, Children & Women, Dental, CD&T & Specialist. Further session planned with Mental Health (27/09). The second quarterly performance review meeting is to be chaired by Steve Curry (03/10). South Wales Local Resilience Forum (SWLRF) work ongoing to produce the Community Risk & Threat Registers for 2019/20. Existing risk and threat assessments currently under review by all partners. EPRR Team working with PCIC to deliver Exercise PrinCipal Challenge (11/10). It aims to review local preparedness planning, and enhance organisational resilience in case of disruption to the organisation's core critical functions. Work being undertaken to support Executive Director of Planning in collating a summary of Clinical Boards and Corporate Depts. concerns in the event of a BREXIT 'no deal'. Corporate meeting scheduled (18/10). 	<ul style="list-style-type: none"> UPDATE to Last Report: CVUHB now has its full quota of no.24 PRPS suits (17/08). EPRR to work with Emergency Unit to review Decontamination room and cabin. UPDATE to Last Report: At a recent SWLRF Mass Fatalities meeting (23/07), no agreement could be reached on how to proceed with expanding body holding capacity in response to a medium-scale incident with Fatalities. The Chair has written to Welsh Government, and the papers will be discussed at the Wales Mass Fatalities Group (16/10). Damage at Whitchurch Hospital caused by vandals is now significant. Director for Capital Estates has made the decision to board all doors/windows (25/09), commencing ASAP. The viability of the facility as a training venue until the boarding is complete is currently being considered by the Executive Director for Planning. This will impact future training commitments and may necessitate the cancellation of sessions planned for October/November.

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Strategic Service Planning Papers Under Development <small>key: P-papers due, P*-papers late</small>		Lead	Oct-18															Nov-18																															
			01/10/2018 Mon	02/10/2018 Tues	03/10/2018 Wed	04/10/2018 Thu	05/10/2018 Fri	08/10/2018 Mon	09/10/2018 Tues	10/10/2018 Wed	11/10/2018 Thu	12/10/2018 Fri	15/10/2018 Mon	16/10/2018 Tues	17/10/2018 Wed	18/10/2018 Thu	19/10/2018 Fri	22/10/2018 Mon	23/10/2018 Tues	24/10/2018 Wed	25/10/2018 Thu	26/10/2018 Fri	29/10/2018 Mon	30/10/2018 Tues	31/10/2018 Wed	01/11/2018 Thu	02/11/2018 Fri	05/11/2018 Mon	06/11/2018 Tues	07/11/2018 Wed	08/11/2018 Thu	09/11/2018 Fri	12/11/2018 Mon	13/11/2018 Tues	14/11/2018 Wed	15/11/2018 Thu	16/11/2018 Fri	19/11/2018 Mon	20/11/2018 Tues	21/11/2018 Wed	22/11/2018 Thu	23/11/2018 Fri	26/11/2018 Mon	27/11/2018 Tues	28/11/2018 Wed	29/11/2018 Thu	30/11/2018 Fri		
Papers																																																	
CRI SARC SOC	AE/RW																																																
Capital Schemes Governance Structure	ASD																																																
National ICF Review WAO findings	RJ																																																
Thoracic Surgery outcome to Board	WHSSC																																																
IMTP Priorities	MD																																																
Estates Strategy Summary	MD/GW																																																
First Draft IMTP	MD																																																
Strategic & Service Planning Report	LD																																																
Clinical Service Plan Workshop	MD																																																
SOFW:IOC Quarterly Briefing	AE																																																
BCAG Agenda	CDM																																																
BCAG Decision Report	CDM																																																
SDDG Agenda	CDM																																																
Presentation	AS-D																																																

Meeting Key

Board	29.11 31.01.19 28.03.19
Board Development	25.10 13.12 28.02.19 25.04.19
Strategy and Delivery Committee	06.11 08.01.19 05.03.19 30.04.19 25.06.19 03.09.19
Stakeholder Reference Group	27.11 24.01.19 27.03.19
Local Partnership Forum	31.10 10.12 06.02.19
Mgt Exec	Every Monday
HSMB	04.10 (x cutting) 01.11 06.12 03.01.19 07.02.19 07.03.19 04.04.19 (x cutting)
OPG / Clinical-Service Boards	
SDDG	02.10 07.11(CB IMTP review) 04.12
BCAG	26.09 24.10 21.11
CMG	15.10 19.11 17.12 21.01.19 18.02.19 18.03.19
Strategic Clinical Reference Group	01.10 05.11 03.12 07.01.19 04.02.19 04.03.19
SOFW:IOC Programme Board	
SOFW:IOC Project Board	
Directors of Planning	
Strategic Leadership Group	
Cardiff/Vale PSB	
Clinical Services Infrastructure Workshop	
Regional Partnership Board	
Clinical Services Plan Workshop	

