

Public Finance and Performance Committee Meeting

Wed 19 July 2023, 14:00 - 16:00

Agenda

14:00 - 14:10 **1. Standing Items**

10 min

Michael Imperato

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 – 21 June 2023

 1.4 Draft Public Finance & Performance Minutes JuneMD.pdf (8 pages)

1.5. Action log following the Finance and Performance Committee meeting held on 21 June 2023

 1.5 Public Finance and Performance Action Log JulyMD.pdf (2 pages)

1.6. Chair's Actions since previous meeting

14:10 - 15:10 **2. Items for Review and Assurance**

60 min

2.1. Financial Report – Month 3


Catherine Phillips Robert Mahoney

2.2. Operational Performance Report

Paul Bostock

Planned Care and Outpatients Deep Dive Presentation

 2.2 Operational Performance report cover paper.pdf (4 pages)

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

2.3. Progress against Decarbonisation Action Plan

Abi Harris Ed Hunt

 2.3 Progress against Decarbonisation Action Plan.pdf (4 pages)

 2.3a Decarbonisation Action Plan reporting - Final.pdf (7 pages)

2.4. BREAK (10 MINUTES)

Mohamed Saleh
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15:10 - 15:40 **3. Items for Approval / Ratification**

30 min

3.1. Haematology / BMT & Advanced Cell Therapy Strategic Outline Business Case

Abi Harris Geoff Walsh

3.2. South Wales Thrombectomy Full Business Case

Paul Bostock Matt Temby

📄 3.2 South Wales Thrombectomy Service Business Case Cover Paper.pdf (3 pages)

📄 3.2a South Wales Thrombectomy Service Business Case.pdf (23 pages)

3.3. Genomics Investment Business Plan

Fiona Jenkins

📄 3.3 All Wales Medical Genomics Service Investment Business Plan Cover.pdf (3 pages)

📄 3.3a All Wales Medical Genomics Service Investment Business Plan.pdf (7 pages)

15:40 - 15:45 **4. Items for Information and Noting**

5 min

4.1. Monthly Monitoring Return - Month 3

Catherine Phillips Robert Mahoney

15:45 - 15:45 **5. Agenda for Private Finance and Performance Committee Meeting**

0 min

5.1. i. Approval of Private Finance Committee Minutes – 17.5.2023

15:45 - 15:45 **6. AOB**

0 min

15:45 - 15:45 **7. Review and Final Closure**

0 min

7.1. Items to be deferred to Board / Committee

Michael Imperato

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

Wednesday 23rd August 2023 at 2pm Via MS Teams

15:45 - 15:45 **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]

Muhammed Saifullah
12/07/2023 17:06:16

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held On 21st June 2023 at 2 pm
Via MS Teams**

Chair:		
Michael Imperato	MI	Independent Member – Legal
Present:		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member - ICT
Ceri Phillips	CP	UHB Vice Chair
Keith Harding	KH	Independent Member – University
In Attendance:		
Charles Janczewski	CJ	UHB Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Andrew Gough	AG	Deputy Director of Finance (Strategy)
Paul Bostock	PB	Chief Operating Officer
James Quance	JQ	Interim Director of Corporate Governance
Observers:		
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Jason Roberts	JR	Executive Nurse Director
Robert Mahoney	RM	Deputy Director of Finance (Operational)

Item No	Agenda Item	Action
FPC 21/06/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 21/06/002	Apologies for Absence Apologies for Absence were noted. The Finance Committee resolved that: a) Apologies for Absence were noted.	
FPC 21/06/003	Declarations of Interest No Declarations of Interest were noted.	
FPC 21/06/004	Minutes of the Finance and Performance Meeting held on 17 May 2023 The minutes of the meeting held on 17 May 2023 were received. The Executive Director of Finance (EDF) advised that she had sent amendments to the Corporate Governance team.	

	<p>The Finance Committee resolved that:</p> <p>a) Pending the amendments made by the EDF, the minutes of the Finance and Performance Committee meeting held on 17 May 2023, were held as a true and accurate record of the meeting.</p>	
<p>FPC 21/06/005</p>	<p>Action Log following the Finance and Performance Committee meeting on 17 May 2023</p> <p>The Action Log was received.</p> <p>The Finance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 21/6/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting.</p>	
	<p>Items for Review and Assurance</p>	
<p>FPC 21/6/007</p>	<p>Financial Report – Month 2</p> <p>The Deputy Director of Finance (Strategy) (DDFS) presented the Financial Report – Month 2 and highlighted the following:</p> <ul style="list-style-type: none"> • The Health Board was reporting an overspend of £17.183m at Month 2. • That comprised of £2.524m deficit on the Savings Programme, (£0.075m) of operational underspend and the planned deficit of £14.733m (two months of the annual planned deficit of £88.4m set out in 2023/24 financial plan). • In Month 1 there was an operational deficit of £83,000. • Following early intervention, that position had moved into a surplus position of £75,000 and would need to be maintained. Any emerging pressures would need to be managed. <p>The UHB Chair congratulated the efforts made on the early endeavours to correct the Month 1 operational deficit.</p> <p><u>Table 4: Financial Performance for the period ended 31st May 2023</u></p> <ul style="list-style-type: none"> • The majority of the Clinical Boards were in slight surplus or deficit against their positions. • It was noted that should give confidence that the Health Board's financial plan was managing key issues that were reported on in the last financial year. <p><u>Savings position</u></p> <ul style="list-style-type: none"> • At Month 2, the Health Board had identified £27,714m of green, amber and red savings against the £32m savings target, which had left a further £4,286m (13%) schemes to be identified. 	

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- The Month 2 position included a Savings Programme variance of £2.524m relating to a two month share of red schemes and unidentified schemes (£2.505m) and slippage against the green and amber schemes identified (£0.019m).
- The Health Board expected 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 in the papers.
- Whilst the savings programme was still not on track, it had moved significantly from Month 1.
- Meetings had taken place with the theme leads to discuss what support could be provided to crystallise the red pipeline savings into amber or green. There were also discussions about what further schemes could be identified to further close the £4m gap.

The Independent Member for Finance (IMF) queried information on the red savings becoming amber and/or green.

The DDFS responded that the red pipeline was full of ideas that were achievable. The biggest challenge was the pace of delivery.

The EDF added that savings needed to be identified in quarter 1 and delivered in quarter 2. Quarter 3 and quarter 4 would involve looking at next year's plans.

Public Sector Payment Compliance

It was noted that the Health Board's public sector payment compliance performance was above the 95% target.

Cash Flow Forecast

It was noted that the closing cash balance at the end of May 2023, was £3.019m.

The DDFS added that Welsh Government (WG) required submission of a detailed monthly cashflow forecast commencing in Month 3 following the external audit of the 2022-23 draft financial accounts and confirmation of the balances brought forward.

He added that additional cash coverage would be required to cover the deficit of £88.4m and a further cash coverage for the pay award 2022/23 and 2023/24.

The UHB Chair thanked the team for the way in which information was presented and commented that it was important to keep a close eye on the savings programme.

The UHB Vice Chair stated that one of the areas with a deficit was the Mental Health Clinical Board. The demands on mental health were unprecedented and continued to increase at expedient rates. The UHB Vice Chair queried

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	<p>whether it would be difficult to achieve a surplus and queried whether there could be any mitigations for that Clinical Board.</p> <p>The Chief Operating Officer (COO) advised that there had been a few long stay, high cost patients. A deep dive into the high costs in the Mental Health Clinical Board would need to be completed. The COO advised that there was more that could be done on recovering the costs due.</p> <p>The EDF added that it would be useful to bring in next year's saving plans as those were developed.</p> <p>The IMF queried when the excess cash would be requested from WG.</p> <p>The DDFS responded that WG had confirmed that it was too early in the year to make the request.</p> <p>The CC queried the Covid cost expenditure.</p> <p>The DDS responded that the Covid consequential costs were funded by WG in full last year. The Health Board was continuing to monitor Covid consequential costs separately.</p> <p>The Finance Committee resolved that at Month 2:</p> <ul style="list-style-type: none"> a) The reported year to date overspend of £17.183m and the forecast deficit of £88.400m, was noted; b) The year to date financial impact of forecast COVID 19 costs which was assessed at £44.664m, was noted; c) The Month 2 operational underspend against plan of (£0.075m) was noted, and. d) The progress against the savings target with £27.714m (87%) of schemes identified at Month 2 against the £32m target, was noted. 	COO
<p>FPC 21/6/008</p> <p style="transform: rotate(-45deg); font-size: small; opacity: 0.5;">Mohamed, Sarah 12/07/2023 17:06:16</p>	<p>Operational Performance Report</p> <p>The Operational Performance Report was received.</p> <p>The Chief Operating Officer (COO) advised the Committee that the report provided was the new version of the integrated performance report and it was still in a draft format. The aim was to have one report that served Board and the Committees. The relevant Executive lead would then speak to their section of the report.</p> <p>The UHB Chair stated that he had concerns about the hyperlinks. However, he liked the idea of one report being taken to Board and Committee meetings.</p> <p>The UHB Vice Chair stated that the report was a significant step in the right direction. He suggested that bench marking data should be included in the report.</p> <p><u>Planned care</u></p>	

It was noted that at end of June, the Health Board was almost where it should be in terms of planned care. The Health Board should have been at a level of 10,000 outpatients waiting no more than a year for their first appointment. It was expected that a level of 10,300 would be achieved in June.

It was also noted that there have been new Ministerial expectations. The Health Board had requested additional funding to support those aims.

Emergency position

A zero tolerance of no more than 2 hours had been set for ambulance handovers.

The UHB Chair advised the Committee that there was a very strong message from the Minister that the Health Board could not miss the expectations that were set for planned care. The Chair would monitor that closely. The Health Board had been highlighted as an exemplar for ambulance handover.

The CC queried how informed the Ministerial priorities were.

The COO responded that the Ministerial priorities were the minimum level of service in priority areas that should be delivered by the Health Board. The Health Board would try to do better than the minimum standards set and that had been reflected in the IMTP.

Pathways of care

It was noted that pathways of care continued to be a challenge. There was now a new way of measuring medically fit for discharge patients which was called “delayed pathways of care”. Those would be measured using monthly sensors.

It was noted that Same Day Emergency Care (SDEC) had continued to increase. Medical SDEC had seen a significant number of patients that previously would have gone to the Emergency Department. It was noted that the Health Board wanted to commit to a 10% increase in Quarter 1.

Outpatient

The UHB Chair queried whether there was a successful culture of not putting people onto the outpatients waiting list unnecessarily.

The COO responded that the Health Board had moved away from that approach. A patient initiated follow up appointment and see on symptom approach had been taken as alternative approaches. The Planned Care Improvement Board also contained six delivery groups, one of which is outpatients.

Cancer

There have been improvements in the Cancer pathway. The number of patients waiting over 62 days had been reduced. It was noted that 270 patients were currently waiting over that time period and that needed to be

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	<p>reduced to 100 patients. Excellent conversations had taken place recently about when each tumour group would reach a sustainable level.</p> <p><u>Mental health</u></p> <p>The demand on Mental Health services has been phenomenal. The COO advised that he was committed to bringing the Primary Care, Mental Health and CAHMS teams together to work through the options to address the challenges.</p> <p>The Finance Committee resolved:</p> <p>a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 21/6/009</p>	<p>Business Cases with No Funding Options</p> <p>The DDFS presented the Business Cases with No Funding Options Paper and highlighted the following:</p> <ul style="list-style-type: none"> • At the Finance Committee in March there were discussions about the submission and funding status of capital cases to WG. The Committee had requested oversight against that position. • The papers included the draft Capital Plan previously discussed at SLB and Capital Management Group. • The paper summarised the Health Board’s Capital Programme including the submission of capital bids to WG that were awaiting approval. • The Capital Resource Limit (CRL), for 2023/24 was £20.086m in total, with £9.0666m allocated to Major Capital schemes and £11.020m Discretionary Capital. • There were 9 schemes submitted to WG and the Health Board were still awaiting funding approval. • The Committee could take assurance that the Health Board would remain within the capital resource limit. <p>The UHB Chair advised that it would be a good idea to feature a summary in the main financial report. It would also be useful to include the dates of when the schemes were submitted to WG.</p> <p>The IMF queried why WG were not approving the schemes.</p> <p>The DDFS responded that it was due to lack of resources and competing priorities across Wales.</p> <p>The Finance Committee resolved:</p> <p>a) The usefulness of the attached report to the Finance and Performance Committee was considered.</p>	<p>EDF</p>
<p>FPC 21/6/010</p>	<p>Board Assurance Framework</p> <p>The Interim Director of Corporate Governance (IDCG) presented the Board Assurance Framework (BAF).</p>	

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	<p>It was noted that the risks within the full BAF were last reported to the Board at the end of May 2023 and were confirmed to be the risks to the Strategic Objectives.</p> <p>The CC queried how would they would ensure it was a “living document.”</p> <p>The IDCG responded that a process was undertaken by the Corporate Governance Directorate to ensure that every action was captured and updated. The BAF would then be presented to each Committee. The risks were also assessed all the time.</p> <p>The Finance Committee resolved:</p> <p>a) That the attached risks in relation to Capital Assets and Financial Sustainability to enable the Committee to provide further assurance to the Board when the Board Assurance Framework were reviewed in its entirety, were noted.</p>	
FPC 21/6/011	<p>Q4 report of the Regional Integration Fund</p> <p>The Executive Director of Strategic Planning (EDSP) presented the Q4 report of the Regional Integration Fund and highlighted the following:</p> <ul style="list-style-type: none"> • The paper detailed the funding allocation, what it had been used for, together with the outcomes required. • The EDSP stated that she was happy for Committee members to take it offline and ask questions or comments once they had the chance to digest the information. • Quarter 1 2023/24 would come to the next Finance Committee in July. <p>The Finance Committee resolved:</p> <p>a) The information in the Q4 report was noted.</p>	
	Items for Approval / Ratification	
FPC 21/6/012	No items	
	Items for Information and Noting	
FPC 21/6/013	<p>Monthly Monitoring Returns</p> <p>The Month 1 and Month 2 Monitoring Returns were received.</p> <p>The Finance Committee resolved that:</p> <p>a) The extract from the UHB’s draft Monthly Financial Monitoring Return for Month 1 and Month 2 were noted.</p>	
FPC 21/6/014	<p>Any Other Business</p> <p>No Other Business was discussed.</p>	
	Review and Final Closure	

FPC 21/6/015	Items to be referred to Board / Committee No Items to be referred to Board / Committee.	
	Date & time of next Meeting Wednesday 19 th July 2023 at 2pm via MS Teams	

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Public Action Log

Following Finance and Performance Committee Meeting
21 June 2023
(For the Meeting 19 July 2023)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FC 22/03/009	Business cases with no funding	To discuss business cases with no funding.	Catherine Phillips Rob Mahoney	21 June 2023	Completed
23/05/007	Financial Report	To produce a graph to track progress against planned deficit. To consider how to present savings data to Committee	Catherine Phillips/Rob Mahoney	21 June 2023	Completed
Actions in progress					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FC 19/04/008	Unforeseen Cost Pressures	To update the Committee quarterly on unforeseen Cost Pressures.	Catherine Phillips Rob Mahoney	23 August 2023	Update to be provided in August meeting.
FPC 21/6/007	Deep Dive - Mental Health Clinical Board high costs	To undertake and to the Committee a deep dive into the high costs in the Mental Health Clinical Board	Paul Bostock	23 August 2023	Update to be provided in August meeting.

