GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

A meeting of the Finance and Performance Committee
will be held on Thursday 21st February 2019 at 1:30pm to 5.00pm
in Conference Rooms 1 & 2, Health Board Headquarters, St Cadoc's

AGENDA

1	**Preliminary Matters**		
1:30 1.1	**Apologies for Absence** To receive apologies for absence	Verbal	Chair
1.2	**Declarations of Interest** To receive declarations of interest	Verbal	Chair
1.3	**Minutes of the Finance and Performance Committee – 18th October 2018**	Attachment	Chair
1.4	**Action Log**	Attachment	Chair
2	**Items for Assurance:**		
1:45 2.1	**Strategic Change Plans:** • **SCP 3 - Major Health Conditions**	To Follow	Director of Therapies and Health Science
	• **SCP 4 - Mental Health & LD**	Attachment	Director of Primary, Community and Mental Health
2:30 2.2	**Workforce Performance/People Plan Update**	Attachment	Director of Workforce and OD
2:45 2.3	**Month 10 Finance Performance Report**	Attachment	Assistant Director of Finance
3:00 2.4	**Performance Report**	Attachment	Assistant Director of Performance & Information
3:15 2.5	**WAST Amber Review** The report can be accessed using the following link: http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF	Presentation	Interim Associate Director of Operations/ WAST Area Operations Manager for Aneurin Bevan
3:30 2.6	**Strategic Areas of Efficiency:** • **Theatre productivity**	To Follow	Director of Operations
	• **Premium Workforce Costs and Usage**	Attachment	Director of Workforce & OD/ Medical Director/ Director of Nursing

4:30	2.7	**Medical Locum and Agency Cap Compliance Update**	Attachment	Deputy Medical Director
4:45	2.8	**Committee Risk Register** • To consider if a specific risk relating to meeting the Health Board's efficiency target is required	Attachment	Chair
3	**Final Matters**			
	3.1	**Items for Board Consideration**		All
	3.2	**Risks for Board Consideration**		All
	3.3	**Date of the Next Meeting** Wednesday, 1st May 2019 at 09:30 in the Executive Meeting Room, Headquarters, St Cadoc's		Chair

Finance and Performance Committee
21st February 2019
Agenda Item: 1.3

Aneurin Bevan University Health Board

Minutes of the Finance and Performance Committee
held on Thursday 18th October 2018
in the Laing O'Rourke Productivity Meeting Room
Grange University Hospital Site, Llanfrechfa

Present:

Shelley Bosson	-	Chair, Independent Member (Community)
Catherine Brown	-	Independent Member (Finance)

In Attendance:

Judith Paget	-	Chief Executive
Glyn Jones	-	Director of Finance
Nicola Prygodzicz	-	Director of Planning and Performance
Dr Sarah Aitken	-	Director of Public Health
Peter Carr	-	Deputy Director of Therapies and Health Sciences
Julie Chappelle	-	Assistant Director of Workforce
Sarah Simmonds	-	Assistant Director of Workforce
Claire Birchall	-	Associate Director of Operations
Chris Heath	-	Operational Performance Manager
Dr Ian Williamson	-	Consultant/Cancer Lead Clinician
Alex Crawford	-	Senior Planning & Service Development Manager
Stephen Edwards	-	Assistant Medical Director

Apologies:

Ann Lloyd	-	Chair
Cllr Richard Clark	-	Independent Member (Local Government)
Frances Taylor	-	Independent Member (Community)
Geraint Evans	-	Director of Workforce and OD
Nick Wood	-	Chief Operating Officer

FPC 1810/01   Apologies for Absence

The Chair welcomed members and observers to the meeting and apologies for absence were noted.

FPC 1810/02   Declarations of Interest

There were no declarations of interest to be recorded.

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FPC 1810/03   **Minutes of the Last Meeting – 19th July 2018**

The minutes were agreed as a true and accurate record.

Matters Arising
FPC 1907/05 Resource Shift – Movement between Hospital and Out of Hospital Services
The Committee agreed that the update for this item would be added to the May meeting. **Action: Secretariat**

FPC 1907/06 Strategic Change Plans
- **Urgent Care (SCP5)**
  The Committee noted that the Health Board's discharge to assess model was known as Home First and was already running at NHH and was due to be rolled out to RGH on 1st November 2018.

- **Planned Care (SCP6)**
  The Committee noted that the Health Board was exploring an efficiency dashboard with a range of efficiency metrics to enable to visible tracking and reporting of areas such as, theatre utilisation.

  It was highlighted that the existing cancer performance target was 95% however, the new Single Cancer Pathway compliance target was yet to be set by Welsh Government.

FPC 1907/11 Value for Money of the Health Board Estate
The Committee noted that the deadline for the Health Board's Estates Strategy sign off was March 2019. Judith Paget agreed to pick up what Board interaction was required prior to sign off.
Action: Chief Executive

FPC 1810/04   **Action Log**

The actions were noted and it was acknowledged that all actions were either on the agenda or scheduled for a future meeting. In terms of the separate briefing notes, the following points were noted:

FPC 1907/09 Hospital at Night
The Committee received the briefing and noted that the Health Board was looking to standardise and strengthen the model across sites however, there was a need to understand the impact and effect on patient flow across each of the sites.

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FPC 1907/17 Orthopaedic Implants

The Committee received the briefing and noted that the Health Board was working with procurement to support clinical discussions on a more focused Value-Based approach to delivering improved efficiency and productivity.

FPC 1810/05   **Service Change Plans - Improving Population Health and Wellbeing (SCP1) and Delivering an Integrated System of Health, Care and Wellbeing (SCP 2)**

Dr Sarah Aitken provided an update against the delivery of work programmes within the Health Board's IMTP Service Change Plans 1 and 2. She explained that SCP1 focussed on keeping people well and that SCP2 was about delivering care closer to home. It was noted that scrutiny and monitoring of the SCPs was through the Level 1 Delivery Board.

The Committee noted that since the Welsh Government's publication of the 'A Healthier Wales' in June 2018, the Health Board has worked in partnership with the Leadership Group and Regional Partnership Board (RPB) in the development of a Gwent Transformation offer to support the operational delivery of transformational change to services in line with the quadruple aims set out in the strategy. It was highlighted that four areas had been selected from the priority areas within the Area Plan which included:

- Part 1 - Systems Alignment
  o The development of early intervention and prevention services.
  o The development of primary and community care services.

- Part 2 - Service Redesign
  o The redesign of child and adolescent emotional and mental health services.
  o The development of an integrated 'Home First' discharge model.
  o The development of workforce planning and organisational development to underpin transformational activity.

Dr Aitken explained that a decision on the funding was expected to be awarded from October onwards and would need to be utilised within a short amount of time. To ensure momentum was retained whilst the bids were being scrutinised, the Transformation Leadership Group continue to meet to oversee the development of a 'statement of readiness' plan. This would

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ensure any initial risks were identified and mitigated. The RPB had directed the development of an options paper to ensure that the structures and leadership capacity required for the delivery of a cohesive Gwent health and social care improvement programme can be delivered.

The Committee noted the key achievement milestones in the first two quarters for SCP1 and SCP 2, the key actions to be undertaken in quarter 3, and the areas of ongoing concern and risk.

Discussions ensued and concerns were raised in relation to Home First and Frailty and the need for both these services to be aligned. It was highlighted that the current focus was on decongesting the front door however, in future of services should directed to where the patient was i.e. in the home.

It was noted that the Health Board was working towards a community based therapies model. Discussions took place around the 111 hub and whether it should be health and social care focused in order to connect all the different services i.e. requests for an assessment for a package of care could be generated from the hub. Prehospital assessment services could also include a number of elements linked to GP in-hours as a form of community based planned care and emergency service, with the patient being transferred to a hospital site for a test or investigation. It was noted that the Health Board was working towards a changing model of care and that the next winter would see a step change as services develop and progress with the implementation of 111.

It was noted that the Home First local authority model was moving away from a third party contractor for its packages of care, choosing to provide the care in-house. It was highlighted that Sian Millar and Keith Rutherford were leading a piece of work with Coleg Gwent to develop an academy for care support workers with the progression to registered nursing if required.

Concerns were raised in relation to the transformation fund and how this would impact the service redesign if the funding was not successful. The Committee noted that the service transformation would still proceed however, without the funding, the pace of progress would be much slower.

Concerns were raised in relation to the lack of quantifiable outcome measures in relation to the healthy aging strategy and the need to include 5 or 6 metrics going forward. It was agreed

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that consideration and discussion in relation to appropriate measures would be discussed at a future meeting to ensure there was assurance around outcomes.

The Committee noted that the first version of the Population Health Strategy would be ready by the end of October 2018 and would be presented to the Public, Partnerships and Wellbeing Committee and then to the Board in the New Year. It was noted that this strategy would be used to inform the IMTP for next year.

The Committee highlighted that the SCPs lacked patient experience and carer measures, and that more robust metrics would need to be included in the IMTP to measure outcomes focused around the patient. Concerns were also noted around end of life planning and advanced care plans that needed to be shared across those working in the health and social care arena.

The Committee noted the fragmented resources across the system and that the transformation funding would assist in reconfiguring services and resources where they are most needed.

The Committee received the report and welcomed early discussion on key measures going forward. **Action: Director of Public Health**

FPC 1810/06   **Workforce Performance/People Plan**

The Chair welcomed Julie Chappelle and Sarah Simmonds to the meeting. The Committee received an update in relation to the workforce metrics and People Plan.

It was highlighted that whilst the overall sickness absence rate for the Health Board has been sustained below the target of 5% since April 2018, the rolling 12 month average was 5.22%. However, this was still below the all Wales rolling average of 5.3%. The areas of concern where sickness has increased are within Mental Health, Primary Care, and Continuing Health Care Team and mainly relate to a high level of long term sickness. It was highlighted that the workforce business partners continue to drive performance improvement within the Divisions, providing targeted support where required. It was highlighted that a number of improvement initiatives are being explored which include a new long term sickness checklist to help line managers in the appropriate management of sickness absences and the development of a wellbeing programme for staff with a focus on stress management and the promotion of wellbeing.

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The number of staff in post increased by 82 WTE however, it was highlighted that the variable pay spend in August 2018 increased to an equivalent of 856 WTE and was mainly driven by the vacancy position. Following a review of the vacancy position across the Health Board it has been identified that the number of vacancies for nursing in all areas has increased to 392 WTE; Consultants and SAS Doctors to 25.5 WTE and Deanery Junior Doctors and Clinical Fellows to 53 WTE.

The Committee noted that, since the implementation of medical agency and locum cap by Welsh Government, the Health Board has struggled to drive down medical and dental agency expenditure whilst maintaining the delivery of a safe and sustainable service. The implementation of the WHC has identified a number of areas of development for the Health Board in managing, monitoring and reporting locum and agency usage and expenditure. Following a review of the options available, the Health Board has appointed 'Locum Tap' to help increase the shift fill rate and provide an effective solution for the management, booking and authorisation of locum shifts. 'Locum Tap' will be piloted in Unscheduled Care from the end of October 2018.

Concerns were raised about compliance and performance in relation to the various workforce E-Systems used within the Health Board. The Committee discussed various aspects relating to ESR self-serve, e-roster and TRAC recruitment and it was highlighted that performance varied across the Divisions. It was noted that the Health Board was working to support staff with more learning through digital applications and the use of technology through the new leadership modules. A range of easy to navigate systems and support tools were also being developed for new staff and managers.

The overall PADR compliance has decreased to 72.20% which was below the level of the anticipated trajectory for August 2018. The Divisional Workforce Partners continue to support the Divisional PADR Champions to improve quality and PADR completions, with a particular focus on SMART objectives.

The Committee noted the Executive Team had received a presentation about the staff survey results on 15th October 2018. Judith Paget highlighted that the results were encouraging as they demonstrated a consistent improvement against the comparable questions in the previous survey undertaken in 2016 and placed the Health Board above the all Wales average in the

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majority of questions. It was highlighted that the areas which merited further attention related to Dignity at Work (including respect and anti-bullying) and Welsh Language. It was also emphasised that there would also need to be key messages communication to staff in response to the survey around what we expect from staff but also what the health board expects from patients. It was agreed to add the staff survey report onto Board Books for the Committee members. **Action: Secretariat**

It was also noted that although there was no requirement from Welsh Government for an organisational action plan to be developed to address the survey findings it was the intention of the Executive to address these issues. **Action: Director of Workforce and OD**

FPC 1810/07   **Finance Performance Report Month 6**

Glyn Jones provided an overview of the month 6 financial position and reported that a deficit positon of £0.6m at the end of September 2018. The Health Board was forecasting a breakeven position at year end through a combination of additional savings and cost avoidance plans.   However, following service risk assessments the Health Board has a financial risk of circa £5m. It was highlighted that there was no significant improvement with workforce costs or savings plans. However, the Health Board was reporting some reductions in prescribing, which was an area that was being well managed via the Medicines Management Programme Board and further savings were expected.

As part of the commissioning process, the Health Board undertakes half-yearly reviews of externally commissioned services via contract meetings with providers and adjust the LTAs accordingly. Underperformance against North Bristol NHST and across Welsh providers was identified during the most recent review and, as such, the Health Board was reviewing its position in relation to orthopaedic sustainability and whether it could bring the Cardiff and Vale UHB LTA service back in-house.

The Committee noted that there was no financial cover for any increased spend over winter and that the Executive Team will be discussing the Integrated Winter Plan for 2018/19 and the associated schemes to approach the winter this year. It was noted that funding will need to be prioritised and signed off so that the Health Board can start the implementation of the plan which needs a lead in time, especially where recruitment is required. Additional Welsh Government funding was anticipated for winter but the amount was not yet known and would need to

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cover existing spend incurred on services required during winter period.

Concerns were raised in relation to the limited focus on value for money and the focus on 'in year' rather than long term financial plans for the Health Board. Linked to this   The Committee discussed efficiency improvement, recognising that the current approach with the service change plans was having little impact, apart from the service redesign of Older Adult Mental Health where inefficiencies have been driven out. It was agreed that the Committee should strategically focus on areas such as, theatre utilisation, procurement and bed utilisation which would drive progress in relation to the opportunities around efficiency and productivity and workforce redesign.

FPC 1810/08   **Resource Planning Principles 2019/20**

Glyn Jones provided an overview of the proposed resource planning principles in relation to the Health Board's IMTP priorities for 2019/20.   He advised that the principles were centred on the draft Welsh Government budget allocation and amended national priorities for 2019/20, and were being reinforced through the IMTP to drive the required service redesign and shift in resources to support improving service and financial sustainability.   It was highlighted that this was an opportunity for the Health Board to incorporate a value for money ethos into the Clinical Futures service models redesign in preparation for the opening of the Grange University Health Board.

Glyn Jones reminded the Committee about the Health Board's Efficiency Framework which had been further developed by the Welsh Government's Finance Delivery Unit, and would be used to assess the IMTP submissions from Divisions.

The Committee discussed the assessment of the delivery this year against the efficiency opportunities identified of circa £22m and plans/arrangements to deliver further improvements. It was noted that the Executive Team had discussed the need for regular review and escalation with Executive Director Leadership and focussed support provided from corporate areas such as finance, performance, workforce, etc.   Each area would establish key priorities, areas of action, key deliverables and timescales however, this work would not be undertaken in isolation but should link into existing groups/resources to drive progress at pace. These efficiency areas would report to the Executive Team

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for assurance, but the challenge and support would sit with the Executive Board.

The Committee discussed its concerns around the purpose of the Committee and how it could receive its assurance when the business was mainly focussed on 'in-year' matters and not the longer term plans. It was highlighted that the emphasis of the Committee could be changed to focus more on the challenge and support of specific areas of interest or concern. It was agreed that going forward the Committee would focus its business and discussion on the strategic areas of opportunity related to efficiencies as highlighted in the report. It was agreed that the areas of focus for the next meeting would be:

• Theatre services;
• Premium staff costs - particularly medical and nursing;
• Bed utilisation – particularly reducing lengths of stay and re-admissions.

Action: Director of Finance/Director of Planning and Performance

The Committee approved the Resource Planning Principles.

FPC 1810/09   **Single Cancer Pathway Performance Risk**

The Chair welcomed Dr Ian Williamson, Chris Heath and Claire Birchall to the meeting.

Dr Williamson explained the two current cancer pathways for Urgent Suspected Cancer (USC) 62 days (compliance rate 95%) and non-urgent 31 days (compliance rate 98%) and the referral process for each of the pathways. It was noted that the conversion rate for tumour sites varies with the average at 11% however, NICE guidance changed in 2015 which lowered the rate to 3%. This has resulted in a larger proportion of patients on the USC pathway although this means earlier diagnosis and improves cancer outcomes. It was highlighted that the current detection rate on the USC pathway was 40%. It was emphasised that GPs were the gatekeepers in Primary Care however, there was a need for earlier referral to secondary care when cancer is suspected.

Dr Williamson provided an overview of the new Single Cancer Pathway (SCP) which was for all patients with suspected cancer. The difference with this pathway was that there was one target of <62 days from the date of suspicion, to the date of treatment with compliance of 95%. He explained that the Health Board has been shadow reporting the current cancer pathways against a

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Single Cancer Pathway to assess the impact on patient waiting times and patient experience. An example of the current 31 day pathway compared to the SCP was provided which helped highlight the patient's journey.

It was noted that the Health Board had performed consistently at around 90% until May 2018 however, Quarter One of 2018/19 had seen a 40% increase in USC referrals compared to the same period the previous year. This increase in demand was having a significant impact on tumour sites being able to meet the 10 day target for the patient's first intervention and also increased pressure on Diagnostic Services. It was noted reporting and procedural waits for key Diagnostics such as USS, CT, MRI and Endoscopy remain an issue with reporting times in excess of 4 weeks for some patients. Waiting times associated with Tertiary providers were also increasing to an unacceptable level. It was noted that the Health Board was undertaking demand and capacity analysis however, initial findings taken from a pilot in Cwm Taff Health Board indicate that there could be anything up to 15 to 20% increase in Diagnostics needed to meet the SCP. This was a significant increase in demand on a service that was already under significant pressure. Nicola Prygodzicz informed the Committee that this supported the Radiology proposal presented to the Board at its July meeting, for the recruitment of additional staff as part of the workforce plans. Concerns were raised in relation to Endoscopy capacity and it was noted that the Health Board has Nurse Specialists who will see patients and also pathways that will ensure a patient is sent straight to test where appropriate.

The Committee noted that an essential part in the attainment of these targets was robust tracking of pathways and MDT coordination of all patients with suspected and confirmed cancer to help drive patient pathways, improve performance and patient experience. The Health Board continue to lead the way in capturing and reporting the point of suspicion (PoS) for the SCP in Wales. The Tracker 7 system is fully embedded across all tumour sites within the Health Board, enabling access to accurate, live information on all components waits of their relevant patient pathways. Work is currently underway to develop a Cancer Performance Dashboard using the Business Intelligence Tool, Qlik Sense. This tool will support further improvement of patient pathways, identify areas of concern for escalation and potentially improve patient experience. The Directorate was also working with IT Services to develop a Point of Suspicion (PoS) flag using Clinical Workstation. This would

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enable key individuals to electronically flag a suspicion of cancer to ensure the patient is fast tracked to their next investigation.

Concerns were raised in relation to the number of patients with suspected cancer being tracked within the Health Board which has risen significantly over the past 5 years and has already increased by a further 20% in quarter 1 of this financial year. The increase in demand was impacting on the Health Board's current cancer performance, as well as the workload within Cancer Services. The additional workload has largely been absorbed by the Directorate over the years with little additional resource but, it is now no longer felt to be sustainable going forward. There will be need for investment to support the ongoing SCP development and this would be reflected in the IMTP.

Peter Carr left the meeting.

FPC 1810/10   Unscheduled Care Performance

The Chair welcomed Alex Crawford who was accompanying Claire Birchall to present the report.

The Committee received an overview of the unscheduled care performance which highlighted that the 4-hour performance had peaked at just over 80% in early October 2018 although this was still well below the NHS Wales' target. Despite a number of programmes of work and changes designed to improve flow and performance on the Royal Gwent Hospital (RGH) site, compliance against the 4-hour target was currently lower than for the same period over the last three years with increasing ambulance handover delays. Whilst 12-hour performance has significantly improved over the past 3 years, it was explained that improvements in the 12-hour performance have been as a result of increased discipline and escalation arrangements against a zero tolerance target from November 2018.

It was highlighted that the poor performance was multi-faceted and the main drivers were explained which included:
- Higher Emergency Department (ED) demand over the summer period in 2018 than in the last 9 years, in particular >75 years;
- High numbers of 'green' patients on the RGH site, with significant delays in relation to the allocation of social workers;
- Medical assessment delays in the ED due to significant medical rota gaps;

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- Continued increase in MAU demand (increased consistently over the past 9 years). Whilst the implementation of Ambulatory Care has sustained the assessed out rates, the continued increase in demand continues to effect the "pull" from ED;
- Infrastructure constraints in ED, based on the All Wales benchmarking, RGH ED has the lowest trolley and resus capacity than any other Welsh site per 10,000 population.

It was noted that demand analysis undertaken across the whole urgent care system within the Health Board, as well as benchmarking across Wales, has highlighted that the Health Board's primary care services are extremely pressured out of hours and ED attendances, particularly at RGH, were high and did not show the demand reducing. The change in the pattern of demand for both medical assessments and surgical assessments highlights the need for a wider focus on the entire system and not just at the front door or on acute hospital sites.

Claire Birchall advised that the urgent care system was fragile, particularly in times of high demand. She outlined a number of programmes identified to seek to improve patient flow and performance in ED and that these were designed to address the challenges contributing to the current position not only within ED but across the whole of the urgent care system. Given the Health Board's financial position, it was acknowledged that those schemes within the gift of the Unscheduled Care Division would be pursued, where feasible, and it was noted that Medical Locum Tap would be commencing at the end of October and would assist with filling the rota shift gaps and reducing the reliance on premium rate staff.

The Committee received an update in relation to some of the initiatives that were being pursued in preparation for winter which included:

- **GP Call Handling –** Following a previous pilot at RGH, the Division has scoped a model to implement GP call handling (Mon-Thurs) for both RGH and NHH which would co-locate a senior clinical (ACP) with GP call handlers to direct patients. Where it is determined a patient does need a clinical appointment of hospital diagnostic that patient will be scheduled to attend at a future date to established clinics as opposed to attending that day if not medically required. This would also be aligned to the work that WAST and the Division has been undertaking to seek to "diarise" MAU crews at RGH to avoid all patients presenting together.

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- **SAU and Surgical On-Call Rotas –** The surgical assessment team will be strengthened through increased consultant coverage to enhance the Health Board's ability to meet the rise in GP referred surgical demand. This is planned to commence from 1st December 2018. It should improve access to a senior decision maker with reduction in admitted patients, improve responsiveness to emergency theatre, reduce delays at peak times with reduction of patients requiring assessment going into the evening, and provide more timely assessment in ED.

- **Expansion of Discharge Lounge at RGH (winter)**. Whilst a significant amount of work has been undertaken to improve the efficiency in the Discharge Lounge, working with wards, WAST and Red Cross and the investment in the transfer team, its main limitation remains the absence of trolley capacity to support flow. Four trolleys have been introduced to the Discharge Lounge, to support discharge for those patients requiring ambulance transport home on a stretcher.

- **GP Expected T&O Receiving Unit** – The Health Board will establish the unit permanently in order for patients referred to the on-call Orthopaedic doctors by GPs more directly to the Trauma wards. This will improve the quality of care patients receive as well as reducing 4 hour breaches. Some scoping is also underway to establish whether ring-fencing beds for hip fracture patients would improve outcomes for patients and improve flow out of ED without compromising capacity for other medical and surgical specialties. This would also reduce ambulance delays for these patients who are often held outside the ED.

- **Expansion of the Frail Assessment Unit (EFU)** – The Urgent Care Board received a report on the EFU expansion which showed positive results by completing Comprehensive Geriatric Assessments and discharging patients directly at the front door in RGH. The plan is to establish an EFU model at Nevill Hall and to expand the EFU service at RGH by providing a 7/7 EFU team in ED and MAU, and establishing an ambulatory care bay for EFU patients on ward D2E for those patients requiring up to 24hours for their assessment. This was subject to an agreed location of the ambulatory care bay and recurrent funding for the model, but it is planned to use winter funding to establish 7/7 cover in time for winter, to maximise the footprint of this area.

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- **Medical Locum Tap -** One of the main areas of constraint is early assessment by a medic at ED, due to frequent gaps in the rota, especially out of hours. To address medical staffing risks, especially in ED, it has been agreed that the Health Board will pilot Locum Tap (a medical bank arrangement) to seek to improve fill rates. This has been agreed by the Medical Director and will be piloted in ED starting the end of October 2018.

The Committee felt assured by the actions being implemented and the intended impacts they would have on patient experience but recognised that there was more work to do.

FPC 1810/11   **Performance Dashboard**

The Committee received the report and noted that the Urgent Care and Cancer performance had already been discussed in detail and, as such, Nicola Prygodzicz provided a brief overview of the performance dashboard and the following key points were noted:

- HCAI performance in all measures as below the target and IMTP profile for September with 2 out of the 3 measures deteriorating further on the August position. It was highlighted that there were no clostridium difficile outbreaks but sporadic cases across the Health Board. It was noted that the HPV cleans had helped reduce infection rates. Improving infection control compliance and progress in the community continues to a priority for the Health Board.

- CAMHS neurodevelopmental (ISCAN) waiting time percentage had been expected drop due to planned surgery however, it was noted that a recovery plan was being developed to address the low compliance.

- The impact of cancellations during the summer period, due to emergency and trauma pressures, has had an ongoing impact on elective capacity in September. It was highlighted that an FOI request had also been received which had asked for the quarterly number of same day cancellations for non-clinical reasons.

The Committee discussed the performance metrics and asked that a half-year performance report be prepared, to include patient satisfaction metrics and the top 10 priority areas of focus for the coming year. **Action: Director of Planning and Performance**

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FPC 1810/12   **Update on Medical and Locum Agency**

Dr Stephen Edwards provided an overview of the quarterly report to Welsh Government in response to WHC/2017/042 'Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales' and the following points were highlighted:

- The agency usage and breaches has increased this month to 54%, this is higher than previous month. The main driver for this was the vacancy position.

- Within the quarter there have been increased challenges across the specialties, particularly in relation to Ophthalmology, Trauma and Orthopaedics, Nevill Hall Hospital Emergency Care, and Gynaecology.

- Only the Family and Therapies Division are forecast to meet the 35% Welsh Government target. This was due to the recent temporary service redesign required to manage the service. Expenditure was forecasted to reduce by 53% when measured against previous spend, exceeding the Welsh Government target.

- The Health Board was moving away from using medical agency to locum usage and it was highlighted that the recently appointed 'Locum Tap' would be piloted in Unscheduled Care from the end of October 2018. It was anticipated that this would lead to more substantive appointments being made were hard to fill vacancies exist.

The Committee noted the report.

FPC 1810/13   **Committee Risk Register**

The Committee received the Risk Register. It was noted that Unscheduled Care was on the risk register however, a risk in not meeting the required efficiency target was not explicitly identified. Glyn Jones agreed to look consider whether a specific risk was necessary. **Action: Director of Finance**

FPC 1810/14   **Items for Board Consideration**

The following items were noted to be brought to the attention of the Board:

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- To note the continued fragile position of urgent/unscheduled care, the increased risks for the coming winter period and the need for more meaningful clinical engagement.

- To note the concerns regarding the single cancer pathway and the potential lack of capacity to undertake diagnostics in the timescales required.

FPC 1810/15   Risks for Board Consideration

The following items were noted as risks to be brought to the attention of the Board:

- The continued pressure on unscheduled urgent care.

- The continued risks associated with failure to meet the underlying efficiency target and the failure to address this area leading to issues of financial unsustainably in the future.

FPC 1810/16   Date of the Next Meeting

It was confirmed that the next meeting would be held on Thursday, 21st February 2018 at 1.30pm in Headquarters, St Cadoc's Hospital, Caerleon.

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Tab 1.4 Action Log

Finance and Performance Committee
21st February 2019
Agenda Item: 1.4

Finance and Performance Committee
18th October 2018
Action Sheet

Agreed Actions

Minute Reference	Agreed Action	Lead	Progress/ Completed
FPC 1810/05	**Service Change Plans - Improving Population Health and Wellbeing (SCP1) and Delivering an Integrated System of Health, Care and Wellbeing (SCP 2):** To ensure the Committee was assured around outcomes in relation to the healthy aging strategy, early consideration and discussion in relation to key measures to be discussed at a future meeting.	**Director of Public Health**	Item added to the Committee Forward Work Programme for July 2019.
FPC 1810/06	**Workforce Performance/People Plan:** Staff Survey to be added to Board Books for Committee Members	**Secretariat**	Staff Survey has been added to the resource section of Board Books.
	Although there was no requirement from Welsh Government for an organisational action plan to be developed to address the survey findings it was the intention of the Executive to address these issues.	**Director of Workforce and OD**	Following the presentation of the staff survey at the Board in November 2018, the Board agreed that the areas which merited further work by Workforce and OD were in relation to Dignity at Work and Welsh Language. These topics have been added to the Committee Forward Work

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Tab 1.4 Action Log

Minute Reference	Agreed Action	Lead	Progress/ Completed
			Programme – Welsh Language May 2019 and Dignity at Work July 2019
FPC 1810/08	**Resource Planning Principles 2019/20:** The Committee to focus its business and discussion on the strategic areas of opportunity related to efficiencies, with the areas of focus for the next meeting to be: • Theatre services; • Premium staff costs - particularly medical and nursing; • Bed utilisation – particularly reducing lengths of stay and re-admissions.	**Director of Finance/ Director of Planning and Performance**	Theatre Services and Premium staff costs are specific items on the Committee agenda for February 2019. However, in terms of bed utilisation, the outcome of the Clinical Futures work will set out the bed assessment and some of the opportunities but is not ready at this point. Bed utilisation has been added to the Committee's forward work programme for May 2019.
FPC 1810/11	**Performance Dashboard:** A half-year performance report to include patient satisfaction metrics and the top 10 priority areas of focus for the coming year.	**Director of Planning and Performance**	The half yearly performance report, including the 10 priority areas, was presented to the Board at its November meeting. Reporting against the broad organisational priorities is undertaken twice a year and would be reported again at the end of the financial year. The performance report for the February Committee meeting provides a high level overview of performance at the end of months 9/10 against

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1.4

Tab 1.4 Action Log

Minute Reference	Agreed Action	Lead	Progress/ Completed
			the IIMTP and progress on subcommittee performance dashboards.
FPC 1810/13	**Committee Risk Register:** Director of Finance to consider whether a specific risk in not meeting the required efficiency target was necessary	**Director of Finance**	The Committee will consider strategic areas of efficiency at its February meeting. Following discussion, the Committee will consider whether there is a requirement for a specific risk relating to meeting the Health Board's efficiency target.

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Tab 2.1.1 SCP 3 - Major Health Conditions

2.1

	Finance and Performance Committee Thursday 21st February 2019 Agenda Item: 2.1a
GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	

Aneurin Bevan University Health Board
Progress on SCP 3 – Management of Major Health Conditions

Executive Summary
This report provides an overview of progress and assurance on the delivery of the work programmes within the ABUHB's IMTP Service Change Plan (SCP) 3. The Service Change Plan is focused on the delivery of systematic and proactive management of major health conditions in order to: ▪ improve health outcomes; ▪ reduce inappropriate use of hospital services; ▪ have significant impact on reducing health inequalities. For each major health condition, local delivery plans have been developed which align to national priorities set out by each National Implementation Group. Good progress has been made against the 63 collective priority areas across all 9 major health conditions. This report provides a summary of the key achievements and any risks and concerns to delivery. Additionally, detailed progress reports for the conditions describing progress and achievements can be found on the Health Board's website here: http://www.wales.nhs.uk/sitesplus/866/page/77350.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Peter Carr, Director of Therapies and Health Science	
Report Author: Jennifer Keyte, Corporate Planning Manager	
Report Received consideration and supported by :	
Executive Team		**Committee of the Board**	
Date of the Report: 18th February 2019	
Supplementary Papers Attached: N/A	

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Tab 2.1.1 SCP 3 - Major Health Conditions

Purpose of the Report
To update the committee on the progress against key milestones for quarter 3. To identify issues that present a high risk to delivery, outline key actions that will be undertaken to mitigate or recover position. To report required information in order to provide assurance.

Background and Context
The Integrated Medium Term Plan for 2018/19 – 2020/21 for Aneurin Bevan University Health Board was approved by the Board and Welsh Government. Welsh Government has established a five-year vision for the Welsh NHS and its partners and included the creation of delivery plans for nine major conditions. National Delivery Plans set out agreed actions and defined performance measure and outcomes within the frame of reference for action by Health Boards in Wales. The Health Board has well-established, mature systems in place, a lead Executive Director and Senior Clinician to drive delivery of local plans across all major health conditions. Across all local delivery plans, there are collectively 63 priority actions. Plans are reviewed and refreshed annually with Annual Progress Reports. Detailed plans setting out work programmes that encompass prevention, early detection, fast/effective treatment and care, meeting people's needs, palliative and end of life care in addition to research, are published on the Health Board's website (Local Delivery Plans and Annual Progress Report). Tackling major health conditions and their causes is one of the biggest challenges facing the health and care system in Wales. Along with an ageing population, increasing expectations and the high cost of pharmaceuticals and treatments, ever-increasing rates of chronic conditions are putting unprecedented strains upon individuals, communities and the health and care system. The Health Board's first responsibility is to prevent as many people as possible from developing avoidable health conditions at every stage of the life cycle by ensuring every child has the best start in life, improving health literacy, early detection of risks/disease and improving the health and wellbeing of citizens. The Health Board's approach to improving population health and wellbeing is set out in Service Change Plans 1 and 2. The Health Board also recognises that strategies to effectively manage chronic conditions are equally important to minimise multiple morbidities, complications and associated disabilities and to optimise quality of life. By reducing the impact of chronic conditions, there is more to be gained than building an economically viable and sustainable health system. Reducing the physical, psychological, social and financial impacts of chronic conditions will improve quality of life and enhance health outcomes for individuals, families and communities.

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Tab 2.1.1 SCP 3 - Major Health Conditions

2.1

Assessment and Conclusion

Key Performance Indicators

The below key performance measures are outlined in the National Outcomes and Performance Framework as set by Welsh Government.

Cancer

Non-urgent 31 day cancer treatment performance improved slightly in December with 97.7% compared to 96.3% in November but remains slightly below the target of 98%. Urgent Suspected 62 day cancer treatment times improved in December with 91.3% compliance, the highest since April 2018. However, this remains outside of the target of 95% and the IMTP profile. Recent months have seen an increase in the number of referrals for cancer overall, in 2017 the average number of referrals each month was 1700 this has risen to over 2000 in 2018 with the trend continuing in January 19 with over 2100 referrals. This increase in referrals has seen an increase in the overall number of patients requiring treatment for cancer, during December 283 patients were treated for cancer compared to 234 in December 2017. The trend continues in January 19 with an estimated 344 patients treated.

Stroke

Health Board performance in Stroke Care has shown consistent performance improvement against the key measures over the first half of the year, however winter pressures still remain a challenge and a deterioration has been seen over the most recent months – please see graph below. The two individual measures that are the most challenging to the Health Board are the 4 hours bundle and initial swallow screen. There is variation month to month across these measures and between the in and out of hours periods.

The graphs below provide a summary of performance against the four QIM bundles and the four individual elements of those bundles included within the performance framework. The 4 hour bundles are made up of the percentage of stroke patients that get to the HASU within four hours and have a swallow screen within 4 hours, if they miss either of the parameters we do not achieve the bundle. Access to HASU and swallow

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Tab 2.1.1 SCP 3 - Major Health Conditions

2.1

screen has been exceptionally vulnerable due to site pressures at the Royal Gwent Hospital. As a countermeasure for these pressures the Executive Team have approved the ring fencing of 2 beds and we have secured permanent funding for the Discharge Coordinator who has had a significant impact on the overall LOS on the ward.

The Stroke Directorate enacted winter plans and the cornerstone of this plan was to introduce a front door therapist Monday to Friday 9-5pm. This has enabled the 24 hour target to be less vulnerable to site wide pressures. This post is currently only a pilot until March 31st and the Directorate will be seeking permanent funding following an evaluation.
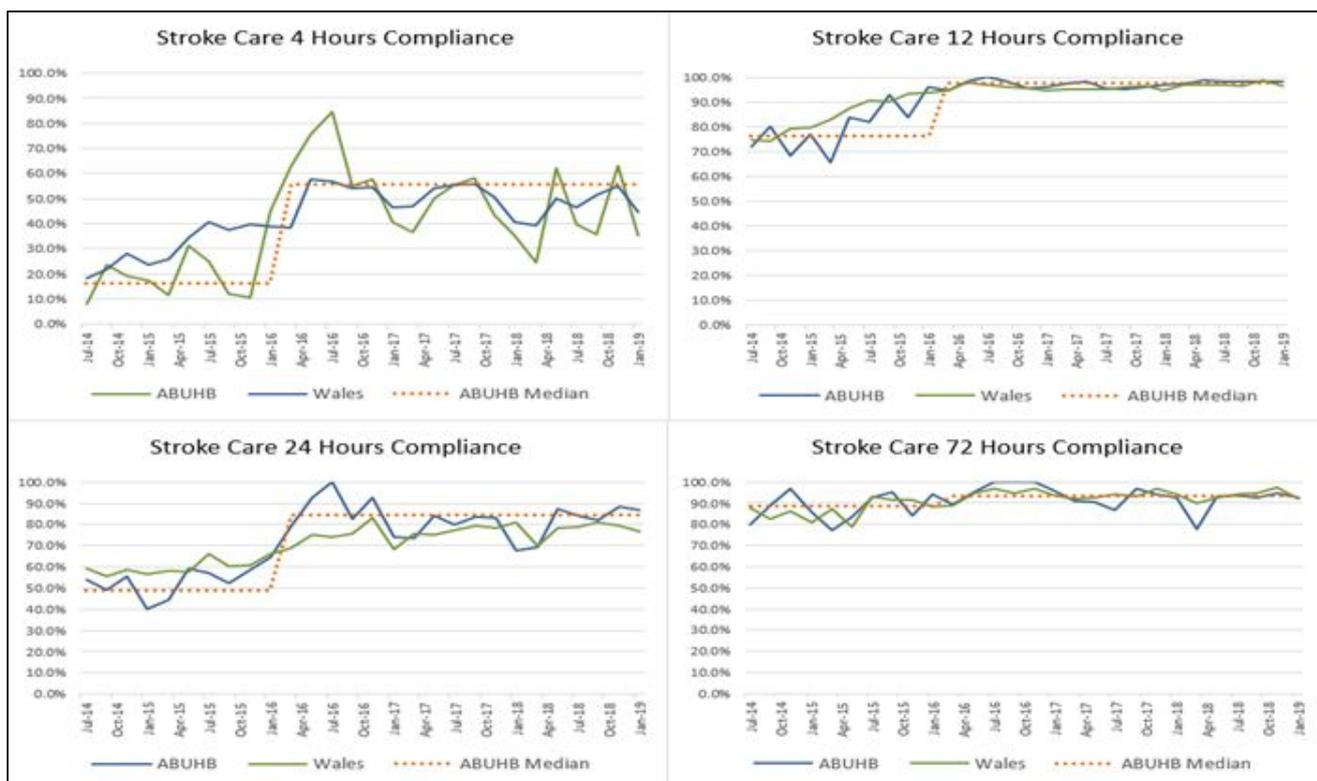
Progress against key milestones

Cancer
The Health Board is retrospectively monitoring the Single Cancer Pathway. Demand and Capacity modelling is being undertaken to understand Diagnostic gap and trigger mechanisms developed with IT to flag suspected cancer patients. A rolling programme of meetings have been arranged and are taking place with Tumour sites to raise awareness of the Single Cancer Pathway and develop action plans to improve performance. Tracker 7 is in place for all tumour sites and a Qlik cancer dashboard created to monitor and improve component waiting times, assisting with monitoring demand and waiting times for procedures reporting.

