

Finance and Performance Committee Meeting

Wed 20 September 2023, 14:00 - 16:00

Agenda

14:00 - 14:10

10 min

1. Standing Items

John Union

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes from the Finance and Performance Committee meeting – 23 August 2023

1.5. Action log following the Finance and Performance Committee meeting held on 23 August 2023

1.6. Chair's Actions since previous meeting

14:10 - 15:15

65 min

2. Items for Review and Assurance

2.1. Financial Report – Month 5

Catherine Phillips Robert Mahoney

📄 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 5.pdf (13 pages)

2.2. Operational Performance

Paul Bostock

2.2.1. Operational Performance Report

📄 2.2a Operational Performance report cover paper - Finance and Performance Committee Sept 23.pdf (3 pages)

📄 2.2a. Integrated Performance Report - Finance and Performance Sept 2023.pdf (30 pages)

2.2.2. Deep Dive Orthopedics Waiting Lists

📄 2.2b Deep dive Orthopaedics waiting lists cover paper- Finance and Performance Committee Sept 23.pdf (4 pages)

2.2.3. Operational Winter Plan

📄 2.2c Winter Plan Cover Paper - F&P.pdf (4 pages)

📄 2.2c. Winter Plan - F&P 20th September 2023.pdf (19 pages)

2.3. Regional Integration Funds Quartley Reports

Abigail Harris

Mohamed Sarah
12/09/2023 18:18:34

- 📄 2.3 RIF Q1 Report 2023-24.pdf (3 pages)
- 📄 2.3a RIF CARDIFF VALE - Q1 sheet WG V2.pdf (5 pages)
- 📄 2.3b RIF summaries Q1 23-24.pdf (14 pages)

2.4. Decarbonisation Update

Abigail Harris/ Ed Hunt

2.4.1. Progress against Decarbonisation Action Plan – Q2

- 📄 2.4a Paper 1 - Q2 Decarbonisation Action Plan progress - Finance and Performance Committee.pdf (3 pages)
- 📄 2.4a Q1 reporting spreadsheet.pdf (1 pages)

2.4.2. Emissions reporting 2022-23

- 📄 2.4b Emission reporting 2022-23 - Finance and Performance Committee.pdf (3 pages)
- 📄 2.4b. Doc 2 - Net Zero Carbon reporting - 2022-23 - CAVUHB.pdf (17 pages)

2.4.3. NWSSP Decarbonisation Co-ordination Reporting

- 📄 2.4c NWSSP Decarbonisation Co-ordination Reporting paper - Finance and Performance committee.pdf (3 pages)
- 📄 2.4c. Doc 3 - CAVUHB DCR Reporting Template Q1 2324.pdf (17 pages)

15:15 - 15:25 3. Items for Approval / Ratification

10 min

3.1. Interventional Radiology Case

Paul Bostock

- 📄 3.1a IG case submission responsibilities.pdf (2 pages)
- 📄 3.1 UHB IG SBAR IR replacement July 2023.pdf (4 pages)

15:25 - 15:30 4. Items for Information and Noting

5 min

4.1. Monthly Monitoring Return - Month 5

Catherine Phillips Robert Mahoney

15:30 - 15:30 5. Agenda for Private Finance and Performance Committee Meeting

0 min

5.1. Approval of Private Finance Committee Minutes – 23.8.2023

15:30 - 15:30 6. AOB

0 min

15:30 - 15:30 7. Review and Final Closure

0 min

John Union

7.1. Items to be deferred to Board / Committee

7.2. Date, time and venue of the next Committee meeting:

Monitored Sarah
12/09/2023 18:18:34

15:30 - 15:30

8. Declaration

0 min

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Mohamed Sarah
12/09/2023 18:18:34

Report Title:	Finance Report for the Period Ended 31 st August 2023		Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	20 th September 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				

Main Report
Background and current situation:

Summary

At month 5, the UHB is reporting an overspend of £42.827m. This is comprised of £4.667m unidentified savings, £1.327m of operational overspend and the planned deficit of £36.833m (five twelfths of the annual planned deficit of £88.4m set out in 2023/24 financial plan).

Table 1: Month 5 Financial Position 2023/24

	Forecast Month 5 Position £m	Forecast Year-End Position £m
Planned deficit	36.833	88.400
Savings Programme	4.667	0.000
Operational position (Surplus) / Deficit	1.327	0.000
Financial Position £m (Surplus) / Deficit £m	42.827	88.400

Financial Plan Approved by Board and submitted to Welsh Government

- Brought forward underlying deficit of £40.3m
- Local Covid Consequential costs of £34.2m
- Additional energy costs of £11.5m
- 23/24 Demand and cost growth and unavoidable investments of £48.8m
- Allocations and inflationary uplifts of £14.4m
- A £32m (4%) Savings programme

This results in a 2023-24 planning deficit of £88.4m.

Core Financial Plan – Month 5 Position

The UHB is reporting a month 5 overspend of £42.827m. £36.833m of this being five months of the annual planned deficit. The is a £4.667 deficit on the Savings Programme, being five months of red schemes profiled into the position. There is also a £1.327m is an operational deficit in delegated and central positions.

Summary Financial Table

The following table analyses the £42.827m overspend at Month 5, between Income, Pay and Non Pay.

Table 2: Summary Financial Position for the period ended 31st August 2023

Income/Pay/Non Pay	Memorandum Annual Budget £m	Current Period Actual £m	Operational Variance (Fav)/Adv £m
In Month			
Income	(1,604.993)	(148.335)	(0.708)
Pay	761.857	73.454	0.391
Non Pay	843.136	75.989	1.425
Sub Total £m	0.000	1.108	1.108
2023/24 Planned Deficit	88.400	7.367	7.367
Variance to Plan £m	88.400	8.474	8.474
Cumulative			
Income	(1,604.993)	(788.492)	(1.256)
Pay	761.857	381.942	(0.816)
Non Pay	843.136	412.543	8.066
Sub Total £m	0.000	5.994	5.994
2023/24 Planned Deficit	88.400	36.833	36.833
Variance to Plan £m	88.400	42.827	42.827

The in month adverse variance reported against pay and non pay is primarily driven by the gap against savings schemes.

Delivery of the forecast deficit of £88.4m will require continuing focus and downward pressure on the UHBs cost base, achievement of the full £32m savings programme and maintaining operational balance.

Planned Deficit vs Month 5 Position

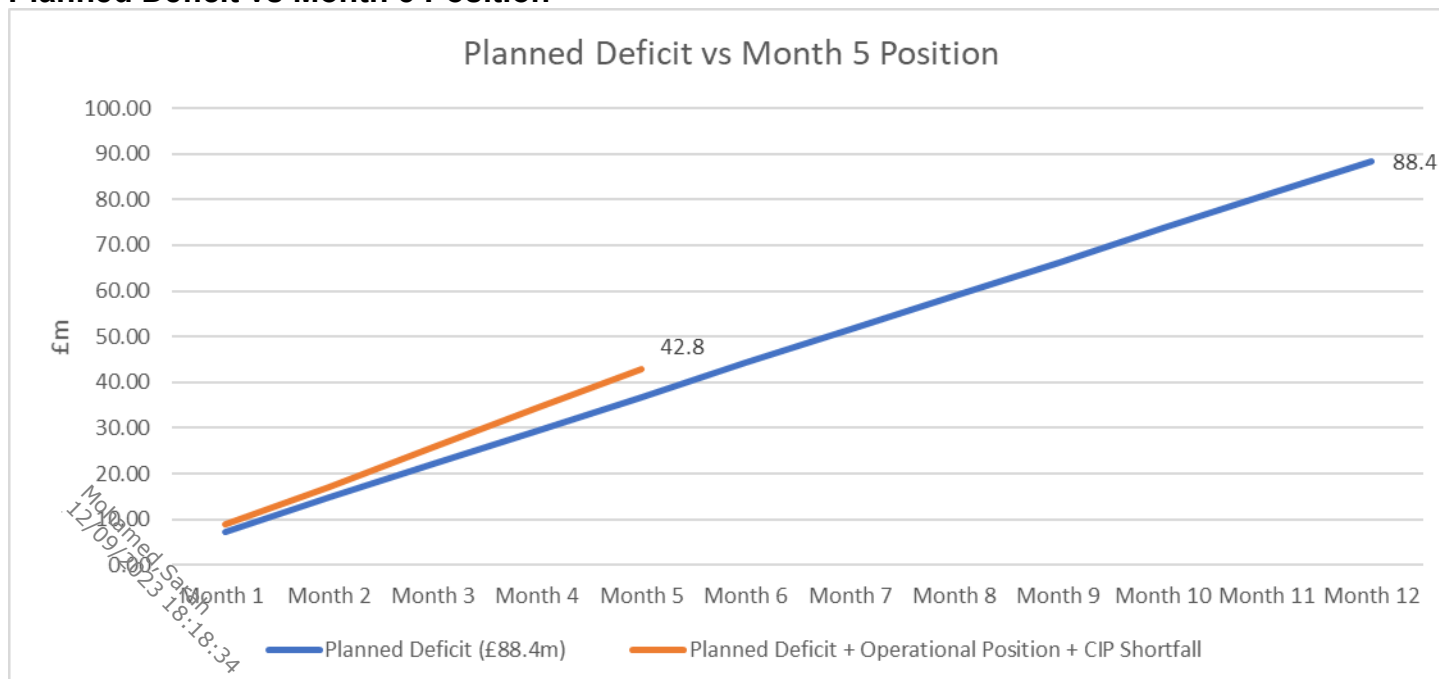


Table 3: Finance - Key Performance Indicator Dashboard at August 2023

Measure	STATUS REPORT				
	August 2023	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£42.827m deficit at month 5. £36.833m planned deficit, £4.667m savings gap and £1.327m operational deficit.	R	↓	Deliver 2023/24 £88.4m Planned Deficit	M5 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit which was £29.597m at month 5	G	↻	Remain within approved planned expenditure	M5 2023-24
Delivery of recurrent £32m savings target	£36.481m Green, Amber and Red schemes identified at month 5 of which £21.455m were recurrent.	R	↑	£32m	M5 2023-24
Creditor payments compliance 30 day Non NHS	97.47% at the end of August	G	↻	95% of invoices paid within 30 days	M5 2023-24
Remain within Cash Limit	The UHB's working capital requirement will be discussed with Welsh Government following finalisation of the draft plan @ Q1	A	↻	To remain within Cash Limit	M5 2023-24
Maintain Positive Cash Balance	Cash balance = £8.767m	G	↻	To Maintain Positive Cash Balance	End of August 2023

Financial Performance of Clinical Boards

Budgets were set in the anticipation that they were sufficient to deliver the UHB's plan. Financial performance for month 5 by Clinical Board is shown in Table 4.

Table 4: Financial Performance for the period ended 31st August 2023

Clinical Board	Operational Position (Surplus) / Deficit	Non Delivery of Savings	Total (Surplus) / Deficit	Prior Month (Surplus) / Deficit
Cumulative	Variance £m	Variance £m	Variance £m	Variance £m
Clinical Diagnostics & Therapeutics	85	499	584	625
Children & Women	311	237	548	355
Capital Estates and Facilities	298	725	1,023	1,152
Executives	(583)	123	(460)	(497)
Genomics	(20)	0	(20)	(15)
Medicine	(1)	1,473	1,472	1,043
Mental Health	575	363	938	765
PCIC	191	628	819	160
Specialist	749	527	1,276	823
Surgery	312	693	1,005	844
Sub-Total Delegated Position	1,917	5,267	7,184	5,256
Central Budgets	(102)	(600)	(702)	(22)
Commissioning	(488)	0	(488)	(347)
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	1,327	4,667	5,994	4,886
Planned Deficit			36,833	29,467
Total Operational (Surplus)/Deficit	1,327	4,667	42,827	34,353

The operational deficit deteriorated in month from a £0.832m deficit at month 4 to a £1.327m cumulative operational deficit at month 5.

The UHB continues to face a significant challenge as it delivers services from an operational footprint that is still predominantly designed to address Covid demands and infection control.

In particular the UHB has experienced unprecedented demand for its Mental Health Services at a time when it has been difficult to source appropriately trained and experienced staff. This has manifested itself by way of increased numbers of patients requiring inpatient care combined with longer lengths of stay. The UHB's Mental Health Clinical Board has been required to expand its High Dependency Unit from 6 beds to 10 as well as placing a number of patients, that would normally have been accommodated within the inpatient footprint, into out of area placements at premium cost.

The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to 5%, reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. This had reduced from the 10% level which applied to Health Board LTAs and WHSSC LTAs in 2022-23. During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales. The WHSSC Joint Committee supported this position, despite its inconsistency with the DoFs agreement and the 2022-23 contracting arrangements. This has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of his stance.

The forecast assumes that the UHB will successfully identify and deliver further savings schemes to cover the planning assumptions detailed in the financial plan.

COVID 19 Expenditure

The expenditure for Month 5 is summarised in Table 5 below.

Table 5: Summary of Month 5 COVID 19 Net Expenditure

	Month 5 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	3.350	8.800	8.800	0.000
PPE	0.805	2.500	2.500	0.000
Long Covid	0.477	1.144	1.144	0.000
Nosocomial	0.217	0.520	0.520	0.000
Anti-Viral	0.042	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	4.890	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	13.093	31.200	34.200	(3.000)
Total COVID Expenditure £m	17.983	44.264	47.264	(3.000)

Local Response expenditure is no longer funded by Welsh Government and as such is included within the UHB's Financial Plan.

The forecast cost at Month 5 is a reduction of £3.4m against the £34.2m included within the Financial Plan and is included within the UHB's savings plans.

Welsh Government is funding Health Protection, PPE, Long Covid, Nosocomial and Anti-Viral with expenditure forecast to meet funding anticipated.

Risks

Table 6 summarises the Finance Department's Risk Register. The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2023-24 year end with a current planned deficit of £88.4m.

Table 6: Risk Register at August 2023

	Risks	Rating	Comment
Key Corporate Risk	Approved Three year Financial plan (IMTP)	20	Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.
	Revenue Funding Limit.	20	The UHB has submitted a £88.4m deficit plan and therefore will breach breakeven duty in 2023-24. There is a high risk that this will not be recovered in years two and three of the rolling performance measure.
	Capital Funding - Three Year Rolling Breakeven Duty	12	The current 2023-24 UHB Capital Plan is structured to remain within the Capital Resource limit

Financial Performance	Failure to adequately manage budget pressures.	12	<p>The 2022-23 Financial plan has funded 2022-23 out-turns in most delegated positions alongside the ability to call down appropriate and Covid consequential funding from dedicated UHB Reserves. This has reduced the risk of delegated positions overspending against core budgets. Monthly tripartite finance meetings are held between the COOs Office, Clinical Board Management teams and senior Finance Officers to monitor respective decisions and explore escalation actions where required.</p> <p>A number of additional actions are progressing to recover the month 5 operational & CRP overspend to enable the UHB to deliver the planned £88.4m deficit.</p>
	Failure to deliver 2023-24 Savings Programme	16	At month 5 the UHB identified £36.481m schemes against the £32m savings target however £13.732m (38%) remain as red schemes. The ability to meet the UHB savings target for 2023-24 remains a major challenge that is being supported by escalation meetings with programme/theme leads and finance support teams.,
	Management and reduction of COVID-19 Response costs WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.	16	Welsh Government confirmed that there will not be any Covid Response or Covid consequential cost funding in 2023-24 and consequently this has contributed to the 2023-24 planned deficit.
	2023-24 One Year LTA framework in NHS Wales	12	<p>The 2023-24 all Wales LTA framework agreed an enhanced 5% tolerance for underperformance moving from 10% in 2022-23. This reflects the expectation that activity levels will continue to recover in 2023-24 and that the enhanced tolerance level should be reduced.</p> <p>During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales. The WHSSC Joint Committee supported this position, despite its inconsistency with the DoFs agreement and the 2022-23 contracting arrangements.</p> <p>This has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of his stance</p>

Mohamed, Sarah
12/09/2023 16:18:34

Savings Programme

At month 5, the UHB has identified £36.481m of green, amber and red savings against the £32m savings target however £13.732m are classified as red schemes. The month 5 position includes a Savings Programme variance of £4.667m relating to a five month share of red schemes.

The month 5 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its planned deficit position of £88.4m.

Executive Performance Reviews with the UHBs Clinical Boards are focussing on the management of operational pressures and progress in identifying and delivering recurrent savings schemes that in turn will de-risk the financial plan.

The following additional actions are progressing to recover the month 5 operational & CRP deficit to enable the UHB to deliver the planned £88.4m deficit:

Scheme	Theme	£000 Opportunity
Limit catalogue for non clinical non pay expenditure	Procurement	1,000
Eliminate non clinical agency with exception process	Workforce	1,000
Eliminate non clinical overtime	Workforce	1,000
Enhanced vacancy review through Vacancy Scrutiny Panel/Workforce reshaping	Workforce	2,240
Eliminate clinical agency with exception process	Workforce	5,390
Eliminate clinical overtime with exception process	Workforce	3,570
Waiting list initiative management following Health Board rate card	Workforce	1,120
Rationalise study leave to the minimum required to meet regulatory requirements	Workforce	700
Actions to Deliver Planned Deficit £88.4m		16,020

Reducing premium pay expenditure across all staff groups is a large component of the above, significant actions were taken during August to ensure the opportunities are realised. Nursing features heavily within these actions and as such have been allocated a target: a maximum of 25% of current agency and overtime used in QTR 1 can be used going forwards. If the registered nursing agency hours reduce and stay at the 25% limit, the UHB will realise £1m savings each month.

Weekly activity information is being captured and shared with the reduction in hours commencing at the end of August and expected to reduce towards the 25% limit into future months.

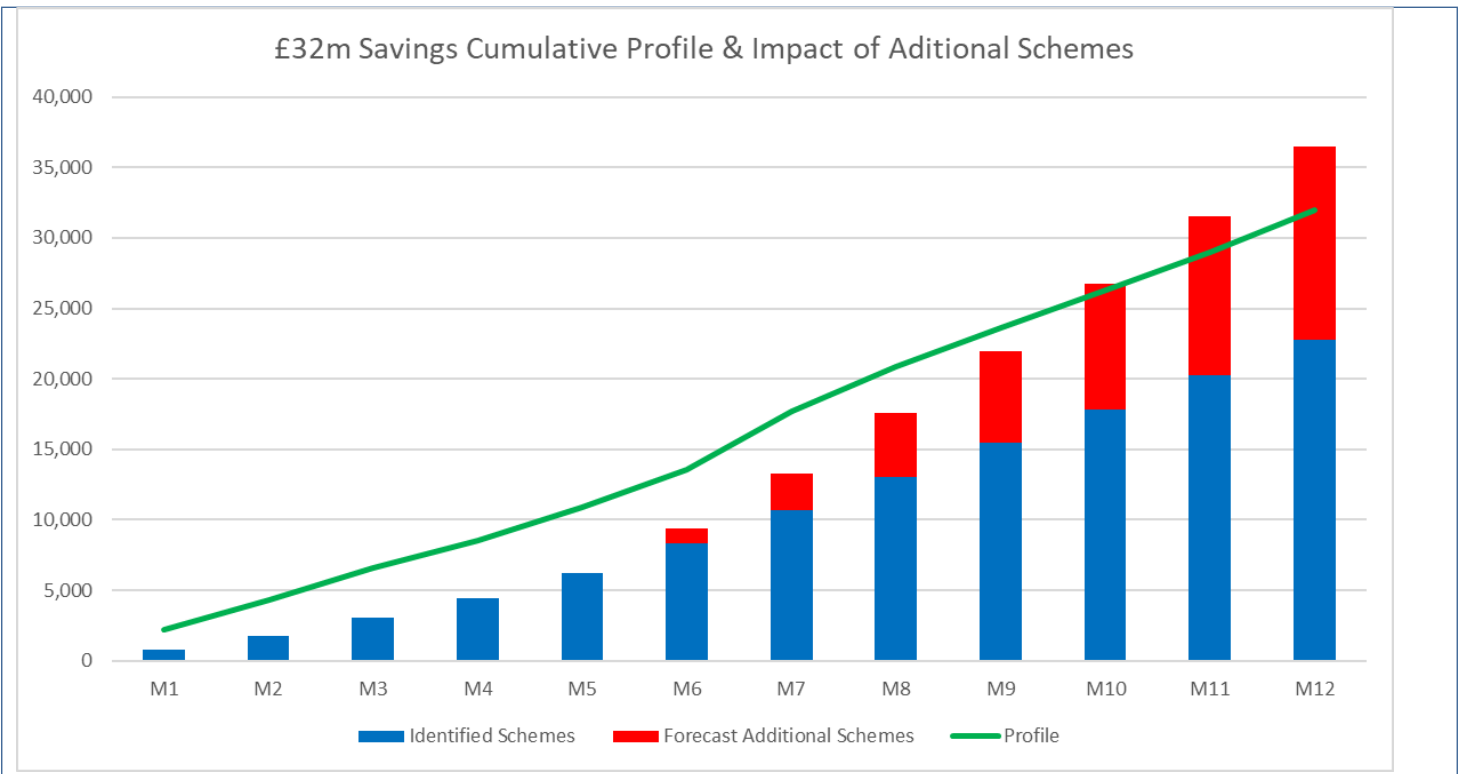
Registered Nursing overtime has a reduction of over 50% of hours used in the two weeks ending 3rd September.

In addition to nursing improvements, the UHB has re-established the Corporate Vacancy Scrutiny Panel to provide additional scrutiny on all new posts, all non-patient facing replacement posts and replacement clinical posts band 7 and above. The impact of the panel after six weeks is a saving of £0.610m.

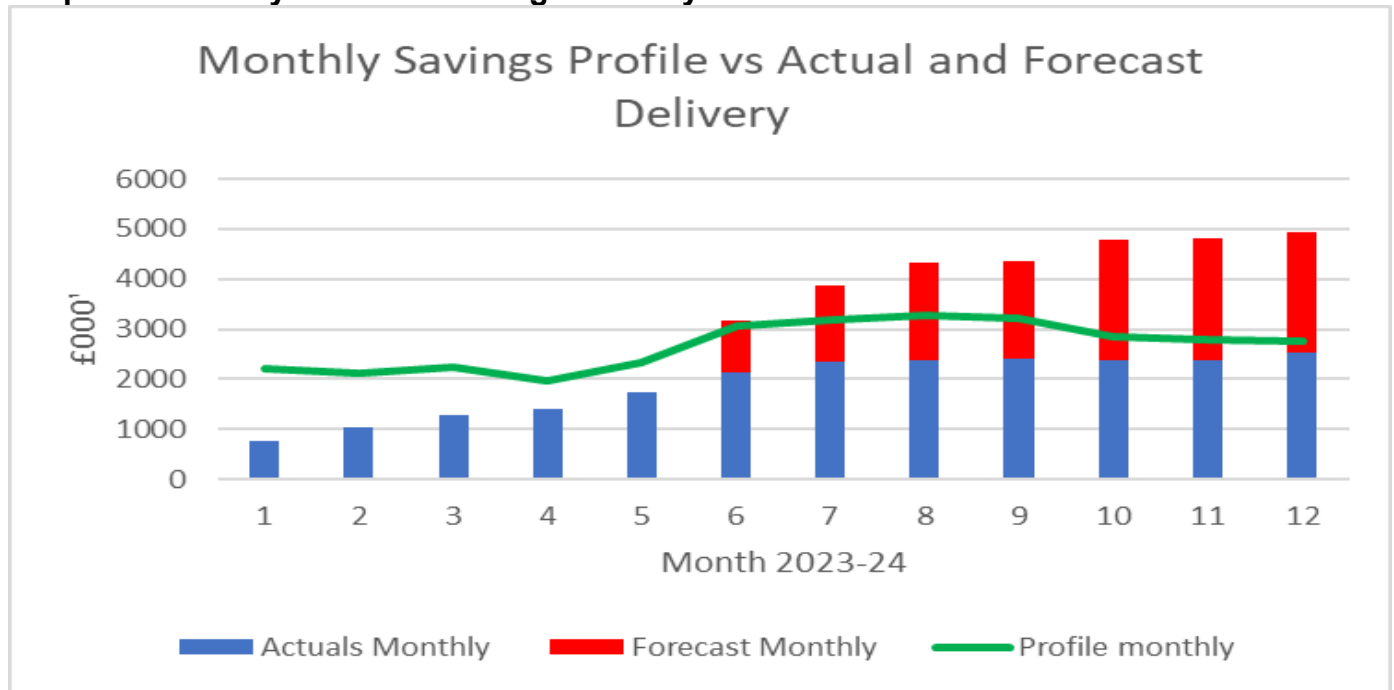
In addition to the risk of non-delivery of savings, Graph 1 shows the cumulative forecast impact of the additional actions and Graph 2 shows the monthly impact. A number of the additional actions are still in red and progress is being closely monitored through the Sustainability Board. It is vital that these schemes progress to amber and green to gain further assurance of delivery.

Graph 1 – Profile of Savings Delivery

Named: Sarah
12/09/2023 18:18:34



Graph 2 – Monthly Profile of Savings Delivery



The progress of reducing risk via identification of schemes can be found in Graph 3.

Mohamed Sarah
12/09/2023 18:18:34

Graph 3 – Progress of Identification of Schemes

Monthly Progress of Identification of Schemes

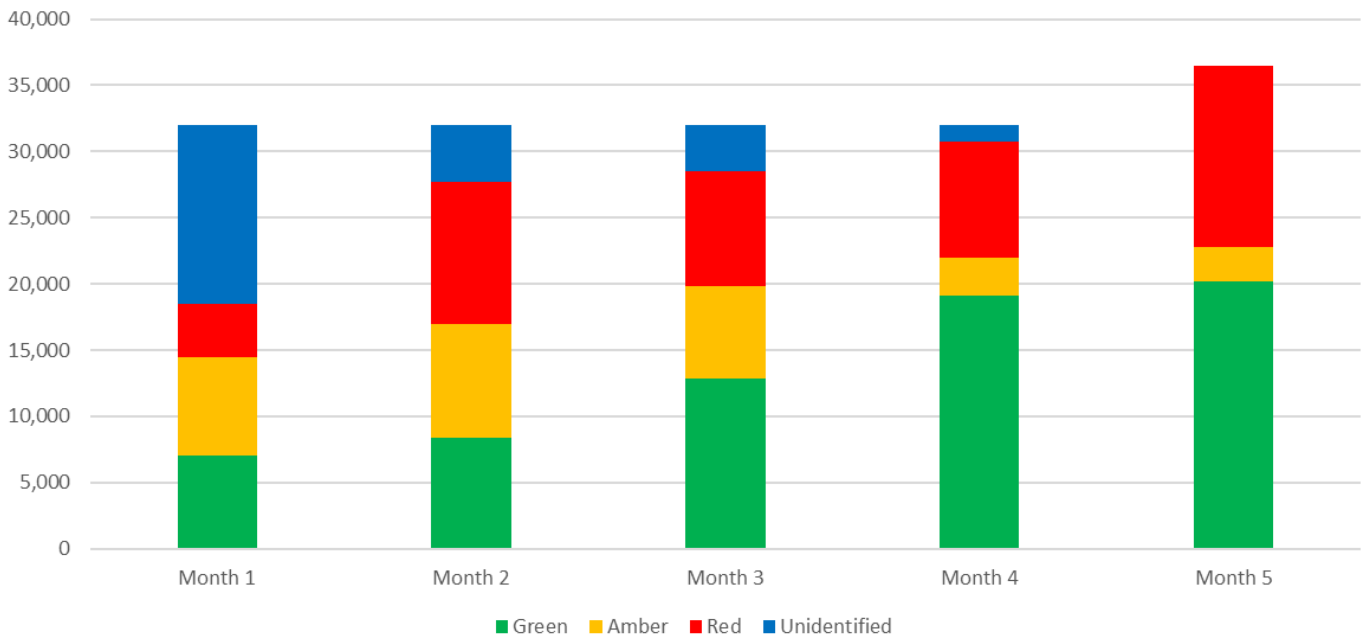
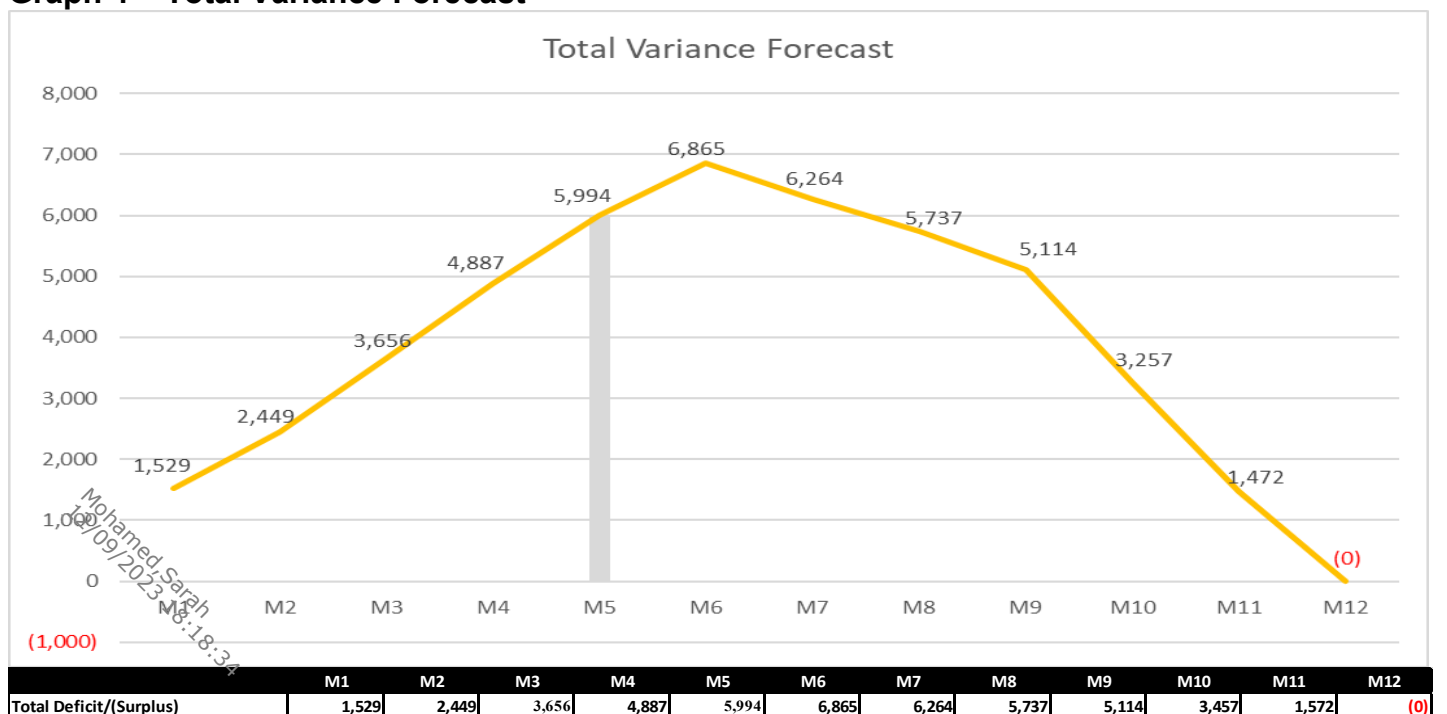


Table 7: Forecast Additional Savings

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Profile	2,205	4,318	6,568	8,536	10,881	13,948	17,122	20,396	23,600	26,461	29,243	32,000
Identified Schemes	759	1,794	3,083	4,481	6,214	8,343	10,695	13,068	15,468	17,834	20,219	22,749
Forecast Additional Schemes	0	0	0	0	0	1,052	2,559	4,521	6,483	8,899	11,316	13,732
Savings Shortfall/ (Surplus)	1,446	2,524	3,485	4,055	4,667	4,553	3,868	2,807	1,649	(272)	(2,292)	(4,481)
Operational Deficit/(Surplus)	83	(75)	171	832	1,327	2,312	2,396	2,931	3,465	3,728	3,864	4,481
Total Deficit/(Surplus)	1,529	2,449	3,656	4,887	5,994	6,865	6,264	5,737	5,114	3,457	1,572	(0)

Table 7 shows the current cumulative profile of identified and red schemes up to the savings target of £32m. The impact of successfully delivering the agreed £16m additional actions would meet the £32m target in month 10 and allow additional savings of £4.481m to address the operational deficit to deliver a breakeven position.

Graph 4 – Total Variance Forecast



Graph 4 shows the total operational and savings programme deficits and the profile of the additional savings actions on the total variance. If schemes deliver in line with this profile the reported deficit will peak at month 6 before turning the curve on a trajectory to hit the £88.4m planned deficit.

Overall progress in the identification of savings schemes is outlined in table 8 below:

Mohamed Sarah
12/09/2023 18:18:34

Table 8: Savings Schemes**2023-24 Savings Summary****2023-24 in-year plans**

Clinical/Service Board	23-24 Target	Green	Amber	Red	Total Savings Identified	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	631	666	0	3	669	-38
Children and Women	869	634	235	0	869	0
Clinical Diagnostics and Therapeutics	799	800	0	0	800	-1
Corporate Executives	334	325	0	0	325	9
Medicine	919	919	0	0	919	0
Mental Health	719	720	0	0	720	-1
Primary, Community and Intermediate Care	1,615	1,759	0	0	1,759	-144
Specialist Services	988	986	0	0	986	2
Surgical Services	1,126	927	170	0	1,097	29
Subtotal - Grip and Control	8,000	7,736	405	3	8,144	-144
Length of Stay	3,000	1,001	0	1,574	2,575	425
Theatres Productivity	500	0	38	464	502	-2
Income Generation	500	200	0	200	400	100
Medicines Management	2,000	1,583	0	416	1,999	1
Continuing Healthcare	1,500	0	313	250	563	937
Facilities and Estates	500	635	0	0	635	-135
Procurement	5,000	1,641	0	2,209	3,850	1,150
Workforce Efficiencies	8,000	4,430	1,688	6,652	12,770	-4,770
COVID Consequentials	3,000	3,000	0	795	3,795	-795
Review of Investments		0	0	0	0	0
Commissioning		79	0	1,170	1,249	-1,249
Subtotal Cost Improvement Themes	24,000	12,569	2,039	13,729	28,338	-4,338
Total Savings Position	32,000	20,305	2,444	13,732	36,481	-4,481

Cash Flow Forecast

The closing cash balance at the end of August 2023, was £8.767m.

A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.

The UHB's working cash assumption for 2023-24 is based on the key assumptions :-

- Movements in working capital from the 2022-23 Balance Sheet to be assessed as the year progresses.
- Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support.
- Cash support for the £88.4m deficit of the UHB 2023-24 Financial Plan.

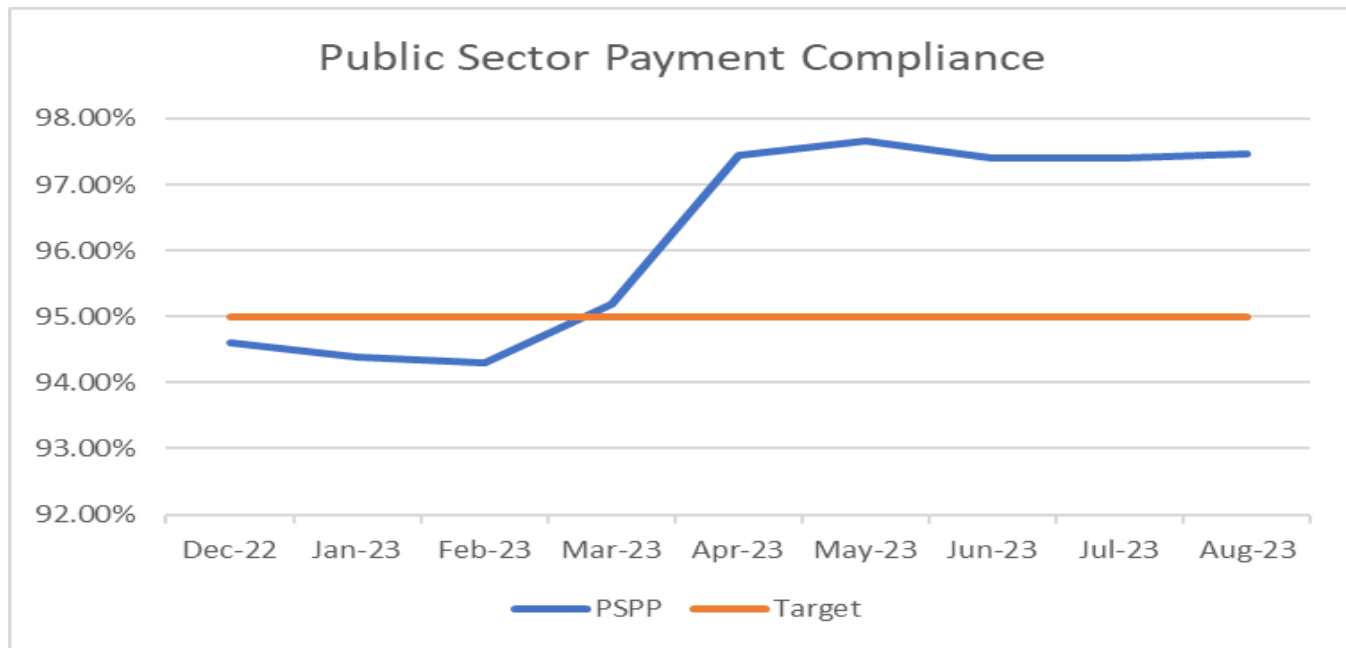
Discussion is ongoing with Welsh Government to provide cash support for these three areas which will total approximately £100m.

The cashflow is included in Table G of the Monthly Monitoring Returns which is provided to the Finance Committee each month.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of August was 97.47% and improvements are illustrated in Graph 3 below.

Graph 3 – Public Sector Payment Compliance



Work is ongoing with departments within the UHB, including training, to address the level of orders not received, and the high number of workforce and nursing holds, which should improve the UHB's position.

Capital

Of the UHB's approved Capital Resource Limit, 17% has been expended to date.

One capital scheme is currently classified as medium risk:

- Genomics - forecasting a potential £1.041m overspend. This is to be managed through the discretionary programme. The overspend is due to a number of factors including inflation, IT spec and the rerouting of drainage.

Eye Care – discussions are ongoing with DCHW in relation to the transfer of this service from C&V.

All other schemes are currently in line with the annual forecast. UHL infrastructure, Endoscopy, Genomics, Neuroradiology and Park View are all slightly behind plan year to date however these are currently still expected to deliver in 23/24.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 1st September 2023 - £29.644m.

Mohamed Sarah
12/09/2023 18:18:34

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Financial Plan includes an annual forecast deficit of £88.4m.

Delivery of the core financial plan includes a 4% (£32.0m) recurrent savings requirement. At Month 5 £36.481m of savings were identified, representing 114% of the target.

The UHB also needs to manage its operational position and mitigate any emerging pressures as its Covid response costs are collapsed. The operational overspend is £1.327m in month 5. Enhanced monitoring is in-place for both operational positions and to further progress the gap in the Savings Programme. Alongside this, further additional actions are progressing to recover the month 5 operational & savings deficits.

Recommendation:

At Month 5 the Committee are requested to:

- **NOTE** the reported year to date overspend of £42.827m and the forecast deficit of £88.400m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.264m.
- **NOTE** the month 5 operational overspend against plan of £1.327m
- **NOTE** the progress against the savings target, with £36.481m (114%) of schemes identified at Month 5 against the £32m target.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	
------------	--	-----------	---	-------------	--	---------------	--	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes	
As detailed in the report.	
Workforce: Yes/No	
No	
Legal: Yes/No	
No	
Reputational: Yes/No	
Yes, if forecast financial position is not delivered.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Finance Committee	Date: 20 th September 2023

Mohamed Sarah
12/09/2023 18:18:34

Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Head of Performance			

Main Report

Background and current situation:

Background and current situation:

The Operations and Information Teams have redesigned the Integrated Performance Report to better meet the requirements of the Board, it's Committees and improve performance reporting for the Health Board as a whole, both internally and externally. This updated report incorporates progress against the ministerial priorities and our performance ambitions/IMTP priorities. It will also include performance against the NHS Performance Framework, which was finalised in June 2023

The sections of the full report covering Operation Performance, which are pertinent to the Finance and Performance Committee are:

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

This report is intended to be iterative and feedback from the Committee will be useful as we develop this resource.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The enclosed performance report details the Health Board's performance against the Ministerial priorities, Health Board commitments from our IMTP and the wider NHS Wales Performance Framework.