FPC 21/6/009	Business Cases with No Funding Options	To feature a summary in the main financial report which would include the dates of when the schemes were submitted to WG.	Catherine Phillips/ Andrew Gough	19 July 2023	Update to be provided in July meeting.
Actions referred to Board/Committees					

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Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	19/07/2023
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <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 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. Our focus on Emergency Department patient flow has also resulted in reductions in the number 12 hour breaches and patients who spend 24 hours in the EU footprint.

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 KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward, which is now less than 6 hours for the period April-May.

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.

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 May's reported compliance with the 28-day standard improved to 84.4%.

In addition to the Operational Performance update the Committee is asked to note the following information about the reporting of EU performance. As part of the Health Board's acute site reconfiguration, the reporting and capturing of urgent and emergency activity within Cardiff and Vale will be amended. Whilst the approach the UHB has historically taken to capturing and reporting of activity in urgent and emergency care has been in line with All Wales guidance, as per the Emergency Department Data Set (EDDS), it has become apparent that the methodology of counting patients attending assessment areas in both Emergency Unit data and hospital length of stay data has changed over time, particularly during covid, and now requires updating.

Agreement has been reached to move the assessment units from the lower ground floor (ED), to the first floor, and to close the Speciality Hub. Through these changes the Health Board will need to update the way it records and captures information. These changes are necessary for the operational delivery of the services in their new locations. This will lead to a potential impact on reporting and performance figures, estimates from our informatics department are provided below, it is expected that the impact will begin to be seen in July's activity and performance data.

Reporting area	Change	Why
EU attendances	Reduced by approx. 40-50 per day	Previously, GP expected patients were counted in ED attendance figures due to the location of the clinics. These patients will now go to the 1 st Floor / Medical SDEC.
EU 4-hour performance	Performance will reduce by approx. 6%	This is as a result of moving the same day emergency care attendees out of the emergency dataset thereby decreasing the number of <4hour patients in the calculation.
Length of stay – acute medicine	Reduction – exact level TBC.	All patients attending our acute medicine footprint will be admitted on our patient information system therefore there will be more 0-1 day LOS patients in the calculation

In addition to the above changes, it is expected that there may be an increase in the number of 12 hour waits in the Emergency Department as the new model is embedded and implemented. This will be closely monitored and the model iterated to improve performance.

Welsh Government have been notified of our planned 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:

- a) **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	
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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:

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Cardiff and Vale Integrated Performance Report

July 2023

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Report Contents

1. [Ministerial Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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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	202	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	tbc	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	tbc	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	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	1855	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	Hyperlink to section

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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	10779	Hyperlink to section	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	4107	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	54788	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	8113	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%	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	85.4%	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2024	90.1%	
		Measure 3: Part 2 (adults)	80%	Yes	June 2024	49.1%	
		Measure 4: Part 1a (children)	80%	Yes	June 2024	95.7%	
		Measure 5: Part 1b (children)	80%	Yes	June 2024	0%	
		Measure 6: Part 2 (children)	80%	Yes	June 2024	88.1%	
	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

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Section 2: Cardiff and Vale Performance Report

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

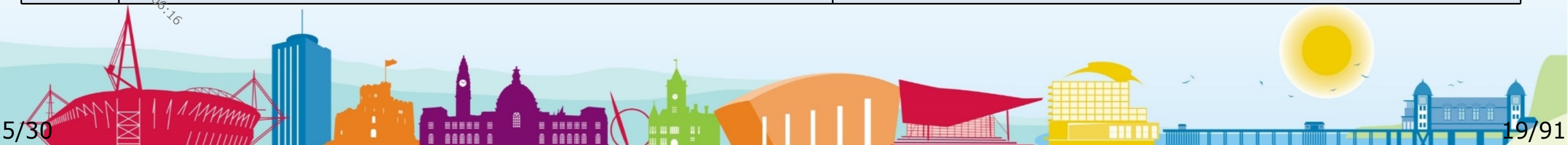
Detail on what is included under each quadruple aim is provided below.

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)

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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

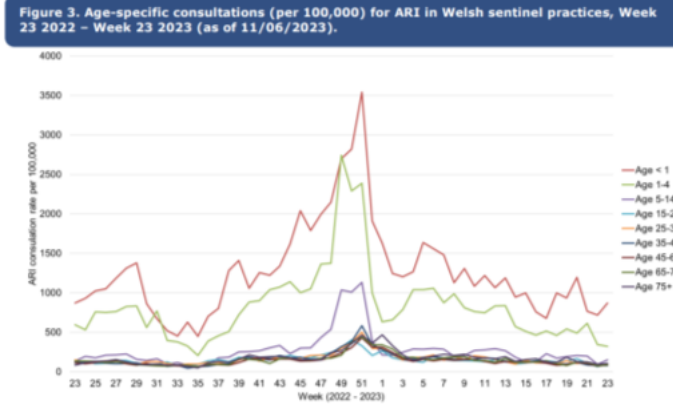
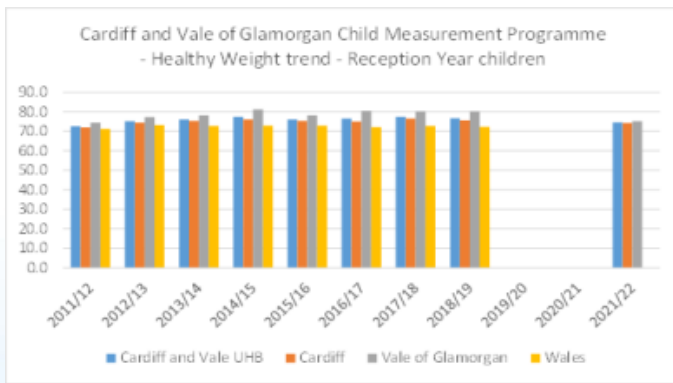
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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
<p>Health Protection Acute Respiratory Infections (ARI)</p>	<ul style="list-style-type: none"> • Baseline levels of influenza activity with stable trend • COVID-19 cases continue to be detected in hospitals • RSV in children under 5yrs has decreased below baseline from low intensity the previous week • Rhinovirus, SARS-CoV-2, parainfluenza, adenovirus and enteroviruses are the most commonly detected causes of ARI 	<p>Week 23</p>	 <p>Figure 3. Age-specific consultations (per 100,000) for ARI in Welsh sentinel practices, Week 23 2022 - Week 23 2023 (as of 11/06/2023).</p> <p>Source: 10 (wales.nhs.uk)</p>
<p>Health Protection Immunisation</p>	<ul style="list-style-type: none"> • Delivery has commenced to eligible cohorts for the Covid-19 Spring Booster, with 37,044 doses given in Cardiff and Vale by 15 June 2023, and 65.85% uptake to date (cf Wales average 62.81% uptake). • Following JCVIs announcement on 6 April, the Covid-19 infant vaccination programme commenced on 22 May 2023, running alongside the Spring Booster Campaign. • Planning underway for the Winter Respiratory Vaccination Programme which will see the co-administration of Covid-19 and Influenza vaccinations where appropriate. 	<p>Q1 2023/24</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 • Our Cardiff and Vale Hepatitis C and B elimination plan is on track to be finalised and submitted to WG by mid-July 2023 	<p>Q1 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. • 37% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021-22)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021-22)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021-22)*. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. 		 <p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p>

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Priority	Performance Summary	Reported Period	Data
<p>Health Improvement Tobacco</p>	<ul style="list-style-type: none"> 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales. 2.2% of smokers set a firm quit date in 2022-2023 with 74% 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 3 2022-2023) 75% of patients quit smoking by accessing the Hospital HMQ programme, Qtr 3 2022-2023 	<p>Quarter 3 2022-2023</p>	

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NHS Wales Performance Framework Measures

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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	Oct-22 to Dec-23	5% annual target	0.4%	<table border="1"> <tr> <td>Q4</td> <td>Q1</td> <td>Q2</td> <td>Q3</td> </tr> <tr> <td>0.4%</td> <td>0.6%</td> <td>0.5%</td> <td>0.4%</td> </tr> </table>	Q4	Q1	Q2	Q3	0.4%	0.6%	0.5%	0.4%
Q4	Q1	Q2	Q3										
0.4%	0.6%	0.5%	0.4%										
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)	Jan-23 to Mar-23	95%	84.4%	<table border="1"> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> </tr> <tr> <td>86.8</td> <td>87.2</td> <td>86.8</td> <td>84.8</td> </tr> </table>	Q1	Q2	Q3	Q4	86.8	87.2	86.8	84.8
Q1	Q2	Q3	Q4										
86.8	87.2	86.8	84.8										
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)	Jan-23 to Mar-23	90%	71.3%									
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	Sept-22 to Mar-31	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)	Apr-23 to 18-Jun-23	75%	65%	<table border="1"> <tr> <td>w/e 28/05</td> <td>w/e 04/06</td> <td>w/e 11/06</td> <td>w/e 18/06</td> </tr> <tr> <td>59%</td> <td>61%</td> <td>64%</td> <td>65%</td> </tr> </table>	w/e 28/05	w/e 04/06	w/e 11/06	w/e 18/06	59%	61%	64%	65%
w/e 28/05	w/e 04/06	w/e 11/06	w/e 18/06										
59%	61%	64%	65%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment		90%	Work in progress with PHW									
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks		90%	Work in progress with PHW									
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life		95%	Work in progress with PHW									

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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 May and June 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In May there were zero 2-hour holds in April, a reduction from 206 in March. Average lost minutes per arrival has reduced to 18 minutes in June, better than annual plan commitment. 	<p>Jun-23</p>	<p>Number of ambulance handovers >4 hours</p> <table border="1"> <caption>Number of ambulance handovers >4 hours</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>mai-22</td><td>230</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>okt-22</td><td>100</td></tr> <tr><td>nov-22</td><td>100</td></tr> <tr><td>des-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>mai-23</td><td>0</td></tr> </tbody> </table>	Month	Count	mai-22	230	jun-22	180	jul-22	185	aug-22	245	sep-22	235	okt-22	100	nov-22	100	des-22	40	jan-23	10	feb-23	5	mar-23	0	apr-23	0	mai-23	0
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mar-23	0																														
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<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 June, 0 patients waited 24-hours in the EU footprint without a stop-clock, a significant reduction from the 307 and 199 recorded in December and January respectively 12-hour ED waits reduction of 62% from 689 in April to 260 in June 	<p>Jun-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</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>apr-22</td><td>1200</td></tr> <tr><td>jun-22</td><td>1000</td></tr> <tr><td>aug-22</td><td>1050</td></tr> <tr><td>okt-22</td><td>1000</td></tr> <tr><td>des-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>260</td></tr> <tr><td>aug-23</td><td>300</td></tr> <tr><td>okt-23</td><td>300</td></tr> <tr><td>des-23</td><td>300</td></tr> <tr><td>feb-24</td><td>300</td></tr> </tbody> </table>	Month	Count	apr-22	1200	jun-22	1000	aug-22	1050	okt-22	1000	des-22	1150	feb-23	750	apr-23	700	jun-23	260	aug-23	300	okt-23	300	des-23	300	feb-24	300		
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<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) 	<ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the June 2023 census reported 202 delayed pathways a reduction from 241 in April, but an increase of 1 from the May position. Work in progress Work in progress 	<p>Jun-23</p>	<p>Reduce DPOCs by 10% (June-23)</p> <table border="1"> <caption>Reduce DPOCs by 10% (June-23)</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>okt-22</td><td>300</td></tr> <tr><td>nov-22</td><td>280</td></tr> <tr><td>des-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>241</td></tr> <tr><td>mai-23</td><td>210</td></tr> <tr><td>jun-23</td><td>202</td></tr> <tr><td>jul-23</td><td>200</td></tr> <tr><td>aug-23</td><td>200</td></tr> <tr><td>sep-23</td><td>200</td></tr> </tbody> </table>	Month	Count	okt-22	300	nov-22	280	des-22	300	jan-23	290	feb-23	280	mar-23	250	apr-23	241	mai-23	210	jun-23	202	jul-23	200	aug-23	200	sep-23	200		
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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 June 2023 we reported 13,147 EU attendances, an increase from the 12,001 reported in April, but a small reduction from May. The number of Majors attendances in June 2023 was 7258, an increase from April and above our ambition of 6267. 	<p>Jun-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 June 2023 we saw 1,145 patients seen via surgical SDEC and 710 via the medical SDEC. In total 1,855 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 May to June. Work in progress Work in progress 	<p>Jun-23</p>	