At a Health Board level, Demand and Capacity modelling has been undertaken to understand the diagnostic gap and a 'direct to test' pathways implemented for patients requiring a Colonoscopy and ultrasound scanning. There is agreement to pilot Primary Care Faecal Immunochemistry Testing in symptomatic Lower GI patients.

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Tab 2.1.1 SCP 3 - Major Health Conditions

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Pathway modelling is underway to assess impact of moving towards agreed national optimal cancer pathways and special measures meetings are in place for non-compliant Tumour sites. Point of care testing is to be introduced for patients requiring a contrast CT scan and there is increased capacity for Outpatient Hysteroscopy for Gynaecology patients. Demand and capacity modelling is taking place for prostate patients in Urology.

A Strategic Outline Case for a Breast Care Unit was submitted to Welsh Government end of August and feedback from Welsh Government is being reviewed. A Breast Reference Group has been established consisting of patient and CHC representatives and the Project Board is in situ and meets monthly. A fundraising co-ordinator is now in post and the Fundraising Strategy developed and "Friends of" group established.

Care of the Critically Ill
A detailed action plan has been produced in response to the recent Peer Review. The plan has been commended by the Review Panel, and work is underway to take forward the actions which include an organisational plan to reduce Critical Care DTOC.

A Business Case to expand the Critical Care Outreach Service was approved by the Pre-investment Panel (PIP) and was subsequently approved by Executive Board – recruitment of the required nursing posts has commenced. £350,000 funding from Welsh Government was confirmed to support Critical Care delivery over the 2018-19 winter period, enabling the service to support extra bed capacity by opening two further beds using temporary staffing. Due to staffing challenges, consideration is being given to the appointment of substantive fixed term staff to align with the planned capacity for Clinical Futures. In addition, a request has been submitted to Welsh Government for a further £150k funding from the Critical Care Fund in line with the original bid for funding and our Clinical Futures programme.

Diabetes
The Health Board is recruiting for psychology staff to support children and young people diabetes. Work is also underway to develop psychology support for adults across relevant Major Health Conditions. A Level 3 paediatric weight management service is being implemented. Point of care testing is now established in all paediatric diabetes clinics. A working group is now established to steer work towards Wales Diabetes Transition Standards and structured education through Seren Connect is being piloted. A Business Case to strengthen specialist and secondary care services in the context of the Health Board's overall diabetes strategy has been approved and its implementation being phased. Work is in progress to establish demand and capacity for insulin pump treatment and address service gaps. The Health Board's Podiatry Team has rolled out the Think Glucose Foot Screening Tool for use with diabetic inpatients.

End of Life Care
The Advanced Care Planning Primary Care Pilot within 6 practices has now completed. The initial evaluation and data analysis of the pilot demonstrate positive results and outcomes from the pilot. Work will continue to further analyse findings including consideration of developing a business case.

Good progress has been made with the education training programme of care home staff and is on track to train 90% of district nurses by the end of the year. Additionally all prison staff have received ACP training.

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Tab 2.1.1 SCP 3 - Major Health Conditions

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The Acute Bereavement Service pilot is underway and data has been collected and analysed. Findings from the Bereavement Service pilot has been presented to the QPSOG and with the EOLC Board endorsement, a full business case will be developed and submitted to the Pre-Investment Panel for rollout and continuation of service.

A series of ACP champion workshops have taken place as well as an EOLC Seminar. Over 150 delegated attended the seminar and another seminar will be organised due to demand. The Directorate are continuously evaluating education requirements and further training opportunities such as Synringe Driver Training are being considered as part of the E-learning programme.

Heart Conditions

A joint cardiovascular prevention workshop with stroke and diabetes services took place during quarter 3. GPs with Special Interest are now in place and seeing new patients on all three sites, Avicenna Medical Centre, Chepstow Hospital and Ysbyty Aneurin Bevan supported by new ECG and monitoring equipment on each site although there are currently challenges in providing echocardiography at the community sites due to shortages of echocardiographers for which recruitment continues. The Health Board's service is meeting targets for all 8 week diagnostics apart from echocardiography, again due to recruitment challenges. Posts are being re-advertised. The majority of echocardiograms are currently undertaken by locum staff, however more are required to enable achievement of the targets. The Health Board is developing staff to undertake British Society of Echocardiography accreditation.

Liver Disease

A hepatology specialist nurse was appointed in Q2 which has allowed for diversification of the service in line with the aims of the Liver Disease plan. Service redesign has focussed this resource co-ordinating communication for patients with Hepatocellular Carcinoma including an e-mail advice service, additional Fibroscan clinics, patient pathways and a cirrhosis proforma. A report is being finalised by the Value Based Healthcare to inform the business case to secure recurrent funding for the Alcohol Care Team, expanding the team to add value across acute and community services. The BASL care bundle approach has been introduced into the Medical Assessment Unit. Complex disease MDT is now embedded as core activity. Co-location of liver clinic with the palliative care clinic in RGH allows review on same day for some outpatients. A Business Case has been presented to Pre-Investment Panel, with the aim of presenting to Executive Board in Q1 2019/20 for the appointment of specialist dietetic support for liver disease patients in line with the Liver Disease Delivery Plan.

Neurological Conditions

The Welsh Neurological Alliance (WNA) has been invited to our Neurological Conditions Planning and Delivery Group to support patient focused input and better awareness of Neurological Conditions through a co-productive approach. Further to this, the Neurology Directorate webpages have been updated to contain our contact details, key guidance on a range of Neurological conditions plus news on our ongoing service developments. This webpage is viewable by all health professions across secondary and primary care that work within the Health Board.

The service is continually evolving in line with advances in technology, evidenced by our commitment to the ICHOM rollout across Parkinson's and Epilepsy services in Neurology.

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Tab 2.1.1 SCP 3 - Major Health Conditions

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ICHOM is a bespoke set of Patient Reported Outcomes which enable a more patient centred consultation, focussing on the aspects of their condition which most matter to the patient. As part of this ongoing project we are working with industry and technologies such as 'DrDoctor' to ensure we get the most valuable data for both the patient and the clinician. As part of gathering such feedback, we have already created plans to introduce multi-professional clinics for those with those patients with highly complex needs, to stop patients having to travel to multiple appointments and reduce duplication of work.

The Health Board has a core commitment to high quality research. Currently, we have a number of trials being undertaken within the field of movement disorders, which will in turn improve patient benefits.

Respiratory Conditions
A review of the progress of smoking cessation will take place (as part of SCP 1). Smoking cessation is built in to the Pulmonary Rehabilitation pilot at Newport, with services expected to expand if evaluated successfully. Work is underway calculating the spend on Respiratory prescriptions which reduced by £2m since 2014-15 and focus on reductions in the use of high-dose corticosteriods from 40% to 23% of all Inhaled Corticosteroids (ICS); reducing short-acting beta2 agonist drugs by 2.4%; and investment in expanding the Pulmonary Rehabilitation service. A Task and finish group are assessing a proposed 'Respiratory Nursing Service' along with the embedded redesign of the TB pathway. Public Health pathway for the under 6 age group for BCG vaccination has been agreed and staff engagement is planned. Workforce still remains an issue, as ABUHB are exploring regional options (re: modernisation of sleep services) while Performance has presented Qliksense as a monitoring platform.

Stroke
Baseline data from Audit Plus has been made available to NCN leads at individual practice level as part of the pilot 'Stop a Stroke' Project to reduce the number of strokes due to Atrial Fibrillation. The first practice went live in November 2018 and a helpline will be available targeted in one area for the pilot.

Evaluation of alignment of the agreed stroke pathway with the Clinical Futures pathway was completed. Development of a business case for the second phase of Stroke Services Redesign is to be revisited in the light of more recent Clinical Futures discussions.

For December, Stroke performance generally deteriorated on the November performance. Compliance for patients admitted directly to a stroke unit within 4 hours was 39.7% compared to 63.3%. This is still below the IMTP profile of 78.2%. Stroke compliance against the percentage of patients who receive a CT scan within 12 hours fell slightly to 97.1% compliance in December compared to All Wales performance of 97.5%. Agreement was reached in July to re-instate protection of Hyper-acute Stroke beds and retain the Discharge Co-ordinator role during periods of pressure to sustain improvements along with trialling alternatives for therapy cover. A pathway and referral criteria for Thrombectomy has been agreed within the Health Board and plans are in place for commissioning leads to take forward discussions with providers. During Quarter 3, the Health Board has had one case which successfully went for Thrombectomy in Southmead Hospital.

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Tab 2.1.1 SCP 3 - Major Health Conditions

Areas of Concern/Risk and mitigating actions

Cancer - Diagnostic waiting times remain a significant risk in elongating the cancer pathway and ongoing monitoring of radiology and histopathology reporting times ensures that patients are not delayed.

End of Life Care – An ACP e-form and pilot plan is being developed, however there is an identified risk regarding IT constraints. This would mean that the dissemination and communication of ACP decisions and outcomes is prevented and provides difficulty in determining outcome measures. Mitigating actions include ACP process mapping of the QI project as planned, including the development of an ACP e-form.

End of Life Care – There is no sustainable co-ordinated Bereavement Service within the acute setting. If no service is in place, the experience for bereaved families would be poor which may lead to complaint and non-compliance with the Medical Examiner role. Mitigating actions include the development of a business case for submission to the Pre-Investment Panel during Quarter 4 following on from the pilot introduced in the summer in YYF.

Heart Disease – There are currently challenges in providing echocardiography at the community sites due to shortages of echocardiographers – this is being actively mitigated by the continuation of recruitment.

Stroke - Access to HASU and swallow screen has been exceptionally vulnerable due to site pressures at the Royal Gwent Hospital. As a countermeasure for these pressures for executive team have approved the ring fencing of 2 beds, however these are routinely breached due to system pressures.

Recommendation

It is recommended that the Finance and Performance Committee are recommended to:
1. Note the contents of the report
2. Review the issues that present a high risk to delivery and provide scrutiny and Board assurance

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Key risks are highlighted in the body of this report.
Financial Assessment, including Value for Money	Where appropriate, financial assessment including value for money is taken into consideration and identified in relevant supporting documents.
Quality, Safety and Patient Experience Assessment	SCP complies with the required standards.
Equality and Diversity Impact Assessment (including child impact assessment)	Not applicable for report.

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Tab 2.1.1 SCP 3 - Major Health Conditions

2.1

Health and Care Standards	All standards are met
Link to Integrated Medium Term Plan/Corporate Objectives	This report relates specifically to delivery of SCP 3, a major work programme of the ABUHB IMTP for 2018-21.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	*This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.*
	Long Term – each of the work programmes in SCP 3 are underpinned by detailed service, workforce and financial capacity and demand needs analyses
	Integration – each work programme integrate fully with relevant services both internally and externally to the organisation
	Involvement – wherever possible work programmes have been co-produced with services users, families and carers through engagement activities appropriate to their needs and wishes.
	Collaboration – the work programmes have internal/external representation at all levels of delivery.
	Prevention – delivery plans have been designed to identify and initiate action at the earliest point of need.
Glossary of New Terms	Not applicable.
Public Interest	This paper has been written for the public domain.

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Tab 2.1.2 SCP 4 - Mental Health & LD

	Finance and Performance Committee 21st February 2019 Agenda Item: 2.1b	**2.1**

Aneurin Bevan University Health Board

Service Change Plan 4 (SCP4) – Mental Health and Learning Disabilities Delivery Framework

Executive Summary

To update the committee on the progress against key milestones in Service Change Plan 4 (Mental Health & Learning Disabilities) for quarter 3.

To identify issues that present a high risk to delivery, outline key actions that will be undertaken to mitigate or recover position.

To report required information in order to provide assurance.

Recommendation:
That the Finance and Performance Committee takes the following action:

1. Note and discuss the content of the report.
2. If necessary, advise on any remedial actions that should be undertaken

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Director of Primary, Community and MH & LD

Report Author: Angela Fry, Head of Service Planning

Report Received consideration and supported by :

Executive Team		Committee of the Board Mental Health & LD Committee	√

Date of the Report: 12 February 2019

Supplementary Papers Attached: SCP4 Evaluation Tracker

Background and Context

Aneurin Bevan University Health Board's 2018-21 IMTP obtained Welsh Government approval in June 2018. As part of the IMTP, SCP4 outlines the ways in which both national and local strategies and priorities are to be met over the next three years in providing high quality patient centred Mental Health and Learning Disabilities services to meet the needs of the population. Central to the strategic vision underpinning the IMTP was the

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Tab 2.1.2 SCP 4 - Mental Health & LD

implementation of the Clinical Futures strategy supported by key service change and sustainability priorities identified over the next three years.

The Health Board has developed a delivery framework and evaluation tracker which seeks to ensure that the capabilities achieved through the MH/LD Plan deliver the anticipated outcomes and benefits. The tracker for SCP4 is attached to this report.

The critical components of the plan are:

Table 1

Priorities	Summary of Outputs
Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) (Lead: F&T Division).	Implementation of the Integrated Iceberg Model. Ongoing pilots in schools, i.e. Newport ARROW, Blaenau Gwent and Torfaen CAMHS in-reach.
Older Adult MH Service Redesign. Lead: MH/LD Division	Includes development of an enhanced community service model, reconfiguration of inpatient services, improvement of the Electroconvulsive Therapy (ECT) service, provision of a flexible hospital resource team, piloting of a behavioural support service for dementia care and roll out of Patient Level Information and Costing System (PLICS) and International Consortium for Health Outcome Measures (ICHOM) in dementia memory assessment services (MAS).
Individuals with Complex MH Needs Strategic Transformation Programme (Lead: MH/LD Division).	Work streams on understanding demand, reducing demand, alternative ways of meeting demand, increasing efficiency and improving flow, increasing capacity. Also to carry forward Low Secure Unit (LSU)/High Dependency Unit (HDU)/Psychiatric Intensive Care Unit (PICU) development, In One Place schemes, structured case management.
Whole Person, Whole System Adult MH Crisis Support Transformation Programme. (Lead: MH/LD Division)	Inpatient redesign, extended pilot separating Crisis assessment and Home treatment, MDT staffing in home treatment teams, developing admission alternatives; Host Families, Crisis House, Sanctuary, single point of contact, housing tenancy support.
Learning Disabilities Residential Services Review (Lead: MH/LD Division)	To undertake detailed multi-agency reassessment of needs to identify person centred packages of care and to implement the care packages through partnership working with Local Authorities, enabling the least restrictive packages of care to be delivered and rights to be enhanced.

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Tab 2.1.2 SCP 4 - Mental Health & LD

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1   Current performance

Overall, all programme areas are broadly on track or within tolerance. While a limited number of benefits are due for Q3 across the programme areas, it should be noted the majority are expected to be realised by end Q4. Key progress is outlined below:

Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model)
In 2018-21 the plan focused on building emotional and mental health resilience in schools based on two pilot projects in Newport (ARROW) and the WG supported national CAMHS in-reach programme in Blaenau Gwent, Torfaen and South Powys. The ARROW project has recently been positively evaluated and provisionally funded for another 2 years and good progress is being made on the national CAMHS in-reach pilot. An evaluation methodology and timetable has been advised by WG for this and incorporated into the delivery schedule.

This has now been broadened into a much more ambitious and whole system transformation programme as part of the Gwent Transformation Fund "offer". Sponsored by the Regional Partnership Board and resourced with an allocation of the £100m transformation monies for Wales to implement "A Healthier Wales", it builds on the very strong collaborative working relationships between Health, Local Authorities and Education that enable the Gwent Strategic Partnership for Children and Young People. Development and implementation will take 3-5 years.

Specifically this part of the offer focuses on the implementation of a new service model redrawing the current landscape to provide a more sustainable model of care, by working in a different, expansive and more integrated model.

The initial phases of the programme coincide with the start of funding draw down from January 1st 2019. A multi-partner leadership team has been established and a programme manager appointed. Recruitment of a Transformation Director and a structure of senior community-embedded clinicians to create a Single Point of Access (SPACE) is underway to provide psychologically based, ACE and trauma-informed support for a wide range of mental health and emotional well-being needs. The SPACE will commence from April 2019 alongside the establishment of operational working groups for a number of local pacesetter initiatives across Gwent to develop new models spanning community-embedded family interventions, infant and parent-focused perinatal mental health support, strategic refocusing of school health nursing, community psychology, peer support and further whole school approaches to in-reach support.

Fundamentally, this approach will ensure that the children and young people who need the specialist intervention provided by S-CAMHS and related services are able to access that service promptly and will do so through the redesign of the current tiered approach.

Older Adult Mental Health (OAMH) Service Redesign
This is a whole system redesign involving multiple service change schemes as set out in table 1 above.

There has been good progress across the work programme with many of the schemes completed and delivering benefits. A detailed evaluation report has already been

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Tab 2.1.2 SCP 4 - Mental Health & LD

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presented to Board in January 2019.

Key achievements in 2018/19 have been the completion of the reconfiguration of inpatient services to provide three centres of excellence for dementia assessment and one centralised functional unit. This has improved the quality of care and delivered a more sustainable staffing model. A new enhanced community service model has been developed in Monmouthshire with additional investment. The Memory Assessment Services have been standardised and improved and a new single pathway developed.

As the most significant and high profile components of this work programme have been completed, the ongoing work plan for OAMH will be carried forward into 2019 - 2022 as part of the Divisional IMTP, not this SCP.

Whole Person, Whole System Adult Crisis Support Transformation Programme
This is a major transformational programme managed under the auspices of the Gwent MH/LD Strategic Partnership and covering the redesign of the acute patient pathway from acute crisis support and response with partners, through admission, discharge and follow up. The programme is anticipated to span 3-5 years to deliver a range of alternatives to admission and a broader range of discharge options including 24 hr crisis support, Crisis House short term accommodation and Sanctuary day care, Host Families and robust Home Treatment Team (HTT) services. The work programme will also realign flow and acuity across inpatient services.

Key achievements in Q3 2018/19 include the expansion of the Crisis Resolution Home Treatment Team enabling multi-disciplinary roles to be recruited to provide a 24/7 service. These have been funded from the £1.3m allocation for the Health Board from the MH Innovation and Transformation Fund. A separate bid for £1.4m capital funding from the 2019/20 Intermediate Care Fund (ICF) has been submitted for the establishment of a Crisis House to be commissioned by Health but run by the third sector. The aim is to begin development in partnership with Housing and the Third Sector in 2019/20 and to be fully operational by 2021.

While there has been slippage on the commencement of the pilot Host Families scheme with Shared Lives in the Newport borough, this is now on target to start April 1st 2019. Slippage was due to loss of management capacity to take forward the initial baseline audit and the need for further discussions with Shared Lives on infrastructure requirements and costs. Both matters have subsequently been resolved and the pilot will therefore commence as soon as the procurement arrangements have been completed. The aim is to recruit 8 families in year 1 and 33 in year 2 in the Newport locality. The scheme will provide a more homely and person-centred alternative to admission for people with a lower level of crisis with gate-keeping provided by the Crisis Resolution Team.

The PDSA separating the functions of Crisis Assessment and Home Treatment has provided useful feedback on the potential for improving this service. A centralised crisis assessment service was implemented between the hours of 5pm and midnight that offered proportionate assessments either at a central location or within a defined geographical area. This included one member of staff being redeployed from their current CRHTT to a centralised assessment area for the duration of their shift. Talygarn day hospital was chosen as the base for the centralised assessment service, which did impact on service users in Caerphilly, Newport and Lower Monmouthshire who potentially had further to travel for assessments.

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Tab 2.1.2 SCP 4 - Mental Health & LD

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Data analysis did not demonstrate a significant change in the amount of Home Treatment Team contacts for the period however qualitative data from staff indicated that there was more time allocated to each contacts. The majority of staff who gave feedback indicated that separating the functions was positive but felt there needed to be more consideration for the location and the staff skill mix if a further pilot was developed. There now needs to be a more formal period of staff and stakeholder engagement to enable this service change to be extended and further tested over the next 12 months with a view to identifying a preferred option and implementation by mid-2020. A presentation to CHC is scheduled for 27 March and a paper for Executive Team on the engagement process is being drafted.

In the meantime there has been significant slippage on the inpatient redesign elements, so it has been decided to make these separate work streams and secure more project management and clinical operational capacity to help increase pace and provide better coordination.

Complex Needs Transformation
The aim of this programme is to address a particular gap in the provision of suitable environments of care for this adult client group, where currently many have to take up placements outside Gwent to meet their needs. In order to better manage forecast rises in demand and costs, the work programme has developed options that provide further supported living facilities using the 'In One Place' special purpose approach and refurbishment of South Lodge for a service user placement. The longer term service transformation is focused on the development of an integrated MH/LD low secure facility supported by an extended PICU and an HDU. This is expected to be a 3-5 year programme dependent on the availability of Welsh Government capital.

Key achievements in Q3 have been the submission of a Strategic Outline Case to WG for the LSU/HDU and PICU and works to create an interim extension of the existing PICU. This latter will now open in Quarter 4 2018/19. These changes aim to provide a more integrated adult MH and LD service and care closer to home and will deliver financial savings.

This programme has also benefitted from the MH Innovation and Transformation Fund enabling the recruitment of extra capacity to introduce a structured case load management scheme and support a robust strategic review of demand management approaches and other alternatives to placements outside Gwent.

Learning Disability Residential Service Review
A multi-agency review of the needs of the service users in the Learning Disability Residential service has been ongoing since 2014. The review is being undertaken in partnership with each of the Local Authorities, on a phased basis, and is being seen as a second resettlement programme.

At the beginning of 2018, the Health Board's LD residential service had 22 residents across its five homes. The residential services review undertook detailed person-centred multi-disciplinary assessments with service users and their families to develop an individual service specification for each service user outlining their support and accommodation needs going forward.

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Tab 2.1.2 SCP 4 - Mental Health & LD

The outcome of this review was agreement that responsibility of care for 14 of the 22 service users would move from health to social care as 14 service users did not have a primary health need. In the majority of cases, a supported living model was identified to be least restrictive and to enable people's needs to be met. The service models for each area were:

Lamb House- A supported living provider to be commissioned (for 2 service users with a primary health need and 3 service users who did not have a primary health need) to provide support at Lamb House and the property to be sold to a registered social landlord to enable tenancy agreements for the service users. One service user, who has a primary health need to move out to a new supported living placement

2 & 3 Mitchell Close- Supported living for 5 service users (for 1 service user with a primary health need and 4 service users without a primary health need) and 1 service user requiring residential care. All service users will move out to new placements.

Bridgeview House- Supported living for 3 service users (1 service user with a primary health need who will move to Lamb House and 2 without a primary health need). 1 service user to move to Twyn Glas. All service users will move from Bridgeview House.

Homelands- Residential care for 4 service users (2 without a primary health need and 1 with a primary health need, 1 service user is disputed and going through the disputes process). All service users will move out of Homelands.

Twyn Glas- Despite the review illustrating that the service model needed to change to a social model of care, due to the complexity of the health needs of the 3 service users already residing at Twyn Glas and 1 service user at Bridgeview House, and the potential for others to require such a service, it was decided that the only other model of care that would be suitable for the service users would be that of a nursing home model. The Project Team concluded that in order to realise the benefits to the service users that the review was aiming for, it would be unlikely that a nursing home provider would want to run such a small home, as it would be unlikely to be financially beneficial for them to do so. No other suitable providers were identified at that time so in order to enable some of the benefits for the service users to be realised and to enable a better service model, a centre of excellence was developed for people with profound and severe learning disabilities and complex health needs. To minimise disruption for the existing service users, they should remain living at Twyn Glas and that the house be managed as a hospital provision and continue to be run and managed by the Health Board.

To date, the target key milestones have all been met. In summary:

Homelands (Penhow) -all residents relocated and property vacated.
Bridgeview (Portskewett) – all residents relocated and property vacant.

A feasibility study has been commissioned from ICF funding to look at potential alternative uses for these two properties, associated with the Complex Needs Programme. Depending on the outcome of this, properties may be declared surplus to requirement or a case made to reuse them as part of our programme to reduce out of area placements/expenditure on Continuing Health Care.

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Tab 2.1.2 SCP 4 - Mental Health & LD

Mitchell Close – two properties vacated and declared surplus to Divisional requirement. Both are likely to be retained by the HB and used for parents' accommodation for Paediatrics/SCBU. One property in Mitchell Close is being retained for one service user with no plans to release the property although care needs are currently being reassessed.

Twyn Glas – All transfers complete and the development of new roles to create 'centre of excellence' has started.

Lamb House- Property is to be sold to Responsible Social Landlord with sale completion expected in April 2019. Care provider tendering exercise has been completed and tender evaluation is being finalised with anticipated appointment of care provider in February 2019.

Staffing- All but 8 staff have been successfully redeployed/retired, with remaining 8 not redeployed mainly due to unsuccessful trials in alternative posts (4 staff) or long term sickness. Meetings are being arranged with staff in February to discuss further options and next steps.

Section 28A agreements are in place for all relevant residents with local authorities and all are signed with the exception of Newport Local Authority. No barriers to signing have been identified.

Work is ongoing to collect patient stories to inform the evaluation of user benefits of the residential review.

This programme of change will be completed by close of 2018/19 and service user outcomes will be evaluated in 2019/20 once they have settled in. It will therefore come off the work programme for SCP 4 in 2019/20.

Assessment and Conclusion

2   Issues/risks

Learning Disabilities Review: Main risk is associated with Lamb House. Any delay in awarding care provider contract (e.g. any challenge to tender award) will delay transfer of care to provider and risk of insufficient staff to safely maintain the running of the facility, as the service is currently supported by a number of staff who will retire from April 2019. Project Team are considering contingency arrangements.

Crisis House ICF Capital Funding: the risk is that the bid is not supported. The feasibility study undertaken in 2018 identified different ownership and management structure options for delivering a Crisis House service model which will be revisited if the capital funding via this route is not available.

3   Key actions in the next quarter

These are highlighted in the progress reports above and set out in the attached tracker for each programme.

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Tab 2.1.2 SCP 4 - Mental Health & LD

In addition, two new programmes have been identified for the refreshed SCP 4 for 2019-22 which replace Older Adult and the LD Services Review. They are outlined below. Further work is required in Q4 to develop the scope of these and establish the work programmes.

Bringing Together Physical and Mental Health
In 2016, the King's Fund published a paper identifying 10 key areas for improvement in holistic care (*Naylor C et al, (2016), Bringing together physical and mental health; a new frontier for integrated care, King's Fund March 2016*). These ranged across all tiers of service provision, including:

- Prevention/public health (incorporating mental health into public health programmes, health promotion and prevention approaches for individuals with Serious Mental Illnesses (SMIs)).
- General Practice (management of unexplained symptoms, strengthening primary care to meet physical needs of people with SMIs or LD).
- Chronic Disease Management (supporting mental health and emotional wellbeing of people with CDMs and carers).
- Community/social care (integrated support for perinatal mental health and supporting mental health needs of people in residential care).
- Hospital care (mental health in DGHs and physical health in Mental Health inpatient facilities).

Some of these improvement areas already have delivery plans or services in place, including improving mental health well-being and improving access to primary care mental health services (see SCPs 1 and 2). This new work programme will therefore, in the first instance, oversee two under-developed areas of integration:

- Provision of a single psychiatric liaison service for acute hospitals across Gwent to support the transition to the Clinical Futures model by 2021.
- Integrating the physical health care support of individuals with MH or LD.

Mental Health Liaison
A high prevalence of mental health problems is encountered by clinical professionals in general inpatient, outpatient and emergency department settings. Many general staff lack the confidence, skills or training to manage common mental health problems. Patients with co-morbid depression and acute needs tend to have longer length of stay, while patients with dementia often have delayed transfers of care. While the Health Board has a number of specialist MH liaison teams working within departments, e.g. RAID (now Older Adult Psychiatric Liaison), and LD Behavioural Support Team, there is a degree of variation in approach. The work programme will therefore focus on key pathways for streamlining liaison, education and training for general staff to ensure there is a consistent approach and more integrated working that will support the Clinical Futures model and ensure appropriate support at all sites including GUH.

Physical Care Liaison
There is evidence that people with MH problems who have physical health needs are less likely to be registered with a GP, more likely to present late with physical symptoms and are more likely to have a serious condition under-recognised or sub-optimally treated. The inevitable impact of this is that people with MH problems are more likely to have emergency rather than planned admissions to acute care, longer lengths of stay, poorer

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Tab 2.1.2 SCP 4 - Mental Health & LD

2.1

clinical outcomes and higher mortality rates.

The ambition of both liaison work strands is to develop a system of care that breaks down barriers between specialties, is age-inclusive, operating 7 days a week and covering all units. While there may be differences in the details, level of outputs, in general the programme will scope the education, training and support needs of staff in hospital settings alongside investment and alignment of appropriate specialist support for MH and physical care teams including the provision of out-reach services to primary care.

Transition Pathways for Young Adults 15-25
Transition planning for young people moving from child to adult MH and LD services has long been recognised as disjointed and problematic. This new integrated work programme therefore aims to review the whole pathway from prevention to diagnosis, treatment and recovery in order to co-produce a coherent and inclusive model covering the 15 – 25 year old cohort. This is broader than the existing definition for transition. Shifting the focus to young people or "youth service", is envisaged will facilitate the design of more age appropriate and clinically effective pathways. The programme will begin with a series of stakeholder engagement events to agree the core principles, opportunities for new ways of working and desired outcomes and benefits, based on the following existing clinical services:

- Early intervention in psychosis.
- Serious Mental Illness (SMI).
- Eating disorders.

Recommendation
It is recommended that the Finance and Performance Committee takes the following action: - Note the contents of the report. - To review the issues that present a high risk to delivery and if necessary, advise on any remedial actions that should be undertaken.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risk and Issue management is a core component of the delivery framework.
Financial Assessment, including Value for Money	There is no financial impact of this report. SCP4 includes actions/risks which may require additional resource through the appropriate approval process.
Quality, Safety and Patient Experience Assessment	SCP 4 will develop a greater emphasis on Quality, Safety and Experience as the Benefits Management plan develops.
Equality and Diversity Impact Assessment (including child impact assessment)	There is no anticipated negative impact on protected groups or children. Detailed EAIs will be required for any business cases required to deliver the plan.

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Tab 2.1.2 SCP 4 - Mental Health & LD

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Health and Care Standards	The delivery of a resilient system and the application of escalation policies is a key determinant of the health and safety of staff and patients
Link to Integrated Medium Term Plan/Corporate Objectives	This report is an update of IMTP Service Change Plan 4.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Long Term –** each of the work programmes in SCP 4 are being underpinned by detailed service, workforce and financial capacity and demand needs analyses of the target population
	Integration – all work programmes report into at least one of the strategic partnerships in Gwent.
	Involvement – all work programmes have been co-produced with services users, families and carers through engagement activities appropriate to their needs and wishes.
	Collaboration – the work programmes have internal/external representation at all levels of delivery.
	Prevention – service transformation is being designed to identify and initiate action at the earliest point of need.
Glossary of New Terms	*Not applicable*
Public Interest	*This paper has been written for the public domain.*

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Tab 2.1.2 SCP 4 - Mental Health & LD

Title: **SCP 4 - Mental Health and Learning Disabilities**
Updated Sept 2018

Prog. Ref	Priority Work Programmes:	Aim and Objectives	Lead		KEY	Benefit Status
1	Development Integrated MH & Emotional Well-being Referral Service for Children ☆ (ABUHB High Impact Priority 5)	Development integrated MH & Emotional Well-being referral service for Children: ☆ Programme area also includes 1) ARROW joint Education/Health scheme to improve emotional well-being in Newport secondary schools (x 8) and ultimately also primary schools. 2) National CAMHS In-reach to Schools Project in Torfaen, Blaenau Gwent and S. Powys.	L.Jones		↑	Improving
2	Older Adult Mental Health Service Redesign	Whole system redesign to include enhanced community service model, reconfiguration of inpatient services, improvement of ECT service, provision Flexible hospital resource team, Behavioural support service pilot for dementia care, roll out of PLICS and ICHOM in dementia memory assessment services (MAS).	P.Chance / M Fisher		↓	Deteriorating
3	Whole Person, Whole System Adult MH Crisis Support	Major transformation programme of the Gwent Strategic Partnershipfor MH/LD covering the redesign of the whole system adult pathway from self-help to specialist care. Aims to deliver a range of alternatives to admission including 24 hr crisis support, Crisis House short term residential support, Sanctuary day care, Host Families, home treatment services and a broader range of discharge options. The work programme will also realign flow and acuity across inpatient services.	C. O'Connor		=	No change
4	Complex Needs Programme ☆ (ABUHB High Impact Priority 4)	To address gap in the provision of suitable environments of care and reduce number of external placements. Includes options to provide further supported living facilities using the 'In One Place' special purpose vehicle and refurbishment of South Lodge for a third service user. Longer term service transformation focuses on development of an integrated MH/LD low secure facility supported by an extended PICU and an HDU over next 3-5 years subject to WG capital funding.	C. O'Connor		ND	Not due
5	Learning Disabilities Service Reviews	To undertake detailed multi agency reassessment of needs to identify person centred packages of care and to implement the care packages through partnership working with Local Authorities, enabling the least restrictive packages of care to be delivered and rights to be enhanced.	J.Hall / K.Bright		✓	Fully achieved

Prog Ref	Key Outcomes	Benefit Description	Benefit Measure/s	Baseline Measure	Target Measure	Timescale	Benefit Owner	Latest Measure	Status	Comments
1	**ARROW Project - Phase 2/3 (Sept 17-Mar 19):** Pupils have greater sense of well-being and how to apply coping strategies and relevant tools.

Teachers empowered and supported to deliver MH training to pupils and deal with low level MH difficulties.

Embedded culture of improved well-being in schools | Pupils have greater awareness of signs, symptoms, sources of help for MH and emotional distress, both in terms of looking after their own mental health and that of their peers.

Teachers are more knowledgeable about mental health and have increased confidence to help pupils. | Reduced referrals to PCMHSS and S-CAMHS due to earlier intervention and prevention.

Reduced prevalence of school-based/school as causative factor in mental health presentations in participating year groups/schools. | Awaiting baseline figure from CAMHS in relation to number of pupils reffered from Newport High School to PCMHSS and S-CAMHS in 2016-2017.
We currently do not measure school-based/schools as a causitive factor in MH presentations, this measure will need to be discussed within the directorate. | 0 p.a. | Q4 2018/19 | JH | ND | | Health impact will be dependent on extent of roll out across borough. Difficult to measure by school pop. CF has changed positions, and her replacement will be starting on 1st October 2018. |
| | | Reduced stigma around MH in participating schools. | Improved scores on well-being audit and Warwick Edinburgh Scale. | Baseline Emotional Well-being Audit Scores by School. | Improved scores post-intervention. | Q4 2018/19 | CF/JC | See attached report, however very significant improvements have been reported with the emotional well-being | | CF has changed positions, and her replacement will be starting on 1st October 2018. Funding provisionally been agreed for the next two years. |
| 1 | **Mental Health In-reach to Schools Pilot:** Teachers are trained to manage low-level mental health problems within an agreed competency framework and can identify children at risk and those displaying early signs of distress. | School-based professionals report they experience less stress (i.e. in managing pupils with MH difficulties).

School-based professionals report increased confidence and competence in dealing with low-level mental health concerns; reports from staff from services working with them support | Precise measures TBC. Measurement will be through interviews with schools staff and staff from services working with them. Measurement will explore the extent to which key project objectives have been achieved, including improved staff confidence and competence in dealing with lower-level mental health issues, are able to access support for children with more complex needs. | Baseline survey will be tested in 2 schools before being distributed to all schools in the pilot. This will be a survey of education staff, administered as online questionnaire. | Interviews demonstrate improvement between baseline, mid-point (Sep 19) and endpoint (Sept 20) in relation to key project outcomes. | Baseline Q4 2018 /19 Review baseline Q2 19/20 Mid-line survey Q3 19/20 End line survey Q2/2020/21 Final report Q2 2021/22 | C Roberts | ND | | To be formally evaluated by WG as part of national pilot scheme. Baseline measures will be finalised following pilot of questionnaires to school staff. |
| | Teachers have access to specialist liaison, consultancy and advice for pupils when they need it. Local agencies share data within agreed protocols and IG requirements. | School staff report access to specialist liaison, consultancy and advice.

More timely and appropriate referrals from schools into local services. | | Survey of education staff, administered as online questionnaire. | Improved scores post-intervention. | A/A | CR | ND | | To be formally evaluated by WG as part of national pilot scheme. Full details of measures and baseline assessment TBC. Baseline measures will be finalised following pilot of questionnaires to school staff; timescales for this have not been specified. |

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Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref	Key Outcomes	Benefit Description	Benefit Measure/s	Baseline Measure	Target Measure	Timescale	Benefit Owner	Latest Measure	Status	Comments
	Development Integrated MH & Emotional Well-being referral service for Children (Iceberg):★ More effective and efficient service provision across all agencies to ensure children and families access the right help.	Increased requests for support in early intervention. Reduced duplication of referrals, assessments and interventions. Reduced referrals for diagnostics. Reduced referrals from GPs.	Review of referral data.	Currently SPA involving PCMHSS and Families First (not Education, not S-CAMHS) in Newport and Monmouthshire. No SPA in Caerphilly, Torfaen, BG.	Number of SPA's to increase, with education and S-Camhs involvement.	Q4 2018/2019	LJ	ND		
	Frontline capacity available to assess psychological needs and generate formulations to meet needs of children, young people and family referrals.	Improved outcomes for families across systems and measures of emotional well-being.	Take-up rates for consultation, training, supervision and support models.	No reliable baseline data at present. *Liz Gregory/ Rachel Williams, Lorna to follow up.	Having reliable means of capturing training, consultation, supervision, and support models.	Q4 2018/2019	Post not yet in place, Head of CAMHS Transformation Programme.	ND		Reports will have to come from CAMHS
			Increased range of intervention options available within home and community settings.	Lorna to confirm with Emily Warren	TBC	TBC	TBC			Reports will have to come from CAMHS
	Provision of more patient-centred care.	Increased satisfaction rates for GPs, families and patients.	Reduction in complaints. Patient/staff satisfaction surveys.	TBC	TBC	TBC	TBC			Reports will have to come from CAMHS
2	Functional and dementia wards provided in separate facilities - better environment of care.	Better environments promote wellbeing and better patient experience. Improved quality of inpatient care.	Reduced IP average LOS. Reduced readmission rate within 30 d. Service user satisfaction survey. Safer Care Checklist for Discharges	Dementia 48.4d Functional 44.4d / 6.8% / Baseline TBC Q4, due to delay in responses from survey. / To be introduced by end Q3	Dementia 46.4d Functional 42.4d / 4.4% / Improved / TBA	Q3 2018/19 / Q3 2018/19 / Q3 2018/19 / Q4 2018/19	DB / DB / DB / DB	Dementia 47d Functional 31d / Re-admission rate 6% / Survey responses to be analysed in 19/20 after baseline from Q4		Standardising and improving existing checklist for both our functional and dementia wards. This is being taken forward through our OA In Patient Group.
	Reconfiguration of inpatient services by geography (Clinical Futures model).	Brings bed numbers closer to national benchmarking average	Bed numbers ratio to 100k pop benchmark	72 run rate preclosure	67	Q1 2018/19	DB	67	✓	Annwlfan 18 Sycamore 14 YTC 15 Hafen Deg (Funct) 20
		Improves cost effectiveness and efficiency	Cost per Dementia bed Cost per Functional bed	Approx £282 (exc Man costs) TBA by end Q2	TBA by Q3	Q3 2018/19	DB	ND		
	Sustainable workforce for inpatient care.	Improved quality of inpatient care.	Staff: patient ratios. Agency nursing factor. Vacancy factor Patient survey	<3 pts: 1 staff Dementia wards 5:5:4 Functional wards 7:7:5 / TBA / 0 post reconfiguration / A/A baseline end Q2	TBA / Reduce to approx. 2 wte. / Sustain / Improve	Q4 2018/19	DB	ND		Also Readmission rates A/A
	Enhanced community service model in situ	More patients supported in their homes.	Reduced IP length of stay (as result of enhanced community support).	Dementia 48.4d Functional 44.4d	Dementia 46.4d Functional 42.4d	Q4 2018/19	MF	ND		
		Better support for residential nursing homes.	Reduced use of anti-psychotic meds in Care Homes for ABUHB residents.	No data currently available. Database to be developed by Q3.	TBA by Q4	Q4 2018/19	MF	ND		Reduction of the inappropriate use of anti-psychotic medication use is major target from OPC and Dementia Action plan, it will require support from OAMH directorate and wider ABUHB to achieve.