We continue to see a high level of demand for our urgent and emergency care services. Despite this we have seen performance improvement in areas we have given operational focus. The focussed work on ambulance handovers through this year has led to significant reductions in the number of patients waiting more than 1 hour on an ambulance outside our Emergency Department, in addition to an overall reduction in the average handover time, surpassing our commitments.

However, for August there has been a deterioration in performance across our suite of EU metrics: the number of one hour ambulance handover breaches have increased, in addition to our average handover time. However, our ambulance performance remains in excess of our IMTP commitments and continues to show a considerable improvement from our historic performance.

The number of patients waiting 12 and 24 hours in our Emergency Department has also increased during August. The improvements resulting from the significant number of ward moves and redesign of our EU/AU footprint in July are taking time to fully imbed and will have impacted our performance, we continue to analyse breaches to better understand and improve our flow processes.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction

in the median time taken for patients to get to the ward and continued improvement in the door to ward and prompt surgery performance for July.

July also saw a reduction in our compliance against the SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours reduced to 53.7%, however, this remains above the all Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022 and we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan.

In terms of our compliance with the 62-day single cancer pathway standard, whilst we did not deliver the 75% standard as we had originally intended, our performance in July increased to 65.6% and has remained above 60% since February this year.

The numbers of patients waiting on an RTT waiting list has increased this month. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. A separate Paper from our Director of Planned and Specialist Care was presented to the Committee last month describing the current position and our approach for this year. This month a separate paper on Orthopaedic waiting lists has been submitted.

Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults fell to below 50% in April following an exceptionally high number of referrals in March. However, the teams have managed to recover their waiting list position and June’s reported compliance with the 28-day standard returned to 100% and remained high in July at 99.8%.

Since the last committee meeting we have made the changes to the Emergency Unit and Assessment Unit areas as described in July’s paper. As described, we anticipated that this would impact our EU attendance and 4-hour performance, beginning in July, will full month effect from August’s data. This has been evidenced this month with reported attendances falling to below 12000 and our 4-hour performance reducing by 6.8%. Welsh Government have been notified of the changes and our teams are working to ensure these changes will help to better align our reporting with ongoing national proposals. Cardiff and Vale have been asked to lead an All Wales task and finish group to explore how we capture and report activity from an emergency and urgent perspective nationally. The changes developed will part of the Welsh Emergency Care Data Set (WECDS) development which will replace EDDS. The Health Board are meeting with the Delivery Unit regularly to develop a dataset as an exemplar in Wales. The aim is that this will be adopted across the whole of Wales to ensure we can compare services in an equitable and fair way.

Recommendation:

The Finance and Performance Committee is asked to:

NOTE the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓

4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
------------	--	-----------	---	-------------	---	---------------	--	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Mohamed Sarah
12/09/2023 18:18:34

Cardiff and Vale Integrated Performance Report

September 2023

Mohamed Sarah
12/09/2023 18:18:34



Report Contents

1. [Ministerial Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

Mohamed Sarah
12/09/2023 18:18:34

The Minister for Health and Social Services has set out 6 priority areas to help address the immediate pressures and help to build a sustainable health and care service over the next year.

Section 1 provides an overview of the Health Boards performance in relation to the 16 measures that are included within these 6 priority areas. As many of the measures are not specific, detail is provided on the specific measurement(s) that has been used to monitor compliance.

For a more in depth view on performance for each priority, please follow the links in the NHS Performance Framework column.

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link in Performance Report
Delayed Transfers of Care	Reduction in backlog of delayed transfers Measure: number of delayed transfers of care. Reporting period: monthly	217	Yes	June 2023	176 July	Hyperlink to section
Primary Care Access to Services	Improved access to GP and Community Services Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	95%	Yes	June 2023	98% June	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	tbc	Hyperlink to section
	Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	98% June	Hyperlink to section
	Improved use of optometry services Measure: Reduce number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services Reporting: monthly	877	Yes	Dec 2023	846 June	Hyperlink to section
Urgent and Emergency Care	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales Measure: Performance response time in NHS 111 Reporting: TBC	tbc	tbc	June 2023	tbc	Hyperlink to section
	Implementation of Same Day Emergency Care services Measure: Increase in SDEC attendances Reporting: monthly	1233	Yes	June 2023	1717 July	Hyperlink to section
	Honour commitments that have been made to reduce handover waits Measure: Eliminate 4 hour ambulance handover delays Reporting: monthly	0	Yes	June 2023	0 August	Hyperlink to section

Mohamed Sarah
12/09/2023 18:18:34

Performance Key: Meeting standard / trajectory over target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet ministerial ambition?	By When	In Month Performance against C&V commitment	Link Performance Report	
Planned Care, Recovery, Diagnostics and Pathways of Care	Achieve RTT waiting time targets Measure 1: 52 week new outpatient target by March 2024 Reporting: monthly	8999	No	Mar 2024	11138 July	Hyperlink to section	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	4164 July	Hyperlink to section	
	Set foundations for achieving waiting list targets Measure: Reduce outpatient overdue follow by 25% against 2019/20 levels Reporting: monthly	37623	Yes	Mar 2024	45644 July	Hyperlink to section	
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly	Measure 2: Achieve 8-week diagnostic Reporting: monthly	Go-Live	Yes	Sept 2024	On track	Hyperlink to section
			0	No	June 2025	10009 July	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly	Go-Live	Yes	Sept 2024	On track	Hyperlink to section	
Cancer	Achieve SCP target Measure: 75% of patients starting their first definitive cancer treatment within 62 days Reporting: monthly	75%	Yes	June 2024	62% June	Hyperlink to section	
	Implement the national cancer pathways within the national target Measure: progress reporting on national cancer pathways Reporting: quarterly	Go-Live	Yes	Sept 2024	On track	Hyperlink to section	
Mental Health and CAMHS	Achieve waiting wait performance for Local Primary Mental Health Support Services and Specialist CAMHS Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2024	99.8% July	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2024	100% July	
		Measure 3: Part 2 (adults)	80%	Yes	June 2024	46.7% July	
		Measure 4: Part 1a (children)	80%	Yes	June 2024	84% July	
		Measure 5: Part 1b (children)	80%	Yes	June 2024	0% July	
		Measure 6: Part 2 (children)	80%	Yes	June 2024	90.2% July	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly	Go-Live	Yes	Sept' 2024	Delivered	Hyperlink to section	

Mohamed Sarah
12/09/2023 18:18:34

Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

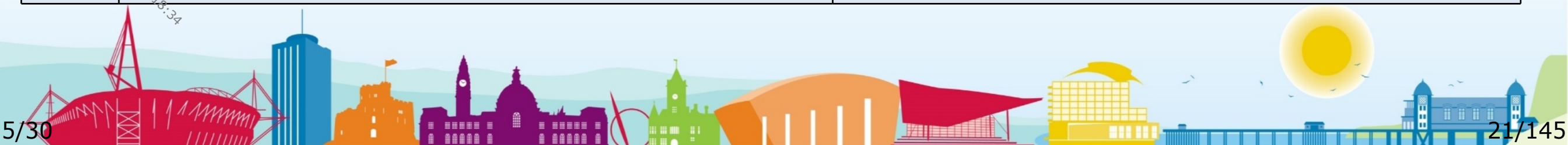
Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim (under development)

[Return to Main Menu](#)

Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reported Period	Data
<p>Health Protection Acute Respiratory Infections (ARI)</p>	<p>Acute Respiratory Infections (ARI)</p> <ul style="list-style-type: none"> Baseline (inter-seasonal) levels of influenza activity Hospital admissions for Covid-19 have been increasing during August. A new sub-variant of omicron, BA.2.86, has recently been identified at low prevalence across a number of countries including the UK and has been designated a 'variant under monitoring' by the WHO. It is not yet clear what, if any, adverse impact this new variant will have on Covid-19 cases and morbidity. RSV activity in children under 5 years is at levels which indicate the season has started, although there has been a decrease to low levels in the most recent week. 	<p>Week 34</p>	<p>Source: 10 (wales.nhs.uk)</p>
<p>Health Protection Immunisation</p>	<ul style="list-style-type: none"> Eligible cohorts have received the Covid-19 Spring Booster, with 37,253 doses given in Cardiff and Vale by 5 July 2023, and 69.15% uptake to date (cf Wales average 67.91% uptake). Following JCVIs announcement on 6 April, the Covid-19 infant vaccination programme commenced on 22 May 2023, running alongside the Spring Booster Campaign. The latest available public data by Public Health Wales (accessed on 21/08/2023) for the whole of Wales shows 47,541 (18.6% of the eligible) 1st doses were administered to 5-11 year olds and 34,964 second doses (13.7% of the eligible). In the geographical areas of Cardiff and in the Vale this was respectively 26.8% and 24.5% for the first dose and 21.1% and 19.6% for the second dose. Operational preparations are underway for the Winter Respiratory Vaccination Programme. Eligible groups have been identified and the vaccination campaign is due to start from the 11th of September 2023. The Staff Winter Respiratory Vaccination campaign will also start concurrently and it will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres, occupational health and with opportunistic vaccination through vaccination champions. 	<p>Q1 2023/24</p>	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant covid 19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p>
<p>Health Protection Health Protection System</p>	<ul style="list-style-type: none"> Planning for a regional, all hazards Integrated Health Protection Partnership continues, with expected full implementation by end of year A draft Health Protection Plan has been developed with key partners. Consultation with stakeholders will take place in early Autumn. 	<p>Q2 2023/24</p>	
<p>Health Improvement Healthy weight</p>	<ul style="list-style-type: none"> 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data. 40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical 		

Priority	Performance Summary	Reported Period	Data																																																																																																						
Health Improvement Tobacco	<ul style="list-style-type: none"> 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales 2.3% of smokers set a firm quit date in 2022-2023 with 71% quitting smoking at 4 weeks 9% of pregnant women smoke on booking – the lowest in Wales. 8% of pregnant women smoked on booking, Cardiff and Vale UHB, Qtr 4, 2022-2023) 85% of patients quit smoking by accessing the Hospital HMQ programme, Qtr 4 2022-2023 	Quarter 3 2022-2023	<table border="1"> <caption>Tobacco Prevalence Rates (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>HMQ</th> <th>Hospital</th> <th>L3</th> <th>Tier 1 Target</th> <th>C&V UHB</th> </tr> </thead> <tbody> <tr><td>2006-2007</td><td>42.00%</td><td>61.00%</td><td>42.00%</td><td>40.00%</td><td>42.00%</td></tr> <tr><td>2007-2008</td><td>38.00%</td><td>51.00%</td><td>38.00%</td><td>40.00%</td><td>38.00%</td></tr> <tr><td>2008-2009</td><td>35.00%</td><td>45.00%</td><td>35.00%</td><td>40.00%</td><td>35.00%</td></tr> <tr><td>2009-2010</td><td>34.00%</td><td>41.00%</td><td>34.00%</td><td>40.00%</td><td>34.00%</td></tr> <tr><td>2010-2011</td><td>34.00%</td><td>51.00%</td><td>34.00%</td><td>40.00%</td><td>34.00%</td></tr> <tr><td>2011-2012</td><td>41.00%</td><td>60.00%</td><td>41.00%</td><td>40.00%</td><td>41.00%</td></tr> <tr><td>2012-2013</td><td>45.10%</td><td>63.00%</td><td>45.10%</td><td>40.00%</td><td>45.10%</td></tr> <tr><td>2013-2014</td><td>48.00%</td><td>59.00%</td><td>48.00%</td><td>40.00%</td><td>48.00%</td></tr> <tr><td>2014-2015</td><td>37.00%</td><td>63.00%</td><td>37.00%</td><td>40.00%</td><td>37.00%</td></tr> <tr><td>2015-2016</td><td>46.00%</td><td>63.00%</td><td>46.00%</td><td>40.00%</td><td>46.00%</td></tr> <tr><td>2016-2017</td><td>49.00%</td><td>63.00%</td><td>49.00%</td><td>40.00%</td><td>49.00%</td></tr> <tr><td>2017-2018</td><td>63.00%</td><td>65.00%</td><td>71.00%</td><td>40.00%</td><td>63.00%</td></tr> <tr><td>2018-2019</td><td>57.00%</td><td>65.00%</td><td>73.00%</td><td>40.00%</td><td>57.00%</td></tr> <tr><td>2019-2020</td><td>60.00%</td><td>68.00%</td><td>69.00%</td><td>40.00%</td><td>60.00%</td></tr> <tr><td>2020-2021</td><td>58.00%</td><td>77.00%</td><td>38.00%</td><td>40.00%</td><td>58.00%</td></tr> <tr><td>2021-2022</td><td>75.00%</td><td>74.00%</td><td>69.00%</td><td>40.00%</td><td>75.00%</td></tr> </tbody> </table>	Year	HMQ	Hospital	L3	Tier 1 Target	C&V UHB	2006-2007	42.00%	61.00%	42.00%	40.00%	42.00%	2007-2008	38.00%	51.00%	38.00%	40.00%	38.00%	2008-2009	35.00%	45.00%	35.00%	40.00%	35.00%	2009-2010	34.00%	41.00%	34.00%	40.00%	34.00%	2010-2011	34.00%	51.00%	34.00%	40.00%	34.00%	2011-2012	41.00%	60.00%	41.00%	40.00%	41.00%	2012-2013	45.10%	63.00%	45.10%	40.00%	45.10%	2013-2014	48.00%	59.00%	48.00%	40.00%	48.00%	2014-2015	37.00%	63.00%	37.00%	40.00%	37.00%	2015-2016	46.00%	63.00%	46.00%	40.00%	46.00%	2016-2017	49.00%	63.00%	49.00%	40.00%	49.00%	2017-2018	63.00%	65.00%	71.00%	40.00%	63.00%	2018-2019	57.00%	65.00%	73.00%	40.00%	57.00%	2019-2020	60.00%	68.00%	69.00%	40.00%	60.00%	2020-2021	58.00%	77.00%	38.00%	40.00%	58.00%	2021-2022	75.00%	74.00%	69.00%	40.00%	75.00%
Year	HMQ	Hospital	L3	Tier 1 Target	C&V UHB																																																																																																				
2006-2007	42.00%	61.00%	42.00%	40.00%	42.00%																																																																																																				
2007-2008	38.00%	51.00%	38.00%	40.00%	38.00%																																																																																																				
2008-2009	35.00%	45.00%	35.00%	40.00%	35.00%																																																																																																				
2009-2010	34.00%	41.00%	34.00%	40.00%	34.00%																																																																																																				
2010-2011	34.00%	51.00%	34.00%	40.00%	34.00%																																																																																																				
2011-2012	41.00%	60.00%	41.00%	40.00%	41.00%																																																																																																				
2012-2013	45.10%	63.00%	45.10%	40.00%	45.10%																																																																																																				
2013-2014	48.00%	59.00%	48.00%	40.00%	48.00%																																																																																																				
2014-2015	37.00%	63.00%	37.00%	40.00%	37.00%																																																																																																				
2015-2016	46.00%	63.00%	46.00%	40.00%	46.00%																																																																																																				
2016-2017	49.00%	63.00%	49.00%	40.00%	49.00%																																																																																																				
2017-2018	63.00%	65.00%	71.00%	40.00%	63.00%																																																																																																				
2018-2019	57.00%	65.00%	73.00%	40.00%	57.00%																																																																																																				
2019-2020	60.00%	68.00%	69.00%	40.00%	60.00%																																																																																																				
2020-2021	58.00%	77.00%	38.00%	40.00%	58.00%																																																																																																				
2021-2022	75.00%	74.00%	69.00%	40.00%	75.00%																																																																																																				

Mohamed Sarah
12/09/2023 18:18:34

[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 Jan 23 to 31 Mar 23	0.8% per quarter	0.7%	<table border="1"> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td>0.50%</td> <td>0.50%</td> <td>0.40%</td> <td>0.70%</td> </tr> </table>	Q1	Q2	Q3	Q4	0.50%	0.50%	0.40%	0.70%
Q1	Q2	Q3	Q4										
0.50%	0.50%	0.40%	0.70%										
2.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)		Improvement trend	Work in progress with substance misuse									
3.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 Jan 23 to 31 Mar 23	95%	84.8%	<table border="1"> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td>86.80%</td> <td>87.20%</td> <td>86.80%</td> <td>84.80%</td> </tr> </table>	Q1	Q2	Q3	Q4	86.80%	87.20%	86.80%	84.80%
Q1	Q2	Q3	Q4										
86.80%	87.20%	86.80%	84.80%										
4.	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)	1 Jan 23 to 31 Mar 23	90%	71.3%	<table border="1"> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> <tr> <td>72.00%</td> <td>72.60%</td> <td>70.30%</td> <td>71.30%</td> </tr> </table>	Q1	Q2	Q3	Q4	72.00%	72.60%	70.30%	71.30%
Q1	Q2	Q3	Q4										
72.00%	72.60%	70.30%	71.30%										
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	1 Sept 22 to 31 Mar 23	75%	75.7%									
6.	Percentage uptake of the COVID-19 vaccination for those eligible (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024)	1 Apr 23 to 30 Jun 23	75%	67%	<table border="1"> <tr> <th>w/e 11/06</th> <th>we 18/06</th> <th>w/e 25/06</th> <th>w/e 02/07</th> </tr> <tr> <td>64.00%</td> <td>65.00%</td> <td>66.00%</td> <td>67.00%</td> </tr> </table>	w/e 11/06	we 18/06	w/e 25/06	w/e 02/07	64.00%	65.00%	66.00%	67.00%
w/e 11/06	we 18/06	w/e 25/06	w/e 02/07										
64.00%	65.00%	66.00%	67.00%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Jun-23	90%	4.7%	<table border="1"> <tr> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> </tr> <tr> <td>8.00%</td> <td>16.70%</td> <td>3.40%</td> <td>4.70%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	8.00%	16.70%	3.40%	4.70%
Mar-23	Apr-23	May-23	Jun-23										
8.00%	16.70%	3.40%	4.70%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-23	90%	97.7%	<table border="1"> <tr> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> </tr> <tr> <td>96.30%</td> <td>95.60%</td> <td>98.00%</td> <td>97.70%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	96.30%	95.60%	98.00%	97.70%
Mar-23	Apr-23	May-23	Jun-23										
96.30%	95.60%	98.00%	97.70%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jul-23	95%	93.5%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>93.70%</td> <td>95.10%</td> <td>97.30%</td> <td>93.50%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	93.70%	95.10%	97.30%	93.50%
Apr-23	May-23	Jun-23	Jul-23										
93.70%	95.10%	97.30%	93.50%										

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reporting Period	Data																												
<p>Ambulance Handover</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 4-hour ambulance delays (June 23) Reduce average lost minutes to 30 (Sept 23) 	<ul style="list-style-type: none"> The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero in June, July and August 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In June there were two 2-hour holds, a reduction from 206 in March, in July we reported fifteen and in August twenty . Average lost minutes per arrival remains reduced but increased to 26 minutes in August from 18 in June. This performance remains better than our annual plan commitment. 	<p>Aug-23</p>	<p>Number of ambulance handovers >4 hours</p> <table border="1"> <caption>Number of ambulance handovers >4 hours (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Number of handovers</th> </tr> </thead> <tbody> <tr><td>Mar-22</td><td>220</td></tr> <tr><td>Jun-22</td><td>180</td></tr> <tr><td>Jul-22</td><td>185</td></tr> <tr><td>Aug-22</td><td>245</td></tr> <tr><td>Sep-22</td><td>235</td></tr> <tr><td>Oct-22</td><td>100</td></tr> <tr><td>Nov-22</td><td>100</td></tr> <tr><td>Dec-22</td><td>40</td></tr> <tr><td>Jan-23</td><td>10</td></tr> <tr><td>Feb-23</td><td>5</td></tr> <tr><td>Mar-23</td><td>0</td></tr> <tr><td>Apr-23</td><td>0</td></tr> <tr><td>May-23</td><td>0</td></tr> </tbody> </table>	Month	Number of handovers	Mar-22	220	Jun-22	180	Jul-22	185	Aug-22	245	Sep-22	235	Oct-22	100	Nov-22	100	Dec-22	40	Jan-23	10	Feb-23	5	Mar-23	0	Apr-23	0	May-23	0
Month	Number of handovers																														
Mar-22	220																														
Jun-22	180																														
Jul-22	185																														
Aug-22	245																														
Sep-22	235																														
Oct-22	100																														
Nov-22	100																														
Dec-22	40																														
Jan-23	10																														
Feb-23	5																														
Mar-23	0																														
Apr-23	0																														
May-23	0																														
<p>Emergency Department</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 24-hour ED waits (June 23) Reduce 12-hour ED waits by 50% (Sept 23) 	<ul style="list-style-type: none"> In August, 41 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 0 patients reported in June and 23 in July 12-hour ED waits increased from 548 in July to 924 in August. 	<p>Aug-23</p>	<p>12 Hour Wait Reduction by 50% of baseline by Sept-23</p> <table border="1"> <caption>12 Hour Wait Reduction by 50% of baseline by Sept-23 (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>Wait Reduction</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>1200</td></tr> <tr><td>Jun-22</td><td>900</td></tr> <tr><td>Aug-22</td><td>1000</td></tr> <tr><td>Oct-22</td><td>1050</td></tr> <tr><td>Dec-22</td><td>1150</td></tr> <tr><td>Feb-23</td><td>750</td></tr> <tr><td>Apr-23</td><td>700</td></tr> <tr><td>Jun-23</td><td>300</td></tr> <tr><td>Aug-23</td><td>900</td></tr> <tr><td>Oct-23</td><td>350</td></tr> <tr><td>Dec-23</td><td>350</td></tr> <tr><td>Feb-24</td><td>350</td></tr> </tbody> </table>	Month	Wait Reduction	Apr-22	1200	Jun-22	900	Aug-22	1000	Oct-22	1050	Dec-22	1150	Feb-23	750	Apr-23	700	Jun-23	300	Aug-23	900	Oct-23	350	Dec-23	350	Feb-24	350		
Month	Wait Reduction																														
Apr-22	1200																														
Jun-22	900																														
Aug-22	1000																														
Oct-22	1050																														
Dec-22	1150																														
Feb-23	750																														
Apr-23	700																														
Jun-23	300																														
Aug-23	900																														
Oct-23	350																														
Dec-23	350																														
Feb-24	350																														
<p>Delayed Pathways of Care, LOS and Beds</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Reduce DPOCs by 10% (June-23) Reduce >21 day LOS by 5% (June-23) Re-establish dedicated AOS beds (Sept) <p>Mohamed Sarah 12/09/2023 18:18:34</p>	<ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the July 2023 census reported 176 delayed pathways a reduction from 202 in June We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 34% and 56% respectively. Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS), including consideration of dedicated beds following a recent pilot. An update and proposal is now planned for the beginning of Q3. 	<p>Jul-23</p>	<p>Reduce DPOCs by 10% (June-23)</p> <table border="1"> <caption>Reduce DPOCs by 10% (June-23) (Estimated Data)</caption> <thead> <tr> <th>Month</th> <th>DPOCs</th> </tr> </thead> <tbody> <tr><td>Oct-22</td><td>300</td></tr> <tr><td>Nov-22</td><td>280</td></tr> <tr><td>Dec-22</td><td>300</td></tr> <tr><td>Jan-23</td><td>290</td></tr> <tr><td>Feb-23</td><td>280</td></tr> <tr><td>Mar-23</td><td>250</td></tr> <tr><td>Apr-23</td><td>240</td></tr> <tr><td>May-23</td><td>200</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>180</td></tr> <tr><td>Aug-23</td><td>220</td></tr> <tr><td>Sep-23</td><td>220</td></tr> </tbody> </table>	Month	DPOCs	Oct-22	300	Nov-22	280	Dec-22	300	Jan-23	290	Feb-23	280	Mar-23	250	Apr-23	240	May-23	200	Jun-23	200	Jul-23	180	Aug-23	220	Sep-23	220		
Month	DPOCs																														
Oct-22	300																														
Nov-22	280																														
Dec-22	300																														
Jan-23	290																														
Feb-23	280																														
Mar-23	250																														
Apr-23	240																														
May-23	200																														
Jun-23	200																														
Jul-23	180																														
Aug-23	220																														
Sep-23	220																														

Priority	Performance Summary	Reporting Period	Data
<p>ED Attendances</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter) 	<ul style="list-style-type: none"> In August 2023 we reported 11,717 EU attendances, a reduction from the 12,506 reported in July The number of EU Majors attendances in August 2023 was 7239, an increase from July and above our ambition of 6507. 	<p>Aug-23</p>	
<p>Same Day Emergency Care</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> 10% increase in the total number of patients managed through SDEC (June 2023) Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023) Improve % of take managed in SDEC without requiring admission 	<ul style="list-style-type: none"> In July 2023 we saw 1,082 patients seen via surgical SDEC and 635 via the medical SDEC. In total 1,717 patients were seen, above our commitment of a 10% increase by the end of Q1. The number of attendances to medical SDEC had been increasing month on month since June 2022, but showed a small reduction from June to July. A new process for national submissions has been undertaken and we hope to report on the other measures from September 	<p>Jul-23</p>	

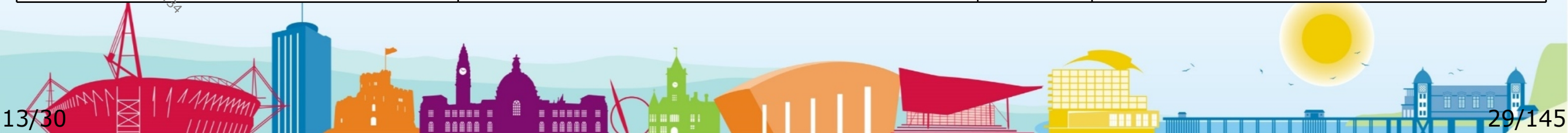
Mohamed Sarah
 12/09/2023 18:18:34

Priority	Performance Summary	Reporting Period	Data
<p>Urgent Primary Care</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) All clusters to have adequate access to UPCC capacity (September 2023) NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) Increased redirections from ED to UPCC (March 2024) 	<ul style="list-style-type: none"> Average utilisation of 89% achieved across Cardiff and Vale for August, a decrease from 91% in July. Work in progress – Delivery plan in place to ensure full/equitable UPCC provision across all Cluster areas Average rate for June 89% Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Average referrals for Q1 = 21 (adults) 	<p>Jul-23</p>	
<p>Community Services</p> <ul style="list-style-type: none"> Home Visit (P2) f2f in 2 hrs >90% (June 2023) 	<ul style="list-style-type: none"> The Health Board was 75% compliant in July 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 3 of 4 patients receiving their visit within one hour. For patients that required an 'Emergency' appointment at a primary care center in July the Health Board was 100% compliant, with 2 of 2 patients receiving an appointment within 1 hour The Health Board was 81% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 78 of 98 patients receiving their visit within 2 hours 	<p>Jul-23</p>	

Mohamed Sarah
12/09/2023 18:18:34

Priority	Performance Summary	Reporting Period	Data
<p>Fracture Neck of Femur IMTP Commitments:</p> <ul style="list-style-type: none"> 75% admitted within 4 hours (June-23) 85% to theatre within 36 hours (December-23) 	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In July 2023 the annualised data shows 14.8% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In July, 67.6% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 57% over the last 12 months.</p> <p>A third summit with key stakeholders was held in June with a follow up scheduled for the end of September. We have an ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. In addition to pathway improvements, we are committed to improving outcomes for patients. Data from the National Hip Fracture Database shows that annualised Casemix Adjusted Mortality rates have falls from early 2021 and is now below the national average at 5% for Q4 22/23.</p>	<p>Jul-23</p>	
<p>Stroke IMTP Commitments:</p> <ul style="list-style-type: none"> 70% scanned within 1 hour (June-23) 90% admitted within 4 hours (Sept-23) 20% thrombolysis rate (Sept-23) 	<p>While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance with the 4-hour door to Ward standard. In July:</p> <ul style="list-style-type: none"> 0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 3.9% The percentage of CT scans that were started within 1 hour in July was 42.6%, the All-Wales average was 59.6% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 53.7% in July, the All-Wales average was 31.8% <p>The UHB has held a number of internal Stroke summits and improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP.</p>	<p>Jul-23</p>	
<p>Intensive Care Unit IMTP Commitments:</p> <ul style="list-style-type: none"> Patient at risk team 24/7 (Sept 23) ITU - 1 additional staffed bed (Sept 23) ITU - 2 additional staffed beds (March 24) 	<ul style="list-style-type: none"> The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1st October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the save management and transfer of patients. 3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff 		

Priority	Performance Summary	Reporting Period	Data
<p>Outpatient Follow-up Management Annual Plan Commitment</p> <ul style="list-style-type: none"> Follow up outpatients—reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) SOS and PIFU –20% of appropriate outpatient appointments 	<ul style="list-style-type: none"> In total there were 191,706 patients awaiting a follow-up outpatient appointment at the end of July Of these, there were 45,644 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from June 2.7% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.4% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway 	Jul-23	<p>Reduction in 100% Follow-up delays (Sept-23)</p> <p>% into SOS from Appointment</p> <p>% into PIFU from appointment</p>
<p>52 Week New Outpatient Annual Plan Commitment</p> <ul style="list-style-type: none"> <8999 > 52 weeks (March 2024) 	<ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from September. Weekly assurance is provided to the Chair. 	Jul-2023	<p>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</p>
<p>104 Week Treatment Annual Plan Commitment</p> <ul style="list-style-type: none"> 3788 patients > 104 week waits for treatment (December 2023) 1263 patients > 104 week waits for treatment (March 2024) 	<ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from September. Weekly assurance is provided to the Chair. We are on track to meet our December commitment 	Jul-2023	<p>RTT > 104 weeks against 3788 target by Dec-23</p>
<p>156 Week Waits Annual Plan Commitment</p> <ul style="list-style-type: none"> <350 patients >156 week wait for treatment (September 2023) 0 patients >156 week wait for treatment (December 2023) 	<ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. A separate paper was submitted to Finance and Performance Committee last month detailing our plan to meet the revised ministerial ambitions and we will update here from October. Weekly assurance is provided to the Chair. 	Jul-2023	<p>RTT >156 weeks against 350 target by Sep-23</p>



Priority	Performance Summary	Reporting Period	Data
<p>Cancer Annual Plan Commitment</p> <ul style="list-style-type: none"> >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) Develop draft UHB strategy to deliver national cancer pathways (June 2023) 	<ul style="list-style-type: none"> There continues to be an improvement against the Single Cancer Pathway and the backlog trajectories agreed with the Delivery Unit. July saw 65.6% of patients receiving treatment within 62 days. At the time of writing there are a total of 2423 suspected cancer patient on the SCP. 268 have waited over 62 days, of which 82 have waited over 104 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients. Three cancer summits have taken place with the tumour group leads and operational teams to understand the demand, the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients. 	<p>Jul-23</p> <p>No date</p>	<p>% Compliance patients starting cancer treatment within 62 days (75% by Jun-23)</p>
<p>Therapies Annual Plan Commitment</p> <ul style="list-style-type: none"> 0 patients waiting over 14 weeks (excluding audiology) (June 2023) 	<ul style="list-style-type: none"> Excluding Audiology there were 255 patients waiting over 14-weeks for Therapy in at the end of July. In total there were 1282 patients waiting longer 14 weeks for Therapy, a small increase from June. 	<p>Jul-23</p>	<p>0 patients waiting >14 weeks (excl. Audiology)</p>
<p>Diagnostics Annual Plan Commitment</p> <ul style="list-style-type: none"> 90% of patients within 8-weeks (excl. endoscopy) (December 2023) Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) Regional Diagnostic Centre go-live (December 2023) 	<ul style="list-style-type: none"> Excluding endoscopy there were 6880 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of July. In total there were 10009 patients waiting longer than 8 weeks for a diagnostic test, a small increase from June. 60% of patients seen within 8 weeks in July-23 (excluding Endoscopy), a small reduction from May and June Planning for the Community Diagnostic Hub is underway following agreement of central funding from WG. Expected go-live is estimated to be Q1 2024/25. Plans are in development to provide additional diagnostic capacity through mobile units in advance of this. 	<p>Jul-23</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reporting Period	Data
Community Pharmacy Annual Plan Commitment: <ul style="list-style-type: none"> >90% of all eligible community pharmacies providing CCPS (June 2023) 10% increase in pharmacy independent provider access (December 2023) 	98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none"> 102 Community Pharmacies currently eligible to provide CCPS 101/103 Community Pharmacies signed up to deliver CCPS. 2,395 consultations undertaken in Q1, with 21% increase in PIP sites expected in Q2.	Q1-June 2023	
GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none"> >95% of practices reporting escalation levels (June 2023) >95% achievement of core access to in-hours GMS Services (September 2023) 	<ul style="list-style-type: none"> 88% of Practices reporting escalation levels (Average for Q1 88%) - Number of escalations from practices reducing (of practices reporting of which 8% at Lvl3, 92% >Lvl3) 98% achievement of core access standards to in hours GMS 	Q1-June 2023	
Community Dental Annual Plan Commitment: <ul style="list-style-type: none"> 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024) 	<ul style="list-style-type: none"> % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen - 46.07% % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 21.96% % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 16.03% 	Q1-June 2023	
Optometry Annual Plan Commitment <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) 	<ul style="list-style-type: none"> Contract reform and implementation still in progress – Awaiting data 12 Optometric Practices currently offer Optometry Independent prescribing service (18.75%) 	Q1-June 2023	
Respiratory Annual Plan Commitment <ul style="list-style-type: none"> 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024) 	<ul style="list-style-type: none"> Community Spirometry service available in both Cardiff and Vale regions. 541 referrals received - 69.5% have attended appointments, 30.5% on waiting list 	Q1-June 2023	

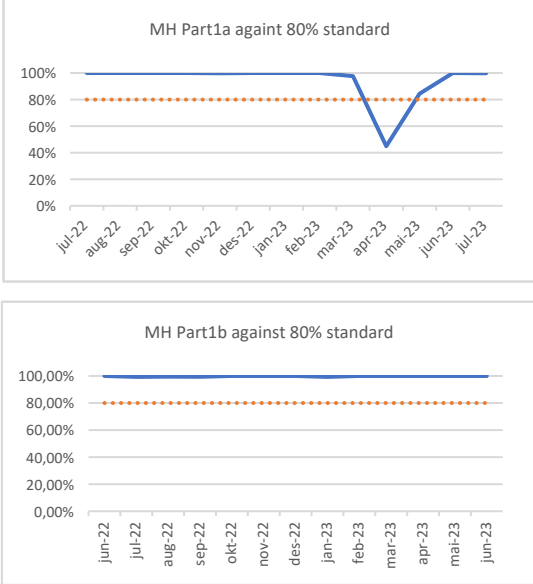
Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reporting Period	Data
<p>Whole System Evaluation Annual Plan Commitment:</p> <ul style="list-style-type: none"> • Undertake high impact evaluations of three key specialities (June 2023) • Undertake high impact evaluations of three key specialities (Sept 2023) 	<p>Evaluations completed in Therapies and Cardiac Services. At the Theatres Summit in September 3 specialities will present their evaluations. Work is ongoing to expand the evaluation process across specialities and we are refining how we approach this across the UHB.</p>	<p>Jun-23</p>	
<p>Supporting Patients Whilst Waiting Annual Plan Commitment:</p> <ul style="list-style-type: none"> • Produce models of care (June 2023) • Develop pathways (Sept 2023) • Expand services (December 2023) 	<p>Models of care and pathways have so far been produced for 8 services including Prepare Well (Orthopaedics), ESCAPE Pain and Cancer Prehab2Rehab</p> <p>The expansion of services to include a single point of access is planned for delivery in this financial year.</p>	<p>Jun-23</p>	

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reporting Period	Data
<p>Children’s Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance – SCAMHS Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) Reduce SCAMHS Intervention longest wait to no longer than 6 weeks 	<p>Part 1a compliance remains above the 80% target at 84% in July.</p> <p>Part 1b performance was 0% due to additional assessment undertaken to meet Part 1a and high referral levels in June 23. The number waiting and longest wait for Part 1b has also increased due to the merge in data reporting for PMH and CAMHS. There have been data quality issues and a through improvement in the capture of data which has further impacted reported performance.</p> <p>In line with the new integrated model and focus on ensuring that children and young people access the most appropriate pathway under the mental health measure, we have redesigned the PARIS record keeping module and associated reporting to accurately capture the children and young people accessing and waiting for interventions for both Part 1b and Part 2 (SCAMHS). It is planned for this to go live in September so we expect to be able to provide accurate reporting from October.</p>	<p>Jul-23</p>	<p>Work in progress - Expected Oct-23</p>
<p>Adult Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance >80% Part 1b performance 	<p>Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1216 referrals in July 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none"> Part 1a: in July the percentage of Mental Health assessments undertaken within 28 days was 99.8% Part 1b compliance remains at 100% 	<p>Jul-23</p>	 <p>The top chart, 'MH Part1a against 80% standard', shows performance from June 2022 to July 2023. A blue line represents the performance percentage, which stays at 100% until March 2023, then drops to approximately 45% in April 2023, and recovers to 100% by June 2023. A horizontal orange dashed line indicates the 80% standard. The bottom chart, 'MH Part1b against 80% standard', shows performance from June 2022 to June 2023. A blue line represents the performance percentage, which remains consistently at 100% throughout the period. A horizontal orange dashed line indicates the 80% standard.</p>

Mohamed Sarah
12/09/2023 18:18:34



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Jul-23	100%	98%	Reporting from Q2 – Expected Nov-23								
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Jul-23	30% (Sept 23) 100% (Mar 24)	New 64.1% New Urgent 29.5% Historic 27.5%	WIP – Expected Oct-23								
12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services		Reduction by Mar 24	Work in Progress	WIP – Expected Oct-23								
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-23	Increase against 22/23	1106	WIP – Expected Oct-23								
14.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Jul-23	80%	89.5%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>88.90%</td> <td>95.70%</td> <td>93.70%</td> <td>89.50%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	88.90%	95.70%	93.70%	89.50%
Apr-23	May-23	Jun-23	Jul-23										
88.90%	95.70%	93.70%	89.50%										
15.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Jul-23	80%	0%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>0.00%</td> <td>0.00%</td> <td>0.00%</td> <td>0.00%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	0.00%	0.00%	0.00%	0.00%
Apr-23	May-23	Jun-23	Jul-23										
0.00%	0.00%	0.00%	0.00%										
16.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Jul-23	80%	99.8%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>44.90%</td> <td>84.40%</td> <td>100.00%</td> <td>99.80%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	44.90%	84.40%	100.00%	99.80%
Apr-23	May-23	Jun-23	Jul-23										
44.90%	84.40%	100.00%	99.80%										
17.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jul-23	80%	100%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	100.00%	100.00%	100.00%	100.00%
Apr-23	May-23	Jun-23	Jul-23										
100.00%	100.00%	100.00%	100.00%										