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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"> Work in progress Work in progress Work in progress Work in progress 																										
<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 100% compliant in May 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 4 of 4 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care center in May the Health Board was 100% compliant, with 2 of 2 patients receiving an appointment within 1 hour The Health Board was 75% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 101 of 127 patients receiving their visit within 2 hours 	<p>May-23</p>	<table border="1"> <caption>Home visits within 2 hours (90% by Jun-23)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>apr-22</td><td>70%</td></tr> <tr><td>jun-22</td><td>75%</td></tr> <tr><td>aug-22</td><td>60%</td></tr> <tr><td>okt-22</td><td>70%</td></tr> <tr><td>des-22</td><td>80%</td></tr> <tr><td>feb-23</td><td>75%</td></tr> <tr><td>apr-23</td><td>75%</td></tr> <tr><td>jun-23</td><td>80%</td></tr> <tr><td>aug-23</td><td>80%</td></tr> <tr><td>okt-23</td><td>80%</td></tr> <tr><td>des-23</td><td>80%</td></tr> </tbody> </table>	Month	Percentage	apr-22	70%	jun-22	75%	aug-22	60%	okt-22	70%	des-22	80%	feb-23	75%	apr-23	75%	jun-23	80%	aug-23	80%	okt-23	80%	des-23	80%
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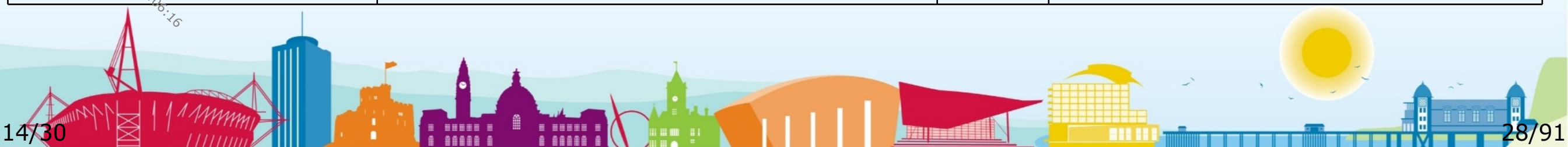
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Priority	Performance Summary	Reporting Period	Data
<p>Fracture Neck of Femur IMTP Commitments:</p> <ul style="list-style-type: none"> 75% admitted within 4 hours (June-23) 85% to theatre within 36 hours (December-23) 	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In May 2023, 6.7% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In May, 65.9% 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 summits with key stakeholders will be held in June the 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>May-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 May:</p> <ul style="list-style-type: none"> 0% of patients were thrombolysed within 45 minutes of arrival, the All Wales average was 12.7% The percentage of CT scans that were started within 1 hour in May was 40.0%, the All Wales average was 57.2% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 50.9% in May, the All Wales average was 28.7% <p>The UHB has held three internal Stroke summits and a number of 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>May-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) 	<p>Work in progress</p> <p>Work in progress</p> <p>Work in progress</p>		

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 198,958 patients awaiting a follow-up outpatient appointment at the end of May Of these, there were 54,788 patients who were 100% delayed for their follow-up outpatient appointment, with a month on month increase since November 2022 2.3% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.3% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway 	<p>May-23</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"> Cohorts in development 	<p>May-2023</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"> Cohorts in development 	<p>May-2023</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"> Cohorts in development 	<p>May-2023</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. April saw another improvement with 64.2% of patients receiving treatments within 62 days. At the time of writing there are a total of 2256 suspected cancer patient on the SCP. 240 have waited over 62 days, of which 97 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 Work in progress 	<p>Apr-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 190 patients waiting over 14-weeks for Therapy in at the end of May. In total there were 1121 patients waiting longer 14 weeks for Therapy. 	<p>May-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 5737 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of May. In total there were 8113 patients waiting longer than 8 weeks for a diagnostic test. 63% of patients seen within 8 weeks in May-23 (excluding Endoscopy) (work in progress) 	<p>No date</p> <p>May-23</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>



Priority	Performance Summary	Reporting Period	Data
<p>Community Pharmacy Annual Plan Commitment:</p> <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) 	<p>Work in Progress</p>		
<p>GMS Escalation Annual Plan Commitment:</p> <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) 	<p>Work in Progress</p>		
<p>Community Dental Annual Plan Commitment:</p> <ul style="list-style-type: none"> 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024) 	<p>Work in Progress</p>		
<p>Optometry Annual Plan Commitment</p> <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) 	<p>Work in Progress</p>		
<p>Respiratory Annual Plan Commitment</p> <ul style="list-style-type: none"> 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024) 	<p>Work in Progress</p>		

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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>Work in Progress</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>Work in Progress</p>		

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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 83% in May.</p> <p>Part 1b performance was 0% due to additional assessment undertaken to meet Part 1a and high referral levels in March 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>Work In progress</p>	<p>May-23</p>	<p>Work in progress</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 1377 referrals in May 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 May the percentage of Mental Health assessments undertaken within 28 days was 84.4% Part 1b compliance remains at 100% 	<p>May-23</p>	

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NHS Wales Performance Framework Measures

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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		100%	Work in Progress									
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)		30% (Sept 23) 100% (Mar 24)	Work in Progress									
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									
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase against 22/23	Work in Progress									
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	May-23	80%	95.7%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>97.93%</td> <td>92.70%</td> <td>88.90%</td> <td>95.70%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	97.93%	92.70%	88.90%	95.70%
Feb-23	Mar-23	Apr-23	May-23										
97.93%	92.70%	88.90%	95.70%										
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	May-23	80%	0%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>6.70%</td> <td>66.70%</td> <td>0.00%</td> <td>0.00%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	6.70%	66.70%	0.00%	0.00%
Feb-23	Mar-23	Apr-23	May-23										
6.70%	66.70%	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	May-23	80%	84.4%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>100.00%</td> <td>97.63%</td> <td>44.90%</td> <td>84.40%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	100.00%	97.63%	44.90%	84.40%
Feb-23	Mar-23	Apr-23	May-23										
100.00%	97.63%	44.90%	84.40%										
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	May-23	80%	100%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	100.00%	100.00%	100.00%	100.00%
Feb-23	Mar-23	Apr-23	May-23										
100.00%	100.00%	100.00%	100.00%										

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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	Jun-23	65%	60%	<table border="1"> <tr> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> </tr> <tr> <td>51%</td> <td>64%</td> <td>59%</td> <td>60%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	51%	64%	59%	60%
Mar-23	Apr-23	May-23	Jun-23										
51%	64%	59%	60%										
19.	Median emergency response time to amber calls		12m improvement trend	Work in Progress									
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress									
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12m reduction trend	Work in Progress									
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	Jun-23	95%	75.3%	<table border="1"> <tr> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> </tr> <tr> <td>72.2%</td> <td>70.2%</td> <td>73.2%</td> <td>75.3%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	72.2%	70.2%	73.2%	75.3%
Mar-23	Apr-23	May-23	Jun-23										
72.2%	70.2%	73.2%	75.3%										
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	Jun-23	0 (Mar 2024)	260	<table border="1"> <tr> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> </tr> <tr> <td>747</td> <td>689</td> <td>534</td> <td>260</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	747	689	534	260
Mar-23	Apr-23	May-23	Jun-23										
747	689	534	260										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-23	80% (Mar 2026)	62.2%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>55.1%</td> <td>61.5%</td> <td>62.2%</td> <td>64.2%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	55.1%	61.5%	62.2%	64.2%
Jan-23	Feb-23	Mar-23	Apr-23										
55.1%	61.5%	62.2%	64.2%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-23	0 (Mar 2024)	8113	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>4421</td> <td>4774</td> <td>6267</td> <td>8113</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	4421	4774	6267	8113
Feb-23	Mar-23	Apr-23	May-23										
4421	4774	6267	8113										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	May-23	Improvement trend	89.4%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>91.30%</td> <td>92.24%</td> <td>92.80%</td> <td>89.40%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	91.30%	92.24%	92.80%	89.40%
Feb-23	Mar-23	Apr-23	May-23										
91.30%	92.24%	92.80%	89.40%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-23	0 (Mar 2024)	1121	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>1111</td> <td>953</td> <td>1037</td> <td>1121</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	1111	953	1037	1121
Feb-23	Mar-23	Apr-23	May-23										
1111	953	1037	1121										

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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	May-23	Improvement trajectory towards 0	10779	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>10707</td> <td>10102</td> <td>10479</td> <td>10779</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	10707	10102	10479	10779
Feb-23	Mar-23	Apr-23	May-23										
10707	10102	10479	10779										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	May-23	TbImprovement trajectory towards 0	19629	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>10707</td> <td>10102</td> <td>10479</td> <td>10779</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	10707	10102	10479	10779
Feb-23	Mar-23	Apr-23	May-23										
10707	10102	10479	10779										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-23	Improvement trajectory towards 0	54788	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>51374</td> <td>52742</td> <td>54064</td> <td>54788</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	51374	52742	54064	54788
Feb-23	Mar-23	Apr-23	May-23										
51374	52742	54064	54788										
31	Number of patients waiting more than 104 weeks for referral to treatment	May-23	Improvement trajectory towards 0	4107	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>4333</td> <td>3740</td> <td>3983</td> <td>4107</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	4333	3740	3983	4107
Feb-23	Mar-23	Apr-23	May-23										
4333	3740	3983	4107										
32.	Number of patients waiting more than 52 weeks for referral to treatment	May-23	Improvement trajectory towards 0	24396	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>23745</td> <td>22664</td> <td>23512</td> <td>24396</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	23745	22664	23512	24396
Feb-23	Mar-23	Apr-23	May-23										
23745	22664	23512	24396										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	May-23	80%	Work in progress									
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	May-23	80%	26%	<table border="1"> <tr> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> </tr> <tr> <td>32%</td> <td>31%</td> <td>29%</td> <td>26%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	32%	31%	29%	26%
Feb-23	Mar-23	Apr-23	May-23										
32%	31%	29%	26%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-23	80%	62%	<table border="1"> <tr> <td>Jan-23</td> <td>Feb-23</td> <td>Mar-23</td> <td>Apr-23</td> </tr> <tr> <td>71%</td> <td>69%</td> <td>64%</td> <td>62%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	71%	69%	64%	62%
Jan-23	Feb-23	Mar-23	Apr-23										
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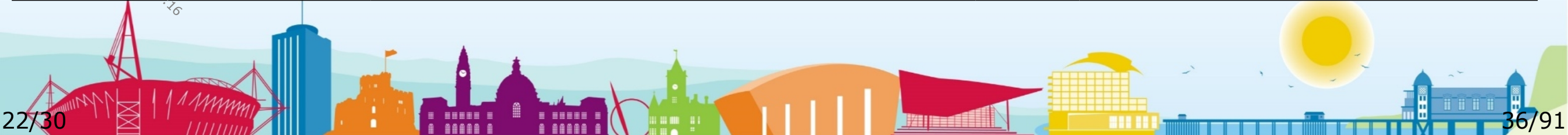
Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Jun-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to 12.51% in May-23 UHB wide. This is a net 1.15% decrease, which equates roughly to 158 WTE fewer leavers.</p> <p>The most frequently used reason recorded for leaving is 'Voluntary Resignation - Other/Not Known'. The People Resourcing team are working with managers to encourage greater accuracy when recording the reason for leaving, so that this is used only where appropriate.</p>	May 2023	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling to more 'normal' levels. The monthly sickness rate for May 2023 was 5.57% and April 2023 was 5.87%, after an all-time high of 8.57% for December 2023. The 12-month cumulative rate has fallen over the past 4 months to 6.84% (by comparison with May 2022, which was 7.14%).</p>	May 2023	
Statutory and Mandatory Training	<p>Compliance rate has risen, to 79.60% for May, 5.40% below the overall target. The compliance for the All-Wales Genomics Services is 93.57% and Capital, Estates & Facilities is 89.50% (i.e. above the 85% target), and Clinical Diagnostics & Therapeutics, PCIC, Corporate Executives and Children & Women's are above 80% compliance.</p> <p>Compliance with Fire training has also risen during May, to 72.80%. Again, the All-Wales Genomics Services and Capital, Estates & Facilities have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.</p>	May 2023	
Values Based Appraisal	<p>The trend of the rate of compliance with Values Based Appraisal has doubled over the last year; the compliance at May 2023 was 60.50%. Clinical Boards had been set an improvement target of 60% by the end of March 23, then 85% by the end of June 2023.</p> <p>Capital, Estates & Facilities (86.44%) Clinical Diagnostics & Therapeutics (69.13%), PCIC (64.33%), Surgical Services (62.14%), Children & Women's (61.45%) and All-Wales Genomics Service (60.81%) are now above the 60% transitory target.</p>	May 2023	