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Staff Benefits Group	
Name of Meeting : Local Partnership Forum	Date of Meeting 31 October 2018
Lead : Peter Welsh	
Author : Peter Welsh, Hospital General Manager UHL/Barry hospital-Chair of the Staff Benefits Group	
Caring for People, Keeping People Well : N/A	
Financial impact : N/A	
Quality, Safety, Patient Experience impact : N/A	
Health and Care Standard Number ... N/A	
CRAF Reference Number N/A	
Equality and Health Impact Assessment Completed: No	

The Local Partnership Forum is asked to:

- **NOTE** The report
- **RECEIVE** updated progress report in 6 months

SITUATION

The University Health Board Staff Benefits Group was established in 2017 to explore and co-ordinate benefits offered by external organizations for the UHB employees.

The Staff Benefits Group would ensure and agree 'best deals' for staff and in governance terms would report their work to the Charitable Funds Committee and the Local Partnership Forum.

BACKGROUND

The UHB is one of the largest employers in South Wales and the Staff Benefits Group would maximize this to ensure staff benefits offered to the Health Board were maximised to take advantage of this position.

The group meets on a quarterly basis and has the following membership:

- Senior Management Representative
- Senior Workforce Manager
- Staff Side representative
- Communications representative
- Sustainable Travel Manager
- Head of Arts, Environment and Heritage
- I.T. Manager

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

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

ASSESSMENT

The following staff benefits have been progressed in the last 6 months:

a) Griffin Mill Car Sales

Reduced car leases sales from six manufactures plus discount for employees cars for servicing and M.O.T.'s.

Griffin Mill has recently introduced 'rolling monthly deals for a range of cars. In addition, they have agreed to explore a dedicated web page for the UHB which can be linked to the UHB internet/intranet.

b) Cardiff and Vectis Staff Benefits Card (Icom)

In 2017/18 all staff received the above discount card for use on a comprehensive range of goods and services from local and major retail outlets. The card continues to be distributed to new employees as part of their induction information.

In August 2018, the Staff Benefits Group met with Icom to review the current usage of the card and explore new marketing opportunities. In summary the following were discussed and noted:

- Over 35% of staff have activated and used their card for purchases.
- The Cardiff and Vale web page has been totally redesigned to make it more user friendly
- New products for employees are now being advertised
- Links with Enterprise Cars / Van hire rentals
- Building DIY companies
- A re-launch of the card will take place later this year through improved publicity material wellbeing agenda

c) Change Account – online banking service for staff

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

The Change Account was established in 2013 and is a new forum of transactional account designed to simplify people's finances. Its initial concept was to help those who have difficulties in getting approval to set up a bank account e.g. low income, homeless and have also worked closely with Credit Unions.

It provides a dedicated Sort Code and Account Number and a pre-paid debit MasterCard. It does not provide overdraft or loan facilities.

The service is designed to provide budgeting tools to make it easier for individuals to manage their money.

This is set up without any credit checks being carried out and individual customers receive a Card Account for withdrawing cash and making payments, which it managed online or through a mobile app.

Rewards Programme allowing you to receive Cash back onto your account when you shop at participating retailers.

The benefits to the UHB include:

- Provides staff and their families to have an on-line account without any credit checks being undertaken.
- There is no cost to the UHB for providing this Service.

d) Cycling – Salary Sacrifice

The next round of salary sacrifice for the purchase of bicycles will take place in October 2018.

e) Local Restaurants

A number of restaurants are now offering employees discounts on home deliveries / meals (in addition to the vectis card and these are displayed and updated on our web page)

f) Gym Membership / Sport Facilities

Discounts from a number of service providers have been agreed and are now being publicised.

In summary, in addition to exploring further enhancements / improvements for staff on the above, the Group will be concentrating for the remaining part of this financial year on the following initiatives:

- It has been suggested by the Chair and Vice Chair that we explore opportunities for long services recognition awards for those employees who have worked 40 years and 50 years service for the NHS in Cardiff and Vale and its predecessor organizations.
- Further links with the work of the Staff Benefits Group and Health and road shows at UHW/UHL.