



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Princess of Wales Financial Review

Q1 2018/2019

- **Section 1:** Summary Financial Position Q1
- **Section 2:** Deep Dive Focus
- **Section 3:** Pressures by Service Groups:
 - Section 3.1: Surgery
 - Section 3.2: CSS
 - Section 3.3: Emergency Care
 - Section 3.4: Medicine
- **Section 4:** Sickness POW Unit
- **Section 5:** Summary Actions for POW Unit
- **Section 6:** Actions Require HB Approval
- **Appendix 1:** Sickness by Cost Centre

Section 1: Summary Financial Position End Q1

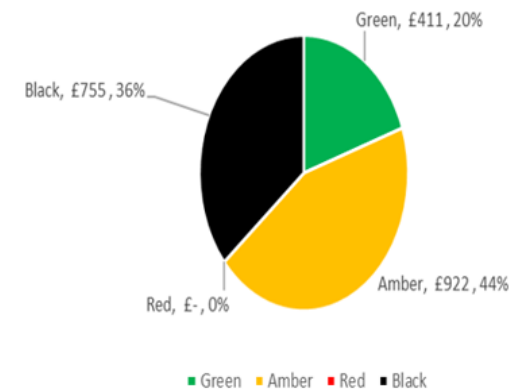
1.

Financial Position: End Q1

	YTD
	£'000
Budget	25,701
Actual	26,498
Variance Deficit	797

3.

POW CIP Delivery @ End Q1 Adjusted Target 2018/2019 = £2.008m



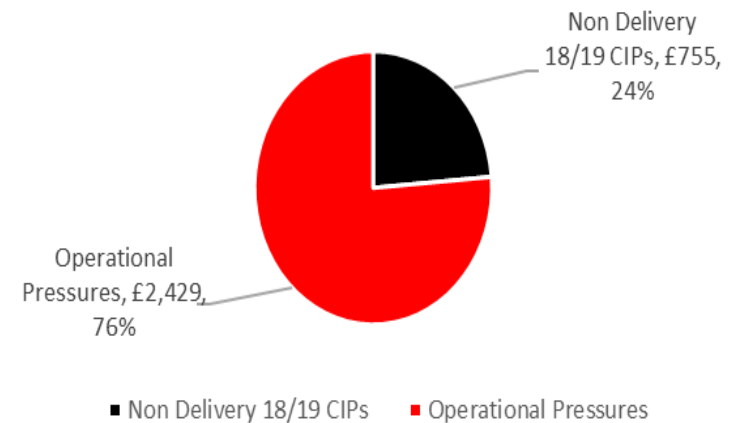
2.

2018/2019 Forecast: End Q1

	£'000
Original Forecast	3,814
Removal Savings Contribution:	
- Workforce Resizing	- 268
- Reducing Waste, Harm and Variation	- 362
Revised Forecast Deficit	3,184

4.

Breakdown Financial Forecast 18/19 £3.184m



Section 2: Deep Dive Focus

With the financial challenge for 2018/2019 faced by POW SDU dominated by increased operational spend the focus of the deep dives has been on identifying where actual spend has increased from 17/18 levels compared to Q1 18/19. The table below demonstrates how this work was undertaken:

Comparison Actual Spend Trends 17/18 & 18/19

	Period	Period	Period	Period	Period	Period	Period	Period	Period	Period	Period	Period	Total	Period	Period	Period	Total	Mthly	Mthly	Mth 1	Mth 2	Mth 3	Mth 1	Mth 2	Mth 3
	P01-18	P02-18	P03-18	P04-18	P05-18	P06-18	P07-18	P08-18	P09-18	P10-18	P11-18	P12-18		P01-19	P02-19	P03-19		17/18	18/19	17/18 Av	17/18 v	17/18 Av	18/19 v	18/19 v	18/19 v
INCOME FROM ACTIVITIES	350,538	366,024	422,149	438,598	277,391	335,958	511,939	332,461	337,258	323,366	268,126	304,991	4,268,798	368,823	379,012	378,597	1,126,432	355,733	375,477	13,090	23,279	22,864	6,654	3,534	3,120
OTHER OPERATING INCOME	42,431	39,258	39,411	37,845	27,561	41,667	44,234	53,728	39,906	46,515	51,803	35,508	499,866	51,919	53,910	55,877	161,707	41,655	53,902	10,264	12,255	14,222	1,983	8	1,975
TOTAL INCOME	392,968	405,282	461,560	476,443	304,952	377,624	556,173	386,189	377,164	369,881	319,929	340,499	4,768,663	420,742	432,922	434,475	1,288,139	397,389	429,380	23,354	35,534	37,086	8,637	3,542	5,095
ADMINISTRATIVE & CLERICAL	544,807	544,722	602,114	553,216	572,600	561,354	558,443	554,206	560,789	556,295	565,519	566,376	6,740,442	569,955	580,887	567,889	1,718,731	561,704	572,910	8,252	19,183	6,185	2,955	7,976	5,022
MEDICAL AND DENTAL	2,618,654	2,703,825	2,697,618	2,748,187	2,737,791	2,688,983	2,603,201	2,644,580	2,817,885	2,627,856	2,707,283	2,810,184	32,406,048	2,714,776	2,813,061	2,814,838	8,342,676	2,700,604	2,780,892	14,272	112,557	114,335	66,116	32,169	33,946
NURSING AND MIDWIFERY REGISTERED	2,667,093	2,507,134	2,587,113	2,607,251	2,537,322	2,570,254	2,579,570	2,585,677	2,544,260	2,646,498	2,657,721	2,613,209	31,103,103	2,576,896	2,637,441	2,695,791	7,910,127	2,591,921	2,609,009	15,029	45,515	103,865	59,813	731	59,082
ADD PROF SCIENTIFIC AND TECHNICAL	117,588	119,277	128,929	123,222	128,240	135,824	133,287	134,106	138,838	140,126	136,810	137,201	1,573,449	148,997	137,570	141,786	428,352	148,997	137,570	17,876	6,449	10,665	6,213	5,214	998
ADDITIONAL CLINICAL SERVICES	719,343	729,747	759,035	730,707	718,402	737,084	708,443	697,348	706,508	747,478	776,415	757,388	8,787,898	721,360	751,391	813,195	2,285,946	721,360	751,391	10,965	19,066	80,870	40,622	10,591	51,213
ALLIED HEALTH PROFESSIONALS	408,602	430,006	420,691	429,046	422,295	437,726	449,042	446,294	428,462	448,652	455,706	452,711	5,229,234	395,316	400,467	403,534	1,200,317	435,769	399,772	40,453	35,302	32,236	4,456	695	3,761
HEALTHCARE SCIENTISTS	66,603	67,127	62,469	65,266	66,324	74,462	67,310	73,629	74,066	76,898	71,928	71,869	837,950	74,617	68,462	68,462	211,978	69,829	70,659	4,788	1,367	930	3,957	2,197	1,760
ESTATES AND ANCILLARY	19,058	26,370	34,000	27,783	25,107	20,467	20,506	20,868	21,416	25,456	19,558	22,732	283,321	22,320	19,558	22,732	67,940	23,610	22,647	1,291	7,376	5,776	327	6,412	6,740
STUDENTS	-	-	-	-	-	-	-	19	-	-	-	-	19	-	-	-	-	2	2	2	2	2	2	2	2
TOTAL PAY	7,161,748	7,128,208	7,291,970	7,284,678	7,208,082	7,226,154	7,119,803	7,156,728	7,292,225	7,269,260	7,390,941	7,431,670	86,961,465	7,405,513	7,535,318	7,265,068	21,665,068	7,246,787	7,388,356	22,550	158,726	288,531	164,119	17,157	146,962
CLINICAL SERVICE & SUPPLIES	1,499,794	1,579,206	1,560,285	1,595,387	1,366,081	1,391,630	1,523,531	1,570,906	1,495,428	1,585,983	1,534,675	1,534,675	18,726,150	1,603,226	1,634,745	1,597,548	4,835,519	1,560,519	1,611,840	42,713	74,233	37,035	8,614	22,906	14,292
GENERAL SUPPLIES & SERVICES	58,899	46,178	50,963	65,444	43,921	60,185	51,887	43,581	44,702	63,813	50,604	50,604	608,571	40,540	48,593	44,923	134,056	50,714	50,714	10,174	2,121	5,791	4,145	3,908	237
ESTABLISHMENT EXPENSES	60,678	49,875	62,357	69,872	45,850	63,081	65,618	55,666	47,636	69,541	69,541	30,170	688,809	52,309	55,070	53,431	160,810	52,309	55,070	5,092	2,330	3,970	1,294	1,467	173
PREMISES & FIXED PLANT	33,916	20,490	26,469	28,071	33,705	2,596	18,388	10,915	14,579	27,752	20,335	126,678	363,895	23,708	32,745	17,717	74,169	23,708	32,745	6,617	2,420	12,608	1,015	8,022	7,006
PURCHASE OF HEALTH CARE SERVICES	1,361	-	-	-	13,421	3,878	62,656	73,947	20,356	-	-	311,969	607,128	0	-	0	-	50,594	50,594	50,594	50,594	50,594	0	-	0
EXTERNAL CONTRACT	76	-	51	-	-	-	-	-	-	1,318	5,182	7,000	13,475	-	-	3,000	6,000	1,123	1,000	1,123	1,123	1,877	1,000	1,000	2,000
MISCELLANEOUS SERVICES	50,051	54,831	64,921	55,938	-	-	-	52,617	-	53,844	66,385	91,317	707,401	60,812	50,001	50,001	174,147	58,950	58,049	1,861	8,949	4,384	2,763	8,048	5,285
SERVICES FROM OTHER NHS BODIES	76,743	81,043	78,001	-	-	-	-	73,791	79,791	79,384	77,879	-	947,626	79,272	80,524	80,524	239,122	78,969	79,707	303	1,556	356	435	817	382
PRIMARY & SECONDARY CARE	-	-	-	-	-	-	-	-	1,550	-	-	-	1,550	-	-	-	-	129	129	129	129	129	129	129	129
TOTAL NON-PAY	1,781,367	1,831,624	1,843,047	-	-	-	-	754,434	2,003,132	1,825,029	2,696,649	-	22,664,604	1,859,000	1,879,679	1,859,278	5,620,823	1,888,588	1,873,608	28,722	13,092	29,310	13,742	28,072	14,330
REPORT TOTAL	8,550,146	8,554,551	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,550,146	8,554,551	8,677,034	8,677,034	8,550,146	8,554,551	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034	8,677,034

Summary Pay Pressure Areas:

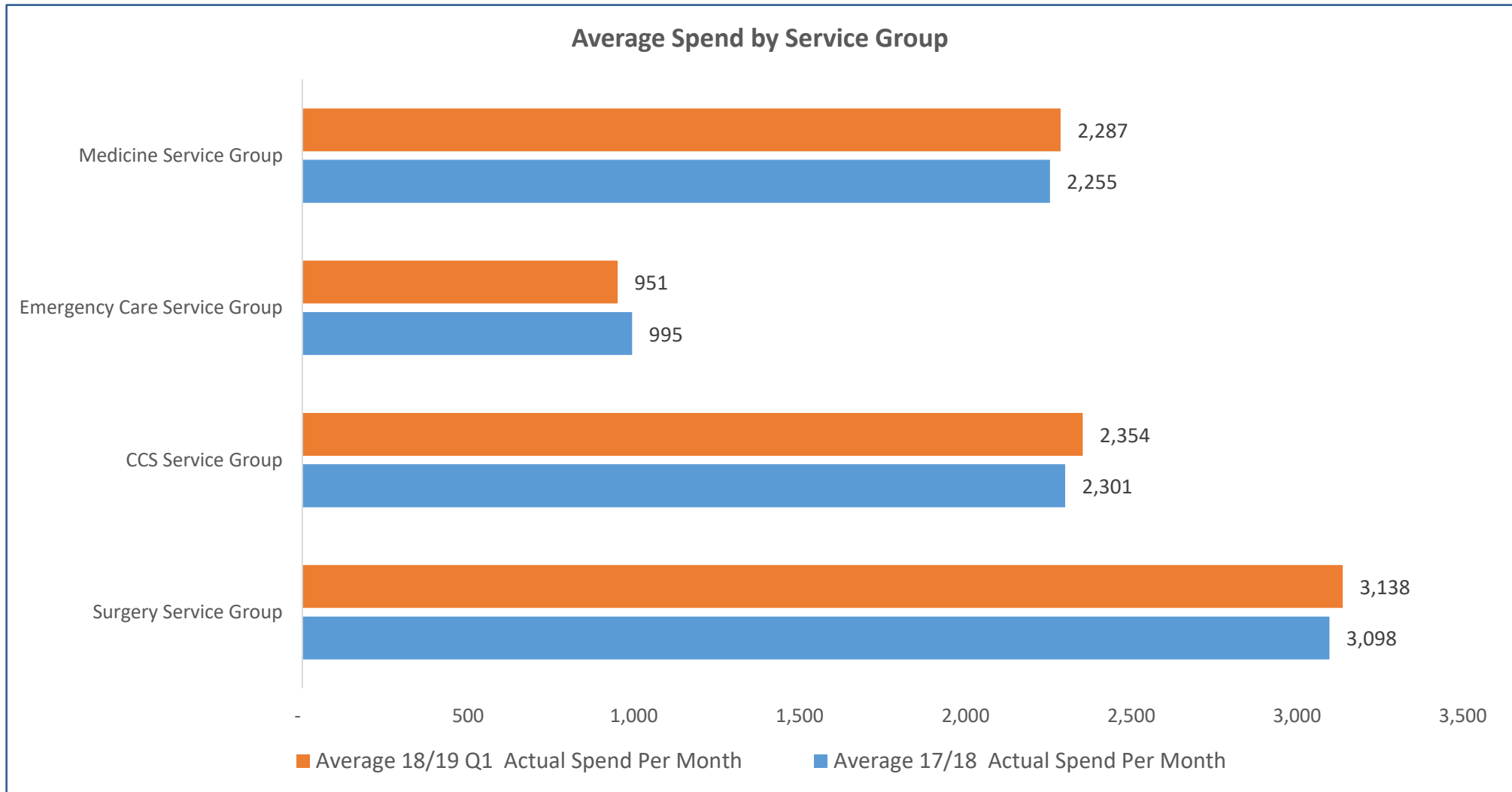
- Medical & Dental
- Nursing & Midwifery Registered
- Add Prof Scientific & Technical
- Additional Clinical Services (Unqualified Nursing)

Summary Non Pay Pressure Areas:

- Clinical Services & Supplies

Section 2: Deep Dive Focus

Next steps were to undertaken the same exercise for each of the 4 key Service Groups within POW. As the table below demonstrates 3 out of the 4 Service Groups in POW have seen an increase in actual spend during Q1 18/19.



Section 2: Deep Dive Focus

Pressures/Growth Identified for each Service Group

Surgical Services	Clinical Support Services	Medicine	Emergency Medicine
<p>Pay:</p> <ul style="list-style-type: none">• Medical & Dental• Nursing & Midwifery Registered• Additional Clinical Services <p>Non Pay:</p> <ul style="list-style-type: none">• Clinical Services & Supplies	<p>Pay:</p> <ul style="list-style-type: none">• Medical & Dental• Nursing & Midwifery Registered• Add Prof Scientific & Technical• Additional Clinical Services <p>Non Pay:</p> <ul style="list-style-type: none">• Clinical Services & Supplies	<p>Pay:</p> <ul style="list-style-type: none">• Nursing & Midwifery Registered• Additional Clinical Services <p>Non Pay:</p> <ul style="list-style-type: none">• Clinical Services & Supplies	<p>Pay:</p> <ul style="list-style-type: none">• Medical & Dental• Nursing & Midwifery Registered• Additional Clinical Services

w/c 30th July – a comprehensive review of each Service Group was undertaken with Finance and the General Manager to work through in detail the financial pressures and areas to growth impacting on Q1 and what the possible mitigating action are to address these.

Section 3.1 – 3.4 provide the detail on what is driving this change in spending patterns in Q1 and how this relates to activity and other metrics.

Section 3.1: Q1 Pressures by Service Group – Surgery (1)

Type	Specialty / Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Urology E511	<ul style="list-style-type: none"> On Call Rota 1:5 at Consultant tier. Currently 1.5 wte consultants to cover the 1:5 rota. Only 4.5 consultants in post of which 1 is off sick and 2 are unable to undertaken on call duties. Solution to allow the Emergency take to continue in POW is to utilise 1 x agency consultant and 1 x agency SPR. 2017/2018 Morriston consultants were able to provide some short term support to rota but this was not sustainable For Information – for the period April 2018 – June 2018 <u>£197k</u> has been spent on support the gaps on the medical rota at Consultant and Middle grade level. 	<ul style="list-style-type: none"> Continue to support the Consultant currently off sick to return to work as soon as possible and support the on-call rota, which would reduce the requirement for some of the agency costs. 	<ul style="list-style-type: none"> To reduce the increase in spend in full the only option currently available is to halt the agency cover. To do this the Emergency Urology Take in POW would need to be halted and patients diverted to Morriston or Cwm Taf Impact: <ul style="list-style-type: none"> RTT/Cancer patients limited as substantive 1.5 staff currently undertaking on-call would then provide additional support to planned care pathway. Patient Quality – as service no longer available in POW.
Pay: Medical & Dental	Obs & Gynea H421	<ul style="list-style-type: none"> Labour Ward / On Call Rota 1:8 at Consultant tier 4 consultants currently off sick Only supporting the 4 gaps with 2 agency posts = operating 1:6 rota For information – for the period April-June <u>£102k</u> has been spent covering the On-Call rota gaps with Agency staff. 	<ul style="list-style-type: none"> Recruitment process underway to provide long term sustainable solution. Outcome recruitment process undertaken in July = 1x 7 sessions appointed to awaiting start date. Remain back out to advert for 1 x7(perm post) and 1x 10 sessions (this is fixed term for 12months due to LTS) Impact on financial position will not be seen until end Q2. 	<ul style="list-style-type: none"> To reduce the increase in spend seen in Q1 the only option is to halt the agency cover. Impact - if the agency spend is stopped the service would no longer be sustainable or safe.

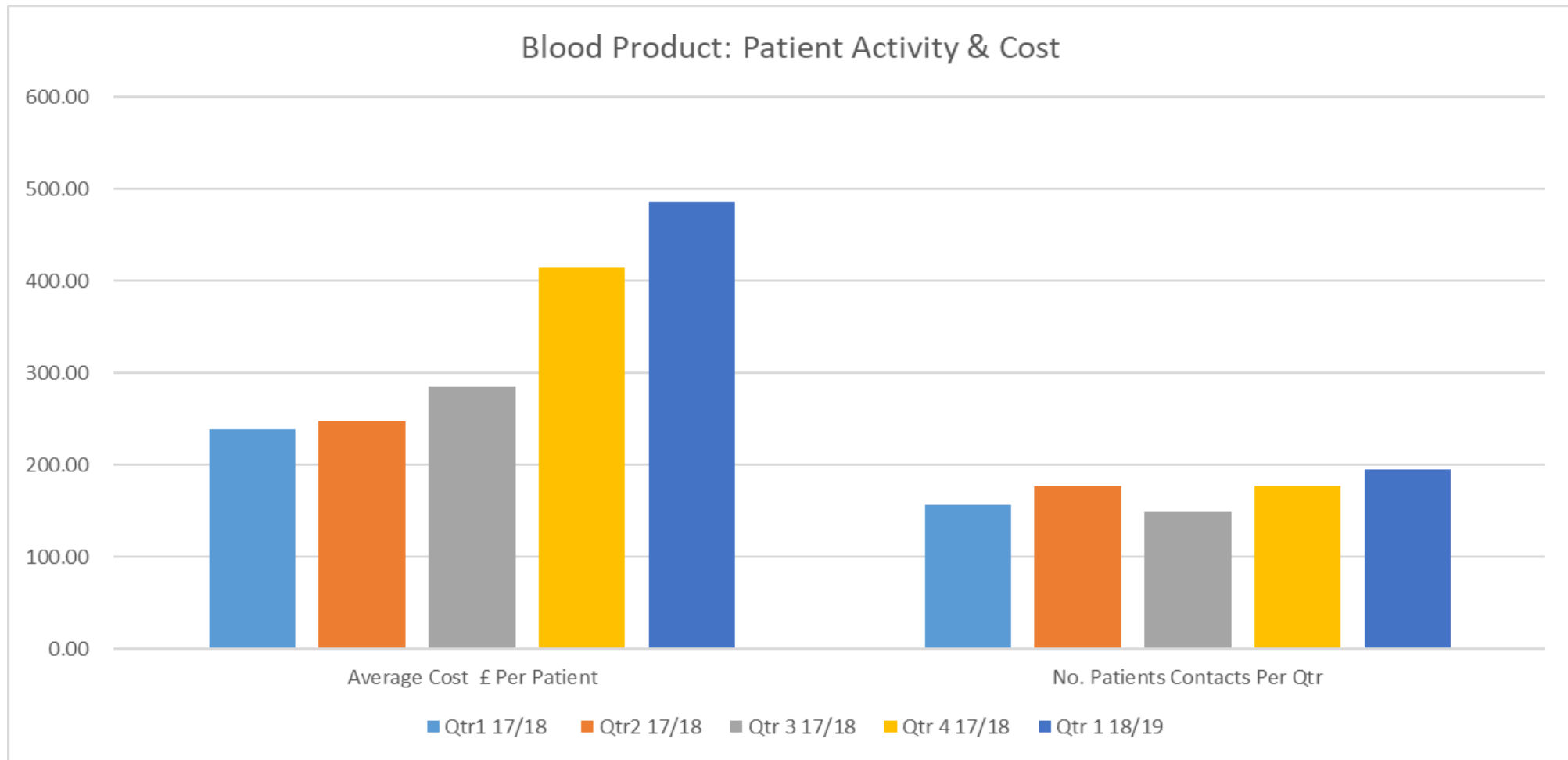
Section 3.1: Q1 Pressures by Service Group – Surgery (2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	T&O G401	<ul style="list-style-type: none"> Q1 rota gaps covered by agency SPR Q2 see significant rota gaps in SHO tier. Had 2 agency covering in Qtr 1 this has now increased to 4 agency in Qtr 2 	<ul style="list-style-type: none"> Agency cover stopped in June 2018 with an anticipated reduction in actual spend in early Q2. However, given the rota gaps in Q2 Unit has appointed substantively to gaps in SHO tier via MTI and overseas recruitment but no confirmed start dates for these doctors . Unit to monitor recruitment progress to ensure use of Agency is minimised. 	<ul style="list-style-type: none"> To reduce the increase in spend that will be seen in Q2 the only option is to halt the agency cover. Impact - if the agency spend is stopped the service would no longer be sustainable or safe
Pay: Medical & Dental	Breast E210	<ul style="list-style-type: none"> Appointed to substantive consultant vacancy at end Q4 17/18. Impact is increase in spend in Q1 18/19 but is within the budgeted establishment of 4 wte consultants. 	n/a	n/a
Pay: Nursing	Ward 10 G501	<ul style="list-style-type: none"> Additional bank and agency spend incurred on Ward linked to extra Q/UQ per shift. Average bank and agency hours used per month in 17/18 was 1,073 but this had increased to 1,404 by Mth 3 18/19. 	<ul style="list-style-type: none"> Unit are to appoint substantively at the agreed HCSW levels. Appointment will reduce the demand on premium rate cover but impact of this will not be seen until end Q2. 	n/a
Pay: Nursing	Ward 8 E402	<ul style="list-style-type: none"> Average bank and agency hours used per month in 17/18 was 674 but this had increased to 840 by Mth 3 18/19. The reason for the increase on the Bank & Agency system is vacancies and at end Q1 the ward had 10 vacancies. 	<ul style="list-style-type: none"> 4 Qualified staff start in Sept and a further 1 in October which will reduce the demand for Band & Agency Impact of this recruitment unlikely to be seen until end of Q2. 	n/a