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Priority	Performance Summary	Reported Period	Data
Employee Relations	<p>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.</p>	<p>May 2023</p>	
Job Plans	<p>91% of clinicians have engagement with job planning and have a job plan in the system, however only 51.72% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.</p>	<p>May 2023</p>	
Medical Appraisals	<p>The rate of compliance with Medical Appraisal has risen during the past 12 months. At May-23 the compliance was 79.94%, by comparison with the target 85%</p>	<p>May 2023</p>	
Staff in Post	<p>The overall Health Board Staffing Numbers have increased in the last 12 months by 536 WTE, to 14,557.37 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 Jun-22 this represented 318 WTE, in May-23 this had risen to 510 WTE</p>	<p>May 2023</p>	
Variable Pay (Bank, Agency, Overtime..)	<p>The trend of proportion of the pay bill spend on variable Variable Pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in May-23 was 10.27%. It must however be borne in mind that the total pay bill is increasing.</p>	<p>May 2023</p>	

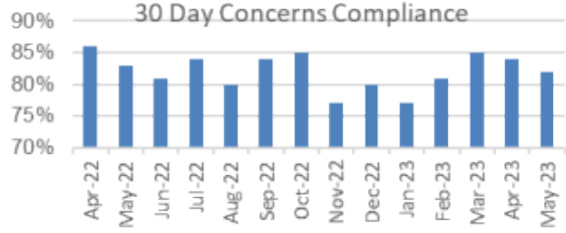
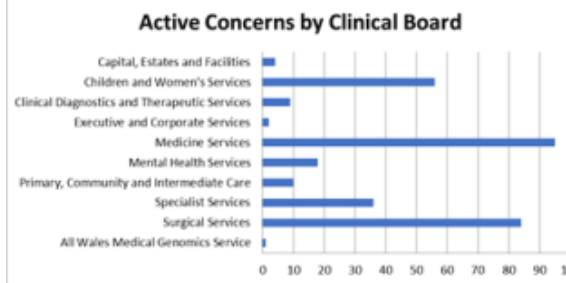
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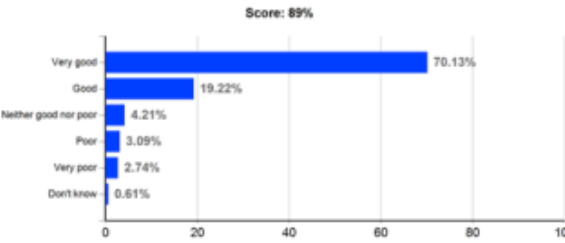

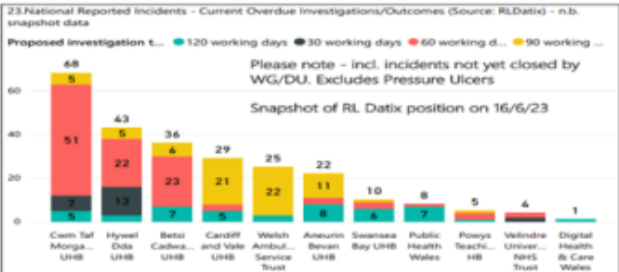
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	May-23	6%	5.57%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>6.33%</td> <td>6.45%</td> <td>5.87%</td> <td>5.57%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	6.33%	6.45%	5.87%	5.57%
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37.	Staff turnover measure tbc starters and leavers and/or vacancies?	May-23	7%-9%	12.51%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>13.29%</td> <td>12.87%</td> <td>12.52%</td> <td>12.51%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	13.29%	12.87%	12.52%	12.51%
Feb-23	Mar-23	Apr-23	May-23										
13.29%	12.87%	12.52%	12.51%										
38.	Agency spend as a percentage of the total pay bill	May-23	12 month reduction trend	1.86%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>3.31%</td> <td>3.80%</td> <td>2.48%</td> <td>1.86%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	3.31%	3.80%	2.48%	1.86%
Feb-23	Mar-23	Apr-23	May-23										
3.31%	3.80%	2.48%	1.86%										
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)	May-23	85%	61.63%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>55.12%</td> <td>57.74%</td> <td>59.60%</td> <td>61.63%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	55.12%	57.74%	59.60%	61.63%
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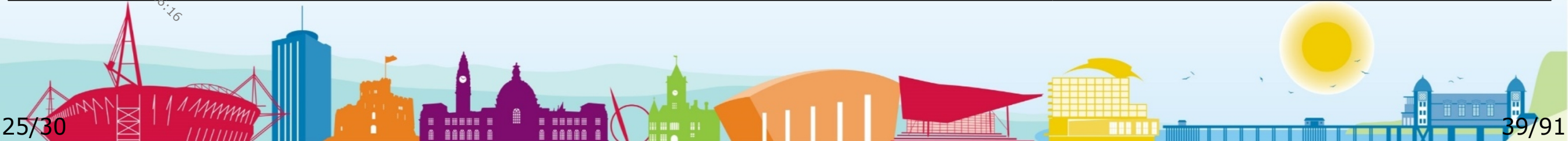


Priority	Performance Summary	Reported Period	Data
<p>Concerns 30 day performance</p>	<ul style="list-style-type: none"> • Welsh Government target for responding to concerns is 75% within 30 working days • During April and May 2023, the Health Board received : <ul style="list-style-type: none"> • 753 Concerns • 82% closed within 30 working days (including Early Resolution) • 69 % closed under Early Resolution • 113 Compliments <p>We currently have 315 active concerns</p> <p>Top 3 themes and trends</p> <ol style="list-style-type: none"> 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment 	<p>May-23</p>	 <p>30 Day Concerns Compliance</p>  <p>Active Concerns by Clinical Board</p>
<p>Duty of Candour</p>	<ul style="list-style-type: none"> • 3785 incidents have been reported by staff across the Health Board, reflecting an open culture where staff feel comfortable to speak up. • Approximately 70 incidents reviewed per day • We have led 6 DOC awareness sessions across the Health Board so far and continue undertake these monthly and when requested. • Since 1 April 2023 we have triggered the DOC on 18 occasions 	<p>1-Apr-23 – 12-Jun-23</p>	

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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 May 2023, we have contacted some 63,452 people for feedback via text messaging and are seeing a return rate of 19%. In April, we contacted 9832 people via text and had 1764 completions (18% rr) In May, we contacted 8333 people via text and had 1521 completions (18% rr) Combined, we contacted 18165 people via text and had 3285 completions (18% rr). Of those who attended/discharged during April/May, 89% of those who answered the rating question were satisfied with our service. Our return rate is 19% 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>May-23</p>																																													
<p>Incident Reporting</p>	<ul style="list-style-type: none"> A total of 3342 patient safety incidents were reported between 01.04.23 and 31.05.2023. Pressure damage followed by falls are again the highest reported category. Medication incidents are increasing in prevalence, in February these had been the 6th most reported incident, in March they were the fourth and in April and May, they are now the third most commonly reported patient safety incident. Whilst something to monitor, it is demonstrating a good reporting culture. Nationally Reportable incidents is an improving position and reflects the focus and hard work of the Clinical Boards and Patient Safety Team, however, the increase in new NRIs is challenging the closure targets, as focus goes on ensuring a robust review of the new incidents NEVER EVENTS C&V have reported 5 Never Events since February 2023, these include: 1 x wrong site block; 2 x wrong site surgery; 1 x Retained Swab; 1 x retained drain tip Our annual average is 4 Never Events per year Between 01.04.2023 and 31.05.2023, C&V reported 20 Nationally Reportable Incidents. Of these, 7 were reporting avoidable hospital acquired pressure damage. 	<p>Apr/May-23</p>	 <table border="1" data-bbox="2016 1219 2634 1451"> <thead> <tr> <th>Clinical Board</th> <th>Open NRIs as of 02.06.23</th> <th>Closure forms sent in May '23</th> <th>Overdue NRIs as of 02.06.23</th> </tr> </thead> <tbody> <tr> <td>Children and Women</td> <td>12</td> <td>3</td> <td>4</td> </tr> <tr> <td>CD&T</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Exec</td> <td>3</td> <td>0</td> <td>2</td> </tr> <tr> <td>Medicine</td> <td>8</td> <td>3</td> <td>3</td> </tr> <tr> <td>Mental Health</td> <td>12</td> <td>1</td> <td>7</td> </tr> <tr> <td>Other</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>PCIC</td> <td>2</td> <td>3</td> <td>1</td> </tr> <tr> <td>Specialist</td> <td>9</td> <td>1</td> <td>7</td> </tr> <tr> <td>Surgery</td> <td>8</td> <td>1</td> <td>4</td> </tr> <tr> <td>Total</td> <td>59</td> <td>14</td> <td>29</td> </tr> </tbody> </table> 	Clinical Board	Open NRIs as of 02.06.23	Closure forms sent in May '23	Overdue NRIs as of 02.06.23	Children and Women	12	3	4	CD&T	2	1	1	Exec	3	0	2	Medicine	8	3	3	Mental Health	12	1	7	Other	3	0	0	PCIC	2	3	1	Specialist	9	1	7	Surgery	8	1	4	Total	59	14	29
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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 a mortality rate that is comparable to the 5-year average for the same reporting week, with the exception of March 2020 and December 2020 to February 2021, the first and second waves of Covid-19 where inpatient deaths rose above the 5-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 (Spring 2020 and Winter 2020/21). The age standardised cancer mortality, reported as mortality per 100,000 population, demonstrates significant variation in relation to deprivation. Mortality rates in those living in the most deprived fifths in Wales are around 50% higher than those living in the least deprived areas. The pandemic has impacted on this for some diagnoses, particularly marked in colorectal cancer mortality, where inequalities in cancer mortality increased rapidly from a 30% relative difference between the most and least deprived areas of Wales in 2019 to 80% by 2021. 	<p>May-23</p>	<p>Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average*, week ending 3 January 2020 (Week 1) to week ending 02 Jun 2023 (Week 22), Cardiff and Vale UHB</p> <p>Crude all-cause mortality, all malignancies excluding meningioma, European age standardised rate per 100,000, persons, all ages, Wales and Cardiff and Vale UHB, 2002-2004 to 2019-2021*</p> <p>Age standardised cancer mortality, all malignancies excluding meningioma, European age standardised rate per 100,000, persons, all ages, Wales and Cardiff and Vale UHB, 2002-2004 to 2019-2021*</p>
<p>Infection Control</p>	<ul style="list-style-type: none"> <i>Klebsiella sp</i> bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 16 over the reduction expectation <i>P. aeruginosa</i> bacteraemia - The reduction expectation for this period is 4 cases, the number of cases for this period is 1 below the reduction expectation <i>E. coli</i> bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 47 over the reduction expectation <i>S. aureus</i> bacteraemia - The reduction expectation for this period is 13 cases, the number of cases for this period is 12 over the reduction expectation <i>C. difficile</i> - The reduction expectation for this period is 13 cases, the number of cases for this period is 8 over the reduction expectation 	<p>Apr-23 – May-23</p>	