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Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref	Key Outcomes	Benefit Description	Benefit Measure/s	Baseline Measure	Target Measure	Timescale	Benefit Owner	Latest Measure	Status	Comments
		More timely care.	Reduction in MAS waiting times.	Nov 2017 % of those seen within 28 days: Blaenau Gwent 100% Caerphilly 100% Monmouthshire 75%	Referral to 1st appt 28d	Q2 2018/19	MF	Nov 2018 % of those seen within 28 days. Blaenau Gwent 100% Caerphilly 100% Monmouthshire 100% Newport 90% Torfaen 95%	↑	Roll out PLICS is by borough so improvements likely to be incremental. Data cleansing required to confirm baseline.
			Reduced referral to diagnosis waiting time.	Nov 2017 % of those seen within 12 weeks for diagnosis Blaenau Gwent 90% Caerphilly 40% Monmouthshire 80% Newport 100% Torfaen 90%	Referral to Diagnosis 12 weeks	Q2 2018/19	MF	Nov 2018 % of those seen within 12 weeks for diagnosis Blaenau Gwent 80% Caerphilly 15% Monmouthshire 100% Newport 100% *Data quality being reviewed* Torfaen 90%	↓	Checking Newport Nov 2018 data quality, believe error in reporting for the 15% reported measure.
	To promote a recovery model of service providing more patient choice, more therapeutic/least restrictive environment, through provision of expanded Home Treatment services and Host Families scheme as alternatives to admisson. (BRP ref. 2, 10)	Increased choice for service users.	No. patients receiving Home Treatment.	776 in 2016/17	N/A	Q4 2018/19	JH	752 in 2017/18 412 to date in 2018		
			No. pts using Host Families scheme.	Host Fams = 0	8 placements Y1 33 in Y2	Q4 2019/20 Q4 2020/21	BW/AM	0 Host Families		
			No. patients assessed by CRT.	2677 referrals in 2016/17	N/A	Q2 2019/20	JH	2931 in 2017/2018 1835 to date 2018		
		Improved patient experience	ReQual	To be individually assessed at first contact. 1) Host Families scheme 2) CRHTT expansion		Q3 2018/19		Q4 2018/19	BW	ND		ReQual will be used for Host Families and HTT. Owners TBA on start up of service changes.
3	Provide a more responsive, patient-centred and age inclusive assessment and treatment service inc. 24/7 access to support and more timely discharge (BRP Refs. 12, 17, 25).	More timely access and follow up support; individuals receive support when they need it.	No. patients receiving Home Treatment.	776 in 2016/17	To be providing a phased 24/7 service by April 2019.	Q4 2018/19	JH	752 in 2017/18 412 to date in 2018		Staff recruited, 24/7 model to be trialled and started Apr/May 2019.
			No. patients assessed by CRT.	2677 referrals in 2016/17		Q2 2019/20		2931 in 2017/2018 1835 to date 2018		
			No. patients receiving direct follow up within 72 hrs of discharge.	Average 99% contacted within 48 hours of discharge	Increase in face to face contact, and reduction in telephone contact.	Q4 2018/19	JH	ND		Readmission measure derived from Divisional IMTP
			Reduce readmission rate within 30 days.	16.2% in 2016/17	8.7%	Q4 2018/19				
		More equitable service provided - age inclusive referral criteria	No. older adults accessing CRHTT.	Awaiting data, needs manual analysis.	TBA	Q4 2018/19	MP/DB	ND		Inc OAMH functional patients
	Sustainable workforce model matched to acuity/demand and the development and well-being needs of staff. Includes provision broader range of therapies (BRP Ref. 6, 7, 8).	Improved skill mix within IP wards and CRHTT.	Staff retention rates (AMH)	TBA	TBA	Q4 2018/19	JH	ND		MH ITF bid now confirmed, recruitment plan being developed and roles will be advertised..
			Staff survey	Staff satisfaction 91% in 2017/18	Improved outcomes in Re-survey	Q4 2018/19		ND		
		Better staff well-being and morale leading to better patient care.	Reduced rates of reported violence and aggression: 1) to staff per 100k occupied bed days/f2f contacts 2) to patients A/A	1) 137 - 2016/17 2) 47 - 2016/17	Reduce	Q4 2018/19	JH	ND		Data will be provided in Q4 2018-2019
			ReQual		Reduce	Q4 2018/19				
			PADR % compliance							
	Improved access to physical health assessments at point of admission. (BRP ref. 3).	Safer and more clinically effective care for patients.	Snapshot audit of patient case notes to assess % receiving physical health assessments.	Still in progress.	In-hours - 100% Out of hours 100%	Q4 2018/19 Q2 2019/20?	JH	ND		Dependent on recruitment of ANPs and 24/7 access, audit to take place this week to look at current timing of physical health assessments for baseline.

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Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref	Key Outcomes	Benefit Description	Benefit Measure/s	Baseline Measure	Target Measure	Timescale	Benefit Owner	Latest Measure	Status	Comments
4	Extension of current PICU to 9 beds	Better value for money	Interim PICU cost avoidance savings	£0k	£500k net p.a. FYE	Q1 2019/20	COC	0	=	Additional staffing costs £375k FYE. Gross savings £875k p.a. gives £500k net savings/cost avidance p.a.
		Improved capacity and patient flow	No. beds provided. No. prison referrals.	5 0	9 11 p.a.	Q2 2018/19 Q4 2018/19	MA/AH MA/AH	3	=	Only 3 beds at the moment, will increase to 6+ECA February 1st 2019. With incremental bed increase to 8 by May 2019.
	Development of integrated service model for complex care (phased - inc PMLD schemes and IOP).	Person centred care providing improved patient experience.				Q1 2019/20	COC	ND		Complex needs transormation programme now in development, programme board commenced and project plans in development for 19/20.
		Improved patient safety.				2019/20	COC	ND		Complex needs transormation programme now in development, programme board commenced and project plans in development for 19/20.
		Improved clinical outcomes for service users promoting independence, recovery and quality of life.				2019/20	COC	ND		Complex needs transormation programme now in development, programme board commenced and project plans in development for 19/20.
		Better staff experience (they feel valued, supported and safe).				2019/20	COC	ND		Complex needs transormation programme now in development, programme board commenced and project plans in development for 19/20.
		More sustainable service model.				2019/20	COC	ND		Complex needs transormation programme now in development, programme board commenced and project plans in development for 19/20.
	Fit for Purpose Mental Health Unit (LSU/HDU/PICU) facility	Better value for money	Cost avoidance	Growth rate c. £2m p.a.	Reduce £6.07m by yr 3 post imp.	Q3 2021/24	COC	ND		Growth rate in 2018/19 FYE c. £2.3m
			Reduction in LOS for Low secure service users	3 years approx	18m	Q3 2021/24	COC	ND		This work programme is still at scoping stage so no measures available yet.
			Reduction in number of patients in external LSU placements (care closer to home).	94 at M1 LSU opening	Reduce by 60 by yr 3 post-imp.	Q3 2021/24	COC	56	↓	Current growth rate approx 10 p.a. See tab 3 for assumptions re CHC placement reductions.
5	Support/packages are individually based rather than group/service focused.	Improved person-centred care. Better service user experience.	Person centred planning workshops. Individual service specifications are in place x 22 (4 to remain in NHS care).	0% 0%	100% 100%	Q1 2018/19 Q1 2018/19	JH	100% 100%	↑	Support packages are individually base rather than group/service focused- 66.6% of service users have moved to new placements with 33.3 not requiring moves
	Assessment and Decision Support Tool meeting held for each service user (x 23).	Improved quality of life Increased independence and choice	Service user records.	17%	100%	Q4 2018/19	JH	100.00%	✓	22 Service users have had DST meeting.
	Relatives engaged in the change management process.	Improved person-centred care. Better service user experience.	Records of relative meetings	0%	75%	Q4 2018/19	JH	100.00%	✓	All service users that family have been engaged with, and those without, Advocacy has been engaged.
	Staff engaged in the change management process.	Improved quality of life for service users. Increased independence and choice for service users. Staff feel more empowered and supported.	Records of staff meetings.	0%	100%	Q1 2018/19	JH	100.00%	✓	Staff consultation on the change complete and all staff affected have been displaced from their roles, redeployment commenced with staff being appointed to vacancies within the division and wider healthboard.
	Service users will have access to a wider range of community activities.	Improved quality of life. Increased independence and choice.	Service user records.	Service user undertakes community activities 1 pw. Service user undertakes 3 activities pw.	2 x pw Activities daily.	Q2 2018/19	JH	Baseline data has been collected for all servicer users, with 6 monthly reviews now planned.	=	Data is being collected, awaiting outcome.
	Service users have access to financial entitlements.	Better access to finances.	Financial assessments.	0%	100%	Q4 2018/19	JH	66.00%	↑	Service users have access to financial entitlements financial assessments have been undertaken on 14 service users- 66.6%
	Tenancy agreements in place	Improved quality of life. Increased independence and choice.	Tenancy agreements.	0%	38%	Q4 2018/19	JH	33.30%	↑	7 SU's have tenancY agreements in place.
	Service users have access to own transport.	Improved quality of life. Increased independence and choice.	Service records.	0%	38%	Q4 2018/19	JH	30.00%	↑	Benefits have been applied for, for 14 service users- awaiting these to come through- 3 service users have access to their own vehicle.
	More cost effective service delivery.	Reduced running costs.	Cost savings.	£0	£200k	Q4 2018/19	KA	200k Target achieved awaiting confirmation on year end. 700k Predicted saving for 19/20	↑	Additional £700k in 2019/20. Project is ongoing with some displaced staff yet to be relocated, and with Lamb House remodelling to be completed over next few months.

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Tab 2.1.2 SCP 4 - Mental Health & LD

Title: **SCP 4 - Mental Health and Learning Disabilities**
Updated Sept 2018

Priority Work Programmes:		Lead
1 ☆	Children and Young People MH and Well-being Services Development.☆	L.Jones
2	Older Adult Mental Health Service Redesign	P.Chance / M Fisher
3	Whole Person, Whole System Adult MH Crisis Support	C. O'Connor
4 ☆	Complex Needs Programme	C. O'Connor
5	Learning Disabilities Service Reviews	J.Hall / K.Bright

Key	
Red	Significantly off track. Remedial action plan required.
Amber	Off track but within tolerance
Green	On schedule or completed
Blank	Not due

Prog Ref.	Quarter 1 Milestones - Planned	RAG	Quarter 2 Milestones - Planned	RAG	Quarter 3 Milestones - Planned	RAG	Quarter 4 Milestones - Planned	RAG
1	**ARROW Project:** - Redesign Tutor for Learning (TFL) workshops and support tools.	G	**ARROW Project:** -Delivery TFL workshops for teaching staff at Newport High.	G	**ARROW Project:** Agree and design structured delivery plans for Bassaleg school to meet local needs and well-being requirements of curriculum reforms (SLA).	G	**ARROW Project:** Complete and review workshop delivery for Yrs 7-12.	
	Develop project website - on hold.	R	Secure funding to continue PM posts.	G	MH training identified and delivered through forums.	G		
	Complete baseline well-being audits with Bassaleg and Caerleon Comp schools.	R			Complete baseline well-being audits with Bassaleg Comp school (rescheduled from Q1).	G	Commence outreach programme with John Frost school.	
	Commence development of Staff Well-being Forums (Newport wide).	G			Commence discussions with other schools - John Frost and Coleg Gwent.	G		
	CAMHS In-reach Project: Commence national pilot with scoping of best practice, mapping against evidence base, identification of local resources to improve provision of universal services, provision of training.	G	**CAMHS In-reach Project:** Provision of training and recruitment of mental health professional roles. Empower and upskill teachers and support staff to increase their confidence in supporting pupils with low level emotional distress.	G	**CAMHS In-reach Project:** Continue to implement identified provision of training, appointment to mental health professional roles, initial provision of specialist support to schools.	G	**CAMHS In-reach Project:** Focused provision of specialist mental health support to all schools within the project pilot will continue and a "point of contact" system between schools and Health will be established. Baseline survey in 2 schools in pilot prior to distribution to all schools in pilot.	
	Development Integrated MH & Emotional Well-being referral service for Children:☆ - Develop bid for MH Innovation and Transformation Fund to support Single Point of Access for Children's Multi-agency Referral Service/Family Intervention Team.	G	**Development Integrated MH & Emotional Well-being referral service for Children:☆** - Agree SPA specification via Gwent Strategic CYP & MH/LD Boards. - Agree work programmes and alignment of appropriate teams.	G	**Development Integrated MH & Emotional Well-being referral service for Children:☆** - Recruitment to posts and training and induction implemented. -New pathways agreed across agencies.	A	**Development Integrated MH & Emotional Well-being referral service for Children:☆** - Communications strategy agreed for the SPA in line with PC, schools and Social Services. -Delivery of Gwent-wide training for multi-agency professional on the SPA and its operation.	

Remedial Actions as at 31/12/2018: Iceberg Tranformation Model Programme approved by WG but original start dates were dependent on this and appointment of project management support which is underway. Dates for key deliverables currently being reviewed and new pathways will incorporate the school project and CAMHS in-reach above.

2.1

Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref.	Quarter 1 Milestones - Planned	RAG	Quarter 2 Milestones - Planned	RAG	Quarter 3 Milestones - Planned	RAG	Quarter 4 Milestones - Planned	RAG
2	Implementation of inpatient reconfiguration and interim redeployment of staff. Commence formal Management of Change process .	G	Service model proposals developed for enhanced community services inc integrated H&SC services transformation in Mon.	G	Paper outlining current positive position to go to Executive board later in January 19. Commence implementation of enhanced community service model.	A	Complete implementation of enhanced community service model.	
	Commence roll out of PLICs and ICHOM systems.	G	Implementation of Dowhousie Frailty licence, which will complete suite of outcome measures to be introduced. (GREEN) Commence gap analysis on current borough pathways and desired model to moving to common pathway in autumn. (GREEN) PLICS data analysis due in September (AMBER)	G	Standardise MAS clinics (rescheduled to align with expected availability of PLIC system) . Nice guidance published in June 19 has caused need to re-evaluation latter stage of pathway with GP colleagues around Titration and Annual review processes. Pathway from Referral to Diagnosis/titration pretty much standardised and gap analysis to complete in process.	A	Complete roll out to Memory Assessment Services, Community MH Teams and Inpatient wards. Plics data not available, but TDAC data in use instead. Third time frame just being collected.	
	Review and improve ECT service at Maindiff Court.	G	Complete workforce recruitment and development plan for ECT service. (Moved from Q3)	G	Develop options for long-term siting of ECT services (requiring main theatre access to meet ECTAS standards). (Moved from Q2) ECTAS evaluation nearly completed on improved service at Maindiff Court. Recruitment completed and awaiting last member of staff to come into post. Environment greatly improved. Long term plan agreed for ECT to move to theatres in NHH, costings being developed.	G	Commence preparation for ECTAS inspection and approval of ECT service in 2019/20.	
	Extend Dementia Behavioural Support service to Torfaen locality (Caerphilly completed).	G	Extend Dementia Behavioural Support service to Mon locality.	G	Extend Dementia Behavioural Support service to Newport locality. Service now in all five boroughs and waiting confirmation of continued ICF funding for 2019/20.	G	Extend Dementia Behavioural Support service to BG locality.	
							Complete recruitment of remaining 4.5 HCSW posts for RAID hospital support team (8.5 wte HCSWs in total. Pilot on wards and establish monitoring arrangements. (N.B. Is dependent on redeployment needs of LD services review in Nov).	

2.1

Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref.	Quarter 1 Milestones - Planned	RAG	Quarter 2 Milestones - Planned	RAG	Quarter 3 Milestones - Planned	RAG	Quarter 4 Milestones - Planned	RAG
	Remedial Actions as at dd/mm/yy:							
3	**Inpatient Model & CRT/HTT:** Complete workforce and detailed model review of CRHTT and inpatient services and produce a list of options	R	**Inpatient Model & CRT/HTT:** Stakeholder engagement and options appraisal for IP and CRHTT redesign.	R	**Inpatient Model & CRT/HTT:** Recruit additional posts for Enhanced CRHTT (dependent on outcome of MH ITF bid). Formal consultation on preferred option if required. Confirm blueprint for service model and funding strategy.	A		
	Host Families/Shared Lives: Commence Host Families clinical audit and identification of potential service users (6 months)	G	**Host Families/Shared Lives:** Host Families operational model development.	G	**Host Families/Shared Lives:** Commence a Host Family pilot scheme in one borough with recruitment of additional families and support staff in Shared Lives (dependent on outcome of MH ITF bid - start est Sept).	R	**Host Families/Shared Lives:** Continue Host Families pilot with initial placements following induction and training. Commence Host Families evaluation and prepare for roll out (complete Q1 2019/20)	
	Crisis House (Admission Alternative) Crisis House/Sanctuary service model co-production with stakeholder groups and design consultant. Present outcomes of Feasibility Study commissioned through ICF (3rd sector lead).	G	**Crisis House:** Review membership and Terms of Reference for Crisis House & Sanctuary to focus on service model development for Crisis House.	G	**Crisis House:** Link with CRHTT to confirm workforce requirements, training needs and referral pathways.	A	**Crisis House:**	
			Develop and submit ICF Capital funding bid for Crisis House.	G	Establish a separate technical group with Housing to develop Business Case for Crisis House facility. Identify potential facilities for Crisis House site.	G	Commence development of business case for Crisis House (3rd sector lead).	
					Sanctuary Support Service: Stakeholder engagement (Community of Practice event) and site visits. Establish new Task and Finish Group to review proposed service model.	G	**Sanctuary Support Service:** Scope Sanctuary pilot site/s and funding model.	
	Programme Business Case and Financial Model: Prepare MH Innovation and Transformation Fund bid to support Host Families and enhancement of Crisis Resolution Home Treatment Teams.	G	**Programme Business Case and Financial Model:** Outcome of MH ITF bid announced.	G			**Programme Business Case and Financial Model:** Confirm the programme business case and implementation plan.	

Remedial Actions as at 12/01/2019: IP CRT/HTT Programme delays, PDSA cycle to be reviewed and run for extended period of time to assess and fully test the central assessment unit feasibility and viability, 12 month change programme to start in April 2019. MH ITF bid now complete, staff recruitment complete, this will enable the further development of the IP CRT/HTT programme. Crisis House facility development is dependent on outcome of ICF Capital bid. Discussions with procurement confirm this will need to be led and commissioned by Health from the 3rd sector. Timelines need to be adjusted accordingly. Host Families issues resolved and procurement arrangements underway. This is now being rescheduled to commence from April 2019.

Tab 2.1.2 SCP 4 - Mental Health & LD

Prog Ref.	Quarter 1 Milestones - Planned	RAG	Quarter 2 Milestones - Planned	RAG	Quarter 3 Milestones - Planned	RAG	Quarter 4 Milestones - Planned	RAG
4	**Understanding Demand:** Scoping and baseline assessment for a strategic plan for the development of an integrated service model for Complex Care. Scope potential role of Value-based Commissioning. Implement reviews of Risk Reference and Peer Review Panels.	A	**Understanding Demand:** Produce draft strategic plan. Commission QAIT review of cases.	A				
	Building Capacity: Recruit leadership capacity for work programme (slipped). Extended PICU operational policy revised and additional staff recruited.	A			**Building Capacity:** Recruit Assistant Divisional Nurse and Programme Manager.	G		
	Improve Efficiency and Flow: Interim PICU extension completed and opened (rescheduled to Dec).	R	Revise system wide bed management process to ensure effective use of existing resources e.g. ATU, Forensic beds, Gwylfa. Interim refurbishment of LD A&T Unit (Green)	A	Interim PICU extension completed and opened (rescheduled to Dec).	A	Interim refurbishment of LD A&T Unit Improve transition arrangements (phase 1).	
	Transforming Services: Submission of SOC for LSU/HDU/PICU to WG.	R	Submission of SOC to WG (slipped timetable)	G	Decision on SOC. Commence OBC development.	A	OBC approval. Commence development of FBC.	
	Develop bid for MH Innovation & Transformation Fund.	G	Complete transfer of service users to Kennard Court scheme. Outcome of MH ITF announced.	A	Commence implementation of MH ITF Proposals.	G	Implement 2 placements in Blaenau Gwent.	
							Commence implementation of Torfaen PMLD/Brynmawr Clinic scheme (In One Place - EFD Q3 2019/20).	
							Implement phase 1 Rehab & Recovery Pathway.	
							Implement phase 1 structured case management system and bespoke community support.	
							Complete feasibility study of Bridgeview and Homelands facilities for potential CHC use.	

Remedial Actions as at 24/09/2018: Unable to complete system wide bed management until PICU extension complete. PICU Complete on 31st January 2019, project at final stages, and bed management meetings commenced. SOC responses re-submitted to WAG, awaiting further instruction from WAG around OBC, cannot progress until WAG have responded.

Prog Ref.	Quarter 1 Milestones - Planned	RAG	Quarter 2 Milestones - Planned	RAG	Quarter 3 Milestones - Planned	RAG	Quarter 4 Milestones - Planned	RAG
5	Staff consultation issued. Management of Change process initiated.	G	Implement transition for service users in 2 & 3 Mitchell Close.	G	Staff redeployment initiated.	G	TUPE arrangements implemented if necessary.	G
	Develop 28A agreements for 2&3 Mitchell Close service users.	G	Implement Twyn Glas service model.	G	Implement transition for Bridgeview service users.	G	Develop 28A agreements for Lamb House service users.	
	Service model for Homeland service users developed.	G	Develop 28A agreements for Bridgeview service users.	G	Implement transition for Homelands service users (if necessary).	G	Initiate sale of Lamb House to Registered Social Landlord.	
					Develop 28A agreements for Homelands service users (if necessary)	A		

Remedial Actions as at 12/01/2019: Develop 28A agreements for Bridgeview service users- draft agreements have been signed by Local Authority and have been sent to Chief Executive for signature. Develop 28A agreements for Homelands service users (if necessary)- Draft 28a agreements have been developed- awaiting signature by Local Authority.

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Tab 2.1.2 SCP 4 - Mental Health & LD

Graph of Externally Commissioned CHC Placements Comparing the Do-Nothing, with the impact of the New Build

	M0	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	M25	M26	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36
Do Nothing	94	95	96	96	97	98	99	99	100	101	102	102	103	104	105	105	106	107	108	108	109	110	111	111	112	113	114	114	115	116	117	117	118	119	120	120	121
With Scheme	94	85	76	66	61	62	63	62	63	63	63	62	63	62	61	60	59	56	56	55	53	52	51	49	48	47	46	45	44	41	41	40	38	37	36	34	33

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Tab 2.1.2 SCP 4 - Mental Health & LD

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Tab 2.2 Workforce Performance/People Plan Update

Finance and Performance Committee
21st February 2019
Agenda Item: 2.2

2.2
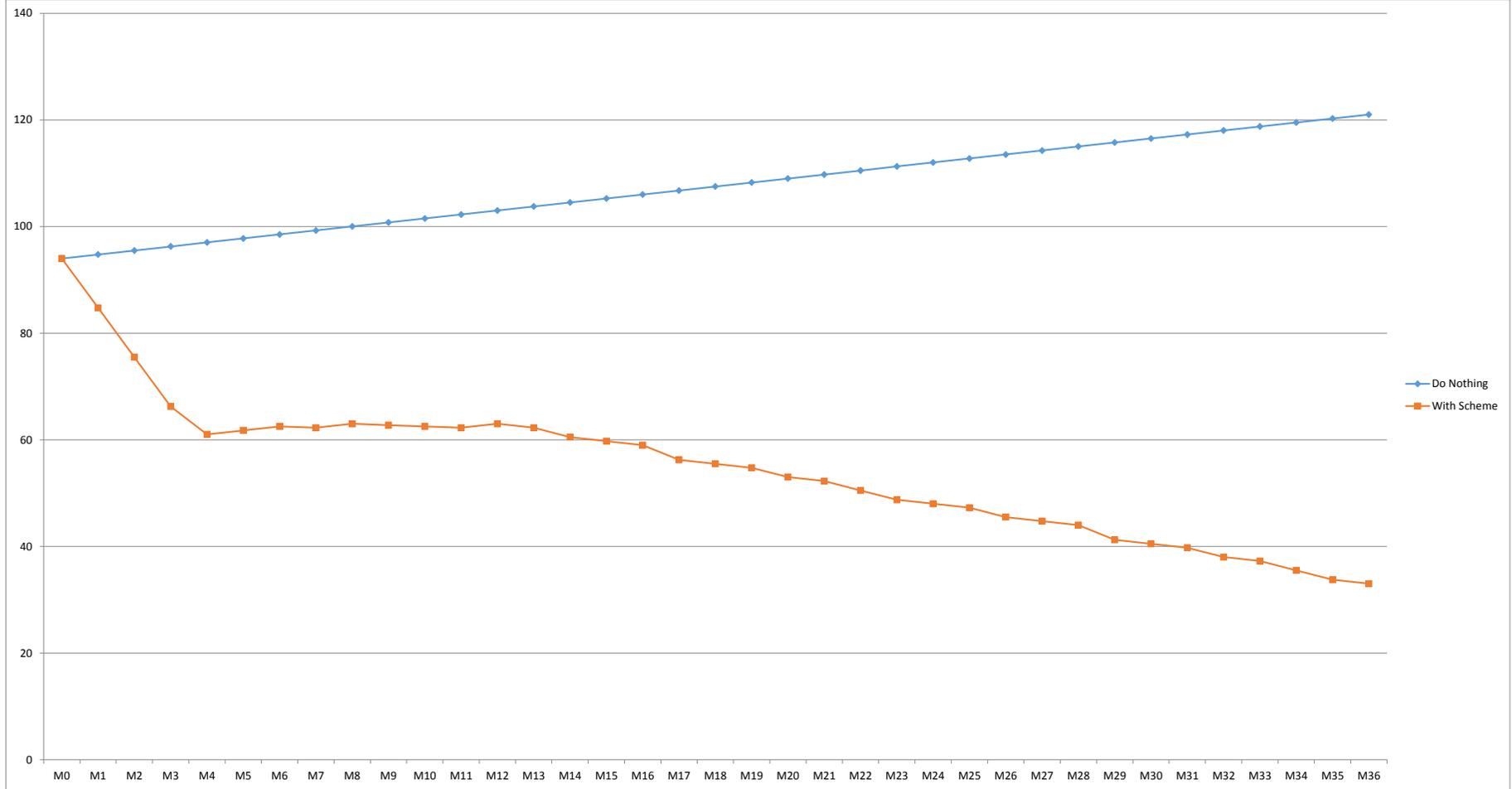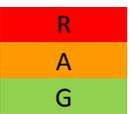
Aneurin Bevan University Health Board
Workforce Performance Update **December 2018**

Executive Summary
This report provides the month 12 update on workforce performance.

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	
Executive Sponsor: Geraint Evans – Workforce & OD Director	
Report Author: Julie Chappelle, Sue Ball, Sarah Simmonds Assistant Workforce & OD Directors, Kate Davies, Head of Workforce E-Systems	

Report Received consideration and supported by :		
Executive Team	**Committee of the Board**	

Date of the Report: 13 February 2019

Supplementary Papers Attached:

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Tab 2.2 Workforce Performance/People Plan Update

2.2

WORKFORCE PERFORMANCE UPDATE
MONTH 12 2018/2019

PERFORMANCE DASHBOARD

Performance Dashboard - December 2018

PADR Compliance

72.06%

Nov 18 - 71.66%

Mand & Stat Training

69.60%

Nov 18 - 69.05%

Sick Long/Short Term - 6.01%

Short Term, 1.77

Long Term, 4.25

Nov 18 -5.56%

Staff in Post - WTE Comparison

Variable Pay - WTE Comparison

Turnover %

RN - Bank & Agency WTEs usage

HCSW - Bank & Agency WTEs usage

Medical & Dental - Locum & Agency WTEs usage

Job Planning - Jan 18 - Dec 18

Job Planning Compliance by Division - 12 + 15 Mths

2

Tab 2.2 Workforce Performance/People Plan Update

SICKNESS ABSENCE

Sickness absence in December 2018 was 6.01%, 0.28% higher than December 2017 (5.73%), the Health Board target remains at 5%. The 12 month rolling sickness is 5.29%. Short and Long term sickness has increased this month.
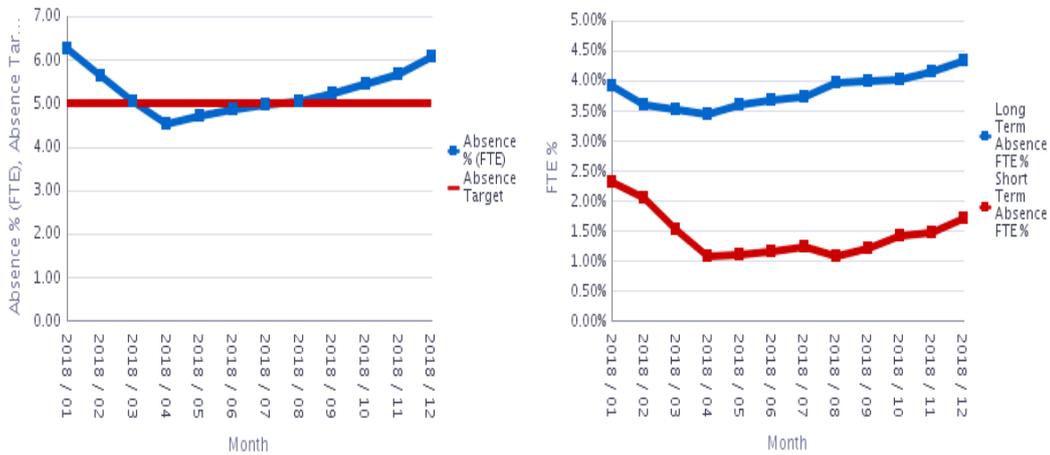
The graph below outlines the sickness absence patterns for the last three years. Each year sickness absence increases within the winter period (Dec – Mar).
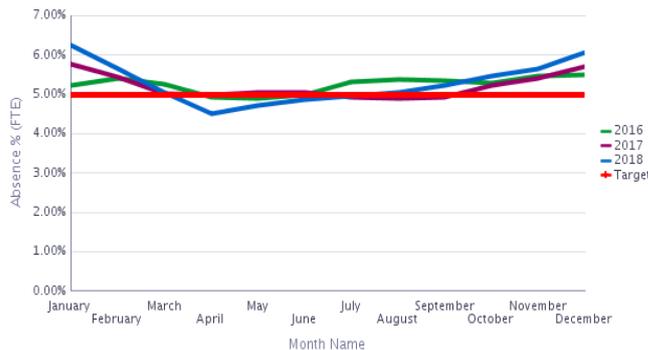
On average 592 WTE are lost to sickness absence each day. In December 2018 that increased to 684 WTE a day.

The main increase for sickness in the winter months is cold, coughs and flu. Early indicators for January 2019, shows cold, coughs and flu increasing to over 12%, lower than last year (15%).

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Tab 2.2 Workforce Performance/People Plan Update

2.2

In the last 12 months, the average days lost per individual due to sickness absence is 19.30 days, the average in the NHS Wales and England is 15 days per person.

Sickness absence by Staff Group
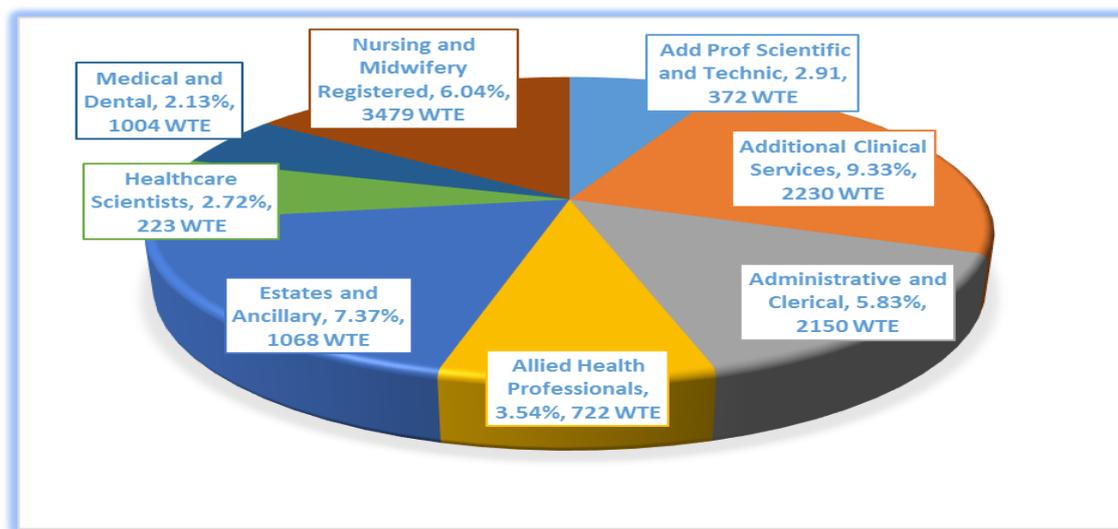
Additional Clinical Services (9.33%) and Nursing and Midwifery Registered (6.04%) make up over 61% of sickness within UHB, outlined below is the top 3 sickness absence reasons for these staff groups.

Top 3 sickness absence reasons - Additional Clinical Services

Reason for Sickness	%
S10 Anxiety/stress/depression/other psychiatric illnesses	30.23%
S12 Other musculoskeletal problems	10.01%
S13 Cold, Cough, Flu - Influenza	9.01%

Top 3 sickness absence reasons - Nursing & Midwifery Registered

Reason for Sickness	%
S10 Anxiety/stress/depression/other psychiatric illnesses	24.45%
S12 Other musculoskeletal problems	12.15%
S25 Gastrointestinal problems	8.73%

Sickness Absence Reasons

Anxiety/stress/depression/other are the highest reasons for sickness absence. Of the staff off sick over 28% are currently off work on sick leave for this reason. In December 80% of individuals with anxiety/stress/depression/other converted in long term absence.

Outlined below is the breakdown for the top 12 reasons split into long/short term sickness %, highlighted in red are the top 3 reasons.

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Tab 2.2 Workforce Performance/People Plan Update

2.2

Top 12 Sickness Absence reasons for December 18 by %	28 Days +	1 -27 days
Reason	Long term	Short Term
S10 Anxiety/stress/depression/other psychiatric illnesses	33.95	15.74
S12 Other musculoskeletal problems	12.19	8.77
S28 Injury, fracture	7.93	4.60
S98 Other known causes - not elsewhere classified	7.46	6.55
S11 Back Problems	6.34	6.45
S26 Genitourinary & gynaecological disorders	4.57	3.77
S25 Gastrointestinal problems	4.55	14.90
S17 Benign and malignant tumours, cancers	3.96	0.72
S19 Heart, cardiac & circulatory problems	3.93	1.70
S99 Unknown causes / Not specified	2.54	1.66
S13 Cold, Cough, Flu - Influenza	2.39	13.38
S15 Chest & respiratory problems	2.15	5.47

Sickness Absence Costs

In December £1.91m was spent on Nursing Bank and Agency (Registered & HCSW), approximately 30% of usage is to cover sickness. (circa £573,000).

The actions to improve Sickness Absence include:

The new Managing Attendance at Work Policy has been launched:

- The first training for managers on the new Policy was undertaken on the People Management Skills for Managers and Supervisors Programme in November, 2018.
- Training programme is in place to be delivered in partnership with TU colleagues over the next 6 months.
- A programme of training has been launched on the intranet to update managers on the change in policy – supporting attendance as opposed to managing absence – the first of these sessions took place on 30th January, 2019.
- A number of roadshows are planned at various hopsital sites within the Health Board to advise staff of the changes as well as updating them on the impact of the pay progression linked to the 2018/19 pay award.
- Unison have planned roadshows which will be supported with WOD colleagues.

A number of new initiatives have been implemented to support current absence management which includes:

- Review and update of the management information pack to support the practical "how to guides."

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Tab 2.2 Workforce Performance/People Plan Update

2.2

- Understanding staff experience whilst absent from work will enable a more informed approach and support future training.
- Review of areas with high sickness absence and high variable pay to provide focused support.

Actions to target Well-Being

- Increased medical input into Occupational Health which has reduced waiting times by 3 weeks.
- Development of information to share with staff when they first go absent (within 7 days) – enables signposting for support at the earliest opportunity.
- Develop a self-help poster, promoted through roadshows.
- Promoting the Road to Well-Being, which is available to the public and staff to enable individuals to take control of their own well-being through mindfulness and other techniques.
- Further promotion of Care First – telephone counselling.
- Providing rapid access to drugs and alcohol Mental Health services directly through occuaptional health. Further Mental Health rapid access being discussed on an All Wales basis.
- Chill out in the chapel over the winter period.
- Development of Employee Experience Framework.
- Apppointment of additional counsellors to support staff during winter periods.

PERSONAL APPRAISAL DEVELOPMENT REVIEW (PADR)

The current PADR organisational compliance is 72.06%, an increase compared to November 2017 (71.66%).

Division	Reviews Completed %
Corporate Services	66.88
Continuing Health & Funded Nurisng Care	75.94
Facilities Division	87.68
Family & Therapies Division	74.96
Locality Primary Care	72.06
Mental Health & LD	70.48
Scheduled Care	61.3
Unscheduled Care	74.32
Total	**72.06**

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Tab 2.2 Workforce Performance/People Plan Update

2.2

2 out of the 17 Divisions and Corporate departments have reached the required 85%, Facilities Division and Workforce & Organisational Development (included in the corporate figure in the above table).

All nurses have now gone through the revalidation process, it has been agreed that the revalidation date will be the PADR date. Currently awaiting for just under 1000 nurses to be updated within ESR, once this exercise is completed this will increase the PADR compliance to **78%.**

The actions to improve the PADR compliance levels include:

- Continuing to work with Divisional PADR Champions to drive up quality and PADR completions, with a particular focus on SMART objectives.
- Continuing to audit the quality of PADRs through regular spot-checks, internal audit are now included in our quality assurance process.
- Maintaining a series of promotional activities at key Health Board events and venues to raise awareness of PADR requirements and what is available to support the process.
- Link in pay progression with the PADR process in line with the new pay award.
- A revised PADR training module; which has a key focus on the quality of the PADR process. The module consists of   a class room based session and self-directed reflective workbook. The training will continue to be delivered monthly and forms part of the new Middle Managers programmes.

STAFF IN POST / TURNOVER

Over the last 12 months staff in post has increased by 98 WTE, however two staff groups have decreased Nursing & Midwifery Registered (-44 WTE) and HCSW (-22). Over the last quarter, staff in post has increased by 68 WTE, 0.61%. All Divisions with the exception of Facilities and Mental Health & LD have increased.