Mohamed Sarah
12/09/2023 18:18:34

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Aug-23	65%	51%	<table border="1"> <tr> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> </tr> <tr> <td>59%</td> <td>60%</td> <td>57%</td> <td>51%</td> </tr> </table>	May-23	Jun-23	Jul-23	Aug-23	59%	60%	57%	51%
May-23	Jun-23	Jul-23	Aug-23										
59%	60%	57%	51%										
19.	Median emergency response time to amber calls		12m improvement trend	Work in Progress	WIP – Expected Oct-23								
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress	WIP – Expected Oct-23								
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12m reduction trend	Work in Progress	WIP – Expected Oct-23								
22.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Aug-23	95%	69.8%	<table border="1"> <tr> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> </tr> <tr> <td>73.2%</td> <td>75.3%</td> <td>76.2%</td> <td>69.8%</td> </tr> </table>	May-23	Jun-23	Jul-23	Aug-23	73.2%	75.3%	76.2%	69.8%
May-23	Jun-23	Jul-23	Aug-23										
73.2%	75.3%	76.2%	69.8%										
23.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Aug-23	0 (Mar 2024)	924	<table border="1"> <tr> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> </tr> <tr> <td>534</td> <td>260</td> <td>548</td> <td>924</td> </tr> </table>	May-23	Jun-23	Jul-23	Aug-23	534	260	548	924
May-23	Jun-23	Jul-23	Aug-23										
534	260	548	924										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jun-23	80% (Mar 2026)	62.0%	<table border="1"> <tr> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> </tr> <tr> <td>62.2%</td> <td>64.2%</td> <td>61.7%</td> <td>62.0%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	62.2%	64.2%	61.7%	62.0%
Mar-23	Apr-23	May-23	Jun-23										
62.2%	64.2%	61.7%	62.0%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jul-23	0 (Mar 2024)	10009	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>6267</td> <td>8113</td> <td>9175</td> <td>10009</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	6267	8113	9175	10009
Apr-23	May-23	Jun-23	Jul-23										
6267	8113	9175	10009										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Jul-23	Improvement trend	85.2%	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>92.80%</td> <td>89.40%</td> <td>85.00%</td> <td>85.23%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	92.80%	89.40%	85.00%	85.23%
Apr-23	May-23	Jun-23	Jul-23										
92.80%	89.40%	85.00%	85.23%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jul-23	0 (Mar 2024)	1282	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>1037</td> <td>1121</td> <td>1240</td> <td>1282</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	1037	1121	1240	1282
Apr-23	May-23	Jun-23	Jul-23										
1037	1121	1240	1282										

Mohamed Sarah
12/09/2023 18:18:34



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jul-23	Improvement trajectory towards 0	11138	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>10479</td> <td>10779</td> <td>10789</td> <td>11138</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	10479	10779	10789	11138
Apr-23	May-23	Jun-23	Jul-23										
10479	10779	10789	11138										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jul-23	TbImprovement trajectory towards 0	20580	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>19468</td> <td>19629</td> <td>19839</td> <td>20580</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	19468	19629	19839	20580
Apr-23	May-23	Jun-23	Jul-23										
19468	19629	19839	20580										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jul-23	Improvement trajectory towards 0	45644	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>54064</td> <td>54788</td> <td>46981</td> <td>45644</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	54064	54788	46981	45644
Apr-23	May-23	Jun-23	Jul-23										
54064	54788	46981	45644										
31	Number of patients waiting more than 104 weeks for referral to treatment	Jul-23	Improvement trajectory towards 0	4164	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>3983</td> <td>4107</td> <td>4133</td> <td>4164</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	3983	4107	4133	4164
Apr-23	May-23	Jun-23	Jul-23										
3983	4107	4133	4164										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Jul-23	Improvement trajectory towards 0	25653	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>23512</td> <td>24396</td> <td>24778</td> <td>25653</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	23512	24396	24778	25653
Apr-23	May-23	Jun-23	Jul-23										
23512	24396	24778	25653										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Jul-23	80%	84%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>83%</td> <td>83%</td> <td>88%</td> <td>84%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	83%	83%	88%	84%
Apr-23	May-23	Jun-23	Jul-23										
83%	83%	88%	84%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jul-23	80%	20%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>31%</td> <td>29%</td> <td>26%</td> <td>20%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	31%	29%	26%	20%
Apr-23	May-23	Jun-23	Jul-23										
31%	29%	26%	20%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jul-23	80%	60%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>62%</td> <td>59%</td> <td>58%</td> <td>60%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	62%	59%	58%	60%
Apr-23	May-23	Jun-23	Jul-23										
62%	59%	58%	60%										

Mohamed Sarah
12/09/2023 18:18:34

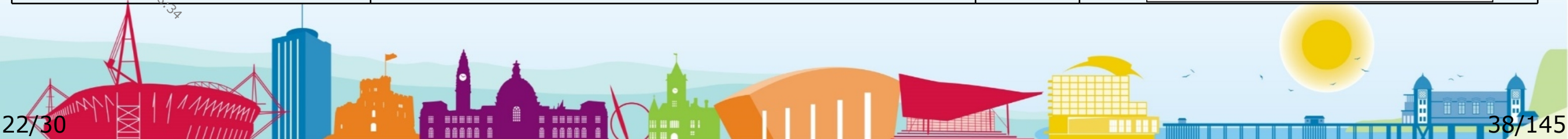
Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Aug-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 12.51% in May-23 UHB wide. The rate for Jul-23 is 12.94%. This is a net 0.72% decrease, which equates roughly to 99 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	July 2023	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Jul-23 was 4.97% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 7 months to 6.53% (by comparison with Jul-22, which was 7.24%).</p>	July 2023	
Statutory and Mandatory Training	<p>Compliance rate has risen to 81.20% for Jul-23, 3.80% below the overall target. The compliance for the All-Wales Genomics Services, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance.</p> <p>Compliance with Fire training has also risen during Jul-23, to 74.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.</p>	July 2023	
Values Based Appraisal	<p>Compliance has more than doubled over the last year; the compliance at Jul-23 was 71.64%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023. Capital, Estates & Facilities (91.77%) are the only Clinical Board to have exceeded the 85% target, but all of the Clinical Boards with the exception of Mental Health and the Corporate Executive group are now above the 60% transitory target.</p>	July 2023	

Mohamed Serah
12/09/2023 18:18:34



Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	July 2023	
Job Plans	91.14% of clinicians have engagement with job planning and have a job plan in the system, however only 51.25% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	July 2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Jul-23 the compliance was 83.05%, by comparison with the target 85%.	July 2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 522.29 WTE, to 14,573.19 WTE. The change in the split between permanent and fixed-term as shown in the graph below is largely due to validation of the ESR data held for staff contract type. The quantity of 'replacement' WTE by bank is increasing; in Aug-22 this represented 378.34 WTE, in Jul-23 this had risen to 488.93 WTE.	July 2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Jul-23 was 9.93%. It must however be borne in mind that the total pay bill is increasing.	July 2023	

Mohamed Sarah
12/09/2023 18:18:34



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Jul-23	6%	4.97%	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>5.82%</td> <td>5.77%</td> <td>5.52%</td> <td>4.97%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	5.82%	5.77%	5.52%	4.97%
Apr-23	May-23	Jun-23	Jul-23										
5.82%	5.77%	5.52%	4.97%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jul-23	7%-9%	12.94%	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>12.52%</td> <td>12.51%</td> <td>13.00%</td> <td>12.94%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	12.52%	12.51%	13.00%	12.94%
Apr-23	May-23	Jun-23	Jul-23										
12.52%	12.51%	13.00%	12.94%										
38.	Agency spend as a percentage of the total pay bill	Jul-23	12 month reduction trend	2.41%	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>2.48%</td> <td>1.86%</td> <td>1.99%</td> <td>2.41%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	2.48%	1.86%	1.99%	2.41%
Apr-23	May-23	Jun-23	Jul-23										
2.48%	1.86%	1.99%	2.41%										
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Jul-23	85%	72.37%	<table border="1"> <tr> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> </tr> <tr> <td>59.60%</td> <td>61.63%</td> <td>65.86%</td> <td>72.37%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	59.60%	61.63%	65.86%	72.37%
Apr-23	May-23	Jun-23	Jul-23										
59.60%	61.63%	65.86%	72.37%										

Mohamed Sarah
12/09/2023 18:18:34

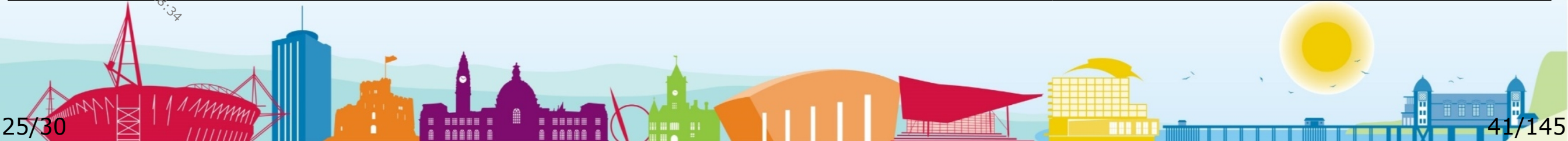


Priority	Performance Summary	Reported Period	Data																																								
<p>Concerns 30 day performance</p>	<ul style="list-style-type: none"> Welsh Government target for responding to concerns is 75% within 30 working days During June and July 2023, the Health Board received : <ul style="list-style-type: none"> 710 Concerns 87% closed within 30 working days (including Early Resolution) 64 % closed under Early Resolution 1 Compliments <p>We currently have 352 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> Communication Concerns around appointments (waiting times/cancellations) Clinical Treatment and Assessment 	<p>June and July 23</p>	<p>% closed in 30 days</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% closed in 30 days</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>75</td></tr> <tr><td>Dec-22</td><td>78</td></tr> <tr><td>Jan-23</td><td>75</td></tr> <tr><td>Feb-23</td><td>80</td></tr> <tr><td>Mar-23</td><td>85</td></tr> <tr><td>Apr-23</td><td>83</td></tr> <tr><td>May-23</td><td>82</td></tr> <tr><td>Jun-23</td><td>78</td></tr> <tr><td>Jul-23</td><td>75</td></tr> </tbody> </table> <p>Active Concerns by Clinical Board</p> <table border="1"> <thead> <tr> <th>Clinical Board</th> <th>Active Concerns</th> </tr> </thead> <tbody> <tr><td>Capital, Estates and Facilities</td><td>10</td></tr> <tr><td>Children and Women's Services</td><td>60</td></tr> <tr><td>Clinical Diagnostics and Therapeutic...</td><td>5</td></tr> <tr><td>Executive and Corporate Services</td><td>2</td></tr> <tr><td>Medicine Services</td><td>100</td></tr> <tr><td>Mental Health Services</td><td>35</td></tr> <tr><td>Primary, Community and Intermediate...</td><td>5</td></tr> <tr><td>Specialist Services</td><td>45</td></tr> <tr><td>Surgical Services</td><td>105</td></tr> </tbody> </table>	Month	% closed in 30 days	Nov-22	75	Dec-22	78	Jan-23	75	Feb-23	80	Mar-23	85	Apr-23	83	May-23	82	Jun-23	78	Jul-23	75	Clinical Board	Active Concerns	Capital, Estates and Facilities	10	Children and Women's Services	60	Clinical Diagnostics and Therapeutic...	5	Executive and Corporate Services	2	Medicine Services	100	Mental Health Services	35	Primary, Community and Intermediate...	5	Specialist Services	45	Surgical Services	105
Month	% closed in 30 days																																										
Nov-22	75																																										
Dec-22	78																																										
Jan-23	75																																										
Feb-23	80																																										
Mar-23	85																																										
Apr-23	83																																										
May-23	82																																										
Jun-23	78																																										
Jul-23	75																																										
Clinical Board	Active Concerns																																										
Capital, Estates and Facilities	10																																										
Children and Women's Services	60																																										
Clinical Diagnostics and Therapeutic...	5																																										
Executive and Corporate Services	2																																										
Medicine Services	100																																										
Mental Health Services	35																																										
Primary, Community and Intermediate...	5																																										
Specialist Services	45																																										
Surgical Services	105																																										
<p>Duty of Candour</p>	<ul style="list-style-type: none"> 6390 incidents have been reported by staff across the Health Board, reflecting an open culture where staff feel comfortable to speak up. Approximately 31% incidents regraded Between 70 – 80 incidents reviewed per day We have led 9 DOC awareness sessions across the Health Board so far and continue undertake these monthly and when requested. Since 1st April 2023 we have triggered the DOC on 19 occasions 	<p>1-Apr-23 – 31-July-2023</p>	<p>Incident grading changed following review by Clinical Board</p> <table border="1"> <thead> <tr> <th>Service Area</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>All Wales Medical Genomics Service</td><td>76</td><td>70</td></tr> <tr><td>Surgical Services</td><td>516</td><td>216</td></tr> <tr><td>Specialist Services</td><td>495</td><td>186</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>547</td><td>152</td></tr> <tr><td>Other Organisations</td><td>17</td><td>34</td></tr> <tr><td>Mental Health Services</td><td>506</td><td>278</td></tr> <tr><td>Medicine Services</td><td>1113</td><td>521</td></tr> <tr><td>Executive and Corporate Services</td><td>10</td><td>6</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>294</td><td>129</td></tr> <tr><td>Children and Women's Services</td><td>567</td><td>277</td></tr> <tr><td>Capital, Estates and Facilities</td><td>16</td><td>9</td></tr> </tbody> </table>	Service Area	No	Yes	All Wales Medical Genomics Service	76	70	Surgical Services	516	216	Specialist Services	495	186	Primary, Community and Intermediate Care	547	152	Other Organisations	17	34	Mental Health Services	506	278	Medicine Services	1113	521	Executive and Corporate Services	10	6	Clinical Diagnostics and Therapeutic Services	294	129	Children and Women's Services	567	277	Capital, Estates and Facilities	16	9				
Service Area	No	Yes																																									
All Wales Medical Genomics Service	76	70																																									
Surgical Services	516	216																																									
Specialist Services	495	186																																									
Primary, Community and Intermediate Care	547	152																																									
Other Organisations	17	34																																									
Mental Health Services	506	278																																									
Medicine Services	1113	521																																									
Executive and Corporate Services	10	6																																									
Clinical Diagnostics and Therapeutic Services	294	129																																									
Children and Women's Services	567	277																																									
Capital, Estates and Facilities	16	9																																									

Mohamed Sarah
12/09/2023 18:18:34

Priority	Performance Summary	Reported Period	Data
<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> Went live on Friday 28th October 2022 and we are currently surveying up to 600 patients daily via SMS. As of the end of July 2023, we have contacted some 83,672 people for feedback via text messaging and are seeing a return rate of 18%. In June, we contacted 8908 people via text and had 1615 completions (18% rr) In July, we contacted 11312 people via text and had 1977 completions (17% rr) Combined, we contacted 20220 people via text and had 3285 completions (18% rr). Of those who attended/discharged during June/July, 87% of those who answered the rating question were satisfied with our service. Our return rate is 18% it is our understanding this is higher than many organisations but will be a focus for improvement with more targeted experience data collection over the next year, with an ambitious aim for a minimum return of 25% by end of March 24. 	<p>Jun-23</p> <p>Jul-23</p>	
<p>Incident Reporting</p>	<p>During August, 1676 patient safety incidents were reported, pressure damage was again the most common reported patient safety incident type, followed by accident injury (falls), behaviour (including v&a), assessment/assessment and diagnosis, and finally medication errors (see chart in side bar).</p> <p><u>NRI performance</u></p> <ul style="list-style-type: none"> Number of open NRIs – 65 Number of closures submitted in August – 13 Number of overdue NRIs – 26 <p>This is an improved position on the previous month, which had 64 open NRIs, 11 NRI closures were sent and 32 were overdue in July.</p>	<p>Jul-23</p>	

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reported Period	Data
<p>Tier 1 Mortality</p>	<ul style="list-style-type: none"> The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates the rolling crude inpatient mortality rate compared to the 5-year average for the same reporting week (red line), with the exception of March 2020 and December 2020 to February 2021, the first and second waves of Covid-19. Inpatient crude mortality continues to track the five year average Crude all-cause mortality, demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan, regardless of where they occurred. COVID – 19 deaths the pink line, illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic. An increase above the five year average has been noted across wales since April 2023 with a similar increase noted in Cardiff and Vale UHB with five year average crude mortality in week 28 being recorded as 76 compared with 63.6 for the previous five year average. 	<p>July-23</p> <p>May-23</p>	
<p>Infection Control</p>	<p>The WHC for the 2023/24 financial year has not yet been released. Therefore, the reduction expectations are based on those released for the 2022/23 financial year.</p> <ul style="list-style-type: none"> Between April 23 and July 23, there were 44 cases of <i>Klebsiella sp</i> bacteraemia. The reduction expectation for this period is 23 cases, thus the number of cases is 21 over the reduction expectation. There were 6 cases of <i>P. aeruginosa</i> bacteraemia. The reduction expectation for this period is 8 cases, thus the number of cases is 2 below the reduction expectation. There were 133 cases of <i>E. coli</i> bacteraemia. The reduction expectation for this period is 83 cases, thus the number of cases is 30 over the reduction expectation. There were 57 cases of <i>S. aureus</i> bacteraemia. The reduction expectation for this period is 26 cases, thus the number of cases is 31 over the reduction expectation. There were 39 cases of <i>C. difficile</i>. The reduction expectation for this period is 26 cases, thus the number of cases is 13 over the reduction expectation. 	<p>Apr-23 – July-23</p>	

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reported Period	Data															
<p>Deliver 2023/24 Draft Financial Plan</p>	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £40.3m Local Covid Consequential costs of £34.2m Additional energy costs of £11.5m 23/24 Demand and cost growth and unavoidable investments of £48.8m Allocations and inflationary uplifts of £14.4m A £32m (4%) Savings programme <p>This results in a 2023-24 planning deficit of £88.4m.</p> <p>The UHB is reporting a month 4 overspend of £34.353m. £29.467m of this being four months of the annual planned deficit. £4.055 deficit on the Savings Programme, being four months of red schemes and unidentified savings. 0.832m is an operational overspend in delegated and central positions.</p>	<p>Jul-23</p>	<table border="1"> <thead> <tr> <th></th> <th>Forecast Month 4 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>29.467</td> <td>88.400</td> </tr> <tr> <td>Savings Programme</td> <td>4.055</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>0.832</td> <td>0.000</td> </tr> <tr> <td>Financial Position - Deficit £m</td> <td>34.353</td> <td>88.400</td> </tr> </tbody> </table>		Forecast Month 4 Position £m	Forecast Year-End Position £m	Planned deficit	29.467	88.400	Savings Programme	4.055	0.000	Operational position (Surplus) / Deficit	0.832	0.000	Financial Position - Deficit £m	34.353	88.400
	Forecast Month 4 Position £m	Forecast Year-End Position £m																
Planned deficit	29.467	88.400																
Savings Programme	4.055	0.000																
Operational position (Surplus) / Deficit	0.832	0.000																
Financial Position - Deficit £m	34.353	88.400																
<p>Delivery of recurrent £32m savings target</p>	<p>At month 4, the UHB has identified £30.764m of green, amber and red savings against the £32m savings target leaving a further £1.236m (4%) schemes to be identified. The month 4 position includes a Savings Programme variance of £4.055m relating to a four month share of red and unidentified schemes.</p> <p>Additional actions are progressing to recover the month 4 operational & CRP overspend to enable the UHB to deliver the planned £88.4m deficit</p> <p>The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £88.4m with the risk of non-delivery of savings shown in Graph 1 and the progress of reducing the risk via identification of schemes in Graph 2</p>	<p>Jul-23</p>	<p>Graph 1 – Profile of Savings Delivery and Unidentified Schemes</p> <p>Graph 2 - Progress of Identification of Schemes</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Month 3</p> </div> <div style="text-align: center;"> <p>Month 4</p> </div> </div>															

Mohamed Sarah
12/09/2023 18:18:34



Priority	Performance Summary	Reported Period	Data																														
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	July-23	<p>Performance against Capital Resource Limit £m</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Annual Capital Resource Limit (CRL) (£m)</th> <th>Cumulative Charge against CRL to Date (£m)</th> </tr> </thead> <tbody> <tr> <td>May-23</td> <td>20</td> <td>10</td> </tr> <tr> <td>Jun-23</td> <td>20</td> <td>15</td> </tr> <tr> <td>Jul-23</td> <td>20</td> <td>18</td> </tr> </tbody> </table>	Month	Annual Capital Resource Limit (CRL) (£m)	Cumulative Charge against CRL to Date (£m)	May-23	20	10	Jun-23	20	15	Jul-23	20	18																		
Month	Annual Capital Resource Limit (CRL) (£m)	Cumulative Charge against CRL to Date (£m)																															
May-23	20	10																															
Jun-23	20	15																															
Jul-23	20	18																															
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of July was 97.42% and improvements are illustrated in the graph to the right.	July-23	<p>Public Sector Payment Compliance</p> <table border="1"> <thead> <tr> <th>Month</th> <th>PSPP (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Dec-22</td> <td>94.5</td> <td>95.0</td> </tr> <tr> <td>Jan-23</td> <td>94.5</td> <td>95.0</td> </tr> <tr> <td>Feb-23</td> <td>94.5</td> <td>95.0</td> </tr> <tr> <td>Mar-23</td> <td>95.0</td> <td>95.0</td> </tr> <tr> <td>Apr-23</td> <td>97.0</td> <td>95.0</td> </tr> <tr> <td>May-23</td> <td>97.5</td> <td>95.0</td> </tr> <tr> <td>Jun-23</td> <td>97.0</td> <td>95.0</td> </tr> <tr> <td>Jul-23</td> <td>97.42</td> <td>95.0</td> </tr> </tbody> </table>	Month	PSPP (%)	Target (%)	Dec-22	94.5	95.0	Jan-23	94.5	95.0	Feb-23	94.5	95.0	Mar-23	95.0	95.0	Apr-23	97.0	95.0	May-23	97.5	95.0	Jun-23	97.0	95.0	Jul-23	97.42	95.0			
Month	PSPP (%)	Target (%)																															
Dec-22	94.5	95.0																															
Jan-23	94.5	95.0																															
Feb-23	94.5	95.0																															
Mar-23	95.0	95.0																															
Apr-23	97.0	95.0																															
May-23	97.5	95.0																															
Jun-23	97.0	95.0																															
Jul-23	97.42	95.0																															
Remain within Cash Limit	<p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £88.4m planning deficit in the UHB 2023-24 Financial Plan.</p> <p>Discussion is ongoing with Welsh Government to provide cash support for these areas which will total approximately £100m.</p>	July-23																															
Maintain Positive Cash Balance	<p>The closing cash balance at the end of July 2023, was £3.498m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p> <p>The UHB's working cash assumption for 2023-24 is based on the following key assumptions :-</p> <ul style="list-style-type: none"> Movements in working capital from the 2022-23 Balance Sheet to be assessed as the year progresses. Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support. Cash support for the £88.4m deficit of the UHB 2023-24 Financial Plan. <p>Discussion is ongoing with Welsh Government to provide cash support for these three areas which will total approximately £100m.</p>	July-23	<p>Cash Balance £m</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Cash Balance (£m)</th> <th>Target (£m)</th> </tr> </thead> <tbody> <tr> <td>Nov-22</td> <td>5.5</td> <td>0</td> </tr> <tr> <td>Dec-22</td> <td>9.5</td> <td>0</td> </tr> <tr> <td>Jan-23</td> <td>6.5</td> <td>0</td> </tr> <tr> <td>Feb-23</td> <td>2.0</td> <td>0</td> </tr> <tr> <td>Mar-23</td> <td>2.5</td> <td>0</td> </tr> <tr> <td>Apr-23</td> <td>2.5</td> <td>0</td> </tr> <tr> <td>May-23</td> <td>3.0</td> <td>0</td> </tr> <tr> <td>Jun-23</td> <td>4.0</td> <td>0</td> </tr> <tr> <td>Jul-23</td> <td>3.5</td> <td>0</td> </tr> </tbody> </table>	Month	Cash Balance (£m)	Target (£m)	Nov-22	5.5	0	Dec-22	9.5	0	Jan-23	6.5	0	Feb-23	2.0	0	Mar-23	2.5	0	Apr-23	2.5	0	May-23	3.0	0	Jun-23	4.0	0	Jul-23	3.5	0
Month	Cash Balance (£m)	Target (£m)																															
Nov-22	5.5	0																															
Dec-22	9.5	0																															
Jan-23	6.5	0																															
Feb-23	2.0	0																															
Mar-23	2.5	0																															
Apr-23	2.5	0																															
May-23	3.0	0																															
Jun-23	4.0	0																															
Jul-23	3.5	0																															

Mohamed Sarah
12/09/2023 18:18:34

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	70%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following		90%	Work in progress									
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)		17% or more	Work in progress									
43.	Number of Pathways of Care delayed discharges		12 month reduction trend	Work in progress									
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-23	90%	90.2%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>89.40%</td> <td>88.10%</td> <td>89.20%</td> <td>90.20%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	89.40%	88.10%	89.20%	90.20%
Apr-23	May-23	Jun-23	Jul-23										
89.40%	88.10%	89.20%	90.20%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-23	90%	46.7%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>50.30%</td> <td>49.10%</td> <td>47.30%</td> <td>46.70%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	50.30%	49.10%	47.30%	46.70%
Apr-23	May-23	Jun-23	Jul-23										
50.30%	49.10%	47.30%	46.70%										
46.	Number of patient experience surveys completed and recorded on CIVICA <i>(Total partial/full survey completions, including SMS, Bedside and bespoke)</i>	Jun/Jul-23	Month on month improvement	3760									

Mohamed Sarah
12/09/2023 18:18:34



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Jul-23	<i>Klebsiella</i> sp - 23 <i>P. aeruginosa</i> – 8	44 6	Work in progress								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E-coli</i> ; <i>S.aureus</i> (MRSA and MSSA)	Jul-23	<i>E. coli</i> - Tbc <i>S.aureus</i> – Tbc	66.01 33.30	Work in progress								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jul-23	Work in progress	22.60	Work in progress								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress								
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jul-23	95%	58.12%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>58.04%</td> <td>58.12%</td> <td>58.66%</td> <td>58.83%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	58.04%	58.12%	58.66%	58.83%
Apr-23	May-23	Jun-23	Jul-23										
58.04%	58.12%	58.66%	58.83%										
52	Number of ambulance handovers over 1 hour	Aug-23	0 (Mar 24)	1728	<table border="1"> <tr> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> </tr> <tr> <td>1395</td> <td>1558</td> <td>1473</td> <td>1728</td> </tr> </table>	May-23	Jun-23	Jul-23	Aug-23	1395	1558	1473	1728
May-23	Jun-23	Jul-23	Aug-23										
1395	1558	1473	1728										
53.	Number of patient safety incidents that remain open 90 days or more	Jul-23	12-month reduction trend	4104	Work in progress								

Mohamed Sarah
12/09/2023 18:18:34



Report Title:	Orthopaedics Waiting List Deep Dive			Agenda Item no.	2.2
Meeting:	Finance and Performance Committee		Public	Meeting Date:	20/09/2023
			Private		
Status <i>(please tick one only):</i>	Assurance	✓	Approval	Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Director of Planned and Specialist care				

Main Report

Background and current situation:

Background and current situation:

The Wales Audit Office (WAO) undertook a review in February 2023 of orthopaedics waiting lists in Wales. This resulted in 3 key recommendations for the Health Board. These have been implemented aside from changes that are reliant on the moves of cardiothoracic surgery from University Hospital Llandough.

The purpose of this paper is to provide a detailed position on the orthopaedics waiting list, and importantly the way in which we are supporting patients whilst waiting.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Orthopaedic waiting list represents a significant challenge following the pandemic. The majority of orthopaedic operating was ceased during this time. Additionally, the change of locations of services through the pandemic influenced the directorates ability to return to pre-pandemic levels of activity.

These elements have been identified in both the WAO and GiRFT reports for the department. Orthopaedics have developed clear actions in response to both which will in turn improve the waiting times position. The total size of the orthopaedic waiting list has remained static through this calendar year, but there has been focus on the longest waiting patients with a reduction in over 156 week waits from 417 in January to 270 at the end of August 2023.

Table 1: Numbers of Patients waiting per time band at the end of August 2023

Subspecialty	Weeks Wait							Grand Total
	<26	27-52	53-78	79-104	105-130	131-156	156+	
Adult Orthopaedics	4146	2883	1876	680	247	57	3	9892
Paediatric Orthopaedics	656	99	45	20	6	1		827
Spines	917	849	579	449	306	158	267	3525
Grand Total	5719	3831	2500	1149	559	216	270	14244

This data demonstrates shows that the predominant challenge in orthopaedics is spinal surgery. There is ongoing work to implement a right sizing of spinal services to ensure that in the medium term there is a sustainable model of delivery.

The planning approach being taken throughout the organisation is to review the cohort of patients that need to be treated both by December 2023 and March 2024. For orthopaedics this is:

- December 2023: 1596
- March 2024: 2356

The plan for orthopaedics is to have no more than 600 patients over 104 weeks at the end of December and no more than 252 at the end of March in order to support the delivery of the revised ministerial ambitions.

Achievement of the reductions required require on support across clinical boards and directorates. The key risks to delivery of this plan are:

1. Sufficient theatre capacity
2. Radiology Capacity

Both of these risks are being managed through the planned care programme.

The management of the waiting list is a critical part of the orthopaedics process namely in two parts:

1. Good validation practices
2. Supporting patients whilst waiting

In relation to validation the directorate team validate all patients between 12 and 16 weeks waiting and again after patients are listed for surgery. Additionally, there is a centrally supported validation process of the longest waiting patients in all specialties.

In November 2021, the Prepare Well orthopaedics (PWO) team was formed, and the service was launched. The programme supports and prepares patients for the following surgery:

- knee replacement surgery (TKR)
- hip replacement surgery (THR)
- ankle surgery that will require them to be non-weight bearing (NWB) post-operatively

A model for Orthopaedic prehabilitation was developed as part of the wider Cardiff and Vale 'Rehabilitation Model', supporting and promoting self-management of long-term conditions integrating this with people's own communities, in line with recommendations set out in Healthier Wales. Three populations are supported by this work:

Population 1 – Those listed for surgery, yet to have a date

Population 2 – Those listed for surgery, who have a date

Population 3 – Those who have had surgery who are recovering

Within the prepare well for orthopaedics 1104 patients have been offered support and 751 have engaged with this support.

As part of the offer for orthopaedic patients there is also the ESCAPE pain programme. This programme is a group-based intervention utilising peer support and shared decision making to support people to make behavioural changes and manage their condition. This is part of the broader offer that Cardiff and Vale has relating to the "Keeping Me Well" service. To date there have been 1663 patients who have completed the course.

There has been a broad evaluation of the offers to patients on waiting lists which includes a social return on investment. But importantly for orthopaedics, those patients that engage with the offers see a median length of stay reduction of 0.4 days.

All elements of the supporting patients process are being managed under the optimising patients workstream of the Planned Care Improvement Programme. The next focus is to review how the work in orthopaedics can be expanded to further patients as well as undertaking a review of patient communication.

Recommendation:

The Finance and Performance Committee is asked to **NOTE** the current position of the Orthopaedic waiting list and the work both to reduce the waits and support patients.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
------------	--	-----------	---	-------------	---	---------------	--	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio-Economic: No

Equality and Health: No

Decarbonisation: No

*Muhammed Saif
12/09/2023 18:34*

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Mohamed Sarah
12/09/2023 18:18:34

Report Title:	Cardiff and Vale Winter Plan 2023/2024		Agenda Item no.	2.2
Meeting:	Finance and Performance	Public	<input checked="" type="checkbox"/>	Meeting Date: 20/09/2023
		Private	<input type="checkbox"/>	
Status <i>(please tick one only):</i>	Assurance	Approval	<input checked="" type="checkbox"/>	Information
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Director of Operations: Six Goals and Financial Improvement			

Main Report Situation

Winter planning forms an integral part of the Health Board's annual priorities. Pressure on health services typically fluctuate throughout the year and winter leads to increased demands that require mitigating action and additional support. Undertaking this planning has become increasingly complex due to seasonal pressures, workforce pressures, covid/respiratory spikes and variables associated with a challenging financial agenda.

In order to meet the challenges that Winter presents, the Health Board has historically retained a small financial reserve of £1.5m that has been provided on a non-recurrent basis to specific winter schemes each year. As we approach Winter 2023/24 there is a desire to review and refresh how we manage our approach with an opportunity to embed the winter plan into our annual planning framework and the IMTP. As part of this approach it is proposed that some of the priority winter schemes should be recurrently funded to help improve our approach of delivering affordable, safe, patient focused and effective care.

The winter priorities have been considered in the context of our six-goals and planned care programmes, with clear aims for both emergency, urgent and planned care. A number of key priorities have emerged:

- a) Flexing capacity (ambulatory and bed capacity) to mitigate increases in demand
- b) Stepping-up social, intermediate and primary care capacity when necessary.
- c) Focusing on SAFER and "home-first" to facilitate timely and safe discharge for our patients
- d) Aligning our workforce to times of increased demand
- e) Phasing resources/budgets to account for the seasonal variation

This brief, the associated winter slides, sets out the key considerations for the operational winter plan and requests the recurrent allocation of the winter reserve (£1.5m) within operational budgets.

Assessment

This year the Health Board has undertaken a number of workshops within clinical boards and also held a winter summit with internal and external stakeholders. Through this workshop and discussions, the drivers influencing the winter plan have been identified and include; peaking virus demands, the cost of living/energy crisis, ongoing operational pressure, workforce availability/morale, and the potential for medical industrial action.

In addition to the impact on urgent and emergency care pathways, the UHB also plans for the maintenance of critical services during the winter period. Through the aforementioned forums a number of key priorities have been identified including cancer performance, long waiting patients, paediatric services, mental health services, tertiary services, primary care sustainability, critical care capacity and partnership working to support social care.

In relation to the acute hospitals, the UHB has undertaken an internal demand and capacity exercise to compare the available bed base against best, worst and pre-covid average scenarios. The detail is provided in Table 1 and indicates that there is a 90-bed gap in January 2023.

Table 1. Predicted Bed Gap

Approved: 18/09/2023 11:18:34

Cardiff & Vale Projected Gap (Excluding Mental Health)

Clinical Board	Year	Scenario	Nov	Dec	Jan	Feb	Mar	Apr
Medicine	2022-2023	Predicted Worse case	114	120	152	147	148	137
Medicine	2023-2024	Predicted Worse case	56	67	90	82	76	56



Figures exclude critical care

In order to address this challenge, the UHB has worked to define key actions that can be taken to mitigate the gap. Many of these actions are already in progress with increased benefits likely to be realised in the months ahead. Examples of these have been included in the winter presentation and clearly indicate the significant work undertaken by clinical boards, supporting the six goals urgent and emergency care agenda. The presentation has been added to this covering paper as supporting information.

A number of additional schemes have also been proposed which will help either close the potential bed gap or act as a critical enabler to ensure the UHB is able to achieve its key priorities. This approach and the schemes which are encompassed will need approval from the UHB Senior Leadership Board.

A summary of those schemes which have been developed to address the pressure within the acute bed base is provided in Table 2.

Table 2. Actions to Deliver Winter Plan 2023-2024

No.	Scheme	Clinical Board	Summary	Beds/Bed Equiv.	Winter Mths	Start	23/24 (£'000)	Delivery RAG
1	EU Redesign	Medicine	Revised footprint across EU to include develop on a xx space clinical decision unit	8	5	Nov-23	£417	
2	Acute Beds	Med/Surgery	Acute Winter beds - UHL (Medicine 24) UHW (Medicine - supported by Sugery 19)	43	3/5	Nov 23/Jan 24	£700	
3	Medical SDEC	Medicine	Increase operating hours for medical SDEC to further alleviate inappropriate admissions	-	6	Oct-23	-	
4	ICAU - (Nursing Home)	Specialist	Increased ICAU beds if needed by 13 beds	13	3	Jan-24	£250	
5	Critical care	Specialist	Increase capacity in critical care by three beds / further enhance PART	6	5	Nov-23	-	
6	Develop short stay area for trauma	Surgery	Enhance short stay area for trauma patients to support increased trauma activity both general and MTC		5	Nov-23	-	
7	Extend virtual ward pathways	Surgery/Medicine	Enhance the virtual ward pathways in both surgery and medicine linked to SDEC models		4	Dec-23	-	
8	Virtual Ward	Medicine/Surgery	Extend virtual ward opportunities		5	Nov-23	-	
9	Protect Elective Surgery for Children	Children and Women	Use planned care recovery resource from WG to ringfence capacity and deliver stable levels of paediatric operations throughout the winter months		6	Oct-23	-	
10	Trusted Assessors	IDS/LA	Develop plans to introduce trusted assessors in hospital setting		4	Dec-23	-	
11	Super stranded patients	Operations	Clinical board/IDS and Ops work on implementation plan to reduce LOS in key specialities	26	4	Dec-23	-	
12	10% reduction in Green patients	IDS/LA	IDS and LA team develop and implement plan to reduce green POCD by 10%	10	3	Jan-24		
13	UPPC coverage	PCIC	100% coverage and improved utilisation for UPCCs		5	Nov-23		
14	Safe @ Home	PCIC/Social	First step to create crisis MDT team to support alternatives to EU attendances and admissions		3	Jan-24	-	
15	Patient Flow & Site support	Patient Flow Team	Transport and staffing costs to boost resources and support processes through winter		4	Dec-23	£100	
16	Health Inclusion service	PCIC	Expand inclusion service for people who struggle to access health services within our communities	2	6	Oct-23	£100	
Total Beds				108			£1,567	

Finance

The indicative costs have been developed in conjunction with the finance team with further work underway with Clinical Boards and their business partners. The work is being overseen by the Director of Operations for Six Goals and the Deputy Director of Finance. Over the next few weeks, through the operational planning group, a more detailed costings will be signed off operationally, however the funding available will need to sit within the £1.5m reserve. As detailed in Table 2, some schemes are already funded or are being absorbed within the clinical boards, others are requested for recurrent funding as previously noted.

As part of the ongoing work, there will be an assessment of released resources through the bed reduction programme to cost re-opening of beds. There is clarity that the organisation cannot resource additional beds over and above the resources released as part of the savings plan and clinical boards will need to ensure services are delivered accordingly.

Conclusion

The Health Board and its partners recognise the challenges facing the health system through winter months. It is critical that we plan and implement schemes that can in part mitigate these pressures. This paper, and the associated winter planning slides, outlines the pressures and the schemes that we believe will mitigate these to keep our population safe. Finally, it sets out the aim to integrate winter planning into our annual planning cycle ensuring consistency and clarity of approach and delivery. In order to facilitate this the recurrent allocation of the winter reserve is requested. Key issues and recommendations are laid out below

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Significant system wider pressure presents an unprecedented challenge for the UHB winter plan:

1. Winter planning has commenced in conjunction with our partner organisations
2. There is ongoing uncertainty as to the impact of a number of variables including covid, respiratory viruses, workforce pressure and industrial action
3. The UHB estimates a potential capacity gap of 90 beds, peaking in January 24
4. A number of actions have been implemented, with more proposed, across Health and Social Care to mitigate the winter pressures
5. The actions have been agreed through the Operational Delivery Group
6. The total cost of is **£1.57m** which can be off-set against the health board winter reserve.
7. There is no expectation of additional central funding for winter pressures
8. Senior Leadership Board has recommended that the operational and financial teams progress with the winter plan as described, subsequent is agreeing the correct mechanism for the recurrent allocation approach

Recommendation:

Finance and Performance Committee are asked to:

- **NOTE** the UHB Winter Plan 23/24.
- **APPROVE** a revised approach to seasonal planning, including the recurrent allocation of the £1.5m winter reserve

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Long term	Integration	Collaboration	Involvement
------------	-----------	-------------	---------------	-------------

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

n/a	
Safety: Yes/No	
n/a	
Financial: Yes/No	
n/a	
Workforce: Yes/No	
n/a	
Legal: Yes/No	
n/a	
Reputational: Yes/No	
n/a	
Socio Economic: Yes/No	
n/a	
Equality and Health: Yes/No	
n/a	
Decarbonisation: Yes/No	
n/a	
Approval/Scrutiny Route:	
Senior Leadership Board	7 th September 2023
Finance Committee	20 th September 2023
Board	28 th September 2023

Mohamed Sarah
12/09/2023 18:18:34

Winter Plan 2023-2024

Finance and Performance Committee

20th September 2023

Mohamed Sarah
12/09/2023 18:18:34

INTRODUCTION

Each year the UHB delivers a winter plan to strengthen our services in this challenging period.
We would like to....