Section 3.1: Q1 Pressures by Service Group – Surgery (3)

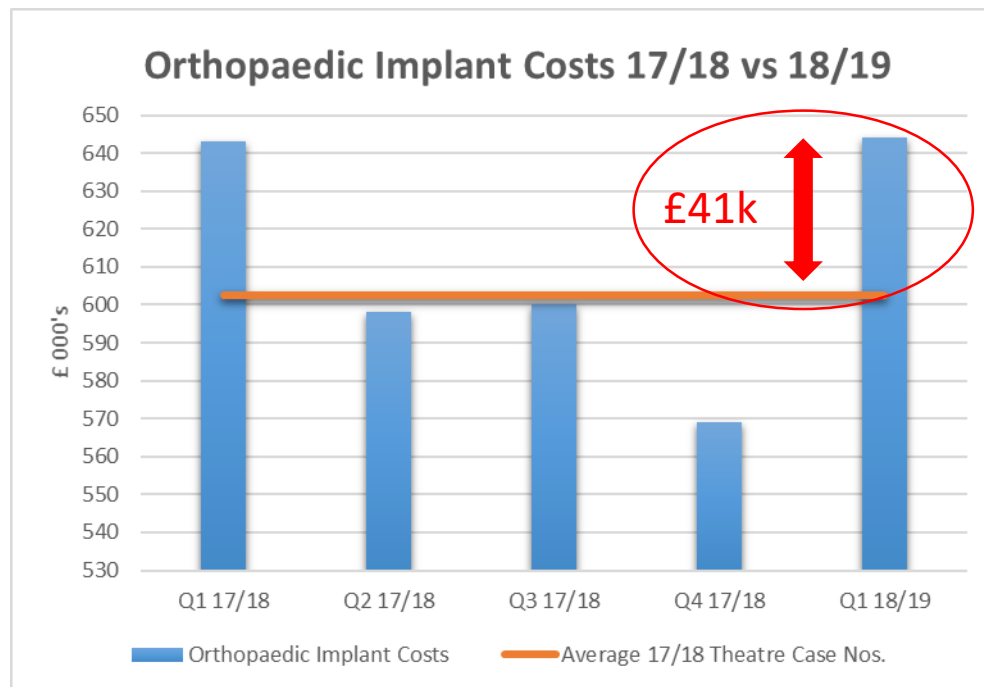
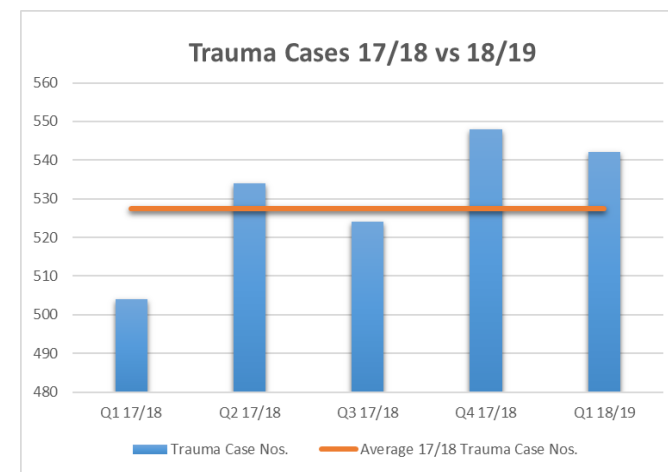
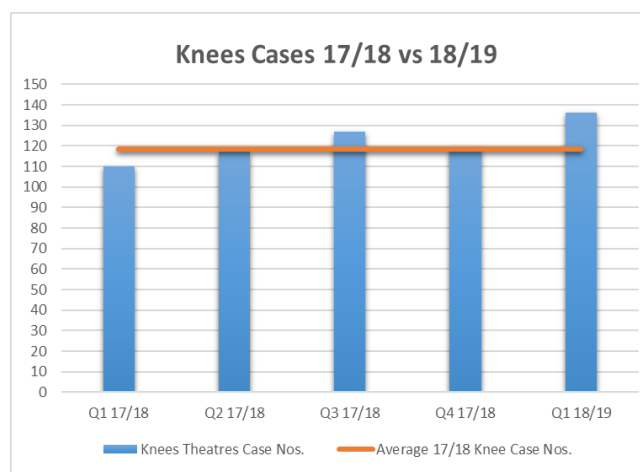
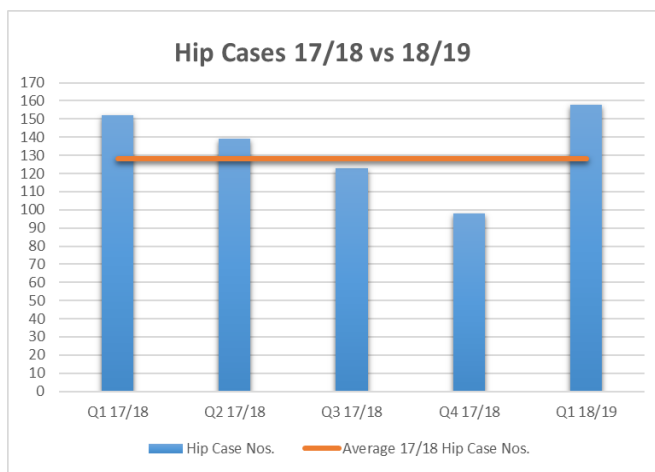
Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Clinical Services & Supplies	Blood Products – Unit Wide	<ul style="list-style-type: none"> Overall, the Unit has seen an increase in patient numbers as well as cost per patient in Q1. Refer to Section 3.1 Graph 1 on Blood Product Activity & Cost 	<ul style="list-style-type: none"> Further discussions commenced with Haematology Service to understand the clinical reason and on-going impact on POW. To identify whether this is (1) clinically appropriate and (2) to understand why and where costs will increase in the future. 	n/a
Non Pay: Clinical Services & Supplies	T&O Implants	<ul style="list-style-type: none"> Q1 seen increase activity (refer Section 3.1 Graph 2 on Hips, Knees and Trauma) Spend is directly related to patient activity. So any increases in activity will have an impact on spend, which is up £41k in Q1 on orthopaedic implants. 	<ul style="list-style-type: none"> Ongoing focus on procurement throughout the Unit 	<ul style="list-style-type: none"> As there is a direct correlation between spend and activity any reduction in spend will result in a reduction in activity. Impact - any reduction in activity would impact on both quality of care and waiting list numbers.

Section 3.1 – Graph 1: POW Unit Blood Products Activity & Costs 17/18 vs 18/19



Most treatments for Blood Products will be under the clinical responsibility of Haematology. Haematology is a speciality that is managed by Singleton Unit. It is recognised that further work is required by POW to understand the clinical or patient changes that is driving this increase in costs.

Section 3.1 Graph 2: T&O Activity 117/18 vs Q1 18/19



- T&O activity for Hips, Knees and Trauma cases are above 17/18 average levels in Q1 18/19.
- This increase in activity will have contributed to the additional theatre activity and theatre costs – outlined Section 3.2 Graph 1a/b.
- A proportion of the increase in activity for Hips and Knees will be linked to RTT and associated funding. However 100% of additional costs for Trauma cases, which has seen the largest increase, will be met in full by the Unit.
- T&O cases will require Orthopaedic implants – and there has been a £41k increase in implant costs in Q1 compared to the 17/18 average.
- For information – whilst the orthopaedic implant costs sit with the Surgery Service Group theatre consumables costs outside of the orthopaedic implant sit within CSS Service Group.

Section 3.2: Q1 Pressures by Service Group – CSS (1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Anaesthetics (A101)	<ul style="list-style-type: none"> In February 2018 a new Theatre Timetable was instigated which created 3 additional sessions for CEPOD/Trauma/Surgery Increase in sessions has resulted in an increase in WLI costs which at P10 17/18 was only £4k per month and increased to an average of £33k per month in Q2. Increase in theatre timetable would also correlate to the increased activity seen in Q1 – refer to slides Section 3.2 Graph 1 a/b on Theatre Activity. 	<ul style="list-style-type: none"> 3 substantive appointments made in August. 2 x appointments starting in January 2019 and 1 x appointment starting in February 2019. This will reduce the use of WLI sessions and deliver a more sustainable service. 	<ul style="list-style-type: none"> 3 additional sessions in CEPOD, Trauma and Surgery are halted. Impact: <ul style="list-style-type: none"> Increase LOS for emergency patients awaiting CEPOD slot Increase Waiting list numbers. Result in Surgeons having fallow sessions as no operating capacity.
Pay: Nursing	Critical Care (A302)	<ul style="list-style-type: none"> Spend on registered agency and HCSW Bank has increased in Q1 of 18/19, which is mirrored in the Bank & Agency Utilisation of Hours information, which showing sharp increase in P2 and P3. Refer to Section 3.2 Graph 2 Critical Care Activity. There has been a sustained increase in the average Level 3 beds, which impacts on the staffing requirement costs in ITU. In addition to increase in acuity, sickness (LTS) has increased (refer Appendix 1) and registered nursing vacancies have also increases from end Q4 17/18 to end Q1 18/19. 	<ul style="list-style-type: none"> Review of sickness issues within ITU in Q2 	n/a

Section 3.1: Q1 Pressures by Service Group – CSS (2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Allied Health Professionals/ Medical & Dental	Radiology (D601 & D602)	<ul style="list-style-type: none"> General Issues: <ul style="list-style-type: none"> Increase in B3 Radiography Support and B5 Radiographer above trends for 17/18 = overtime Medical Staff Vacancies continue to increase (see info below) with a further reduction in clinical sessions since January 2018 – vacancies backfilled by increasing agency and locums usage. Actual Consultants in Post <ul style="list-style-type: none"> June 2017 = 9.00wte March 2018 = 8.27wte June 2018 = 7.80 wte 2 x locum Sonographers cost £55 per hour, Consultant cost £7k per week Challenges in Radiology in POW – reflection of the national recruitment challenges 	<ul style="list-style-type: none"> Workforce Redesign & Recruitment <ul style="list-style-type: none"> Converted consultant posts to sonographers and reporting Radiographers (e.g. new B8c in Breast). Appointments in progress Consultant starting in September (joint apt with C&V HB) Consultant advert on TRACs - to be appointed to January 19. 	<ul style="list-style-type: none"> Stop all agency/locum cover in POW/NPT but this will have an impact on: <ul style="list-style-type: none"> delivery of 8 week target, Cancer, RTT