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Tab 2.2 Workforce Performance/People Plan Update

Staff Group	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	+/-	%
Add Prof Scientific and Technic	327	336	335	345	372	45	14
Additional Clinical Services	500	509	502	490	508	8	2
Healthcare Support Workers	1743	1789	1776	1748	1722	-20	-1
Administrative and Clerical	2071	2090	2115	2125	2150	79	4
Allied Health Professionals	713	712	715	730	722	9	1
Estates and Ancillary	1083	1084	1087	1072	1068	-15	-1
Healthcare Scientists	216	221	216	226	223	6	3
Medical and Dental	978	966	965	982	1004	26	3
Nursing and Midwifery Registered	3522	3509	3472	3461	3479	-44	-1
Students	3	3	5	6	7	4	117
ABUHB	11157	11218	11187	11187	11255	98	1

Staff Group	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	+/-	%
Corporate	630	646	950	919	943	314	50
CHC	274	286	288	284	289	15	5
Facilities	1131	1132	1141	1128	1124	-7	-1
Family & Therapies	2009	2003	1974	1986	2013	4	0
Local Primary Care	1502	1521	1529	1515	1523	21	1
MH & LD	1174	1168	1170	1163	1152	-22	-2
Scheduled Care	2898	2905	2592	2604	2623	-274	-9
Unscheduled Care	1540	1557	1543	1588	1588	48	3
ABUHB	11157	11218	11187	11187	11255	98	1

Please note the increase in Corporate services is mainly movement of departments from Scheduled Care

The turnover rate is 8.3%, which is one of the lowest turnover rates across Wales.
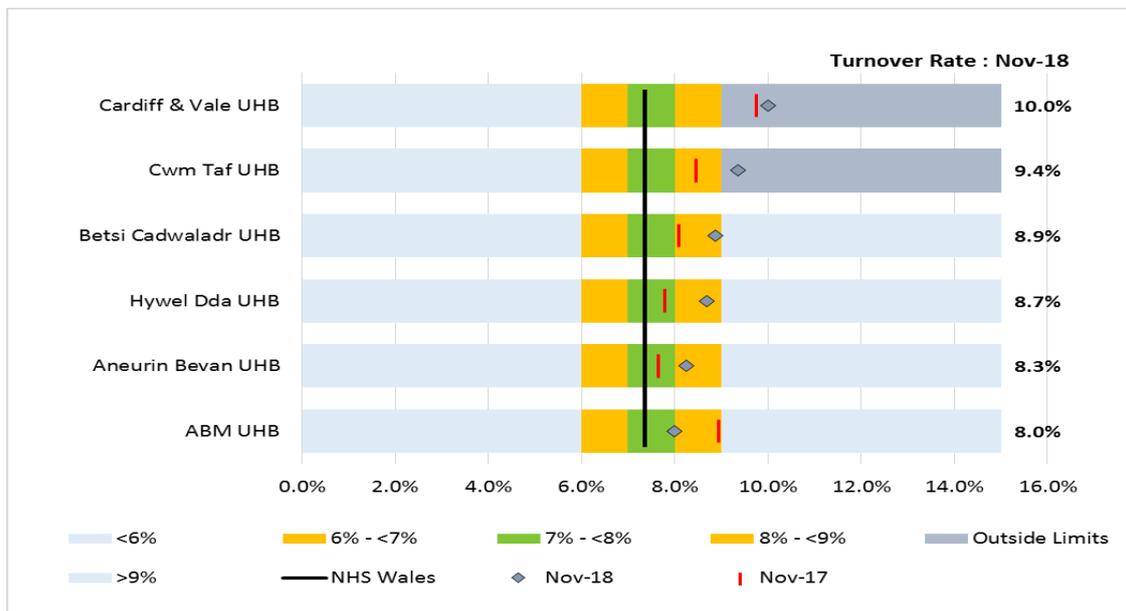
In the last 12 months 818.27 WTE have left the health board.

Reasons for Leaving	WTE	%
Non Voluntary Registration	35.03	4%
Voluntary Registration	446.63	56%
Mutually Agreed Registration	23.64	3%
Retirements	309.91	37%
Total	**818.27**	**100%**

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Tab 2.2 Workforce Performance/People Plan Update

2.2

Further detail is outlined in the table below.

Non Voluntary Resignation	
Death in Service	5.45
Dismissal - Capability	1.00
Dismissal - Conduct	2.91
Dismissal - Some Other Substantial Reason	3.80
Dismissal - Statutory Reason	0.64
Employee Transfer	4.61
End of Fixed Term Contract	10.30
End of Fixed Term Contract - End of Work Requirement	2.40
End of Fixed Term Contract - Other	3.92
Total	35.03

Mutually Agreed Resignation	
Mutually Agreed Resignation - Local Scheme with Repayment	19.47
Mutually Agreed Resignation - National Scheme with Repayment	4.17
Total	23.64

Voluntary Resignations	
Redundancy - Voluntary	1.96
Voluntary Resignation - Adult Dependants	1.80
Voluntary Resignation - Better Reward Package	22.98
Voluntary Resignation - Child Dependants	2.49
Voluntary Resignation - Health	22.76
Voluntary Resignation - Lack of Opportunities	3.33
Voluntary Resignation - Other/Not Known	209.51
Voluntary Resignation - Promotion	34.83
Voluntary Resignation - Relocation	103.19
Voluntary Resignation - To undertake further education or training	14.04
Voluntary Resignation - Work Life Balance	29.73
Total	446.63

Retirements	
Flexi Retirement	69.26
Retirement - Ill Health	12.72
Retirement Age	218.24
Voluntary Early Retirement - no Actuarial Reduction	6.96
Voluntary Early Retirement - with Actuarial Reduction	2.73
Total	309.91

There are a number of actions being progressed to support retention, these include:

- Review communications/events for staff looking to retire and return
- Support flexible working options through initiatives such as flexible shift patterns and self-rostering (Buurtzog Model).
- Alumni – All staff leaving the organisation are invited to be added to our Alumni. The purpose of this is to maintain contact with staff so that they can easily return to employment or volunteering with ABUHB and remain part of the ABUHB family. The range of activities associated with the Alumni will be expanded over time in response to organisational and community needs. Exit questionnaires have been adapted to ask leavers to voluntarily provide their contact details.

VARIABLE PAY

Throughout the year, the health board is reliant on additional hours used through, bank, agency, overtime and other variable pay elements to delivery services, cover sickness, maternity and other variables.

In December 2018, 722 WTE was used on variable pay, the usage is traditionally lower because of the festive period. However within the winter period the health board relies on variable pay to cover additional capacity beds, specialling and to meet increased sickness.

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Tab 2.2 Workforce Performance/People Plan Update

2.2

Outlined below is the usage broken down into variable pay categories.
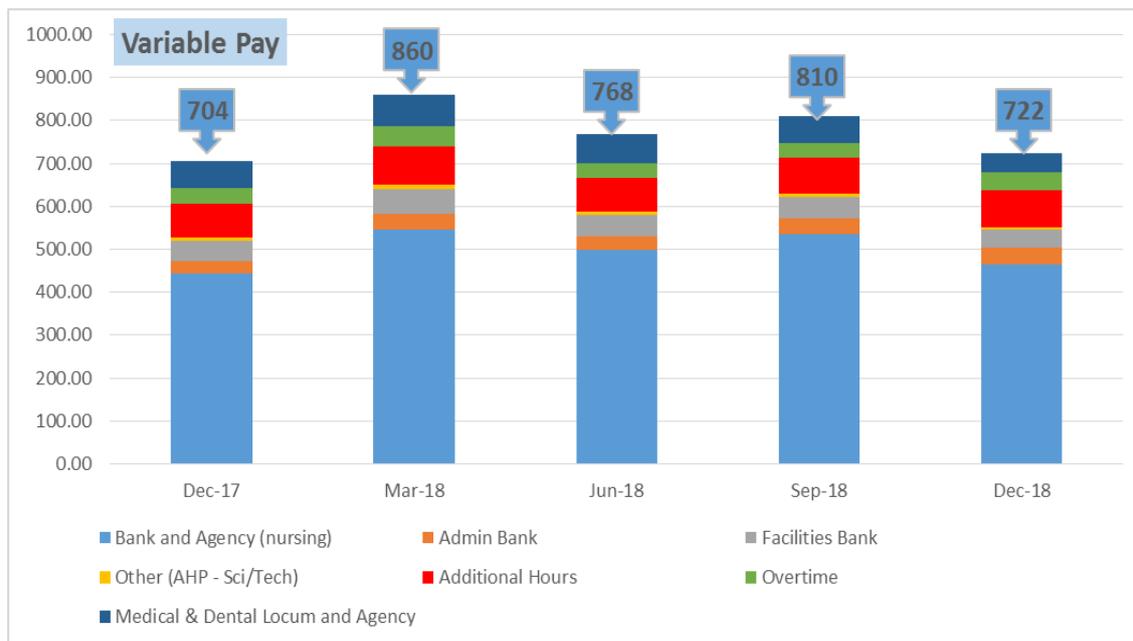
Further analysis into the costs / usage is outlined below:

Registered Nursing Bank and Agency

In 17/18, £14.499m was spent on registered nurse bank & agency usage, the cost to date (10 months) for 18/19 is £13.683m an average of £1.368m per month, providing an average of 264 WTE, 42,570 hours per month.

Average usage / costs month

	Average Usage	Average Costs	Average Hourly Costs
Bank	182	£771,000	£26.27
Agency	82	£596,000	£45.07

Costs include on costs
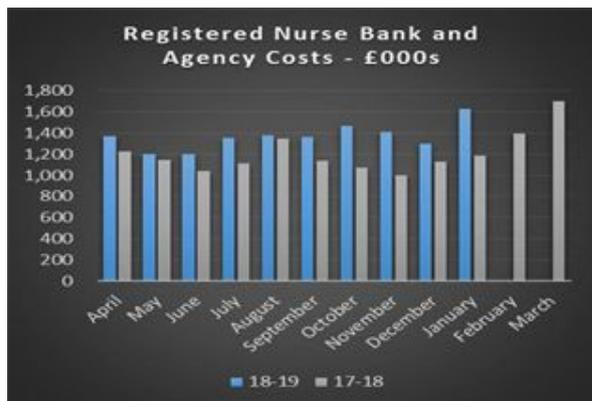
Within the winter period the health board relies on variable pay to cover additional capacity beds and increased sickness.

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Tab 2.2 Workforce Performance/People Plan Update

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HCSW Bank and Agency

Average usage / costs month

	Average Usage	Average Costs	Average Hourly Costs
Bank	283	£674,000	£14.77

Costs include on costs

In 17/18, £8.110m was spent on HCSW bank usage, the cost to date (10 months) for 18/19 is £6.745m an average of £674,000 per month providing an average of 283 WTE, 45,633 hours per month.
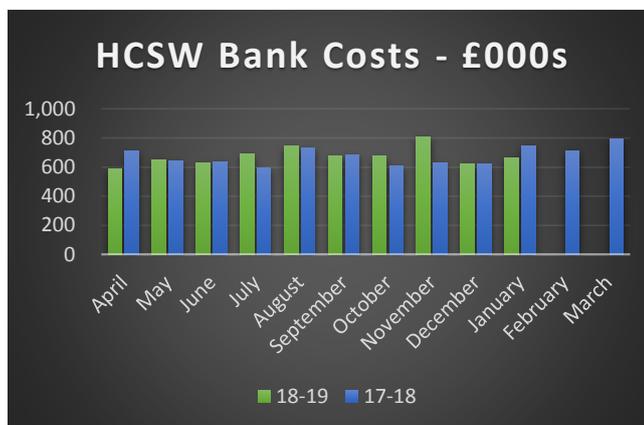
Medical Locum and Agency

In 17/18, £11.840m was spent on Medical locum and agency, the cost to date (10 months) for 18/19 is £11.893m an average of £1.189m, providing an average of 64 WTE, 10,320 hours per month.

Average usage / costs month

	Average Usage	Average Costs	Average Hourly Costs
Bank	64	£1,189,000	£115

Costs include on costs
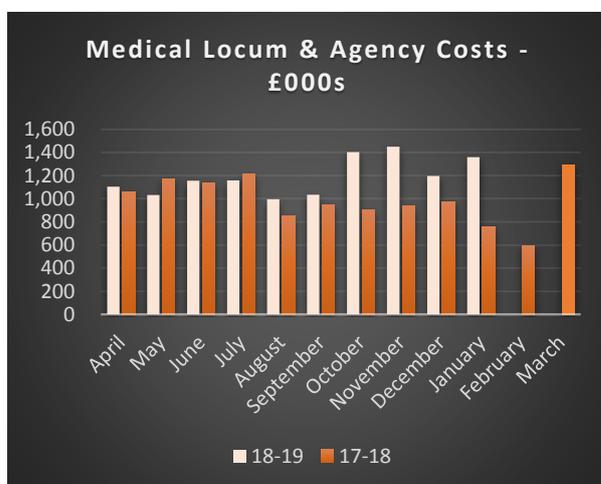
The locum and agency spend for 18/19 (10 months) is higher than the previous year. Throughout the winter period trends show an increase in usage due to winter pressures, which indicates continued high costs for February and March 2019. Reasons for cover is gaps in rota arising from recruitment shortages and to ensure our services are safe.

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Tab 2.2 Workforce Performance/People Plan Update

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RECRUITMENT PROCESS PERFORMANCE

Recruitment Code	Recruitment Target Description	Target	Average Time in Working Days								
			Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
T18	Time from Vacancy Requested by manager to unconditional offer	71	81.1	82.0	76.5	88.3	89.1	86.6	89.5	73.2	67.9

Performance against the recruitment target 71 days – from time vacancy requested by manager to unconditional offer, has decreased over the last nine months, from an average of 81.1 days in April 18 to meeting the target in Dec 18 – 67.9 days. This has been due to an increase in focus on managing and cleansing the TRAC system.

JOB PLANNING

- The implementation of the escalation process in April 2018 has resulted in a considerable improvement in compliance from 58% in April 19 to 79% in December 19. Training continues on a quarterly basis for clinical and non- clinical managers and consultants.

- Job planning training provided is provided quarterly to clinical directors, directorate managers and to individual consultants to ensure that there is a consistent, shared understanding around the process and outcome expected of job planning.
- Job planning is distinct to the medical appraisal process; but consultants have been encouraged to bring the outcomes of their personal development plan to the job planning meeting to ensure that individual development needs are aligned to the function and planning of the service.
- There has been a drive to ensure that the job plans being developed are of high quality and with clear outcomes in terms of both clinical and SPA aspects.
- Core DCC is being effectively delivered
- As part of the approval process around workforce appointment, there is a divisional expectation that job plans have been reviewed to confirm that the service requirements cannot be achieved within existing available resource.
- Assurance of Core Activity – challenge has been provided to orthopaedics with respect to the current poor compliance with in-date job plans; they were able to provide assurance that even in the absence of recent job plan meetings, they can identify and track the clinical activity that the individual consultants were providing against their last agreed job plan in support of RTT – although SPA was not captured through this system.

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Tab 2.2 Workforce Performance/People Plan Update

INTEGRATED SCORECARD

The integrated workforce dashboard is circulated on a monthly basis to the Executive Team and all relevant departments. The data is published on the 15th of each month, with the aim of bringing the data in line, or as close as possible, to financial reporting dates.

Outlined below is a high level analysis of the dashboard over the last 4 quarters:

ABUHB Key Performance Indicators - Comparison	Compared to Dec 17	Dec-18	Sep-18	Jun-18	Mar-18	Dec-17
Sickness Absence - In Month %	⬆	6.01%	5.20%	4.89%	5.15%	5.73%
Overall Sickness Absence - 12 Month Rolling Year	⬆	5.29%	5.25%	5.22%	5.30%	5.24%
Short Term Sickness	⬆	1.81%	1.21%	1.09%	1.58%	1.44%
Long Term Sickness	⬇	4.20%	3.99%	3.80%	3.57%	4.29%
Financial cost of sickness in last 12 months	⬆	£ 18,170,728	£ 17,698,858	£ 17,177,038	£ 17,513,674	£ 17,081,431
Staff in Post	⬆	11255.31	11186.17	11173.31	11218.26	11156.89
	⬆	14157	14033	13953	14012	13883
PADR	⬇	72.06%	71.01%	73.68%	72.65%	74.76%
Overtime / Additional Hours	⬇	129.62	119.63	111.81	140.35	132.54
Bank Usage - Nursing and Midwifery	⬆	154.88	177.75	159.89	206.96	132.59
Bank Usage - HCSW	⬇	227.11	276.59	265.07	264.48	253.01
Bank Usage - Other Staff Groups	⬆	84.76	93.09	87.85	105.11	82.58
Bank Spend - All Staff Groups	⬆	£ 1,560,199	£ 1,638,837	£ 1,518,335	£ 2,211,705	£ 1,354,753
Agency usage WTE's - Nursing & Midwifery	⬆	83.29	80.82	74.65	72.62	57.63
Agency usage WTE's - HCSW	⬇	0.00	0.05	0.10	0.42	0.24
Agency usage WTE's - Other	⬇	0.00	0.00	0.68	0.81	1.42
Agency Spend - All Staff Groups	⬇	£ 824,457	£ 864,005	£ 766,500	£ 979,483	£ 859,838
Medical Locum Spend	⬇	£ 239,033	£ 202,240	£ 193,005	£ 460,256	£ 404,258
Medical Agency Spend	⬆	£ 781,472	£ 652,103	£ 743,247	£ 835,951	£ 565,986
Turnover	⬆	8.30%	8.09%	7.69%	8.08%	7.82%
Statutory and Mandatory Training	⬆	69.60%	67.94%	64.50%	45.38%	59.79%
Job Planning Compliance - Consultants	⬆	79%	77%	69%	55%	60%
T18 - Time from Vacancy Requested by manager to unconditional offer 71 days	⬆	63.80%	41.70%	51.60%	14.20%	0.70%

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Tab 2.2 Workforce Performance/People Plan Update

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EMPLOYEE RELATIONS

A summary of employee relations activity as at end of December 2018 is tabled below:

	Disciplinary	Grievance	Capability	Disciplinary Appeals	Grievance Appeals	Dignity at Work	Sickness Meetings
CHC	2	0	0	0	0	0	1
Corporate	2	5	1	0	2	1	2
Facilities	0	0	0	0	0	0	6
Family & Therapies	5	1	0	0	0	0	11
Mental Health	9	2	1	0	0	0	0
Primary Care & Community	6	0	0	0	0	0	2
Scheduled Care	1	5	0	2	0	0	7
Unscheduled Care	12	2	1	0	0	0	10
Total	37	15	3	2	2	1	39

Outlined below is the data trends over the last year.

Month	Disciplinary	Grievance	Capability	Disciplinary Appeals	Grievance Appeals	Dignity at Work	Sickness Meetings
Feb-18	43	2	6	1	2	0	51
Mar-18	42	2	7	1	2	0	35
Apr-18	49	2	7	1	2	0	68
May-18	59	4	7	1	2	0	66
Jun-18	59	4	6	1	1	4	52
Jul-18	68	12	9	3	3	5	40
Aug-18	55	16	6	1	1	3	50
Sep-18	77	18	6	1	2	0	18
Oct-18	43	9	2	1	1	0	51
Nov-18	47	10	2	1	1	0	5
Dec-18	37	15	3	2	2	1	39

A process is being developed to appoint and train Independent Investigation Officers to provide dedicated time to undertake investigations.

SUSPENSIONS

The table below indicates the number of employees suspended as at December 2018, 70% have been over 4 months.

Timescale	No. Of Employees
0-3 Months	3
3-6 Months	1
6 Months+	6
Total Number of Suspensions	**10**

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Tab 2.2 Workforce Performance/People Plan Update

Total Number over 4 Months	7

The trend for suspensions over the last 12 months is outlined below:

Month	0-3 Mths	3-6 Mths	6 Mths Plus	Total	Over 4 Mths	% over 4 Mths
Jan-18	1	10	1	12	4	33.33
Feb-18	2	6	2	10	7	70.00
Mar-18	1	6	2	9	7	77.78
Apr-18	1	3	3	7	5	71.43
May-18	3	1	4	8	5	62.50
Jun-18	2	0	5	7	5	71.43
Jul-18	2	0	5	7	5	71.43
Aug-18	3	0	3	6	3	50.00
Sep-18	2	4	0	6	3	50.00
Oct-18	3	3	1	7	4	57.14
Nov-18	2	1	4	7	5	71.43
Dec-18	3	1	6	10	7	70.00

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Tab 2.3 Month 10 Finance Performance Report

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	Finance & Performance Committee 21st February 2019 Agenda Item: 2.3

Aneurin Bevan University Health Board

Finance Performance Report – Month 10 (January) 2018/19

Executive Summary

This report sets out the following:

1. The financial performance at the end of January and forecast for 2018/19 – against the statutory revenue and capital resource limits,
2. Revenue reserve position at the 31st January 2019,
3. The Health Board's cash position and compliance with the public sector payment policy,
4. Actions required to deliver financial balance, and
5. An outline of the management of financial risks and opportunities in delivering year-end financial balance.

Performance against the key financial targets is summarised in Table 1.

Table 1: Performance against key financial targets 2018/19

Target	Unit	Current Month	Year to date	Year-end forecast
Revenue financial target **Deficit / (Surplus)** To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year.	£'000	(130)	442	0
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit	£'000	12,341	96,895	**Break-even with CRL**
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice	%	94.9%	95.1%	**>95%**
Cash balances Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from WG	£'000	n/a	3,765	**Within target level**

The revenue financial risk range is assessed as between break-even and £2m deficit.

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Recommendations:

The Board is asked to note:
1. The financial performance at the end of January and forecast for 2018/19 – against the statutory revenue and capital resource limits,
2. The Health Board's cash position and compliance with the public sector payment policy, and
3. The actions required to deliver financial balance.

1. Revenue Performance

The year to date financial position has marginally improved during January, although the year to date variance is still a £442k deficit. The in-month improvement is mainly due to:

- CHC retrospective claim settlements lower than original provision,
- Prescribing and Primary Care contract lower than previously forecast,
- Welsh LTA activity/financial performance lower than previously forecast, and
- The cost of workforce initiatives, specific to winter plans, was lower in January than planned (e.g. bank nurse incentives).

Funding and savings

The Health Board's financial plan includes a forecast delivery of £18.8m savings which has increased slightly, due to additional medicines management and non-recurrent workforce savings. **Appendix 2** summarises the current breakdown and forecast delivery of savings plans, along with further efficiency opportunities.

The Plan and forecast assume that the £3.1m performance funding is retained and required in full to deliver reduced elective waiting times. ***The performance funding is conditional on delivering explicit waiting times performance targets. The Health Board did not meet the RTT > 36 week target at the end December 2018. However, discussions continue with Welsh Government to retain the funding, on the basis that targets are met by 31st March 2019 (including no patient waiting over 36 weeks). This is a key assumption in forecasting financial balance.***

The Health Board has now received c£4m funding to help deliver services over the winter period.

Expenditure

Financial performance against each of the delegated budget areas is set out in **Appendix 1**, with further analysis of pay and non-pay spend in **Appendices 3 and 4**. The material variances, to date, include:
- Growth in mental health/learning disability continuing health care packages remains significant with a further 8 new packages in January.
- Workforce costs continue above budgeted levels due to on-going use of agency and savings plans not being delivered. Whilst some nursing spend has not increased to the level forecast during January, both substantive and variable workforce spend is higher than in 2017/18.
- Medical workforce costs – medical agency spend reduction target of 35% is not being achieved with medical agency expenditure of c.£1m in-month and over £1.2m higher than in 2017/18. In addition, medical locum spend is also £0.7m higher than in 2017/18. Increased spend in Orthopaedics, Ophthalmology, Dermatology mainly relates to delivering

Tab 2.3 Month 10 Finance Performance Report

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key performance targets. Spend in paediatrics, gynaecology and Unscheduled Care specialties is linked to sustaining services and covering vacancies.

- Registered Nursing costs – spend on bank staff is £1.1m higher than last year, whilst agency spend is over £1.1m higher than in 2017/18. This is linked to sickness, vacancies, increased bed capacity and delivering winter plans.
- HCSW costs – use of bank staff is higher than last year (+£0.1m) mainly due to increased levels of enhanced care (specialling) required and high sickness levels.
- Orthopaedic elective activity – spend is higher than planned (c£1.1m), due to additional treatments being undertaken linked to RTT performance. The year to date position is currently 625 cases ahead of plan, of which 170 were major/complex cases. There is a current backlog of 243 cases, which is part of the Q4 delivery plan. Total full year activity for the year is now estimated to be c. 8,600 cases – significantly higher than the original plan of 7,881 cases and is reflected in the increased risk to delivering financial balance.
- Plans for the winter period have commenced and funding has been allocated in line with the Plan agreed by the Board. It is important that resources are managed in line with funded plans to support financial balance.
- Externally commissioned services – continued in-month improvement due to under-performance across Welsh LTA's, partly offset by increased spend in specialist services (e.g. cardiac surgery).
- Primary Care drugs (prescribing) costs have fallen slightly due to lower average prices per item.
- Lower forecast spend within Primary Care services – including pharmacy and dental contracts.

Revenue Reserves

The Health Board is holding in-year reserves, for specific funding issues, where further spend is expected to be incurred – e.g. winter pay incentives.

Other discretionary reserves are now being fully used to partly offset some of the deficits in the delegated financial positions, to support delivery of financial balance.

Actions required to deliver financial balance

- The Executive Team have set financial control totals across operational divisions and corporate directorates to provide a line of sight to delivering financial balance. Plans are being constantly reviewed to manage spend between now and the end of the financial year.

- The use of available reserves – previously agreed by the Board – is now being applied, to support the overall financial position in 2018/19.

The revenue forecast is breakeven, with a financial risk range of up to £2m (worse case).

2. Capital performance

The Capital Programme was approved by the Board in March 2018. The current resource limit is £140.3m with planned expenditure of £139.7m and uncommitted expenditure of £0.6m. The year-end capital forecast is breakeven.

Tab 2.3 Month 10 Finance Performance Report

Managing spend on the Grange University Hospital is the most volatile area of the Programme, whilst ensuring the Health Board utilises and operates within its capital funding for the year.

The year-end capital forecast remains at breakeven, with significant capital spend to manage in Q4. Slippage in the GUH project spend will require spend in other capital projects to ensure the capital funding is fully utilised.

3. Cash position

The Health Board is planning to manage within its cash allocation and will also aim to hold a cash balance of no more than 5% of its monthly cash draw down (best practice/notional target). The Health Board held a £3.8m cash balance at the end of January 2019, which is within the 5% level.

4. Public Sector Payment Policy (PSPP)

The Health Board has not achieved the 95% target in-month, due to the on-going processing delays within the pharmacy directorate. Additional posts agreed by the Executive Team to support homecare services include invoice processing and are being recruited. This should help improve compliance going forward. The year to date position remains just above the 95% target level.

5. Risks and Opportunities

As part of reporting the monthly financial position, finance business partners work with budget holders to identify key financial risks and opportunities, alongside reporting the actual position and determining the forecast position for the financial year.

A detailed financial management information pack is produced for each division and corporate directorate. This includes assumptions around the forecast position and a range of financial risks and opportunities, along with actions to manage these.

In addition to the divisional monthly assurance meetings – where the financial position and forecast are discussed along with remedial actions – the financial risks and opportunities log is reviewed in detail by the senior finance team, with the Director of Finance & Performance, as part of finalising the financial position and forecast each month.

A current assessment of financial risks and opportunities, at month 10, ranges from £6m adverse to £3m favourable. The key risks include Continuing Health Care, WHSSC and RTT, whilst key opportunities include Prescribing, recovery of VAT and slippage in some new areas of spend. In addition to quantifying the risks and opportunities, an assessment is made of the likelihood of occurrence and this is either reflected in the financial forecast or the financial risk range reported. Importantly, actions are identified to manage these and where possible to reduce the financial risk range and manage a year end position of financial balance.

6. Recommendations:

The Health Board is asked to note:
1. The financial performance at the end of January and forecast for 2018/19 – against the statutory revenue and capital resource limits,

2. Revenue reserve position at the 31st January 2019,

3. The Health Board's cash position and compliance with the public sector payment policy,

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4. Actions required to deliver financial balance, and

5. An outline of the management of financial risks and opportunities in delivering year-end financial balance.

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	√
Receive the Report for Assurance/Compliance	√
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Director of Finance & Performance

Report Author: Rob Holcombe, Assistant Finance Director

Report Received consideration and supported by :

Executive Team		**Committee of the Board** [Finance & Performance]	√

Date of the Report: 11ᵗʰ February 2019

Supplementary Papers Attached: Appendices 1-4

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Risks of delivering a balanced financial position are detailed within this paper.
Financial Assessment	This paper provides details of the financial position of the Health Board as at Month 10 and the forecast position for 2018/19. It identifies the key financial risks and actions required to manage them. It also identifies the potential to improve efficiency and deliver improved value for money.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board's delivery of its IMTP priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board's 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	The Health Board Financial Plan has been developed on the basis of the approved IMTP, which includes an assessment of how the plan complies with the Act.
Glossary of Terms	A4C – Agenda for Change A&E – Accident & Emergency AQF – Annual Quality Framework AWCP – All Wales Capital Programme

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CAMHS – Child and Adolescent Mental Health Services
CCG – Clinical Commissioning Group
CHC – Continuing Health Care
COTE – Care Of The Elderly
CRL – Capital Resource Limit
DNA – Did Not Attend
DOSA – Day Of Surgery Admission
EASC – Emergency Ambulance Services Committee
GMS – General Medical Services
GP – General Practitioner
GWICES – Gwent Wide Integrated Community Equipment Service
HCSW – Health Care Support Worker
HIV - Human Immunodeficiency Virus
IMTP – Integrated Medium Term (3-year) Plan
LoS – Length of Stay
LTA – Long Term Agreement
NCN – Neighbourhood Care Network
NHS – National Health Service
PICU – Psychiatric Intensive Care Unit
PSPP – Public Sector Payment Policy
RRL – Revenue Resource Limit
RTT – Referral To Treatment (access target for elective treatment)
SCP – Service Change Plan (reference IMTP)
TCS – Transforming Cancer Services (Velindre NHS Trust programme)
UHB/HB – University Health Board/Health Board
VAT – Value Added Tax
WLIMS – Welsh Laboratory Information Management System
WHSSC – Welsh Health Specialised Services Committee

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Tab 2.3 Month 10 Finance Performance Report

Appendix 1 Revenue Financial Performance (Month 10 – 2018/19)

Month 10 - January 2019	Full Year Budget £000s		YTD M10 Reported Variance £000s		YTD M9 Reported Variance £000s		Trend compared to last month (December 2018) (F = Favourable, A = Adverse)
Operational Divisions:-							
Primary Care and Community	244,378		(3,308)		(3,157)		F
Prescribing	95,082		(1,082)		(925)		F
Community CHC & FNC	63,810		(2,803)		(2,075)		F
Mental Health	88,163		1,100		1,056		A
Scheduled Care	190,581		10,277		9,670		A
Unscheduled Care	101,982		6,883		6,424		A
Family & Therapies	101,292		(50)		62		F
Estates and Facilities	59,835		11		(11)		A
Director of Operations	60		(388)		(269)		F
Primary Care and Mental Health	250		(47)		(39)		F
Operational Divisions	**945,432**		**10,591**		**10,736**		
Corporate Divisions	**63,351**		**(2,867)**		**(2,820)**		**F**
Specialist Services	**135,281**		**(826)**		**(769)**		**F**
External Contracts	**64,225**		**(1,667)**		**(1,494)**		**F**
Capital Charges	**23,097**		**(0)**		**(0)**		
Total Delegated Position	**1,231,386**		**5,232**		**5,654**		**F**
Centrally Held Reserves	**8,500**		**(4,790)**		**(5,083)**		**A**
Total Reported Position	**1,239,885**		**442**		**572**		**F**

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Tab 2.3 Month 10 Finance Performance Report

Appendix 2: Savings Delivery 2018/19
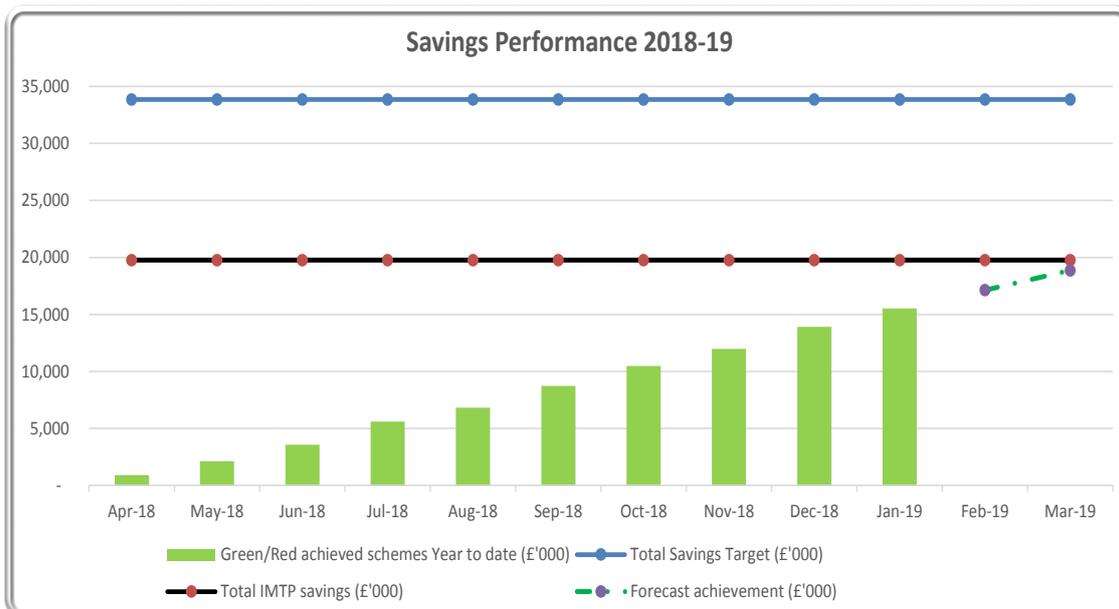
Division	Initial 2018-19 IMTP Savings Target (£'000)	Green forecast savings achieved (£'000)	Red forecast savings achieved (£'000)	Total forecast savings achieved (£'000)	Variance (£'000)
Primary Care and Networks	5,967	5,508		5,508	459
Community CHC & FNC	749	1,051		1,051	(302)
Mental Health	3,372	3,652	21	3,673	(301)
Scheduled Care	2,891	2,898	10	2,908	(17)
Unscheduled Care	3,178	2,316	185	2,501	677
Family & Therapies	964	494		494	470
Estates and Facilities	664	492		492	172
Chief Operating Officer	0	0		0	0
Total Operational	**17,785**	**16,411**	**216**	**16,627**	**1,158**
Corporate	786	1,030	79	1,109	(323)
Total Corporate	**786**	**1,030**	**79**	**1,109**	**(323)**
Medical Director	111	110	1	111	0
Litigation	94	94	0	94	0
Total Medical Director / Litigation	**205**	**204**	**1**	**205**	**0**
WHSSC	627	569	0	569	58
EASC	0	0	0	0	0
Total Specialist Services	**627**	**569**	**0**	**569**	**58**
Commissioning	362	359	0	359	3
Total External Contracts	**362**	**359**	**0**	**359**	**3**
				0	0
Total Reported Position	**19,765**	**18,573**	**296**	**18,869**	**896**

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Tab 2.3 Month 10 Finance Performance Report

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Appendix 3: Pay spend analysis (2018/19)

(November – includes A4C pay award arrears)

(December – includes Medical pay award arrears)

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Tab 2.3 Month 10 Finance Performance Report

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Nursing Pay 2018-19 - £'000

Legend: Substantive Pay 2017-18, Bank 2017-18, Agency 2017-18, Substantive Pay 2018-19, Bank 2018-19, Agency 2018-19

Medical Agency Expenditure (Excl PC)- Monthly

Legend: Actual Mthly Rate (£'000), Previous Ave Mthly Spend (£'000), Previous Ave Mthly Spend Less 35% (£'000)
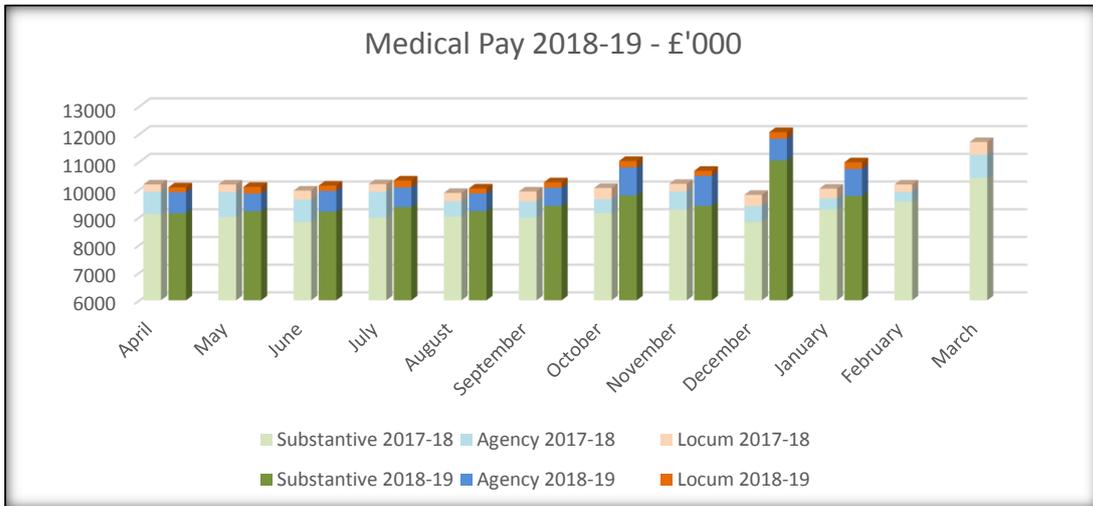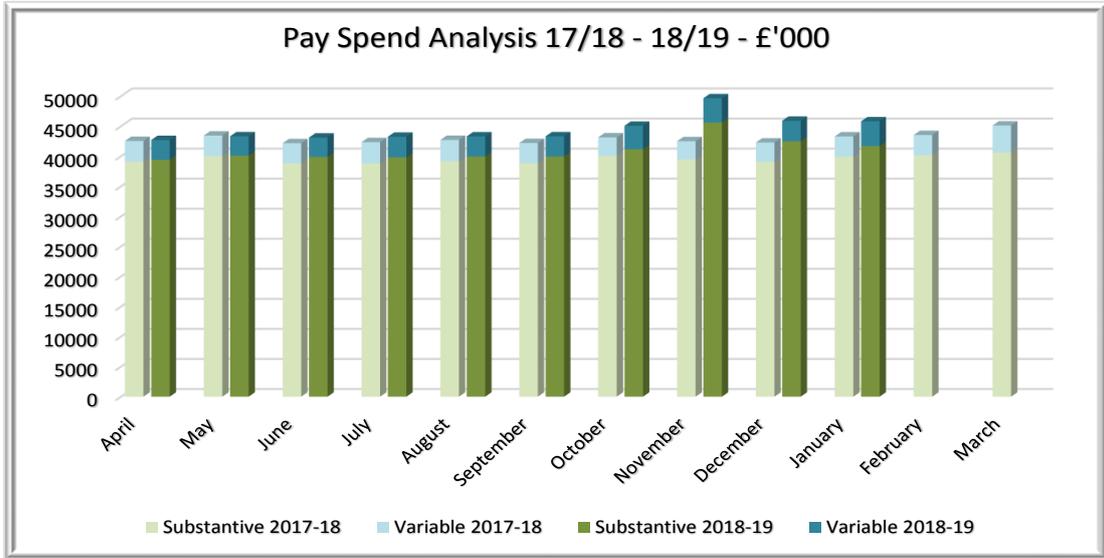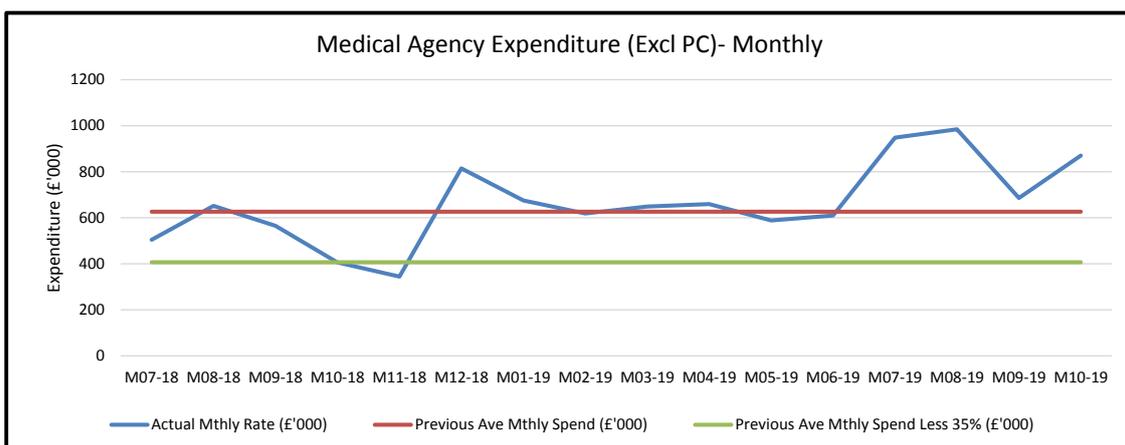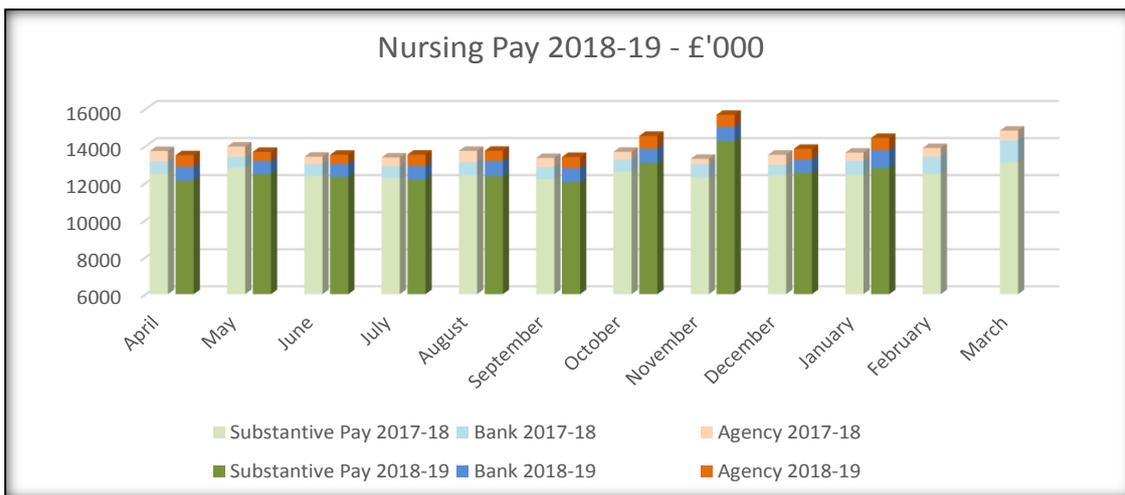
In January, medical agency spend decreased compared to October and November (although increased compared to December). However, it remains significantly above the agency spend reduction 35% target. The key cost drivers to the expenditure remain as follows below:-