Scene Setting

What are our operational priorities

What are the key factors impacting on winter

Demand Challenges

What is our bed gap based on our modelling.

What is the pressure facing our emergency unit.

The last year

What have we done in the last year that we need to celebrate.

How has it impacted on patient care and delivered a better quality service

Proposals

What are we proposing to do this winter to help with the challenges we will face

Mohamed Farah
12/09/2023 18:10:34

Scene Setting

Operational Priorities

Urgent & Emergency

Primary & Community Care

Acute Medicine & Frailty Model

SDEC Models

Protect Tertiary Services and MTC

Cancer

Focus on backlog in pathways (>62 days)

Focus on bottlenecks e.g. diagnostics

Specific tumour site improvements

Planned Care

All but eliminate two year waits

Reduce children long waits

Mental Health

Managing pressures in inpatient services

Community demand in CYP and adults

Critical Care

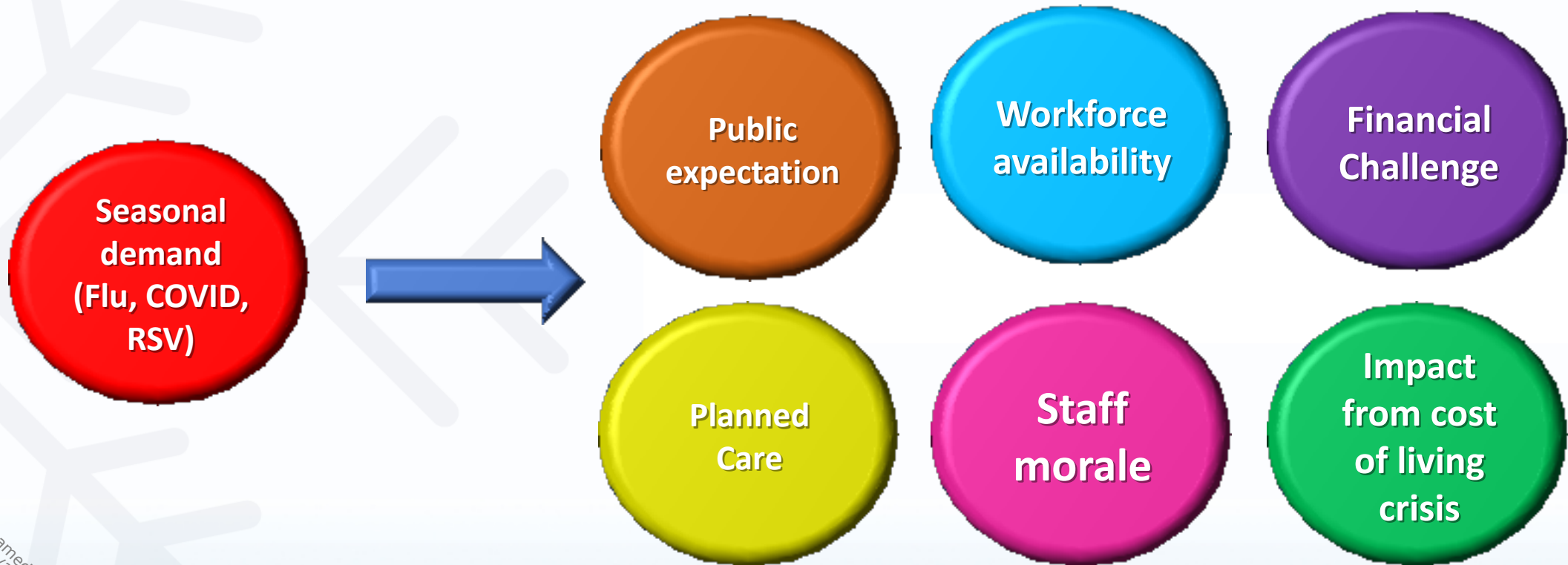
Paediatric Intensive Care

Adult Intensive Care

Neonates

Scene Setting

Key Factors impacting on Winter



The key factors that influence patient safety, quality and experience

Mohamed Sarah
12/09/2023 18:18:34

Seasonal Demand Challenges & Assumptions

Bed Gap

Cardiff & Vale Projected Gap (Excluding Mental Health)

Clinical Board	Year	Scenario	Nov	Dec	Jan	Feb	Mar	Apr
Medicine	2022-2023	Predicted Worse case	114	120	152	147	148	137
	2023-2024	Predicted Worse case	56	67	90	82	76	56

Critical Care

5% busier with a peak in Jan '23

-6 bed gap

Emergency Unit Attendances

The emergency unit attendance will remain relatively stable

The seasonal bed capacity gap this year has reduced when comparing with last years figures. The next slides will highlight the service improvements helping our position

Mohamed Sarah
12/09/2023 18:18:34

What we have been working on?

FRONT DOOR & ACUTE CARE

Frailty area in UHW helping patients get home quicker

Ringfenced our Acute Medicine Short Stay Unit

Focus on reducing delayed ambulance handovers

GPs talking directly to an acute physician for patients needing urgent care

Creation of “virtual wards” where nurses and physicians monitor patients at home

“Same day emergency care units- SDEC” for medicine and surgical patients

Redesign our acute medicine model (90 bedded acute assessment and short stay unit)

Moved out site hub into the emergency unit to support joint working and flow

Mohammed Sarah
12/09/2023 18:10:24

What we have been working on?

LOCAL AUTHORITY, HOSPITAL AND COMMUNITY (PARTNERSHIP WORKING)

Opened sixty seven integrated assessment care beds (LAKESIDE)

Building relationships between partners (LA / IDS teams)

Working with local authorities increasing spot placement beds

Focus on understanding delays for patients in hospital

Creating additional out of hospital support through our community teams (CRT/VCRS)

Increase therapies support to help re-able patients in our community beds

Discharge to recover and assess with rapid response domiciliary care

Further development of trusted assessors over wide range of areas to speed up assessment



Mohammed Sarah
12/09/2023 18:18:34

What we have been working on?

PRIMARY & INTERMEDIATE CARE AND MENTAL HEALTH

Urgent care centres now covering 76% of our population

CAV 24/7 seeing over 3000 patients face to face monthly

GPs working together to support our most vulnerable patients in the community

Setting up a service for patients to call with mental health concerns (111-2)

Mental health crisis teams working closely with third sector

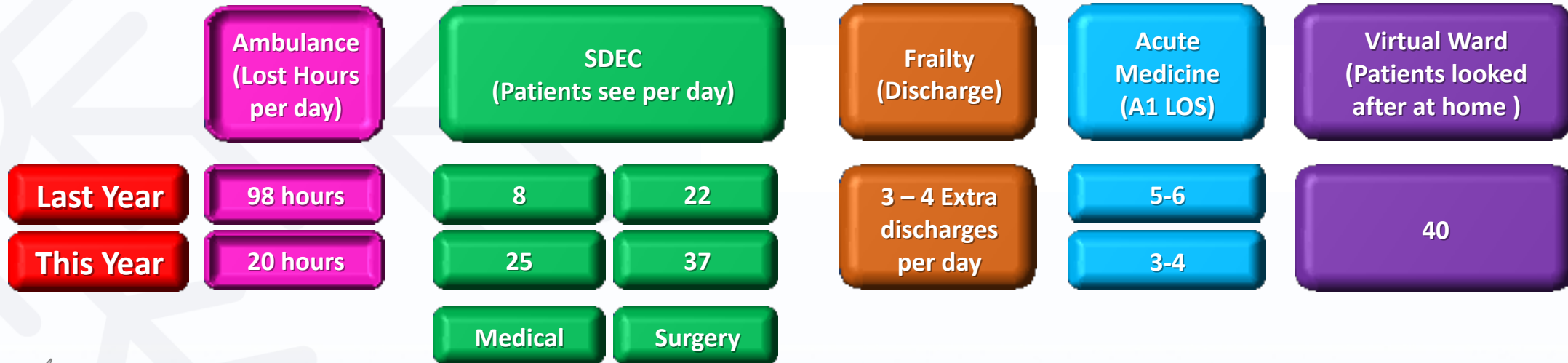
Mental Health Matters – Supporting early discharge for our older people

Protecting our population and our staff through immunisation

Mohamed Sarah
12/09/2023 18:18:34

What's the impact been?

FRONT DOOR & ACUTE CARE



Mohamed Sarah
12/09/2023 18:18:34

What's the impact been?

PRIMARY AND COMMUNITY CARE / MENTAL HEALTH / PLANNED CARE



Mohamed Sarah
12/09/2023 18:18:34

Proposals to address the challenge

Clinical Boards	Proposals	Beds	£'000
Medicine	The emergency unit redesign for adults and children	8	416
	Acute winter beds: UHW C5 - 19 UHL - 24	43	700
	Extend opening hours in medicine SDEC		
Specialist Services	Additional integrated assessment Care Beds (LAKESIDE)	13	250
	Critical care action plan to combat demand with outreach services running 24/7	3	
	Three commissioned critical care beds from Nov '23	3	
	Focus on critical care delayed transfer of care patients		
Surgery	Develop short-stay and SDEC trauma pathway		
	Further develop virtual ward model & direct pathways from WAST		
Children	Protected elective surgery unit for children		
Site Services	Additional site support to enhance flow		100

Mohamed
12/09/2023

Proposals to address the challenge

Clinical Boards & Partners	Proposals	Beds	£'000
Local Authority & Integrated Discharge Services	Further develop trusted assessors to support secondary care		
	Super stranded patient review (1% equates to 13 beds)	26	
	10% reduction in pathway of care delays (Joint work with LA partners)	10	
	Caring for patients in the right area that meets there needs		
Primary and Community Care & Local Authority	Cardiff and Vale will aim to have 100% coverage for urgent primary care		
	Safer @ home – Partnership working to keep people at home		
	Health Inclusion service	2	100
Mental Health	"Bed-in" 111 press 2		
	Dedicated help for frequent callers ringing 111-2		
	Total	108	1,566

STAFF WELLBEING

Mohamed Sarah
12/09/2023 18:18:34

Employee Wellbeing Support Pathway

How am I feeling?

What might help me?

How can I support others?

I feel well and want to stay emotionally healthy 😊

Free online resources

- Mind UK: www.mind.org.uk
- Dewis Cymru: www.dewis.wales
- Centre for Clinical Interventions: www.cci.health.wa.gov.au

Wellbeing apps

- [Headspace](#)
- [Unmind](#)
- [Calm](#)
- [Worry Tree](#)

Wellness initiatives

- Doing Our Bit: doingourbit.org.uk
- Reading Well: reading-well.org.uk

I am beginning to struggle with my emotional wellbeing 😐

Free courses

- Chat with your line manager or a wellbeing champion in your team
- EWS workshops: sign up on [Eventbrite](#) and follow us on [Twitter @EWS_CAVUHB](#) to hear about upcoming workshops
- Recovery College courses: www.recoverycollegeonline.co.uk
- Stepiau courses: www.stepiau.org
- Silver Cloud: nhs.wales.silvercloudhealth.com

I am struggling with my emotional wellbeing 😓

Self-refer to

- [Employee Wellbeing Service](#):
Email: employee.wellbeing@wales.nhs.uk
Call: 02921 844 465
- Canopi: canopi.nhs.wales
- Contact your GP

Workplace advice and support

- [Remploy](#): www.remploy.co.uk
- [ACAS](#): www.acas.org.uk
- [HSE](#): www.hse.gov.uk/stress
- [Health and Safety policies](#)
- [Trade Unions](#)

I am really struggling with my emotional wellbeing 😞

In crisis?

- [Call Samaritans](#) on 116 123
- Text 'SHOUT' to 85258 for the [Crisis Text Line](#)

- Contact your GP or [NHS out of hours service](#) by calling 111

Keeping yourself safe

- [Staying Safe website](#): staying-safe.net
- [#StayAlive app](#): www.stayalive.app

- 'CAV a coffee' with a colleague
- Train to become a 'Wellbeing Champion'
- End of shift check ins
- [Comerados](#): www.camerados.org
- Contact EWS for support on your ward/department
- [Suicide Awareness Training](#): www.zerosuicidealliance.com
- [Mindful employer](#)

Financial Wellbeing and support with the cost of living

A financial wellbeing pathway, including links and signposting, can be found on the CAV internet: [Employee Wellbeing Service - Cardiff and Vale University Health Board](#)

[\(nhs.wales\)](#) This includes:

Information on Staff Benefits: [Staff Benefits - Cardiff and Vale University Health Board \(nhs.wales\)](#)

The Credit Union offers savings accounts and affordable loans to anyone living in Cardiff or the Vale of Glamorgan or working anywhere in Wales: [Cardiff & Vale Credit Union | Home \(cardiffcu.com\)](#)

Free courses and advice on budgeting and support available via: [Free and impartial help with money, backed by the government | MoneyHelper](#)

Find out if you are accessing all you are entitled to: [Benefits - Citizens Advice](#)

If you are a member of a trade union, help may also be available to you in the form of a grant.

Mohamed Sarah
12/09/2023 18:18:34

HOW WE COMMUNICATE

Joanne Brandon, Director of Communications

Mohamed Sarah
12/09/2023 18:18:34

COMMUNICATIONS AND ENGAGEMENT WINTER PLANNING 2023/4

<p>Winter Awareness Raising Student Campaign (Put your health First) Flu Primary Choice Help us to Help You</p>	<p>Student Campaign (Put your health First) Seasonal Flu Primary Choice Roadshows Student (Phase 2 - Tinder) Healthcare Services in the Community</p>	<p>Seasonal Flu / Immunisation Keeping winter well Primary Choice - Healthcare Services in the Community Media engagement - winter packages</p> <p>Mental Health Recovery College</p>	<p>Seasonal Messaging and Night Time Economy Awareness Flu / Immunisation Keeping winter well Primary Choice - Healthcare Services in the Community Recovery College / NHS 111 Press 2</p>	<p>Intensified communications in relation to peak period</p>	<p>Primary Choice – Healthcare Replenishing medicine cabinet / over the counter medication Services in the Community NHS 111 Press 2</p>	<p>Primary Choice – Healthcare Help us to Help You Services in the Community</p>
---	---	---	--	--	--	--

SEP	OCT	NOV	DEC	JAN	FEB	MAR
------------	------------	------------	------------	------------	------------	------------

<p>Operational Pressures</p> <p>Mohamed Sarah 12/09/2023 18:18:34</p>	<p>Minor Injuries Out of Hours Urgent Care / GP Service</p>	<p>Service Disruption due to adverse weather Outbreak of infectious diseases Patient Flow / Capacity</p>	<p>Service disruption due to adverse weather Patient Flow / Capacity EU & Critical Care Pressures Outbreak of infectious diseases Personal Safety Seasonal Messaging around the holidays and events e.g. Black Friday Night time Economy</p>	<p>Service Disruption due to adverse weather Patient Flow / Capacity EU & Critical Care Pressures Outbreak of infectious diseases Increased paediatric demand leading to delays in assessment and admission</p>	<p>Service Disruption due to adverse weather Demand on Ambulatory Services</p>	<p>Service Disruption due to adverse weather</p>
---	---	--	--	---	--	--

COMMUNICATIONS AND ENGAGEMENT WINTER PLANNING 2023/4

Internal Communications

Ask Suzanne
Winter Communications
Toolkit
Personalised Messaging
via Sharepoint
CAV Connects
Roadshows
Screensavers
Social Media

Stakeholder Communications

Stakeholder Briefings
Political Briefing
Chief Executive
Connects
Senior Leadership Board
Local Partnership Forum
Individual Stakeholder
Meetings

External Communications & Campaigns

Public Health Winter
Prevention & Safety
Messaging
Winter Vaccination &
Immunisation Strategy

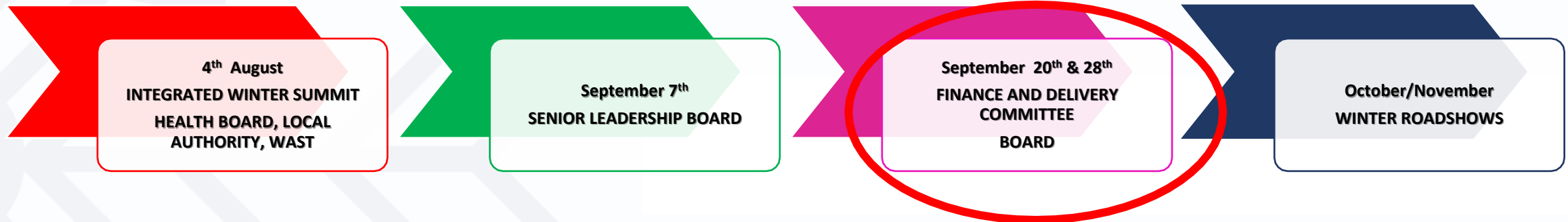
Proactive Communications

Media Roundtable
BBC Saving Lives
Individual Case Studies
Ministerial / VIP Visits

Monitored Sarah
12/09/2023 18:18:34

NEXT STEPS

INTERNAL TIMELINE



- Support from Senior Leadership Board
- Further co-production to solidify plans with all stakeholders through weekly operational meetings
- Firm up dates with Local Partnership Forum
- Sign-off approach and utilisation of Winter reserve through Finance and Performance committee (20th September 2023)
- Share and sign-off through Board (28th September 2023)
- Undertake series of Roadshows both within organisation and with partners to socialise plan

Mohamed Salah
12/09/2023 18:01:34

Report Title:	Regional Integration Fund Q1 reports 2023-24		Agenda Item no.	2.3
Meeting:	Finance and Performance Committee	Public	X	Meeting Date: 20 September 2023
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X
Lead Executive:	Executive Director of Strategic Planning			
Report Author (Title):	Head of Partnerships and Assurance			

Main Report

Background and current situation:

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between local health boards, local authorities and the third sector; and to ensure effective services, care and support that best meet the needs of our population.

This paper provides an overview of the financial performance of the Regional Integration Fund (RIF) presented to Welsh Government as part of the Q1 reporting requirements for 2023 to 24. For further assurance, this paper also includes a local summary of our work which has been reviewed and ratified by the region-wide Strategic Leadership Group.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The quarter 1 reporting period was delayed due to changes in Welsh Government reporting requirements. The final report was presented for ratification by the Strategic Leadership Group on behalf of the Regional Partnership Board on 11th September 2023 having previously been presented to Welsh Government in draft form on 31st August 2023.

A spending review of all RIF-funded elements is currently underway as part of the UHB's response to its financial risk assessment. The RPB has identified a forecast overcommitment of the RIF of c.£1.8m in 23/24. The overcommitment is due to agreed expenditure to sustain additional capacity commissioned as part of the 1000 beds programme to create additional step-down capacity last winter, including:

- D2A spot purchasing
- D2RA domiciliary care purchasing
- Associated agency social worker capacity
- Glain House contract

Our position this financial year, indicates that if we maintain current spending patterns reported at the end of Quarter 1, we will bring that overcommitment back to the budget available. The SLG has set out a number of requirements to ensure that this is achieved, and to create a further surplus to contribute to the financial sustainability plan for all partners.

The following control measures have been set in place to control and reduce expenditure wherever possible:

- a) Where projects are currently forecasting an underspend, as a minimum, they must maintain current spending patterns and the predicted full year spend as reported at Q1 this year, i.e. to come in underspent as per Q1 forecast. Projects are also requested to reduce expenditure further, to increase the underspend as at the Q1 forecast. If projects are anticipating an increased spend from Q2, this needs to be curtailed.

- b) For projects currently predicted to spend their full allocation by year-end, to develop options to reduce this in-year.
- c) To avoid artificially creating expenditure to spend to the full project budget allocation.
- d) To not cross-subsidise other organisational activities unless agreed and prioritised by the partnership
- e) To review each vacancy as it arises and consider if the role could be stopped, paused or diverted to core intermediate care/system services.
- f) To consider whether project-related roles could be diverted to key vacant roles
- g) To stop any further planned or future procurement activities unless explicitly agreed by the partnership
- h) The use of any slippage arising from project budgets will be managed and determined centrally, across all projects, rather than by individual projects.

SROs have been asked to assess all of the projects and / or programmes for which they hold responsibility and to provide an assessment of the ability to deliver the control measures set out above and will include an assessment of the risks and consequences associated with the proposal. This exercise will be completed by 20th September in readiness for consideration by an executive level, cross partnership panel on 22nd September, 23. Further information on the outcome of this report will be provided as part of the Q2 report to the Finance and Performance Committee in November 2023.

Recommendation:

The Finance and Performance Committee is requested to:

- **note** for information the Q1 report;
- **note** the partner-wide financial review of the RIF.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	✓
------------	--	-----------	--	-------------	--	---------------	--	-------------	---

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Risk assessments covering data quality, financial activity and actual performance for each priority continue to be reviewed and updated regularly as part of quarterly performance reporting.

Safety: Yes

Safety is a consideration at specific project level where appropriate.

Financial: Yes

The Regional Integration Fund guidance requires partners to demonstrate match funding to various degrees across the programme. In addition, partners are expected to demonstrate how services will be supported by core funding as the programme progresses. This has been highlighted as a significant risk within the programme and an appropriate management response is being considered by the Strategic Leadership Group currently.

Workforce: Yes

The capacity and development of our workforce will be fundamental to ensuring delivery of each project within the RIF. Workforce considerations are included within delivery plans for each project.

Legal: Yes

Any legal implications from delivery of specific commitments will be addressed within the delivery plans for each project area.

Reputational: Yes

The RIF contains a series of challenging commitments for focused work over the next 4 years. It will be important for the UHB to be seen to demonstrate ongoing commitment and support to enabling delivery.

Socio Economic: Yes

The RIF has been developed in direct response to WG guidance which outlines the specific needs of key population groups across our region including those with various socio-economic disadvantages e.g. older people, children, people with learning disabilities, etc. The delivery plans for each project include an overview of engagement intentions and the outcomes to be achieved as a result.

Equality and Health: No

Given the broad nature of the RIF, Equality Health Impact Assessments (EHIA) will be undertaken for each project where necessary.

Decarbonisation: Yes

Decarbonisation is a shared commitment for all partners within the RPB and project delivery plans will be required to take this into account where appropriate.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Mohamed Sarah
12/09/2023 18:18:34

Underspend / Overspend narrative

*Please complete columns L and M to outline your current position within each project. We expect a short description on any underspends and how you intend on recovering the project timeline.
 *Please do not alter any figures within columns D to K as these are auto-populated from the information you have provided within the 2022-23 tab.

Project	Project Level Summary	Total Investment	Initial Allocation	Live Allocation	Allocation Variance	Q1 Variance	Q2 Variance	Q3 Variance	Q4 Variance	Underspend / Overspend Narrative	Steps to take in next quarter
A	At Home Access	£ 1,442,857.14	£ 1,010,000.00	£ 1,010,000.00	£ -	£ -	£ -	£ -	£ -	-	
B	Right Support, Right Time	£ 494,047.00	£ 494,047.00	£ 494,047.00	£ -	£ -	£ -	£ -	£ -	Additional staffing 22/23 only	22/23 only
C	Early intervention and prevention	£ 183,000.00	£ 183,000.00	£ 183,000.00	£ -	£ -	£ -	£ -	£ -	-	
D	Access (Embed)	£ 1,442,000.00	£ 1,442,000.00	£ 1,442,000.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
E	At home accelerated cluster	£ 1,042,000.00	£ 1,042,000.00	£ 1,042,000.00	£ -	£ -	£ -	£ -	£ -	Additional discharge facilities	22/23 only
F	Health and Wellbeing Centres (Embed)	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
G	Vale Alliance (Embed)	£ 261,152.86	£ 182,807.00	£ 182,807.00	£ -	£ -	£ -	£ -	£ -		
H	Children Learning Disabilities	£ 1,111,001.00	£ 1,111,001.00	£ 1,111,001.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
I	Fit for my Future	£ 715,287.14	£ 500,701.00	£ 500,701.00	£ -	£ -	£ -	£ -	£ -	-	
J	No Wrong Door	£ 399,588.57	£ 279,712.00	£ 279,712.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
K	Young Carers	£ 224,285.71	£ 157,000.00	£ 157,000.00	£ -	£ -	£ -	£ -	£ -	-	
L	Adult Carers	£ 260,000.00	£ 182,000.00	£ 182,000.00	£ -	£ -	£ -	£ -	£ -	-	
M	Right support, right time, right person	£ 1,968,571.43	£ 1,378,000.00	£ 1,378,000.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
N	CYP with complex needs - community	£ 1,111,428.57	£ 778,000.00	£ 778,000.00	£ -	£ -	£ -	£ -	£ -	-	
O	Access - hospital to home	£ 1,724,285.71	£ 1,207,000.00	£ 1,207,000.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
P	Intermediate care - bedded reablement	£ 3,176,728.57	£ 2,223,710.00	£ 2,223,710.00	£ -	£ -	£ -	£ -	£ -	Vacancies	Other schemes to offset slippage
Q	Having my own Home	£ 214,285.71	£ 150,000.00	£ 150,000.00	£ -	£ -	£ -	£ -	£ -		
R	Intermediate Care (Accelerate)	£ 886,666.67	£ 798,000.00	£ 798,000.00	£ -	£ -	£ -	£ -	£ -	Delayed recruitment	Other schemes to offset slippage
S	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	-	
T	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	-	
U	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	-	
V	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	-	
W	Complex Care for Children and young people (CYP)	£ 2,347,777.78	£ 2,113,000.00	£ 2,113,000.00	£ -	£ -	£ -	£ -	£ -	Additional childrens placements pending start of acc scheme	22/23 only from slippage
X	Supporting People with Learning Disabilities	£ 955,555.56	£ 860,000.00	£ 860,000.00	£ -	£ -	£ -	£ -	£ -	Delayed scheme start recruitment	22/23 only
Y	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		
Z	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		
AA	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		
AB	0	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -		
	Ring Fenced Programmes & Infrastructure	£ 3,184,964.00	£ 2,963,964.00	£ 2,963,964.00	£ -	£ -	£ -	£ -	£ -		
	Programme Management Costs	£ 248,113.00	£ 248,113.00	£ 248,113.00	£ -	£ -	£ -	£ -	£ -		
	Total	£ 23,393,596.43	£ 19,304,055.00	£ 19,304,055.00	#REF!	£ -	£ -	£ -	£ -		

Mohamed Sarah
 12/09/2023 18:18:34

Quarter 4: Revenue Return Summary

APPROVALS: CARDIFF & VALE				
Signed on behalf of:	Name	Position	Signature	Date
Regional Partnership Board (Chair)				
Health Board (C&V)				
Regional Finance Lead				

Mohamed Sarah
12/09/2023 18:18:34

@Home Programme

Area Plan Commitment:

People will be able to age well at home with more opportunities for wellbeing and independence. Services will reflect the diversity of people as they age well.

Overview of Programme:

The @Home programme aims to establish integrated, locality-based, health and care services focused on meeting and improving the health and wellbeing of the local population, based on the ambitions of A Healthier Wales. Included in the scope of the programme are:

- Statutory and third sector community health and care-related services
- Leadership and workforce model
- Joint commissioning model
- Prevention and early intervention model
- Enabling digital solutions
- Locality assets – health and wellbeing centres, community hospitals
- (Homelessness programme and Children and Young People programme are out of scope)

Programme Aims

1. **Accelerated cluster development** of integrated, multi-agency teams
2. Consistent **intermediate care** model incl. Safe@Home
3. **Alliance** approach development in the Vale
4. Barry hospital/Health and Wellbeing Centre and North Cardiff Health and **Wellbeing Centre** feasibility and delivery
5. **Single access** route into all community services
6. **Digital and intelligence** (cross-cutting enabler): integrated care record across systems, shared business intelligence, tech-enabled care

What Happened in Q1 23-24:

- Recruitment of a new Integrated Discharge Hub Manager
- Recruitment of an interim Integrated Discharge Service Manager
- Engagement and development of a draft service specification for a new Crisis Response Intermediate Care (Safe@Home) service
- Engagement on locality plans, building on the MDT cluster/locality model
- Maturity matrix to review cluster working across the region developed, to inform future development work
- Vale engaged on MDT cluster working to begin reporting and aligning services for equity across the region
- Online website and comms materials developed to engage citizens and staff
- Development of business case for Safe@Home

What's Next for Q2?

- Development of the Integrated Discharge work in line with national models around Pathways of Care Delays and Trusted Assessor models
- Completion of a business case for the Safe@Home service for review through governance to secure funding
- Finalisation of proposed locality models with short and medium term plans
- Continue promotion and engagement on the programme in line with 6 Goals, Shaping Our Future Wellbeing and Ageing Well strategies
- Discussions planned with Vale to review the Vale Alliance work and Ty Dyfan (bedded reablement) taking place in September
- Review of bedded reablement work with service leads (including D2A, D2RA and Accommodation Solutions work) to evaluate utilisation and ongoing requirements and performance expectations moving forward

Timeline for Deliverables:

	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Development of a crisis response service model	█											
Crisis response business case complete			█									
Recruitment, resourcing and development of processes for crisis response				█								
Implementation of crisis response pilot							█					
Scoping of further rollout of MDT model		█										
Workshops to develop Locality model building on MDT			█									

@Home Programme

RIF Projects and Funding:

Project plus one sentence descriptor	Top 3 Baseline Targets	Current Overall Performance (RAG status)	Comment
Access—prevention: single point of access to step up and preventative community services	Increased numbers of people contacting a single point of access—baseline 39,500 contacts per year Reduced reliance on formal assessments and statutory services—baseline 65% needs met through FPOC Increased percentage of peoples needs met through information, advice and signposting—baseline 65%	Green	<ul style="list-style-type: none"> Financial review underway for all projects Preparation for revised WG reporting process Baseline targets being reviewed for Q2.
Access—Hospital to Home: community support in the hospital to support timely and effective discharge	Increased numbers referred to the Integrated Discharge Hub—baseline 4,500 referrals Increase in number of referrals triaged within 1 day Increased number of people moved to their D2RA pathway within 72 hours	Green	
Intermediate Care—crisis and home based response: developing a new Safe@Home crisis response service and ongoing rightsizing of intermediate care services	Workshops undertaken Recruitment/vacancies filled Decreased waiting time for a service to start	Green	
Intermediate Care—bedded reablement: interim accommodation options for discharge to asses	Increased numbers of people supported out of hospital Reduced numbers of readmissions to hospital	Yellow	
MDT Cluster: clusters working with an innovative MDT approach including social prescribing and discharge follow-up	Increased number of people supported through an MDT approach—baseline 450 per year Increased number of people supported with Social Prescribing—baseline 750 per year Increase number of people supported through Integrated Care hub—baseline 6,000 contacts per year	Green	
Vale Alliance: developing an integrated governance structure in the Vale	Scope and plans for the Vale Alliance to be developed with new Service Manager	Red	

Challenges and Learning:

The power and benefits of co-production to inform new operational models

Visiting services elsewhere to help shape new crisis-response provision

Improved application of benefits realisation to track and demonstrate impact

RIF Outcomes

Access Project

253 hospital days avoided involving FPOC (Cardiff)

198 wellbeing screenings completed by Wellbeing Matters (Vale) this financial year

Geraint was admitted to University Hospital Llandough (UHL) following a fall. A referral was received from the Integrated Discharge Hub asking for the FPOC Pink Army to find out more information regarding the situation at home from patient / mother. FPOC completed a What Matters Conversation with Geraint and his mother. They advised the Integrated Discharge Hub about the situation to support the triage process. Geraint had a timely hospital discharge as he did not have to wait for social work allocation. This means that there is a reduced risk of re-admission as Geraint and his mother are aware of support they can access in the community. They felt supported and more able to manage at home.

Intermediate Care Project

CRT and VCRS Therapy Only

1143 people admitted this financial year

29.0 days current wait time

CRT and VCRS Full Team

412 people admitted this financial year

2.6 days current wait time

"The whole team have been brilliant, very responsive, always there when needed, changed equipment that wasn't suitable within an hour on a Sunday."

Mair has mobility problems and after a hospital stay was discharged to the Community Resource Team (CRT).

Programme Drivers

Accelerated Clusters Project

33 number of MDT meetings this financial year

Dementia Programme

Area Plan Commitment:

People with dementia will be supported to live well and do the things they need to and enjoy in their communities

Overview of Programme:

The dementia programme aims to raise awareness of dementia and its determinants whilst working to develop community-based services that enable equitable and timely access to diagnosis and person-centred care. Included in the scope of the programme are:

- Compassionate communities who are aware of their risk factors through a coordinated campaign of raising awareness and an increased number of 'dementia friendly' communities
- Community-based care and support through increasing advocacy in the design of person-centered care plans and service developments
- Clear community-based pathways for timely assessment and diagnosis
- The Dementia Friendly Hospital Charter
- A regional approach to dementia care learning and development
- Measuring and benchmarking progress with people affected by dementia
- Focused Communications and Engagement Plan, to engage those affected by Dementia and those who are underrepresented.

Programme Aims

1. Develop a **prevention strategy** and delivery programme
2. Develop **Dementia Friendly environments**
3. Ensure wraparound **community care and support** is available and responsive
4. Increase **training and support** for Advance Care Planning
5. Provide smooth and timely **assessment and diagnosis** as close to home as possible
6. Provide initial **advice, support, information and signposting**
7. Deliver on the **Dementia Friendly Hospital Charter**

What Happened in Q1 23-24:

- 209 staff informed level and 104 skilled staff via the Good Work Framework
- 7 GPs run 14 clinics per month across 6 clusters
- 505 organisations supported to become Dementia Friendly businesses across the region with 68 organisations pledged to become Dementia Friendly
- c.1850 interactions this quarter between inpatients and third sector partners to keep people engaged and interacted
- Increase in care and support through Memory Link Worker and Community Teams
- Co-produced event with 30 partners across H&SC and 3rd sector with a focus on underrepresented community was a huge success.
- Improved data capture processes to better measure success and support future planning

What's Next for Q2?

- Strengthen dementia pathway through implementation of Dementia Friendly Hospital Charter and National Audit of Dementia recommendations
- Increase support for those with diagnosis in the community
- Continue the work of Dementia Friendly businesses
- Support implementation of the Good Work Framework
- Strengthen data capture and measurement to benchmark, celebrate and reflect on success
- Continue to build on the existing programme of work

Timeline for Deliverables:

	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Develop dementia friendly pathways through WAST and Unscheduled Care	█	█	█	█	█	█						
Develop resources on dementia risk reduction												
Dementia learning and development PAC training			█									
Develop Dementia Champions Network engagement and co-production		█	█	█	█	█						
Develop measurement work to deliver on the requirements of the agreed data items.	█	█	█	█	█	█						
Dementia Care mappers cohort training session			█									

Dementia Programme

RIF Projects and Funding:

Project	Top 3 Quarterly Baseline Targets	Current Overall Performance (RAG)	Comment
Assessment and diagnosis—supporting timely diagnosis for people with dementia in the community through GP led clinics	Increased number of GP assessments-baseline 70 Increase in diagnosis regionally—baseline 100	Green	• Financial review underway for all projects
Community care and support-providing intensive care and support to people living with dementia through CRT/VCRS, memory link workers and social work teams	Increased referrals for Memory Link Workers-baseline 175 Increased CRT/VCRS referrals-baseline 160	Green	• Preparation for revised WG reporting process
Training and development-supporting training for paid and unpaid carers in skills for supporting people with dementia	Increase in staff trained to informed level-baseline 100 Increase in staff trained to 'skilled' level-baseline 100	Green	• Baseline targets being identified for Q2
Dementia Friendly Businesses-improving community understanding and support for dementia through accessibility, awareness and training	Increase in Dementia Friendly businesses-baseline 50 Increase in Dementia Friendly pledges-baseline 20	Green	
Engagement and activities in the hospital with inpatients to support delivery of the Dementia Friendly Hospital Charter	Increase number of interaction with patients in acute settings—baseline 1,900 Increased number of activity sessions held	Green	

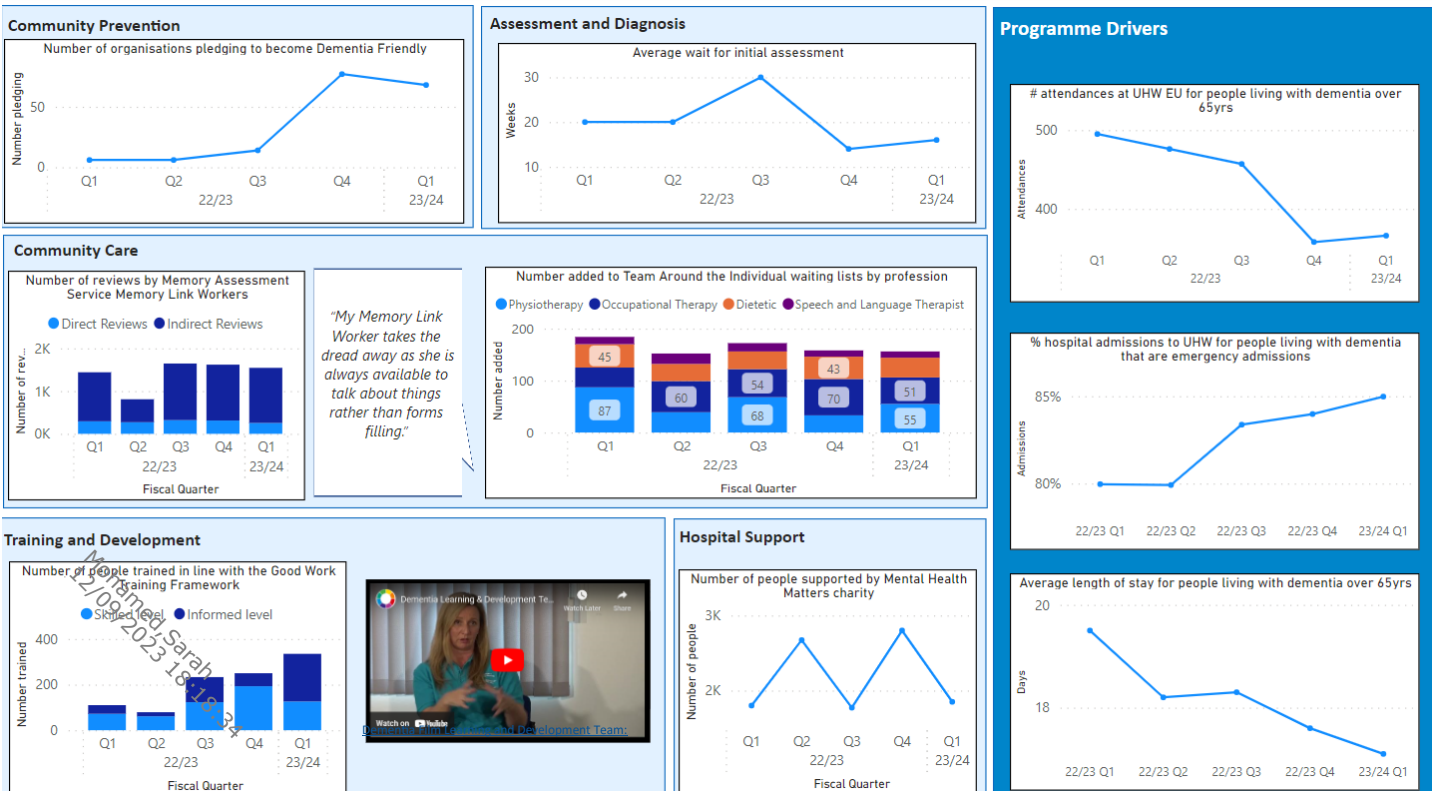
Standalone programme strands encouraged gaps and duplication

Challenges and Learning:

Translating new national standards and recommendations into local action

Greater use of evidence, particularly from people affected by dementia, to inform future delivery

RIF Outcomes 2023-24



emPOWER Programme

Area Plan Commitment:
 Work together to keep our babies, children and young people healthy, well and safe from harm; and deliver a Nurturing, Empowering, Safe and Trusted (NEST) approach to emotional wellbeing and mental health.