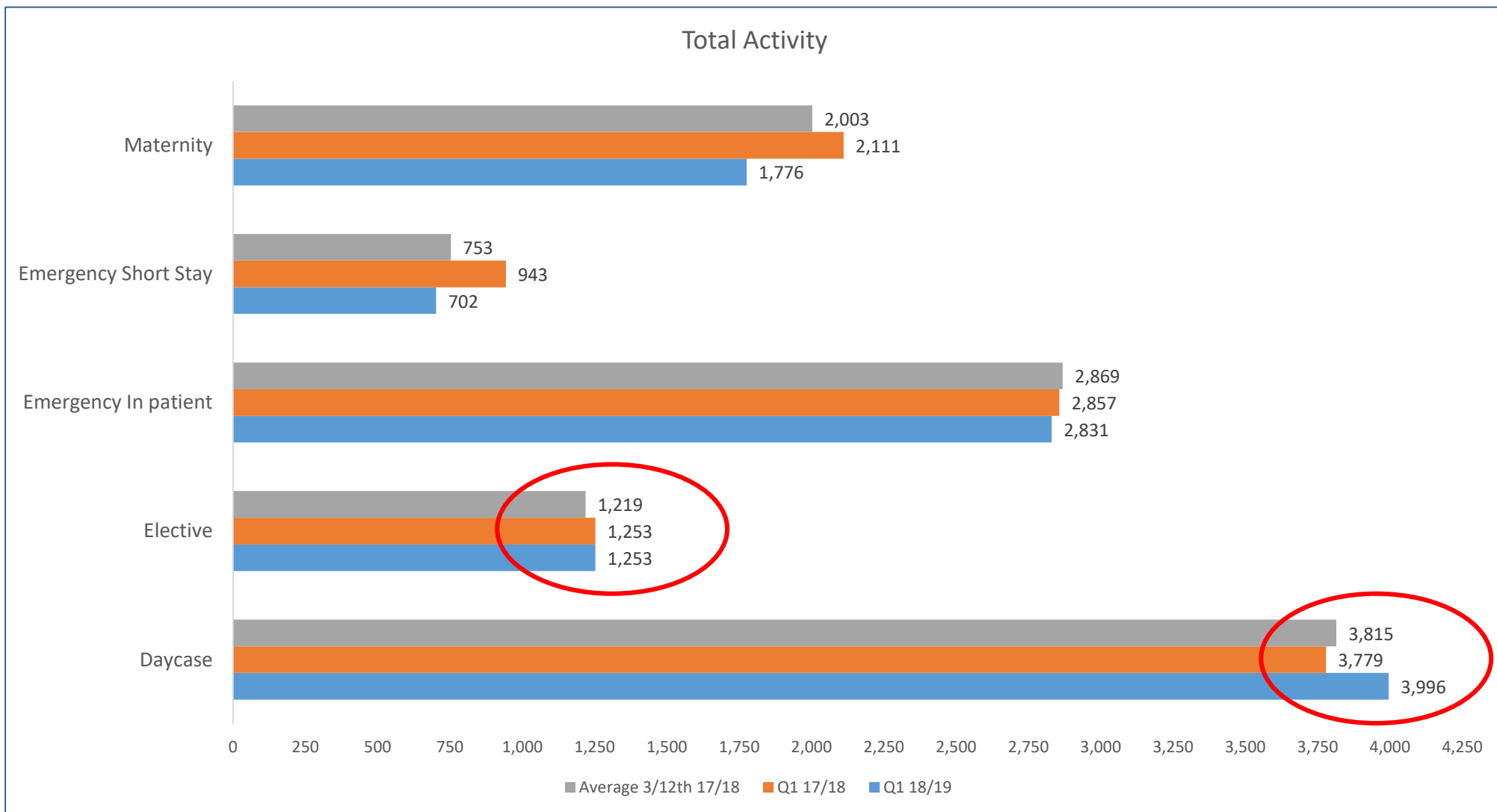
Section 3.2: Q1 Pressures by Service Group – CSS (3)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Allied Health Professionals/ Medical & Dental <u>Cont.</u>	Radiology (D601 & D602) <u>Cont.</u>	<ul style="list-style-type: none"> DCC Sessions NPTH <ul style="list-style-type: none"> 18 sessions of consultant radiologist provided by Swansea into NPTH. Since 2017 this has been reducing and overall 12 sessions have been lost. POW are covering these to ensure the service is maintained through additional sessions from POW's consultants, ad hoc agency and locums. In summary 12 sessions have been lost with an estimated value of £120,000 which are now being covered by POW. Delivery <ul style="list-style-type: none"> The service still has to comply with the 8 week RTT diagnostic target as well as ensuring there is no detrimental impact on the wider pathway for RTT, Cancer and Inpatients. 		<ul style="list-style-type: none"> Resolution on the NPT/Swansea 12 Clinical Sessions – SBAR been completed on 12th June and decision required on transfer funding from Swansea to POW to support lost of DCC sessions. If no resolution on NPT SBAR then one of two decisions needs to be made by the HB: <ul style="list-style-type: none"> POW stop supporting 12 DCC which will impact on delivery of 8 week target, Cancer, RTT for ABMU. Or agree for the Unit to continue to spend £10,000+ per month covering the 12 sessions.

Section 3.2: Q1 Pressures by Service Group – CSS (4)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Clinical Services & Supplies	Anaesthetics (A101) - Drugs	<ul style="list-style-type: none"> Average monthly spend has increase £5k per month on Drugs line 3000. Refer to slide in Section 3.2 Graph 3 – Drugs Spend Anaesthetic for information on the Top 10 areas and changes in spend patterns All Wales Pharmacy price cannot be improved but how drugs are used needs to be reviewed so the higher cost drugs are used where most appropriate to do so and not as a default (e.g. Sugamedex). 	<ul style="list-style-type: none"> Unit to engage with medical staff via Pharmacy leads to ensure high cost drugs being used efficiently. 	n/a
Non Pay: Clinical Services & Supplies	Theatres (A418)	<ul style="list-style-type: none"> The analysis of theatre spend identified an increase in actual spend on M&SE Disposable items. Changes in operating practices linked to Ambulatory Care pilot and Lap Choles/Hot Gallbladders procedures may have impacted on this increase in costs Increases in activity numbers as outlined in slide in Section 3.2 Graph 1a/b on Theatre Activity will also contribute to this increase in spend. 	<ul style="list-style-type: none"> Further analysis to be undertaken to attempt to identify from the list of transactions on the Finance Ledger whether there is anything specific that has resulted in this change in spending practice. Action Required by DFMT 	n/a

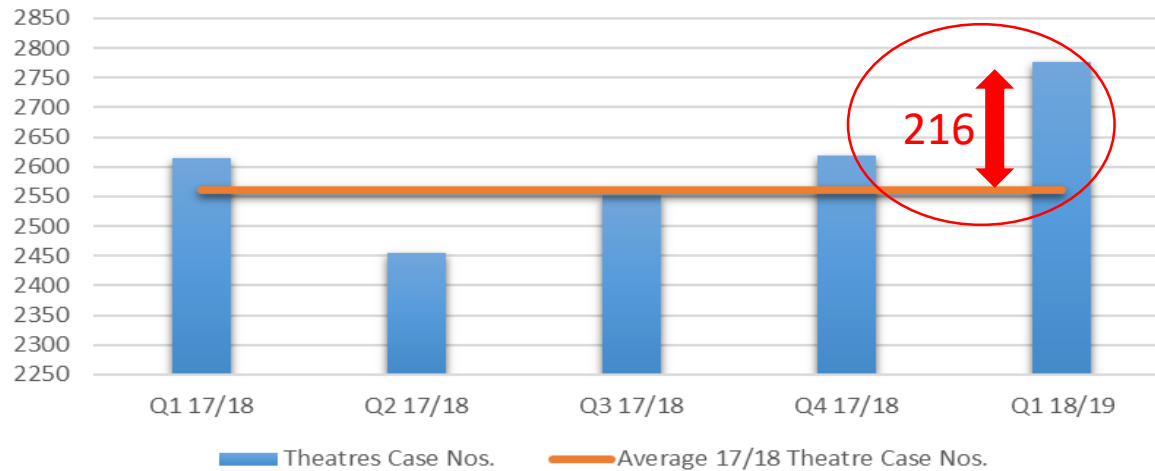
Section 3.2 Graph 1a: Admitted Patient Activity 17/18 vs Q1 18/19



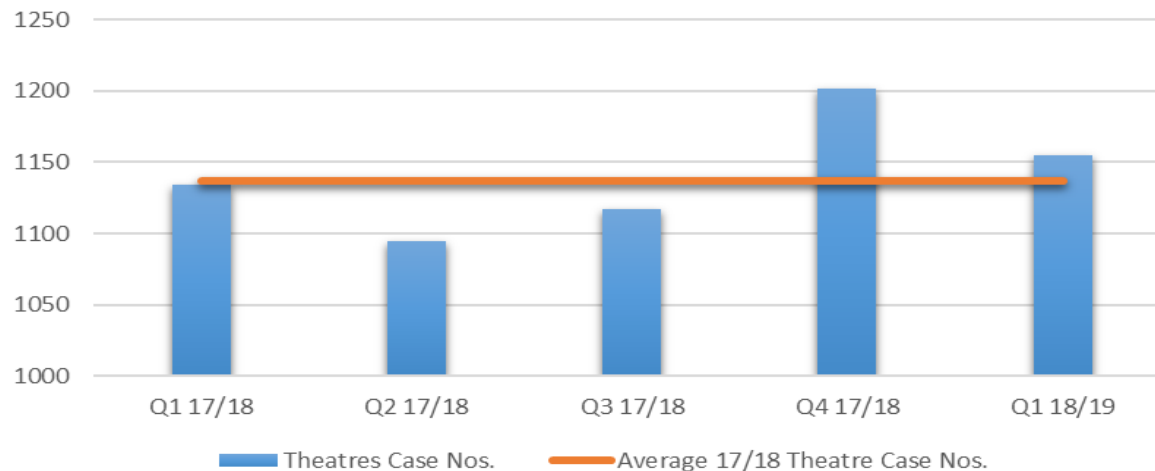
Increases in both day case and elective in-patients will all increase actual spend patterns as the activity in theatres increases. This is detailed further in Section 3.2 Graph 1b.

Section 3.2 Graph 1b: Theatre Activity 17/18 vs Q1 18/19

POW Theatre Cases 17/18 vs 18/19



Neath Theatre Cases 17/18 vs 18/19

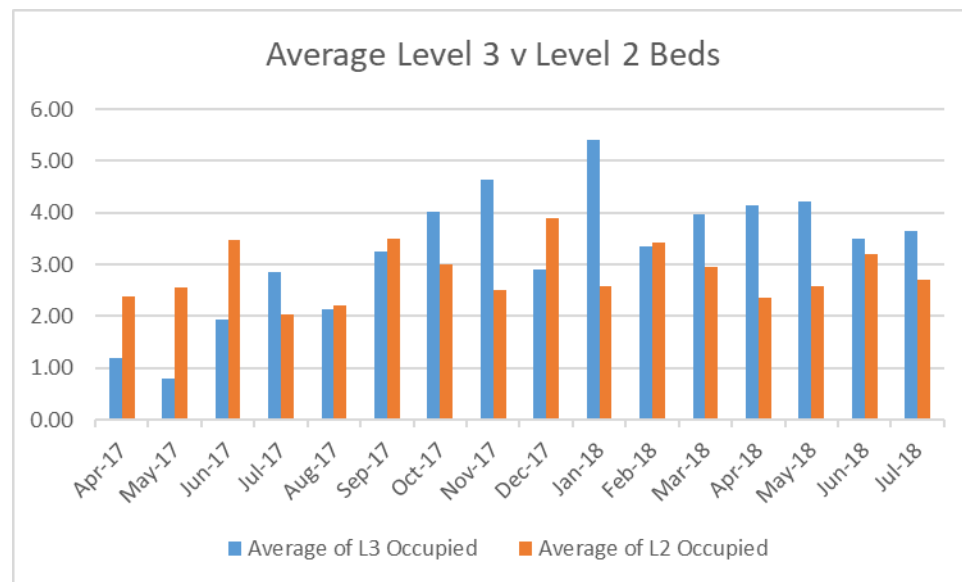


POW:

- Q1 seen an increase of 216 cases above average levels in 2017/18.
- Based on 2017/2018 average theatre costs each procedures costs £168 in basic clinical consumables
- Increase in Q1 activity resulted increase in actual spend:
$$£168 \times 216 = £36,288$$
- Summary Q1 18/19 has seen an increase in actual costs of £36k.