- o Ophthalmology – long-term sickness cover for 6-7wte.
- o Orthopaedics and other Scheduled Care – RTT performance delivery actions and cover for 9-10 agency posts in Orthopaedics.
- o Paediatrics/Obstetrics & Gynaecology: increasing costs of sustaining existing rotas across sites
- o Emergency Department / COTE - issues sustaining rotas across multiple sites as well as covering vacancies. Coupled with sickness this remains a significant pressure across the Health Board.
- o Across specialities above and all other Unscheduled Care specialities costs have increased as part of the various additional winter initiatives.
- o Dermatology/Radiology – specific expenditure in Month 10 to achieve RTT performance targets.
- o Occupational Health – covering vacant posts
- o Primary Care – GP Out of Hours and managed practice additional costs

Tab 2.3 Month 10 Finance Performance Report

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Appendix 4: Non-pay spend analysis 2018/19
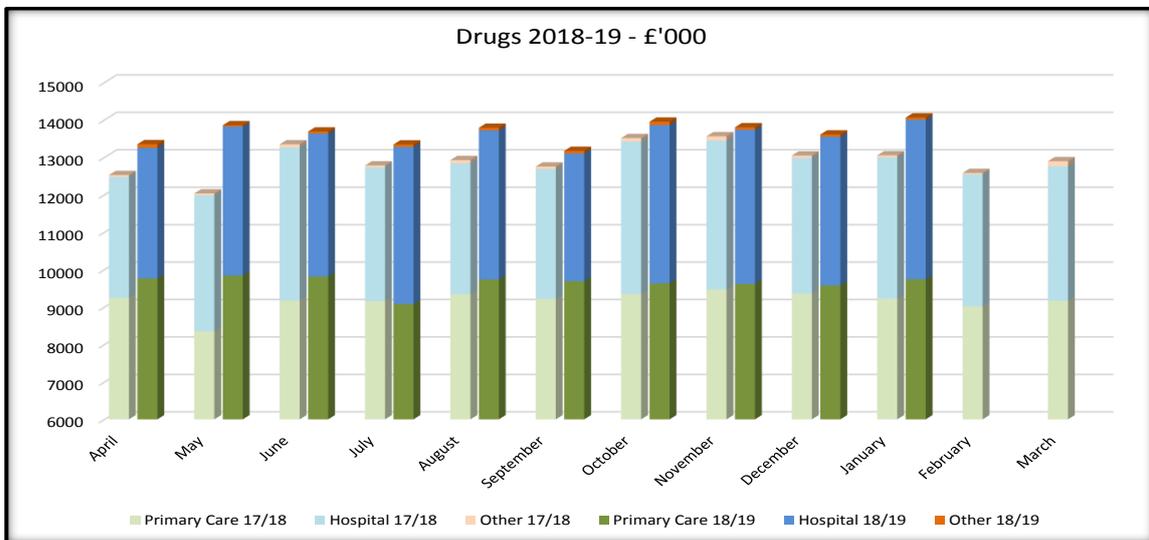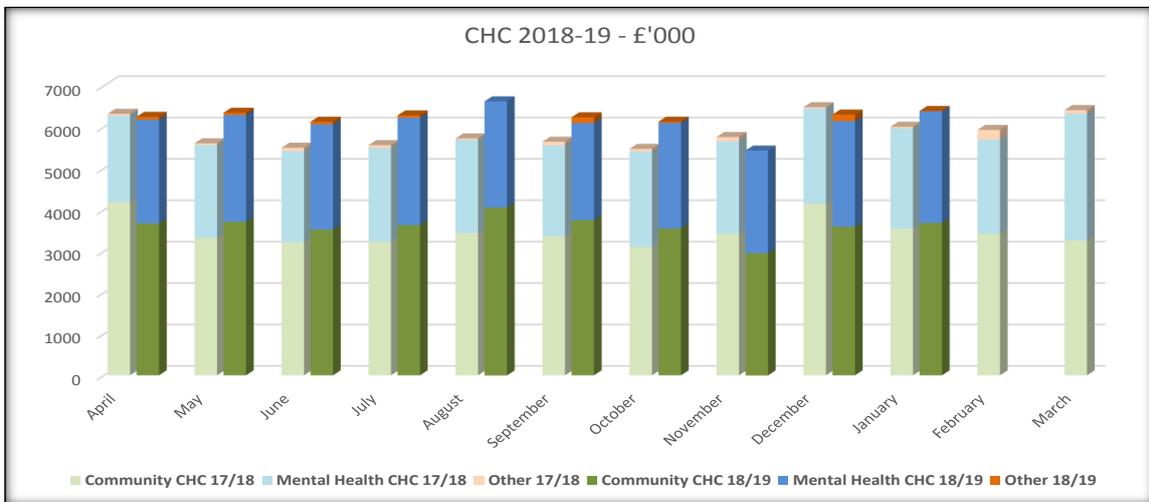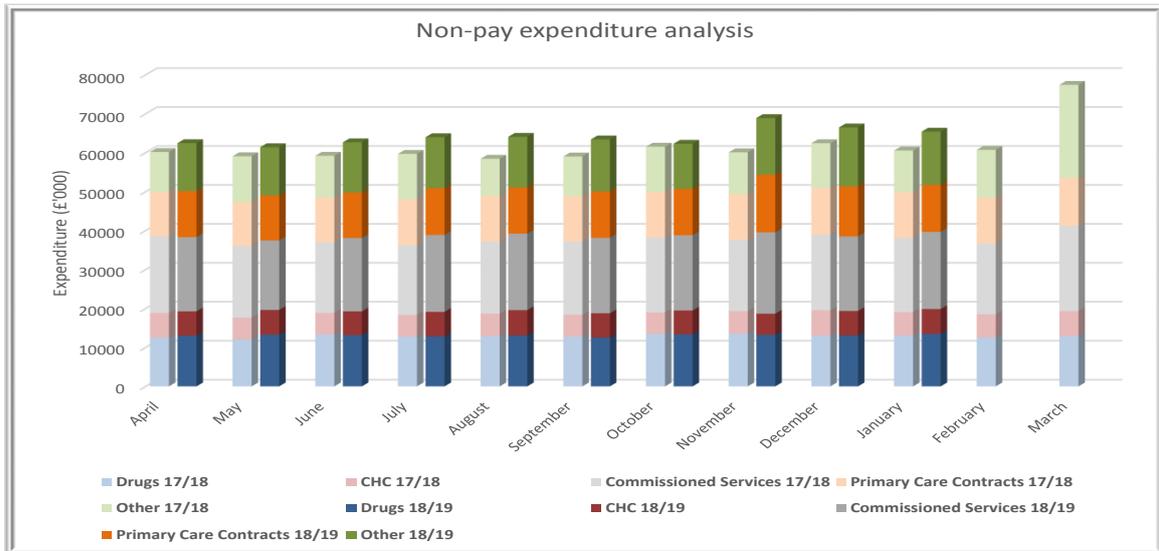
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Tab 2.4 Performance Report

	Finance and Performance Committee 21st February 2019 Agenda Item: 2.4

Aneurin Bevan University Health Board
Integrated Performance Report
Finance and Performance

Executive Summary

To provide an update on the current performance of the Health Board at the end of months 9/10 of 2018/19, where available, in delivering key performance measures as set out in the performance dashboard and outlined in the National Outcomes and Performance Framework. Appendices highlight progress on Health Board subcommittee performance dashboards and the schematic approach to their development as part of the overarching Integrated Performance Dashboard.

In terms of the National Performance measures there has been progress in the following key areas:

Mental health access:
- Sustained performance in December above the 80% target for Primary Care Mental Health Measures for both assessment and intervention.
- Sustained performance of the CAMHs measure of 80% with 94.4% of patients waiting less than 28 days at the end of January 2019.
- An improvement in performance for the CAMHS Neurodevelopmental pathway with 86.5% in December compared to 80.6% in November against the target of 80%.

Cancer access:
- Non-urgent 31 day cancer treatment performance improved slightly in December with 97.7% compared to 96.3% in November but remains slightly below the target of 98%.
- Urgent Suspected 62 day cancer treatment times improved in December with 91.3% compliance, the highest since April 2018. However, this remains outside of the target of 95% and the IMTP profile. Recent months have seen an increase in the number of referrals for cancer overall, in 2017 the average number of referrals each month was 1700 this has risen to over 2000 in 2018 with the trend continuing in January 19 with over 2100 referrals. This increase in referrals has seen an increase in the overall number of patients requiring treatment for cancer, during December 283 patients were treated for cancer compared to 234 in December 2017. The trend continues in January 19 with an estimated 344 patients treated.

Unscheduled Care access:
- Ambulance response time within eight minutes to Category Red Calls sustained performance above the 65% target with 72.1% in December and 67.2% in January. Whilst this is within target there is some concern with regards to the decrease in compliance.

Elective treatment access:
- The number of patients breaching the RTT 36 week target decreased in December with 249 compared to 769 in November. This is a significant achievement even though the Health Board had been expected to deliver zero patients waiting over 36 weeks by the end of December. Given the number of bed cancellations, due to

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emergency pressures during Q3, it was anticipated it would be difficult to treat all patients waiting beyond 36 weeks and a revised profile of 250 was agreed with Welsh Government. A difficult January with continued emergency pressures is likely to result in an increase to 333 patients waiting more than 36 weeks. However, a plan to deliver zero patients waiting over 36 weeks by the end of Q4 has been identified with a particular focus on outsourcing ophthalmology treatments and undertaking additional orthopaedic treatments in-house. There are clearly some risks in delivering this during the winter period.

Primary care out-of-hours:

- There has been an improvement in performance in Out of Hours (OOH) with 79% of very urgent patients seen within 60 minutes compared to 65% in December 2018 and 16% higher than the same period last year.
- There has been an improvement in unfilled hours for medical staff in OOH with GP Hours reduced to 94 hours in January compared to 146 in December and are now at 3% compared to 4% in December and 8% in January 2018.

Diagnostic access:

- The number of 8 week diagnostic breach patients improved in December with 4 patients breaching compared to 71 in November 2018. However, it is anticipated that there will be 60 diagnostic 8 week breach patients at the end of January 2019 some of which are specialist diagnostics requiring specialist staff and some due to endoscopy equipment failure at Nevill Hall Hospital.

Safe and effective care:

- HCAI performance in confirmed e coli cases is improved significantly in December with 32.2 cases per 100k against a target of ≥61 cases per 100k. This is the best position recorded.
- A stable performance in January for Delayed Transfers of Care (DToCs) for mental health patients exceeding the IMTP profile and an improvement on the same period last year.
- Sustained performance in the percentage compliance of valid care treatment plans completed with 90.2 % in December against the target of 90%.

Stroke care:

- For patients who were thrombolysed within 45 minutes performance remained stable in December with 28.6%. However, 100% of all eligible confirmed stroke patients were thrombolysed. The service continue to monitor exceptions through fortnightly, multidisciplinary assurance meetings with the purpose of scrutinising stroke unit performance. All cases where delays are identified are fed back to the team within 48 hours for actions and learning to be put in place.

Prevention:

- Uptake of flu vaccination has increased across all measures although they are still below target. The uptake for those over 65 years, compliance is 67.1%, which is slightly above the Wales average, and ranks third in Wales. Uptake ranges from 72.2% in Monmouthshire to 63.5% in Blaenau Gwent. The Primary Care Influenza Vaccination Group has agreed actions with primary care to focus on low uptake areas and to provide access to providers to encourage use of practice level data to drive peer led improvement.
- The number of smokers who are CO validated at the end of quarter 2 has remained above the 40% target at 43%.

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However while there have been positive indicators, there remain significant challenges to improve areas where performance is below anticipated levels including:

Unscheduled Care/Winter Plans:

- Unscheduled Care continues to be a key area of concern. The 4 hour A&E target performance remains below the national target and outside of the IMTP profile in January with 76.2 % compared to 74.8% in December.

- A deterioration in January with 689 ambulance handovers over 60 minutes compared to 495 in December and a deterioration on the position in January 18 (502). This remains outside of the IMTP profile.

- The 12 hour A&E target remains below the IMTP target in January 19 with 692 patients compared to 470 in December although a slight improvement on the same period last year (726 - January 18). The Health Board has implemented a range of services and increased focus, through its winter service plans, to provide safe care and improve access during the winter period.

Outpatient Follow-up access:

- The number of outpatient appointments overdue their follow-up target date increased in December with 21,415 compared to 20,012 in November.   Profiles to reduce delayed follow up appointments in some key areas have not been realised mainly due to the challenge of achieving RTT by December 2018 and the focus has been on RTT rather than on reducing overdue follow up appointments. Services have been tasked with producing key actions that will ensure a reduction in the number of delayed appointments by the end of March. These will continue to be monitored at the monthly Delayed Follow up Group chaired by the Associate Director of Integration and Innovation. However, this remains a concern for the Health Board.

Stroke care:

- For December, Stroke performance generally deteriorated on the November performance. Compliance for patients admitted directly to a stroke unit within 4 hours was 39.7% compared to 63.3%. This is still below the IMTP profile of 78.2%. Stroke compliance against the percentage of patients who receive a CT scan within 12 hours fell slightly to 97.1% compliance in December compared to All Wales performance of 97.5%.

- Internal targets for stroke measures have been agreed by the service and implementation is in progress. With effect from April Welsh Government has confirmed that there will be changes to the monthly Quality Improvement Measures (QIMs) which will be used to monitor stroke performance at the regular performance meetings. The new measures go beyond the first 72 hours of a patients care in hospital, having been developed to cover the entire stroke pathway. As with the current measures, there is no compliance target and Welsh Government will expect continuous performance improvement from health boards, which will be reviewed at Quality and Delivery meetings. Organisations will be benchmarked against the SSNAP audit average for each indicator. The impact of the data collection requirements will need to be evaluated by the service.

Workforce:

- Sickness absence increased in December to 6.01% compared to 5.56% in November. PADR compliance increased slightly in December with 72.06% compared to 71.66% in November.

- Despite improving slightly in November the number of HCAI for Staph Aureus cases increased in December with 28.3 cases against a target of ≥19 per 100k. This continues to be a priority area for the Health Board.

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Safe care:
- HCAI performance in confirmed C Difficile cases improved slightly in December with 34.2 per 100k cases compared to 37.4 in November. This is outside of the target of ≥25 per 100k but is one of 8 health boards (including Velindre) in Wales to have fewer cases than in the same period last year.

Outpatient attendance:
- A slightly higher level of Did Not Attend (DNA) rates for follow up and new outpatients in December compared to November.

These continue to be areas of both organisational and national priority and significant operational management action is being taken to continue to improve performance.

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Director of Finance & Performance

Report Author: Lloyd Bishop, Assistant Director of Performance and Information
Sue Shepherd, Head of Performance and Compliance

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	Finance & Performance Committee

Date of the Report: February 2019

Supplementary Papers Attached: Integrated performance dashboard which illustrates the performance and trend for key national and local targets from December 2017 to the current reporting period.
Appendix 1 – Integrated Performance Dashboard High Level Schematic flow
Appendix 2 – Examples of the Progress on subcommittee performance dashboards

Purpose of the Report
This report provides a high level overview of performance at the end of months 9/10 against the Integrated Medium Term Plan (IMTP) with a focus on delivery against key national targets included in the performance dashboard.

Recommendation
The Board is asked: To note the current Health Board performance and trends against the national performance measures and targets.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The report highlights key risks for target delivery.
Financial Assessment	The delivery of key performance targets and risk management is a key part of the Health Board's service and financial plans.
Quality, Safety and Patient Experience Assessment	There are no adverse implications for QPS.

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Equality and Diversity Impact Assessment (including child impact assessment)	There are no implications for Equality and Diversity impact.
Health and Care Standards	This proposal supports the delivery of Standards 1, 6 and 22.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides a progress report on delivery of the key operational targets
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	An implementation programme, specific to ABUHB has been established to support the long term sustainable change needed to achieve the Ambitions of the Act. The programme, will support the Health Board to adopt the five ways of working and self-assessment tool has been developed, and working with corporate divisions through a phased approach sets our ambition statements for each of the five ways of working specific to the Division and the action plan required to achieve the ambitions.
Glossary of New Terms	

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Integrated Performance Dashboard
January 2019

Domain	Sub Domain	Measure	Report Period	Current Performance	Previous Performance	In Month Trend	National Target	IMTP Target	IMTP Status	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
TIMELY CARE	RTT	Patients waiting less than 26 weeks for treatment	January	89.0%	90.39%	↓	95%	89.4%	red	89.5%	89.1%	90.4%	91.10%	90.30%	90.10%	89.80%	90.80%	91%	89.30%	88.90%	90.00%	91.10%	90.39%	89.0%
	RTT	Patients waiting more than 36 weeks for treatment	January	333	249	↓	0	0	red	1539	1616	1496	1122	812	986	1090	848	910	1159	1067	1214	769	249	333
	RTT	Patients waiting more than 8 weeks for a specified diagnostic	January	60	4	↑	0	0	red	1675	1515	1261	550	2	320	279	502	417	663	407	283	71	4	60
	FUNB	Patients not booked for follow-up and delayed past their target date	December	21415	20012	↓	reduce	11612	red	20218	19831	18041	18195	17587	18120	18513	18768	19857	20550	20567	19562	20012	21415	
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	December	39.70%	63.30%	↓	12m improved	78.2%	red	51.9%	36.2%	38.7%	41.80%	25.60%	42.50%	64.80%	61.70%	42.90%	51.50%	37.50%	41.80%	63.30%	39.70%	
	STROKE	% of eligible stroke patients thrombolysed	December	100.00%	100.00%	↑	100.0%	100.0%	green	100.0%	100.0%	100.0%	100.0%	100.0%	92.60%	85.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100.00%	
	STROKE	% stroke patients thrombolysed ≤45 minutes	December	28.60%	28.60%	↑	100.0%	29.8%	red	20.0%	16.7%	10.0%	20.00%	12.50%	25%	37.50%	20%	16.70%	0.00%	50.00%	0.00%	28.60%	28.60%	
	STROKE	% stroke patients who receive a CT scan ≤12 hours	December	97.10%	98.30%	↑	98.0%	98.8%	green	96.2%	94.8%	96.8%	95.50%	97.60%	97.50%	98.60%	100%	98.40%	97.10%	98.20%	100.00%	98.30%	97.10%	
	ED	Category A ambulance response times within 8 minutes.	January	67.2%	72.1%	↓	65.0%	65.0%	green	72.0%	67.4%	71.9%	60.50%	65.30%	74.10%	76.30%	74.90%	78.80%	71%	76%	75%	73.30%	72.1%	67.2%
	ED	Number of ambulance handovers over one hour	January	689	495	↓	0	72	red	309	487	502	555	537	373	239	178	293	357	461	432	363	495	689
	ED	% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	January	76.2%	74.8%	↑	95.0%	89.5%	red	84.9%	79.2%	76.7%	74.60%	75.30%	79.80%	79.60%	82.50%	78.80%	78.50%	78.60%	78.40%	78.30%	74.8%	76.2%
	ED	Number patients waiting > 12 hrs in ABUHB A&E departments	January	692	470	↓	0	0	red	393	565	726	758	752	545	331	246	349	389	450	374	437	470	692
	CRITICAL CARE	Critical care delayed transfers of care (4 hrs) days lost - nhh	December	28	32	↑	12m improved	-							18	24	15	16	34	43	42	32	28	
	CRITICAL CARE	Critical care delayed transfers of care (4 hrs) days lost - rgh	December	35	62	↑	12m improved	-							53	28	60	82	72	68	70	62	35	
	CANCER	Delivery of the 31 day cancer standards for non-usc route	December	97.70%	96.30%	↑	98.0%	97.8%	red	93.5%	95.0%	94.1%	98%	99%	99%	98%	97%	96.30%	96.30%	99.20%	96.40%	96.30%	97.70%	
	CANCER	Delivery of the 62 day cancer standards for usc route	December	91.30%	86.20%	↑	95.0%	91.9%	red	86.7%	89.0%	87.4%	95%	92%	91%	80%	87.0%	82.50%	82.20%	85.50%	89.90%	86.20%	91.30%	
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	December	84.0%	84.5%	↓	80.0%	80.0%	green	86.1%	81.6%	86.0%	95.9%	88.9%	84.70%	91.50%	86.80%	87.70%	83.20%	82.90%	91%	84.50%	84.0%	
	MENTAL HEALTH	Interventions ≤ 28 days following assessment by LPMHSS.	December	80.4%	82.5%	↓	80.0%	80.0%	green	81.8%	84.5%	82.1%	92.6%	88.5%	83.90%	80.80%	85.20%	82.70%	81.20%	80.90%	82.30%	82.50%	80.4%	
	MENTAL HEALTH	CTP Compliance	December	90.2%	90.6%	↓	90.0%	90.0%	green	90.2%	90.4%	91.1%	91.1%	90.9%	90.10%	90.90%	91.20%	87.40%	90.90%	90.80%	90.60%	90.60%	90.2%	
	CAMHS	4+ Weeks Waiting List	January	94.4%	97.0%	↓	80.0%	80.0%	green	90.8%	88.4%	83.6%	88.0%	85.2%	81.40%	83.30%	87.70%	94.30%	89%	95.60%	96%	98%	97.0%	94.4%
	CAMHS	Neurodevelopmental (iSCAN) Waiting List	January	86.5%	80.6%	↑	80.0%			73.0%	66.9%	67.1%	72.1%	88.0%	86.80%	83.30%	81.10%	81.00%	72.40%	67.40%	67.10%	80.60%	86.5%	
	Primary Care	Urgent Calls Returned in 20 mins	January	79.0%	80.0%	↓	98.0%	89.4%	red	85%	86%	84%	79%	89%	89%	89%	88%	84%	88%	87%	88.0%	80%	80%	79%
	Primary Care	Very Urgent Seen within 1 hour	January	79.0%	65.0%	↑	90.0%	76.8%	green	72%	41%	63%	72%	60%	74%	78%	76%	64%	67%	75%	69.0%	86%	65%	79%
	Primary Care	Routine calls advised in 60 minutes	January	71.0%	74.1%	↓	98.0%	-							83%	84%	80%	76%	86%	83%	79%	81%	74.1%	71%
EFFECTIVE CARE	DTOC	Number of dtocs for people all ages - mh	January	3	3	↑	12m reduction	8	green	9	8	5	6	3	4	2	2	4	3	3	7	3	3	3
	DTOC	DTOC's per 10,000 for people all ages - mh	January	0.05	0.05	↑	tbc	1.53	green	0.15	0.14	0.09	0.1	0.05	0.08	0.03	0.03	0.07	0.05	0.05	0.12	0.05	0.05	
	DTOC	Number of dtocs for people >75years non-mh	January	74	65	↑	reduce	74	green	76.0	88.0	106.0	80	87	89	73	60	54	61	73	86	97	65	74
	DTOC	DTOC's per 10,000 for people >75years non-mh	January	12.40	18.60	↑	reduce	14.15	green	15.4	17.8	21.5	16.2	17.6	17.9	14.8	12.1	10.9	12	13.8	17.50	18.6	12.40	
	CODING	% valid principle diagnosis code ≤ 1 month after episode end date	November	69.1%	84.7%	↓	95%	80.0%	red	79.0%	85.5%	80.0%	82%	83%	88.80%	87%	88.50%	86.30%	76.10%	87.60%	84.70%	69.1%		
STAYING HEALTHY	INFLUENZA	Uptake of influenza vaccination among 65 years and over (seasonal)	December	67.10%	61.80%	↑	75%	70%	red		67.90%	69.70%	70%	69.80%							39.70%	61.80%	67.10%	
	INFLUENZA	Uptake of influenza vaccination among under 65's in risk group (seasonal)	December	42.50%	38.30%	↑	75%	55%	red		47.80%	50.20%	50.70%	50.80%							21.10%	38.30%	42.50%	
	INFLUENZA	Uptake of influenza vaccination among health care workers with direct pt contact	January	60.2%	56%	↑	60%	45%	green			52.10%	48.40%	52%	58.00%						34%	50%	56%	60.2%
	CHILDHOOD IMMUNISATION	% of children who received 3 doses of the '6 in 1' vaccine by age 1	Q2	95.80%	96.20%	↓	95%	95%	green		96.10%						96.20%			95.80%				
	CHILDHOOD IMMUNISATION	% of children who received 2 doses of the MMR vaccine by age 5	Q2	90.30%	89.70%	↓	95%	91.50%	red		89.30%						89.60%			89.70%			90.30%	
	SMOKING CESSATION	Smokers making quit attempt (full year extrapolation)	Q2	0.80%	0.84%	↑	5% (1.25% per qtr)	0.90%	red		2.57%						3.50%			0.84%			0.80%	
	SMOKING CESSATION	Smokers who are CO validated as quit at 4 weeks	Q2	43.00%	45.00%	↑	40%	40%	green		40.00%						40%			45%			43%	
DIGNIFIED CARE	PAP	Manifesto commitment for procedures cancelled > once	October	29.2%	22.7%	↑	improve	31.25%	red	41.5%	26.3%	26.9%	19.30%	27.30%	26.30%	31.30%	37.20%	37.10%	25%	22.70%	29.20%			
	COMP	Timely (30 day) handling of concerns and complaints	December	41.0%	52.0%	↓	75%	59%	red	60.0%	53.0%	54.0%	58.0%	59.3%	59.0%	50.0%	58.0%	41%	36%	53%	47%	52%	41%	
STAFF AND RESOURCES	DNAS	Patients who dna - new opa - specific specialties	December	6.7%	6.2%	↓	reduce	5.60%	red	5.4%	6.8%	6.2%	6%	7.10%	6.20%	6.30%	6.20%	6.60%	6.40%	6.4%	6.60%	6.20%	6.70%	
	DNAS	Patients who dna - follow-up opa - specific specialties	December	6.9%	6.6%	↓	reduce	6.30%	red	6.2%	7.8%	6.8%	6.2%	7.50%	6.80%	7.30%	6.50%	6.80%	6.50%	6.8%	7.60%	6.60%	6.90%	
	W&OD	% PADR / medical appraisal in the previous 12 months	December	72.06%	71.66%	↑	85%	78.40%	red			76.0%	74.8%	75.17%	72.65%	72.96%	73.68%	72.29%	72.20%	71.01%	71.35%	71.66%	72.06%	
	W&OD	Monthly % hours lost due to sickness absence	December	6.01%	5.56%	↓	95%	5.00%	red	5.44%	5.73%	6.31%	5.82%	5.15%	4.54%	4.78%	4.89%	4.97%	4.92%	5.20%	5.37%	5.56%	6.01%	
SAFE CARE	HCAIS	Cases of e coli per 100k population (rolling 12m)	December	32.25	87.48	↑	≤ 61 per 100k	55.6	green	77.1	66.5	58.5	64.72	54.42	76.5	78.6	74.98	64.5	98.77	77.1	56.4	87.48	32.25	
	HCAIS	Cases of staph aureus per 100k pop (rolling 12m)	December	28.22	27.08	↓	≤ 19 per 100k	17.8	red	20.8	14.1	26.2	17.85	32.25	26.4	34.3	20.83	32.25	16.13	27.08	38.3	27.08	28.22	
	HCAIS	Clostridium difficile cases per 100k pop (rolling 12m)	December	34.27	37.49	↑	≤ 25 per 100k	23.8	red	22.9	16.1	48.1	17.85	28.22	33.7	30.2	24.99	24.19	24.19	31.24	20.16	37.49	34.27	
	INCIDENTS	Patient safety solutions wales alerts and notices not assured on time	December	5	3	↓	0	0	red	2	2	2	2	2	0	0	0	1	3	3	4	3	5	
	INCIDENTS	% serious incidents assured on time	December	29.0%	50.0%	↓	90%	52.7%	red	30.0%	50.0%	54.0%	59%	33.00%	47.00%	64.00%	52%	55%	68%	53%	50%	50%	29%	
	INCIDENTS	Never events	December	0	0	↑	0	0	green	0	0	0	0	0	0	0	0	2	0	0	1	0	0	
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)	December	80.0%	87.9%	↓	-	85%	green	88.3%	86.1%	84.0%	85.1%	106.3%	80.2%	85.0%	85.4%	84.5%	86.0%	81.5%	85.2%	87.9%	80.0%	
	Theatre	Theatre Utilisation (NHH)	December	90.4%	88.4%	↑	-	85%	green	84.7%	87.7%	86.1%	85.9%	86.4%	91.8%	90.9%	88.5%	89.7%	87.8%	88.2%	86.6%	88.4%	90.4%	
	Average LoS	Elective Surgical AvLoS (RGH)	December	2.8	2.5	↓	-	Improve		2.7	2.8	2.8	2.4	3.0	2.9	3.0	2.7	2.7	2.5	2.7	2.5	2.5	2.8	
	Average LoS	Elective Surgical AvLoS (NHH)	December	4.2	3.5	↓	-	Improve		4.6	4.0	4.6	3.6	4.3	4.1	4.1	4.1	4.1	4.1	4.1	3.7	3.5	4.2	
	Average LoS	Emergency Medical AvLoS (RGH)	December	6.8	7.4	↑	-	Improve		7.1	6.6	7.6	7.7	8.0	8.0	7.7	7.1	7.0	6.5	7.0	6.9	7.4	6.8	
	Average LoS	Emergency Medical AvLoS (NHH)	December	6.9	6.7	↑	-	Improve		6.3	6.4	7.3	7.4	8.1	7.8	7.3	6.1	6.0	5.9	6.3	7.1	6.7	6.9	

Trend Key

- ⬆ Achieving rating target and improved against previous reported position
- ↕ Achieving rating target but deteriorated against previous reported position
- ⬆ Not achieving rating target but improved against previous reported position
- ⬇ Not achieving rating target and deteriorated against previous reported position

Note, measures in blue font are provisional at this stage

2.4

Tab 2.4 Performance Report

Appendix 1 – IPD Schematic

Integrated Performance Dashboard High Level Schematic

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                      ┌─────────────────────────────────────┐
                      │  Integrated Performance Dashboard    │
                      └─────────────────────────────────────┘
                         ↑        ↑              ↑          ↑

┌──────────────────┐  ┌──────────────┐  ┌──────────────────┐  ┌──────────────────┐
│ Planned Care     │  │ Urgent Care  │  │ Quality & Patient│  │ Cancer Assurance │
│ Programme        │  │ Board        │  │ Safety Committee │  │                  │
│ Board            │  │              │  │                  │  │                  │
└──────────────────┘  └──────────────┘  └──────────────────┘  └──────────────────┘
         ↑                   ↑                   ↑                      ↑
              ┌─────────────────────────────────────────┐
              │           Data Warehouse                │
              └─────────────────────────────────────────┘
                                  ↑
   ┌──────────────────────────────────────────────────────────────────────┐
   │         Systems – Datix, WPAS, Tracker 7, RADIS etc                    │
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Tab 2.4 Performance Report
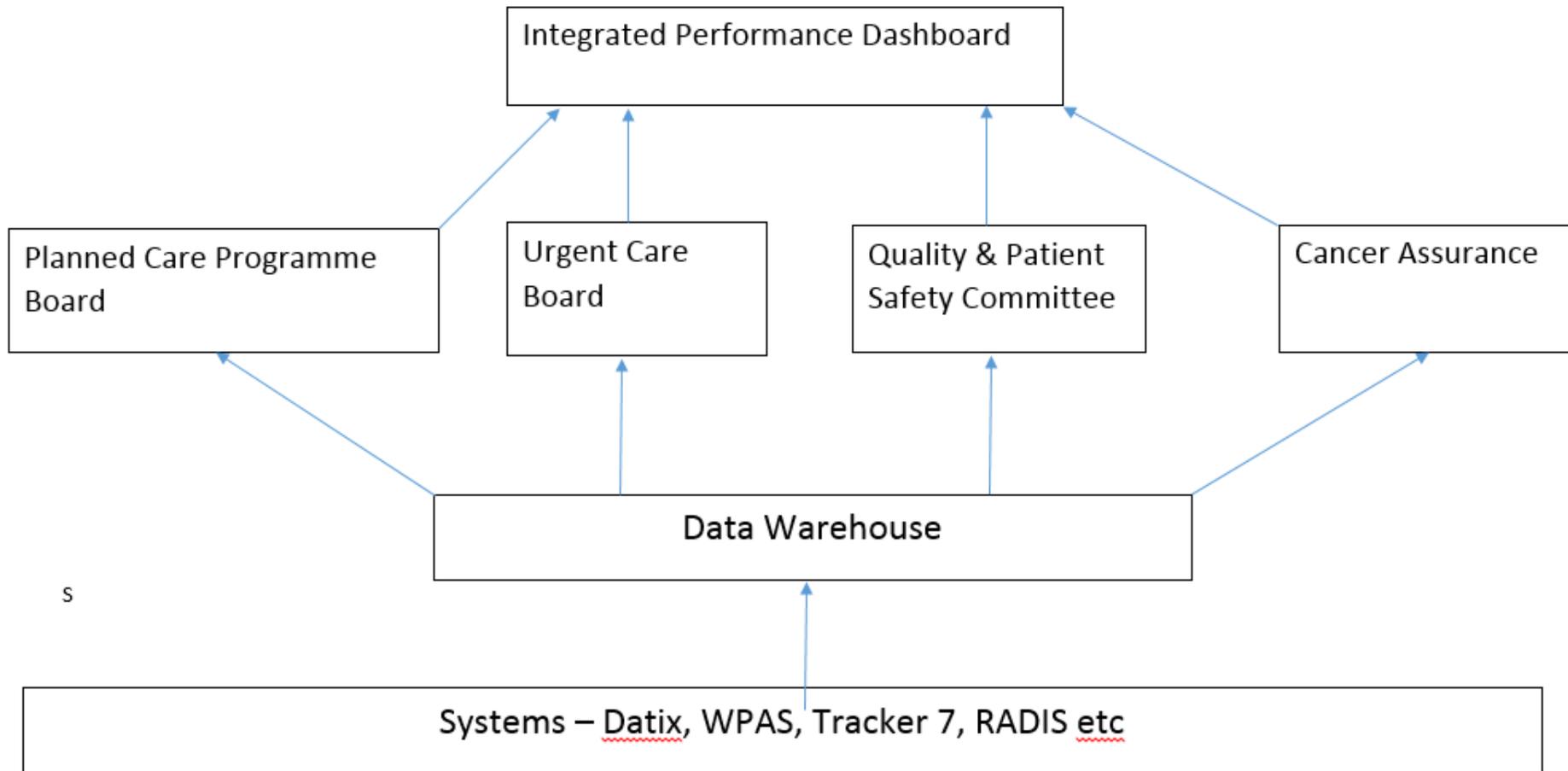
Appendix 2 – Dashboard Layouts

Planned Care Programme Board – Dashboard

Tab 2.4 Performance Report

Cancer Assurance – Dashboard

2.4

Tab 2.4 Performance Report

Quality & Patient Safety Committee – Dashboard

Summary

biu | Business Intelligence Unit

Year	Month	Division	Hospital	Location Name

Falls ☑
$389^{389}_{\text{per Month}}$

Fractures ☑
$1^{1}_{\text{per Month}}$

Inpatient Pressure Ulcers ☑
$58^{58}_{\text{per Month}}$

Medicine Errors ☑
$16^{16}_{\text{per Month}}$

HCAIs ☑
$21^{21}_{\text{per Month}}$

Falls resulting in Injury
$89^{44.5}_{\text{per Month}}$

Long Bone Fractures
$1^{2}_{\text{per Month}}$

Grade 1 & 2 Pressure Ulcers
47

Medicine Errors Severe
0

Cross Infections
$17^{17}_{\text{per Month}}$

% Inpatient Falls Resulting in Injury
0%   50%   100%
23%

% Long Bone Fractures
0%   50%   100%
200%

% Grade 1 or 2
0%   50%   100%
81%

% Severe or Moderate
0%   50%   100%
0%

% Cross Infections
0%   50%   100%
81%

Moderate
Low / Minor
No Harm / Near Miss

Moderate

Suspected deep tissue i...
Pressure ulcer (u...
Grade 1 Ulcer -...
Grade 2 Ulcer -...

No Harm / Ne...

Staph Aureus Blo...
Klebiella...
Clostridium...
Diarrohea

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Tab 2.5 WAST Amber Review
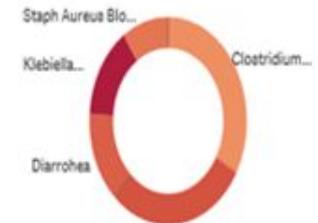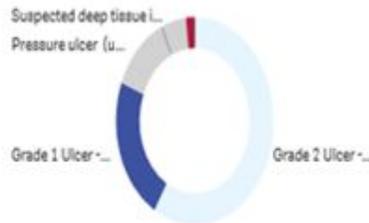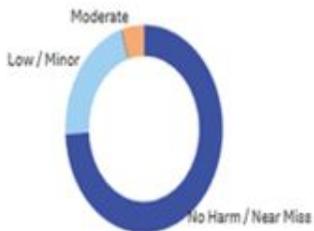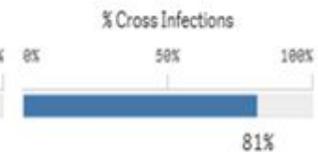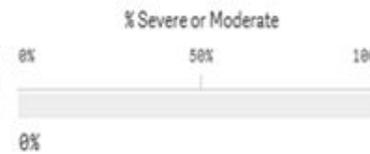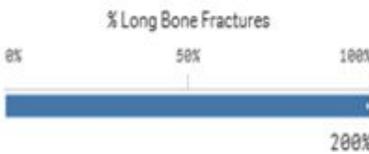
Finance and Performance Committee

WAST - Amber Review

ABUHB response

21st February 2019

2.5

Tab 2.5 WAST Amber Review

Background and Approach

Independent review launched in May 2018

Two main areas addressed

➢ Is there a systemic problem with the Amber category that is resulting in worsening outcomes for patients?