Overview of Programme:
 The emPOWER programme aims to deliver an integrated care model for infants, children, young people and their families with emotional well-being and mental health needs across health, education and social care.

- Programme Aims**
1. Babies, children and young people experience a No Wrong Door approach when they need support
 2. A whole system approach to good emotional mental health and wellbeing that focuses on early intervention and prevention
 3. An innovative approach to meeting the needs of children and young people in crisis and ensuring they are safe and well

- What Happened in Q1 23-24:**
- Next steps planned for development of for No Wrong Door (NWD) approaches at Early Help/ Single Point of Access part of system
 - Workshop delivered to develop NWD process at crisis end of system and inform draft Standard Operating Procedure
 - SROs sign off of information sharing processes (Joint Controller Agreement) to underpin NWD work
 - Developed workforce questionnaire to inform information sharing training

- What's Next for Q2?**
- Confirm NWD (Early Help/ SPOA) outcomes with delivery partners
 - Finalise NWD (Crisis) process with partners
 - Develop NEST self-assessment/ implementation plan with partners, including resources coproduced with CYP
 - Deliver Inspiration and Momentum (I&M) event(s) to upskill workforce on information sharing in response to workforce feedback

Timeline for Deliverables:

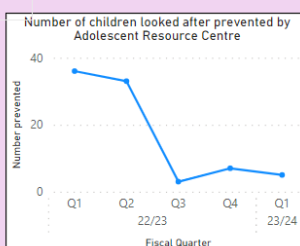
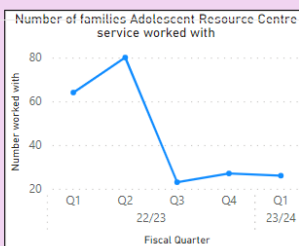
	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Information sharing - I&M process												
Suicide and self harm toolkit launch (in line with national timescales)												
RIF Acceleration - commissioned service element												
SWP Regional Outcomes Framework development												
SWP Regional Outcomes Framework first draft review												
Alignment with NEST												

emPOWER Programme

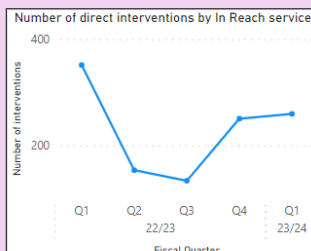
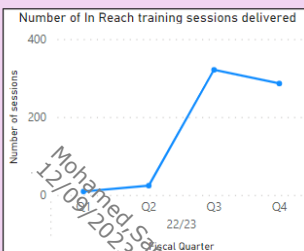
Project plus one sentence descriptor	Top 3 Baseline Targets (YTD totals)	Current Overall Performance (RAG status)	Comment
Early Intervention and Prevention -focussed on improving preventative and universal services in meeting the needs of the population of children and young people as needs arise, reducing the need for referrals into services where needs can be met within local services and within people's neighbour-	<ul style="list-style-type: none"> • 100% of families who feel more confident to independently access support to meet their needs (FFAL) • 100% of parents who feel appropriately supported (FFAL) • 89% parents who demonstrate an improved outcome in their emotional resilience 	Current delivery positive, but change occurring in Ymbarel element due to end of contract	<ul style="list-style-type: none"> • Financial review underway for all projects • Preparation for revised WG reporting process • Baseline targets being reviewed as part of Q2 planning.
No Wrong Door – babies, children, young people and their families are able to experience a No Wrong Door approach when they request emotional wellbeing support from our system	<ul style="list-style-type: none"> • 14 EH practitioners reporting an increase in confidence to deal with EMHWP issues following TTC (PMH Workers) • % of parents reporting an increase in the use of strategies to support their own and their family's wellbeing (Platform – no longer in place, Family Lives in set up phase) • 264 professionals received training (In Reach) 	Provider for family support element changed from Platform to Family Lives. New provider still in set up phase	
Right Support, Right Time – babies, children and young people experience family-led early intervention and prevention that prevents placement breakdown and supports reunification where this is possible	<ul style="list-style-type: none"> • 87% of children and young people are happier following FGC • 22% of CYP deregistered (average) • 67% of CYP deregistered (average) 	Vale measures developing – process in place with Head of Service	
Children and young people with complex needs (Community) -community-based intensive and therapeutic support for CYP on the edge of care that helps to maintain CYP in families or stable placements	<ul style="list-style-type: none"> • 5 CYP prevented from becoming CLA (ARC) • 16 families accessing activities (ARC) • 19 children receive therapy (Enfys) 	project on track to meet / exceed performance targets.	
Children and young people with complex needs (hospital) – delivery of Goleudy service	<ul style="list-style-type: none"> • Number of CYP receiving consultation only (social work element) • Number of joint discharge meetings attended • Number of psychological formulations 	project on track to meet / exceed performance targets.	

RIF Outcomes

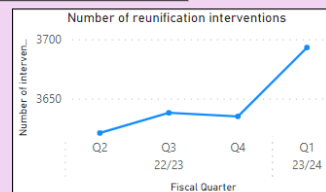
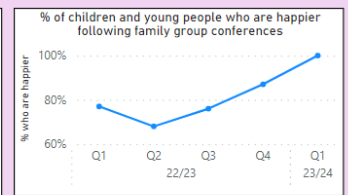
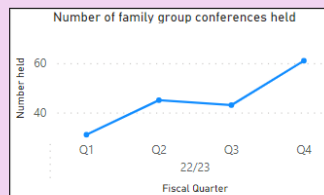
Children with a Complexity of Need



No Wrong Door



Right Support Right Time



Early Intervention and Prevention



100%
of parents supported by Ymbarel who reported feeling better supported and could demonstrate an improved outcome in their emotional resilience following the intervention

100%
of families who felt more confident to independently access support to meet their needs following support from Families First Advice Line

Complex Health and Disability Programme

Area Plan Commitment:
 Improve the support offer for babies, children and young people with complex needs.

Overview of Programme:
 Additional capacity through RIF funding to pilot and upscale areas of work to benefit children and young people with needs related to complex health and disability.

- Programme Aims**
1. Ensure children with additional nutritional requirements have access to appropriate dietetic assessment, treatment planning and monitoring
 2. Improve access to the right support at the right time for children and young people aged 5-18 years who have an identified learning disability via the multidisciplinary Child and Adolescent Learning Disability Service (CALDS)

- What Happened in Q1 23-24:**
- Continued delivery of blended diet for 36 children
 - Development of the CALD service to include an LD liaison nurse post—in recruitment
 - Delivered EPaTs (early approach's to parent support) for parents of children with ALN
 - Discussion to shape PARIS taken place. Service lead to take forward on return from mat leave

- What's Next for Q2?**
- Development of an ADHD and nutrition pathway with ADHD nurses
 - Recruitment of LD hospital liaison role for children
 - Commence PARIS system build for the CALDS to support with recording of case notes and reporting information
 - Work across Early Years and RIF to build business case for best options to support parents with infants with ALN
 - Review transition arrangements across LA partners supported by RIF

Timeline for Deliverables:

	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Blended diet transition work												
ADHD/nutrition pathway development												
CALDS hospital liaison role												
CALDS PARIS system build												

Complex Health and Disability Programme

RIF Projects and Funding:

Project plus one sentence descriptor	Top 3 Baseline Targets	Current Overall Performance (RAG status)	Comment
Planning for my future - improving services that support a smooth transition for young people with complex disabilities and health needs into adult hood, including adult services. Supporting CYP to receive the right support at the right time who present with neurodiversity	<ul style="list-style-type: none"> # interventions in progress for CYP with LD #CYP who receive an enhanced blended diet service through their special school % of young people supported with ND into inclusive settings # of support staff trained 	Current delivery positive, but data sources have not provided information (Cardiff CS Transition data)	<ul style="list-style-type: none"> Financial review underway for all projects Preparation for revised WG reporting process Baseline targets being reviewed for Q2 Halt on recruitment of LD liaison nurse due to finance review.
CALDS Providing specialist health support for CYP with a learning disability aged 5 -17 years	<ul style="list-style-type: none"> # of CYP supported # of sleep courses completed Length of waiting list 		
Complex Care - Right Support, Right Time – children with complex care needs have access to the right support at the right time, including supporting a joint continuing care process	<ul style="list-style-type: none"> # of continuing care assessments # of blended diets for CYP with Enteral feeding % of parents reporting improved well being (EPATS) 	Delivery positive – patchy data on cont care assessments due to staff changes. Distance travelled in place for EF and EPATS	

Challenges and Learning:

CALDS is a new, developing service – further learning to be shared once known

PARIS IT system build time requires planning and takes time to achieve for services

Sustainability of models delivered by WG grants requires consideration

RIF Outcomes

Planning for my Future

10

children and young people who received support via 'project search' (2021/22 school year)

9

children and young people who succeeded in gaining ongoing employment following support via 'project search'(2021/22 school year)

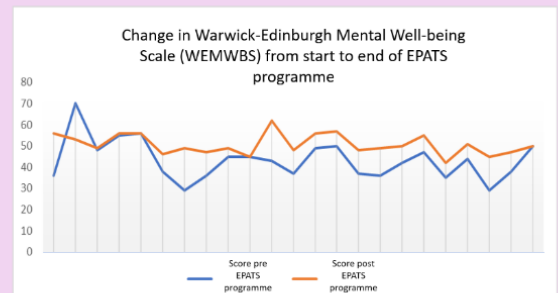
152

young people between 14 and 18 years old have received support with transition between Jan and March 2023. Of which

14

were neurodivergent young people

Early Positive Approach to Support



Children's learning disability services

24

people have been supported by learning disability nurses in 2022/23

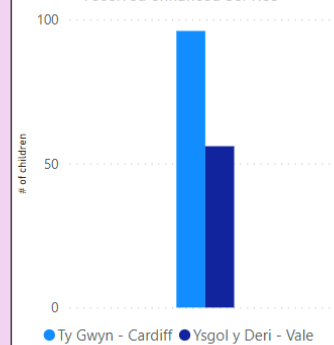
The service has provided additional consultations and support to other service areas for

over 30

additional young people in 2022/23

Jane is 16 years old and has a diagnosis of ASD, learning disability and Tourettes Syndrome. She has a history of 'shutting down' with anxiety when overloaded, resulting in non-attendance at school for long periods of time. Child and Adolescent Learning Disability Service worked with her school around implementing environmental changes in the classroom. The plans and proactive changes in the classroom had a positive impact on her and her schooling. Her mum thanked the learning disability nurse for liaising with health services as she felt the reasonable adjustments made a big difference in her daughter accessing healthcare. Her mother said that she felt "listened to" and now reaches out to the learning disability nurse. Previously, she had been guarded in trusting professionals.

of children on school dietetic caseload who received enhanced service



Of the 152 children who received enhanced dietetic service,

25

have blended diets via tube

Learning Disabilities Programme

Area Plan Commitment:

People with learning disabilities will have the ability to live as independently as possible in their local community

Overview of Programme:

The Learning Disability Programme aims to develop integrated support services enabling people with learning disabilities to live as independently as possible in their local community. Projects included in the scope of the programme are:

- The right support at the right time
- Having my own home
- Fit for my future

Programme Aims

- Services are equipped to respond to need with the right level of support, in the place and at the time when it is needed
- People with a learning disability have their needs effectively monitored and supported
- Timely reviews of care and support

What Happened in Q1 23-24:

- Delivered training/workshops to over 200 participants across the workforce
- Information leaflets and documents updated to easy read
- Complex day services supporting new individuals—case study of one individual now able to access community with family
- Improvement of take up of Annual Health checks post COVID 19
- Presented CAV employment of individuals with LD to ADfest 2023

What's Next for Q2?

- Present to Cluster group of GP's on Annual Health checks and improving access to health care for people with LD
- Review outcomes and reach of the regional technology project
- Deliver recruitment campaign to support increase in APS carers
- Pause recruitment of health specialists (CAVUHB)
- Review the transition processes in place for individuals who may not require LD services but require support into adult hood (TRIG)
- Recruit a transition accommodation officer (Cardiff)

Timeline for Deliverables:

Under development as part of the Joint Area Plan: Delivery Plan

Improving the uptake of Annual Health Checks for people with Learning Disabilities

Professionally I found it really thought provoking, inspiring & encouraging to hear how your professional roles are showcasing your expertise, experience and skills as a valued and core part of the multi-disciplinary team.

THANK YOU for sharing your strengths, hobbies, humour, positivity & inspiring energy with us

Sioned—can you put this quote into the outcomes section?

Mohammed Sarah
 12/09/2023 18:18:34

Learning Disabilities Programme

RIF Projects and funding:

Project plus one sentence descriptor	Top 3 Baseline Targets	Current Overall Performance (RAG status)	Comment
Fit for my future	#of people transitioning	Green	<ul style="list-style-type: none"> Financial review underway for all projects
Right Support Right Time	How many people reached	Green	<ul style="list-style-type: none"> Preparation for revised WG reporting process
Having my own home	Local accommodation	Green	<ul style="list-style-type: none"> Actual targets being clarified

Challenges and Learning:

Significant impact of COVID-19 on families/carers and their ability to care

Growing increase in service demand and increasing complexity of need

Difficulties recruiting and retaining staff on temporary contracts – resulting in high staff turnover

RIF Outcomes

Fit for my Future

Number of people allocated to Cardiff All Age Disability team aged between 18-25

Quarter	Number allocated
Q1	268
Q2	268
Q3	260
Q4	258

Number of people aged 18 who have an allocated All Age Disability team worker

Quarter	Number allocated
Q3	38
Q4	42

I have a learning disability and am deaf. I volunteer in a care establishment. My role is to make teas and coffees or cold drinks for the people at the home, making sure they feel comfortable and offer biscuits if they can have them. My volunteering role has taught me:

- Accept that when you first start working you will not know how to act, that there are rules to follow which is different to your own free time.
- Support is there to help you.
- Don't be afraid but be open and honest about things you are not sure of.
- Be yourself.

90%

of individuals accessing meaningful activities in their local community

Having my Own Home

Kara has an attachment disorder and was evicted from her accommodation due to her behaviour. She worked with Transitions Neurodivergence Services and has now found a new home:

"I got this flat along with support from staff and I know there are always people here to help. I gave the flat a chance, it was hard at first. I let people support me, whereas in previous placements I was pushing people away. I do that less now. Moving into my own flat made me realise I can be mature, to look at the barriers...The lessons I've learnt are don't push people away, let them help you. If you have troubles go and speak to someone. Don't keep it inside and let it explode then bad things happen as a result."

Number of new referrals in to supported living

Quarter	Number of referrals
Q1	13
Q2	13
Q4	14

Right Support

Number of reviews completed by review team

Quarter	Number allocated
Q2	40
Q3	50
Q4	40

Mohamed, Sarah 12/09/2023 18:18:34

Number of people receiving support from Cardiff Review team

Quarter	Number allocated
Q2	550
Q3	560
Q4	570
Q1	555

Unpaid Carers Programme

Area Plan Commitment:
 Unpaid carers will be recognised for the vital contribution they make to the community and the people they care for and enabled to do the things they want to alongside caring.

Overview of Programme:
 The unpaid carers programme aims to develop a regional approach to ensuring that unpaid carers are recognised and that every step is taken to ensure the region is an environment that supports the highest quality of life possible for unpaid carers and the people they care for.

- Programme Aims**
1. Ensure unpaid carers are identified and recognised in our communities
 2. Ensure the right information and advice is given to unpaid carers at the right time
 3. Improve the quality of support provided to unpaid carers
 4. Develop and improve the skills of our workforce to help unpaid carers achieve what matters to them
 5. Make best use of the resources available to contribute to caring for people in our communities and make sure unpaid carers have time to do the things they enjoy
 6. Work together to ensure unpaid carers are supported in education and work
 7. Ask unpaid carers to tell us what you think
 8. Listen to the voice of unpaid carers to inform the development of services and support

- What Happened in Q1 22-23:**
- Young Carers Charter promotional campaign
 - Ongoing development of the Carer's Gateway as a single point of access for information and advice for unpaid carers
 - Young carers support through YMCA led projects and activities
 - Continuing the Young Carers in Schools' programme; enabling schools to identify, support and refer young unpaid carers early
 - Piloting discharge support for unpaid carers at University Hospital Llandough

- What's Next for Q2?**
- Engage with the Carers Gateway to increase identification of carers particularly in Cardiff
 - Development of an agreed delivery plan against the Unpaid Carers Charter and Joint Area Plan
 - Understanding and development of wellbeing support services
 - Scoping of support for unpaid carers through RPB programmes and partners
 - Monitoring and ongoing development of respite support (both formal and dynamic options)
 - Carers Grant for activities to be launched
 - Co-produce regional Carers Assembly with RPBs Unpaid Carer representatives

Timeline for Deliverables:

	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Development of a clear workplan (below is indicative)												
Launch on the Charter												
Rollout of comms and packs re Charter												
Scoping of developments for unpaid carers across programmes												
Review of assessment processes and links to Carers Gateway												
Development of respite provision, based on 'short breaks' scheme												
Further rollout of discharge support pilot												

Unpaid Carers Programme

RIF Projects and funding:

Project plus one sentence descriptor	Top Baseline Targets	Current Overall Performance (RAG)	Comment
Carers Gateway—a single point of access for information and advice for unpaid carers	Increased numbers of new carers identified—baseline 400 per year Increased number of contact to the service—baseline 500 per year Increased number of registered carers	Green	<ul style="list-style-type: none"> Financial review underway for all projects Preparation for revised WG reporting process
Young Carers—support for young carers in Cardiff delivered by YMCA	Increased of new young carers receiving a service—baseline 200 per year Increased family support sessions delivered—baseline 80 per year Increased number of group respite sessions delivered—baseline 200 per year	Yellow	<ul style="list-style-type: none"> Baseline targets being reviewed for Q2.
Young Carers in Schools Project—development and training for schools to be	Increased number of school staff trained to support young carers Increase in primary schools identifying young carers Increase in secondary schools identifying young carers	Green	

Challenges and Learning:

Understanding the data to support service development

Engagement with unpaid carers representatives has had a positive impact on the programme

Utilising the resources in the third sector has been key and is still being developed

RIF Outcomes

Carers Gateway

Number of unpaid carers supported

Fiscal Quarter	Cardiff	Vale
Q1 22/23	~50	~100
Q2 22/23	~20	~80
Q3 22/23	~20	~60
Q4 22/23	~20	~90
Q1 23/24	~20	~80

% of total carers supported who are new carers

Fiscal Quarter	Percentage
Q1 22/23	~80%
Q2 22/23	~80%
Q3 22/23	~95%
Q4 22/23	~85%

Number of carers assessments undertaken

Fiscal Quarter	Cardiff	Vale
Q1 22/23	~100	~40
Q2 22/23	~180	~40
Q3 22/23	~150	~40
Q4 22/23	~180	~40
Q1 23/24	~150	~40

Jen was referred to the Cardiff and Vale Carers Gateway by the Carers Assessment Team at Cardiff Council for consideration of an Unpaid Carers Respite Grant/Award (also known as 'Try Something New' (TSN)). This is a project funded by Cardiff Council. Jen described the difference that the award will make:

"This will help provide a much-needed break for myself and us as a family. This would help us enjoy a break away from home, as we haven't been able to do this for the last few years. This is both due to COVID and its restrictions on my son and us as a family as we also needed to stay safe on his behalf. This would help us to look for a fully adapted holiday cottage with the correct equipment needed to enjoy a break away. We have been looking for a holiday cottage that would provide a hoist for lifting, wet room for daily care for example showering, shower chair and toilet chair facilities. These types of holiday cottages are extremely expensive to hire and this would be a great help towards a short break or week away."

[Click here to watch the Carers Gateway film](#)

Young Carers

Number of new young carers to receive a service

Fiscal Quarter	Number
Q1 22/23	~75
Q2 22/23	~25
Q3 22/23	~25
Q4 22/23	~60
Q1 23/24	~15

% of young carers reporting improved mental health score

Fiscal Quarter	Percentage
Q1 22/23	~85%
Q2 22/23	~60%
Q3 22/23	~75%
Q4 22/23	~85%

Daniel joined the YMCA Vale young carer service in January 2021 after a referral was received and an initial assessment was completed earlier in 2021. Daniel is the primary carer for his mother who has post-traumatic stress disorder, endometriosis and fibromyalgia. Throughout Daniel's time on the project, there has been a visible difference in his ability to communicate and develop friendships with others on the project. When he first started attending youth club, Daniel preferred to engage in solitary activities and spent time with staff, rather than peers. Since attending buddy sessions designed to develop friendships, Daniel has really developed in his socialisation skills and now has two close friends that he regularly attends youth club, trips and activities with.

Integrated Autism Service and Neuro-Development

Area Plan Commitment:

Neurodiversity (ND) services will have strengthened provision with a focus on providing the right support at the right time.

Overview of Programme:

The Integrated Autism Service (IAS) aims to provide adult autism diagnostic assessment, support and advice for autistic adults, parents/ carers, and professionals, specifically:

- Advice and training for families and carers of children, young people and autistic adults
- Advice, support and interventions for autistic people, to help them with their daily lives
- Training and support for professionals, to help them understand the needs of autistic people when they are delivering services, care and support
- Integrated provision of services and support across health authorities and local authorities
- Teams of professionals providing support in the local community

Programme Aims

1. Improved population health for people with autism
2. Citizen voice better engaged in the design and delivery of our services
3. Greater understanding of autism throughout wider workforce
4. Greater understanding of autism within the community
5. Improved operational reporting – whole region evidence-based improvements for service delivery

What Happened in Q1 23-24

- 363 referrals, 292 resulting in a form of intervention
- 45 interventions for parents/ carers
- 13 support groups held, supporting 47 people with autism
- 57 diagnostic assessments provided
- 20 received advice and support from parents/carers
- 157 requests from professionals for consultations, training and/or joined-up working
- Wider ND funding (non RIF) approved by Welsh Govern-

What's Next for Q2?

- Evaluate the implementation of the Autism Code of Practice
- Increase awareness about services and support
- Increase our understanding of barriers that people face linked to diagnosis including attitudes towards autism in different communities
- Improve workforce and organisational development through increased capacity and upskilled staff
- Recruitment of staff to support reduction of waiting times for assessment and support
- Review reporting arrangements for wider ND services (children, adult ADHD and IAA)

Timeline for Deliverables:

	Q1-2023			Q2-2023			Q3-2023			Q4-2024		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Triage assessment pilot	█											
Review triage assessment pilot						█	█	█	█			
Workforce development	█											
ND delivery plan (co-production)	█											
ND delivery plan (year 1 implementation)				█								
Autism Code of Practice evaluation (phase 1)	█											
Delivery of CAVRPB ND communication and engagement plan	█											

Integrated Autism Service and Neurodevelopment

RIF Projects and Funding:

Project plus one sentence de- scriptor	Top 3 Baseline Targets	Current Overall Performance (RAG status)	Comment
Integrated Autism Service: Adults with autism	363 referrals 292 interventions 57 diagnostic assessments	project on track to meet / exceed performance targets.	<ul style="list-style-type: none"> Financial review underway for all projects Reporting to align with the IAS reporting framework
Adult ADHD Service	Waiting list No. people referred % of those with a diagnosis	Red: project likely to meet less than 80% of stated targets.	<ul style="list-style-type: none"> Waiting times remain a key concern and raised at last Integrated Autism Board for escalation within wider partnership
Children's' ND Service	Waiting list No. people seen while waiting % referred resulting in diagnosis	project on track to at least 80% - 90% of stated targets.	<ul style="list-style-type: none"> Wider ND measures under development

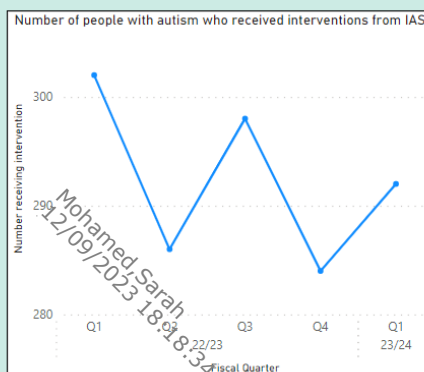
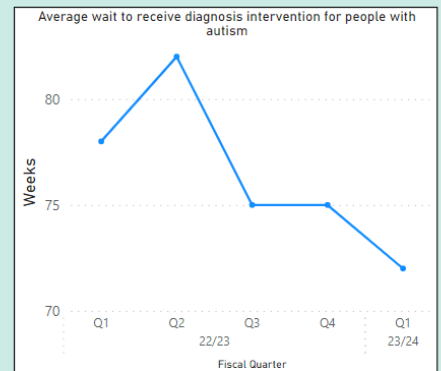
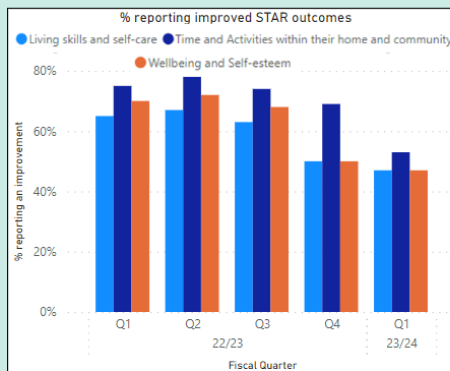
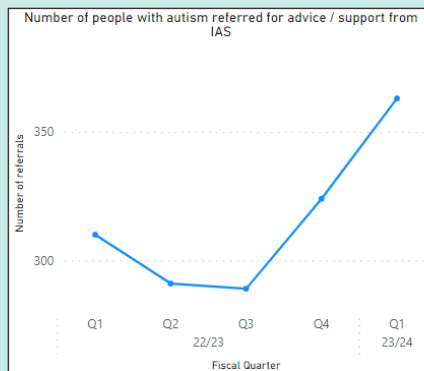
Challenges and Learning:

Demand for diagnostic assessment outweighs capacity, impacting on wait times

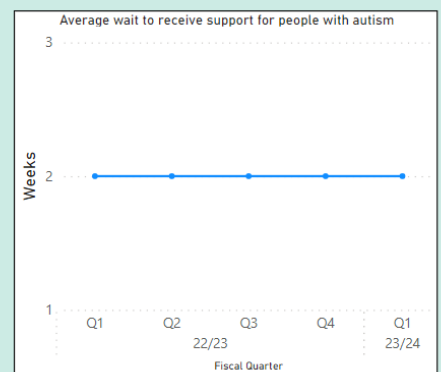
New insights generated from data, creating additional opportunities for service improvement

RIF Outcomes

Integrated Autism Service



Jackson told the service he felt far more comfortable leaving the house in the day and noted he feels less guilty about "burdening" his mother with drastic mood swings. His family have noted the drastic improvement in his mood and the change in atmosphere at home, with one family member stating, "I don't know what we'd do without the IAS".



Report Title:	Progress against Decarbonisation Action Plan – Q2			Agenda Item no.	2.4
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	20/09/2023
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning				
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager				

Main Report

Background and current situation:

The purpose of this paper is to update the Finance and Performance Committee on progress against the actions contained in the 2023/24 Decarbonisation Action Plan.

Context

In March 2023, the Board approved the 2023/24 Decarbonisation Action Plan and defined a series of actions, owned across the UHB. The plan builds upon previous plans and the actions defined as mandatory by NHS Wales in their Decarbonisation Strategic Delivery Plan.

The 2023/24 action plan contained 54 actions set out over 6 sectoral areas, Leadership, Estates, Transport, People and Communications, Clinical and Procurement. It was agreed actions will be reported back on a quarterly basis to the Decarbonisation Delivery Group and Finance and Performance Committee. A full assessment, including progress, against all actions will be submitted to the timelines below:-

Reporting period	Report submission to Delivery Group and Finance and Performance committee
1 st April – 30 th June	September
1 st July – 31 st September	December
1 st October – 31 st December	March
1 st January – 31 st March	June

Details of all actions allocated in Q1 can be found in the document attached.

This report asks the Finance and Performance Committee to:

- **Note content of this report**

Executive Director Opinion and Key Issues to bring to the attention of the group:

The table below shows the overall RAG status against actions contained in the DAP as at 04/09/2023.

Of the actions required for delivery with the first two quarters 7 is Blue (complete), 3 Green 5 Amber and 2 Red. A full list of project RAG ratings are below.

RAG	Q1 Actions	Number of Actions	Delivery Group intervention required
Blue/Complete	6	7	
Green	0	26	No
Amber	2	18	No
Red	0	3	No
Total	8	54	

Q1 Actions

All actions, except two, which was due in the Q1 reporting period are now complete. The outstanding actions are in relation to formally signing the Level 2 Healthy Travel Charter (under Transport theme) which will be considered by SLB in early October and embedding Decarbonisation into Quality and Safety under our Clinical Theme – an appointment was made on 5/9 for a Clinical leader to undertake this work. Expect delivery of both actions will be achieved within Q3.

As reported last quarter, two actions will not be delivered at all in 23/24. These relate to the completion of business cases for SOFH and Digital having not received funding from WG to progress.

Q2 Action Progress

There are 9 actions which are required for completion in Q2, 1 is Blue 3 of which are Green with 3 Ambers and 2 Reds. The majority of these actions will be delivered over September to ensure these transition to Green.

There are two further actions marked as red this quarter relating to the commissioning of a specialist biodiversity audit (under the Estates theme) which required funding, but in the current financial climate thought is required as to whether the audit could be achieved through alternative means, such as using volunteers.

Positive Q2 highlights include:

To date there has been significant progress against the Decarbonisation Action Plan. The actions below provide a summary of the outputs under the programme:-

- Identified metrics in 6 Goals and Planned Care programmes which demonstrate carbon reduction complimenting their existing metrics. Likewise, for the cost improvement programme that actual savings can have a carbon saving against them.
- Working with Strategy colleagues, decarbonisation will be included within Clinical Services redesign with cataracts as the pilot.
- Contact being made with business case owners to ensure decarbonisation benefits/disbenefits can be included for consideration at Investment Group.
- Using the IMTP process, decarbonisation will be assessed as part of forthcoming Clinical Board plans.
- Estates have completed 4 investment grade proposals to install low carbon heat solutions in community sites and a number of feasibility studies for renewable energy.
- Level 2 Healthy Travel Charter to be approved by SLB in September.
- Decarbonisation now included in job description templates, the decarbonisation team will attend the first set of face to face induction sessions for new staff to spread the word and include specific questions in People and Culture survey.
- Embedding decarbonisation into the Value programme via an initial exemplar project – Heart Failure.
- Sustainability leaders in Nursing and Therapies are in position, a Clinical leader is due to be appointed in September.
- A sustainability fellow, a trainee surgeon, started in August 2023.
- Therapies have developed their own action plan which is approaching sign off. They have assigned a leader and will assign champions.
- Nursing have a Sustainability Forum and looking to deliver three projects associated with continence and non-surgical gloves use reduction and also redistribution of surplus nurses uniforms.
- SusQi methodology to form part of the I&I toolkit
- With the Strategy refresh being launched in the September AGM, decarbonisation appears in the Acting For The Future theme.
- Regular communications are being created and disseminated through various channels by communications colleagues.

Next steps

A Q2 close-out and an interim Q3 update will be provided to the group as part of the Finance and Performance Committee in December.

Recommendation:

Finance and Performance Committee are asked to:

- **Note content of this report**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	

3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: Yes

The delivery of carbon savings tend to have a positive impact upon cost savings. Several themes in the cost improvement plan can have associated carbon measures attached to them. Two examples are medicines management which is finding ways to reduce consumption and buildings through energy efficiency schemes.

Workforce: Yes

Our workforce adopting sustainable ways of delivering their day to day responsibilities is a long way off and our current action plan seeks to make inroads into that.

Legal: No

Reputational: Yes

There is potential for reputational risk to the organisation if action are not completed on time.

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes

The actions contained in the DAP directly impact on our emission reduction targets.

Mohamed Sarah
12/09/2023 18:18:34

Actions

Reporting update

Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when	Quarter
Transport	Recommend with a costed plan that our SLB formally sign Level 2 Healthy Travel Charter, with agreed capacity to implement.	Executive Team	Tom Porter	Executive	PH/ CEF	TBC	TBC	Approved y/n - Carbon impact of work (KG/CO2e)	6/30/2023	Q1
Transport	Promotion campaign for new cycleway linking city centre to UHW when opens in 2023	Consultant in Public Health - Lead HTC	Tom Porter	PH	Comms	£0	£0	Promotion campaign - Number of interactions	6/30/2023	Q1
Clinical	Decarbonisation embed into quality and safety (investigate/propose)	Clinical Sustainability Lead	TBC	Clinical	Decarb Team	£0	£0	Embedded y/n	6/30/2023	Q1
Clinical	Commit to providing time to leaders in Nursing, Therapies and Clinical specialities at least on the scale of that committed to in 22/23.	Executive Medical Director/ Executive Nursing Director / Executive Director of Therapies & Health Science	Meriel, Rebecca and Emma	Clinical, Nursing, Therapies	Clinical Boards	£0	£0	Leaders appointed - Carbon impact of work (KG/CO2e)	6/30/2023	Q1
Clinical	Establish good linkages/ Robust relationship with PHW on with the impacts of Decarbonisation on public health	Sustainability Manager	Calum Shaw	Value Based Healthcare/Public Health	N/A	£0	£0	Number of interactions	6/30/2023	Q1
People and Comms	Include decarbonisation in the induction material for all staff.	Sustainability manager/Clinical Leaders	Calum Shaw	Decarb	Workforce	£0	£0	Complete y/n - Number of interactions	6/30/2023	Q1
People and Comms	Feasibility for inclusion of decarbonisation into staff annual appraisals (for VBA community).	Ass Director OD, well-being and culture	Claire Whites	Workforce	Decarb	£0	£0	Complete in appraisal document y/n - Number of interactions	6/30/2023	Q1
People and Comms	Decarbonisation to be included in job descriptions	Sustainability manager	Calum Shaw	Decarb	Workforce	£0	£0	Integration in template	6/30/2023	Q1

Q1 - June	Q2 - Sept	Current RAG	End of year RAG
Staff capacity to co-ordinate being agreed with Geoff Walsh, to be provided by Capital Estates and Facilities. Paper being prepared for consideration which will recommend how a budget request will be built up. To present to SLB in August.	SLB slot agreed for 5 Oct, seeking approval for UHB to sign		
ACTION COMPLETE. Initial 'soft launch' during Bike Week (w/c 5 Jun) with story on Intranet; to follow up with further comms during June (discussing with Council if want to do jointly) and offer to cycle route with others to increase familiarity	As additional work, GoPro footage of cycleway recorded. CEO Connects session in early September to highlight cycle facilities at UHW site and proximity of new cycleway		
A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Therapies have committed to this. Therapies are going to create champion roles also. In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and qualify quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum. It is likely that time will be allocated from the clinical community for approved Value based projects.	As above for clinical. Therapies action plan reports into Quality & Safety.		
A leader in Nursing is in place. A Clinical leader will be appointed reporting into the AMD for Quality. 2 sessions per week. Also two leaders for value to be recruited. Therapies have agreed a leader position and the creation of champion roles.	Clinical leader appointed 5/9. Initiatives can now begin. Therapies action plan created and approaching sign off. Nursing are running 3 improvement projects.		
Discussion are underway with the PHW team to review the approach to assessing the impact of decarbonisation on Public Health. This will be with the aim of demonstrating how the UHB can support delivery of positive outcomes. The decarb team will work with the local PH team on the next Dir Public Health report centred upon biodiversity. There will also be a forthcoming opportunity to attend a PH team meeting to discuss how/whether value can be added into the PH team's portfolio.	Presented to and sought feedback from Tom Porter and Claire Beynon on the 16% work which intersects with their Value work. Interest has been shown and possibility to present to Board Development in Oct 2023. Tom Porter assisting with Travel reporting matters.		
Discussion have commenced with the workforce team and a provisional agreement is in place to incorporate decarbonisation into induction material. From September, there is a possibility that an induction event will be held monthly to welcome new joiners. Decarb can have a seat at that table. Also, consideration is being given for a brochure/leaflet to give to new joiners at that event. Work will continue over the coming weeks.	Sessions in the diary to attend induction events starting in October. Content being produced.		
This has been discussed with Workforce and consideration/feasibility is underway. The VIA process has seen low levels of compliance because of its length, so adding to it is a matter for careful consideration. Furthermore the document is about personal development. Final agreement of any changes would require approval of SLB.	Won't go into VBA's. Offered section in guidance notes that managers could pose to their people. A opportunity to follow up on travel planning for colleagues to seek active travel or public transport ways into work is appropriate. This will roll into Q3.		
Discussion have been held with the workforce team and a provisional agreement is in place to incorporate decarbonisation into job descriptions. Draft text has been provided for inclusion into the template ID.	COMPLETE - The Job description template has now been updated (english and welsb) to include the statement on decarbonisation.		

Mohamed Sarah
12/09/2023 18:18:34

Report Title:	Emissions reporting 2022-23			Agenda Item no.	2.4b	
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	20/09/2023	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval		Information	X
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning					
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager					

Main Report

Background and current situation:

The purpose of this paper is to update the Finance and Performance Committee on Health Board's carbon emissions for the 2022-23 FY.

Context

WG require public sector organisations to annually report their carbon emissions using a common calculation method. The 22/23 emissions for CVUHB are due to be submitted to WG on 12th September.

The data that has been input into emissions report for submission has been approved by the data owners, namely, Geoff Walsh and Claire Salisbury.

A full copy of the 2022-23 emissions report has been provided as a separate document.

This report asks the Finance and Performance Committee to:

- Note the content of this report

Executive Director Opinion and Key Issues to bring to the attention of the group:

Background

In 2021, NWSSP and Welsh Government published the Decarbonisation Strategic Delivery Plan (SDP). This set out a number of initiatives and actions with the aim of helping achieve a Net Zero Public Sector by 2030. The SDP set targets of a 16% and 34% emission reduction for the Welsh NHS by 2025 and 2030 respectively (based on a 2018/19 baseline). The Carbon Trust set baseline emission levels for each organisation for 2018/19. The baseline emissions for Cardiff and Vale UHB set under this process were 159,731 tonnes CO₂e. The method used to calculate this baseline bears little to no resemblance to the way WG have been asking public sector organisations to report carbon emissions since 2021/22 as Carbon Trust are not being used by WG and the way they wish emissions data reported has matured therefore comparing against this baseline is not possible.

CVUHB wrote to WG in 22/23 explaining this inability to compare. WG are considering in late 2023 whether the 16% and 34% targets are still appropriate or should be changed.

Nevertheless, since the establishment of the WG targets, Cardiff and Vale UHB have set out a number of ambitious plans with the aim of reducing emissions and going beyond the requirements of the SDP as it was recognised that on its own it would not help CVUHB achieve a 16% reduction by 2025.

2022-23 Emissions data

For 2022-23, there has been an increase in emissions to 212,026 tonnes CO₂e compared to 202,000 tonnes in 2021/22. An increase of 7.3%. The reasons for the increase are mainly due to inflation impacting supply chain spend and the need to report new data. Details are highlighted below. On a like for like basis, emissions increased by 4.3%.

Why the Increase?

The increase is due to supply chain emissions rising. The method of calculation uses spend (money) on products/services as the primary driver. While inflation has been high, this has impacted spend and thus impacted our supply chain emissions. It has emerged that the data supplied by NWSSP Procurement for 21/22 supply chain was likely under-reported. The decarbonisation team are attempting to establish the facts behind this.

There have been minor increases in Business Travel and Waste of 185 tonnes collectively.

New Data

WG requested additional reporting against streetlighting and Aesthetic gases this year which were not previously reported, adding 983 tonnes.

Previously commuting emissions have not been reported. WG have asked public bodies to use a standard calculation based upon employee numbers as it is acknowledged gathering actual emissions data in a large organisation is not possible. This has added 5,664 tonnes.

Good News

On a like for like basis, emissions that we are in control of, from our buildings and fleet have reduced by 5.7% in the last year. Since 2018, in total we estimate the reduction to be 7.58% (equivalent of 2,200 tonnes) against comparable internal estates data (EFPMS).