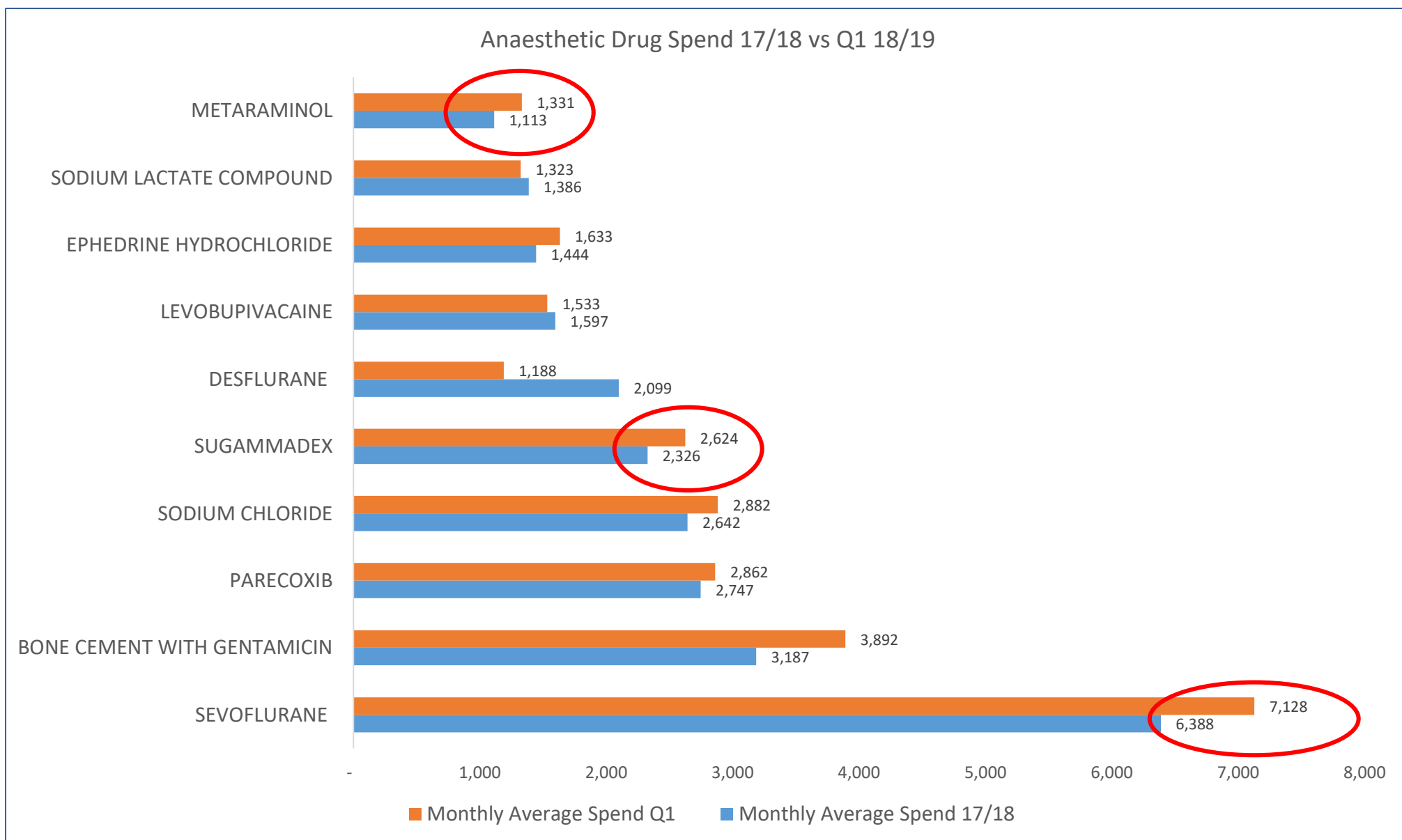
Section 3.2 Graph 2: Critical Care Activity

Month	% of Hours at 7 beds or above	% of Hours at 8 beds or above	% of Hours at 9 beds or above
2017-4	22%	3%	0%
2017-5	23%	6%	0%
2017-6	54%	15%	1%
2017-7	30%	6%	0%
2017-8	9%	1%	0%
2017-9	66%	16%	1%
2017-10	81%	25%	2%
2017-11	70%	36%	6%
2017-12	71%	24%	3%
2018-1	95%	76%	29%
2018-2	52%	25%	12%
2018-3	68%	28%	1%
2018-4	57%	13%	0%
2018-5	70%	25%	0%
2018-6	59%	12%	0%



- Staffing budget is set on a 50/50 split of level 3 and 2 patients.
- If the balance on level 3 to level 2 patients changes, with more level 3 patients the result is an increase in staffing costs.
- In Q1 the quota of level 3 beds has increased but only used the 9th bed on one shift on 10th June.

Section 3.2 Graph 3: Drugs Spend Anaesthetics A101



Information based on the costs within the Financial Ledger system – not directly from JACs.

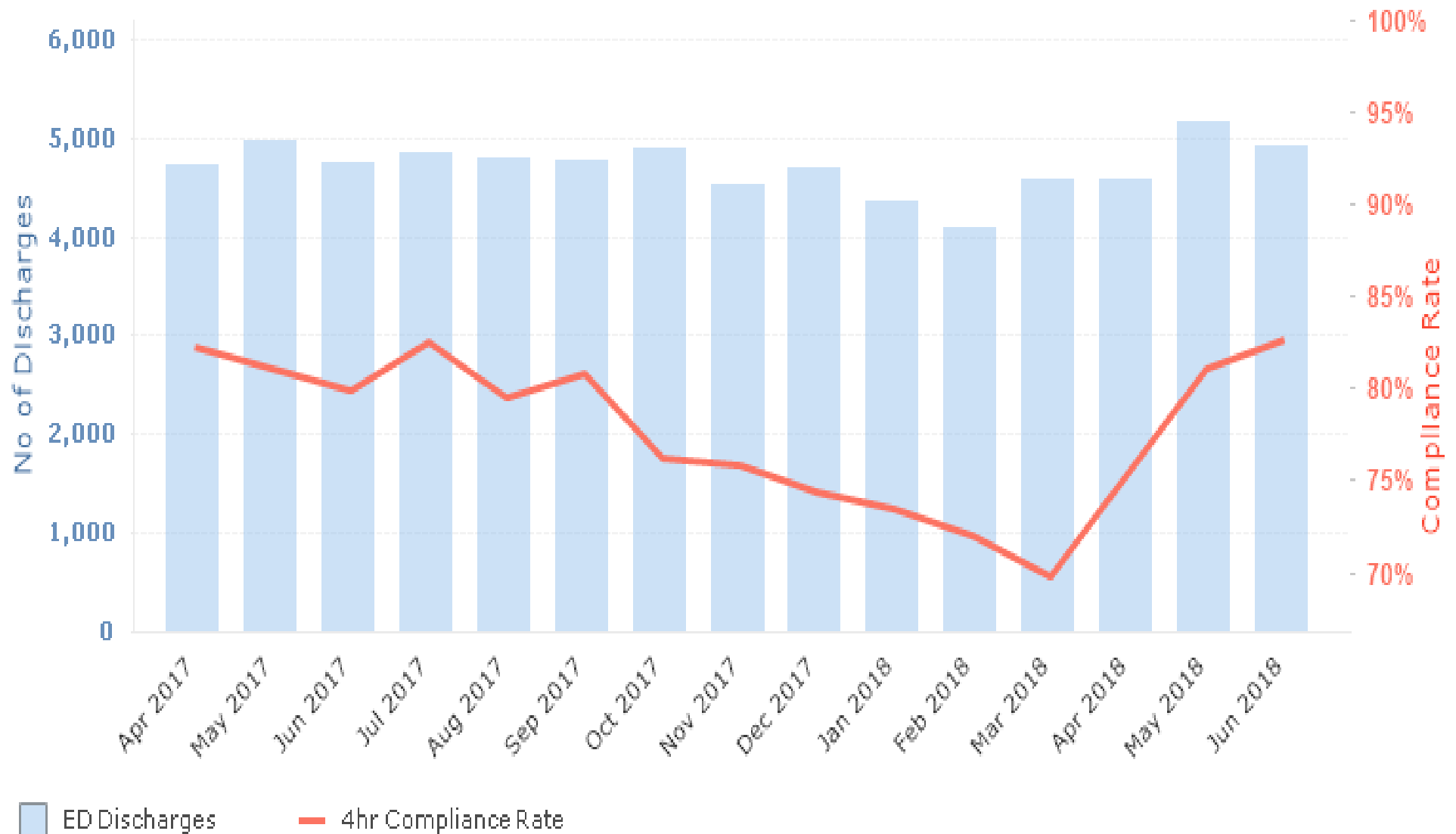
Section 3.3: Q1 Pressures by Service Group – Emergency Care (1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Acute Care (P306)	<ul style="list-style-type: none"> Increase in locum and agency costs in P306. Query o/s as costs do not relate to Acute Care but General Medicine. 	<ul style="list-style-type: none"> Unit and Finance to review where costs should be coded and confirm who in POW is accountable for them. Action – review by the Service Manager and Medacs to ensure correct coding. 	n/a
Pay: Medical & Dental	ED Medical Staffing (F216)	<ul style="list-style-type: none"> Whilst department are running a 1:8 rota with only 6.4wte consultants the actual costs have not increased between P9-11 17/18 and P1-3 18/18. For information - the current vacancies will be filled by the end of September following the appointment of 2 new consultants. There have been a number of gaps at middle grade doctor level however there is a short supply of locums available which results in the department working without middle grade cover and therefore not incurring agency locum spend. ED discharges 17/18 compared to Q1 18/19 is up 4.7% despite no increase in expenditure (refer to Section 3.3 Graph 1) 	n/a	n/a
Pay Nursing	ED (P201)	<ul style="list-style-type: none"> Bank and Agency hours have increased from 17/18 average in P2 and P3 of 18/19. The reasons for this relate to 2 issues: <ul style="list-style-type: none"> For the month of June a pilot was run for an Ambulatory Surgery Unit based in Fracture clinic. Since July spend relating to this has stopped. 	<ul style="list-style-type: none"> Ambulatory Surgery Unit – cost stopped from July. 	

Section 3.3: Q1 Pressures by Service Group – Emergency Care (2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay Nursing cont.	ED (P201)	<ul style="list-style-type: none"> To ensure all staff undertake the bespoke Violence and Aggression training, Bank and Agency has been used to backfill shifts/hours in ED. This will be provided up until the end of December 2018 and then will be implemented on a rolling basis thereafter. 	n/a	<ul style="list-style-type: none"> Stop use of Bank & Agency usage to backfill gaps in ED whilst staff undertake the recommended Violence and Aggression training. However ongoing review of management of V&A by the HB by the Health and Safety Executive were supportive of this level of training and the urgent need to improve compliance.
Pay Nursing cont.	Acute Care (P306)	<ul style="list-style-type: none"> Increase in 2A471 subjective Registered Nurse Band 7 due to maternity cover ending. This spend was not in the position previously as the member of staff was on maternity leave and has now returned. 	n/a	n/a

Section 3.3 Graph 1: ED Discharges & 4hr Performance



Section 3.4: Q1 Pressures by Service Group – Medicine(1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay Nursing	Ward 18 (N002)	<ul style="list-style-type: none"> Ward 18 Dementia (Shared Care ward) Bank & Agency utilisations reports show increase in hours linked to 1:1 cover. At start 18/19 the experienced Deputy Ward manager (B6) left. As a result the ward has had less experienced staff and has increased its use of Bank & Agency to manage patient acuity. Vacant Deputy Ward Manager post has now been recruited to along with a number of RMN posts. 	<ul style="list-style-type: none"> New RMN appointment will commence during Q2. Once new appointments in place further review of 1:1 Bank & Agency utilisation to be undertaken at end of Q2. 	n/a
Pay Nursing	Ward 19 (N003)	<ul style="list-style-type: none"> Utilisation of Bank and Agency remains high, along with sickness levels of +9%. Unit temporarily closed 5 beds on this ward linked to the estates working being undertaken on Site. Ward retains traditional shift patterns and recruitment is difficult, with an increase in the number of Qualified vacancies between mth 12 17/18 and mth 3 18/19. 	<ul style="list-style-type: none"> Temporary closure of 5 beds will reduce the requirement and spend on bank and agency during Q2. 	n/a