➢ Are patients in the Amber category waiting too long for an ambulance response and if so, what is the impact on their health and experience?

➢ The review was set out in four sections:

  ▶ Explaining Amber

  ▶ Exploring Amber

  ▶ Delivering Amber

  ▶ Improving Amber

▶ Each section contained a comprehensive narrative to address the two key issues for the review

▶ Staff and patient feedback was embedded into each section

▶ Expert reference panel was established to support review team

2.5

Tab 2.5 WAST Amber Review

Findings

Explaining Amber

The amber category of call is for those patients with serious conditions that are not immediately life threatening, but which are urgent and may need treatment and care at the scene or rapid transport to a healthcare facility

▶ The prioritization of calls is complex

▶ There is a range of different responses depending on the patient's condition

▶ The public felt that it was important to get the best response for their condition, even if this was not the quickest

Findings

Exploring Amber

➢ There is increased demand in the Amber category

▶ Receiving a quick ambulance response but ensuring this is the right response for the condition is important to the public.

▶ The public support ambulance services doing as much as possible to avoid the need for them to go to hospital

▶ Measures of quality are as important as response times.

▶ More patients in the Amber category are having their incident resolved or closed over the phone.

▶ The time ambulances are waiting outside hospitals has increased

▶ There has been an increase in the number of Serious Adverse Incidents reported

▶ Sickness levels remain high ; Emotional and psychological wellbeing of staff is important

▶ The length of time you wait for an ambulance response in the Amber category, does not appear to correlate with worse outcomes

Tab 2.5 WAST Amber Review

ABUHB region Amber 1 and 2 response times

2.5

Tab 2.5 WAST Amber Review
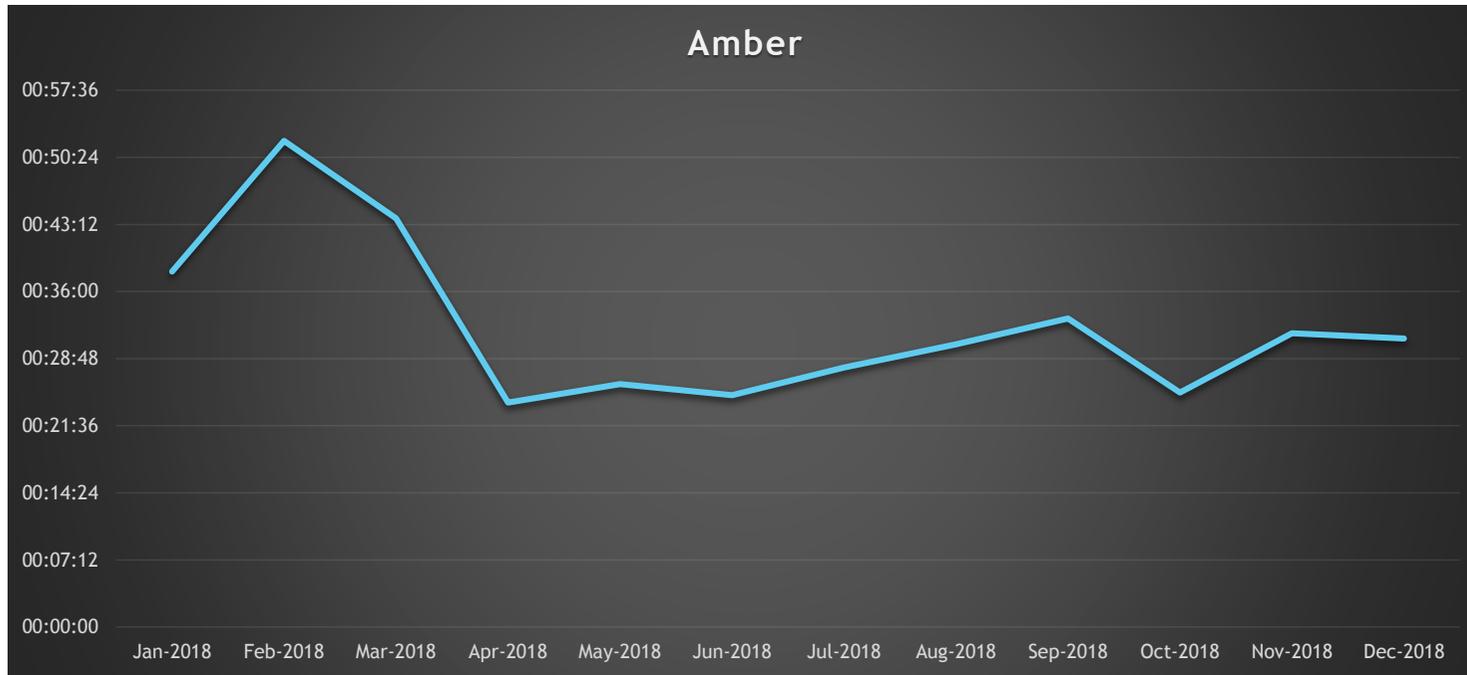
ABUHB Verified Incidents and response

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Tab 2.5 WAST Amber Review
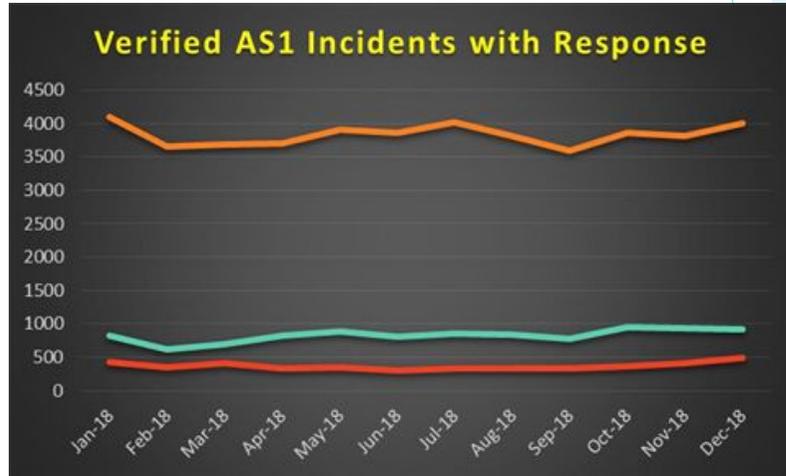
Losing capacity - Ambulances waiting too long outside ABUHB hospitals

Hospital Notification to Handover Lost Hours

	Jan-2018	Feb-2018	Mar-2018	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct-2018	Nov-2018	Dec-2018
NHHA	395.57	326.43	281.72	183.82	149.03	90.45	157.44	217.99	161.79	173.72	126.37	291.39
RGHN	931.60	1039.58	1170.79	781.63	502.78	391.27	589.20	749.09	1043.32	926.49	816.08	1027.38
Total	1327.17	1366.00	1452.51	965.45	651.80	481.72	746.64	967.08	1205.11	1100.21	942.45	1318.77

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Tab 2.5 WAST Amber Review

Improving/Delivering Amber - Recommendations

▶ Measures of quality and response time should continue to be published and they should be developed in collaboration with patients and reflect the patient's whole episode of care

▶ There should be a programme of engagement to ensure clarity on the role of emergency ambulance services and how calls are prioritised and categorised

▶ There must be sufficient numbers of clinicians in the contact centres to ensure patients receive the most appropriate level of care.

▶ The ambulance service must ensure that planned resources are sufficient to meet expected demand

▶ **NHS services in Wales must improve and simplify their offering of alternative services**

▶ **Health Boards must take appropriate actions to ensure that lost hours for ambulances outside hospitals reduce**

▶ **The longest waits for patients in the community must be reduced**

Tab 2.5 WAST Amber Review

ABUHB Response

Recommendation	Action	Responsible	When	Impact
1) Improve and simplify availability of alternative services	• Promote the availability of Minor Injury Units and opening hours • Maximise GP OOH rotas and 24/7 DN availability • Work with St Johns ad WAST to reduce number of falls transported • Clinical practitioners reviewing WAST stack • Ensure WAST have access to all Stay Well plans	• AB Comms team • Director of Primary Care & Community WAST/Dir of Ops • Director of Primary Care & Community & Dir of Ops • Director of Primary Care & Community	Immediately Ongoing Ongoing Ongoing Ongoing	Reduce the number of people accessing Emergency Services and consequently release crews in a more timely manner
2) Ensure that lost hours for ambulances outside hospitals reduce	• Relaunch Escalation policy • Ensure all ED staff have a consistent approach to the Fit to Sit protocol • Maximise use of minors trolleys in RGH ED when crews held • Increase medical and nursing establishment in ED and MAU to support timely assessment of patients and offload of crews • Introduction of Urgent Care Turnaround Team	• Director of Ops • ED Clinical Director and Senior Nurse • ED Clinical Director and Senior Nurse • Director of Ops • Director of Ops	March 31st 2019 Immediately Ongoing Achieved Ongoing	Reduction of crew hours lost and more timely release of crews into Community
3) Reduce the longest waits for patients in the community	As above			As above

Tab 2.5 WAST Amber Review

Managing the Risk

▶ ABUHB fully appreciate the risk that this has on the wider community and hence it is recorded on the USC Risk Register

▶ The response to the Amber Review and the wider commitment to decreasing the lost hours reported, will be measured and managed through the USC Assurance Meetings, the Urgent Care Turnaround meetings and ultimately at Urgent Care Board

2.5

Tab 2.6.1 Theatre Productivity

	Finance and Performance Committee 21st February 2019 Agenda Item: 2.6a	**2.6**

Aneurin Bevan University Health Board

Theatre Efficiency and Improvement

Executive Summary
This report outlines the Theatres Improvement and Efficiency programme for 2019/20 to provide the Finance and Performance Committee with assurance that there are structures in place to deliver measurable key outcomes. It outlines the key elements of work that are aligned to the Scheduled Care Division IMTP and is reported through the Divisional Management Team and bi monthly through the Theatre Programme Board. Within the Division, the Programme is aligning six improvement work streams with clear measures and outcomes for each. The Theatre Programme Board brings together in one place all of the work streams with clear governance arrangements, and a framework that will identify, deliver support and future opportunities. One of the key deliverables is the "Ormis System Upgrade". A business case has been submitted to the Health Board's Pre Investment Panel (PIP) last month and is currently being evaluated prior to submission for approval. If successful the recruitment process will commence with immediate effect and plan to formally launch the programme in April 2019. The capacity and demand model continues to develop using Java script software to support the Clinical Futures plans. The plan is to complete the sub-specialty level theatre activity by site in readiness to report by specialty by the end of February 2019. Theatre utilisation and improving process structure and efficiencies is a priority for the Division and work will continue to develop through next year with key specialty level improvement targets to increase the utilisation and productivity.

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	√
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Claire Birchall, Director of Operations		
Report Author: Glenys Mansfield, General Manager, Scheduled Care/Terry Watkins, Programme Manager Theatres		
Report Received consideration and supported by :		
Executive Team	**Committee of the Board [Committee Name]**	**Finance and Performance Committee**
Date of the Report: 19th February 2019		
Supplementary Papers Attached: Appendix 1 Theatre Programme Structure		

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Tab 2.6.1 Theatre Productivity

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Purpose of the Report
This paper outlines the programme of work currently being led by the Scheduled Care Division to support Theatre improvement, efficiency, and delivery over the next 3 years in line with the organisation's IMTP. The aim is to maximise the most efficient and effective use of resources, systems, equipment and stock to provide our patients with a safe and equitable service for all. The paper gives high level summaries of each of the 6 key work streams. The ambition of the Programme Board is to ensure all work streams have a platform to report on progress, and to highlight any areas requiring escalation or support for investment. A new (revised) Programme Board structure is currently being developed in Scheduled Care to ensure that our priorities are clearly demonstrated and communicated to all staff who are involved with the improvement process. The Division has proactively been developing key performance indicators (KPIs) over the last year with a view to include future work streams that will come on line during the next financial year. The required improvements in efficiency by the Directorate will be managed by this Board.

Background and Context
The Scheduled Care Division has identified six key areas for improvements, and change aligned to the IMTP. The work streams included in the report are short, medium and longer term objectives aligned to the changes needed within the clinical futures service redesign schedule. Theatre utilisation improvement is a fundamental aspect of the future provision of services which will be provided from the various hospital sites in the new model. The programme currently has 6 areas of focus at differing stages of maturity.

Programme Overview

Work stream	Aims
1. Stock Control	• Implement and embed new stock control system to optimise stock handling process.
2. Theatre management system	• Develop and implement latest system software upgrade to enhance information management across the whole patient pathway from booking to discharge.
3. Safety compliance and performance	• Optimise patient safety/quality and minimise variation/adverse incidents. • Compliance with the National World Health Organisation (WHO) checklist. National Safety Standards for Invasive Procedures (NatSSIP) and Local Safety Standards for Invasive Surgical Procedures (LocSIPP).
4. Capacity utilisation	• Maximise the utilisation of all theatre and suite capacity across the Health Board to delivering efficiencies to provide additional capacity.

2

Tab 2.6.1 Theatre Productivity

5. Theatre collaborative	• Facilitate rigorous benchmarking, bring existing teams together and share best practice using Institute for Healthcare Improvement methodology.
6. Clinical Futures	Finalise and implement new service model, to include: • Effective workforce matched to service need. • Optimal equipment and logistics support. • Review the role of Llanwenarth Suite for future delivery. • Development of mathematical capacity model (Java software and Database). • Development of day surgery unit at Nevill Hall Hospital (NHH) to support additional casemix.

A series of performance indicators with associated improvement milestones has been developed over the last quarter of 2018/19, and will form the basis for performance management and benefits realisation in 2019/20 and beyond.

The Division has proactively obtained funding for some of the schemes within the Theatre Programme Board and are currently seeking further investment for the theatre management system upgrade. This will provide much needed security, antivirus and user interface compatibility with the system upgrade suggested in the business case. The business case has been submitted to PIP in December 2018 with a view to start this important upgrade of the theatre system in April 2019.

Assessment

The Programme Board structure is currently being further revised and once completed will have the nominated Senior Responsible Officer or Clinical lead for each work stream, along with the Divisional lead and the Project lead. All work streams will report in the first instance through the Scheduled Care Divisional Management Team and individually through local group reviews. The high level Programme Board will meet bi monthly to ensure rigor and compliance/governance on all projects. The proposed structure is included as Appendix 1. The Programme Board structure is currently being revised with a plan to have the main reporting mechanism in place by February 2019. Some work streams have KPIs already developed with the new work streams being developed over the next few months.

Programme Status

Four of the work streams have arrangements in place with one being partially developed, this being the business case for the theatre management system (work stream 2). The final work stream is in early stages of discussion (work stream 6) which is a collaborative theatres development programme led by the Clinical Futures Team. Alongside the work streams there are performance indicators being developed for each programme of work.

Theatres Programme Board – Work streams

1. Stock Control

Omnicell is an autonomous solution for procuring and controlling Theatre supplies using an element of human intervention (XT machines) or radio frequency identification (RFID machines). The Theatre Project focuses on consumables only omitting pharmaceuticals.

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Tab 2.6.1 Theatre Productivity

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The system is told expected stock levels and as used, replenishes autonomously via the Oracle system. Orders, approvals and receipting is also automatic. As data is collected, these levels are reviewed via a data driven approach and stock holding is subsequently reduced as appropriate.

Previously stock was managed differently with limited arrangements to report on stock holding with the exception of an annual manually counted stock take. The Omnicell system has given ABUHB the capability to electronically report twenty agreed performance measures on a monthly basis and to run a full stock take at any given time by the end of 2019.

The project funding was secured through the Welsh Government Invest to Save funds and commenced in 2017, with an expectation that pay back would commence in 2018.

The investment from WG was £2.0m. The initial proposal was to repay this across a four year period at £0.5m per year across 2018-19 to 2021-22. The revised agreed proposal is the pay back across a longer timeframe stretching out to 2023-24. The summary below shows the proposed amounts to be paid back per year.

INITIAL PROPOSAL	2017-18 Year 0	2018-19 Year 1	2019-20 Year 2	2020-21 Year 3	2021-22 Year 4	2022-23 Year 5	2023-24 Year 6
INVESTMENT	2,000,000						
PROPOSED ANNUAL PAYBACK		500,000	500,000	500,000	500,000		
PROPOSED CUMULATIVE PAYBACK			1,000,000	1,500,000	2,000,000		

REVISED PROPOSAL	2017-18 Year 0	2018-19 Year 1	2019-20 Year 2	2020-21 Year 3	2021-22 Year 4	2022-23 Year 5	2023-24 Year 6
INVESTMENT	2,000,000						
PROPOSED ANNUAL PAYBACK			310,000	335,000	425,000	410,000	440,000
PROPOSED CUMULATIVE PAYBACK				645,000	1,070,000	1,480,000	1,920,000

The planned go live for XT system for Ysbyty Ystrad Fawr (YYF), Royal Gwent Hospital (RGH), Nevill Hall Hospital (NHH) and St Woolos Hospital (SWH) spanned from May to September 2018. All areas were configured, installed and went live as planned with minimal disruption to service. Due to software issues internal to Omnicell requiring resolution, the radio-frequency identification (RFID) system did not go fully live until 2019.

Expected benefits

By automating the system, it is expected that stock holding therefore spend will reduce, clinical staff will be released to do other work and processes will become more streamlined resulting in less waste. Accountability will be introduced for end users through biometric access and improved counter fraud and financial governance. Improved electronic traceability and product recall by patient for all equipment used during the perioperative journey will now be achievable, there will be the ability to carry out patient level and surgeon level costing.

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Tab 2.6.1 Theatre Productivity

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The introduction of the new stock control system (Omnicell) has come with operational implementation challenges over the last 9 months and we continue to press the company hard on their delivery of the contract. This Health Board is unique due to the number of areas and sites that have now been fitted with the new technology DX Omnicell stock control Cabinets. The complexity has also been a challenge for the supplier of the equipment who have been working closely with staff in ABUHB to ensure that we mitigate any concerns as we rollout the functionality of the new system across the Health Board.

The current position January 2019 is all 235 cabinets have been fitted and commissioned with a further rollout of 9 (RFI) type cabinets for the more expensive stock items currently in pilot stage at YYF. RGH will be the final stage of rollout and is expected to be online by March 2019.

The benefits once fully commissioned and resourced will be a closed loop stock control system. This will ensure the correct level of stock on the shelf to mitigate any safety concerns in relation to patient procedures and cancellations. An example of KPIs is shown. This has not previously been available in our Health Board. Targeted stock reductions based on use is also a key opportunity along with slow moving items and out of date/near date stock can be reallocated.

Omnicell Key Performance Indicators (KPI's)	
KPI	
Number of items in the 244 cabinets	Non moving items by month
Number of items stocking out	Par value of items in the cabinets
Qty issued value	QOH value
Number of nul transactions	Cycle count % of all items
Non moving stock in the cabinets	Non catalogue items in the cabinets
Number of transactions by month	Non catalogue items with no cost
Non moving % of total items in the cabinets	Number of items changed + par level
Total qty issued by month	Number of items changed - par level
Number of items above par	Savings achieved by month (Z Chart)

This information will allow the Division to drill into stock levels with the view to reduce the stock holding levels, and the associated efficiency and savings.

Discussions are currently taking place to develop a working structure for how the system resource will need to support the stock control process going forward.

In terms of the Invest to Save, the Division have agreed with Welsh Government that no repayment will be made this financial year against the funding allocated in 2018, due to the longer implementation stages of the Omnicell cabinets.

A benefits realisation report is being produced by the supplier of Omnicell and will be available at the end of March 2019. The Theatre Directorate will provide a full project evaluation and is planned to be completed in July 2019.

2. Theatre Management System

A working group has been developing a business case technical specification for a new/upgraded Theatre Management System to further strengthen the patient information captured on the current system (Ormis 7.3). The group has looked at several alternative solutions over the last 2 years, with varying technical aspects

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Tab 2.6.1 Theatre Productivity

with different risks and costs associated with a new system. The business case has been submitted to PIP to support an upgrade the existing Ormis system as the preferred option, with all of the 12 year enhancements available within the Ormis 10.2 system.

3. Safety, Compliance and Performance

World Health Organisation (WHO) Checklist

The WHO Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events, and increase teamwork and communication in surgery. The 19 item checklist has demonstrated significant reduction in both morbidity and mortality and is now used by a majority of surgical providers around the world. All surgical teams are required to use the WHO checklist as the platform for best practice across Wales.

The theatre WHO compliance has improved on all hospital sites with three of the sites regularly above the target of 95% compliance. The Royal Gwent Hospital has continued to improve over the last twelve months seeing an increase from January – June 2018 average (85.7%) to (93%) for the last six months. The expectation is to achieve full compliance across the Health Board by the end of March 2019.

WHO Compliance RGH

	Jun/18	Jul/18	Aug/18	Sep/18	Oct/18	Nov/18
Target	95%	95%	95%	95%	95%	95%
Compliance	92.9%	91.1%	93.1%	92.4%	94.7%	94.2%

WHO Compliance SWH

	Jun/18	Jul/18	Aug/18	Sep/18	Oct/18	Nov/18
Target	95%	95%	95%	95%	95%	95%
Compliance	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%

WHO Compliance NHH

	Jun/18	Jul/18	Aug/18	Sep/18	Oct/18	Nov/18
Target	95%	95%	95%	95%	95%	95%
Compliance	98.8%	97.9%	97.9%	97.5%	97.3%	97.6%

WHO Compliance YYF

	Jun/18	Jul/18	Aug/18	Sep/18	Oct/18	Nov/18
Target	95%	95%	95%	95%	95%	95%
Compliance	99.8%	100.0%	100.0%	100.0%	100.0%	99.2%

NatSSIPs and LocSIPPs

As it is recognised that 'surgical' Never Events are relevant to all clinical settings where invasive procedures are undertaken, the decision was taken to broaden the scope of the standards to include all invasive procedures in which a Never Event could potentially occur. Evidence-based standards that build on the WHO Surgical Safety Checklist approach were developed and tested by clinical experts and formally

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Tab 2.6.1 Theatre Productivity

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endorsed by a number of organisations. The standards, named National Safety Standards for Invasive Procedures (NatSSIPs) were initially published in England; they have been adapted for issue in Wales.

NatSSIPs address many of the underlying causes of Never Events; compliance with them will also help ensure that evidence-based best practice is implemented and consequently that the number of patient safety incidents occurring in association with invasive procedures is reduced.

The NatSIPPs documentation has been written and updated to reflect the latest changes to the policy and the LocSIPPs procedure has also been completed for all four of the operating theatre departments and are supported in developing Local Safety Standards for Invasive Surgical Procedures (LocSSIPs).

NatSIPPS and LocSIPPS are safety performance measures that have been developed and rolled out across Wales, all theatres within ABUHB have local hospital site targets. Each theatre setting has been reviewed and a gap analysis produced by procedure type, General Anaesthetic, Regional Anaesthetic and Local Anaesthetic techniques. The 5 step process is as follows:

1. Pre-list safety briefing
2. Sign in before the start of a procedure
3. Time out
4. Sign out
5. Debrief

The standards have been written for all hospital theatre settings and progress has been improving over the last 12 months with 3 sites meeting the national standards of 95% and RGH improving significantly from the original audit of 40% in 2017/18 to 93% January 2019.

The focus is to continue to achieve and maintain a high compliance level on all hospital sites with a focus on further improvement in the Royal Gwent Hospital. The planned Ormis upgrade in April 2019 will aid the reporting functionality of the WHO check list as it is a fundamental part of the electronic reporting function in the 10.2 system.

4. Capacity/Utilisation

The increased utilisation and productivity of Theatres is a key deliverable for financial delivery in this year's IMTP. This is a fundamental part of the theatres efficiency and productivity plans going forward and aligning to the Clinical Futures delivery plan for theatre requirements/utilisation with the opening of the Grange University Hospital in 2021. Each specialty has been allocated an improvement target for an expectation to meet on current utilisation figures.

The Scheduled Care Division are concentrating the resource over the next 6-12 months on those specialties who are currently below the threshold target of 85% utilisation, which is the projected position for clinical futures service delivery plans. The delivery plan aims to maintain the specialties who are performing above 85% and concentrate efforts on those specialties who are below the target to maximise the efficiencies identified in our IMTP.

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Tab 2.6.1 Theatre Productivity

The table below shows the utilisation targets for each specialty based on the 2017/18 and 2018/19 performance. It should be noted that utilisation here means actual time utilised of scheduled sessions.

Specialty	2017-18	2018-19	2019-20
Dermatology	79%	96%	96%
Ear, Nose and Throat	79%	76%	86%
General Surgery	87%	83%	85%
Ophthalmology Surgery	68%	72%	75%
Oral Surgery	79%	81%	85%
Trauma & Orthopaedics	89%	89%	88%
Urology Surgery	87%	85%	89%
Gynaecology	84%	82%	85%
Grand Total	**85%**	**84%**	**86%**

In order to increase the utilisation specialties already developed plans within their capacity and demand plans, some of these are listed below;

- ENT- increased productivity by moving inpatient activity to day cases to maximise efficiency. The biggest gain here is tonsils.
- General Surgery – increased productivity by improved scheduling performance and ensuring all slots are filled on a weekly basis.
- Ophthalmology – increase in number of cataracts per list, and thorough monitoring of utilisation.
- Oral Surgery – introduction of dedicated weekly theatre scheduling meetings to better co-ordinate case mix.
- Orthopaedics – addition of a short notice standby patient to the list to be swapped when a patient requires an ITU bed when none is available. Other increases in utilisation will be linked to Theatre Programme Board work plan.
- Urology - introduction of partial booking of flexi-cystoscopy along with telephone validation to reduce cancellations / DNA's.

The Theatres Programme Board has been set up with a dedicated utilisation work stream. This will include a robust programme of key measurables and milestones to deliver significant improvements in increased activity. The work will include the review of portering, order of lists, site spesific issues, review of consultant job plans in relation to ward rounds/theatre sessions.

Utilisation is used as the principal marker of theatre performance in the NHS in Wales. This is a managerial tool, an internal indicator of efficient theatre use, and as a marker of service performance for surgical teams.

The operating list size, individual surgeons and anesthetists, late-starts, overruns, session type, changes to list on day of surgery, procedure mix, late additions/filled slots and other daily variations all contribute to the measure of theatre utilisation (%). This provides opportunity for the specialties to drill into the detail to improve processes which influence productivity.

The table overleaf shows at a high level the improvement plans which support the delivery of increased efficiency in the Theatres with a notional improvement target in

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Tab 2.6.1 Theatre Productivity

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terms of case opportunity. This activity is already included within demand and capacity models for next year.

Specialty	2018-19 Actual Ops	2018-19 Utilisation	2019-20 planned Utilisation	Increase in procedures	
				Best Case Scenario	Worst Case Scenario
Dermatology	1,138	96%	96%	0	0
Ear, Nose and Throat	1,650	76%	86%	218	109
General Surgery	4,123	83%	85%	85	50
Ophthalmology Surgery	3,200	72%	75%	112	67
Oral Surgery	2,168	81%	85%	114	54
Trauma & Orthopaedics	7,418	89%	89%	0	0
Urology Surgery	5,336	85%	89%	259	126
Gynaecology	2,554	82%	85%	95	47
Grand Total	**27,587**	**84%**	**86%**	**883**	**451**

The division will work to validate this information and move towards measuring productivity by subspecialty and consultant.

Theatre Collaborative (New Proposed Work stream)

This is a new initiative with a view to starting the collaborative with the Theatres Directorate and the Clinical Futures team in April 2019. The benefits realisation of this collaborative work are still to be defined.

6. Clinical Futures

Effective workforce matched to service needs identified with the clinical futures business case.

This work is currently being developed by Workforce and Development Manager and Theatres Directorate Manager. The workforce plan is an integral part of the service model both of which have been presented to Challenge and Support Panels and the Service Redesign Board. The Directorate have developed an action plan to take forward any revisions to this model and prepare for delivery.

Optimal equipment and logistics support

This section is supported by the Clinical Futures Procurement Team.

Review the role of the Llanwenarth Suite

The Division continues to manage the PFI agreement. This is now intrinsically linked to the Clinical Futures Work Programme for the future day case requirements at NHH as a result of the GUH development.

**Development of the theatres demand and capacity model (Java based)**

As part of the Clinical Futures Service Design Framework, the Scheduled Care Division has embarked on a development project to provide a user friendly database that both front line and back office staff can use to plan future service requirements for their specialty. Phase II sub-specialty level reporting will be completed by the end of February 2019.

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Tab 2.6.1 Theatre Productivity

2.6

Recommendation
The Finance and Performance Committee are asked to note the current programme of the Theatre efficiency work, and the direction of travel to deliver the required efficiencies and deliverables.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The theatre management system is 15 years old and has not been updated during this time. This is on the risk register. Each of the work streams in the Theatre Programme will have a Risk Log. Omnicell is on the Divisional Risk Register.
Financial Assessment, including Value for Money	The Omnicell Invest to Save process is being managed through the Omnicell Programme Board. The Theatre Management System business case will be progressed through the PIP process and Executive Board.
Quality, Safety and Patient Experience Assessment	The Omnicell roll out programme will ensure correct level of stock is available for every operation and is readily available in quantity, quality and within date. It will ensure that a patient's procedure is not cancelled due to unavailability of stock items required for a specific procedure. Improving Theatre efficiency improves access for patients.
Equality and Diversity Impact Assessment (including child impact assessment)	All patients will receive the same service provision at every Health Board site due to a standardised stock control system. Access to care will be more timely for all through improvements due to better Theatre access.
Health and Care Standards	Safety will improve with better compliance with the WHO check list. Post-operative briefings. Standards that apply: 1.1, 2.1 - 2.9, 3.1 – 3.5, 4.1, 4.2, 5.1, 6.1 – 6.3, 7.1
Link to Integrated Medium Term Plan/Corporate Objectives	The programme of work links to the SCP 6 IMTP plans which highlight six areas of improvement within the 3 year plan.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This programme of work meets the following working principles against the Well-being of Future Generations Act.
	Long Term – The purchase of a robust technical solution will ensure the future systems management of all patient information is securely protected and accessible for the next decade.
	Integration – This programme is triangulated between the external supplier of the software and hardware along with the Health Board's requirement to ensure compliance with patient information systems, whilst ensuring that our reporting mechanism to WG and NWIS is not compromised.
	Involvement – ABUHB staff (800+) will be directly and indirectly involved with the system training/upgrade.

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Tab 2.6.1 Theatre Productivity

	Collaboration – the Health Board is working with the external suppliers to both procure and train the staff involved with the system upgrade.
Glossary of New Terms	➢ RFID - Radio Frequency Identification. ➢ Omnicell - Stock control system. ➢ Ormis - Theatre Management System. ➢ RTT - Referral to Treatment time. ➢ PIP - Pre Investment Panel.
Public Interest	This paper has been written for the public domain.

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Tab 2.6.1 Theatre Productivity

Appendix 1.

2.6

Clinical Futures

Planned Care Programme Board
Scheduled Care Division

Lead: Claire Birchall

Reporting: Monthly

Theatre Programme Board
Scheduled Care Division

Lead: Paul Nichols
GM: Glenys Mansfield
Prog Mgr: Cathy Evans
Reporting: Bi- Monthly

Surgical Day Case Unit at NHH

SRO: Tom Morgan Jones
Divisional: C. Evans / J. Gilbert
Project Lead: Andrew Walker
IMTP:
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

CF Theatre Model

SRO: Tom Morgan Jones/Jim
Divisional: Terry Watkins
Project Lead: D. Gartner
IMTP:
Reporting: Monthly

Project Team

^

Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Llanwenarth Suite

SRO: Tom Morgan Jones
Divisional: Cathy Evans
Project Lead: Julie Gilbert
IMTP:
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Equipment & logistics

SRO: Paul Nichols
Divisional: Cathy Ingram
Project Lead: Steve Gingell
IMTP:
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Workforce & Establishment

SRO: Glenys Mansfield
Divisional: Angela Palfrey
Project Lead: Cathy Ingram
IMTP:
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Theatre Collaborative

SRO: Leanne Watkins
Cf Lead: Trish Chalk
Project Lead: Cathy Evans
IMTP: SCP 6
Reporting:

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Operational Efficiency

Theatre Utilisation

SRO: Tom Morgan Jones
Divisional: C. Evans / J. Jenkins
Project Lead: Alisa Roberts
IMTP: SCP 6
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Safety, Compliance & Performance lead

SRO: Paul Nichols
Divisional: Cathy Ingram
Project Lead: Judith Willis
IMTP: SCP 6
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Theatre Management System (Ormis 10.2)

SRO: Andy Bagwell
Divisional: Terry Watkins
Project Lead: Lee Price
IMTP: SCP 6
Reporting: Monthly

Project Team

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Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Omnicell Stock control system

SRO: Claire Birchall/Jim Wilson
Divisional: Terry Watkins
Project Lead: Neil Thomas
IMTP: SCP 6
Reporting: Bi- Monthly

Project Team

>Jonathan Thomas
Stephen Gingell
Julie James
Andrew Lewis
Alex Thomas
Tim Walbyoff

Main File

High Level KPI's

1 2 3 4 5 6 7 8 9 10

Tab 2.6.2 Premium Staff Costs

	Finance and Performance Committee 21st February 2019 Agenda Item: 2.6b	2.6

Aneurin Bevan University Health Board

Premium Workforce Costs and Usage

Executive Summary

This report provides an update on the Premium Workforce work for Nursing and Medical & Dental, in addition to the action being taken to address this.

In November 2018, the Executive Team discussed the Health Board's financial performance and forecast for 2018/19, the level of financial risk during the remainder of the year and the need to make further progress on some of the known efficiency opportunities.

A number of broad areas were identified, with an executive lead, and it was agreed that a few (4-6) key actions were identified to improve the financial position – which would not impact on patient safety, service/performance delivery – during 2018/19 and recurrently. Two of these key actions were as follow:

- **Premium Medical Staff Costs**
  Reduce WLI and Backfill – agreed to explore the appetite for this and to review position following scoping work.

- **Premium Nursing Costs**
  Opportunity to minimise "premium" costs through range of initiatives in Winter Plans

Ongoing work is being undertaken to manage nursing costs and to provide a range of initiatives to increase bank particularly over the winter period.

The complex issues surrounding Waiting List Initiatives and subject of a paper being submitted for consideration at the Executive Team on 18 February 2019.

The Finance & Performance Committee are asked to note the content of this paper.

The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Martine Price, Interim Nurse Director, Stephen Edwards, Assistant Medical Director

Report Authors: Martine Price, Interim Nurse Director, Stephen Edwards, Assistant Medical Director, Julie Chappelle, Assistant Director of Workforce and OD, Geraint Evans, Workforce & OD Director

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Tab 2.6.2 Premium Staff Costs

Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	
Date of the Report: 13 February 2019			
Supplementary Papers Attached: N/A			

2.6

Purpose of the Report

This report provides an update on the Premium Workforce costs, usage and actions for Nursing and an update on the Medical & Dental position.

Background and Context

NURSING & MIDWIFERY REGISTERED

Agency Usage

Year		Yearly Figure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	WTE	61	79	62	55	62	63	51	46	49	57	69	71	73
	Costs	£5,809,000	£567,000	£561,000	£390,000	£492,000	£610,000	£494,000	£425,000	£285,000	£548,000	£442,000	£468,000	£527,000
18/19	WTE	81	72	74	75	74	83	81	84	93	83	94		
	Costs	£5,964,000	£625,000	£488,000	£496,000	£611,000	£552,000	£598,000	£692,000	£660,000	£578,000	£664,000		

In 2017/18 £5.809m was spent on Agency with an average usage of 61 WTE per month. In September 2017, the directive was to reduce the agency spend, this resulted in a reduction in agency usage from Sept to Dec 17 however opening additional beds and increased sickness through the winter period increases the need for agency usage.

Agency usage remained higher in 18/19, this is mainly due to the increase in vacancies an increase of 60 WTEs through a higher level of leavers and establishment reviews. On average 77% of agency usage is due to vacancies, 20% due to sickness and 3% due to specialing, special leave etc.

The costs for 18/19 to date (10 months) is £5.964m average usage rate of 81 WTE per month. An increase in agency usage is part of this years' winter staffing plan. In October a programme of work commenced to complete all rosters up to March 2019, to enable departments to assess their staffing needs through winter. In line with the plan agencies have been block booked to guarantee that shifts are filled and allow planning for those harder to fill shifts.

Factors that have contributed to the rise in agency expenditure include:

- Increase in demand for services and the way the Health Board delivers services.
- Skill shortages.
- Difficulties recruiting and retaining staff.
- Meeting the requirements of the nursing staffing levels act (Wales) 2016.
- Levels of Sickness Absence.
- Individuals choosing to work through agencies.

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Tab 2.6.2 Premium Staff Costs

2.6

- Escalating hourly rates of pay charges by agencies and individuals engaged directly by Health Boards.

Findings published in the National institute of Economic and Social Research report 'Use of Agency Workers in the Public Sector' suggest that factors for individuals choosing to work through agencies are:

- Valuing highly the preference for flexible working and improved work-life balance, with the opportunity to pick and choose shifts to suit their needs;

- Dissatisfaction with working conditions and workloads within the NHS;

- Being paid more quickly, as agencies generally make weekly payments;

- Younger generations attaching less importance to job security and pensions, and their desire to experience career break.

Evidence gathered by the Welsh Audit Office shows that in recent years real term growth in total pay expenditure has outpaced the growth in staff numbers, reflecting the increase in agency expenditure.

All Wales Data

Outlined below is the available yearly agency expenditure by Health Board.

In 2016-17, the health reduced its agency expenditure by 52% the highest reduction compared to any other UHB in Wales.

UHB	2015-16	2016-17	2017-18
Abertawe Bro Morgannwg	£7.1m	£6.2m	£7.5m
Aneurin Bevan	£10.2m	£5.4m	£5.8m
Betsi Cadwaladr	£4.9m	£9.5m	£10.2m
Cardiff & Vale	£7.1m	£6.3m	£6.7m
Cwm Taf	£3.9m	£7.3m	£5.2m
Hywel Dda	£11.2m	£17.5m	£13.9m

In 2017-18, agency increased by £0.4m, and this financial year predicted to be higher.

Change in agency expenditure from 2016-17 to 2017-18 by health body
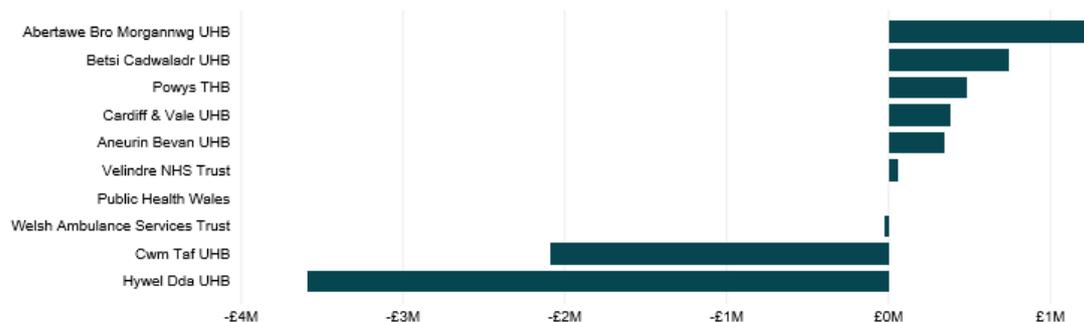
Action to reduce agency spend:

- An 18 point plan has been developed and being actioned on nurse retention. This is monitored at the monthly Nurse Workforce Group meeting.