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Priority	Performance Summary	Reported Period	Data															
Deliver 2023/24 Draft Financial Plan	<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 2 overspend of £17.183m. £14.733m of this being two months of the annual planned deficit. £2.524m deficit on the Savings Programme is two months of red schemes and unidentified savings totaling £2.505m and £0.019m underachievement of identified savings. (£0.075m) is an operational underspend in delegated and central positions.</p>	May-23	<table border="1"> <thead> <tr> <th></th> <th>Forecast Month 2 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>14.733</td> <td>88.400</td> </tr> <tr> <td>Savings Programme</td> <td>2.524</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>(0.075)</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>17.183</td> <td>88.400</td> </tr> </tbody> </table>		Forecast Month 2 Position £m	Forecast Year-End Position £m	Planned deficit	14.733	88.400	Savings Programme	2.524	0.000	Operational position (Surplus) / Deficit	(0.075)	0.000	Financial Position £m (Surplus) / Deficit £m	17.183	88.400
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Financial Position £m (Surplus) / Deficit £m	17.183	88.400																
Delivery of recurrent £32m savings target	<p>At month 2, the UHB has identified £27.714m of green, amber and red savings against the £32m savings target leaving a further £4.286m (13%) schemes to be identified, an improvement of £9.261m from month 1. The £27.714m identified schemes have a recurrent saving of £19.439m leaving a recurrent shortfall of £12.561m (39%), a recurrent improvement of £4.709m from month 1.</p> <p>The £2.5m variance on savings is due to slippage on schemes identified (£0.019m) and the un-identified or red savings profiled into the position to date (£2.505m).</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 risk of non-delivery of savings shown in the Graph 1. The progress of reducing the risk via identification of schemes can be seen by the progress made between months 1 and 2 displayed in Graph 2.</p>	May-23	<p>Graph 1 – Profile of Savings Delivery and Unidentified Schemes</p> <p>Graph 2 - Progress of Identification of Schemes</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Green (%)</th> <th>Amber (%)</th> <th>Red (%)</th> <th>Unidentified (%)</th> </tr> </thead> <tbody> <tr> <td>Month 1</td> <td>22%</td> <td>23%</td> <td>12%</td> <td>42%</td> </tr> <tr> <td>Month 2</td> <td>26%</td> <td>27%</td> <td>34%</td> <td>13%</td> </tr> </tbody> </table>	Month	Green (%)	Amber (%)	Red (%)	Unidentified (%)	Month 1	22%	23%	12%	42%	Month 2	26%	27%	34%	13%
Month	Green (%)	Amber (%)	Red (%)	Unidentified (%)														
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Priority	Performance Summary	Reported Period	Data																					
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	May-23	Remain within capital resource limits																					
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 May was 97.66% and improvements illustrated in the graph to the right.	May-23	<table border="1"> <caption>Public Sector Payment Compliance Data</caption> <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>94.3</td> <td>95.0</td> </tr> <tr> <td>Feb-23</td> <td>94.2</td> <td>95.0</td> </tr> <tr> <td>Mar-23</td> <td>95.5</td> <td>95.0</td> </tr> <tr> <td>Apr-23</td> <td>97.5</td> <td>95.0</td> </tr> <tr> <td>May-23</td> <td>97.7</td> <td>95.0</td> </tr> </tbody> </table>	Month	PSPP (%)	Target (%)	Dec-22	94.5	95.0	Jan-23	94.3	95.0	Feb-23	94.2	95.0	Mar-23	95.5	95.0	Apr-23	97.5	95.0	May-23	97.7	95.0
Month	PSPP (%)	Target (%)																						
Dec-22	94.5	95.0																						
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Apr-23	97.5	95.0																						
May-23	97.7	95.0																						
Remain within Cash Limit	The UHB's working capital requirement will be discussed with Welsh Government following finalisation of the draft plan at Quarter 1.	May-23																						
Maintain Positive Cash Balance	<p>The closing cash balance at the end of May 2023, was £3.019m.</p> <p>Welsh Government require submission of a detailed monthly cashflow forecast commencing in Month 3 following the external audit of the 2022-23 draft financial accounts and confirmation of the brought forward balances.</p> <p>The UHB's working cash assumption for 2023-24 is based on the 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 are ongoing with Welsh Government to provide cash support for these three areas which will approximately total £100m.</p>	May-23	<table border="1"> <caption>Cash Balance Data</caption> <thead> <tr> <th>Month</th> <th>Cash Balance (M)</th> <th>Target (M)</th> </tr> </thead> <tbody> <tr> <td>Dec-22</td> <td>10.0</td> <td>0.0</td> </tr> <tr> <td>Jan-23</td> <td>6.5</td> <td>0.0</td> </tr> <tr> <td>Feb-23</td> <td>2.0</td> <td>0.0</td> </tr> <tr> <td>Mar-23</td> <td>3.0</td> <td>0.0</td> </tr> <tr> <td>Apr-23</td> <td>2.5</td> <td>0.0</td> </tr> <tr> <td>May-23</td> <td>3.0</td> <td>0.0</td> </tr> </tbody> </table>	Month	Cash Balance (M)	Target (M)	Dec-22	10.0	0.0	Jan-23	6.5	0.0	Feb-23	2.0	0.0	Mar-23	3.0	0.0	Apr-23	2.5	0.0	May-23	3.0	0.0
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May-23	3.0	0.0																						

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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		Improvement trend	Work in progress									
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	Apr-23	90%	89.4%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>96.60%</td> <td>95.20%</td> <td>91.80%</td> <td>89.40%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	96.60%	95.20%	91.80%	89.40%
Jan-23	Feb-23	Mar-23	Apr-23										
96.60%	95.20%	91.80%	89.40%										
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	Apr-23	90%	50.3%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>85.10%</td> <td>80%</td> <td>80.20%</td> <td>50.30%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	85.10%	80%	80.20%	50.30%
Jan-23	Feb-23	Mar-23	Apr-23										
85.10%	80%	80.20%	50.30%										
46.	Number of patient experience surveys completed and recorded on CIVICA <i>(Total partial/full survey completions, including SMS, Bedside and bespoke)</i>	April/May-23	Month on month improvement	3365									

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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>	May-23	<i>Klebsiella</i> sp - 11 <i>P. aeruginosa</i> – 4	27 3	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)	May-23	<i>E. coli</i> - Tbc <i>S.aureus</i> - Tbc	67.79 29.73	Work in progress								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	May-23	Work in progress	23.79	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	May-23	95%	58.12%	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>61.70%</td> <td>62.30%</td> <td>58.04%</td> <td>58.12%</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	61.70%	62.30%	58.04%	58.12%
Feb-23	Mar-23	Apr-23	May-23										
61.70%	62.30%	58.04%	58.12%										
52	Number of ambulance handovers over 1 hour	May-23	0 (Mar 24)	1395	<table border="1"> <tr> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> <th>May-23</th> </tr> <tr> <td>1070</td> <td>1123</td> <td>1236</td> <td>1395</td> </tr> </table>	Feb-23	Mar-23	Apr-23	May-23	1070	1123	1236	1395
Feb-23	Mar-23	Apr-23	May-23										
1070	1123	1236	1395										
53.	Number of patient safety incidents that remain open 90 days or more	22-Jun-23	12 month reduction trend	1729	Work in progress								

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Report Title:	Progress against Decarbonisation Action Plan			Agenda Item no.	2.3
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	19/07/2023
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	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 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. This report shows an initial assessment of delivery against the actions in the plan. A full assessment, including progress, against all actions will be submitted to the timelines below:-

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

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:

Projects are progressing with many underway and those planned for end Q1 nearing completion. The table below shows the overall RAG status against projects contained in the DAP as at 29/6/23. Actions were set against various timelines with most sitting within Q3 and Q4 (33), with 6 in Q1 and 4 in Q2. The 11 remaining actions will report across multiple quarters.

2 of the actions to be delivered within Q1 are showing as amber, however, they have sufficient mitigation in place to bring them to green by during July. A full list of project RAG ratings are below.

RAG	Number of projects	Intervention required
Green	30	No
Amber	22	No

Red	2	No
Total	54	

The actions with red ratings relate to the SOFH Infrastructure and Digital SOCs unlikely to be delivered by 31/3/24. Completion of these business cases would have advanced our thinking around long term infrastructure and digital options and the carbon benefits delivery could yield. WG have not funded this work. This money was expected in Q1 but may not be until Q1 next year (or even if at all) given current financial pressures.

Amber ratings in the majority are in relation to projects for delivery later this year not progressing as quickly as expected for example, due to awaiting appointment of an individual, or are requiring additional focus. No interventions are required from the Finance and Performance Committee at this stage.

Positive highlights include:

Culture Change

This quarter has seen the launch of the Bevan Commission's Lets Not Waste campaign advocating the reduction of wasted resource (time, money, carbon) from the health service. It has been noted that Ministerial priorities such as the 6 Goals of Urgent and Emergency Care play strongly into the waste avoidance and decarbonisation agenda. Cost improvement efforts furthermore contribute to reduced carbon. The action within the plan associated with culture change it is felt should ride on the back of momentum that has already been created and ways to do that are being considered. How can delivery against these initiatives also show carbon impact – this is where the Decarbonisation team can help by building carbon into the delivery narrative. In addition, a positive campaign is being considered associated with Energy efficiency and the emerging Quality Excellence programme.

Feedback verbally has been provided to WG that future policy needs to more specifically mention and expect to measure carbon impact. 6 Goals for example mentions carbon just twice in one paragraph in its 46 page Policy Handbook. In reality, the successful implementation of 6 Goals would see carbon impact and more efficient use of resources.

Governance

From a Governance point of view, decarbonisation forms part of Investment Group business case templates which is a success. The next stage is to determine how the information being provided by business case authors is being used or whether more help is needed. Updated guidance has been drafted for how authors of Board and Committee papers can consider decarbonisation risks and better articulate them. Finance and Performance Committee has had its ToR amended to include, "provide assurance to the Board that all Health Board plans consider decarbonisation impact".

What Will It Take To Save 16% Emissions

The action looking at what it will take to achieve 16% carbon savings is underway. Colleagues from finance and clinical communities are being consulted at this early stage with others being drawn in when content needs to be tested. A working hypothesis is that significant carbon savings cannot be achieved without a shift in how demand for services are supplied.

Strategy Refresh

The SOFW Strategy Refresh has been through a first stage of engagement and decarbonisation is part of the Acting For The Future theme. Agreement reached within the Strategy team to ensure decarbonisation is part of service redesign and indeed the considerations around HPV provision in S Wales is considering carbon as a factor.

Communications

There has been an uptick in the amount of communications going out covering sustainability topics.

Leadership

A leadership position is in place in Nursing and two individuals will be appointed to Therapies and Clinical. Therapies will put in place decarbonisation champions, plus have their own action plan. Nursing and the clinical community will look at project/Vale based activity where champions are specific to agreed projects.

In conclusion, there has been a satisfactory start to the plan, though much more work to do. Particular emphasis needs to be put into culture change, joining up initiatives to understand common challenges and creating more momentum across the organisation so it generates an energy of its own.

Next steps

A Q2 update, will be provided to the group in September.

Recommendation:

Finance and Performance Committee are asked to:

a) 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	
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Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

No issues to safety

Financial: Yes/No

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/No

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: Yes/No
Reputational: Yes/No
There is potential for reputational risk to the organisation if action are not completed on time.
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No
The actions contained in the DAP directly impact on our emission reduction targets.

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	Objective	Key Success Measures	Actions	Action Owner	Date	Metrics	Progress	Remaining work	RAO
Adopt NHS Wales Decarbonisation Strategy	Contribute in a meaningful way to Welsh Public Sector net zero by 2030 aim.	16% carbon reduction by 2025	As per decarbonisation plan	C&V UHB	31.03.2022	As contained in decarbonisation plan.	Through setting out our Sustainability Action Plan we have established our ambition and role in meeting the emission reduction targets. We have aligned common goals and, in many cases, gone further to reduce emission as much as possible. Cardiff and Vale UHB have been following the NHS Wales Strategic Delivery Plan actions and are satisfied they are being managed. Further discussions with WG regarding the investment required to decarbonise our hospital infrastructure will be required given the imminent start to the Shaping Our Future Hospitals Strategic Outline Case. The CAV green group has been refreshed to further promote work across the organisation.	Achieving the 2025 target is very challenging with significant interventions required over a short period. We are further assessing the requirements and the actions to meet the targets. We will set out a pathway to achieving them, shortly. In the upcoming Decarbonisation Action Plan, we have set out leadership action which will increase awareness and decision making around decarbonisation. Also, the practical actions which will directly reduce emissions within our estate.	
Leadership	Show leadership and commitment to help make the Welsh Public Sector carbon neutral by 2030	A qualitative view of a cultural shift in attitudes and demonstrable examples where 'green' decision making has been enacted.	Develop a means to embed sustainability into corporate decision making	Dir Corp Gov	31.03.2023	Demonstration of where decisions have been made.	Board papers have been changed to include a number of risk assessments that may need to have been produced to inform a paper's content. In the same way, legal risk might need to be considered, decarbonisation also holds equal necessity if applicable. This has not seen a meaningful shift in decision yet however, actions are underway to support. Sustainability is a consideration in any large investments that get taken through Investment Group.	Work will continue on this to strengthen the influence of carbon.	
			Have formal Board recognition for Sustainability by appointing a lead and enable Board oversight on action plan delivery.	C&V UHB	01.12.2021	Sign off action plan at 11/21 Board Meeting. Sustainability part of IMTP.	Abigail Harris is the Board Lead. A decarbonisation delivery group has been established, which reports into our Senior Leadership Board, which in turn reports into our Strategy & Delivery Committee. The group has been integral in the development of the 23/24 DAP. Below this sits a Decarbonisation working group. A 2023/24 Decarbonisation Action Plan has been approved by Board on 30/3/23.	Complete	
			Each Executive Director has a Sustainability action for 21/22 and to take a Sustainability Objective for 22/23.	Executives	30/06/2022 & 31/3/2023	Actions monitored. An agreed objective for sustainability improvement agreed with Chief Executive. Outcomes reported on.	Objectives were set in July/August. Review the objectives to provide a baseline from which a 2023/24 action plan can be created.	Complete	
			Implement the Digital Sustainability Model from HIMMS to demonstrate sustainable decision making	Dir Digital	31.03.2022	Implemented and proof of practical application	The team have now had their 1st engagement with HIMMS, who are due to report back in May 2023.	In the setting up of a digital front door green assessment will be undertaken for any request but isn't working in practice yet. A system called Avanti will be used as the digital front door. An education need has been identified so that colleagues requesting digital services provide full information to enable work prioritisation and the Digital team have the power to enforce no action if requests are not filled in appropriately	
			Publish a trajectory of where we are with emissions using a Welsh Gov model and where we need to be	SAG	30.11.2022	Be ahead of WG expectations of a 16% reduction by 2025	The 18/19 baseline published by NHS Wales has been questioned as its calculated using a different method from current WG requested reporting. Also, it has emerged that supply chain data has been calculated differently to 20/21 and in 21/22 might still have anomalies, needing re-reporting. WG have been written to WG and clarity sought. C&V have attempted to provide comparable figures for energy, waste, water emissions which is based on data that can be used comparatively. It is estimated that a 1% saving has been achieved since 18/19. Estates emissions are showing a 1% reduction since 2018/19..	Data from NWSSP on supply chain spend needs to be provided to health boards correctly and back dated to provide meaningful comparisons between years. The 16 and 25% targets for 2025 and 2030 are currently under review by WG. Advice from WG is to focus upon activity that are the right things to do rather than chasing reductions. Experience of running these actions plans are that many small and large actions are required to make small carbon gains. In the 23/24 action plan a specific action has been created to establish what it will take to achieve 16%, however it is not felt the answer will be a small shortlist of specific projects.	
			If there is another wave of COVID during winter 2021, commit to continuing with sustainability as a priority	Board	31.03.2022	Qualitative assessment	No attention was taken away from sustainability	Complete	
			Recovery transformation programmes/projects capture the positive environmental impacts (forecast and actual)	Hannah Evans (Ops)	30.11.2022	As programmes are defined, use the opportunity to set out sustainability benefits and yield those benefits as programmes are delivered.	Where possible waste is being direct to energy recover plants. 20/21 was 1,104 tonnes (30% of waste) versus 21/22 1,457 tonnes (35%). This is a positive picture.	Some work to do re staff engagement to ensure waste is disposed of correctly. Action taken in 2023/24 DAP	
			Set up an awards scheme to celebrate sustainable projects	Workforce	31.03.2022	Recognise and value our peoples' efforts	Complete An award category was created in the staff awards aimed at teams. Entries were received and a winner judged.	This will be taken forward against in the 2023-24 DAP.	
			Hire a sustainability project manager	Dir Strategy	01.12.2021	Appointment	Calum Shaw joined CVUHB from WG in May 2022.	Complete	
			Energy	Retain ISO14001	Recertification of ISO14001 Delivery of Re:Fit Phase 2	Maintain the good management of the environment with commitment, following legislation and improvements across energy, waste, transport, etc.	CEF	31/3/2022 & 31/3/2023	ISO14001 recertification Energy efficiency benefits through Re:Fit Phase 2 projects coming through to delivery
Food & Waste	Reduce waste through our operations Maximise recycling Send no waste to landfill	Zero waste to landfill Reduction in waste generated	Maintain zero waste to landfill	CEF	31/03/2022 & 31/3/2023	Zero waste to landfill	Built into waste contract	Monitor EFPMS data for 2022/23	
			Halve food waste by 2025 from a 2007 baseline			Reduction in food waste	Establish a baseline by the end of the year. For 2022 we have a baseline amount of food waste which we can aim to reduce.	Monitor EFPMS data for 2022/23	
			Maximise waste incinerated with energy recovery			Tones waste incinerated with energy recovery	Where waste occurs contracts are in place to maximise energy recovery.	Monitor EFPMS data for 2022/24	
			Encourage recycling amongst staff and patients/visitors			% waste recycled as portion of total	There is more work planned around staff engagement to reduce waste and improve segregation.	Monitor EFPMS data for 2022/23	
Water	Reduce water usage, promote the importance of being hydrated	To accurately measure water usage and seek any available reduction strategies through programmes such as Re:Fit	Encourage service improvement programmes related to waste/water	CEF	31/03/2022 & 31/3/2023	Water use m ³	Increase 2022/23 (around 5%)	Monitor EFPMS data for 2022/23	
Mohamed Sarah 12/07/2023 17:06:16			Create specific questions within tenders to select based upon sustainability, foundation economy and WBFG criteria. Test effectiveness and learn from implementation.	Claire Salisbury	30.09.2022	Create lessons learned, e.g. who captures/owns benefits, re-develop questions over time, etc. Monitoring delivery against commitments.	WBFG / FE / Sustainability questions included within the evaluation weighted at a maximum of 15%	Complete - review metrics with Claire S	
			Train 10 x Sustainability Scholars in SusQI, funded by NWSSP Procurement.	I&I	30.11.2022	Training delivered.	Complete	Complete - note attendance	
			Follow NWSSP Sustainable Procurement Code of Practice	Claire Salisbury	31.03.2023	To form part of contracts - evidence where happened for C&V led procurement activity	All tenders are issued with the NWSSP Sustainable Procurement Code of practice.	Complete - review metrics with Claire S	