There has been a small increase, 1%, in the amount of onsite renewable electricity being generated.

Year by Year Comparison

On a like for like basis, emissions have increased 4.3% between 21/22 and 22/23.

Taking into account the new data that WG have asked organisations to report on, the increase is 7.3%. Detail below. Detail follows:

	2021-22	2022-23		Comments
Sector	Emissions (tonnes CO2e)	Emissions (tonnes CO2e)	Difference	
Buildings	36,871	34,751	-2,120	Building emissions reduced 5.7%, mainly from reduction in Natural Gas usage.
Streetlighting	0	76	76	NEW - Street light has increase as it was not reported last year
Fleet and equipment	457	415	-42	9% reduction in fleet usage
Commuting	0	5,664	-5,664	NEW - Commuting emissions have not been reported in previous years
Business travel	589	675	86	14% increase in business travel, likely due to "normal rates" after Covid.
Waste	1,690	1,789	99	Increase is due to c400 tonnes of extra waste across various waste streams
Supply Chain	162,541	173,412	10,871	6.6% increase in Supply chain emissions. £290m additional spend.
F-gases and anaesthetic gases	0	908	908	NEW F-Gases has seen an increase as has not been reported in previous years.
Total	202,149	217,690	15,541	

WG are learning how to best capture emissions data as the field matures. The figures are moving therefore. Although they have asked for new data this year not previously requested, it is still possible to understand how CVUHB's emissions are made up and where attention could be focused.

Conclusion

Our supply chain is still the primary driver behind our carbon emissions. Reducing our energy consumption through efficiency and prudent use will help reduce emissions, however it is by reducing the products and services we as a health board consume that we will see the largest gains. This is consistent with the effort being put into our cost savings initiatives for example. Furthermore 6 Goals and Planned Care programmes also have the potential to help deliver not only a more efficient health service, but also a reduced carbon emitting service.

Recommendation:

Finance and Performance Committee are asked to:

- **Note the content of this report**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

There are targets set by NWSSP and Welsh Government, however, these are not legally binding.

Reputational: Yes

As we continue to see increases in emissions and moving further away from the baseline target there is a possibility that there will be a risk of reputational damage to the organisation.

SocioEconomic: No

Equality and Health: No

Decarbonisation: Yes

The emissions we produce are directly linked to our decarbonisation programme. We are continuing to develop our programmes of work around the emissions we generate.

Introduction and Organisation Data

This spreadsheet is the required format for Welsh public sector organisations reporting their carbon emissions for the 2022 - 2023 reporting period. It is based on the Welsh Public Sector Net Zero Carbon Reporting Guide.

The following updates have been applied to this version of the template:

- Emission factors have been updated where appropriate
- Various bug fixes
- Data providers are asked to provide the floor area of their buildings
- The summary sheet has been updated to be more comprehensive
- Organisations are now asked to report use of anaesthetic gases and f-gases in the buildings tab
- The supply chain SIC code carbon factors have been updated

Please send the completed form to publicsectordecarbonisation@gov.wales by 4th September 2023

Organisational information

Organisational information	Organisation type	Health Board or Trust
Organisational information	Organisation name	Cardiff and Vale University Health Board
Organisational information	Financial year period for reporting	Financial year 2022/23
Organisational information	Date of report submission	18/09/2023
Organisational information	Person responsible for this report	Calum Shaw
Organisational information	Email address of person responsible for this report	Calum.shaw@wales.nhs.uk
Organisational information	Total financial budget / spend/ turnover £	£ 1,700,000
Organisational information	Number of Full Time Equivalent employees	14,568
Organisational information	Building internal floor area equivalent to the energy data reported (sq m)	395,413
Organisational information	Region of Wales	South East Wales

Cell colour codes

	Information cell or question
	Information entry. Some cells have drop down lists
	Activity data. Numeric data entry
	Calculated data
	Summary data
	Not used

Boundary information

Buildings in scope	Do you own buildings that you occupy?	Y	Please complete the 'Buildings' table in Buildings, fleet & other assets sheet. See section 7.2 of the guidance for further information.
Buildings in scope	Do you lease buildings that you occupy?	Y	Please complete the 'Buildings' table in Buildings, fleet & other assets sheet. See section 7.2 of the guidance for further information.
Buildings in scope	Do you lease out buildings that you own to organisations to deliver public services on your behalf?	Y	Please complete the 'Buildings' table in Buildings, fleet & other assets sheet. See section 7.2 of the guidance for further information.
Buildings in scope	Do you lease out buildings that you own to other public bodies?	Y	If that public body is also reporting, these emissions are out of scope for your organisation. See section 7.2 of the guidance
Buildings in scope	Do you lease out buildings that you own to private organisations for their own purposes?	Y	The majority of these emissions are out of scope. See section 7.2 of the guidance.
Streetlighting in scope	Do you own and operate streetlighting or signage	N	
Fleet and equipment in scope	Do you own or lease fleet and equipment?	Y	Please complete the 'Fleet' table in Buildings, fleet & other assets. See section 7.4 of the guidance for further help
Agriculture in scope	Do you have farms with livestock (not leased out)?	N	
F-gases in scope	Do you have air conditioning or refrigeration systems that require refrigerant gas top-ups, or do you use anaesthetic gases?	Y	Please complete the 'Other gases' table in Buildings, fleet & other assets. See section 7.5 of the guidance for further help
Business travel in scope	Do staff travel for work using their own cars or other transport modes (not fleet vehicles)	Y	Please complete the 'Business travel' table in Business travel, commute, home tab. See section 8.2 of the guidance for further help
Commuting in scope	Do staff commute to offices or other sites?	Y	Please complete the 'Commuting' table in Buildings, fleet & other assets. See section 8.3 of the guidance for further help.
Homeworking in scope	Do any staff work from home?	Y	Please complete the 'Homeworking' table in Buildings, fleet & other assets. See section 8.4 of the guidance for further help
Supply chain in scope	Do you purchase goods and services?	Y	Please complete the 'Supply chain emissions tab'. See section 10 of the guidance for further help
Land use in scope	Do you own and manage land for providing public services, with a total of more than 10 hectares?	N	
Waste in scope	Does your organisation produce waste from operations that is collected from your premises by a third party organisation?	Y	Please complete the 'Operational Waste' table in the Waste sheet. See section 9.2 of the guidance for further information.
Waste in scope	Does your organisation produce waste from operations and also operate the collection service of this waste?	Y	Please complete the 'Operational Waste' table in the Waste sheet. See section 9.2 of the guidance for further information.
Waste in scope	Do you run waste collection services that collect and dispose of municipal waste?	N	
Waste in scope	Do you contract out a waste collection service that collect and dispose of municipal waste?	Y	Please either complete the 'Municipal waste' table in the Waste sheet OR record your annual spend for this service in the supply chain sheet. See section 9.3 of the guidance for further information.

Reporting comments

Reporting comments	Please provide comments on scope and completeness of your report and any significant changes in methods compared to last year. This comment will be included in your individual organisation report output once data have been reviewed and compared across all organisations. If you wish for some of the comment to be excluded from that report please make that clear.	
--------------------	--	--

Peer review (optional)

Peer review	Peer organisation that has reviewed the data and calculations	
Peer review	Date of last review	
Peer review	Name of reviewer	
Peer review	Brief comments of the review outcomes	

Submitted Sarah
 12/09/2023 18:18:34

Summary of results

This section provides a summary of the reported emissions for Cardiff and Vale University Health Board for Financial year 2022/23

You do not need to input any information into this sheet.

Please note, 'Outside of scopes' emissions are not included in 'Total' emissions or 'High' and 'Low' estimates.

Total emissions	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Cardiff and Vale University Health Board Financial year 2022/23	24,359,705	5,675,805	188,238,475	218,273,984	263,037,792	173,510,177	3,392,698

Buildings, fleet & other assets

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Buildings	23,116,440	5,619,608	6,015,319	34,751,368	35,629,281	33,873,456	3,343,904
Streetlighting	-	56,196	19,810	76,006	77,906	74,106	33,439
Fleet and equipment	335,409	-	79,975	415,385	436,154	394,615	15,355
F-gases and anaesthetic gases	907,855	-	-	907,855	998,641	817,070	-
Agriculture	-	-	-	-	-	-	-
Buildings, fleet & other assets	24,359,705	5,675,805	6,115,105	36,150,614	37,141,982	35,159,247	3,392,698

Business travel, commuting & homeworking

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Business travel	-	-	674,867	674,867	759,233	590,501	-
Commuting	-	-	6,247,893	6,247,893	6,716,638	5,779,148	-
Homeworking	-	-	-	-	-	-	-
Business travel, commuting & homeworking	-	-	6,922,760	6,922,760	7,475,871	6,369,648	-

Waste

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Organisational waste	-	-	1,788,687	1,788,687	1,878,121	1,699,253	-
Municipal waste	-	-	-	-	-	-	-
Project waste	-	-	-	-	-	-	-
Waste	-	-	1,788,687	1,788,687	1,878,121	1,699,253	-

Supply chain - Tier 1 and Tier 2 combined

Categories	Units of kgCO ₂ e						
	Direct	Indirect	Indirect	Total	Estimated range	Estimated range	Outside of scopes
	Scope 1	Scope 2	Scope 3		High	Low	
Agriculture, forestry and fishing	-	-	-	-	-	-	-
Mining and quarrying	-	-	-	-	-	-	-
Manufacturing	-	-	64,785,893.82	64,785,893.82	80,942,824.49	48,628,963.15	-
Electricity, gas, steam and air conditioning supply	-	-	266,208.44	266,208.44	331,589.12	200,827.76	-
Water supply; sewerage, waste management and remediation activities	-	-	186,844.75	186,844.75	233,555.93	140,133.56	-
Construction	-	-	6,306,149.99	6,306,149.99	7,864,049.87	4,748,250.12	-
Wholesale and retail trade; repair of motor vehicles and motorcycles	-	-	44,834,359.67	44,834,359.67	55,940,832.88	33,727,886.45	-
Transportation and storage	-	-	1,216,191.87	1,216,191.87	1,520,239.84	912,143.90	-
Accommodation and food service activities	-	-	219,770.13	219,770.13	273,458.34	166,081.93	-
Information and communication	-	-	1,950,168.89	1,950,168.89	2,436,869.23	1,463,468.56	-
Financial and insurance activities	-	-	610,854.02	610,854.02	761,929.89	459,778.15	-
Real estate activities	-	-	395,747.80	395,747.80	494,684.75	296,810.85	-
Professional, scientific and technical activities	-	-	3,333,672.44	3,333,672.44	4,133,950.32	2,533,394.57	-
Administrative and support service activities	-	-	5,201,610.82	5,201,610.82	6,498,646.35	3,904,575.30	-
Public administration and defence; compulsory social security	-	-	8,528,842.85	8,528,842.85	10,661,053.56	6,396,632.14	-
Education	-	-	580,743.39	580,743.39	725,547.88	435,938.89	-
Human health and social work activities	-	-	34,551,572.99	34,551,572.99	43,168,471.14	25,934,674.84	-
Arts, entertainment and recreation	-	-	46,849.27	46,849.27	58,561.59	35,136.95	-
Other service activities	-	-	396,442.07	396,442.07	495,552.59	297,331.56	-
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	-	-	-	-	-	-	-
Supply chain - Tier 1 and Tier 2 combined	-	-	173,411,923	173,411,923	216,541,818	130,282,029	-

Land based emissions

Categories	Units of kgCO ₂ e			Total	Estimated range	Estimated range
	Emissions	Removals	Indirect			
Total land based emissions	-	-	-	-	-	-

Renewables

Categories	Units of kWh	
	Total generated	Total exported
	Scope 1	Scope 2
Onsite renewables - heat	-	-
Onsite renewables - electricity	301,922	-
Onsite renewables - CHP	-	-
Purchased renewables - heat	-	-
Purchased renewables - electricity	29,059,926	-
Renewables	29,361,848	-

Mohamed Sarah
12/09/2023 18:18:34

Mohamed Sarah
12/09/2023 18:18:34

Building, fleet and other assets

Guidance for assets
This sheet contains four tables - buildings, streetlighting, fleet and equipment (fuel), fleet (distance), other gases and agriculture.
Please see Section 7 of the Health Net Care Public Sector Reporting Guide for further guidance.

Instructions for users

- Input information into the orange and blue cells. Grey cells should not be edited.
- Activity data entered in the 'Data' column should only be in units specified in the 'Units' column drop down list. If your data is in units that are not included in this drop down list, you will need to convert it before entering it into this sheet (see conversion sheet)
- When completing a row, fill in the columns from left to right. The drop down lists in later columns will change to provide valid combinations based on your previous selections.
- You can copy and paste between rows but please avoid copying data from one column to another, as this is likely to break the drop down lists.
- Fill in the notes column with a description of the method and data source used for each row
- *Notes note that the 'Outside of scope' emissions are not included in the 'Total emissions'

No items in this table											Emission data breakdown (kg CO ₂ e)									
Ownership/structure	Fuel/emission source	Category 1	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope
Buildings - all our estate	Natural gas	All natural gas	Tier 1	2.0%	1/1/2023	kWh	125,377,315	kWh	0.213	26,774.67		Data complete but requires					2,812,231.01	0.000000	0.000000	
Buildings - all our estate	Gas oil	All gas oil	Tier 1	5.0%	8/5/2024	kWh	895,914	kWh	0.3157	282,813.17	Oil usage is based on actual data and uncalculated emissions - however due to train replacement	Data complete but requires	703,861.76				52,751.42	206,051.83	268,672.01	
Buildings - all our estate	Grid electricity	Consumption based	Tier 1	3.8%	31/03/2024	kWh	30,768,074	kWh	0.3768	11,589,639.81		Data complete but requires	1,676,208.49			15,437,070.00	3,616,246.56	0.000000	0.000000	
Buildings - all our estate	Water	Warms supply	Tier 1	5.0%	5/2/2024	m ³	552,468	m ³	0.1488	82,317.73		Data complete but requires			82,317.73		86,497.62	28,201.86		

No items in this table											Emission data breakdown (kg CO ₂ e)										
Type of lighting	Fuel/emission source	Category 1	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope	
Streetlights	Grid electricity	Consumption based	Tier 1	3%	29/3/2024	kWh	295,059	kWh	0.3768	110,936.23	Based on 2% of grid electricity	Availability of data varies		56,136.03			5,140.70	14,668.44	77,865.32	34,106.00	31,633.01

No items in this table											Emission data breakdown (kg CO ₂ e)									
Type	Fuel	Category 1	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope
All fleet	Diesel	Average Global Blend	Tier 1	3%	1/1/2024	litres	6,399,875	litres	0.3090	1,977,561.25	Source fuel card logs	Data complete and easy to	1,977,561.25				79,078.36	88,628.96	346,813.95	15,425.54

No data entered											Emission data breakdown (kg CO ₂ e)									
Type	Fuel	Size	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope

No items in this table											Emission data breakdown (kg CO ₂ e)									
Type	Gas	Gas used	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope
Anaerobic gas	bioethane		Tier 1	10%	1/1/2024	kg	117,776	kg	0.7967	93,739.90			93,739.90				232,243.22	1,000,000.00		
Anaerobic gas	bioethane		Tier 1	10%	16/6/24	kg	39	kg	0.7967	31.06			31.06				20,892.28	27,008.02		
Anaerobic gas	biogas		Tier 1	10%	2/12/2023	kg	2,075,897	kg	0.7967	1,653,000.00			1,653,000.00				1,653,000.00	1,653,000.00		
Anaerobic gas	bioethane		Tier 1	10%	29/6/24	kg	2,961	kg	0.7967	2,359.28			2,359.28				18,272.61	23,292.32		

No data entered											Emission data breakdown (kg CO ₂ e)									
Agriculture emission source	Category 1	Wet used	Methodology	RSD	Date	Units	Converted data	Standard units	Total EF (kgCO ₂ e/unit)	Total emissions (tCO ₂ e)	Notes	Rate of collection	Direct	Indirect generation	Indirect service	Indirect TRB	Indirect WTT	High	Low	Outside of scope

Mohamed, Sarah
12/09/2023 18:18:34

Cell colour codes: Information call or Activity data, Numeric, Data entry
Information entry, Calculated data

Indirect emissions from the supply chain

Guidance for users
This sheet contains two tables: Tier 1 supply chain spend based estimates and Tier 2 supply chain more accurate estimates based on reported carbon. Please see Section 11 of the Welsh Net Zero Public Sector Reporting Guide for further guidance.

The Tier 1 table is based on the Defra source 'Conversion Factors by SIC code 2019, updating Table 13, rounded to 3 d.p. www.gov.uk/government/uploads/system/uploads/attachment_data/file/829292/conversion-factors-by-sic-code-2019.pdf

This table only covers indirect emissions from the supply chain and is an estimate of the indirect GHG emissions resulting from production and distribution of goods and services. The emission factors were calculated by the University of Leeds as an update to the dataset used previously which were factors for 2011.

This table also includes a number of activities that are likely to be covered in your operational emissions, such as fuel use and transportation on procuring goods and services. The emission factors were calculated by the University of Leeds as an update to the dataset used previously which were factors for 2011. If you have captured that activity in the Operational emissions tab, you should remove the related expenditure from this table as otherwise you will be double counting your emissions. However, the information in this table may still be useful for a rough initial calculation of the relative importance of these activities in the first instance.

Instructions for users:

- Input information into the orange and blue cells. Grey cells should not be edited. Fill in the notes column describing the data source used and any data exclusions.
- Identify the amount spent on different product and service groups (in actual prices in £s, including VAT)
- In Tier 1, the amount of spend is automatically multiplied by the conversion factor to get total emissions in kilograms of carbon dioxide equivalent (kg CO₂e).
- If you wish to use a higher tier (Tier 2) method for part of your supply chain emissions, you can record these in the second table below. Please include notes about your method and the amount of spend that these emissions account for.
- Please DO NOT subtract this spend from the data reported in the Tier 1 table i.e. any emissions reported in the Tier 2 table should also be included in the total spend for that category in the Tier 1 table. Any emissions calculated by Tier 2 methods are included in column J of the Tier 1 table to provide an overall total without double counting.

Supply chain - tier 1 methodology

Supply chain group	SIC code (SE 2007)	Product category	Amount spent by product category (£)	Emission factor (kgCO ₂ e per £ spent)	Total kg CO ₂ e	RSD	Notes on data source and exclusions	Tier 1 & 2 combined emissions	High	Low
AGRICULTURE, FORESTRY AND FISHING	01	Products of agriculture, hunting and related services		2.189		25%		0.0	0.0	0.0
AGRICULTURE, FORESTRY AND FISHING	02	Products of forestry, logging and related services		0.262		25%		0.0	0.0	0.0
AGRICULTURE, FORESTRY AND FISHING	03	Fish and other fishing products; aquaculture products; support services to fishing		0.659		25%		0.0	0.0	0.0
MINING AND QUARRYING	06	Coal and lignite		1.883		25%		0.0	0.0	0.0
MINING AND QUARRYING	05	Crude petroleum and natural gas		0.868		25%		0.0	0.0	0.0
MINING AND QUARRYING	08	Other mining and quarrying products		0.662		25%		0.0	0.0	0.0
MINING AND QUARRYING	09	Mining support services		0.409		25%		0.0	0.0	0.0
MANUFACTURING	10.1	Preserved meat and meat products		0.766		25%		0.0	0.0	0.0
MANUFACTURING	10.2-3	Processed and preserved fish, crustaceans, molluscs, fruit and seaweeds	£104.63	0.680	71.1	25%		71.1	88.9	53.4
MANUFACTURING	10.4	Vegetable and animal oils and fats		0.983		25%		0.0	0.0	0.0
MANUFACTURING	10.5	Dairy products	£441,230.19	0.874	385,626.4	25%		109977.9	139326.6	86327.2
MANUFACTURING	10.6	Grain mill products, starches and starch products		0.824		25%		0.0	0.0	0.0
MANUFACTURING	10.7	Bakery and farinaceous products	£1,112.04	0.582	1,811.2	25%		1811.2	2264.0	1398.4
MANUFACTURING	10.8	Other food products	£1,174,566.61	0.696	1,096,898.4	25%		1096898.4	1368973.0	821928.8
MANUFACTURING	10.9	Prepared animal feeds		0.745		25%		0.0	0.0	0.0
MANUFACTURING	11.0-61	Alcoholic beverages		0.745		25%		0.0	0.0	0.0
MANUFACTURING	11.07	Soft drinks		0.495		25%		0.0	0.0	0.0
MANUFACTURING	11.2	Tobacco products		0.705		25%		0.0	0.0	0.0
MANUFACTURING	13	Textiles	£388,654.61	0.869	339,849.5	25%		208349.8	262058.4	166461.0
MANUFACTURING	14	Wearing apparel	£11,979.10	0.782	35,003.0	25%		24671.4	30809.7	18631.1
MANUFACTURING	15	Leather and related products	£365,632.13	0.739	270,202.1	25%		265734.2	332465.9	199302.4
MANUFACTURING	16	Wood and products of wood and cork, except furniture; articles of straw and osier materials	£4,148.77	0.553	2,294.3	25%		2294.3	2867.8	1720.7
MANUFACTURING	17	Paper and paper products	£300,106.38	0.698	209,478.6	25%		209478.6	261668.6	160999.7
MANUFACTURING	18	Printing and recording services	£238,533.09	0.416	278,276.8	25%		232724.0	285326.2	188925.5
MANUFACTURING	19	Coal and refined petroleum products		1.908		25%		0.0	0.0	0.0
MANUFACTURING	20.3	Paints, varnishes and similar coatings, printing ink and mastics	£189,090.53	1.151	217,643.2	25%		15590.3	19094.1	12086.5
MANUFACTURING	20.4	Soap and detergents, cleaning and polishing preparations; perfumes and toilet preparations	£689,734.86	0.568	391,769.4	25%		319788.9	399522.7	240025.1
MANUFACTURING	20.5	Other chemical products	£621,716.75	0.818	508,564.3	25%		494590.2	618284.4	370952.0
MANUFACTURING	20A	Industrial gases, inorganic and fertilisers (all inorganic chemicals - 20.11-21.6)	£183,126.37	1.307	239,346.2	25%		239346.2	299182.7	179506.0
MANUFACTURING	20B	Petrochemicals - 21.14/16/17/60	£31,270.27	1.134	35,460.5	25%		35460.5	44325.6	26566.4
MANUFACTURING	20C	Dyestuffs, agro-chemicals - 20.12/20		1.005		25%		0.0	0.0	0.0
MANUFACTURING	21	Basic pharmaceutical products and pharmaceutical preparations	£85,544,425.63	0.514	43,669,838.8	25%		42187979.8	52716036.1	31659923.3
MANUFACTURING	22	Rubber and plastic products	£1,289,728.40	0.589	759,650.0	25%		256004.7	315988.4	196411.1
MANUFACTURING	23-5.6	Ceramic tiles, plaster and articles of concrete, cement and alabaster		1.465		25%		0.0	0.0	0.0
MANUFACTURING	23OTHER	Glass, refractory, clay, other porcelain and ceramic, stone and ceramic products - 23.1-4/7-9	£670.86	1.395	935.8	25%		935.8	1169.8	701.9
MANUFACTURING	24-1.3	Basic iron and steel	£49,125.60	1.659	81,498.4	25%		81498.4	101874.2	61244.5
MANUFACTURING	24-4.5	Other basic metals and castings		1.155		25%		0.0	0.0	0.0
MANUFACTURING	25-4	Weapons and ammunition		0.544		25%		0.0	0.0	0.0
MANUFACTURING	25OTHER	Fabricated metal products, excl. machinery and equipment and weapons - 25.1-3/25.5-9	£608,551.96	0.515	313,404.3	25%		311181.7	388079.8	234287.6
MANUFACTURING	26	Computer, electronic and optical products	£1,128,097.63	0.468	1,483,949.7	25%		1380823.5	1600882.3	960664.5
MANUFACTURING	27	Electrical equipment	£630,054.42	0.514	336,760.7	25%		336760.7	408062.5	252923.8
MANUFACTURING	28	Machinery and equipment n.e.c.	£2,527,853.17	0.468	1,011,563.0	25%		1007238.6	1205044.2	755425.5
MANUFACTURING	29	Motor vehicles, trailers and semi-trailers	£1,969.70	0.366	1,462.8	25%		1462.8	1816.1	1088.7
MANUFACTURING	30.1	Ships and boats		0.292		25%		0.0	0.0	0.0
MANUFACTURING	30.3	41 and aircraft and related machinery		0.414		25%		0.0	0.0	0.0
MANUFACTURING	30OTHER	Other transport equipment - 30.24/9	£296,793.90	0.303	89,910.4	25%		89910.4	112388.0	67432.8
MANUFACTURING	31	Furniture	£191,230.82	0.563	107,663.0	25%		107663.0	134578.7	80747.2
MANUFACTURING	32	Other manufactured goods	£32,852,076.36	0.705	23,226,276.4	25%		23226276.4	28845662.5	18149837.7
MANUFACTURING	33.15	Repair and maintenance of ships and boats		0.359		25%		-44.3	-57.6	-36.9
MANUFACTURING	33.16	Repair and maintenance of aircraft and spacecraft		0.432		25%		0.0	0.0	0.0
MANUFACTURING	33OTHER	Rest of repair, installation - 33.11-14/17/19/20	£3,331,061.09	0.190	632,301.6	25%		632301.6	781577.0	474626.2
ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY	35.1	Electricity, transmission and distribution		1.774		25%		0.0	0.0	0.0
ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY	35.2-3	Gas, distribution of gaseous fuels through mains; steam and air-conditioning supply	£1,095,356.73	1.403	4,342,785.5	25%		266208.4	331589.1	200827.8
WATER SUPPLY, SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	36	Natural water; water treatment and supply services	£104,128.37	0.215	22,387.6	25%		22387.6	27984.5	15790.7
WATER SUPPLY, SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	37	Sewerage services; sewage sludge	£111,346.80	0.388	43,202.6	25%		43202.6	54003.2	32401.9
WATER SUPPLY, SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	38	Waste collection, treatment and disposal services; materials recovery		1.427		25%		0.0	0.0	0.0
WATER SUPPLY, SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	39	Remediation services and other waste management services	£35,402.80	3.425	121,254.6	25%		121254.6	151568.2	90404.9
CONSTRUCTION	41.2	Buildings and building construction works	£79,792,756.42	0.240	8,380,261.5	25%		8380261.5	7864049.8	4748260.1
CONSTRUCTION	42.1-2	Constructions and construction works for civil engineering		0.306		25%		0.0	0.0	0.0
CONSTRUCTION	42.99	Specialised construction works		0.298		25%		0.0	0.0	0.0
WHOLESALE AND RETAIL TRADE, REPAIR OF MOTOR VEHICLES AND MOTORCYCLES	45	Wholesale and retail trade and repair services of motor vehicles and motorcycles	£127,004.61	0.155	19,685.7	25%		19570.8	24413.5	14671.1
WHOLESALE AND RETAIL TRADE, REPAIR OF MOTOR VEHICLES AND MOTORCYCLES	46	Wholesale trade services, except of motor vehicles and motorcycles	£88,190,019.91	0.377	33,228,410.5	25%		28776202.5	35876342.7	21676298.3
WHOLESALE AND RETAIL TRADE, REPAIR OF MOTOR VEHICLES AND MOTORCYCLES	47	Retail trade services, except of motor vehicles and motorcycles	£84,110,570.86	0.197	16,569,782.5	25%		16569782.5	20040202.6	12039100.1
TRANSPORTATION AND STORAGE	49.1-2	Rail transport services	£1,334,211.59	0.325	1,091,118.8	25%		1051118.8	1319988.5	788338.1
TRANSPORTATION AND STORAGE	49.3-5	Land transport services and transport services via pipelines, excluding rail transport		0.518		25%		0.0	0.0	0.0
TRANSPORTATION AND STORAGE	50	Water transport services		1.672		25%		0.0	0.0	0.0
TRANSPORTATION AND STORAGE	51	Air transport services		1.669		25%		0.0	0.0	0.0
TRANSPORTATION AND STORAGE	52	Warehousing and support services for transportation	£423,191.44	0.181	76,597.7	25%		76597.7	95747.1	57448.2
TRANSPORTATION AND STORAGE	53	Postal and courier services	£497,053.12	0.178	88,475.5	25%		88475.5	110594.3	66356.6
ACCOMMODATION AND FOOD SERVICE ACTIVITIES	55	Accommodation services	£895,639.41	0.247	221,222.9	25%		117173.3	146438.7	87907.9
ACCOMMODATION AND FOOD SERVICE ACTIVITIES	56	Food and beverage serving services	£734,748.88	0.241	177,074.5	25%		102596.8	127019.6	78744.0
INFORMATION AND COMMUNICATION	58	Publishing services	£498,180.54	0.091	45,334.4	25%		45334.4	56381.1	33831.4
INFORMATION AND COMMUNICATION	59	Motion pictures, video and TV programme production services, sound recording & music publishing	£199,251.85	0.095	18,928.9	25%		18928.9	23611.2	14196.7
INFORMATION AND COMMUNICATION	60	Programming and broadcasting services		0.083		25%		0.0	0.0	0.0
INFORMATION AND COMMUNICATION	61	Telecommunications services	£2,539,604.82	0.110	279,356.5	25%		279356.5	349195.7	209517.4
INFORMATION AND COMMUNICATION	62	Computer programming, consultancy and related services	£15,058,535.79	0.100	1,505,893.6	25%		1078028.1	1346694.9	809361.2
INFORMATION AND COMMUNICATION	63	Information services	£3,224,080.09	0.164	528,749.1	25%		528749.1	660936.4	396541.9
FINANCIAL AND INSURANCE ACTIVITIES	64	Financial services, except insurance and pension funding	£8,768,792.14	0.070	613,815.4	25%		604988.2	745697.6	453378.8
FINANCIAL AND INSURANCE ACTIVITIES	65.1-2	Insurance and reinsurance services, except compulsory social security	£34,930.27	0.068	2,375.3	25%		2375.3	2968.1	1784.4
FINANCIAL AND INSURANCE ACTIVITIES	66	Services auxiliary to financial services and insurance services	£59,162.40	0.059	3,490.6	25%		3490.6	4361.2	2627.9
REAL ESTATE ACTIVITIES	68.1-2	Real estate services, excluding on a fee or contract basis and residential care	£4,548,825.30	0.087	395,747.8	25%		395747.8	494684.8	296810.9
REAL ESTATE ACTIVITIES	68.2IMP	Owner-Occupiers' Housing Services		0.027		25%		0.0	0.0	0.0
REAL ESTATE ACTIVITIES	68.3	Real estate services on a fee or contract basis		0.077		25%		0.0	0.0	0.0
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	69.1	Legal services	£11,114,522.90	0.043	477,924.5	25%		477924.5	597405.0	358443.4
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	69.2	Accounting, bookkeeping and auditing services; tax consultancy services	£65,278.72	0.145	9,465.4	25%		9465.4	11811.8	7099.1
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	70	Services of trade agents; management consulting services	£4,358,333.36	0.104	453,266.7	25%		448251.4	5601.8	33634.7
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	71	Architectural and engineering services; technical testing and analysis services	£1,152,154.36	0.157	180,888.2	25%		17931.7	22351.4	13751.1
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	72	Scientific research and development services	£6,215,280.06	0.157	991,385.0	25%		778375.5	954926.3	602124.6
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	73	Advertising and market research services	£66,747.75	0.104	6,941.8	25%		6941.8	8677.2	5206.3
PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIV										

HUMAN HEALTH AND SOCIAL WORK ACTIVITIES	87	Residential care services	£36,241,956.22	0.131	4,747,696.3	25%		4747696.3	5934203.8	3560772.2
HUMAN HEALTH AND SOCIAL WORK ACTIVITIES	88	Social work services without accommodation	£4,447,650.26	0.108	480,346.2	25%		480346.2	600432.8	360259.7
ARTS, ENTERTAINMENT AND RECREATION	90	Creative, arts and entertainment services	£142,615.95	0.094	13,405.9	25%		13405.9	16757.4	10554.4
ARTS, ENTERTAINMENT AND RECREATION	91	Libraries, archives, museums and other cultural services	£21,942.78	0.123	2,099.0	25%		2099.0	3373.7	2024.2
ARTS, ENTERTAINMENT AND RECREATION	92	Gambling and betting services	£90,000.00	0.099	7,920.0	25%		7920.0	9900.0	5940.0
ARTS, ENTERTAINMENT AND RECREATION	93	Sports services and amusement and recreation services	£147,354.24	0.155	22,824.4	25%		22824.4	28530.5	17116.1
OTHER SERVICE ACTIVITIES	94	Services furnished by membership organisations	£587,891.66	0.096	56,437.6	25%		56437.6	70547.0	42928.2
OTHER SERVICE ACTIVITIES	95	Repair services of computers and personal and household goods	£16,589.10	0.095	1,574.1	25%		1574.1	1967.6	1180.5
OTHER SERVICE ACTIVITIES	96	Other personal services	£4,834,720.11	0.070	338,430.4	25%		338430.4	423938.0	253822.8
ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS, UNDIFFERENTIATED GOODS- AND SERVICES-PRODUCING ACTIVITIES OF HOUSEHOLDS FOR OWN USE	97	Services of households as employers of domestic personnel		0.054		25%		0.0	0.0	0.0

If you wish to use a higher tier method for part of your supply chain emissions, you can record the emissions in the table below together with the equivalent spend associated with those emissions. Include brief notes about your method for calculating the emissions, or a reference to further information.
DO NOT subtract this spend from the data reported in the Tier 1 table (i.e. any emissions reported in the table below should also be included in the total spend for that category in the table above. Duplicated emissions will be reconciled when compiling the data. The 'Supply chain group' and 'SIC code' columns will automatically fill once a category has been selected in the 'Product category' column.

Supply chain - tier 2 methodology

Supply chain group	SIC code (2007)	Product category	Spend for which Tier 2 method accounts	Net spend	Calculated emissions (tCO2e) for this spend	RSD	Notes on data source and methods	High	Low
MANUFACTURING	10.C	Dairy products	403,346	76,876.24	16,876.24	20%		13251.49	61580.90
MANUFACTURING	13	Textiles	53,018	3,572.64	4,887.17	20%		4887.17	2858.11
MANUFACTURING	14	Wearing apparel	1,180	590.97	709.17	20%		709.17	472.28
MANUFACTURING	15	Leather and related products	6,096	35.53	52.64	20%		52.64	28.68
MANUFACTURING	17	Paper and paper products	320	70.31	84.38	20%		84.38	56.20
MANUFACTURING	20	Paints, varnishes and similar coatings, printing ink and mastics	182,388	7,875.43	9450.52	20%		9450.52	6200.34
MANUFACTURING	20	Soap and detergents, cleaning and polishing preparations, perfumes and toilet preparations	133,130	3,068.96	4602.75	20%		4602.75	2935.17
MANUFACTURING	21	Other chemical products	17,312	186.95	324.38	20%		324.38	145.92
MANUFACTURING	21	Basic pharmaceutical products and pharmaceutical preparations	4,201,440	378,769.44	456523.32	20%		456523.32	303655.55
MANUFACTURING	22	Rubber and plastic products	1,004,747	88,150.93	107781.12	20%		107781.12	70520.74
MANUFACTURING	25.OTHER	Fabricated metal products, excl. machinery and equipment and weapons & ammunition - 25.1-3/25.5-9	39,257	17,996.68	21596.02	20%		21596.02	14397.31
MANUFACTURING	26	Computer, electronic and optical products	391,297	936.92	1124.90	20%		1124.90	749.51
MANUFACTURING	28	Machinery and equipment n.e.c.	9,812	71.33	86.60	20%		86.60	57.60
MANUFACTURING	32	Other manufactured goods	11,128,120	212,007.22	254408.66	20%		254408.66	169626.77
MANUFACTURING	33	Repair and maintenance of ships and boats	252	46.20	55.48	20%		55.48	36.96
ELECTRICITY, GAS, STEAM AND AIR COND	35.2-3	Gas distribution of gaseous fuels through mains, clean and air conditioned supply	2,922,313	23,428.52	28114.23	20%		28114.23	18742.82
CONSTRUCTION	41	Buildings and building construction works	12,070,263	372,752.50	447393.00	20%		447393.00	298202.00
WHOLESALE AND RETAIL TRADE, REPAIR	45	Wholesale and retail trade and repair services of motor vehicles and motorcycles	744	0.43	0.51	20%		0.51	0.34
WHOLESALE AND RETAIL TRADE, REPAIR	46	Wholesale trade services, except of motor vehicles and motorcycles	16,799,066	1,881,158.03	2257389.64	20%		2257389.64	1504026.42
WHOLESALE AND RETAIL TRADE, REPAIR	47	Retail trade services, except of motor vehicles and motorcycles	3,515,170	161,175.60	193410.77	20%		193410.77	128461.46
ACCOMMODATION AND FOOD SERVICE	55	Accommodation services	423,512	557.91	669.50	20%		669.50	446.31
ACCOMMODATION AND FOOD SERVICE	56	Food and beverage serving services	410,814	24,528.58	29434.20	20%		29434.20	19622.86
INFORMATION AND COMMUNICATION	58	Publishing services	2,880	33.89	40.67	20%		40.67	27.11
INFORMATION AND COMMUNICATION	62	Computer programming, consultancy and related services	4,446,694	16,803.85	20164.62	20%		20164.62	13443.08
FINANCIAL AND INSURANCE ACTIVITIES	64	Financial services, except insurance and pension fund services	594,000	32,752.73	39303.28	20%		39303.28	26202.19
PROFESSIONAL, SCIENTIFIC AND TECH	70	Services of head offices, management consulting services	82,099	5,523.07	6727.46	20%		6727.46	2818.41
PROFESSIONAL, SCIENTIFIC AND TECH	71	Architectural and engineering services, technical testing and analysis services	536,450	1,266.14	1518.36	20%		1518.36	1012.90
PROFESSIONAL, SCIENTIFIC AND TECH	72	Scientific research and development services	3,653,944	30,805.68	41933.62	20%		41933.62	28687.70
PROFESSIONAL, SCIENTIFIC AND TECH	74	Other professional, scientific and technical services	3,520,324	207,155.87	356987.06	20%		356987.06	237724.70
ADMINISTRATIVE AND SUPPORT SERVICES	78	Employment services	3,549,543	62,753.79	75304.95	20%		75304.95	50003.09
ADMINISTRATIVE AND SUPPORT SERVICES	81	Services to buildings and landscape	30,767	29.42	36.31	20%		36.31	23.66
ADMINISTRATIVE AND SUPPORT SERVICES	82	Office administrative, office support and other business support services	475,097	4,560.42	5472.39	20%		5472.39	3648.31
EDUCATION	85	Education services	261,080	7,627.08	9322.90	0.2		9322.90	6362.80
HUMAN HEALTH AND SOCIAL WORK	86	Human health services	12,377,057	419,061.89	503882.27	0.2		503882.27	335921.51

Mohamed Sarah
12/09/2023 18:18:34

Land use emission factors

	Current land use	Soil type	Previous landuse	Previous landuse	Previous landuse	Previous landuse	Previous landuse	Previous landuse
			Forest land	Cropland	Grassland	Wetlands	Settlements	Other land
Y	Forest land	Mineral	-5.42	-0.95	-0.62	No emission factor available	-0.65	No emission factor available
Y	Forest land	Organic	-7.27	0.32	0.82	No emission factor available	0.71	No emission factor available
Y	Cropland	Mineral	11.04	1.08	4.52	No emission factor available	-3.85	No emission factor available
Y	Cropland	Organic	No emission factor available	18.34	-0.25	No emission factor available	-0.27	No emission factor available
Y	Grassland	Mineral	11.91	-1.89	-1.44	No emission factor available	-6.72	No emission factor available
Y	Grassland	Organic	6.96	0.28	0.02	No emission factor available	-0.15	No emission factor available
Y	Wetlands	Mineral	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available
Y	Wetlands	Organic	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available
Y	Settlements	Mineral	39.40	7.48	13.50	No emission factor available	2.10	No emission factor available
Y	Settlements	Organic	15.94	0.43	0.12	No emission factor available	No emission factor available	No emission factor available
Y	Other land	Mineral	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available
Y	Other land	Organic	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available	No emission factor available

Mohamed Sarah
12/09/2023 18:18:34

Benchmarking data

This sheet contains the following tables:

- [Energy use in building benchmarks](#)
- [Water use and waste benchmarks](#)
- [Commuting benchmarks](#)
- [Public transport £/passenger km benchmarks](#)
- [Waste density factors](#)

Energy use in building benchmarks

The source of building energy benchmarks is the Chartered Institution of Building Services (CIBSE) Energy Benchmarking tool. Organisations are free to use alternative sources of benchmark energy data but any data sources should be carefully documented, along with rationale for selection. Benchmarks for other building types are available through the tool, which can be accessed via the link below:
<https://www.cibse.org/Knowledge/Benchmarking>

Note: Values are correct as of 20/05/2022

Name	Description	Final thermal typical benchmark (kWh/m2)	Electricity typical benchmark (kWh/m2)
Local authority buildings	Town Hall	132	85
Local authority buildings	Community Centres	159	47
Local authority buildings	Residential care homes	319	83
Local authority buildings	Depots	311	39
Local authority buildings	Sheltered housing	412	68
Public buildings	Library	117	76
Public buildings	Museum	121	55
Public buildings	Fire station	223	69
Public buildings	Police station	590	134
Offices	Local Government office	108	89
Offices	Air conditioned, standard	178	226
Schools	Primary	122	43
Schools	Secondary	113	51
Schools	Special	157	51
Schools	Secondary, with swimming pool	187	36
Hospital	General Acute	303	118
Hospital	Teaching/specialist	267	132
Hospital	Cottage hospital	492	78
Education (higher)	Catering / bar	118	108
Education (higher)	Lecture room/conference suite	150	93
Education (higher)	Library or learning centre	112	103
Sports and recreation	Swimming pool	644	182
Sports and recreation	Combined centre	598	152
Sports and recreation	Dry sports centre (local)	343	105

Waste density table

Where your organisation has information on the estimated volume of waste collected rather than the weight, the following density factors can be used to estimate the weight. These density conversion factors were developed by the Environment Agency for the 1998/99 commercial and industrial waste survey in England and have since been used across the UK by all of the Agencies including SEPA. The factors were derived from a number of different sources including published research, advice from the waste management industry and some original research at the time (source: <https://www.sepa.org.uk/media/163323/uk-conversion-factors-for-waste.xlsx>).