Section 3.4: Q1 Pressures by Service Group – Medicine(2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay Nursing	Ward 2 (F301)	<ul style="list-style-type: none"> Utilisation of Bank and Agency hours peaked in P1 and P2 of Q1 but reduced to average levels of 17/18 in P3. Vacancies of Qualified staff increased between P12 17/18 and P3 18/18 but sickness levels have shown some improvement reducing from 9.34% in March 18 to 7.08% in May 18. (See Appendix 1) 	n/a	n/a
Pay Nursing	Ward 5 (F303)	<ul style="list-style-type: none"> Utilisation of Bank and Agency hours increased from an average of 1247 per month in 17/18 to 2053 in P3 of Q1. Key reason for this is 1:1 care required linked to 1 x Bariatric patient on the ward. Sickness has reduced from 9.08% in March 18 to only 4.15% in May 18. (See Appendix 1) 	<ul style="list-style-type: none"> Bariatric patient is no longer a patient and the increased costs will reduce from the second half of Month 5. 	n/a

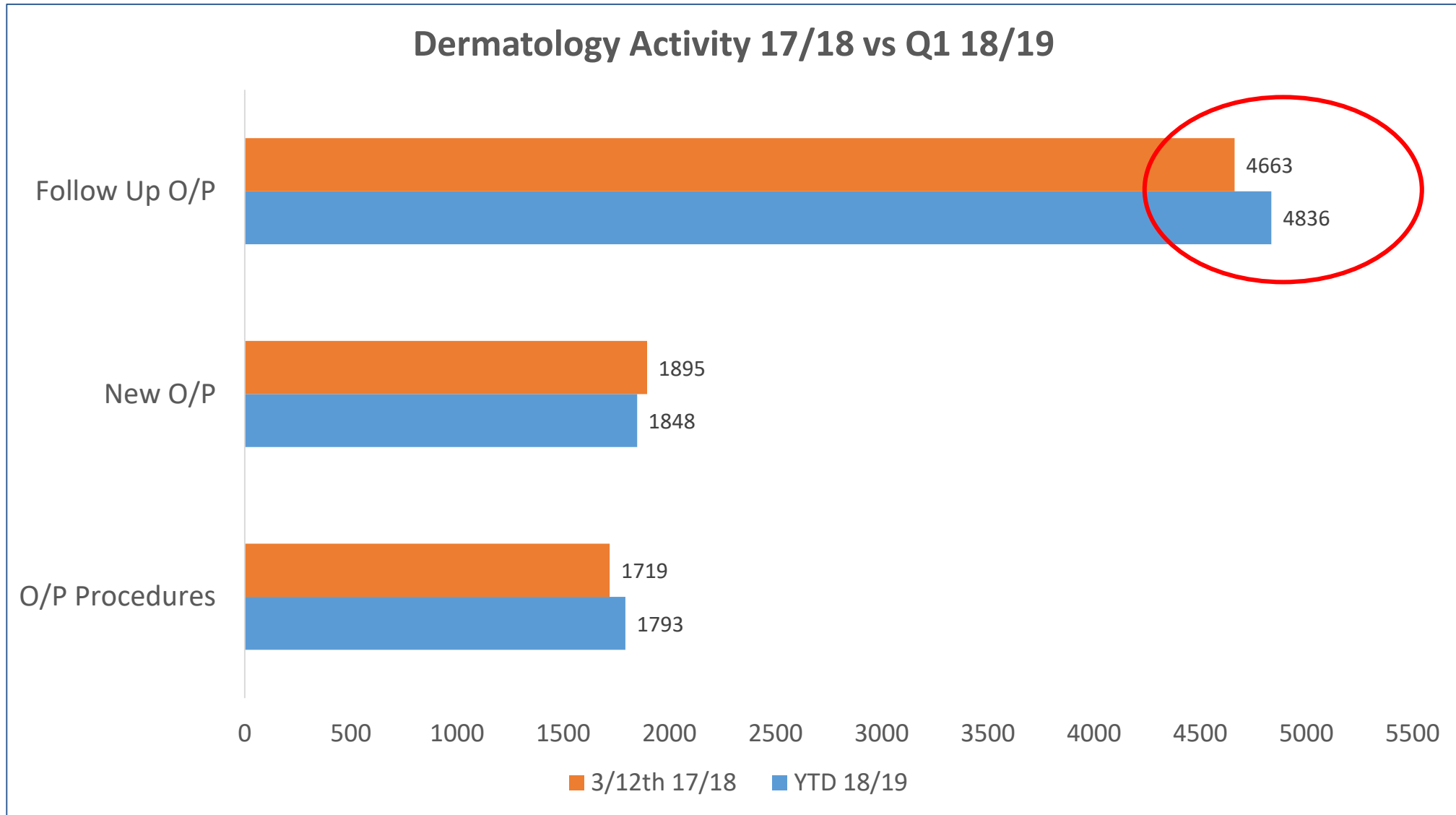
Section 3.4: Q1 Pressures by Service Group – Medicine(3)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Clinical Services & Supplies	POW ECG (C401)	<ul style="list-style-type: none"> Cost Centre C401 is showing spend in P01-P03 in 18/19 £14k higher than the average monthly spend in 17/18. Unit have be delivering procurement savings by changing ordering patterns and ordering jointly and in bulk with Neath ECG. Therefore cost centre C401 cannot be looked at in isolation and needs to be reviewed with C402, which for the Q1 period was below 17/18 spend pattern. Complex Devices and spend patterns – until 17/18 all complex devices were undertaken in Morriston. However in 17/18 POW undertook 26 cases under certain criteria, which were then funded by Morriston Unit (as part of the WHSSC contract). Any change to the number of devices undertaken would have an impact on spend patterns in 18/19. 	<ul style="list-style-type: none"> Unit to strengthen protocol to ensure that agreement for funding is secured from Morriston before procedure undertaken. 	n/a
Non Pay: Clinical Services & Supplies	POW Dermatology (F520) – Drugs	<ul style="list-style-type: none"> Whilst patients have switched to the biosimilar products, there has been an increase in patient numbers. Consultants have been using virtual clinics to review more patients as opposed to brining them into an acute hospital site, which is better for the patient. This increase in patient numbers is the key driver for the increase in drugs costs in Q1. Refer to slide in Section 3.4 Graph 1 on Dermatology Activity. 	<ul style="list-style-type: none"> As this work is progressing, the Unit have identified this as an opportunity to deliver savings in the next 12 months. Action required is a review of the medical staffing model for Dermatology services. 	n/a

Section 3.4: Q1 Pressures by Service Group – Medicine(4)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Clinical Services & Supplies	POW Dermatology (F520) – Blood Products	<ul style="list-style-type: none">Overall, the Unit has seen an increase in patient numbers as well as cost per patient in Q1.Refer to slide in Section 3.1 Graph 1 on Blood Product Activity & Cost	<ul style="list-style-type: none">Further discussions commenced with Haematology Service to understand the clinical reason and on-going impact on POW.To identify whether this is (1) clinically appropriate and (2) to understand why and where costs will increase in the future.	n/a

Section 3.4 Graph 1: Dermatology Activity



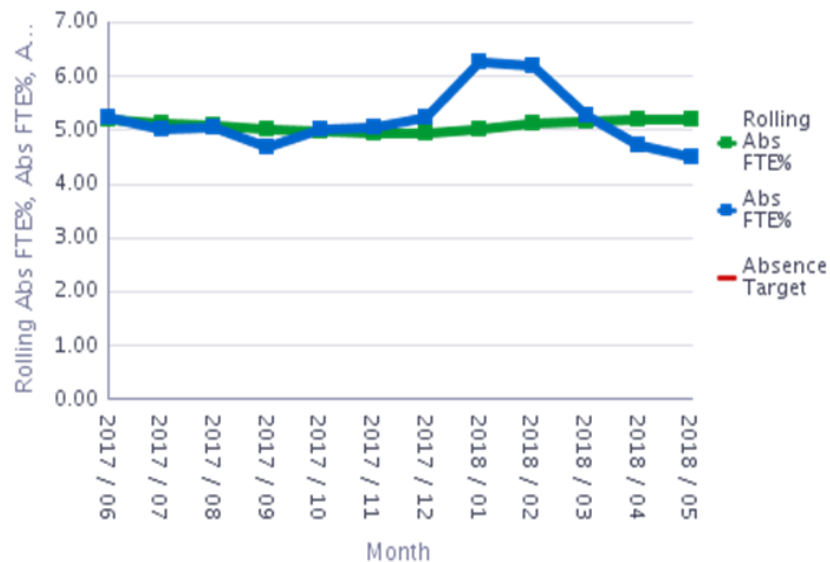
Number of patients treated by the service is increasing, which in turn is increasing the drug costs for this patient group, despite the switch to biosimilars.

Section 4: Sickness (1)

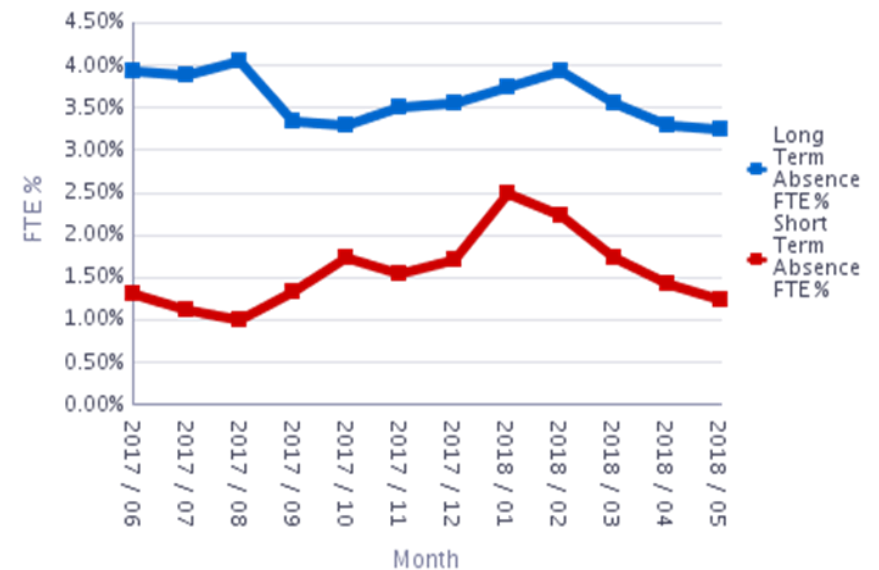
Summary – POW Unit

	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	Cumulative % Abs Rate (FTE)
	Absence % (FTE)												
130 SDU - Princess of Wales Hospital Total	5.24%	5.02%	5.04%	4.67%	5.03%	5.06%	5.25%	6.25%	6.18%	5.28%	4.70%	4.49%	5.18%

Rolling Absence



Long Term and Short Term Trends



Section 5: Summary Actions for POW Unit (1)

Service Group	Type	Specialty/ Ward /CC	Action – POW Unit	Impact	Timescales
Surgery	Pay: Medical & Dental	Urology E511	<ul style="list-style-type: none"> Continue to support the Consultant currently off sick to return to work as soon as possible and support the on-call rota. 	<ul style="list-style-type: none"> Reduce agency requirements 	<ul style="list-style-type: none"> End Q2
Surgery	Pay: Medical & Dental	Obs & Gynea H421	<ul style="list-style-type: none"> Recruitment process underway to provide long term sustainable solution. Outcome recruitment process undertaken in July = 1x 7 sessions appointed to awaiting start date. Remain back out to advert for 1 x7(perm post) and 1x 10 sessions (this is fixed term for 12months due to LTS) 	<ul style="list-style-type: none"> Reduce agency requirement 	<ul style="list-style-type: none"> End Q2
Surgery	Pay: Medical & Dental	T&O G401	<ul style="list-style-type: none"> Some Agency cover stopped in June 2018, with an anticipated reduction in actual spend in early Q2. However, given the rota gaps in Q2 Unit has appointed substantively to gaps in SHO tier via MTI and overseas recruitment but no confirmed start dates for these doctors at present. Unit to monitor recruitment progress to ensure use of Agency is minimised. 	<ul style="list-style-type: none"> Reduce agency requirement 	<ul style="list-style-type: none"> Q2/3 – depending on start dates of appointments
Surgery	Pay: Nursing	Ward 10 G501	<ul style="list-style-type: none"> Unit are to appoint substantively at the agreed HCSW levels. 	<ul style="list-style-type: none"> Appointment will reduce the demand on premium rate cover 	<ul style="list-style-type: none"> End Q2
Surgery	Pay: Nursing	Ward 8 E402	<ul style="list-style-type: none"> 4 Qualified staff start in Sept and a further 1 in October which will reduce the demand for Band & Agency 	<ul style="list-style-type: none"> Reduction on Bank & Agency Utilisation 	<ul style="list-style-type: none"> End Q2