Procurement	Make Sustainable procurement decisions	Reduction in single use devices and wasteful packaging. Increased proportion of £s spent in Wales	Search for foundation economy & decarbonisation opportunities in contracts being tendered and re-tendered.	Claire Salisbury	31.03.2023	Evidence of contracts where foundation economy and/or sustainability benefits have been achieved.	Supplier from Wales accounted for 30% of the supply chain for NHS Wales. Foundational economy benefits have been incorporated into tender specifications.	Complete - review metrics with Claire S
People	Staff and patients aware of our commitment to sustainability and feel they have a part to play	Staff recognise our commitment to sustainable healthcare service delivery and have a role to play.	Communicate successes and plans	Comms	31/03/2022 & 31/3/2023	Number of comms stories. Awareness measured by survey	Developed a series of videos clinical and non-clinical around how the UHB is supporting sustainability and the Green Health Agenda. Developed an animation to explain how we are developing our services and procurement etc to deliver real change and work towards a more sustainable future. We lost comms capacity in June 2022, the regularity of material set out via our social media and internal channels was limited. We have now received aprt time support and activity has increased where content created roughly weekly.	Further build on comms plan to support messaging from across the orgnisation - This is continuing within the next years programme
			Fund a sustainability fellow full time for 21/22	MD		Sustainability fellow confirmed in post	An application for a Sustainability fellow has been submitted for 2023-2024 (HEIW/CAV/NWSSP fellow proposal) and accepted	Suport sustainability activity with the Sustaibility fellow.
			Commence a bottom up culture change programme for C&V staff focussed around basic sustainable behaviour e.g. light off, recycle, etc.	Claire Whiles		Staff survey showing increased awareness of sustainability using 2021 survey as a baseline		
Built Environment, Green Infrastructure, Biodiversity	New buildings are sustainable and foster healthy, green, biodiverse external spaces.	All new builds and major refurbishments include sustainable design features as standard and our external space is healthy, green and biodiverse.	Express the SOFH opportunity with an aspirational set of sustainability credentials.	PD SOFH	31.03.2023	Strategic Outline Case completed with sustainability credentials set out.	Developed Our Health Meadow in association with Down to Earth and won a first in Wales Building with Nature award. Opened Horatio's Garden connecting long term spinal and neuro patients with the outdoors and nature. In collaboration with WG, Cardiff Council and CSH established a 'health & wellbeing route' through Heath Park. C&V hHave been awaiting endorsement of the SOFH PBC from WG since October 2021. A SOC was expected to have been started during 22/23 but this has not been able to happen as funding has not been provided by WG. Preparatory work has been taking place to plan the SOC during 22/23.	It is hoped that the production of the SOC will be commencing in late 2023 or early 2024.
Transport	Reduce the number of cars brought to our sites, encourage active travel and homeworking.	Increase use of active travel Increase number of ULEVs in our fleet	Meet the commitments of the Healthy Travel Charter: reduce car usage, more cycle usage, more staff using ULEVs during the day, increased bus usage	C McMillan	31/03/2022 & 31/3/2023	Positive behaviour change progress through Healthy Travel Survey	The Health Board completed the commitments in the Cardiff Healthy Travel Charter in Q4 2022/23 and is now scoping what would be required to enable sign up and delivery of the Level 2 Charter, which is a commitment for 2023/24. A modern secure cycle storage unit with showers and drying racks has been installed at UHW.	We are in the process of developing a travel survey to understand the needs of the organisation and staff. Plan to sign up to and deliver Level 2 Healthy Travel Charter commencing 2023/24
			Scope the potential for measurement of air quality at UHW & UHL	Dr Tom Porter	31.03.2022	Creation of scope/proposal to implement.	Following partnership working with WG, PHW, Cardiff Council and SRS, a project is underway to measure mean annual NO2 at multiple sites across UHW and UHL.	Ongoing into 23/24 Early findings will be reported at the end of Q1 2023/24, with the caveat that a robust result won't be available until 12 months data has been read.
			Scope the increase safe bike locking across our sites, changing/showers and segregated cycle lanes - these are in the Charter.	CEF	31.03.2022	Creation of options/feasibility	Complete A large cycling facility has been built at UHW to support active travel. Comms has taken place over the year regarding cycling facilities including showers.	Ongoing programme of investments will be needed. A modern secure unit has been built at UHW for active travellers. This includes secure cycle storage, changing facilities, lockers, showers and a drying room. Further changing/shower facilities have been identified at UHL. C&V looking to adopt a level 2 healthy travel charter which asks for a commitment to fund active travel improvements.
			At least a third of non f2f consultations by 31/3/22	COO	31.03.2022	33% target	UHB recorded for 2022/23 that we conducted c100,000 virtual outpatient appointments (attended appointments, PMS clinics - phone, video or notes review) - this equates to 19.0% of PMS outpatient attendances. There is currently a lag in the reporting of outpatient clinics so the number of reported appointments is expected to rise.	More to be done to be nearer 33%. There is continued engagement with staff and departments to encourage the use of virtual appointment. There is a campaign running to promote the use of virtual tools.
			Define tranche of lean and green pathways as part of Shaping Our Clinical Services and expressed in Shaping Our Future Hospitals.	VLeG, Dr NM	30.11.2022	Described in next stage SOCS strategy and SOFH business case.	Complete A pilot has been run against two service lines (Gastro and Urology). The aim of the work was to define future models of care for two service lines taking advantage of technology, the latest science and global best practice. Prevention, early diagnosis and shifting care into the community out of a hospital setting is also an outcome from this work and where the sustainability benefits would manifest. Pathways were not redefined using this	Shaping Our Future Clinical Services is an ongoing programme which has its own Programme Board. Their work in 23/24 will provide the foundation for the SOFH SOC business case.
			Develop sustainability as an element of the new Podiatry strategy.	Fiona Jenkins	30.11.2022	Operational strategy and demonstraing how lessons are being shared with other therapies.	Technology deployed to cut down on paper letters. It is in its early days and receiving enhancements. Culture has played a role in reducing waste: At present podiatry recycle all cardboard and associated recyclable materials through the podiatry community's learned behaviour. Podiatry have significantly reduced the packaging amount with some orthotic products/suppliers from bulky to simple packaging. This was a consensus agreed by the all Wales orthotic contract group, who fed back to suppliers. Colleagues are careful to cut material to the size of the orthotic to reduce excess waste. This is everyone's responsibility, and all agree this is good practice.	In house audits and future value-based evidence has and will reform how podiatry work. This will have an impact a positive effect on orthotic / product dependency for a significant cohort of patients. Podiatry are currently looking to change / improve access to the Podiatry Service with robust referral and triage criteria. A focus on what we do well and what we provide for patients, again from a value based perspective tied in with patient need. This will reduce inappropriate referrals (driving up the quality and content of
			Search for opportunities to transform the use of nitrous oxide	CD&T (and Clinical Fellow)	30.11.2022	Reduced supply of nitrous oxide into C&V.	Completed - phase 1 and phase 2 commenced This has been a great success. The NOX manifolds in UHL and UHW have been decommissioned. Meanwhile, where the gas is needed, it will be provided in cylinder form on demand. This is culture change in action. No longer will it be piped around the hospital infrastructure, thus reducing how much is purchased. Annually, 679 tonnes of CO2e should be being saved. This is a reduction of 1.15m litres being purchased. Financially, this reduces maintenance costs of the manifolds and reduces the gas being purchased. This is an excellent example of a clinical sustainability project made possible by the commitment of a cross section of UHB colleagues from several parts of the organisation. It is felt that this cross-team effort will be typical of future environmental projects. Phase 2 is reviewing use in dentistry via the Dental and St David Hospitals manifold systems and investigating alternative methods of delivery of nitrous oxide.	Continue to measure impact. The team have been awarded £25k from WG to establish whether the NOX left in cylinders can be turned into harmless gasses and vented into the atmosphere safely. At present a solution does not exist for this. Phase 2 for SBRI bid is currently being agreed.
			To advocate the work of the Centre for Sustainable Healthcare - embed into learning of medical students and trainees. Generate SSE projects. Potentially collaborate with HEIW.	Clinical Fellow	30/09/2022 & 31/3/23	Evidence of projects undertaken by students in the university medical school, materials prepared and delivered to trainees	Complete Dr Fiona Brennan and Dr Stacey Harris (Sustainability Fellow for 21/22) are working with Cardiff University Medical School to include sustainable healthcare principles, planetary health and carbon literacy throughout the whole medical school - years 1 to 5. This is through education, supervising student selective component project work and medical school faculty development. Dr Harris provided lectures, supervised 6 x SSCs in Sustainability (12 in total) and even a conference for Year 5 students. Furthermore, the University are looking to formally embed sustainable healthcare into a modernised medical school curriculum, assisted by Drs Brennan and Harris. This is a formal process for the University and is expected to require support for over a year. In place. The Green Group has over 110 participants. Attendance at meetings ranges from 13 - 35.	Supervision of medical students will continue in the 2023/24 academic year.
			Grow and build on a cross functional community/network of interest to grow sustainable practices	Clinical Fellow	30/11/2022 & 31/3/23	Numbers of active participants from a range of disciplines	The C&V Green Group has been set up. Maintaining interest and numbers attending sessions is proving challenging. Work will need to continue to generate momentum. Other departmental green groups have been set across the Health Board. Dr Fiona Brennan and Dr Stacey Harries presented to the clinical senate 16/6.	Ife has taken over role as chair and is working with the Sustainability manager and sustainability leaders to further build the network.
						Include sustainability as a criteria with measurement for Perfect Ward accreditation	Dir Nursing	31.03.2022