Waste type	EWIC code	Waste Description	Density conversion factor (kg per dry)
Aggregates	17 01 07	mixtures of concrete, bricks, tiles and concrete other than those mentioned in 17 01 06	0.65
Anatomical waste	18 01 02	Body parts and organs including blood bags and blood preservatives (except 18 01 03)	0.2877
Asbestos	17 06 01*	Insulation materials containing asbestos	0.38
Asphalt	17 03 02	bituminous mixtures other than those mentioned in 17 03 01	0.9
Average construction	17 09 04	mixed construction and demolition waste, other than those mentioned in 17 09 01, 17 09 02 and 17 09 03	0.32
Batteries	20 01 33*	batteries and accumulators included in 18 06 01, 18 06 02 or 18 06 03 and unsorted batteries and accumulators containing these batteries	1.35
Bricks	17 01 02	bricks	0.66
Clinical waste	18 01 03*	wastes whose collection and disposal is subject to special requirements in order to prevent infection	0.225
Clothing	20 01 10	clothes	0.12
Commercial and industrial waste	20 03 01	mixed municipal waste	0.26
Concrete	17 01 01	concrete	0.93
Household residual waste	20 03 01	mixed municipal waste	0.26
Infectious waste	18 01 03*	wastes whose collection and disposal is subject to special requirements in order to prevent infection	0.225
Insulation	17 06 04	insulation materials other than those mentioned in 17 06 01 and 17 06 03	0.25
Medical contaminated sharps waste	18 01 01	sharps (except 18 01 04)	0.19
Medical waste	18 01 02	medicines other than those mentioned in 20 01 31	0.9
Metals	17 04 07	mixed metals	0.37
Mineral oil	13 03 10*	other insulating and heat transmission oils	0.9
Mixed glass	20 01 02	glass	0.3332
Mixed metal cans	20 01 40	metals	0.23
Mixed paper	20 01 01	paper and cardboard	0.2005
Mixed plastics	20 01 39	plastics	0.54
Mixed recycling	20 03 01	mixed municipal waste	0.26
Mixed WEEE	20 01 36	discarded electrical and electronic equipment other than those mentioned in 20 01 21, 20 01 23 and 20 01 25	0.2131
Non infectious offensive waste	18 01 04	wastes whose collection and disposal is not subject to special requirements in order to prevent infection (for example dressings, plaster casts, linen, disposable clothing, swabs)	0.21
Organic food and drink	20 01 08	waste	0.12
Organic garden	20 02 01	biodegradable waste	0.38
Organic mixed	20 02 01	biodegradable waste	0.38
Plasterboard	19 12 07	12 08	0.24
Waste oils	18 02 02	oil and sludge	0.88
Tyres	16 01 03	end-of-life tyres	0.4657
Wood	20 01 38	wood other than that mentioned in 20 01 37	0.1855

Water use and waste benchmarks

The source of building water benchmarks is a publication by the Better Buildings Partnership (2017 Real Estate Environmental Benchmarks: January 2018). Organisations are free to use alternative sources of benchmark water data but any data sources should be carefully documented, along with rationale for selection.

Name	Good practice benchmark (m ³ /person/working day)	Typical practice benchmark (m ³ /person/working day)
Offices	24	36

Waste benchmarks have been taken from WRAP (Waste & Resources Action Programme) Green Office: A Guide to Running a More Cost-effective and Environmentally Sustainable Office.

Name	Good practice benchmark (quantity per person per year)
Offices	less than 200kg

Public transport £/passenger km benchmarks

Where only data on total cost by travel mode is available, and in the absence of any more accurate local estimates, the following estimates of £/passenger km can be used to estimate kilometres travelled from spend.

Travel mode	£/passenger km	Source
Rail	0.15	Table 12.10 Revenue per passenger kilometre and revenue per passenger journey, Office of Rail and Road, UK Government
Bus	0.11	WRC estimation from Department for Transport and National Statistics, Table BU2004, https://www.gov.uk/government/data-statistics/data-sets/figures-statistical-tables/index
Taxi	£1.50	https://www.westonlinetaxi.co.uk/how-to-use-our-app/
Air	-	http://www.westjet.com/TravelCalculator/

Commuting benchmarks

The average commuting distance in Wales average is 9.5 miles/ 15.3 km and the modal split is shown in the table below. Data source: 'The Car and the Commute: The journey to work in England and Wales' report by the RAC Foundation

Travel mode	% split	Score
Car	64%	
Car passenger	6.60%	
Taxi/mini cab	0.40%	
Walking	9.50%	
Moped/Motorbike	0.60%	https://www.rac-foundation.org/press/for-uptake/content/download/456/456/entry/456
Bus	4.50%	
Rail	1.90%	
Cycling	1.40%	
Work from home	10.40%	
Other	0.50%	

Mohamed Sarah
12/09/2023 18:18:34

Report Title:	NWSSP Decarbonisation Co-ordination Reporting			Agenda Item no.	2.4c
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	20/09/2023
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning				
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager				

Main Report

Background and current situation:

The purpose of this paper is to update the Finance and Performance Committee on the NHS Wales Decarbonisation Strategic Delivery Plan of 2021 reporting requirement (NWSSP Q1 DCR reporting).

Upon its release in 2021, CVUHB recognised that the Strategic Delivery Plan would not deliver nor fund a roadmap to a 16% saving of carbon emissions. CVUHB decided to produce its own plans to go further, resulting in CVUHB's own Decarbonisation Action Plan.

The summer of 23/24 is the first time since the DCR's release in 2021 that formal reporting has been requested.

CVUHB have used reasonable endeavours to deliver against the Strategic Delivery Plan which is mainly focussed on estates improvement with respect to carbon, but it has inevitably clashed with the operational realities of scarce funding and patient facing priorities.

NWSSP - Decarbonisation Co-ordination Reporting (DCR)

In 2022/23, the Minister for Health and Social Services agreed recurrent funding for NWSSP to expand their work supporting the decarbonisation agenda. This funding supported:-

- additional resource in Specialist Estates Services and Procurement
- set up of a programme management team to 'provide leadership, oversight, coordination, monitoring and reporting on an NHS Wales basis'.

As a consequence, reporting is required from UHBs to NWSSP on progress against the Strategic Delivery Plan (SDP) at four points a year.

Report	Deadline for Submission to DCR
Q1 reporting	31/8/2023
Q2 reporting	31/10/2023 (this is to align to the standard recognised quarterly reporting cycle)
Q3 reporting	31/1/2024
Q4 reporting	30/4/2024

The report has been coordinated by the Sustainability team with returns generated by the lead representative from each department. All returns have been approved by the relevant Directors.

The full DCR report can be found at Doc 6.

This report asks the Finance and Performance Committee to:

- Note the content of this paper

Executive Director Opinion and Key Issues to bring to the attention of the group:

The action plan was written over two years ago when the financial outlook was different. For example, it stated that, "increased revenue costs will not be a barrier to the optimal low carbon option." This is not a tenable position for CVUHB in 2023.

Reasonable endeavors have been used to progress the actions. Colleagues have drawn down on WG funding in order to make progress. In our report response however, a number of issues have been raised to illustrate the tension between the action plan and the operational and financial situation. The three main issues relate to:

- The ask to plan UHW and UHL to receive energy efficiency upgrades by 2030. It has been stated that the upgrades for UHW and UHL would be significant following work commissioned by Estates in 2022 with Gleeds – akin to a full refurbishment. The scale of the work should be considered as part of the SOFH SOC options – refurbish or replace, etc. This is held up as CVUHB awaits WG funding to proceed.
- The need to undertake feasibility studies on non acute infrastructure over 1,000sq/m. Whilst some investment grade proposals are being prepared for four sites, Barry Hospital was not deemed cost effective and therefore cannot be taken forward in the current climate. Also, it is not good use of scarce funds to conduct engineering studies on every site whilst service priorities remain.
- The need for combined heat & power plants should be decommissioned as a higher priority over refurbishment by 2025. In the event of a failure at the CHP in UHW for example, there currently are no other viable alternatives to meet the specialist needs of this site.

Overall, the actions contained in the report are generally making progress within the bounds of the issues mentioned already in this paper. A summary of progress is below.

	2021	2022	2023	2024	2025	2030	Ongoing
Green	2	10	4	1		1	10
Amber	2	5	9	3		1	6
Red		1	1			1	2
Complete		2					1

Several of the actions are awaiting national policy/ leadership which has not met the deadlines in the plan. These has been raised as issues.

A new NWSSP SDP is due for no later than 2025, however, it is understood that there could be “refresh” of the current plan prior to this. At the WG ‘Climate Emergency Community of Experts’ meeting on 5/9, CVUHB put forward the suggestion that the plan is now out of date and not relevant to the current climate, thus requiring refreshing sooner.

The information contained in the report has been approved by the Directors of the contributors, namely Geoff Walsh, David Thomas and Ed Hunt (in the absence of Abi Harris). As highlighted, there will be an additional two rounds of reporting against these actions over the next 4 months.

The Finance and Performance Committee are asked to note the content of this document.

Recommendation:

Decarbonisation Finance and Performance Committee are asked to:

- **Note content of this report**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x
---	--	---	---

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: Yes

There is potential for reputational risk to the organisation if reporting is not completed sufficiently and on time.

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes

This reporting mechanism is directly linked to the required actions to meet the decarbonisation agenda.

Mohamed Sarah
12/09/2023 18:18:34

Introduction and Organisation Data

This spreadsheet is the required format for NHS Wales organisations reporting quarterly against their designated decarbonisation initiatives being delivered through their Decarbonisation Action Plans. Data from this report will be shared at the Health and Social Care Climate Emergency Project and Programme Boards.

The template requires each organisation to complete the following:

- Organisational Information (below)
- Initiatives attributed to your organisation to complete will be light blue cells. Yellow cells are for information. Grey cells should not be edited. (See example data below)
- Initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.
- Carbon Impact for each initiative is as stated in the Strategic Delivery Plan.
- Task percentage complete should be self-set by each organisation.
- Using the methodology below, both an individual task and overall initiative RAG rating should be self-set by each organisation.

[See NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information](#)

Please send the completed form to nwssp.dcr_team@wales.nhs.uk by 31/8/2023

Organisational information

Organisation name	
Period for reporting	Q1 2023/2024
Date of Organisational Approval	
Date of report submission	
Person responsible for this report	
Email address of person responsible for this report	

Methodology - RAG Status

Methodology - Delivery Confidence

Confidence of Delivery	
Highly Likely	Successful delivery of the action/initiative to cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Probable	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Feasible	Successful delivery appears feasible but significant risks and issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly.
In Doubt	Successful delivery of the action/initiative is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Unfeasible	Successful delivery of the action/initiative appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The action/initiative may need rebaselining and/or overall viability reassessed.
Complete	Successful delivery of initiative/action. There is no further input required.
Default	The confidence of delivery has not been set by the organisation / default RAG.
Exempt	The organisation is exempt from this action / initiative.

Carbon Impact Scoring Matrix

Scoring Available	Carbon Impact
9-10	Significant impact (>3% reduction in footprint)
7-8	High impact (0.5 - 3.0% footprint reduction)
4-6	Medium impact (up to 0.5% footprint reduction)
2-3	Low impact
1	Negligible impact

Initiative 17 - NWSSP will work with health boards and trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG
17.1	NWSSP will facilitate the development of the best practice approach for electric vehicle (EV) uptake across NHS Wales sites...	NWSSP	None	Director of SES	Director of SES	Director of SES	Red	Highly Likely	2021		75	Supplier awarded contract (MottMac) - Guidance final Draft expected end of June 23 - Final sign off target 7th September Red RAG due to date passed	Red
17.2	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure...	HB & Trusts	17.1	SES / Transport	National Clinical Logistics Manager	Director of Procurement & HCS	Red	Probable	2022		60	NWSSP has 21 chargers implemented to date Future requirements are being scoped Supplier awarded Feasibility project and back up power being considered, 1st Draft received May 23	
17.3	Explore localised opportunities for low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible.	HB & Trusts		SES / Transport	National Clinical Logistics Manager	Director of Procurement & HCS	Green	Highly Likely	Ongoing		80	Currently reviewing Hydrogen / Hydrogen Cell / HVO options - ongoing Due to go to Tender Q2 for NWSSP replacement - 15 HGVs with alternative fuel options included	

Mohammed Ibrahim
12/09/2023 18:18:33

Mohamed Sarah
12/09/2023 18:18:34

Carbon Management

Guidance for users

This sheet contains all initiatives relating to Carbon Management. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action

Initiative 1 - Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
1.1	Support the review of EnCO2de HTM 07-02 to develop best practice guidance to support carbon management in Welsh Health Boards and Trusts. Distribute this guide to Health Boards and Trusts upon publication.	NWSSP					Exempt	Exempt		2022	-			
1.2	Put in place dedicated and appropriately skilled resource to deliver best practice carbon management - a key focus of the role will be to implement initiatives.	HB & Trusts		Programme Director Shaping Our Future Hospitals	Programme Director Shaping Our Future Hospitals	Executive Director of Strategic Planning	Blue	Complete		2022	100	Sustainability Manager has been in post since May 2022	Default	Default
1.3	Use the Welsh Health Environment Forum as a mechanism to support delivery plan implementation, share lessons learned, emphasise the importance of decarbonisation and share best practice.	NWSSP, HB & Trusts		Head of Energy and Performance	NWSSP	NWSSP	Green	Highly Likely		Ongoing	-	CVUHB participate when arranged.		

Initiative 2 - Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
2.1	Develop a staff engagement approach to communicate: • NHS Wales commitments to decarbonisation • Case studies of progress Undertake consultations to support and engage in projects and encourage best practice behaviour.	HB & Trusts		Sustainability Manager	Sustainability Manager	Programme Director Shaping Our Future Hospitals	Green	Highly Likely		Ongoing / Annually	-	Progress has been made throughout the organisation to support the communication of case studies and actions. These are also communicated with staff via green groups and other networks to share knowledge.		
2.2	Provide building and energy managers with additional training in best practice use of BMS for carbon reduction (more details included in Existing Buildings section).	HB & Trusts		Estates manager	Andrew P	Director of Capital Estates and Facilities	Amber	Feasible		2022	-	This is on going as staff turnover requires additional training for new staff. The UHB has a contract with an external company that monitors performance of the BMS to ensure sensors etc are working correctly.	Default	Default
2.3	Develop a targeted approach to encourage and facilitate low carbon staff travel.	HB & Trusts		Head of Transport/ Procurement	Head of Transport	Director of Capital Estates and Facilities	Green	Feasible		Ongoing	-	Health board on track to sign up to Level 4 Healthy Travel Charter at end Q2, providing support for this implementation will		
2.4	Closely follow the guidance set out in the Active Travel Action Plan for Wales to ensure suitable considerations for active travel are factored into decision making...	HB & Trusts					Exempt	Exempt		Ongoing	-	Managed by LAS		
2.5	Brief senior management staff of the key themes of decarbonisation to ensure low carbon principles are integrated into decision making at all levels.	HB & Trusts		Sustainability Manager	Programme Director Shaping Our Future Hospitals	Executive Director of Strategic Planning	Green	Highly Likely		Mar 2022	-	UHB have approved a decarbonisation action plans. A governance structure has been established for the decarbonisation programme. A plan is in place with the aim of integration into decision making		

Initiative 3 - Drive the engagement required for decarbonisation across each organisation's leadership team - Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
3.1	Consider implementation models such as Energy Performance Contracts.	HB & Trusts		Head of Energy and Performance	Head of Discretionary Capital	Director of Capital Estates and Facilities	Amber	Unfeasible		Ongoing	-	Unfeasible to co-ordinate and delivery in relation to existing estate. Issue CVUHB3 raised.		
3.2	Engage with technical and commercial support available such as the Welsh Government Energy Service.	HB & Trusts		Head of Energy and Performance	Head of Discretionary Capital	Director of Capital Estates and Facilities	Green	Highly Likely		Ongoing	-	Regularly engage on projects in relation to technical support around operational useage of buildings.	Default	Default
3.3	Build engagement and responsibility for decarbonisation across the organisations from the top down - actively engage across finance, procurement and estates teams.	HB & Trusts		Sustainability Manager	Programme Director Shaping Our Future Hospitals	Executive Director of Strategic Planning	Green	Highly Likely		Ongoing	-	Groups have been established, which include decision makers in the programme. The Decarbonisation Plan has set out the responsible managers for each of the actions. These actions and delivery leads are scrutinised through the governance programme.		

Mohamed Sarah
12/09/2023 18:18:34

Buildings, Estates & Planning

Guidance for users

This sheet contains all initiatives relating to Buildings, Estates & Planning. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action.

Initiative 4 - Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030. Carbon Impact 5/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
4.1	Commission specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	In Doubt	2021		50	Refit program adopted with IGP's developed for opportunities at key sites. Program will be pilot sites have site controls for all main plant and equipment. Community sites have less	Default	Default
4.2	Buildings should be operated as efficiently as possible...	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Feasible	2022		75		Default	Default
4.3	Ensure 'Action Plans' demonstrate estate-wide impact such that every building with an expected future towards 2030 will have undergone a multi-technology energy-efficient upgrade by 2030.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	In Doubt	2030		-	See comment in 4.1		

Initiative 5 - Fully replace all existing lighting with LED lighting by 2025. Carbon Impact 4/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
5.1	Develop a lighting upgrade approach for each site, considering whether like-for-like replacement will be sufficient or if a new design is required...	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Feasible	2022		70	LCU replacement undertaken via merit program at key sites. Cannot reach 100% as some lighting specifications aren't suitable for EPC. Replacement of LED lighting with LED replacement is in progress. See above comment.	Default	Default
5.2	Procure and implement LED upgrades across the estate by 2025...	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Feasible	2025		70			

Initiative 6 - Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources. Carbon Impact 8/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
6.1	Commission low carbon heat specialists to develop a low carbon heat evolution plan at each acute site to set out a transition plan away from fossil fuelled heat toward low carbon heat...	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Red	Unfeasible	2023		-	Low Carbon Heat study for Llandough Hospital is part of next Phase of Refit program which is dependent on funding and resource availability. See also explanation for 4.1 above and Issue CVUH1.	Default	Default
6.2	Implement upgrades to ensure that 60% of generated heat at acute sites is low carbon by 2030.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Red	Unfeasible	2030		-	See explanation for 4.1 above and issue CVUH1		

Initiative 7 - Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030. Carbon Impact 5/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
7.1	Commission low carbon heat specialists to evaluate the potential to convert non-acute sites to low carbon heat by 2030, including heat generation, heat distribution, heat emitters, and building fabric upgrades.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Red	Unfeasible	2022		-	Low carbon heat assessments are being included for certain community sites in the next Phase of Refit program. It would not have been good use of scarce money to tell us the status of every building in 2022 when the target is to implement by 2030. Issue Raised as CVUH2. Instead we did run a study on Barry hospital and low carbon heat was not cost effective and cannot be justified. National Grid are becoming concerned generally about their ability to accommodate solar going into the system in large scale and technology like heat pumps taking out at large scale.	Default	Default
7.2	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	In Doubt	2026/2030		-	We believe not all of our building will see payback and in the current climate we focus on utilising funds on those that will provide benefit.		

Initiative 8 - No further natural gas CHP plant will be installed – renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030. Carbon Impact 6/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
8.1	Continue to certify all CHP plant to the CHPQA programme to ensure efficient operation. Health Board will also report CHPQA compliance information and CHP maintenance spend through EFPMS when inputs developed.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Blue	Complete	Ongoing		100			
8.2	Increase CHP metric reporting on EFPMS to track CHPQA compliance and maintenance spend – this will be developed to understand compliance with this initiative.	NWSSP					Exempt	Exempt	2021		-			
8.3	No new natural gas CHP units will be considered going forward. For the existing known schemes, these will be subject to an options appraisal.	HB & Trusts	Revenue Funding, operational needs/risks and UHB approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	In Doubt	2021		-	Whilst there is an aspiration of no new gas CHP there may be no/limited feasible alternative solution for large acute sites with high volume specialist energy demands. See Issue 4	Default	Default
8.4	Decommissioning will be prioritised over refurbishment from 2025. Normal standard maintenance will continue; however, in the event of a CHP unit failing (for instance, engine replacement) decommissioning should be prioritised.	HB & Trusts	Revenue Funding, operational needs/risks and UHB approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	In Doubt	2022		-	In the event of CHP failure at UHW, a replacement will need to be considered to support the operational aspects of the site and the revenue cost savings that the CHP generates. See Issue 4.		
8.5	The ambition will be to decommission all CHPs by 2030 to support the transition away from fossil fuelled heating. For some installations, it is recognised that this 2030 ambition may need to tie in with timescales for build hospital developments.	HB & Trusts		Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Feasible	2030		-	See above notes		

Initiative 9 - Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
9.1	Install effective building management systems (BMS) across the building portfolio, allowing members of estates staff to optimise energy consumption in heating, cooling and ventilation (HVAC) systems. At smaller sites, a simple on/off programmable intelligent heating control with remote access will suffice.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Probable	2024		30	Whilst UHB has BMS systems they need to be updated including associated infrastructure.		
9.2	Develop standard operating procedures to optimise the efficient operation of buildings, this will include set schedules for time-clocks / operating setpoint / alarms.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Green	Highly Likely	2022		30		Default	Default

9.3	Ensure trained resource is in place to optimise energy use by BMS control. Ensure a process is put in place to regularly manage and optimise BMS controls.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Probable		2023		50	Recruitment and retention of trained skilled individuals for operation of services is a challenge.		
-----	--	-------------	---	--------------------------------	--	--	-------	----------	--	------	--	----	--	--	--

Initiative 10 - Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030. Carbon Impact 6/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
10.1	Conduct feasibility studies to establish the viability of onsite generation such as solar PV and solar thermal collectors (either roof-mounted or car port mounted) at each site.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Green	Probable	2023		50	Solar PV opportunity studies undertaken via Refit program at key sites.		
10.2	Proceed with renewable energy installation in all viable instances. 50% of identified viable potential to be installed by 2026. 100% of identified viable potential to be installed by 2030.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Green	Probable	2026/2030		50	Installation of identified solar PV opportunities via Refit program in progress. Potential next phase of Refit could be subject to funding.	Default	Default
10.3	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Probable	2023		25	In progress (maintenance contract) dependent on costs and funding.		

Initiative 11 - Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022. Carbon Impact 5/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
11.1	Continue in the short-term to ensure that all new buildings achieve a BREEAM 'Excellent' score and all refurbishments achieve a BREEAM 'Very Good' score.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Capital Planning Project managers	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Highly Likely	Ongoing		80	Schemes are only funded with proviso of meeting this accreditation		
11.2	All NHS organisations will adopt the agreed net zero approach for all new building designs and ensure new builds are certified to net zero.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Capital Planning Project managers	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	Feasible	Ongoing		50	Subject to budgetary pressures of individual projects	Default	Default
11.3	A net zero building standard framework for hospitals is being developed, and NWSSP should continue to engage with NHS partners and other organisations to support its development. Through these engagements NWSSP should stay sighted on updates to Health Building Notes / Health Technical Memorandum.	NWSSP					Exempt	Exempt	Ongoing		-			

Initiative 12 - All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
12.1	Ensure that each new build project has in place a suitably qualified client-side sustainability representative...	HB & Trusts	Resource provision dependent on workload	Head of Energy and Performance	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Amber	Probable	2024		-	resource implications on current team and workload of internal expertise could limit	Default	Default
12.2	In support of larger capital projects, consideration should be given to whether a client-side sustainability representative job role is included as a specific lot in the 2024 capital construction framework.	NWSSP					Exempt	Exempt	Jan 2024		-			

Initiative 13 - Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
13.1	Consider the use of modular designs to standardise the construction approach and therefore minimise construction waste and transportation of construction machinery. This will be championed alongside designs incorporating efficient low carbon heat and a modern healthcare approach.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Capital Planning Project managers	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Probable	2022		-	Assessment required of viability of proposals against space and design requirements to determine if MMC could be incorporated	Default	Default

Initiative 14 - Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points. Carbon Impact 4/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
14.1	Health Boards and Trusts will undertake an activity to establish the Authorised Service Capacity (KVA) required at each new build and major refurbishment site to service additional capacity requirements for electric vehicle (EV) charging infrastructure (including staff, public and fleet vehicles)...	HB & Trusts		Head of Capital Planning	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Feasible	2021		-	Subject to funding.		
14.2	In new car parks, install underground cabling infrastructure (e.g. trunking) to enable straightforward installation of cabling for future charging points.	HB & Trusts		Head of Transport	Head of Transport	Director of Capital Estates and Facilities	Exempt	Exempt	2022		-	No new car parks planned	Default	Default
14.3	Install a sufficient electric vehicle charging infrastructure as set out in the Transportation section of this report. Enough infrastructure must be in place to ensure charging is not a barrier to the procurement of electric fleet vehicles.	HB & Trusts		Head of Transport	Head of Transport	Director of Capital Estates and Facilities	Exempt	Exempt	2022		-	No new car parks planned. EV charging infrastructure for fleet being installed in line with fleet replacement		
14.4	Ensure sufficient rapid charging infrastructure is in place to ensure charging infrastructure is not a barrier to the procurement of electric emergency ambulances when they become commercially available (expected in 2028).	HB & Trusts		Head of Transport	Head of Transport	Director of Capital Estates and Facilities	Exempt	Exempt	2027/28		-	No new car parks planned. On-going assessment & development to be undertaken		

Initiative 15 - Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
15.1	Ensure all new or refurbished sites utilise low temperature heating systems with variable flow temperatures and a low carbon heat source. No new natural gas, oil or LPG boilers will be installed as a primary heat source going forward beyond those which are currently planned - fossil fuels may only be used as backup energy sources.	HB & Trusts	WG/UHB Funding, UHB resources, UHB and WG approval.	Capital Planning Project managers	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	Feasible	2021		20	Although low/zero carbon technologies will be considered the energy and operational needs of the site will also be considered.	Default	Default

Initiative 16 - Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales. Carbon Impact 4/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
16.1	Ensure that newly constructed sites sufficiently consider and incorporate sustainable transport, such as good public transport links, secure cycle storage, and changing facilities.	HB & Trusts		Head of Capital Planning	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Highly Likely	2022		-			
16.2	Provide and promote secure cycle storage for staff and visitors, accommodating for emerging technologies such as larger e-bikes and electric scooters. Provide and promote public showers and changing facilities to encourage active travel.	HB & Trusts		Head of Transport	Head of Compliance and Discretionary Capital	Director of Capital Estates and Facilities	Green	Highly Likely	2022		-	Cycle shelters/storage available at all UHB hospital sites. New active traveller facilities (cycle storage, changing, showers) provided at UHW	Default	Default
16.3	Strive to influence the location of new sites to reduce private vehicle commuting requirements where possible.	HB & Trusts		Head of Transport	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Highly Likely	2021		-			
16.4	Engage with local authorities to ensure that adequate zero-carbon transport facilities are installed to allow easy access to healthcare facilities (e.g. segregated bicycle lanes, park and ride facilities).	HB & Trusts		Head of Transport	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	Feasible	2023		-	Engagement with LAs on-going & some successes already achieved e.g. Cycle Super Highway from Cardiff City Centre to UHW		

13/09/2024 10:18:34

Transport

Guidance for users

This sheet contains all initiatives relating to transport. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column and Delivery Confidence should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action. An overall Delivery Confidence for the initiative should be set, based upon the Delivery Confidence for each key action. Delivery confidence does not impact RAG rating.
- Please use bullet points in comments relating to an action

Initiative 17 - NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
17.1	NWSSP will facilitate the development of the best practice approach for electric vehicle (EV) uptake across NHS Wales sites...	NWSSP					Exempt	Exempt		2021	-		Default	Default
17.2	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure.	HB & Trusts	Improved electrical infrastructure of current estate	Head of Transport	Director of CEF	Capital, Estates & Facilities	Green	Highly Likely		2022	-	On-going - EV charging in place at UHW, UHL & Woodland House	Default	Default
17.3	Explore localised opportunities for low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible.	HB & Trusts	Transport policy & links to depts	Head of Transport	Director of CEF	Capital, Estates & Facilities	Green	Highly Likely		Ongoing	-	On-going - Engagement with transport groups are in progress and options are appraised as they become available.		

Initiative 18 - A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance this will entail central fleet management oversight within each organisation. This will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
18.1	Develop an NHS-wide procurement, operation, financial management and maintenance system to standardise fleet practices across the service.	NWSSP					Exempt	Exempt		2023	-		Default	Default
18.2	Ensure each Health Board and Trust has a single Fleet Manager in place with oversight of all Health Board / Trust fleet vehicles. They should put in place a central fleet management approach.	HB & Trusts	UHB transport policy	Director of CEF	Director of CEF	Capital, Estates & Facilities	Green	Highly Likely		2023	-	Central fleet manager in place with hybrid approach to central fleet management - centrally managed compliance issues while budgets are devolved	Default	Default
18.3	Implement / continue to implement telematics solutions to analyse and improve driver behaviour.	HB & Trusts	All depts with fleet	Head of Transport	Head of Transport	Delegated to depts	Amber	In Doubt		2023	-	Limited telematics within UHB - Where in place is working well - Transport team have liaised with user departments, however, there is some reluctance due to increased costs. Issue CVUHBS refers.		

Initiative 19 - All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured. Carbon Impact 3/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
19.1	Continue with existing vehicle procurement schedule, prioritising battery electric vehicle fleet where practically possible from March 2022. In justifiable instances where this is not suitable (e.g. range issues), ultra low emission vehicles can be procured. Exceptions will be made where technology is not market-ready	HB & Trusts	Depts particularly providing all Wales services	Head of Transport	Director of CEF	Capital, Estates & depts	Amber	Feasible		2022	-	On-going. Procurements were suspended due to supply chain issues post-Covid and Ukraine conflict. Will be testing market again in near future. Currently five BEV & one LCEV in UHB fleet	Default	Default
19.2	Evaluate the advantages of obtaining corporate membership to local car clubs that utilise battery-electric and hybrid vehicles. Implement if deemed valuable.	HB & Trusts	None	Head of Transport	Director of CEF	Capital, Estates & Facilities	Green	Feasible		2022	-	Car clubs previously evaluated and found to be uneconomic due to geographical size of UHB. Will continue to monitor.		

Initiative 20 - All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class. Carbon Impact 3/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
20.1	Develop an approach to decarbonise fleet emissions...	HB & Trusts	Working with all depts	Head of Transport	Director of CEF	Capital, Estates & Facilities, & depts	Amber	Feasible		2023	-	Approach on-going. Engagement with transport groups are in		
20.2	Conduct an annual review to assess how emerging medium / large freight technologies can be incorporated into the fleet	NWSSP					Exempt	Exempt		2022	-		Default	Default
	Procure ultra-low emissions freight vehicles across NHS Wales from 2025.	HB & Trusts					Exempt	Exempt		2025	-			

Initiative 21 - All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport. Carbon Impact 3/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
21.1	Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel...	HB & Trusts		Head of Transport	Head of Transport	Capital, Estates & Facilities, & depts	Green	Highly Likely		2023	-	A salary sacrifice schemes is in place to support staff lease low carbon vehicles and bicycles. Park and ride is available to UHW to reduce parking on site. In hospital shuttle available between UHW and UHL to reduce business travel emissions. We offer business rate mileage to staff cycling for business.		

21.2	Update business travel policies to implement a travel hierarchy that encourages/incentivises sustainable travel and reduces the use of high emission vehicles.	HB & Trusts	Awaiting confirmation of national travel policy from NWSSP.	Head of Transport/Expense services manage	Head of Transport/Expense services manage	Capital, Estates & facilities, & depts	Amber	Feasible		2022	-	All Wales T&S policy is being drafted but not implemented. There will be advice contained in the documentation which will encourage staff not to travel and if required using the most sustainable options. RAG rating is Amber until implemented and incorporated into HB policies. See issue CVUHBS.	Default	Default
21.3	Evolve existing accounting systems to improve records of grey fleet journeys...	HB & Trusts	There is a reliance on NWSSP to produce updates on centralised reporting.	Head of Transport/Expense services manage	Head of Transport/Expense services manage	Capital, Estates & facilities, & depts	Amber	Feasible		2022	-	The system has standard process - a request for decarbonisation to be included within reporting has been made by NWSSP. See issue CVUHBS.		

Initiative 22 - The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles. Carbon Impact 3/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
22.1	Determine the spare Authorised Service Capacity (kVA) available at each site, accounting for predicted future changes to the site...	WAST					Exempt	Exempt		2021	-		Exempt	Exempt
22.2	Continue to develop the existing WAST EV charging implementation plan in anticipation of plug-in hybrid and electric rapid response vehicle procurement from 2022 and electric emergency ambulances by 2028. It's acknowledged that in some rural areas this technology may not be feasible yet.	WAST					Exempt	Exempt		2022	-			
22.3	Apply for funding and install as appropriate to ensure the infrastructure is in place to accommodate electric rapid response vehicles by 2022 and electric emergency ambulances by 2028.	WAST					Exempt	Exempt		2022/2028	-			

Initiative 23 - The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations. Carbon Impact 5/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
23.1	Continue to engage with vehicle manufacturers to participate in trials and assess the suitability of battery-electric technology for rapid response vehicles (focusing on vehicle range, charge times, and battery longevity).	WAST					Exempt	Exempt		Ongoing	-		Exempt	Exempt
23.2	Transition procurement to battery-electric rapid response vehicles by 2022 as planned where possible. Where this is considered non-feasible, plug-in hybrid vehicles should be procured until fully electric vehicles can be reliably utilised.	WAST					Exempt	Exempt		2022	-			

Initiative 24 - The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028. Carbon Impact 6/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
24.1	Continue to engage closely with vehicle manufacturers and the wider NHS to participate in trials and assess the suitability of low carbon technology (e.g. battery-electric) emergency ambulances.	WAST					Exempt	Exempt		Ongoing	-		Exempt	Exempt
24.2	Report annually on the readiness of emerging technologies in WAST's Sustainability Report.	WAST					Exempt	Exempt		Annually from Mar 2023	-			
24.3	Implement fully-electric emergency ambulances as soon as reasonably practicable and by 2028 if possible.	WAST					Exempt	Exempt		2028	-			

Mohamed Sarah
12/09/2023 18:18:34

Procurement

Guidance for users

This sheet contains all initiatives relating to procurement. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

[Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information.](#)

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action

Initiative 25 - NWSSP will transition to a market-based approach for supply chain emissions accounting. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
25.1	Undertake an analysis activity to understand the supplier emissions breakdown for pharmacy, which is >30% of total emissions.	NWSSP Procurement					Exempt		2022	-		Exempt	Exempt
25.2	Develop a template for approaching suppliers that provide services/products over a set value to establish product-specific carbon emission information. Approach suppliers annually from March 2022 to collect emissions data.	NWSSP Procurement					Exempt		2022	-			
25.3	Establish a system for engaging with major suppliers periodically (e.g. two-yearly) to undertake due diligence on supplier carbon emissions calculations.	NWSSP Procurement					Exempt		2022	-			
25.4	Introduce a standard procurement template for all procurements and tenders above Official Journal of the European Union (OJEU) requirements...	NWSSP Procurement					Exempt		2022	-			
25.5	Update the carbon footprint methodology to recognise the market based carbon emission data collection.	NWSSP Procurement					Exempt		2023	-			

Initiative 26 - NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers. Carbon Impact 6/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
26.1	NWSSP Procurement Services will work with the All Wales Medicines Strategy Group to develop a strategy to effectively ensure carbon emission reductions are accurately reflected in tender and other procurement documents...	All Wales Medicine Strategy Group & NWSSP Procurement					Exempt		2022	-		Exempt	Exempt
26.2	Develop guidance and provide additional training for procurement staff outlining best practice assessments of sustainability credentials specific to their procurement categories...	NWSSP Procurement					Exempt		2022	-			

Initiative 27 - Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services. Carbon Impact 4/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
27.1	Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.	NWSSP Procurement					Exempt		2023	-		Exempt	Exempt
27.2	Target specific activities that are deemed suitable to champion the local supply chain. Challenge the local supply chain to produce sustainable products to encourage and develop the local circular economy. Score a reduction in transport mileage as a way of reducing carbon.	NWSSP Procurement					Exempt		Mar 2023	-			

Initiative 28 - 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
28.1	Purchase 100% REGO-procured electricity by 2025, and continue to procure renewable electricity thereafter. (In 2018/19, 93% of all electricity purchased by NHS Wales was REGO certified).	NWSSP Procurement					Exempt		2025	-		Exempt	Exempt
28.2	In instances where it has not been possible to electrify heat by 2030, NWSSP Procurement and/or Health Boards and Trusts must purchase 100% offset gas from December 2030.	NWSSP Procurement					Exempt		2030	-			

Initiative 29 - NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
29.1	Set threshold values to contractually mandate suppliers to proactively decarbonise. Embed this in procurement requirements for suppliers as deemed appropriate...	NWSSP Procurement					Exempt		2024	-			

29.2	Include in the Supplier Relationship Management (SRM) template a specific reference to NHS Wales's decarbonisation ambition and the role suppliers will have to take.	NWSSP Procurement					Exempt		2022		-		Exempt	Exempt
29.3	Develop and regularly update an area of the website which expresses NHS Wales's goals and requirements, and signpost suppliers to use materials and resources.	NWSSP Procurement					Exempt		2021		-			
29.4	Undertake an outreach programme to engage with suppliers to create case studies of decarbonisation improvements to champion the message.	NWSSP Procurement					Exempt		2022		-			

Initiative 30 - Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
30.1	Reflect progress made on the Delivery Plan within annual service reviews. This will be a key focus point for the governance of delivery.	NWSSP Procurement					Exempt		2022		-	Exempt	Exempt
30.2	Integrate progress against the Delivery Plan within annual reporting against the Well-being Objectives.	NWSSP Procurement					Exempt		2022		-		
30.3	Assign overall responsibility for Sustainable Procurement to a dedicated Senior Manager (with a support group as required)...	NWSSP Procurement					Exempt		2022		-		
30.4	Ensure the Procurement Services Management Team (PSMT) collaboratively work to support the ambition to decarbonise – for the key individual, this will be included within the formal responsibility within their job roles...	NWSSP Procurement					Exempt		2022		-		

Initiative 31 - NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
31.1	Evolve stock management approach to utilise IP5 storage. Put in place a smart delivery system to minimise carbon emissions from transport.	NWSSP Procurement					Exempt		2023		-	Exempt	Exempt
31.2	Optimise deliveries to minimise supply chain transport emissions. Focus on maximising bulk deliveries to IP5 and improve onward distribution via Health Courier Service. Ensure effective engagement with suppliers is undertaken to support this.	NWSSP Procurement					Exempt		2023		-		

Initiative 32 - NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
32.1	Engage Health Boards to assess the need for specific frameworks, for example: <ul style="list-style-type: none"> • Electric vehicles and infrastructure • Renewable power • Low carbon heat... 	NWSSP Procurement					Exempt		2022		-	Exempt	Exempt
32.2	Collaborate with the Welsh public sector to put in place procurement mechanisms (such as frameworks) for the benefit of Health Boards and Trusts (and as appropriate the wider Welsh public sector)	NWSSP Procurement					Exempt		2022		-		

Mohamed Sarah
12/09/2023 18:18:34

Land Use

Guidance for users

This sheet contains all initiatives relating to land use. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information.