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Tab 2.6.2 Premium Staff Costs

2.6

In relation to filling vacancies we are currently:

- Co-ordinating a monthly nurse recruitment wheel for Registered nurses', bi-month Paediatric and Registered Mental Nurse recruitment.

- Overseas trained nurse recruitment pathway progressing. 53 have been offered and accepted. 37 have commenced employment with 16 at offer stage. 25 are currently at assessment stage.

- Following appointing 31 students through the Student Streamlining programme, there has been agreement at an All Wales level to continue with programme. In preparation for the next group graduating in September we plan a number of recruitment events to showcase the Health Board. The first event took place at the Parkway Hotel on 24th January 2019 with 64 attendees.

- Train Work Live Digital campaign is live and we are engaging with this initiative. Currently scoping out an All Wales overseas nurse recruitment campaign.

- Good level of interest from nurses at the Nursing Times recruitment event in Bristol 27 November 2018. Currently following up with 19 nurses who expressed a keen interest.

- Targeted recruitment events on our boarders and at our hospital sites are planned. Detailed recruitment campaign options circulated to divisional management for approval.

- Nurse recruitment group set up to oversee activities related to Student Streamlining; monthly recruitment wheel; overseas trained nurses; return to practice and flexi-Registered Nurse for Health Care Support Worker.

- Increased use of social media such as Facebook, LinkedIn and Twitter to support recruitment by sharing unique selling points such as awards for innovation and development and promoting all our sites as positive places to work. All communications link and support the 'Train, Work, Live' campaign.

- Development of new employer branding and materials including a new recruitment microsite which will go live during March 2019.

Winter Pressures

A number of initiatives have been put in place to ensure service sustainability and managing premium costs:

- Early forecasting and reporting of demand and supply.
- Winter payment initiatives to bank staff for certain shifts.
- Increase in recruitment to the bank.
- Staff rosters developed early and signed off.

MEDICAL AND DENTAL

Premium payments for medical staffing is currently under review. A paper in relation to Waiting List Initiative, Backfill and out of hour's payments for medical staff is due to be considered at the Executive Team on Monday 18th February 2019.

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Tab 2.6.2 Premium Staff Costs

2.6

Assessment and Conclusion

Work to monitor Nursing usage through active recruitment and monitoring of supply and demand is well established. Regular meetings are being held with Divisional/Senior Nurses Workforce and Finance with weekly deep dives with the Executive Team during the winter months.

Work in relation to the Waiting List Initiatives and Backfill is due to be considered at Executive Team on 18 February 2019. This is a complex area of work that requires a clear understanding of both the benefits and risks prior to implementation.

Recommendation

The Finance & Performance Committee are asked to note the content of this paper.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	*Service sustainability* *Recruitment plans*
Financial Assessment, including Value for Money	Linked to the Workforce and Financial Framework in the Integrated Medium Term Plan and the overarching workforce and efficiency agenda. Improved financial controls will minimise financial risk.
Quality, Safety and Patient Experience Assessment	*Any actions will be balanced against quality and patient safety to ensure no adverse impact.*
Equality and Diversity Impact Assessment (including child impact assessment)	*Any actions are and will be Equality Impact assessed.*
Health and Care Standards	***New Health and Care Standards*** *The programmes and developments outlined in this paper meet STANDARD 7 Staff & Resources.*
Link to Integrated Medium Term Plan/Corporate Objectives	*Linked to the Workforce and Financial Framework in the Integrated Medium Term Plan and the overarching workforce and efficiency agenda.*
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	*This section should demonstrate how each of the '5 Ways of Working' will be demonstrated. This section should also outline how the proposal contributes to compliance with the Health Board's Well Being Objectives and should also indicate to which Objective(s) this area of activity is linked.*
	Long Term – Sustainability of service provision through our staff is prime consideration.
	Integration – *N/A*
	Involvement – *N/A no service development*

Tab 2.6.2 Premium Staff Costs

		2.6
	Collaboration – Actions and deliverables are worked in partnership with Nursing, Workforce and Finance.	
	Prevention – any potential issues and challenges will be assessed prior to implementation	
Glossary of New Terms	*N/A*	
Public Interest	*This report has been written for the public domain*	

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

17TH JANUARY 2019
(REPORTING PERIOD 1ST OCTOBER – 31ST DECEMBER 2018)

REPORT TO WELSH GOVERNMENT

WHC/2017/042

Tab 2.7 Medical Locum and Agency Cap Compliance Update

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

1. INTRODUCTION

The Health Board's plan in response to WHC/2017/042 'Addressing the impact of NHS Wales Medical and Dental Agency and Locum deployment in Wales' 23rd October 2017, was submitted to Welsh Government on 3rd November 2017. This plan described Aneurin Bevan University Health Board's (ABUHB) response to delivering the programme of work. It included its approach for managing short, medium and long term impacts on service delivery and mitigation.

2. DATA REQUEST

The data requested is outlined in (appendix 2).

3. SUMMARY OF LOCUM AND AGENCY USAGE FOR DECEMBER 2018

The table below provides summary data on locum and agency usage within the Health Board during December 2018 and identifies usage below and above capped rates. October and November data is attached in Appendix 1.

					Division			
ABUHB Medical & Dental Dashboard	Month : Dec 2018	ABUHB	Scheduled Care	Unscheduled Care	Family & Therapies	Mental Health & LD	Locality Primary Care	Workforce and OD
Shifts Worked	Shifts	1078	223	486	200	125	36	8
Breaches of Cap Rates		602	138	169	164	98	25	8
% of Breaches	%	56	62	35	82	78	69	100
Of which are:								
Agency	Shifts	576	142	150	122	118	36	8
Breaches of Cap Rates		482	134	98	120	97	25	8
% of Breaches	%	84	94	65	98	82	69	100
Total Agency Hours	Hours	5011	1322	1270	1204	885	270	60
Locum	Shifts	502	81	336	78	7	0	0
Breaches of Cap Rates		120	4	71	44	1	0	0
% of Breaches	%	24	5	21	56	14	0	0
Total Locum Hours	Hours	4337	977	2713	554	93	0	0
Total Overall Hours used (Agency & Locum)	Hours	9348	2299	3983	1758	978	270	60

In December 2018, 5011 **agency** hours (576 shifts, 69 individual doctors) and 4337 **locum** hours (502 shifts) were worked totalling 9348 hours for both agency and locum. The data shows a split of 53% agency/47% locum usage. Of the 502 **locum** shifts (4337 hours, 139 individual doctors) worked only 120 shifts breached the capped rate resulting in a 24% breach rate.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Of the 576 **agency** shifts worked, 482 (82%) shifts breached the capped rate.

The agency usage and breaches has increased this month to 56%, this is higher than previous month.

Outlined in the tables below is the average hourly rate per grade, comparison to cap rate and hours breakdown.

The table shows that in December 2018, 71% of locum and agency usage is due to vacancies.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Agency and Locum Usage

Grades	Comparison to Cap Rate	Cap Rate	Decrease / Increase	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun 18	May 18	April 18	Mar 18	Feb 18	Jan 18	Dec 17	Hours	Dec-18	Dec-17	Main Reason for increase
				Average Hourly Rate																
Associate Specialist	⬇	82.21	⬆	59.4	44.05	60.14	85.62	50.99	62.75	68.76	66.00	58.63	62.82	50.58	53.03	55.83	⬆	283	59	Vacancy
Consultant	⬆	97.22	⬆	110.72	106.66	105.95	110.47	109.34	106.16	105.17	108.31	107.40	107.55	111.35	108.31	112.63	⬇	2286	2616	
Dental core training	⬇	56.15	⬌	40		40	40	40	40	40	35.5	30.99	30.99	30.99	30.99	30.99	⬆	98	61	Vacancy
F1	⬌	32.54	⬌	32.54						32.54	32.54	32.54	33.68	32.54		32.54	⬆	22	13	Vacancy
F2	⬆	40.36	⬆	48.24	46.65	40	48		46.36	38.75	46.03	35.00	41.47	39.87	38.36	40.36	⬆	297	5	Vacancy
Specialty Doctor	⬆	66.43	⬆	75.43	73.57	69.16	65.14	64.35	63.24	63.24	59.28	63.53	59.71	62.01	62.81	60.43	⬆	1627	1607	Vacancy
StH (ST3/4 - ST8)	⬆	57.05	⬆	69.5	68.74	72.22	71.19	69.12	69.24	68.52	66.75	60.88	58.40	59.71	62.00	64.40	⬆	2367	1928	Vacancy
StL (CT/ST1 - ST2/3)	⬆	45.76	⬇	50.64	51.41	50.91	49.03	49.9	49.06	48.34	49.39	49.36	48.80	47.29	48.23	50.45	⬇	2213	3709	Vacancy
StRL (ST/CT1 -ST/CT2)		45.76										45.13	45.76							

The average hourly rate across Locum and Agency has increased in 5 out of the 8 grades.

5 of the 8 grades are below the national capped rate.

The main reason for increases is Vacancies.

Agency Usage

Grade	Comparison to Cap Rate	Cap Rate	Decrease / Increase	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun 18	May 18	April 18	Mar 18	Feb 18	Jan 18	Dec 17	Hours	Dec-18	Dec-17	Main Reason for increase
				Average Hourly Rate																
Associate Specialist		82.21												66.43	66.43					
Consultant	⬆	97.22	⬇	113.17	115.21	114.84	115.83	116.26	115.91	113.75	114.42	110.08	111.97	111.28	112.09	117.18	⬆	1456	1406	Vacancy
F1		32.54								57.00										
F2	⬆	40.36	⬆	61.99	61.97		60.00		60.00		54.75		60.00				⬆	138.50		Vacancy
Specialty Doctor	⬆	66.43	⬇	73.67	81.06	74.48	69.02	69.17	70.84	67.06	68.83	67.96	69.15	70.96	70.46	71.13	⬆	1053	776	Vacancy
StH (ST3/4 - ST8)	⬆	57.05	⬇	80.29	80.61	80.32	80.09	79.61	77.65	74.66	72.94	75.27	76.99	72.71	72.85	75.51	⬆	1224	923	Vacancy
StL (CT/ST1 - ST2/3)	⬆	45.76	⬇	58.38	58.57	56.78	58.57	58.11	56.98	57.26	59.25	56.39	56.44	52.13	53.65	58.51	⬇	1029	2065	Vacancy
StRL (ST/CT1 -ST/CT2)		45.76										45.76	45.76							

All Grades are above the national capped rate.

The main reason for increases is vacancy.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Grade	Comparison to Cap Rate	Cap Rate	Decrease / Increase	Average Hourly Rate	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun 18	May 18	April 18	Mar 18	Feb 18	Jan 18	Dec 17	Hours	Dec-18	Dec-17	Main Reason for increase
Associate Specialist	⬇	82.21	⬆		59.4	44.05	60.14	85.62	50.99	62.75	68.76	66.00	58.63	55.18	46.62	53.03	55.83	⬆	284	59	Vacancy
Consultant	⬆	97.22	⬆		106.21	90.34	90.12	102.02	98.13	81.71	83.16	93.96	101.86	97.11	111.48	101.75	106.34	⬇	830	1210	Vacancy
Dental core training	⬇	56.15	↔		40.00		40.00	40.00	40.00	40.00	40.00	35.50	30.99	30.99	30.99	30.99	30.99	⬆	98	61	Vacancy
F1	↔	32.54	↔		32.54					32.54	32.54	32.54	32.54	33.68	32.54		32.54	⬆	22	13	Sickness
F2	⬆	40.36	⬇		40.38	41.15	40.00	40.00		38.57	38.75	39.50	35.00	39.00	39.87	38.36	40.36	⬆	158	5	Vacancy
Specialty Doctor	⬆	66.43	⬆		78.28	61.82	46.32	36.90	45.57	31.79	37.30	29.27	47.50	32.18	35.98	48.77	47.91	⬇	574	831	Sickness
StH (ST3/4 - ST8)	⬆	57.05	⬆		57.93	55.43	55.65	60.36	57.54	53.52	55.29	59.39	54.72	52.21	54.33	53.50	54.13	⬆	1144	1005	Vacancy
StL (CT/ST1 - ST2/3)	⬇	45.76	⬆		43.58	42.89	43.17	42.85	43.90	43.71	42.88	43.51	43.67	42.77	43.71	42.94	41.73	⬇	1185	1645	Vacancy
StRL (ST/CT1 -ST/CT2)		45.76											42.00								

4 out of the 8 grades are above the cap rate.

In 5 of the 9 grade there has been an increased in the average hourly rate.

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2.7

Tab 2.7 Medical Locum and Agency Cap Compliance Update

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

4. INFORMATION REQUESTED IN WHC/2017/042

4.1 Effectiveness of the control framework
(and information about whether any changes have been made as a result of lessons learned during operation).

The internal audit of the Health Board's authorisation and escalation process, testing compliance with Welsh Health Circular 2017/042 gave reasonable assurance, with no material non-compliances identified. A further audit has been undertaken the draft report is currently being complied.

The process continues to work in that all requests to breach the capped rate are escalated and agreed by the executive team on the basis of patient safety and service continuity.

4.2 Updated risk assessment
(incorporating lessons learned from any practical issues which have arisen during implementation, and the ways that the risks will be mitigated or managed).

Medical planning workshops, aligned to service and workforce plans of the IMTP provided an understanding of the mitigation against medical variable pay expenditure, and identified the particular approaches and timescales being taken to address variable pay in individual areas i.e. rate renegotiation, service redesign and reconfiguration; role redesign; substantive appointment aligned to the IMTP. The specific issues, risks and mitigation were described in previous reports to Welsh Government. The following provides an update on the residual issues and actions taken or proposed to address locum and agency usage and spend.

5. DIVISIONAL INFORMATION

5.1 Mental Health and Learning Disabilities

The Division continues to have significant recruitment issues at junior, middle and consultant grades across all specialties. Medical agency expenditure has remained relatively stable over the period with only essential service posts being covered.

The Division continues to utilise a number of strategies designed to reduce the reliance on locum and agency whilst ensuring responsive, sustainable service provision:-

- The Division was successful in appointing to one adult consultant vacancy and the doctor commenced in August 2019. There remain consultant gaps in older adult (Caerphilly) and Adult (Newport Inpatient). Repeated attempts to recruit have been made without success to date. Both posts are being filled by agency appointments.
- There has been some success in securing fixed term appointments (FTA) to cover gaps in the junior doctors' rota and several of these have

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

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gone on to join the training scheme over the last year. There remain 6 junior doctor post unfilled from February 2019. This is likely to rise to 8 vacancies in August 2019. Junior doctor out of hours rotas have been adjusted to a 1:12 rota to reflect the lower number of junior doctors in post from February 2019.

- Latest FTA for junior doctor recruitment has received 40 applicants and shortlisting is in progress.

- SAS doctor recruitment continues to be a challenge with vacancies in all specialties (6 in total), with agency doctors being used only to cover essential service posts. Advertisements for Specialty Doctor posts attract virtually no applicants. The salary scale can be an issue but it also appears that doctors seem to join agencies in order to achieve higher rates of pay, less responsibility and more flexibility, and this cannot be matched within the NHS. There is little incentive for Clinical Fellows on banded rotas to convert to Speciality Doctors (if eligible for the grade) due to the deferential in earnings.

- A range of workforce options including expanding ANP posts, potential development of non-medical responsible clinician posts, Physicians Associates and skill mix changes are being explored with three additional ANP posts advertised as part of the crisis transformation programme.

- Significant service changes have been delivered in Older Adult and Learning Disabilities services over the last two years. Learning Disabilities are also currently undertaking a review of community services and medical workforce needed to support the new service model.

- Work is ongoing in continuing to take forward the transformational change in the adult crisis services. A pilot of a single crisis assessment service, with consultant support being job planned to provide consultant advice at the front end, is planned early in the New Year.

- Acute adult inpatient remodelling work is ongoing, with options for future bed configuration based on a graduated care model being considered. Further developments in host families and crisis house are also being developed which should assist in reducing demand on inpatient services.

- Further discussion is continuing regarding the sustainability of current medical workforce model through the Medical Workforce Group with plans to review the current action plan and to run specialty based workshops during the first half of the year to discuss future service and workforce model.

- It is also disappointing that two CT3s in MH are moving outside of Wales because due to a lack of available no available Specialty training   posts in the areas they were interested in working.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

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5.2 Unscheduled Care

The Unscheduled Care division continues work to reduce the number of breaches of the capped rate, holding the line with maximum rates for both locum and agency so far this financial year.

Service/role re-design

The medical cover within CotE has improved although 1 consultant vacancy remains in NHH due to the difficulty in recruitment and due to expansion of the EFU model of care, 3 Consultant posts have been funded, however no substantive candidates were available. These posts are currently being agency locum above the cap.

The Directorate has successfully renegotiated the internal locum rates which will provide a better level of internal cover placing less reliance on agency locums.

The Division first tranche of Physician's Associates have been appointed and are working across a number of areas to support the medical team function. There have been discussions around the on-call frequencies of the junior medical rotas at RGH, however the Deanery feedback about the high current workload would make rota redesign to increase on-call frequency difficult to sustain.

The Division has recently advertised the additional junior posts associated with the development of Grange University Hospital and the implementation of the clinical futures model. The response so far has been encouraging and the Division is confident all posts will be filled.

5.3 Scheduled Care

Active recruitment continue and the overall position remains unchanged since the last report.

5.4 Family & Therapies

Active recruitment continue and the overall position remains unchanged since the last report.

6. FINANCE

Target Period – Performance against the 35% target

The WHC describes an expectation of a 35% reduction in agency only expenditure by November 2018, from a baseline period of 1st November 2016- 31st October 2017.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

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The Health Board's agency expenditure for the above reference period is assessed as £7.508m (based on actual spend for October 2017 and also excluding service transfers to Powys made within the baseline reference period). The monthly average spend over this period is £0.626m.

A 35% reduction in medical agency expenditure equates to £2.6m per annum; resulting in a reduced annual expected spend of £4.880m, and monthly expected spend of £0.407m for the reference period of November 2017 to October 2018

At the end of the target period (October 2018), the spend for the previous 12 months totalled £7.525m, which was £0.025m more than the expenditure in the reference period, and therefore no savings against the 35% target have been achieved.
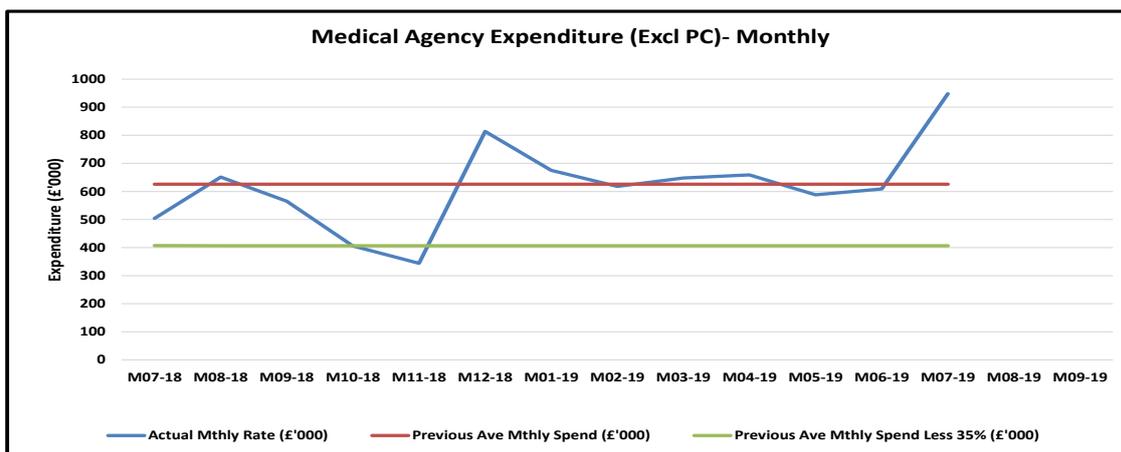
Quarter 3 - Performance

In Quarter 3, medical agency expenditure increased by £0.762m from Quarter 2, to a total spend of £2.618m. The key cost drivers to the expenditure remain as follows:-

- o Ophthalmology – long-term sickness cover for 6-7wte.
- o Orthopaedics and other Scheduled Care – RTT performance delivery actions and cover for 10 agency posts in Orthopaedics.
- o Paediatrics/Obstetrics & Gynaecology: increasing costs of sustaining existing rotas across sites
- o Emergency Department / COTE - issues remain sustaining rotas across multiple sites as well as covering vacancies. Coupled with sickness this remains a significant pressure across the Health Board.
- o Occupational Health – covering vacant posts

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Medical Agency Expenditure (Excl PC)- Monthly
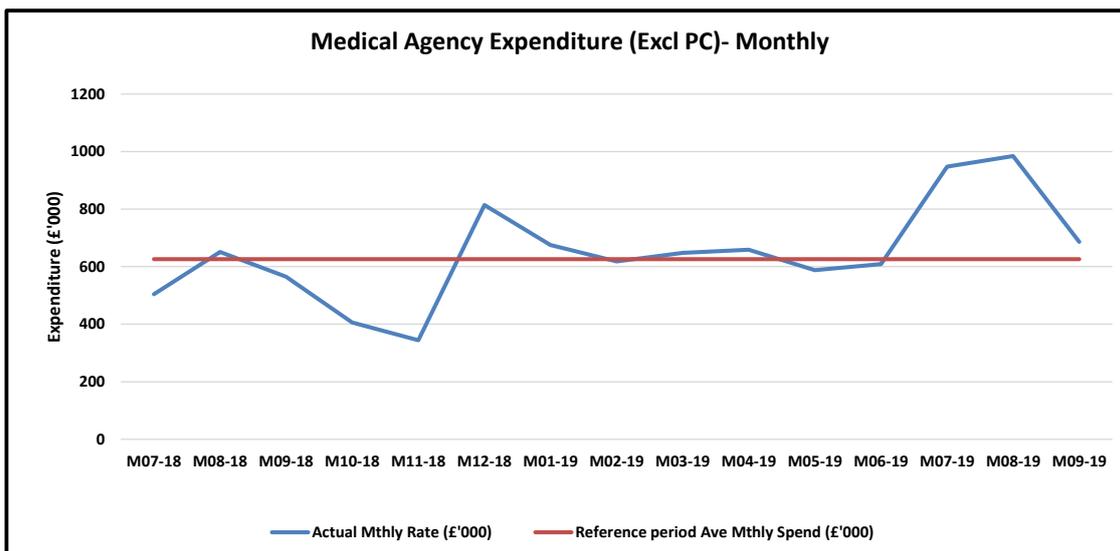
7. Emerging Issues/Lessons learned

- Agencies

The difficulties highlighted in previous reports persists in respect of agencies being unwilling to work with the Health Board to encourage Doctors to adhere to the capped rates. Advice from the procurement team is that the agencies are only bound to adhere to the CCS rates which for some specialities are above the cap and therefore there is little than can be done on a wider basis to address this.

The divisions continue to report increasing difficulties with doctors not willing (particularly to Nevill Hall Hospital) to travel and requesting accommodation and expenses. The Health Board has not complied with this request, but this does mean that in some cases a breach of the rate becomes inevitable.

- Application of WLI rates

The Health Board has been aware for some time that the WLI rate has been applied to ad hoc locum cover and has been addressing this issue. However, the introduction of the caps has raised further issues in respect of this where a non-contractual term "backfill" is being used and seen to be attracting WLI rate, despite the cover constituting a locum at ad hoc locum rates. Whilst the Health Board works to reduce these rates it will initially report these as ad hoc locum hours and a breach of the capped rate.

Indication from the Welsh Government on an all Wales approach to defining this will ensure consistency and aid reduction of the inflated WLI rate down to the cap.

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- **Patchwork (previously called Locum Tap) Pilot**

Implementation of the Patchwork Medical Locum Bank system commenced in November 2018, the pilot has been successfully implemented in A&E departments in both the Royal Gwent and Nevill Hall hospitals and Medicine Nevill Hall Hospital.

To date benefits of the systems are:-

- Shifts released quickly via the Patchwork app so Doctors can browse and book shifts instantly.
- Improved accuracy in monitor hours worked and paid.
- Timesheets processed in a timely manner in line with payroll timetable so doctors are paid within month.
- Increased number of Doctors willing to do locum bank shifts i.e. increased numbers on the Medical Locum Bank.
- Real time data on locum activity and spend.
- 6 shifts converted form agency to Locum Bank in November/December.
- Initial data shows an increase in fill rates, further analysis will be available in the next month.

8. CONCLUSION

There is an ongoing demand for use of medical locum and agency staff. The principle reason for this is to cover vacancies in order to maintain clinical safety and activity.

Work to reduce the number of hours of agency continues to be worked on by the divisions – through substantive appointment, through development of non-medical roles, and there will be some additional efficiency for a number of services through centralisation of acute services on a single site.

Reducing locum and agency usage in the difficult recruitment climate remains a considerable challenge.

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

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APPENDIX 1

ABUHB Medical & Dental Dashboard	Month : Nov 18	ABUHB	Scheduled Care	Unscheduled Care	Family & Therapies	Mental Health & LD	Locality Primary Care	Workforce and OD
Shifts Worked	Shifts	1157	292	465	237	104	45	14
Breaches of Cap Rates		635	176	148	196	71	30	14
% of Breaches	%	55	60	32	83	68	67	100
Of which are:								
Agency	Shifts	641	194	114	178	96	45	14
Breaches of Cap Rates		569	176	100	178	71	30	14
% of Breaches	%	89	91	88	100	74	67	100
Total Agency Hours	Hours	5845	1916	1093	1674	720	337	105
Locum	Shifts	516	98	351	59	8	0	0
Breaches of Cap Rates		66	0	48	18	0	0	0
% of Breaches	%	13	0	14	31	0	0	0
Total Locum Hours	Hours	4795	1391	2959	350	95	0	0
Total Overall Hours used (Agency & Locum)		10640	3307	4052	2024	815	337	105

ABUHB Medical & Dental Dashboard	Month : Oct 18	ABUHB	Scheduled Care	Unscheduled Care	Family & Therapies	Mental Health & LD	Locality Primary Care	Workforce and OD
Shifts Worked	Shifts	1211	257	495	250	147	52	10
Breaches of Cap Rates		757	188	180	219	113	47	10
% of Breaches	%	63	73	36	88	77	90	100
Of which are:								
Agency	Shifts	794	190	198	202	142	52	10
Breaches of Cap Rates		700	186	147	201	109	47	10
% of Breaches	%	88	98	74	100	77	90	100
Total Agency Hours	Hours	6671	1657	1569	1895	1085	390	75
Locum	Shifts	417	67	297	48	5	0	0
Breaches of Cap Rates		57	2	33	18	4	0	0
% of Breaches	%	14	3	11	38	80	0	0
Total Locum Hours	Hours	3846	903	2427	433	83	0	0
Total Overall Hours used (Agency & Locum)		10517	2560	3996	2328	1168	390	75

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Appendix 2 – Data – DECEMBER 2018

December 2018

Tables 2a,b,c,d - A summary of the reasons for A&L usage

a. External agency bookings below the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	6	31	£ 82.71	£ 1,985.00
Maternity	9	83	£ 81.09	£ 9,974.07
Sickness	20	192	£ 54.03	£ 12,927.29
Special Leave	10	92	£ 70.77	£ 6,379.44
Swap/Gap	2	32	£ 45.00	£ 1,800.00
Vacancy	475	4159	£ 75.51	£ 301,056.42
Other	22	186	£ 85.72	£ 16,996.28
Other	15	113	£ 87.77	£ 9,524.05
Grand Total	559	4886	£ 75.44	£ 360,642.54

b. External agency bookings above the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	14	89	£ 105.16	£ 8,007.70
Exclusion (Suspension)	17	128	£ 69.75	£ 8,893.13
Sickness	1	4	£ 146.25	£ 585.00
Special Leave	10	75	£ 72.70	£ 5,452.50
Study Leave	8	71	£ 76.72	£ 4,940.75
Swap/Gap	2	18	£ 60.00	£ 1,080.00
Vacancy	437	3774	£ 89.03	£ 330,601.47
Other	6	73	£ 53.33	£ 3,986.00
Training Post Gap	7	88	£ 74.98	£ 6,560.75
Establishment Shortfall	5	42	£ 82.00	£ 3,450.00
Additional Activity	1	9	£ 85.00	£ 765.00
Other	32	193	£ 138.11	£ 24,422.43
Grand Total	540	4562	£ 90.62	£ 398,744.72

c. Ad hoc ADH bookings below the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	14	101	£ 70.25	£ 6,200.54
Maternity	9	83	£ 81.09	£ 9,974.07
Sickness	30	265	£ 55.59	£ 17,024.79
Special Leave	2	32	£ 63.05	£ 2,017.44
Study Leave	10	78	£ 48.00	£ 3,685.00
Swap/Gap	2	32	£ 45.00	£ 1,800.00
Vacancy	491	4246	£ 70.99	£ 290,291.18
Other	22	186	£ 85.72	£ 16,996.28
Establishment Shortfall	1	12	£ 40.00	£ 480.00
Additional Activity	1	8	£ 40.00	£ 320.00
Other	4	38	£ 48.66	£ 1,823.80
Grand Total	586	5079	£ 70.13	£ 350,613.10

d. Ad hoc ADH bookings above the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	14	76	£ 108.73	£ 7,378.46
Sickness	12	57	£ 101.79	£ 5,621.08
Study Leave	4	30	£ 94.31	£ 2,587.00
Vacancy	42	309	£ 97.31	£ 27,353.07
(blank)	6	73	£ 53.33	£ 3,986.00
Training Post Gap	4	50	£ 74.98	£ 3,749.00
Perfect Weekend	17	112	£ 166.67	£ 18,583.71
Establishment Shortfall	8	79	£ 77.00	£ 6,083.00
Additional Activity	1	9	£ 77.00	£ 693.00
Other	22	114	£ 161.74	£ 17,296.37
Grand Total	130	908	£ 114.71	£ 93,330.68

Tables 3a,b,c,d - A

a. External agency bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Acute Medicine (o...	7	71	£ 46.55	£ 3,592.68
Adult services - me...	27	243	£ 61.10	£ 14,437.89
Anaesthetics	23	198	£ 65.87	£ 14,919.00
Care of the Elderly	36	281	£ 88.35	£ 24,420.37
ENT	2	48	£ 45.00	£ 2,160.00
Frailty	11	83	£ 60.54	£ 4,994.48
General Medicine	151	1267	£ 48.75	£ 60,984.40
General practice	203	1574	£ 107.93	£ 163,690.71
General Surgery	20	224	£ 67.85	£ 18,708.46
Neonates	6	45	£ 45.76	£ 3,569.28
Obs & Gynae	18	133	£ 72.68	£ 7,827.00
Ophthalmology	1	4	£ 40.00	£ 140.00
Oral Surgery	8	98	£ 40.00	£ 3,920.00
Paediatrics	12	116	£ 49.50	£ 5,638.00
Pathology	9	131	£ 40.00	£ 7,040.00
Trauma & Orthopa...	11	165	£ 60.00	£ 14,040.24
Urology	14	209	£ 40.00	£ 10,560.00
Grand Total	559	4886	£ 75.44	£ 360,642.54

b. External agency bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	34	313	£ 74.47	£ 22,958.61
Adult services - mental h	56	420	£ 82.44	£ 35,723.15
Care of the Elderly	44	330	£ 95.82	£ 31,620.60
ENT	3	38	£ 63.33	£ 2,375.00
Frailty	25	188	£ 67.39	£ 12,635.93
General Medicine	20	170	£ 50.70	£ 8,862.00
General practice	9	55	£ 113.77	£ 5,875.91
General Surgery	7	88	£ 74.98	£ 6,560.75
Obs & Gynae	100	877	£ 97.49	£ 73,762.77
Occupational Health	8	60	£ 144.00	£ 8,640.00
Older adult services - me	42	315	£ 85.00	£ 26,775.00
Ophthalmology	96	720	£ 119.98	£ 86,385.60
Paediatrics	64	580	£ 78.72	£ 45,614.91
Trauma & Orthopaedics	26	324	£ 65.38	£ 24,905.00
Urology	6	87	£ 67.17	£ 6,049.50
Grand Total	540	4562	£ 90.62	£ 398,744.72

c. Ad hoc ADH bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	121	1015	£ 49.50	£ 49,540.54
Acute Medicine (on-call)	7	71	£ 46.55	£ 3,592.68
Adult services - mental heal	6	85	£ 42.43	£ 3,975.16
Anaesthetics	23	198	£ 65.87	£ 14,919.00
Care of the Elderly	4	48	£ 30.50	£ 2,196.00
ENT	2	48	£ 45.00	£ 2,160.00
General Medicine	131	1045	£ 46.22	£ 51,158.20
General practice	203	1574	£ 107.93	£ 163,690.71
General Surgery	20	224	£ 67.85	£ 18,708.46
Neonates	6	45	£ 45.76	£ 3,569.28
Obs & Gynae	18	133	£ 72.68	£ 7,827.00
Ophthalmology	1	4	£ 40.00	£ 140.00
Oral Surgery	8	98	£ 40.00	£ 3,920.00
Paediatrics	10	106	£ 48.00	£ 5,096.00
Pathology	9	131	£ 40.00	£ 7,040.00
Trauma & Orthopaedics	3	48	£ 45.00	£ 2,520.00
Urology	14	209	£ 40.00	£ 10,560.00
Grand Total	586	5079	£ 70.13	£ 350,613.10

d. Ad hoc ADH bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	72	526	£ 109.53	£ 54,427.04
Adult services - mental h	1	8	£ 55.00	£ 687.50
General practice	9	55	£ 113.77	£ 5,875.91
General Surgery	4	50	£ 74.98	£ 3,749.00
Obs & Gynae	42	247	£ 132.29	£ 27,493.00
Paediatrics	2	24	£ 45.76	£ 1,098.24
Grand Total	130	908	£ 114.71	£ 93,330.68

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2.7

Tab 2.7 Medical Locum and Agency Cap Compliance Update

Tables 4a,b,c,d A

a. External agency bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialis	11	125	£ 39.36	£ 5,068.15
Associate Specialst	19	140	£ 47.55	£ 6,046.06
Consultant	79	735	£ 77.58	£ 62,982.98
Dental core trainin	8	98	£ 40.00	£ 3,920.00
F1	3	22	£ 32.54	£ 797.23
F2	2	26	£ 39.00	£ 1,014.00
GP	203	1574	£ 107.93	£ 163,690.71
Specialty Doctor	68	627	£ 66.39	£ 39,853.39
StH (ST3/4 - ST8)	52	595	£ 49.01	£ 32,571.15
StL (CT/ST1 - ST2/3)	98	827	£ 44.54	£ 36,633.34
Stl(CT/ST1 -ST2/3)	10	75	£ 59.95	£ 4,496.25
Grand Total	559	4886	£ 75.44	£ 360,642.54

b. External agency bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialst	2	20	£ 172.00	£ 3,354.00
Consultant	204	1433	£ 119.82	£ 166,933.38
F2	12	128	£ 61.99	£ 7,934.23
GP	9	55	£ 113.77	£ 5,875.91
Specialty Doctor	67	503	£ 78.97	£ 39,684.60
StH (ST3/4 - ST8)	132	1345	£ 79.27	£ 109,889.98
StL (CT/ST1 - ST2/3)	109	1042	£ 58.00	£ 62,824.50
Stl(CT/ST1 -ST2/3)	5	38	£ 59.95	£ 2,248.13
Grand Total	540	4562	£ 90.62	£ 398,744.72

c. Ad hoc ADH bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	11	125	£ 39.36	£ 5,068.15
Associate Specialst	19	140	£ 47.55	£ 6,046.06
Consultant	58	579	£ 67.35	£ 46,523.65
Dental core training	8	98	£ 40.00	£ 3,920.00
F1	3	22	£ 32.54	£ 797.23
F2	19	167	£ 39.89	£ 6,634.00
GP	203	1574	£ 107.93	£ 163,690.71
Specialty Doctor	32	237	£ 59.19	£ 13,199.00
StH (ST3/4 - ST8)	96	955	£ 51.24	£ 51,991.67
StL (CT/ST1 - ST2/3)	131	1139	£ 43.36	£ 49,173.34
Grand Total	586	5079	£ 70.13	£ 350,613.10

d. Ad hoc ADH bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	2	20	£ 172.00	£ 3,354.00
Consultant	48	243	£ 153.17	£ 35,409.97
F2	2	12	£ 45.00	£ 540.00
GP	9	55	£ 113.77	£ 5,875.91
Specialty Doctor	44	337	£ 92.17	£ 29,871.64
StH (ST3/4 - ST8)	20	197	£ 90.02	£ 15,703.42
StL (CT/ST1 - ST2/3)	5	46	£ 49.30	£ 2,575.74
Grand Total	130	908	£ 114.71	£ 93,330.68

Tables 5a,b,c,d - A

a. External agency bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical	20	164	£ 93.24	£ 15,210.38
Blaenau Gwent	11	83	£ 60.54	£ 4,994.48
Blaen-Y-Cwm Surg	57	441	£ 109.94	£ 48,476.33
Bryntirion Surgery	46	397	£ 101.80	£ 39,551.00
Caerphilly	5	38	£ 66.43	£ 2,491.13
Chepstow	16	120	£ 66.43	£ 7,971.60
County	1	16	£ 30.50	£ 488.00
Newport	3	48	£ 42.86	£ 2,400.16
NHH	76	687	£ 66.67	£ 48,204.74
RGH	171	1597	£ 52.71	£ 87,997.08
Talygarn	3	38	£ 42.00	£ 1,575.00
Tredegar Health Ce	80	572	£ 113.69	£ 60,453.00
YAB	8	60	£ 72.70	£ 4,362.00
YYF	52	487	£ 49.26	£ 21,804.41
STW	7	111	£ 66.43	£ 11,160.24
Nevill Hall Hospita	3	30	£ 76.00	£ 3,503.00
Grand Total	559	4886	£ 75.44	£ 360,642.54

b. External agency bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Blaenau Gwent	8	60	£ 62.38	£ 3,742.80
Chepstow	5	38	£ 66.43	£ 2,491.13
County	17	128	£ 69.75	£ 8,893.13
Monmouth	21	158	£ 68.18	£ 10,738.35
Newport	9	68	£ 107.32	£ 7,244.25
NHH	127	1077	£ 94.46	£ 94,528.33
RGH	230	2063	£ 95.30	£ 187,975.04
STC	21	158	£ 106.79	£ 16,819.43
Talygam	4	30	£ 55.00	£ 2,750.00
Tredegar Health Centre	9	55	£ 113.77	£ 5,875.91
YAB	11	83	£ 72.70	£ 5,997.75
YYF	43	323	£ 86.37	£ 27,855.00
Nevill Hall Hospital	14	130	£ 72.90	£ 9,351.66
Royal Gwent Hospital	21	196	£ 75.30	£ 14,481.95
Grand Total	540	4562	£ 90.62	£ 398,744.72

c. Ad hoc ADH bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical Practice	20	164	£ 93.24	£ 15,210.38
Blaen-Y-Cwm Surgery	57	441	£ 109.94	£ 48,476.33
Bryntirion Surgery	46	397	£ 101.80	£ 39,551.00
County	1	16	£ 30.50	£ 488.00
Newport	3	48	£ 42.86	£ 2,400.16
NHH	65	612	£ 62.47	£ 41,062.77
RGH	154	1476	£ 47.56	£ 76,014.71
Talygarn	3	38	£ 42.00	£ 1,575.00
Tredegar Health Centre	80	572	£ 113.69	£ 60,453.00
YYF	33	272	£ 39.37	£ 12,338.21
Nevill Hall Hospital	98	862	£ 50.51	£ 44,288.54
Royal Gwent Hospital	26	183	£ 48.73	£ 8,755.00
Grand Total	586	5079	£ 70.13	£ 350,613.10

d. Ad hoc ADH bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
NHH	30	200	£ 129.84	£ 21,425.24
RGH	18	121	£ 114.01	£ 10,915.00
Talygarn	1	8	£ 55.00	£ 687.50
Tredegar Health Centre	9	55	£ 113.77	£ 5,875.91
Nevill Hall Hospital	35	250	£ 106.89	£ 25,107.06
Royal Gwent Hospital	37	276	£ 112.03	£ 29,319.98
Grand Total	130	908	£ 114.71	£ 93,330.68