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Clinical	Develop low carbon/low waste care for our patients Sustainability embedded in C&V strategic investments Promote: prudent healthcare; self care; prevention; pre-hab & rehab Consume less/reuse more	To be recognised as a benchmark/case study health system for sustainable health policy and practice Sustainability is embedded into our service planning arrangements Health professionals are driving procurement decisions	Spread the SW Cluster model of avoiding hospital re-admissions through MDTs and social prescribing to 2 x clusters.	Cath Doman	30.11.2022	Evidence of reduced hospital readmissions through implementation.	In progress with the North and East of Cardiff Clusters. These are long term projects. The work undertaken so far is felt to be having a positive impact on hospital re-admissions and avoiding escalation of issues, though needs to be seen continuously in data. Reduced readmissions means less consumption of resources which generate carbon. There are four elements to the Cluster model: 1.MDT meetings – in place in both clusters. 2.Social prescribing – to be tendered from Sept for a 3rd sector partner. 3.Integrated care hub – being investigated for delivery from local authority premises in the North and site identified for East. 4.Advanced care planning. To be started for both clusters.	<ul style="list-style-type: none"> •Complete tender for social prescribing for both clusters. •Explore the opportunities for an Integrated Care Hub premises in the North 	
			Recruit 10 x Sustainability Scholars	I&I	01.12.2022	Scholars in place	Complete		Complete
			Define a clinical leadership role that influences across medical, nursing and therapies.	MD	31.03.2022	Appointment made and demonstrable leadership being shown along with influence.	Roles were established within Medical, Nursing and Therapies team to review current materials/processes, assess awareness and develop actions to take forward. These roles were successful filled and delivered.		A further action is contained in the DAP to continue with these roles over the coming year.
			Working with procurement, sustainability scholars explore opportunities to reduce consumption or substitute single use devices/products for reusable	I&I	30.11.2022	Benefits captured of running pilot projects.			
			Create space for 10 x Sustainability Scholars to make healthcare sustainability gains, be beacons and spread capability.	Execs	31.03.2022	Named scholars that have received SusQI training and have written up their results.	Effort was not put into asking operational teams to release Scholars when the programme commenced in late 2021 due to the pressures on Omicron. Some Scholars were able to make space in their days for work associated with the Sferic programme and generally are making good progress.		Projects complete - report available

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Actions										Reporting update					
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when	Q1 - June	Q2 - Sept	Q3 - December	Q4- March	Current RAG	End of year RAG
Leadership	Decarbonisation to be an agenda item of all relevant executive meetings (with any ToR amended).	Director of Corporate Governance	James Q	Corporate Governance	Decarbonisation team	£0	£0	Audit of Exec and Department meetings. Carbon impact of work (KG/CO2e)	2023	Finance & Performance Ctee has had its ToR amended to include, "provide assurance to the Board that all Health Board plans consider decarbonisation impact". F&P Committee reports to the Board. Papers for committees contains a risk assessment section that includes Decarbonisation. With the agreement of Corp Governance, updated guidance is being provided so that that section of the paper can be well considered by authors, providing simple guidance as to what decarbonisation is.				Yellow	Green
Leadership	Develop an estimate of what 2025 16% reduction would take - effort and money.	Sustainability Manager	Calum Shaw	Decarbonisation Team	Finance, Estates	£0	£0	Estimate produced of cost and transformation to achieve a 16% saving.	Autumn 2023	A problem statement has been drafted on the route to 16% and has been socialised with colleagues. Finance are looking into the likely future movements in spend that will drive emissions. Clinicians have engaged to consider the wider service changes that may be needed to deliver a significant emissions shift. Further workshops to be held in July.				Yellow	Green
Leadership	Decarbonisation to form a part of the SOFW strategy refresh.	Executive Director of Strategy and Planning	Abigail Harris	Strategy	Decarbonisation Team	£0	£0	Included in refreshed strategy having completed public engagement.	aug-23	Decarbonisation has been included. SOFW strategy refresh is currently out for public engagement. It is a theme under Acting for the Future. "Be the exemplar organisation in NHS Wales for delivering our carbon emissions targets and fully supporting active and sustainable travel for staff and visitors to patients"				Yellow	Green
Leadership	Executive colleagues to continue to take annual objective to impact carbon emissions.	Executives	TBC	Executives	Corporate Governance/ Decarbonisation Team /Workforce	£0	£0	Impact as a result of taking an objective.	Ongoing	Due to be implemented.				Yellow	Green
Leadership	Decarbonisation identified as a risk on the corporate risk register.	Sustainability manager	Calum Shaw	Decarbonisation team	PHW and Corporate Governance	£0	£0	Board assess the risks of mitigation and adaptation to the Health Board	2023- Ongoing	A draft strategic risk has been produced for the UHB. Once the draft has been agreed it will go through the corporate approval process.				Yellow	Green
Leadership	Decarbonisation to be a central pillar of decision making across all leadership functions from Board through to at least department/Clinical board.	Executives	James Q	All	Department and Clinical Boards	£0	£0	Evidence of decisions made taking decarbonisation into account	2023	Investment Group consider carbon impact as part of its evaluation criteria. Finance & Performance Ctee provides assurance to the Board that all health board plans consider decarbonisation". Further work is required to understand effectiveness.				Yellow	Green
Leadership	Investigate how to measure emissions at a departmental level with the aim of monitoring savings and actions for decarbonisation	Sustainability manager	Calum Shaw	Decarbonisation Team	Departments and Clinical Boards	£60 000	£0	A means to track changes in financial and/or carbon using Health Board data.	March 2024 - ongoing	A plan is being drafted to set out how this project will move forward. Emissions against Waste, energy and procurement are the predominant focus, however this can be expanded to cover transport commuting emissions. Initial engagement has taken place with procurement to understand the emissions profile for individual departments. Data has been provided for a trial department and an assessment of emissions is in progress. We are also looking at opportunities for assessing energy usage per department across sites.				Yellow	Green
Leadership	Sponsorship of Climate Champions across the organisation with either dedicated time allocated to research and recommend change or to drive change that is known to have worked elsewhere.	Executives	Meriel, Rebecca/ Jason and Emma	Executives	Departments and Clinical Boards	£0	0	Each champion to keep a record of delivery against their champion assignment specification. Carbon impact of work (KG/CO2e)	2023 - Ongoing	Therapies have their own decarbonisation action plan. This includes the creation of champion roles within each services with dedicated time. The plan goes further also, considering products used, promoting virtual consultations, incorporating in service redesign to name a few. 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. In the clinical community, championing further carbon improvements could be done through projects approved by the Value programme.				Yellow	Green
Leadership	Propose Board level training on Decarbonisation to increase awareness and be able to be seen as evangelists to the rest of the organisation.	Sustainability manager	Calum Shaw	Decarbonisation	Workforce/ Corporate Governance	£0	£4,000 est	TBC	2023	The options for a board level training courses are being researched with an options paper being drafted. A proposal paper will be set to the Decarbonisation SRO, Abi Harris, prior to submission to the Chair for consideration.				Yellow	Green
Leadership	Sponsor a decarbonisation behaviour change programme with an associated communications campaign to encourage self participation and increase skills.	Senior Leadership Board		Executives/ Clinical Boards	Workforce/Comms	£20 000	£0	Audit and assessment of delivery Carbon impact of work (KG/CO2e)	2023-2025	The engagement team on the emerging quality programme will reduce carbon reduction. A programme will be set up this summer and this will be the vehicle to promote quality of which carbon reduction is an element. The 6 Goals also contain principles that would see reduced carbon. It has been agreed with Operations that Admissions, Healthy Days At Home, LoS and Ambulance conveyances are relevant metrics that they are capturing and from which shifts can have carbon values attached. Candidate measures are also being considered with the planned care programme - through the running of this improvement programme, carbon savings should fall out. Ways to assist are being sought. Operations have commenced consideration of a decarbonisation campaign with the subject to be raised at fora including Decarb Group on how it could be framed. Suggestions include getting behind existing initiatives such as 6 Goals and Cost Improvement. Further work to be undertaken.				Yellow	Green
Leadership	Leadership commitment in sharing, prioritising, valuing and reinforcing decarbonisation actions to all staff.	Executives		Executives/ Clinical Board leads	Comms	£0	£0	TBC	March 2024 - ongoing	Decarbonisation team have worked with comms to develop the engagement strategy. A plan is being developed to support leaders share information with their stakeholders and be kept abreast of emerging decarbonisation news. The need to save money, push on quality and deliver against agendas such as the 6 Goals will see carbon savings. Further work required to understand how leaders need to be equipped.				Yellow	Green

Red
Amber
Green

Leadership	Decarbonisation is included in all clinical service redesign	Executives		Executives/ Clinical Board leads/Operations	Decarbonisation Team	£0	£0	Audit and assessment of delivery	March 2024 - ongoing	Work is underway to embed decarbonisation in clinical services redesign. To be integrated into IMTP planning, therefore working alongside Marie Davies and Ashleigh O'Callaghan. The Tertiary Services Strategic team are using carbon impact as part of their consideration, for example in their future of HPV work and how travel might impact location consideration.						
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when		Q1	Q2	Q3	Q4	Current RAG	End of year RAG
Estates	Implementing low carbon energy efficient buildings made with decarbonisation as a central pillar	Executives	Geoff Walsh	CEF	Finance	£0	£0	Implementation of projects with measures included.	Ongoing	A process in place to support the delivery of new low carbon buildings. Updates will be provided as new projects come online						
Estates	Assess the future of LHW and UHL through a Strategic Outline Case for Shaping Our Future Hospitals to inform long term decarbonisation investment bids.	Programme Director Shaping our future hospitals	Edward Hunt	Strategy	Estates	£0	£0	Complete pending approval	TBC	The SOC for SOFH is not yet being funded by WG. Options work is not forecast to take place until 2024. This action is unlikely to be delivered by 3/24.						
Estates	Comm to undertaking a programme of feasibility studies to decarbonise our estate to understand the potential projects, the costs and carbon benefits.	Director of Estates	Geoff Walsh	Energy	N/A	£0	TBC	Feasibility studies delivered	March 2024	Feasibility studies are underway to assess low carbon heat, additional energy efficiency and renewable energy opportunities. A structural assessment of Woodland house is being developed for solar capacity on site. Car canopy solar capacity is being scoped. Some of our community sites are in scope for low carbon assessments.						
Estates	Consider external opportunities, such as district heating to reduce estate emissions. An early stage proposal has been developed for Barry.	Director of Estates	Geoff Walsh	Capital estates	Energy Team	TBC	TBC	Assessment of viability of proposed Barry scheme	TBC	Discussions are in progress to assess the feasibility of Barry and Cardiff District heating networks. Cardiff & Vale of Glam councils are holding meetings with stakeholders including CVUHB about local area energy planning.						
Estates	Implementation of RE-FIT/ EFAB and other energy conservation and decarbonisation scheme planned for 2023/24 and 24/25.	Director of Estates	Geoff Walsh	Energy	N/A	£81,000	TBC	Delivery of milestones over 2023/24.	March 2025	Projects are in place for REFIT and EFAB and will be complete in August/ September - REFIT 2023/24 scheme is in the feasibility phase which is likely to conclude in August.						
Estates	Investigate options to increase sequestration as much as possible across the estate	Sustainability Manager	Calum Shaw	Decarb	TBC	TBC	TBC	Proposal developed	01.12.2025	A plan is being drafted to understand the opportunities for sequestration across the UHB estate. Initial discussion have been held with the estates team on current land use across sites.						
Estates	Commission a specialist Biodiversity audit across our estates	Director of Estates	Geoff Walsh	Biodiversity	Estates	£30,000	TBC	Complete and action plan adopted	30.09.2023	A bid for a biodiversity audit is being produced by the estates team.						
Estates	Allocation of champions and staff training and support to reduce waste and energy usage.	Director of Estates	Geoff Walsh	Energy/ Waste /Comms	Clinical Boards/ Workforce (ESR)	£0	£0	Record of champions and actions taken - Carbon impact of work (KG/CCO2e)	6 monthly							
Estates	Search for savings opportunities as a result of a developing electricity metering programme	Energy Manager	Jon McGarrigle	CEF	All departments	£0	£0	Closing off of identified opportunities - Carbon impact of work	Quarterly	Awaiting update from Energy manager						
Estates	Water conservation - Across large estate, work with Welsh Water to identify/avoid/address any instances of leakage.	Energy Manager	Jon McGarrigle	CEF	N/A	£0	£0	Rectifying any identified leaks.	March 2024	Water management is being assessed across the UHB and is reviewed for major leaks frequently. An assessment of water usage for 2022/23 will be produced by Q3.						
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when		Q1	Q2	Q3	Q4	Current RAG	End of year RAG
Transport	Recommend with a costed plan that our SLB formally sign Level 2 Healthy Travel Charter, with agreed capacity to implement.	Executive Team		Executive	PH/ CEF	TBC	TBC	Approved y/n - Carbon impact of work (KG/CCO2e)	30.06.2023	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.						
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	30.06.2023	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						
Transport	Review trend in air quality on UHW and UHL sites	Consultant in Public Health - Lead HTC	Tom Porter	PH	CEF	£0	£0	Measurement of trend	Quarterly	Data being received monthly, two months' worth of data currently received (6 Jun 2023). To provide interpretation and quarterly updates once 6 months' worth of data available (data is annual mean so cannot be reliably interpreted with few data points)						
Transport	Fleet transitioning to EV as a preference and where practical.	Transport Manager	Colin McMillan	Transport		TBC	TBC	All new cars and light goods fleet vehicles procured across NHS Wales after - April 2022 will be battery-electric wherever practically possible - Carbon impact of work	March 2024	There has been engagement with transport groups who manage their fleet across the Health Board. Options are appraised as they become available to ensure compliance. To date we have 5 BEV and 1 LCEV across the UHB. An all Wales approach to procuring EVs (pooling demand in the face of scarce supply) is being worked up by WG. C&V will be part of it.						
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when		Q1	Q2	Q3	Q4	Current RAG	End of year RAG
Procurement	Review top suppliers and seek ways to reduce emissions from products/services/ packaging @ UHB to assess high value	Head of Procurement	Claire Salisbury	Procurement	Clinical Boards	£0	£0	Number of suppliers reviewed and issues/opportunities fed back	March 2024	1. Decarbonisation travel efficiency (100% local workforce) - use of battery operated equipment - promote biodiversity - create and enhance wildlife, fruit and veg production & onsite recycling of leaves & creating compost area Non-Hazardous Waste Collection for CVUHB						