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action

Initiative 33 - All-Wales strategic estate planning will have carbon efficiency as a core principle - quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working. Carbon Impact 5/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
33.1	Lean upon the net zero framework as part of wider estate planning. Build this into the business case process when considering estate expansion and rationalisation.	WG Capital, Estates & Facilities					Exempt	Exempt		Upon adoption of framework	-		Default	Default
33.2	Ensure rationalisation of the estate (as planned in business cases) is fully seen through to ensure emissions are reduced as appropriate.	HB & Trusts		Head of Energy and Performance	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	Feasible		Ongoing	-	On-going rationalisation of the estate is being completed. The driver however is not because of carbon, rather operational.		

Initiative 34 - NWSSP and Welsh Government will develop an approach to land use to advise Health Boards and Trusts on land identification, collaboration with Local Authorities and the community, and the appraisal approach for renewable energy and greenhouse gas removal. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
34.1	NWSSP and Welsh Government will provide guidance for carbon accounting of existing land, and identifying suitable land for renewable energy generation and greenhouse gas removal...	NWSSP & WG					Exempt	Exempt		2022	-			
34.2	Each Health Board and Trust will undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal...	HB & Trusts		Head of Energy and Performance	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	Feasible		2024	75	This forms part of the UHB 'Refit' planning where assessments have been carried out across the estate to investigate the viability of a number of green energy initiatives.	Default	Default
34.3	Health Boards and Trusts should support localised initiatives to maintain green spaces on hospital sites for use by staff, the public and patients...	HB & Trusts		Jon N / CVUHB Charity / UHB Estates	Head of Capital Planning	Director of Capital Estates and Facilities	Green	Highly Likely		2024	50	Initiatives such as 'Grow Cardiff' have proved successful at Riverside. Similar plans are earmarked for St Davids. Also links to UHL Meadow managed by the UHB Charitv.		

Initiative 35 - NHS Wales will explore and progress large scale renewable generation with private wire connection to our sites. Carbon Impact 4/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
35.1	Conduct feasibility assessments for large-scale renewables including solar PV and wind generation. Actively and collaboratively engage with Local Authorities and neighbouring landowners to scope opportunities and partnerships to share space and promote sustainable land use.	HB & Trusts		Head of Energy and Performance	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	In Doubt		2023	-	Restricted undeveloped space on main UHW acute site, however conversations around neighbouring land in UHL have been considered. Refit have reviewed current estate in relation to PV arrays, many schemes already commenced. Have used Re:Fit to inform us on the best carbon reduction and best value investment.		
35.2	Proceed with renewable energy installation in all viable instances. 30% of identified viable potential must be installed by 2026. 100% of identified viable potential must be installed by 2030.	HB & Trusts		Head of Energy and Performance	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	In Doubt		2026/2030	-	Subject to funding availability and deliverability of viable installations for the larger acute sites.	Default	Default
35.3	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	HB & Trusts		Head of Energy and Performance	Head of Capital Planning	Director of Capital Estates and Facilities	Amber	In Doubt		2023	-	PPM's will / are developed however, statutory compliance takes precedence in relation to funding the estates maintenance requirements. With the remainder of funds spread amongst other competing demands and competing clinical requirements.		

Mohamed Sarah
12/09/2023 18:18:34

Approach to Healthcare

Guidance for users

This sheet contains all initiatives relating to Approach to Healthcare. If initiatives are incorrectly attributed / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action

Initiative 36 - Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals. Carbon Impact 4/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
36.1	To effectively reduce emissions to a minimum, a new service model must consider a shift in the way that care is delivered. At the design stage, we will ensure that new acute sites will cater to the modern healthcare journey...	WG Capital, Estates & Facilities					Exempt	Exempt		2021	-		Exempt	Exempt
36.2	Strategic planning of non-acute healthcare will consider initiatives set out to modernise and improve health and social care in Wales...	WG Capital, Estates & Facilities					Exempt	Exempt		Ongoing	-			

Initiative 37 - Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
37.1	Establish the proportion of the workforce that could feasibly work remotely (expected to predominantly be office-based staff). Actively encourage staff to work remotely where this can be feasibly achieved (it's recognised that in some parts of rural Wales this will not be possible without infrastructure upgrades).	HB & Trusts		Rachel Pressley	Rachel Gidman	Rachel Gidman	Blue	Complete		2022	-	17.66% of C&V staff are admin and clerical, but it is not possible to determine how many of these are office based as opposed to e.g. ward based. C&V has an Agile Working Framework and Home Working Guidelines. The Framework states that Whilst agile working can be considered for all employees, not everyone works in the kind of role that can be done in a hybrid or remote way. Managers should consider if parts of the role could be undertaken from home, from another site or by varying working hours. Agile working will not look the same throughout Cardiff and Vale UHB. It will vary based on service needs and there may be variation within a department depending on individual needs / preferences. This Framework does not describe what agile working will look like in your area – it allows managers and staff the freedom, within certain parameters, to discuss and agree suitable service, team and individual arrangements and highlights some of the benefits and risks to take into consideration when putting these arrangements in place. Embedding a culture of trust and mutual respect is essential to realise the benefits of agile working and is consistent with the Values of Cardiff & Vale UHB and the Core Principles of NHS Wales	Default	Default
37.2	Where suitable, create hot desk environments to provide smaller office space and facilitate meeting spaces when required.	HB & Trusts		Steve	Director of Capital Estates and Facilities	Catherine	Amber	In Doubt		2023	-	Woodland has done that in places. E.g. the execs are now on desks and their rooms are meeting rooms. Also considering consolidation of buildings. HB workforce policy required		
37.3	Consider the future transformation of office space into additional healthcare facilities as required.	HB & Trusts			Marie	Abi	Amber	Probable		Ongoing	-			
37.4	Consider opportunities to work with external partners to share and utilise office space to reduce travel requirements.	HB & Trusts		Steve	Director of Capital Estates and Facilities	Catherine	Red	Feasible		Ongoing	-	Q5 used to rent a room in Woodland. Not sure what happens elsewhere.		

Initiative 38 - Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
38.1	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirements for avoidable staff and patient travel...	HB & Trusts	Led by TECS Cymru & DHCW	Ops Modernisation team	Ops Modernisation / Head of Digital Services Management	Chief Operating Officer	Amber	Feasible		Ongoing	-	The move to wider adoption of VC is owned by the Outpatient Modernisation Board		
38.2	Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. Also consider the opportunity for developing an NHS Wales app (similar to the NHS England app).	HB & Trusts	Led by DHCW				Red	Unfeasible		Ongoing	-	Task lead should be changed to DHCW	Default	Default

38.3	Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.	NWSSP, HB & Trusts		Head of Digital Services Management / Deputy Head of Finance	Director of Digital and Health Intelligence/ Deputy Head of Finance	Executives	Amber	Feasible	Ongoing	-	Technology is provided to staff, however, the Health Board don't have a hardware replacement programme in its budgets. Digital department are not empowered/funded to provide 'appropriate technology' to uHB staff. The definition of appropriate technology will need to be revisited to allow a clear RAG status.		
38.4	Develop a best practice approach for the use of digital technology and further explore digital consultation technology.	HB & Trusts	Led by TECS Cymru & DHCW				Green	Feasible	2023	-	Supporting the approach but action is dependent on National level programme. Leads will be allocated as appropriate.		
38.5	Continue to digitalise clinical records and communications to increase resource efficiency and reduce printing resource requirements.	HB & Trusts	Led by DHCW				Green	Feasible	Ongoing	-	Supporting the approach but action is dependent on National level programme. Leads will be allocated as appropriate.		

Initiative 39 - Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
39.1	Health Education and Improvement Wales (HEIW) will support the implementation of this Delivery Plan by helping to embed the latest decarbonisation knowledge and research into healthcare practice and the educational curriculum...	HEIW					Exempt	Exempt		Ongoing	-			
39.2	Health Boards and Trusts will support sustainability working groups and wider collaboration with healthcare professionals across Wales and beyond (e.g. Doctors for Greener Health Care Networks).	HB & Trusts		Sustainability Manager	Senior Leadership Board	Executive Director of Strategic Planning	Green	Highly Likely	31/03/2021	Ongoing	-	A CAVUHB wide Green Group has been established. There are also a number of departmental green groups which have been formed and supported. Staff are provided with the opportunity to take the outputs of their projects to Decarbonisation Governance groups. Support is provided by the Sustainability Manager where required. There are a number of Clinical sustainability staff, including fellows, to support deliver of change and actions at a ward level.	Default	Default
39.3	Public Health Wales will continue to positively influence public behaviours, champion low carbon healthcare options, and prevent ill health...	PHW					Exempt	Exempt		Ongoing	-			
39.4	Engage with NHS England to provide input and expertise into the development of the best practice blueprint for low carbon digital care.	HEIW					Exempt	Exempt		Ongoing	-			

Initiative 40 - Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
40.1	Consult with Welsh Environmental Anaesthesia Network (WEAN) and senior medical staff to evaluate their existing trials to reduce emissions associated with anaesthesia, and develop an approach to expand best practice across all of Wales.	All Wales Medicine Strategy Group / WEAN					Exempt	Exempt		2021	-			
40.2	Develop and implement an Environmentally Friendly Medical Gas Policy by March 2022, which will ensure staff prioritise low GWP gases and gases with low ozone-depleting features where possible in decision-making processes and ensure that staff can only use high GWP gases in certain circumstances when justified against alternatives.	All Wales Medicine Strategy Group / WEAN					Exempt	Exempt		2022	-		Exempt	Exempt
40.3	Extend the existing WEAN engagement on the decarbonisation of medical gases to all acute Health Boards and Trusts.	All Wales Medicine Strategy Group					Exempt	Exempt		2022	-			
40.4	Closely monitor the outcomes of WEAN's research in N2O use and leakage rates. Appraise the use of piped medical gas infrastructure against bottled gas use and monitor consumption of medical gases closely.	All Wales Medicine Strategy Group					Exempt	Exempt		2023	-			

Initiative 41 - Explore methods of minimising gas wastage and technologies to capture expelled medical gases. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
41.1	Conduct an activity to establish commercially available technologies for capturing medical gases and disposing of them responsibly – and implement at a trial site to establish feasibility.	All Wales Medicine Strategy Group					Exempt	Exempt		2024	-			
41.2	Ensure medical gas capture technology is integral to all new units and major refurbishments.	HB & Trusts		Director of Capital Estates and Facilities	Director of Capital Estates and Facilities	Executive Director of Strategic Planning	Green	Default		Ongoing	-	There are currently no projects ongoing which requires implementation of this technology.	Default	Default
41.3	Actively engage with suppliers and disposal facilities to utilise suitable methods to capture left-over bottled nitrous oxide that is not used (estimated to typically be >30%) and ensure suitable disposal. It's not believed that technology is currently commercially available to enable re-use of this left-over gas.	All Wales Medicine Strategy Group					Exempt	Exempt		Ongoing	-			

Initiative 42 - Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
42.1	Work with senior medical staff, the Welsh Respiratory Health Implementation Group, pharmacists, doctors and asthma nurses to create alignment and develop guidance for prescribers to encourage reviews of patients' requirements and ensure inhalers are suitably prescribed. Utilise current existing mechanisms such as national guidelines for COPD and asthma management, national apps and the national Welsh Standard educational packages to achieve this change through co-production...	All Wales Medicine Strategy Group / RHIG					Exempt	Exempt		2022	-		Default	Default
42.2	Brief prescribers, hospital/community pharmacists and dispensers of the key messages from the guidance...	All Wales Medicine Strategy Group, HB & Trusts, RHIG	Dependent on guidance 42.1	Medication safety officer	Director of Pharmacy and medicines management	Director of Pharmacy and medicines management	Green	Highly Likely		2022	-	This is done on an ad-hoc basis when guidance is published alongside Corporate Medicines Management Group.		

Initiative 43 - Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
43.1	Work with senior medical staff and the Welsh Respiratory Health Implementation Group to develop guidance (or update existing All Wales Asthma Guidance) and education material surrounding the carbon footprint of inhalers for pharmacists and prescribers to...	All Wales Medicine Strategy Group					Exempt	Exempt		2021 (annually)	-			
43.2	Where appropriate, proceed with transitioning patients to low GWP inhalers (e.g. dry powdered inhalers (DPIs)), but only where patient care will not be impacted. Where a transition to a low GWP inhaler is not possible (e.g. patients' individual requirements), patients' treatments should not be changed. Low-GWP metered dose inhalers (MDIs) are expected by 2025 and a shift to a different type of inhaler should be revisited when these inhalers become available...	All Wales Medicine Strategy Group / RHIG					Exempt	Exempt		2025	-		Exempt	Exempt
43.3	Develop and provide education material to patients surrounding the carbon footprint of inhalers via patient apps to promote patient-driven change. Utilise Welsh Government, the national press and social media to drive the agenda...	All Wales Medicine Strategy Group / RHIG					Exempt	Exempt		2021	-			
43.4	Measure the change in inhaler prescribing through national data collection and report in the carbon footprinting report.	NWSSP					Exempt	Exempt		2022 (annually)	-			

Initiative 44 - We will support the development of pan-Wales guidance by 2022 for best practice reduction of pharmaceutical waste. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
44.1	We will work with pharmaceutical organisations, clinicians and recycling experts to identify how best practice guidance for the reduction of pharmaceutical waste can be developed and to support them in producing guidance. It is recognised that the key actions relate to direct delivery of healthcare (e.g. Prescribing medication to patients) and so are outside of the remit of NWSSP to impose.	NWSSP					Exempt	Exempt		2022	-		Default	Default
44.2	Upon publication, implement best practice guidance across all Health Boards and Trusts.	HB & Trusts	Dependent on guidance 44.1	General Manager Pharmacy & Medicines	Director of Pharmacy and Medicines	Director of Pharmacy and Medicines	Exempt	Exempt		2023	-	The guidance discussed for planned implementation under the Corporate Medicines Management Group. Difficult to...		

Initiative 45- We will develop 'plastics in healthcare' initiatives to address waste in the delivery of health care - this will aim to tackle PPE, single use plastics, and packaging waste. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
45.1	Consult industry partners, clinicians, recycling experts and literature to develop initiatives to reduce the use of single-use plastics in healthcare where possible and increase the potential for recycling and reuse. Ideally, this will be initially addressed through a shift in procurement practices where feasible, as outlined in initiatives 26-30.	NWSSP					Exempt	Exempt		2022	-			
45.2	Upon completion, implement best practice initiatives across all Health Boards and Trusts.	HB & Trusts	Dependent on 45.1			??	Exempt	Exempt		2023	-	This information has not been disseminated to HB's		

Mohamed Sarraf
17/09/2023 10:18:34

45.3	Health Boards and Trusts are encouraged to reduce waste of non medical equipment that is no longer required (e.g. furniture, consumables, etc.) by reusing it elsewhere or donating it, where permitted and safe to do so.	HB & Trusts			Head of Facilities	Head of Facilities	Director of Capital Estates and Facilities Geoff	Green	/	01/04/2023	2022	-	Elite local charity to remove and recycle cardboard into animal bedding free of charge for UHW WH and Maelfa Local supplier to remove nonmedical scrap items to reduce carbon footprint generated by transportation of scrap. As an authorised treatment centre all scrap is recycled or disposed of in a responsible way. Introduction of recycling waste segregation streams into all community premises. Recently identified a local homeless charity who were able to take and reuse mattresses as a one off Foam Mattresses phasing out so only the mattresses damaged will be disposed; all undamaged will return to medstrom to be sterilised Plans to recycle nappies in women and childrens	Default	Default
------	--	-------------	--	--	--------------------	--------------------	--	-------	---	------------	------	---	---	---------	---------

Initiative 46 - We will work with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers. Carbon

Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Delivery Confidence	Start	Implemented	% Complete	Comments	Initiative Overall RAG	Overall Delivery Confidence
46.1	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders.	HB & Trusts, Industry third parties	Report from WG is due to be published following a pilot in Swansea Bay. The required action and owners will be determined as a result of this report.	Director of Pharmacy and medicines management			Exempt	Exempt		2022	-	Action Owners - Accountable owner will be determined by the outcome of the report.		
46.2	Support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions.	HB & Trusts	Continuation of RHIG funding		Lead, National Respiratory Health Implementation group Wales		Exempt	Exempt		2021	-	This action is required to be developed at a national level - actions will then be taken forward within individual HB's. Links being established - HB is working with GP to encourage the responsible disposal of inhalers.	Default	Default
46.3	Encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. Also make use of the existing RHIG digital app to effectively communicate with patients.	HB & Trusts, RHIG	Continuation of RHIG funding		Lead, National Respiratory Health Implementation group Wales		Exempt	Exempt		2022	-	This action is required to be developed at a national level - actions will then be taken forward within individual HB's. HB are encouraging patients for disposals and access to apps and digital content		

Mohamed Sarah
12/09/2023 18:18:34

Issue Log

Guidance for users

Use this sheet to maintain a log of all issues relating to the delivery of your Strategic Delivery Plan initiatives. Issues with an average collated 'Red' rating will be shared with the Health and Social Care Climate Emergency Project and Programme Boards.

Instructions for users

- Set a unique Issue ID for each identified issue. This should start with your organisation acronym e.g. Swansea Bay University Health Board Issue 1 would be SBUHB1 / Public Health Wales Issue 23 would be PHW123
- Complete each field in light blue and target rating. Autocalculated Rating and Score will formulate based upon Priority / Severity designated

Priority / Urgency to Resolve						
Severity		Very Low	Low	Medium	High	Very High
	Negligible	Green	Yellow	Amber	Amber	Amber
	Minor	Yellow	Yellow	Amber	Amber	Amber
	Moderate	Yellow	Yellow	Amber	Red	Red
	Significant	Amber	Amber	Amber	Red	Red
Severe	Amber	Amber	Amber	Red	Red	

Rating Guidance	
Green	No significant impact on Project timescales, budget or scope
Yellow	Minor Impact on Project timescale, budget or Scope
Amber	Significant Impact on Project timescale, budget or Scope
Red	Major Impact on Project timescale, budget or Scope

Issue Ref	Description/Issue	Issue Type	Status	Priority	Severity	Autocalculated Rating	Target Rating	Target Date	Date Identified	Date of Last Update	Decision Date	Closure Date	Raised By	Responsibility / Owner	Workstream	Comments/Notes	Autocalculated Score	Category
EXAMPLE DATA NWSSP1	E-HGV's - UK GOV will not currently approve vehicles for use due to significant safety issue.	Problem/Concern	Open	Medium	Significant	Amber	Yellow	01/10/2023	06/04/2023	06/04/2023	TBC	TBC	Tony Chatfield	Tony Chatfield	Transport	NWSSP decision may be required - What next steps should be taken? DfE and BEIS funded.	0	Operational
CVUHB1	With UHW at the end of its life, the investment required to decarbonise (if the technology exists to achieve service specifications) needs to be taken alongside the need to refurbish, replace or do nothing. CVUHB have requested funding from WG to write a SOC, however, this funding has not been granted.	Problem / Concern	Open	Very High	Severe	Red	Red	?	31/08/2023	31/08/2023	?	TBC	Ed Hunt	Ed Hunt	Buildings, Estates & Planning	The current financial climate is likely impacting WG's ability to fund our SOC. A meeting is scheduled with WG's CEF team to understand whether there is a way forward. At this time, target resolution date and decision date cannot be completed.	25	Strategic
CVUHB2	Funding has been too scarce to undertake a feasibility of every non acute site to understand potential to convert to low carbon heat. It has not been achieved by 2022 therefore.	Problem / Concern	Open	Low	Moderate	Yellow	Amber	31/12/2030	31/08/2023	31/08/2023	?	TBC	Ed Hunt	Geoff Walsh	Buildings, Estates & Planning	With safety measures at COVID turning amongst the worst in the UK, there has not been the funding to undertake this work. CVUHB have issues maintaining the current estate given current levels of capital and wrote to WG on this matter during 2023. Priority has	6	Operational
CVUHB3	Energy performance contracts are not feasible.	Problem / Concern	Open	Low	Moderate	Yellow	Yellow		06/09/2023	06/09/2023	?	TBC	Ed Hunt	Geoff Walsh	Buildings, Estates & Planning	CVUHB have looked into these in the past and have been deemed not feasible. Will keep under review.	6	
CVUHB4	There are no viable and cost effective alternatives to CHP on large acute sites with specialist energy demands	Problem / Concern	Open	Low	Moderate	Yellow	Yellow	31/12/2030	06/09/2023	06/09/2023	?	TBC	Ed Hunt		Buildings, Estates & Planning	In the event of a break down and replacement, CHP remains cost effective. Will keep under review.	6	
CVUHB5	Telematics have not been installed in all UHB vehicles due to increased costs	Problem / Concern	Open	Low	Moderate	Yellow	Yellow		06/09/2023	06/09/2023	?	TBC	Ed Hunt		Transport	There is not the financial case to install telematics on every vehicle. Will keep under review.	6	
CVUHB6	Guidance described in 44.1 has not been published.	Problem / Concern	Open	Low	Moderate	Yellow	Yellow		06/09/2023	06/09/2023	?	TBC	Ed Hunt		Transport	Await NWSSP	6	
CVUHB7	Guidance required at a national level.	Problem / Concern	Open	Low	Moderate	Yellow	Yellow		06/09/2023	06/09/2023	?	TBC	Ed Hunt		Approach to Healthcare	Awaiting report from WG	6	
CVUHB8	UHBs do not set policy around travel claims and NWSSP are required to produce centralised reporting	Problem / Concern	Open	Low	Moderate	Yellow	Yellow		06/09/2023	06/09/2023	?	TBC	Ed Hunt		Approach to Healthcare	Await policy from NWSSP	6	
						#N/A											0	
						#N/A											0	
						#N/A											0	
						#N/A											0	

Mohamed Sarah
12/09/2023 18:18:34

Risk Register

Guidance for users
 Use this sheet to maintain a log of all risks relating to the delivery of your Strategic Delivery Plan initiatives. Risks with an average collated residual risk score of '15+' will be shared with the Health and Social Care Climate Emergency Project and Programme Boards.

- Instructions for users**
- Set a unique Risk ID for each identified Risk. This should start with your organisation acronym e.g. Swansea Bay University Health Board Risk 1 would be SBUHBR1 / Public Health Wales Risk 23 would be PHWR23
 - Complete each field in light blue, threat or opportunity, target met / yet to achieve. Risk scores and Risk Threshold will autocalculate based upon Likelihood / Impact designated
 - Certain fields have guidance in the top right corner, indicated by a red triangle. Hover over this for further detail.

		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Rare	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Almost Certain	5	10	15	20	25



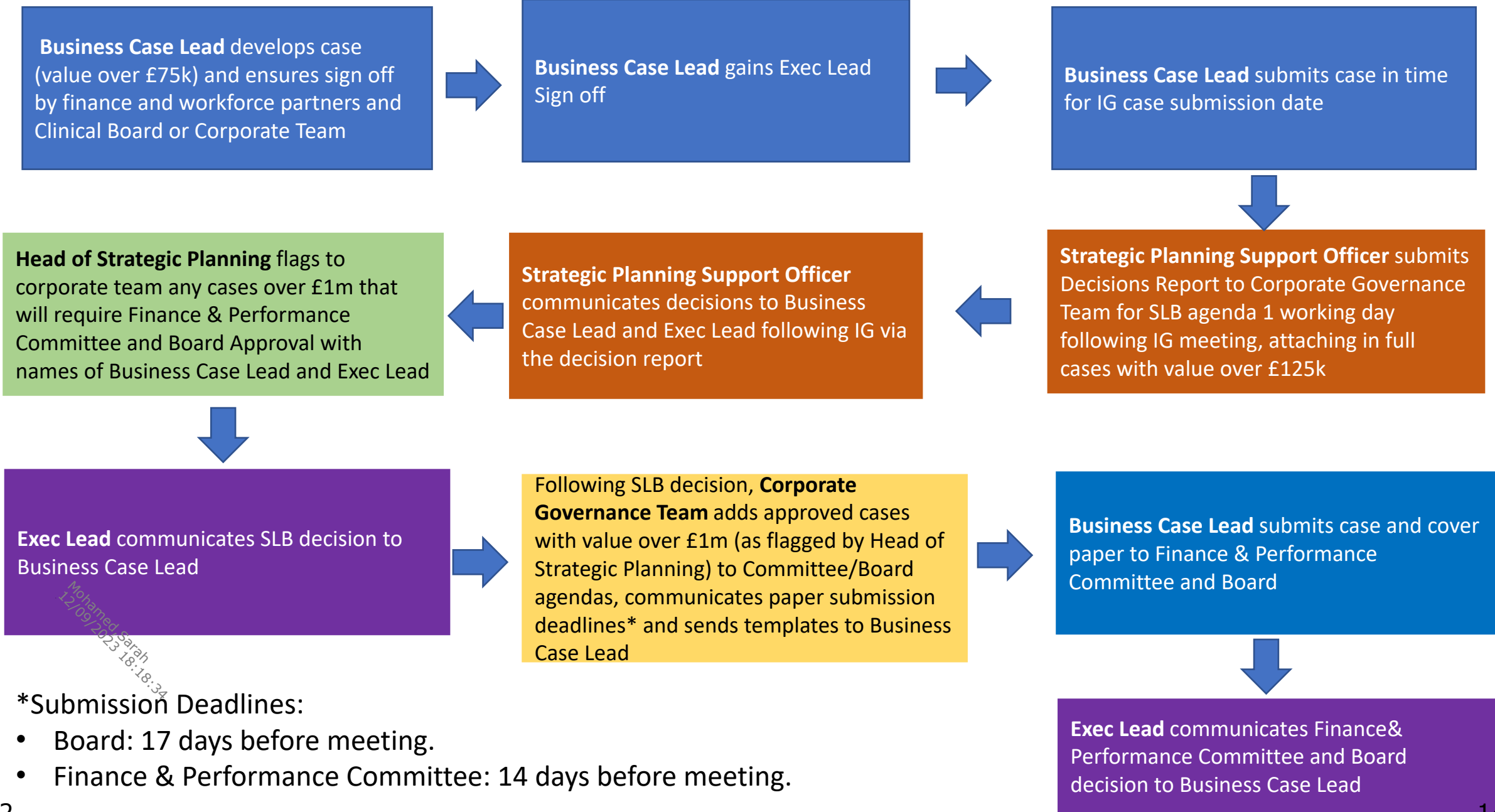
Risk Id.	Raised By	Description (Cause, Effect and Event that could occur)	Date Registered	Date last update	Category	Threat or Opportunity	Risk Response Category	Response Action	Risk Assessment and Score Prior to Risk Response and Actions completed				Risk Assessment on current position with some actions completed or mitigations applied				Target Risk Detail -Target score post ALL actions completed or mitigation applied			Comments	Risk Actionee	Risk Owner	Status	Risk Above Threshold	Project / Programme / Operational Risk		
									Likelihood	Impact	Proximity	Inherent Risk Score	Likelihood	Impact	Proximity	Residual Risk Score	Target Risk Rating	Target Date	Target Met or Yet to Achieve								
EXAMPLE DATA NWSSPR1	National Clinical Logistics Manager - Tony Chatfield	If market constraints do not change then types of vehicles that require replacement now are not suitable or available for lease or purchase. This will impact upon longer term fleet replacement plans.	06/04/2023	06/04/2023	Strategic	Threat	T-Reduce	Meetings with vehicle suppliers to review monitor changes in vehicle technology. Require a reduced capital depreciation period of newly purchased diesels to avoid their operational use beyond 2030.	likely	catastrophic	over 12 months	20	likely	catastrophic	over 12 months	20	10	01/09/2023	Target Not Met	NHS are included in the Category Framework Group (NPS) (PS National Procurement)	National Clinical Logistics Manager	National Clinical Logistics Manager	Open	Above Risk Threshold	Project		
R2						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R3						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R4						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R5						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R6						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R7						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R8						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R9						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R10						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R11						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R12						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R13						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R14						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R15						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R16						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R17						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R18						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R19						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R20						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R21						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R22						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R23						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R24						Opportunity						0				0			Target Achieved							Below Risk Threshold	
R25						Opportunity						0				0			Target Achieved							Below Risk Threshold	
						Opportunity						0				0			Target Achieved							Below Risk Threshold	

Mohamed Sarah
 12/09/2023 18:18:34

Risk Id.	Raised By	Description (Cause, Effect and Event that could occur)	Date Registered	Date last update	Category	Threat or Opportunity	Risk Response Category	Response Action	Likelihood	Impact	Proximity	Inherent Risk Score	Likelihood	Impact	Proximity	Residual Risk Score	Target Risk Rating	Target Date	Target Met or Yet to Achieve	Comments	Risk Actionee	Risk Owner	Status	Risk Above Threshold	Project / Programme / Operational Risk
----------	-----------	--	-----------------	------------------	----------	-----------------------	------------------------	-----------------	------------	--------	-----------	---------------------	------------	--------	-----------	---------------------	--------------------	-------------	------------------------------	----------	---------------	------------	--------	----------------------	--

Mohamed Sarah
12/09/2023 18:18:34

Investment Group- Responsibilities for Case Submission



***Submission Deadlines:**

- Board: 17 days before meeting.
- Finance & Performance Committee: 14 days before meeting.

Meeting	Contacts
Investment Group	Rhianydd France and Ashleigh O'Callaghan
Senior Leadership Board (SLB)	Tim Davies and Nikki Regan
Finance Committee/Board	Marcia Donovan and Nathan Saunders

Mohamed Sarah
12/09/2023 18:18:34

Cardiff and Vale University Health Board Business Case
For revenue investment proposals greater than £75,000
All business cases must be submitted in line with the timescales outlined in Annex d

Title	Urgent Replacement Of Biplane Interventional NeuroRadiology Equipment
Clinical /Service Board or Department	<i>Clinical Diagnostics and Therapeutics Clinical Board</i>

Expected funding source (highlight/delete as appropriate)	Other (National Imaging Capital Programme)
Where a business case is in regards to external funding sources this template must be used unless the source of funding requires their own template to be used.	

Approval and scrutiny route	
Has this case been signed off by the Clinical Board / Corporate Departments senior team?	Clinical Board sign off 5 th May 2023
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Robert Gordan, Senior Finance Business Partner Workforce lead n/a
Clinical Boards: Has the COOs office signed off this document? Corporate Departments: Has the relevant Executive sponsor signed off this document?	Please add name and signature of either COO Executive sponsor - COO

Mohamed Sarah
12/09/2023 18:18:34

Siemens Artis Q Biplane Interventional Rooms, Radiology, University Hospital of Wales

Interventional Radiology is a minimally invasive alternative to open surgery or medical intervention using fluoroscopy radiological guided imaging. The IR service at UHW supports patients who present with emergency and planned care, Vascular and Neuro requirements. The equipment was installed in November 2015 and are currently in the 8th year of operation. The maintenance contract is currently held with the OEM, Siemens.

Background

At the start of 2022, a series of equipment failures occurred in the Interventional Rooms, which impacted significantly on patient care and service delivery. The most significant was in May 2022 which was investigated as a Nationally Reportable Incident. The equipment stopped working midway through the deployment of a stent in a very complex neuro embolisation. Multiple equipment shutdown attempts were made and the downtime was approximately 20 minutes where imaging was not available. An undeployed stent was in the patient's cerebral artery for the downtime duration. The patient recovered but a few hours later had symptoms of expressive dysphasia and hemi paraesthesia as a result of a post procedure bleed. The NRI report detailed that the breakdown of the equipment may have contributed to this, however, it is a known complication of the procedure. The engineers attended the following day to repair the equipment.

Each time a fault occurred, it was logged with Siemens, resulting an engineer dialling in remotely or being sent to site to investigate and repair / replace parts when required. However, the faults ensued and there were occasions where a response from Siemens was delayed resulting in additional, unnecessary downtime.

A number of escalations were raised with Siemens due to the high volume of faults and service impact. In November 2022, a risk assessment was written and added to the Directorate Risk Register following the impact generated when a simultaneous breakdown of both Interventional rooms occurred. This has since been updated and added to the Clinical Board Risk Register.

The Directorate team and Clinical Leads met with the Siemens management team on Thurs 26th January 2023 to discuss the ongoing issues and develop a plan to improve the reliability of the equipment.

The clinical team shared the detail and impact of the faults and the acuity of the work that is undertaken in the Interventional rooms to help Siemens understand the level of risk associated with the ongoing issues. It was also explained that the numerous faults had resulted in reduced user confidence within Radiology and the wider organisation.

Siemens agreed a number of actions during this meeting:

- To send a National Expert to undertake health checks on both systems to determine the root cause of the issues.
- To review UHW site priority status on the Siemens Directory and mark it as high to improve response rates to reported faults (previously not marked as a priority).
- To provide the clinical teams access to Siemens' online portal / fault reporting system allowing them to easily report faults and access all engineer / service reports.
- To arrange quarterly meetings to review progress.
- To share our contract information.

Mohamed Sarah
12/09/2023 18:18:34

Health check findings

The health checks took place on Sunday 5th Feb 2023 (006-AXA0045280 – NVA 2) and Saturday 26th Feb 2023 (006-AXA0045290 – NVA 1). A meeting was held between Siemens and the Health Board on Thurs 6th April to discuss the final report.

The Siemens team shared the findings from each room and noted the excessive corrosion and rusting was found on both systems. The rust and corrosion on 006-AXA0045280 was noted to be worse than 006-AXA0045290. The report also noted evidence of corrosion on steel in other parts of the rooms such as power sockets and gas outlets.

Reference was made to the cleaning agent used to mop the floor in the rooms, which is a chlorine-based substance that becomes corrosive to steel when in contact with moisture or water. As the floors are cleaned each evening and left to dry, it was cited that this could be the cause of the corrosion, although this cannot be proven.

They also noted that non-approved potentiometers had been fitted in Feb 2021 when the service contract was held by a third party, which could lead to erroneous movement errors, loss of system movement and degraded PC/software performance. However, the non-approved potentiometers had not been noted at the pre-contract inspection check that had taken place prior to service contract recommencing with Siemens on 1st April 2021 nor during the multiple engineer visits to review faults or undertake planned preventative maintenance. These parts were replaced with Siemens approved potentiometers on both systems during the health checks at no charge.

The rust / corrosion and use of non-approved parts were quoted as the cause of the numerous faults that had been encountered.

Siemens advised that they will perform additional cleaning and lubrication as part of their maintenance protocols to reduce the risk of compromising mechanical movements but are unable to guarantee the future reliability of the systems. They believe that the systems have prematurely aged and that replacement equipment should be considered, having never encountered such a rapid deterioration in equipment before now.

Siemens considered cancelling their maintenance contract with immediate effect but agreed that they will honour their current maintenance contract obligations until 31st July 2024. However, they stated that they would not extend the contract beyond that time. It is unlikely that another provider would take on the maintenance contract, given the deteriorating state of the equipment and any agreement to do so would cause considerable concern for the operating teams, of their ability to maintain a viable machine that wouldn't be of detriment to patients. The risk of the operating unreliable equipment with no means of economical repair is untenable, leaving replacement as the only viable option.

A number of services would be significantly impacted by the loss or repeated failure of this equipment, with associated reputational and service delivery risks to the patients across Wales.

- Neuro interventional service
 - Patient transfer to Bristol at cost for the referral of each patient.
 - Poor service for patients presenting with sub arachnoid haemorrhage or cerebral AVM, leading to permanent injury or worsening condition, resulting in poor patient outcomes and future healthcare costs.
 - The proposed introduction of a regional mechanical thrombectomy service at UHW would not be possible without these machines, disadvantaging patients in South Wales.
- Vascular interventional service
 - No major trauma service provision resulting in an inability to support acute polytrauma patients with intervention procures. Life and/or limb limiting.

Mohamed, Sarah
12/09/2023 18:18:34

- Regional vascular network service for South Wales would require reallocation to a centre that is able to meet the needs of these patients.
- Hepatology intervention would require referral for Bristol i.e. TIPP, PTC etc.
- No provision for liver cancer patients for TACE treatments or hilar liver cancer patients with obstructions.
- Renal patients would not have support to site tunnelled lines resulting in a loss of treatment.
- Gynae referrals for uterine fibroids and advanced emergency post-partum bleeds would require reallocation to another centre.
- ERCP service would have no interventional back up so would not be able to facilitate complex procedures.
- Complex cancer biopsies would be impacted as they would not have access to interventional back up to arrest bleeding which is a known risk when undertaking complex biopsies.
- Urology referrals for complex cancer patients requiring stents would be impacted.
- Lack of support to deal with complex vascular access issues.
- PICC line insertion would be impacted. Recent activity demonstrated 105 PICC lines were inserted which treated septic patients and cancer patients for chemotherapy.

The availability and reliability of this equipment is key to providing the services above, but prolonged loss of this equipment would have wider consequences on tertiary services, some of which are not provided elsewhere in Wales. In addition, the potential loss of interventional workforce if these services can no longer be provided would be catastrophic in terms of their re-establishment.

Actions To Date

- Project group initiated to commence work on a re-procurement, including engagement with Capital & Estates, and Procurement
- Sub group established to investigate the causation of the corrosion within the interventional radiology suites.
- Risk assessments updated and escalated
- Group established to review all equipment care across services in Cardiff and Vale UHB to ensure lessons are learnt and a revised quality management approach is developed

The scheme will cost £7.2M.

The case for replacement approved by CMG on 15th May 2023. This was followed by written confirmation of an Award of Funding to Cardiff & Vale University Health Board from Welsh Government Capital Management Group.

Timeline For Replacement

The timeframe by which these need to be replaced is ambitious and requires engagement and decision-making at pace at all levels to keep the project on track to complete the sequential replacement by 30th June 2024. Typically, a supplier would require 9 months to build the equipment to order. This timeframe is seeking a quicker response. The service is about to embark on the supplier evaluation process, with the aim of replacement the first IR suite in Q4 2023/24.

Due to the limited timeframes and scope of this project, the ask of the preferred supplier will deliver a 'turn key' solution, minimising the work required by the Capital & Estates team.

Mohamed Sarah
12/09/2023 18:18:34