Section 5: Summary Actions for POW Unit (2)

Service Group	Type	Specialty/ Ward /CC	Action – POW Unit	Impact	Timescales
Surgery & Medicine	Non Pay: Clinical Services & Supplies	Blood Products – Unit Wide	<ul style="list-style-type: none"> Further discussions commenced with Haematology Service to understand the clinical reason and on-going impact on POW. 	<ul style="list-style-type: none"> To identify whether this is (1) clinically appropriate and (2) to understand why and where costs will increase in the future. 	<ul style="list-style-type: none"> Sept 18
Surgery	Non Pay: Clinical Services & Supplies	T&O Implants	<ul style="list-style-type: none"> Ongoing focus on procurement throughout the Unit 	n/a	
CSS	Pay: Medical & Dental	Anaesthetics (A101)	<ul style="list-style-type: none"> Appointing 3 substantive appointment made in August. 2 x appointments starting in January 2019 and 1 x appointment starting in February 2019.. This will reduce the use of WLI sessions and deliver a more sustainable service. 	<ul style="list-style-type: none"> This will reduce the use of WLI sessions and deliver a more sustainable service. 	<ul style="list-style-type: none"> Q3/Q4
CSS	Pay: Nursing	Critical Care (A302)	<ul style="list-style-type: none"> Review of sickness 	<ul style="list-style-type: none"> Support the reduction in the use of bank and agency. 	<ul style="list-style-type: none"> Q2
CSS	Pay: Allied Health Professionals/ Medical & Dental	Radiology (D601 & D602)	<ul style="list-style-type: none"> Workforce Redesign & Recruitment <ul style="list-style-type: none"> Converted consultant posts to sonographers and reporting Radiographers (e.g. new B8c in Breast) Consultant starting in September (joint apt with C&V HB) Consultant advert to be appointed to – starting January 19. 	<ul style="list-style-type: none"> Development of a more sustainable service and reduction in use of some agency. 	<ul style="list-style-type: none"> Q2-3

Section 5: Summary Actions for POW Unit (3)

Service Group	Type	Specialty/ Ward /CC	Action – POW Unit	Impact	Timescales
CSS	Non Pay: Clinical Services & Supplies	Anaesthetics (A101) - Drugs	<ul style="list-style-type: none"> Unit to engage with medical staff via Pharmacy leads to ensure high cost drugs being used efficiently. 	<ul style="list-style-type: none"> Reduction in drug costs 	<ul style="list-style-type: none"> September 18
CSS	Non Pay: Clinical Services & Supplies	Theatres (A418)	<ul style="list-style-type: none"> Further analysis to be undertaken to attempt to identify from the list of transactions on the Finance Ledger whether there is anything specific that has resulted in this change in spending practice. Action required by DFMT 	<ul style="list-style-type: none"> Improve understanding on cost drivers and may identify if there are any other opportunities 	<ul style="list-style-type: none"> September 18
Emergency Care	Pay: Medical & Dental	Acute Care (P306)	<ul style="list-style-type: none"> Unit and Finance to review where costs should be coded and confirm who in POW is accountable for them. Action – review by the Service Manager and Medacs to ensure correct coding. 	<ul style="list-style-type: none"> Ensure costs are allocated to the correct cost centre so there is clear accountability with the budget holder 	<ul style="list-style-type: none"> August 2018
Emergency Care	Pay Nursing	ED (P201)	<ul style="list-style-type: none"> Ambulatory Surgery Unit – cost stopped from July. 	n/a	
Medicine	Pay Nursing	Ward 18 (N002)	<ul style="list-style-type: none"> New RMN appointment will commence during Q2. Once new appointments in place further review of 1:1 Bank & Agency utilisation to be undertaken at end. 	<ul style="list-style-type: none"> Reduction in use of bank and agency 	<ul style="list-style-type: none"> End Q2

Section 5: Summary Actions for POW Unit (4)

Service Group	Type	Specialty/ Ward /CC	Action – POW Unit	Impact	Timescales
Medicine	Pay Nursing	Ward 5 (F103)	<ul style="list-style-type: none"> Costs driven as result of 1 bariatric patient. Patient no longer in POW and costs will reduce in Mth 5. 	<ul style="list-style-type: none"> Reduction in Bank 7 Agency use 	<ul style="list-style-type: none"> August 2018
Medicine	Pay Nursing	Ward 19 (N003)	<ul style="list-style-type: none"> Temporary closure of 5 beds at end Q2 will reduce the requirement and spend on bank and agency. 	<ul style="list-style-type: none"> Reduction in Bank & Agency use 	<ul style="list-style-type: none"> End Q2
Medicine	Non Pay: Clinical Services & Supplies	POW ECG (C401)	<ul style="list-style-type: none"> Unit to strengthen protocol to ensure that agreement for funding is secured from Morriston before procedure undertaken. 		<ul style="list-style-type: none"> September 2018
Medicine	Non Pay: Clinical Services & Supplies	POW Dermatology (F520) – Drugs	<ul style="list-style-type: none"> As this work is progressing, the Unit have identified this as an opportunity to deliver savings in the next 12 months. Action required is a review of the medical staffing model for Dermatology services 	<ul style="list-style-type: none"> Reduction in pay costs – recurrently 	<ul style="list-style-type: none"> Summer 2019

Section 6: Summary Actions Requiring HB Approval (1)

Service Group	Type	Specialty/ Ward/CC	Further Action – HB Approval Required	Impact
Surgery	Pay: Medical & Dental	Urology E511	<ul style="list-style-type: none"> To reduce the increase in spend in full the only option currently available is to halt the agency cover. Q1 = rota cover cost POW Unit £197k To do this the Emergency Urology Take in POW would need to be halted and patients diverted to Morriston or Cwm Taf 	<ul style="list-style-type: none"> RTT/Cancer patients limited as substantive 1.5 staff currently undertaking on-call would then provide additional support to planned care pathway. Patient Quality – as service no longer available in POW.
Surgery	Pay: Medical & Dental	Obs & Gynea H421	<ul style="list-style-type: none"> To reduce increased spend in Q1 only option currently available is to halt the agency cover. Q1 = on-call rota cost POW Unit <u>£102k</u> 	<ul style="list-style-type: none"> If the agency spend is stopped the service would no longer be sustainable or safe.
Surgery	Pay: Medical & Dental	T&O G401	<ul style="list-style-type: none"> To reduce the increase in spend that will be seen in Q2 linked to rota gaps the only option is to halt the agency cover. 	<ul style="list-style-type: none"> Impact - if the agency spend is stopped the service would no longer be sustainable or safe
Surgery	Non Pay: Clinical Services & Supplies	T&O Implants	<ul style="list-style-type: none"> As there is a direct correlation between spend and activity, any reduction in spend will result in a reduction in activity. 	<ul style="list-style-type: none"> Impact - any reduction in activity would impact on both quality of care and waiting list numbers.

Section 6: Summary Actions Requiring HB Approval (2)

Service Group	Type	Specialty/ Ward/CC	Further Action – HB Approval Required	Impact
CSS	Pay: Medical & Dental	Anaesthetics (A101)	<ul style="list-style-type: none"> 3 additional sessions in CEPOD, Trauma and Surgery are halted. 	<ul style="list-style-type: none"> Increase LOS for emergency patients awaiting CEPOD slot Increase Waiting list numbers. Result in Surgeon having fallow sessions as no operating capacity
CSS	Pay: Allied Health Professionals/ Medical & Dental	Radiology (D601 & D602)	<ul style="list-style-type: none"> Stop all agency/locum cover in POW/NPT. 	<ul style="list-style-type: none"> Reduce capacity – which will impact on delivery of 8 week target, Cancer, RTT
CSS	Pay: Allied Health Professionals/ Medical & Dental	Radiology (D601 & D602)	<ul style="list-style-type: none"> Resolution on the NPT/Swansea 12 Clinical Sessions – SBAR been completed on 12th June and decision required on transfer funding from Swansea to POW to support lost of DCC sessions. 	<ul style="list-style-type: none"> If no resolution on NPT SBAR then one of two decisions needs to be made by the HB: <ul style="list-style-type: none"> POW stop supporting 12 DCC which will impact on delivery of 8 week target, Cancer, RTT. Or agree for the Unit to continue to spend £10,000+ per month covering the 12 sessions.
Emergency Care	Pay Nursing	ED (P201)	<ul style="list-style-type: none"> Stop use of Bank & Agency usage to backfill gaps in ED whilst staff undertake the recommended Violence and Aggression training. 	<ul style="list-style-type: none"> However ongoing review of management of V&A by the HB by the Health and Safety Executive were supportive of this level of training and the urgent need to improve compliance.

Appendix 1: Sickness (1)

	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	Cumulative %
	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Abs Rate (FTE)
130 POW Clinical Support Services - Dir Total	4.48%	4.92%	5.24%	5.29%	4.96%	4.54%	4.87%	5.53%	6.14%	4.58%	4.90%	4.21%	4.97%
130 A101 POW Anaesthetics	1.46%	2.41%	2.30%	4.21%	2.34%	2.19%	1.57%	0.17%	0.87%	3.58%	6.15%	3.60%	2.57%
130 A110 East Pain Service	0.00%	0.00%	0.00%	0.00%	0.00%	4.07%	2.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%
130 A302 POW Critical Care	9.26%	6.86%	3.06%	8.27%	3.23%	1.44%	2.31%	4.20%	6.96%	4.63%	3.70%	7.23%	5.07%
130 A305 PWH Outreach	0.00%	19.35%	35.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.66%
130 A403 East Pre-Assessment	0.63%	1.35%	6.46%	6.81%	4.66%	4.20%	6.69%	6.12%	6.26%	1.87%	0.86%	0.52%	3.87%
130 A418 POW Theatres	5.13%	7.40%	6.58%	5.14%	5.61%	7.17%	7.64%	8.80%	7.97%	4.42%	4.69%	4.66%	6.26%
130 A419 NPTH Theatres	7.25%	6.28%	7.49%	10.36%	13.25%	8.69%	6.32%	7.82%	11.30%	8.82%	8.74%	5.87%	8.50%
130 A431 POW Theatre Support Staff & Management	0.00%	0.00%	0.00%	0.00%	0.66%	0.00%	0.00%	3.57%	4.84%	0.00%	0.00%	0.00%	0.78%
130 D601 POW Radiology Medical Specialty	0.00%	0.00%	0.00%	0.28%	0.54%	0.48%	1.15%	0.72%	0.00%	0.00%	0.27%	0.00%	0.31%
130 D602 POW Radiology	1.73%	2.34%	3.99%	3.88%	3.92%	1.42%	2.59%	4.16%	4.64%	3.66%	4.45%	4.43%	3.44%
130 D603 NPTH Radiology	5.66%	4.51%	8.07%	2.50%	2.07%	6.60%	9.00%	7.07%	6.14%	5.86%	4.97%	1.36%	5.33%
130 U505 Clinical Support Services - Management	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.23%	0.00%	0.00%	0.00%	0.00%	0.27%