Tab 2.7 Medical Locum and Agency Cap Compliance Update

Table 6 – For the Ten highest paid individuals in the organisation

	Agency/Locum	Specialty	Reason	Grade	Hrly Rate Paid	Hours Worked	Sum of Total cost of shift
A1	Agency	Older adult services - mental health	Vacancy	Consultant	£ 115.00	157.50	£ 18,112.50
A2	Agency	Adult services - mental health	Vacancy	Consultant	£ 106.79	157.50	£ 16,819.43
A3	Agency	Care of the Elderly	Vacancy	Specialty Doctor	£ 101.99	158.00	£ 16,114.42
A4	Agency	Care of the Elderly	Vacancy	Specialty Doctor	£ 104.00	142.50	£ 14,820.00
A5	Locum	A&E	Vacancy	Specialty Doctor	£ 77.00	187.50	£ 14,437.50
A6	Agency	Ophthalmology	Vacancy	Consultant	£ 119.98	120.00	£ 14,397.60
A7	Agency	Ophthalmology	Vacancy	Consultant	£ 119.98	120.00	£ 14,397.60
A8	Agency	Ophthalmology	Vacancy	Consultant	£ 119.98	120.00	£ 14,397.60
A9	Agency	Ophthalmology	Vacancy	Consultant	£ 119.98	120.00	£ 14,397.60
A10	Agency	Ophthalmology	Vacancy	Consultant	£ 119.98	120.00	£ 14,397.60

Table 7 – For the Ten longest serving Agency individuals in the organisation

	Agency/Locum	Specialty	Reason	Grade	Location	Hrly Rate Paid	Hours Worked	Total Cost of Shift
A1	Agency	Ophthalmology	Vacancy	Consultant	RGH	£ 119.98	15	£ 1,799.70
A2	Agency	Ophthalmology	Vacancy	Consultant	RGH	£ 119.98	60	£ 7,198.80
A3	Agency	Older adult services - mental health	Vacancy	Consultant	YYF	£ 115.00	82.5	£ 9,487.50
A4	Agency	Ophthalmology	Vacancy	Consultant	RGH	£ 119.98	157.5	£ 18,896.85
A5	Agency	Ophthalmology	Vacancy	Consultant	RGH	£ 119.98	157.5	£ 18,896.85
A6	Agency	Ophthalmology	Vacancy	Consultant	RGH	£ 119.98	157.5	£ 18,896.85
A7	Agency	Adult services - mental health	Vacancy	Specialty Doctor	Monmouth	£ 66.43	82.5	£ 5,480.48
A8	Agency	General Medicine	Vacancy	Specialty Doctor	YYF	£ 66.43	144	£ 9,565.92
A9	Agency	Trauma & Orthopaedics	Vacancy	StL (CT/ST1 - ST2/3)	RGH	£ 60.00	50	£ 3,000.00
A10	Agency	Adult services - mental health	Vacancy	Consultant	STC	£ 97.22	75	£ 7,291.50

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

Table 8 - Increase in rates over previous 12 months - paying an individual more than they have been paid in the last 12 months has to be reported as a breach of the controls - Information not available

Table 9 – Name of off contract agencies used during the month	No off contract agencies have been used

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

November 2018 Data

November 2018

Tables 2a,b,c,d - A summary of the reasons for A&L usage

a. External agency bookings below the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	1	4	£ 50.00	£ 200.00
Exclusion (Suspension)	5	38	£ 69.75	£ 2,615.63
Maternity	1	15	£ 78.71	£ 1,180.65
Other - see comments	7	54	£ 91.71	£ 4,837.75
Reduced Duties	2	25	£ 57.05	£ 1,397.73
Sickness	39	442	£ 50.26	£ 22,819.58
Special Leave	4	50	£ 45.00	£ 2,250.00
Swap/Gap	4	54	£ 78.71	£ 4,250.34
Vacancy	485	4422	£ 81.50	£ 332,199.30
(blank)	29	229	£ 97.03	£ 21,927.00
Grand Total	577	5332	£ 79.77	£ 393,677.97

b. External agency bookings above the cap

Reason	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	4	16	£ 146.25	£ 2,340.00
Exclusion (Suspension)	17	128	£ 69.75	£ 8,893.13
Other - see comments	7	46	£ 114.64	£ 4,994.63
Sickness	11	96	£ 90.55	£ 7,541.06
Special Leave	8	60	£ 72.70	£ 4,362.00
Study Leave	5	34	£ 103.12	£ 3,043.15
Vacancy	532	4652	£ 87.23	£ 392,208.94
(blank)	5	26	£ 131.75	£ 3,235.00
Additional Activity	6	66	£ 68.60	£ 4,407.00
Restricted Duties	1	11	£ 62.11	£ 652.15
Grand Total	596	5133	£ 87.59	£ 431,677.05

c. Ad hoc ADH bookings below the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	18	156	£ 46.94	£ 6,656.55
Maternity	1	15	£ 78.71	£ 1,180.65
Other	2	17	£ 66.03	£ 1,013.12
Reduced Duties	2	25	£ 57.05	£ 1,397.73
Sickness	48	527	£ 49.07	£ 26,527.28
Special Leave	5	59	£ 44.00	£ 2,583.20
Study Leave	8	79	£ 47.50	£ 3,755.70
Swap/Gap	4	54	£ 47.50	£ 4,250.34
Vacancy	569	4931	£ 73.28	£ 338,273.90
Other	29	229	£ 97.03	£ 21,927.00
Establishment Shortfall	3	25	£ 97.07	£ 2,377.38
Additional Activity	1	11	£ 40.00	£ 420.00

d. Ad hoc ADH bookings above the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Annual Leave	7	44	£ 112.00	£ 4,169.50
Other	2	8	£ 146.25	£ 1,170.00
Sickness	7	48	£ 123.98	£ 5,786.39
Study Leave	3	17	£ 111.50	£ 1,532.85
Vacancy	52	427	£ 104.00	£ 41,694.01
Other	5	26	£ 131.75	£ 3,235.00
Perfect Weekend	1	6	£ 166.67	£ 1,000.02
Establishment Short	1	7	£ 166.67	£ 1,166.69
Grand Total	78	582	£ 111.27	£ 59,754.46

a. External agency bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Acute Medicine (on-call)	2	25	£ 57.05	£ 1,411.99
Adult services - mental health	28	245	£ 69.06	£ 15,980.51
Anaesthetics	28	321	£ 64.82	£ 20,510.00
Care of the Elderly	23	273	£ 75.06	£ 15,992.11
ENT	1	13	£ 60.00	£ 750.00
Frailty	15	113	£ 63.22	£ 7,111.88
General Medicine	97	829	£ 45.56	£ 35,604.36
General practice	250	1871	£ 110.34	£ 198,478.93
General Surgery	21	254	£ 52.07	£ 14,427.53
Obs & Gynae	35	211	£ 59.24	£ 16,542.00
Older adult services - men	5	38	£ 115.00	£ 4,312.50
Ophthalmology	1	16	£ 45.00	£ 720.00
Oral Surgery	20	360	£ 50.25	£ 18,120.00
Paediatrics	6	59	£ 45.76	£ 3,798.08
Pathology	7	128	£ 40.00	£ 5,120.00
Trauma & Orthopaedics	24	370	£ 62.70	£ 25,310.58
Urology	14	209	£ 41.07	£ 9,487.50
Grand Total	577	5332	£ 79.77	£ 393,677.97

b. External agency bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	43	403	£ 74.71	£ 29,567.25
Adult services - men	54	405	£ 83.06	£ 33,638.48
Care of the Elderly	33	248	£ 96.29	£ 23,830.88
ENT	11	138	£ 60.00	£ 8,250.00
Frailty	29	218	£ 65.69	£ 14,288.63
General Medicine	31	253	£ 52.38	£ 13,313.85
General practice	2	14	£ 111.50	£ 1,492.00
General Surgery	3	38	£ 78.36	£ 2,979.91
Neonates	1	13	£ 60.00	£ 741.65
Obs & Gynae	135	1187	£ 77.66	£ 86,867.81
Occupational Health	14	105	£ 144.00	£ 15,120.00
Older adult services	17	128	£ 115.00	£ 14,662.50
Ophthalmology	132	990	£ 119.98	£ 118,780.20
Paediatrics	60	555	£ 72.68	£ 39,621.78
Palliative Care	1	8	£ 94.95	£ 712.13
Trauma & Orthopaed	22	311	£ 62.95	£ 19,960.00
Urology	8	123	£ 61.25	£ 7,850.00
Grand Total	596	5133	£ 87.59	£ 431,677.05

c. Ad hoc ADH bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	185	1514	£ 48.42	£ 71,293.78
Acute Medicine (on-call)	2	25	£ 57.05	£ 1,411.99
Adult services - mental h	8	95	£ 42.11	£ 4,003.76
Anaesthetics	28	321	£ 64.82	£ 20,510.00
Care of the Elderly	9	168	£ 30.90	£ 5,182.08
General Medicine	97	829	£ 45.56	£ 35,604.36
General practice	250	1871	£ 110.34	£ 198,478.93
General Surgery	21	254	£ 52.07	£ 14,427.53
Obs & Gynae	35	211	£ 59.24	£ 16,542.00
Ophthalmology	1	16	£ 45.00	£ 720.00
Oral Surgery	20	360	£ 50.25	£ 18,120.00
Paediatrics	7	128	£ 40.00	£ 5,120.00
Pathology	8	78	£ 60.61	£ 6,350.34
Trauma & Orthopaedics	13	196	£ 40.00	£ 8,800.00
Urology	690	6124	£ 71.43	£ 410,362.85
Grand Total				

d. Ad hoc ADH bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
A&E	55	462	£ 104.85	£ 45,881.46
General Medicine	3	26	£ 85.65	£ 2,201.35
General practice	2	14	£ 111.50	£ 1,492.00
Neonates	1	13	£ 60.00	£ 741.65
Obs & Gynae	17	67	£ 139.53	£ 9,438.00
Grand Total	78	582	£ 111.27	£ 59,754.46

Tab 2.7 Medical Locum and Agency Cap Compliance Update

Tables 4a,b,c,d A

a. External agency bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	25	241	£ 39.96	£ 8,750.88
Consultant	94	1011	£ 74.41	£ 75,335.29
F2	3	19	£ 40.00	£ 760.00
GP	250	1871	£ 110.34	£ 198,478.93
Specialty Doctor	58	786	£ 59.91	£ 41,482.69
StH (ST3/4 - ST8)	38	453	£ 46.58	£ 23,069.35
StL (CT/ST1 - ST2/3)	99	877	£ 45.31	£ 41,304.58
StI (CT/ST1 -ST2/3)	10	75	£ 59.95	£ 4,496.25
Grand Total	577	5332	£ 79.77	£ 393,677.97

b. External agency bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	1	4	£ 146.25	£ 585.00
Consultant	207	1506	£ 117.85	£ 175,671.03
F2	14	159	£ 61.97	£ 9,822.01
GP	2	14	£ 111.50	£ 1,492.00
Specialty Doctor	78	602	£ 85.06	£ 50,998.80
StH (ST3/4 - ST8)	121	1159	£ 81.15	£ 93,732.48
StL (CT/ST1 - ST2/3)	166	1638	£ 58.44	£ 96,228.36
StI(CT/ST1 -ST2/3)	7	53	£ 59.95	£ 3,147.38
Grand Total	596	5133	£ 87.59	£ 431,677.05

c. Ad hoc ADH bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	25	241	£ 39.96	£ 8,750.88
Consultant	79	904	£ 65.22	£ 61,634.36
F2	30	227	£ 40.00	£ 8,793.20
GP	250	1871	£ 110.34	£ 198,478.93
Specialty Doctor	51	639	£ 53.30	£ 28,770.45
StH (ST3/4 - ST8)	92	873	£ 49.13	£ 42,955.00
StL (CT/ST1 - ST2/3)	162	1361	£ 42.84	£ 59,313.33
Consultant Session	1	10	£ 166.67	£ 1,666.70
Grand Total	690	6124	£ 71.43	£ 410,362.85

d. Ad hoc ADH bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Associate Specialist	1	4	£ 146.25	£ 585.00
Consultant	33	220	£ 150.45	£ 32,360.12
F2	9	83	£ 45.00	£ 3,727.35
GP	2	14	£ 111.50	£ 1,492.00
Specialty Doctor	16	122	£ 88.97	£ 10,208.98
StH (ST3/4 - ST8)	16	136	£ 91.63	£ 11,231.01
StL (CT/ST1 - ST2/3)	1	3	£ 50.00	£ 150.00
Grand Total	78	582	£ 111.27	£ 59,754.46

Tables 5a,b,c,d - A

a. External agency bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical Practice	25	203	£ 102.10	£ 20,663.79
Blaenau Gwent	10	75	£ 59.95	£ 4,496.25
Blaen-Y-Cwm Surgery	75	582	£ 111.71	£ 63,395.16
Bryntirion Surgery	53	475	£ 102.70	£ 47,124.00
Chepstow	6	62	£ 60.44	£ 3,223.13
County	6	54	£ 63.81	£ 3,161.71
Monmouth	5	38	£ 68.18	£ 2,556.75
Newport	6	54	£ 72.13	£ 3,610.01
NHH	76	773	£ 61.09	£ 53,615.88
RGH	163	1773	£ 51.79	£ 90,937.27
STC	5	38	£ 106.79	£ 4,004.63
Talygarn	7	79	£ 42.00	£ 3,318.00
Tredegar Health Centre	97	612	£ 115.59	£ 67,295.99
YYF	37	374	£ 54.42	£ 16,709.50
STW	6	144	£ 66.43	£ 9,565.92
Grand Total	577	5332	£ 79.77	£ 393,677.97

b. External agency bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Blaenau Gwent	12	90	£ 59.95	£ 5,395.50
Bryntirion Surgery	2	14	£ 111.50	£ 1,492.00
Chepstow	5	38	£ 73.95	£ 2,773.13
County	17	128	£ 69.75	£ 8,893.13
Monmouth	17	128	£ 68.18	£ 8,692.95
Newport	24	180	£ 97.94	£ 17,629.73
NHH	120	1049	£ 81.48	£ 81,548.77
RGH	312	2775	£ 91.15	£ 240,250.49
STC	16	120	£ 106.79	£ 12,814.80
YAB	8	60	£ 72.70	£ 4,362.00
YYF	23	170	£ 118.99	£ 20,055.50
RGH	1	13	£ 60.00	£ 741.65
Nevill Hall Hospital	13	112	£ 77.18	£ 8,558.90
Royal Gwent Hospital	26	259	£ 72.76	£ 18,468.51
Grand Total	596	5133	£ 87.59	£ 431,677.05

c. Ad hoc ADH bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical Practice	25	203	£ 102.10	£ 20,663.79
Blaen-Y-Cwm Surgery	75	582	£ 111.71	£ 63,395.16
Bryntirion Surgery	53	475	£ 102.70	£ 47,124.00
Chepstow	1	24	£ 30.50	£ 732.00
County	1	16	£ 34.13	£ 546.08
Newport	1	16	£ 42.86	£ 685.76
NHH	72	746	£ 57.89	£ 50,188.38
RGH	142	1533	£ 47.72	£ 73,195.42
Talygarn	7	79	£ 42.00	£ 3,318.00
Tredegar Health Centre	97	612	£ 115.59	£ 67,295.99
YYF	32	336	£ 44.96	£ 12,397.00
Nevill Hall Hospital	129	1033	£ 48.15	£ 48,417.60
Royal Gwent Hospital	55	471	£ 49.11	£ 22,403.68
Grand Total	690	6124	£ 71.43	£ 410,362.85

d. Ad hoc ADH bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly Rate	Total Costs (without on costs for Internal Locum)
Bryntirion Surgery	2	14	£ 111.50	£ 1,492.00
NHH	9	46	£ 134.02	£ 5,748.35
RGH	9	35	£ 135.22	£ 4,818.00
YYF	2	12	£ 102.88	£ 1,073.00
RGH	1	13	£ 60.00	£ 741.65
Nevill Hall Hospital	29	242	£ 91.61	£ 20,213.04
Royal Gwent Hospital	26	220	£ 119.63	£ 25,668.42
Grand Total	78	582	£ 111.27	£ 59,754.46

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Tab 2.7 Medical Locum and Agency Cap Compliance Update

October 2018 Data

October 2018

Tables 2a,b,c,d - A summary of the reasons for A&L usage

a. External agency bookings below the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Exclusion (Suspension)	5	38	£ 69.75	£ 2,615.63
Annual Leave	39	257	£ 70.85	£ 15,458.00
Maternity	2	30	£ 78.71	£ 2,361.30
Other - see comments	26	183	£ 80.69	£ 14,880.00
Sickness	38	418	£ 51.57	£ 19,945.44
Special Leave	8	95	£ 45.00	£ 4,252.50
Study Leave	14	99	£ 62.58	£ 4,907.00
Swap/Gap	5	77	£ 65.23	£ 4,981.95
Vacancy	615	5067	£ 61.74	£ 382,024.78
Grand Total	752	6261	£ 77.01	£ 451,426.60

b. External agency bookings above the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Annual Leave	29	189	£ 77.27	£ 13,445.50
Exclusion (Suspension)	18	135	£ 69.75	£ 9,416.25
Other - see comments	10	57	£ 124.12	£ 6,911.08
Special Leave	28	230	£ 72.31	£ 16,586.00
Study Leave	1	4	£ 146.25	£ 585.00
Swap/Gap	3	27	£ 60.00	£ 1,620.00
Vacancy	647	5485	£ 74.88	£ 459,774.51
Weekend - Perfect Weekend	5	30	£ 161.00	£ 4,830.00
Other	4	16	£ 157.63	£ 2,522.00
Grand Total	745	6173	£ 86.46	£ 515,690.34

c. Ad hoc ADH bookings below the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Leave - Study Leave	2	16	£ 78.50	£ 1,182.00
Annual Leave	39	257	£ 70.85	£ 15,458.00
Maternity	2	30	£ 78.71	£ 2,361.30
Other - see comments	13	82	£ 51.92	£ 4,435.00
Sickness	38	418	£ 51.57	£ 19,945.44
Special Leave	8	95	£ 45.00	£ 4,252.50
Study Leave	12	83	£ 46.67	£ 3,725.00
Swap/Gap	5	77	£ 65.23	£ 4,981.95
Vacancy	526	4337	£ 62.16	£ 337,544.45
Other	13	101	£ 109.46	£ 10,445.00
Grand Total	658	5494	£ 79.23	£ 404,330.64

d. Ad hoc ADH bookings above the cap

Reasons	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
A/L	17	99	£ 104.54	£ 8,945.50
Other - see comments	9	49	£ 129.13	£ 6,279.08
Study Leave	1	4	£ 146.25	£ 585.00
Vacancy	20	162	£ 79.57	£ 11,840.94
Weekend - Perfect Weekend	5	30	£ 161.00	£ 4,830.00
Other	4	16	£ 157.63	£ 2,522.00
Grand Total	56	360	£ 109.71	£ 35,002.52

Tables 3a,b,c,d - A summary of the

a. External agency bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
A&E	166	1319	£ 50.47	£ 64,598.32
Acute Medicine (on-call)	1	7	£ 45.00	£ 315.00
Adult services - mental health	36	273	£ 64.88	£ 18,653.30
Anaesthetics	28	346	£ 68.50	£ 22,820.00
Care of the Elderly	16	224	£ 20.51	£ 5,797.60
ENT	4	41	£ 55.00	£ 2,390.00
Frailty	5	38	£ 69.75	£ 2,615.63
General Medicine	126	1010	£ 51.51	£ 50,570.00
General practice	284	2114	£ 116.30	£ 235,005.07
General Surgery	15	181	£ 51.74	£ 9,661.95
Obs & Gynae	37	250	£ 63.06	£ 16,662.00
Older adult services - mental health	1	8	£ 115.00	£ 862.50
Ophthalmology	2	32	£ 45.00	£ 1,440.00
Oral Surgery	2	30	£ 45.00	£ 1,350.00
Paediatrics	9	86	£ 47.01	£ 3,963.29
Pathology	5	96	£ 40.00	£ 3,840.00
Trauma & Orthopaedics	5	77	£ 71.23	£ 5,461.95
Urology	9	128	£ 40.00	£ 5,120.00
Other	1	4	£ 75.00	£ 300.00

b. External agency bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
A&E	54	404	£ 87.57	£ 34,000.63
Adult services - mental health	90	704	£ 76.09	£ 52,722.59
Anaesthetics	1	5	£ 140.00	£ 700.00
Care of the Elderly	74	556	£ 94.05	£ 52,981.05
ENT	12	124	£ 60.00	£ 7,440.00
Frailty	41	308	£ 64.25	£ 19,757.63
General Medicine	45	367	£ 50.06	£ 18,380.20
General Surgery	5	64	£ 79.83	£ 5,114.23
Obs & Gynae	146	1295	£ 77.73	£ 93,474.14
Occupational Health	10	75	£ 144.00	£ 10,800.00
Older adult services - mental health	22	165	£ 115.00	£ 18,975.00
Ophthalmology	138	1035	£ 119.98	£ 124,179.30
Paediatrics	69	629	£ 76.07	£ 47,503.67
Palliative Care	6	45	£ 94.95	£ 4,272.75
Pathology	1	16	£ 40.00	£ 640.00
Trauma & Orthopaedics	27	338	£ 64.31	£ 21,867.16
Urology	3	38	£ 60.00	£ 2,250.00
Other	1	8	£ 79.00	£ 632.00
Grand Total	745	6173	£ 86.46	£ 515,690.34

c. Ad hoc ADH bookings below the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
A&E	161	1276	£ 50.47	£ 62,472.88
Acute Medicine (on-call)	1	7	£ 45.00	£ 315.00
Adult services - mental health	4	33	£ 42.43	£ 2,407.40
Anaesthetics	28	346	£ 68.50	£ 22,820.00
Care of the Elderly	16	224	£ 20.51	£ 5,797.60
ENT	1	4	£ 40.00	£ 140.00
General Medicine	80	628	£ 48.87	£ 29,030.23
General practice	284	2114	£ 116.30	£ 235,005.07
General Surgery	15	181	£ 51.74	£ 9,661.95
Obs & Gynae	37	250	£ 63.06	£ 16,662.00
Ophthalmology	2	32	£ 45.00	£ 1,440.00
Oral Surgery	2	30	£ 45.00	£ 1,350.00
Paediatrics	8	81	£ 45.76	£ 3,706.56
Pathology	5	96	£ 40.00	£ 3,840.00
Trauma & Orthopaedics	4	61	£ 70.28	£ 4,261.95
Urology	9	128	£ 40.00	£ 5,120.00
Other	1	4	£ 75.00	£ 300.00
Grand Total	658	5494	£ 79.23	£ 404,330.64

d. Ad hoc ADH bookings above the cap

Specialty	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
A&E	32	229	£ 95.68	£ 20,842.08
Adult services - mental health	4	39	£ 60.54	£ 2,180.44
Anaesthetics	1	5	£ 140.00	£ 700.00
Obs & Gynae	18	72	£ 147.78	£ 10,640.00
Pathology	1	16	£ 40.00	£ 640.00
Grand Total	56	360	£ 109.71	£ 35,002.52

Tab 2.7 Medical Locum and Agency Cap Compliance Update

Tables 4a,b,c,d A summary of

a. External agency bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Associate Specialist	15	168	£ 23.98	£ 4,984.02
Consultant	103	906	£ 72.86	£ 64,567.13
GP	284	2114	£ 116.30	£ 235,005.07
Specialty Doctor	93	804	£ 58.61	£ 44,933.71
StH (ST3/4 - ST8)	58	555	£ 51.19	£ 27,870.39
StL (CT/ST1 - ST2/3)	199	1714	£ 43.21	£ 74,066.29
Grand Total	752	6261	£ 77.01	£ 451,426.60

b. External agency bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Consultant	262	1904	£ 118.34	£ 222,165.54
Specialty Doctor	103	773	£ 78.69	£ 60,827.60
StH (ST3/4 - ST8)	145	1312	£ 80.25	£ 104,728.55
StL (CT/ST1 - ST2/3)	222	2088	£ 58.05	£ 122,123.52
Stl(CT/ST1-ST2/3)	13	98	£ 59.95	£ 5,845.13
Grand Total	745	6173	£ 86.46	£ 515,690.34

c. Ad hoc ADH bookings below the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Associate Specialist	15	168	£ 23.98	£ 4,984.02
Consultant	101	891	£ 72.11	£ 62,903.70
GP	284	2114	£ 116.30	£ 235,005.07
Specialty Doctor	34	337	£ 44.54	£ 13,753.18
StH (ST3/4 - ST8)	54	519	£ 50.42	£ 25,500.86
StL (CT/ST1 - ST2/3)	170	1466	£ 42.52	£ 62,183.81
Grand Total	658	5494	£ 79.23	£ 404,330.64

d. Ad hoc ADH bookings above the cap

Grade	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Consultant	30	163	£ 145.15	£ 21,495.84
Specialty Doctor	3	23	£ 66.43	£ 1,494.68
StH (ST3/4 - ST8)	15	118	£ 75.20	£ 8,767.00
StL (CT/ST1 - ST2/3)	8	57	£ 57.75	£ 3,245.00
Grand Total	56	360	£ 109.71	£ 35,002.52

Tables 5a,b,c,d - A summary of

a. External agency bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical Practice	32	259	£ 101.75	£ 26,189.12
Blaen-Y-Cwm Surgery	97	750	£ 115.76	£ 84,569.88
Bryntirion Surgery	57	454	£ 124.82	£ 51,405.00
Caerphilly	12	90	£ 66.43	£ 5,978.70
Chepstow	19	143	£ 66.43	£ 9,466.28
County	5	38	£ 69.75	£ 2,615.63
Newport	2	16	£ 42.86	£ 1,714.40
NHH	176	1625	£ 54.62	£ 86,972.65
RGH	208	1807	£ 49.67	£ 87,213.51
STC	1	8	£ 106.79	£ 800.93
Talygarn	2	17	£ 42.00	£ 693.00
Tredegar Health Centre	98	653	£ 116.62	£ 72,841.07
YYF	43	405	£ 52.39	£ 20,966.44

b. External agency bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Blaenau Gwent	23	173	£ 59.95	£ 10,341.38
Caerphilly	4	30	£ 66.43	£ 1,992.90
Chepstow	1	8	£ 66.43	£ 498.23
County	18	135	£ 69.75	£ 9,416.25
Monmouth	23	173	£ 68.46	£ 11,809.80
Newport	34	264	£ 86.39	£ 22,394.06
NHH	200	1671	£ 87.28	£ 139,220.27
RGH	354	3048	£ 88.92	£ 260,018.11
STC	22	165	£ 106.79	£ 17,620.35
YAB	24	180	£ 72.70	£ 13,086.00
YYF	26	188	£ 119.52	£ 22,299.00
Newport	12	90	£ 50.00	£ 4,500.00
Talygarn	4	50	£ 50.00	£ 2,500.00

c. Ad hoc ADH bookings below the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Aberbeeg Medical Practice	32	259	£ 101.75	£ 26,189.12
Blaen-Y-Cwm Surgery	97	750	£ 115.76	£ 84,569.88
Bryntirion Surgery	57	454	£ 124.82	£ 51,405.00
Newport	2	16	£ 42.86	£ 1,714.40
NHH	170	1578	£ 54.73	£ 84,590.48
RGH	181	1570	£ 49.86	£ 75,343.67
Talygarn	2	17	£ 42.00	£ 693.00
Tredegar Health Centre	98	653	£ 116.62	£ 72,841.07
YYF	19	200	£ 32.09	£ 6,984.02
Grand Total	658	5494	£ 79.23	£ 404,330.64

d. Ad hoc ADH bookings above the cap

Location	No of Individuals / Bookings	Hours Worked	Avg Hourly	Total Costs (without on costs for Internal Locum)
Caerphilly	3	23	£ 66.43	£ 1,494.68
Newport	1	16	£ 42.86	£ 685.76
NHH	30	178	£ 121.58	£ 19,858.50
RGH	20	136	£ 98.23	£ 11,805.58
YYF	2	8	£ 144.75	£ 1,158.00
Grand Total	56	360	£ 109.71	£ 35,002.52

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Tab 2.8 Committee Risk Register

	Finance and Performance Committee 21st February 2019 Agenda Item: 2.8	**2.8**

Aneurin Bevan University Health Board

COMMITTEE RISK REPORT

Executive Summary	
This paper provides an overview of the profile of the current risks for which the Finance and Performance Committee are responsible for monitoring as at the end of December 2018. The risk profile of the Health Board is continuing to be revised and reworked.	
The Finance and Performance Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	
Executive Sponsor: Glyn Jones, Director of Finance and Performance	
Report Author: Kay Barrow, Acting Head of Corporate Governance	
Report Received consideration and supported by :	

Executive Team	✓	**Committee of the Board [Committee Name]**	

Date of the Report: 14th February 2019
Supplementary Papers Attached: 1 - Risk Dashboard

Purpose of the Report
This report is provided for assurance purposes to highlight for the Committee the risks that are assessed as the key risks to the Finance and Performance Committee and the Health Board's successful achievement of our strategic objectives within the IMTP.

Background and Context
Risk management is a process to ensure that the Health Board is focusing on and managing risks that might arise in the future. Also, in situations where there are continuing levels of inherent risk within current issues that the organisation or in our partnership work is being responded to. Active risk management is happening every day throughout all sites and services of the Health Board. Nevertheless, the Health Board's risk management system and reporting also seeks to ensure that the Board is aware, engaged and assured about the ways in which risks are being identified, managed and responded to across the organisation and our areas of responsibility.

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Tab 2.8 Committee Risk Register

2.8

The strategic risks referenced within this report have been identified through work by the Board, Committees, Executive Team and items reported through the Health Board's management structures with regard to the implementation of the IMTP, for which the Finance and Performance Committee have oversight.

Table from the updated Risk Management Strategy – January 2017

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

2.   Finance and Performance Risk Register and Dashboard Report

As outlined above, the dashboard reports are generated from the Health Board's Corporate Risk Register. The reports seek to provide in-overview:

- The key risks for which the Finance and Performance Committee has responsibility;

- The current profile of risks in that strategic objective area and their potential impact;

- Whether risks have worsened, remained unchanged or had been mitigated since the last assessment;

- Historical context of each risk i.e. how long it has been at its level on the Corporate Risk Register;

- The report will also show any risks that have been withdrawn in the last reporting period or whether there are new risks.

The risks for the purposes of the dashboards have been summarised to make them more accessible to the Committee.

The detail of the risks, their assessment, controls and mitigating actions continue to be expressed within the full Corporate Risk Register, which is presented to the Audit Committee at each meeting.

There are currently 7 risks on the Finance and Performance Risk Register. These are broken down by the following levels of risk severity.

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Tab 2.8 Committee Risk Register

Risk By Severity	
Extreme (20-25)	2
High (12-16)	4
Moderate (4-11)	1
Low (1-3)	0

Severity of Risk

- Extreme (20-25)
- High (12-16)
- Moderate (4-11)
- Low (1-3)

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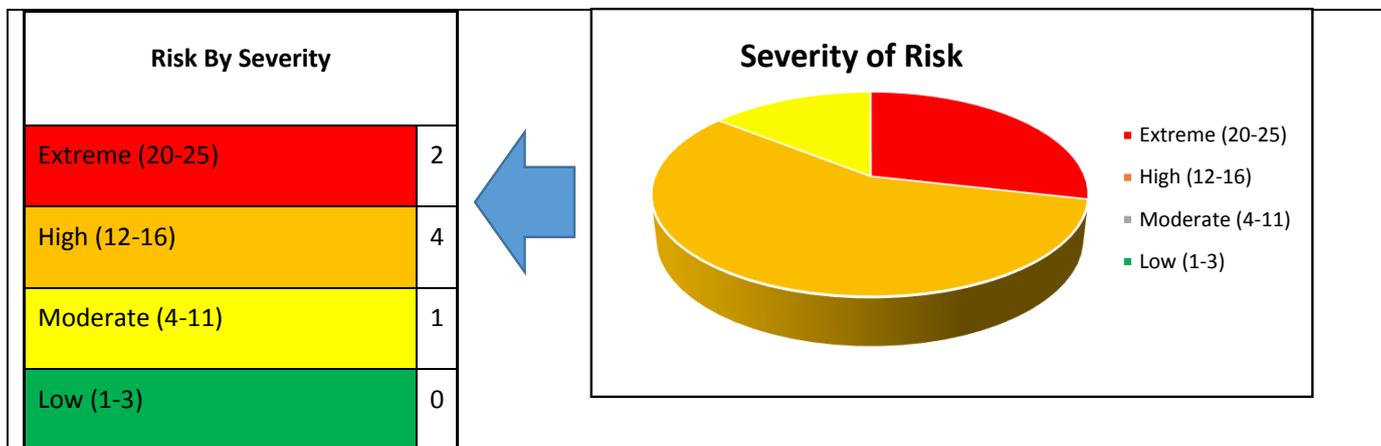
In relation to the changes to the assessed risks since the last report, the following changes have been made:

Risks with a Reduced Score:

- **Risk:** Failure to achieve financial balance at the end of 2018/19. This risk score has been reduced to reflect the Month 7 reported financial position.

Risk with an Increased Score:
- There were no risks assessed as having an increased score in the last month.

New Risks
- There were no new risks assessed in the last month.

Assessment and Conclusion
This paper provides an overview of risks as at the end of December 2018.

Recommendation
The Finance and Performance Committee is asked to consider this report and note the identified risks as the current strategic risks for the Health Board as at the end of December 2018.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework.
Financial Assessment, including Value for Money	There may be financial consequences of individual risks however there is no direct financial impact associated with this report.
Quality, Safety and Patient Experience Assessment	Impact on quality, safety and patient experience are highlighted within the individual risks contained within this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no specific equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the risks outlined in the register.

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Tab 2.8 Committee Risk Register

Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards for Wales.
Link to Integrated Medium Term Plan/Corporate Objectives	The risks against delivery of key priorities in the IMTP, will be outlined as specific risks on the risk register.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to this specific report, however WBFGA considerations are included within the consideration of individual risks.
Glossary of New Terms	None
Public Interest	Report to be published.

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Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Enabler Risks Associated with Delivery of IMTP
KEY THEME ACTIONS:	• No specific SCPs – these areas overarch and underpin the IMTP
These areas are not directly associated with SCPs, but will if mitigated, facilitate the delivery of the plan.	

RISK PROFILE REPORT

Impact / Likelihood matrix showing:
- Impact 5: value **1** (orange cell)
- Impact 4: value **1** (orange cell)
- Impact 3: value **1** (yellow cell)

Key:

⬆ = Risk Worsened

▭ = Risk Unchanged

⬇ = Risk Mitigated

Description of Risk and Action and if Risk Mitigated, Unchanged or Worsened Since Last Assessment

15
Since April 2018

RISK: Failure to implement and deliver the priorities in the IMTP
IMPACT: The Health Board will not be meeting its objectives to respond to assessed population needs and Welsh Government Targets.
ACTION: Monitoring of performance through divisional structures and Board oversight via Finance and Performance Committee continues and detailed plans have been developed. Delivery Framework has been adopted by the Executive Board in July 2018.
OWNER: Director of Planning, Digital and IT
OVERSIGHT: Executive Team and Finance and Performance Committee

12
Since Nov 2018

RISK: Failure to achieve financial balance at end of 2018/19
ACTION: Funding confirmed by Welsh Government as part of IMTP approval. Focus required on delivering actions to manage residual financial risk and delivering performance targets required to retain Welsh Government performance funding (£3.1m).
IMTP Delivery Framework and Divisional Assurance meetings in place which will incorporate implementation of savings plans and delivery of service and workforce plans within available resources.
OWNER: Chief Executive and Director of Finance and Performance
OVERSIGHT: Finance and Performance Committee and Board

Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

9 **Since Sept 2018**	**RISK**: Risk of insufficient capacity and resources to deliver the planned Clinical Futures Programme. **IMPACT**: The delivery timetable could be compromised and the quality of the design work and engagement could be affected. **ACTION**: Programme Management arrangements have been put in place, areas of work being prioritised and additional funding sought from Welsh Government. Additional roles have been identified and appointed to over the last period. **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Finance and Performance Committee

Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Improving access and flow and reducing waits (SCP 5 & 6)
KEY THEME ACTIONS:	• SCP 5 – Urgent and Emergency Care • SCP 6 – Planned Care

To develop coherent, co-ordinated, high quality urgent and emergency care that works seven days a week, and where possible 24 hours a day. In accordance with patient expectations whilst delivering the best clinical outcomes. To secure improvements in efficiency and productivity that in combination with prudent healthcare, will improve access and deliver high quality, affordable and sustainable services.

RISK PROFILE REPORT

(Impact vs Likelihood matrix: a "1" in cell Impact 5 / Likelihood 3, and a "1" in cell Impact 5 / Likelihood 4)

20 Updated Dec 2018

RISK: Failure to meet the needs of the local people in relation to emergency care provision including WAST provision.
IMPACT: Not meeting Welsh Government targets and patients will not receive services they require in a timely way.
ACTION: Ongoing monitoring is provided on a weekly basis at meetings with the Divisions and through the Urgent Care Board. New models of care have been introduced. Winter Plan being implemented and being monitored. Turnaround Team in place identifying quick and sustainable change opportunities across the urgent care pathway.
OWNER: Director of Operations
OVERSIGHT: Finance and Performance Committee

Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

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Since March 2017

RISK: Failure to efficiently manage out-patient demand and modernise outpatient services.
IMPACT: Patients undertake unnecessary journeys to hospital, Inappropriate use of capacity and delays which could result in patient harm due to delayed follow-up.
ACTION: Review of out-patient transformation approach with proposed clinically led model will be presented to the next Planned Care Programme Board. Response developed to WAO Report into delayed follow-ups.
OWNER: Director of Operations
OVERSIGHT: Finance and Performance Committee
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Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

IMTP STRATEGIC OBJECTIVE:	Service Sustainability (SCP 7)
KEY THEME ACTIONS:	• SCP 7 – Service Sustainability

To ensure that the Health Board focuses on the transition of services that are fragile and present sustainability issues over the next three years and in particular in advance of the SCCC.

RISK PROFILE REPORT

Likelihood

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Revised Dec 2018

RISK: Failure to recruit and retain appropriately skilled staff and senior leadership to deliver high quality care.

IMPACT: Negative impact on patient care and service delivery due to lack of skilled workforce, low staff morale, increased sickness and turnover.

ACTION: Plans in place to maximise recruitment and increase retention in all identified areas including registered nurses and medical staff. Overseas recruitment of nurses and doctors has been successful however, some current delays in meeting the requirements for NMC registration. Plans in place to maximise recruitment in all identified areas to minimise risk both locally and in line with all Wales campaigns such as Train, Work, Live and Student Streamlining for registered nurses.

OWNER: Director of Workforce and OD, Acting Director of Nursing, Medical Director and Director of Therapies and Health Science

OVERSIGHT: Finance and Performance Committee

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Tab 2.8 Committee Risk Register

Corporate Risk Dashboard Report as at end of December 2018

16 **Since May 2018**	**RISK**: Insufficient levels of capital funding for estate requirements **IMPACT**: Health Board will be unable to meet the levels of refurbishment required for Health Board to meet its plans **ACTION**: Detailed capital programme that is regularly re-prioritised by the Executive Team. Opportunities maximised with regular dialogue with Welsh Government. Sustainability challenges regarding imaging and informatics priorities are a particularly concern. Issue escalated to Directors of Planning and Chief Executives. Comprehensive Estates Strategy in development **OWNER**: Director of Planning, Digital and IT **OVERSIGHT**: Finance and Performance Committee

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