	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	Cumulative %
	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Abs Rate (FTE)
130 POW Emergency & Acute Medicine - Dir Total	4.71%	5.79%	5.06%	3.71%	4.40%	4.52%	3.75%	6.51%	6.09%	4.28%	2.53%	3.29%	4.54%
130 F201 POW Emergency Unit	4.75%	5.69%	5.45%	3.53%	5.61%	7.26%	5.31%	7.14%	6.96%	6.04%	3.36%	4.20%	5.43%
130 F202 POW AMU	7.74%	9.27%	6.24%	6.11%	5.35%	4.65%	4.74%	7.57%	4.41%	4.27%	3.02%	3.87%	5.57%
130 F203 POW Ambulatory Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.61%	10.71%	0.00%	0.00%	0.00%	1.08%
130 F216 POW ED Medical Staff	3.91%	3.84%	4.58%	2.03%	2.14%	0.28%	0.19%	6.08%	8.83%	3.73%	1.59%	1.37%	3.11%
130 F306 POW Acute Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%
130 U502 Emergency & Acute Services Management	0.00%	4.17%	5.23%	5.13%	4.11%	4.05%	2.13%	6.53%	5.75%	0.40%	1.15%	4.21%	3.58%

Appendix 1: Sickness (2)

	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	Cumulative %
	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Abs Rate (FTE)
130 POW Medicine - Dir Total	5.81%	5.18%	5.21%	4.91%	4.94%	4.97%	4.28%	5.46%	4.78%	4.43%	3.88%	4.07%	4.82%
130 C103 POW Cardiology Medical Specialty	0.43%	0.00%	0.72%	0.37%	0.36%	5.64%	2.65%	2.75%	0.57%	0.00%	0.84%	4.37%	1.57%
130 C104 NPTH Cardiology Medical Specialty	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.89%	10.30%	2.18%
130 C201 POW Cardiac Unit	1.50%	2.16%	1.81%	1.22%	3.34%	2.08%	4.22%	9.19%	6.33%	3.24%	1.29%	1.65%	3.16%
130 C202 POW Cardiac Catheter Laboratory	12.13%	6.31%	0.91%	1.98%	0.16%	4.20%	2.02%	4.06%	4.25%	3.53%	2.45%	0.28%	3.41%
130 C401 POW ECG	3.61%	15.27%	18.47%	13.01%	16.59%	12.72%	9.66%	3.78%	4.41%	5.42%	1.32%	1.93%	8.81%
130 C402 NPTH ECG	3.06%	4.08%	0.00%	7.58%	18.08%	13.41%	1.17%	0.00%	10.62%	10.50%	13.24%	0.55%	6.80%
130 D302 POW Endoscopy Suite	7.31%	2.38%	5.13%	4.94%	8.02%	1.82%	0.16%	1.15%	1.05%	0.53%	0.82%	0.00%	2.69%
130 F301 POW Ward 2	6.10%	6.33%	4.57%	4.64%	2.08%	1.75%	2.16%	10.99%	12.06%	9.34%	7.23%	7.08%	6.16%
130 F302 POW Ward 6	9.57%	10.12%	10.35%	7.23%	3.08%	3.13%	1.72%	0.00%	0.00%	2.96%	4.16%	6.38%	4.87%
130 F303 POW Ward 5	3.35%	0.65%	0.11%	1.19%	5.11%	2.05%	7.05%	3.45%	4.82%	9.08%	4.26%	4.15%	3.80%
130 F304 POW Ward 17	2.27%	0.40%	1.73%	1.19%	6.03%	12.01%	15.44%	8.15%	2.40%	0.21%	2.93%	3.20%	4.67%
130 F305 POW Respiratory Medicine	1.12%	0.19%	0.70%	5.03%	6.73%	7.08%	1.61%	3.04%	2.68%	0.65%	0.18%	0.00%	2.45%
130 F327 POW Ward 20	5.92%	6.52%	8.41%	5.87%	6.11%	6.58%	5.70%	8.48%	6.28%	7.48%	9.85%	7.39%	7.06%
130 F500 POW Diabetic Clinic	0.00%	0.00%	0.00%	0.00%	0.00%	1.18%	0.00%	1.60%	1.89%	0.00%	0.00%	0.00%	0.40%
130 F501 POW Diabetology	1.11%	2.11%	0.00%	5.79%	11.83%	10.00%	0.00%	0.00%	0.40%	0.72%	0.00%	0.00%	2.65%
130 F520 POW Dermatology	4.84%	6.75%	0.00%	6.83%	8.16%	6.82%	9.24%	7.24%	4.94%	1.35%	0.19%	8.36%	5.37%
130 F530 POW Gastroenterology	9.12%	0.60%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.37%	0.56%	0.00%	0.00%	0.90%
130 K706 Singleton Orthoptics	1.76%	0.00%	0.00%	0.00%	0.35%	0.00%	2.41%	0.86%	1.17%	1.61%	1.97%	2.20%	1.02%
130 N001 POW Elderly Care	4.92%	0.00%	0.09%	1.50%	0.73%	2.75%	1.80%	5.48%	4.53%	4.03%	6.23%	5.33%	3.15%
130 N002 POW Ward 18	6.81%	8.26%	13.51%	11.15%	5.01%	3.42%	3.94%	10.51%	6.11%	5.03%	5.49%	5.52%	7.12%
130 N003 POW Ward 19	15.60%	12.55%	7.14%	7.41%	7.87%	9.71%	8.97%	8.25%	8.61%	9.34%	6.79%	9.41%	9.35%
130 N005 POW Day Medical Unit	12.39%	15.73%	14.78%	4.08%	0.36%	10.59%	1.53%	2.55%	12.64%	6.38%	0.00%	0.00%	6.40%
130 P004 POW Outpatients	10.39%	9.89%	9.89%	4.99%	4.23%	3.15%	0.95%	2.90%	3.18%	4.61%	3.17%	0.00%	4.75%
130 P131 POW Program Investigation Unit	33.33%	28.13%	100.00%	83.33%	88.57%	100.00%	100.00%	100.00%					69.66%
130 U503 Medical Services - Management	0.00%	0.00%	0.00%	5.63%	1.11%	1.72%	0.28%	0.28%	0.00%	1.95%	3.74%	2.22%	1.43%

Appendix 1: Sickness (3)

	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	Cumulative %
	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Abs Rate (FTE)
130 POW Surgical Services - Dir Total	5.53%	4.74%	4.83%	4.46%	5.74%	6.07%	6.91%	7.61%	7.31%	6.76%	5.80%	5.32%	5.91%
130 E202 East General Surgery CNS	0.64%	0.30%	9.64%	8.25%	4.99%	3.22%	3.20%	0.00%	9.97%	4.13%	0.00%	0.00%	3.67%
130 E204 East Urology CNS	0.00%	0.37%	11.54%	11.92%	11.54%	11.54%	15.22%	12.28%	11.87%	11.54%	4.23%	0.26%	8.52%
130 E205 ENT CNS	0.00%	0.00%	0.00%	0.00%	3.23%	3.33%	23.66%	33.33%	33.33%	24.73%	7.78%	0.00%	10.68%
130 E208 Singleton Breast Services	0.00%	0.00%	0.00%	1.27%	0.00%	0.62%	0.00%	4.18%	0.00%	0.00%	0.00%	0.00%	0.49%
130 E210 Breast Services - Medical staff	9.80%	5.96%	5.39%	5.39%	5.39%	5.44%	4.11%	4.11%	4.11%	3.89%	0.80%	0.00%	4.47%
130 E301 East General Surgery Medical Specialty	0.00%	0.00%	1.99%	1.73%	5.20%	4.82%	5.34%	4.40%	5.94%	3.54%	0.00%	0.16%	2.73%
130 E401 POW Ward 7	3.83%	3.57%	2.94%	3.94%	11.37%	7.70%	12.67%	15.79%	14.22%	17.85%	17.55%	11.95%	10.25%
130 E402 POW Ward 8	5.43%	2.09%	2.25%	1.21%	1.85%	3.13%	3.62%	8.23%	5.19%	3.75%	4.12%	3.30%	3.72%
130 E404 POW Short Stay Unit	7.87%	9.25%	7.60%	7.22%	9.86%	8.94%	7.29%	16.93%	22.30%	3.62%	6.41%	2.76%	9.09%
130 E511 East Urology Medical Specialty	5.79%	5.74%	5.78%	6.15%	6.43%	6.42%	12.51%	13.14%	8.31%	6.85%	6.68%	6.47%	7.48%
130 G401 East Trauma & Othopaedics Medical Specialty	0.00%	0.00%	4.13%	0.00%	0.00%	0.00%	0.44%	0.00%	1.95%	0.59%	0.00%	0.46%	0.62%
130 G405 MSK East Site Operational Support	2.10%	10.14%	11.95%	1.60%	0.52%	0.00%	1.58%	1.34%	0.00%	0.00%	0.00%	0.72%	2.52%
130 G500 MSK Nurse Practitioners	2.78%	0.00%	1.61%	0.42%	0.00%	0.83%	0.00%	1.21%	4.02%	1.79%	1.11%	1.08%	1.25%
130 G501 POW Ward 10	4.33%	3.57%	0.47%	0.00%	1.34%	2.99%	2.99%	4.46%	6.95%	8.09%	4.56%	5.31%	3.73%
130 G502 POW Ward 9	13.47%	8.24%	4.89%	4.86%	5.02%	8.25%	5.79%	12.12%	15.17%	17.29%	12.84%	11.00%	9.86%
130 G503 POW Fracture Clinic	13.83%	10.96%	8.63%	20.14%	19.21%	15.07%	7.41%	1.91%	9.46%	18.29%	9.20%	6.18%	11.68%
130 G601 MSK Physiotherapy East	4.81%	1.72%	0.65%	0.14%	0.00%	0.70%	4.56%	4.67%	3.33%	1.40%	3.03%	11.84%	3.03%
130 H403 POW Ward 11	7.27%	3.57%	1.45%	1.79%	6.43%	8.93%	6.38%	7.66%	6.49%	5.26%	1.32%	3.13%	4.96%
130 H404 POW Womens Health Clinic	0.00%	0.00%	0.68%	0.00%	0.00%	5.25%	10.62%	14.30%	13.02%	2.64%	0.00%	0.34%	4.02%
130 H421 POW Obs & Gynae Medical Staff	10.38%	8.74%	4.41%	2.42%	4.04%	2.38%	4.31%	5.68%	9.47%	7.62%	10.09%	9.78%	6.58%
130 H426 Obs and Gynae Admin		9.15%	9.26%	9.07%	9.28%	20.52%	13.53%	9.31%	12.78%	20.52%	12.16%	9.54%	12.27%
130 H432 POW Maternity	9.26%	10.04%	10.55%	9.96%	11.50%	12.39%	13.40%	9.35%	8.40%	9.08%	10.11%	9.31%	10.31%
130 K601 Cochlear Implant Team	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.69%	0.00%	0.00%	0.00%	0.00%	0.06%
130 K602 POW ENT Medical Specialty	0.00%	6.96%	7.43%	2.48%	2.10%	0.00%	0.00%	1.95%	0.00%	3.77%	6.80%	6.80%	3.28%
130 K701 POW Orthoptics	3.37%	1.72%	0.00%	0.31%	0.15%	0.00%	0.67%	0.56%	0.00%	0.00%	0.00%	0.00%	0.54%
130 K702 POW Ophthalmology Medical Specialty	9.21%	7.85%	7.69%	8.31%	13.57%	5.96%	0.00%	4.30%	0.96%	2.47%	5.59%	0.00%	5.61%
130 K703 POW Ophthalmolgy Clinic	11.18%	1.47%	0.86%	5.09%	1.29%	0.93%	3.93%	2.71%	1.80%	0.00%	1.76%	0.00%	2.61%
130 P007 POW Outpatients - Admin	1.12%	3.86%	7.16%	6.07%	7.25%	6.60%	11.03%	13.96%	4.72%	3.93%	7.94%	8.80%	6.85%
130 U504 Surgical Services - Management	1.58%	0.00%	0.00%	2.93%	0.00%	5.51%	8.66%	7.21%	1.37%	0.00%	0.00%	0.00%	2.30%