Procurement	Clear process for clinical staff and procurement to engage with each other on the purchase and use of more sustainable products	Head of Procurement	Claire Salisbury	Procurement	All	EO	EO	Operating process and pipeline of opportunities - Number of interactions	30.09.2024	<p>Planning papers for procurements over £25k to be signed off by the Director of Operations and Finance Lead prior to Procurement sign off. The papers will include sustainable procurement considerations, including the Wellbeing of Future Generations Wales Act goals, ethical employment and community benefits.</p> <p>New Product Panels scheduled to be introduced across clinical boards for quarter 2. Clinical staff requesting to utilise new products will be required to consider the impacts of sustainability and the requesting documentation has been updated to reflect this.</p>						
Procurement	Embed circular economy principles in our procurement.	Head of Procurement	Claire Salisbury	Procurement	Waste/ Clinical Boards	EO	EO	£ Value	March 2024	<p>Procurement embed the principles and encourage suppliers to adopt and improve the circular economy in Wales through the specification of requirements.</p> <p>Example: In-House 3D Metal Printing, Dental Hospital UHW. Economic Benefit – currently we spend £70k per year outsourcing the 3D metal printing service, producing in-house will eliminate this cost. There is potential for an All Wales opportunity to print metal for other Welsh Health Boards, creating further savings on an All Wales basis.</p> <p>£2.5m spent with Welsh suppliers in Q1.</p> <p>Examples: Grounds and Gardens Maintenance FE 100% contract value retained in Wales as the contract will be awarded to a Welsh based supplier with locally based workforce.</p> <p>Non-Hazardous Waste Collection for CVUHB FE: Hiring local – 95% of Biffa employees in Wales are living within 20 Miles of the place of employment. Resourcing local supply chains for sustainable produce, eg re-use networks for end-of-life furniture and using local SME for ancillary</p>						
Procurement	Embed foundation economy principles in our procurement	Head of Procurement	Claire Salisbury	Procurement	N/A	EO	EO	£ Value	March 2024	<p>For contracts >5m we have included a mandatory pass/fail question to exclude any provider that does not have a carbon reduction plan. In quarter 1, no organisation was failed for not meeting this requirement. For any contracts <5m the standard process on Tenders is for bidders to provide confirmation of whether or not they have, or are working towards, a carbon reduction plan - this is currently an information only required response.</p>						
Procurement	Instant fail on procurement assessment for any organisations who do not have a carbon reduction plan. For tenders > £5m.	Head of Procurement	Claire Salisbury	Procurement	N/A	EO	EO	Implementation y/n and evidence of operation - Carbon impact of work (KG/CO2e)	March 2024	<p>For contracts >5m we have included a mandatory pass/fail question to exclude any provider that does not have a carbon reduction plan. In quarter 1, no organisation was failed for not meeting this requirement. For any contracts <5m the standard process on Tenders is for bidders to provide confirmation of whether or not they have, or are working towards, a carbon reduction plan - this is currently an information only required response.</p>						
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when		Q1	Q2	Q3	Q4	Current RAG	End of year RAG
Clinical	Decarbonisation embedded into Value Based Healthcare	Clinical Sustainability Lead	TBC	Clinical	VBH team	EO	EO	Embedded and carbon saved - Carbon impact of work (KG/CO2e)	31.03.2024	<p>Two leadership positions for VBH is being appointed to report into the AMD for Quality (for acute and primary care settings). Value work being led by Claire Dunstan is showing promising results which could result in carbon savings once the projects are formally reviewed in Q2.</p>						
Clinical	We will bid for our 4 th HEW Leadership Fellow in Sustainability	Clinical Sustainability Lead	TBC	Clinical	N/A	EO	EO	In place y/n	30.09.2023	<p>A bid was successfully completed, with a new Sustainability fellow starting in July 2023</p>						
Clinical	Develop a sustainable value working group to highlight high carbon areas and product switches (procurement/clinical interface)	Clinical Sustainability Lead	TBC	SV team	Clinical Boards	EO	EO	Implemented y/n - Carbon impact of work (KG/CO2e)	30.09.2023	<p>A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Procurement in NWSSP are separately considering the same problem and links are being sought to move any opportunity forward.</p>						
Clinical	Decarbonisation embed into quality and safety (investigate/propose)	Clinical Sustainability Lead	TBC	Clinical	Decarb Team	EO	EO	Embedded y/n	30.06.2023	<p>A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Therapies have committed to this.</p>						
Clinical	Allocate time to staff to research and/or implement environmental improvement. This is a limited proposal for specific benefit and not universal to all staff.	Nursing, Clinical, Therapies, Clinical Boards	TBC	Nursing, Clinical, Therapies, Clinical Boards	NA	EO	EO	Body of work demonstrating education, adoption, direct improvement - Carbon impact of work (KG/CO2e)	31.03.2024	<p>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.</p> <p>It is likely that time will be allocated from the clinical community for approved Value based projects.</p>						
Clinical	Embed sustainable principles into 'Shaping our Future Clinical Services' programme.	Shaping our future Clinical Services lead	Vicky/ Nav	SOFCS	All	EO	EO	Clinical Services Plan complete y/n	31.12.2023	<p>Embedding decarbonisation has been agreed and a workshop is being set up to gather assumptions that can be made to contribute to the early clinical services plan. Value will also be built into the CSP.</p>						
Clinical	Investigate becoming a Beacon site and implementing SuSQ into Quality Improvement	Head of Improvement Implementation	Mark Thomas	Shaping Change	Decarb/Clinical	EO - see comment	EO	Implemented y/n	31.12.2023	<p>CAVUHB have signed up to become an aspirant SuSQ beacon site. Staff in I&I are being trained as trainer to support the implementation of the programme. Information has been put on the news pages and shared via the comms team to further promote.</p>						
Clinical	Develop a Digital Strategic Outline to support the modernisation of the digital capability in C&V on the basis of WG funding in 21/24.	Director of Digital Transformation	Mark Cabalane	Digital	All	EO	EO	Complete and approved y/n	31.03.2024	<p>WG have not funded this piece of work. A letter has been sent to WG asking for an urgent meeting to receive clarity on when it will be funded. This same meeting will seek clarity on the SOH SOC as well. Delivery of a SOC by 3/24 is unlikely to be possible, however a Strategic Advisor is being sought to write the business case in anticipation of receiving the funds.</p>						
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	EO	EO	Leaders appointed - Carbon impact of work (KG/CO2e)	30.06.2023	<p>Rebecca Aylward will be the leader in Nursing. 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.</p>						

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	30.06.2023	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 portfolios.						
Clinical	Pharmacy – Commence a pilot medicines waste avoidance project, where pharmacy manage and rotate ward stock.	Pharmacy Sustainability Lead	Elaine Lewis	Pharmacy		Existing BAU budget	TBC	Measure of waste avoided - Carbon impact of work (KG/CO2e)	31.03.2024	The project is across 6 wards and plan to be developed by October to take across other wards within the UHB. This is part of the Bevan Exemplar project which will conclude July 2024.						
Clinical	Introduce Kids Med Cymru – moving from liquid to tablet based products which are more sustainable. Testing in respiratory.	Pharmacy Sustainability Lead	Elaine Lewis	Pharmacy		Existing BAU staff budget (Non staff – Staff lottery funding initial set up for project)		Reduction in use of liquid based drugs across paediatric services - Carbon impact of work (KG/CO2e)	31.03.2024	A project plan has been developed with an aim of teaching 400 children to swallow tablets or capsules within 1 year and reduce liquid medicines by 20%. The pharmacy team has run an audit to review near misses and errors when prescription. The programme has been launched in paediatric, cystic fibrosis, nephrology and oncology.						
Sector	Action	Owner	Contact	Team	Support team	Development Cost	Investment Cost	Measure	By when		Q1	Q2	Q3	Q4	Current RAG	End of year RAG
People and Comms	Incorporate Decarbonisation into a Culture Change Programme, considering an ENG (Employee Resource Group), proposing a programme if going beyond set aside budget.	Ass Director OD, well-being and culture	Claire Whites	Change Hub/Decarb/Workforce/Comms/Clinical	Decarb/Workforce/Comms/Clinical	£10k	TBC	Survey results showing movement in level of awareness and ability to act - Number of responses	31.03.2024	As noted above, sustainability will be incorporated into the emerging Quality programme. How this programme will be delivered will be determined over the summer of 2023. Meanwhile a communications heartbeat is being undertaken and leadership within our three main front-line functions are being put in place.						
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	30.06.2023	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.						
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	30.06.2023	This has been discussed with Workforce and consideration/feasibility is underway. The VBA 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.						
People and Comms	Decarbonisation to be included in job descriptions	Sustainability manager	Calum Shaw	Decarb	Workforce	£0	£0	Integration in template	30.06.2023	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 JD.						
People and Comms	Encourage staff to undertake Decarbonisation training. This may include Welsh e training and other delivery methods including a Masterclass	Sustainability manager	Calum Shaw	Decarb	Workforce/Comms	£0	£0	Number of training courses accessed	Quarterly	Information has been distributed to staff, through existing sustainability networks, including the green group. There has been a number of decarbonisation and sustainability training courses run by various suppliers, including HEW. There is work underway to gather and track information on staff attendance. Staff time has been noted as a concern, as courses are often within working hours.						
People and Comms	Leadership and Management - Review opportunities to influence internal course materials	Ass Director OD, well-being and culture	Claire Whites	Workforce	HEW	£0	£0	State where included	31.03.2024	Meeting have been held with workforce and OD colleagues to include decarbonisation in course materials. Initial plans are to develop a package of documentation, at various levels, which can be included into multiple course/programmes. Further conversation are required to map out where information can be included.						
People and Comms	Communicate case studies, successes, energy saving opportunities, events, etc to UHB colleagues.	Sustainability manager	Calum Shaw	Decarb	Comms/Estates/Clinical	£0	£0	Number stories - Number of interactions	Monthly	A comms plan is in place and a bi weekly meeting with comms held to ensure momentum is maintained - information has been scheduled for distribution. To date the Decarbonisation Action Plan has been published. Sundi Rescon site article published online. DOH case study is scheduled for publication. The publication of the decarbonisation action plan receive 4 likes, 14 retweets and 2,919 views on twitter. It had 48 views on CAV Sharepoint.						
People and Comms	Spread the word using existing leadership networks such as the alumni programme	Sustainability manager	Calum Shaw	Decarb	Workforce	£0	£0	Number presentations	30/6/23 & 31/3/24	Leadership networks are being identified. Calum - has contacted workforce for support. Calum is also working with the CAV Leadership and Management mapping group to further integrate decarbonisation to processes.						
People and Comms	Continue sustainability award at annual staff awards	Head of learning	TBC	Workforce	Decarb	£0	£0	Judged candidates and award made	31.03.2024	People & Culture team considering a recognition event for end of Sept 23. Categories being reworked and Claire Whites has taken a proposal from EH on waste reduction which plays into many initiatives important to the UHB such as quality, 6 goals, decarb, cost improvement.						
People and Comms	Incorporate air quality and climate change impacts into sustainable travel messaging	Consultant in Public Health	Tom Porter	PHW	Comms/ Decarb/ Transport	£0	£0	At least four updates - Number of interactions	30/6/23 & 3/31/2024	The comms plan contains information in relation to sustainable travel - Information is scheduled for distribution inline with Clean Air Day on the 15th June. Plans are also in place for Cycle to work day in August.						
People and Comms	Regular cross-channel promotion of public transport discounts and options for reaching main sites, alongside with bus and	Ass Director OD, well-being and culture	Claire Whites	Workforce	Transport/ Comms & Workforce (staff discounts)	£0	£0	At least 4 quarterly updates - Number of interactions	31.03.2024	Messaging has been scheduled into the comms plan and will also be distributed in line with other messaging such as Cycle week and Clean Air Day to reinforce take up of actions.						

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Report Title:	South Wales Thrombectomy Full Business Case		Agenda Item no.	3.2
Meeting:	Finance and Performance Committee	Public	Y	Meeting Date: 19 th July 2023
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	Y	Information
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Deputy Director of Operations, CD&T			

Main Report

Background and current situation:

The importance of Mechanical Thrombectomy as a first line treatment for eligible stroke patients is recognised as an intervention that will improve the quality of life for that cohort, and ultimately avoid the demand on the health service for conditions exacerbated by poor prognosis as a result of a stroke. Mechanical Thrombectomy (MT) has been performed at UHW for some years for the local population, but only for 10-15 patients a year. Out of hours, some patients are referred to North Bristol NHS Trust, with their service having recently expanded to accept referrals from 8am – 12am. Whereas this is a positive move that will benefit more patients, it is insufficient for the needs of the South Wales population.

Cardiff & Vale UHB are in a unique position to be able to offer the service, as the only Health Board in South Wales with an Interventional Neuro-Radiology service. This business case sets out the vision and the requirements to expand the local service in a phased approach to incorporate patients from South Wales in order to provide access to more eligible patients for this life-altering treatment. This business case has been developed in full collaboration with WHSSC as the strategic plan for the development of Mechanical Thrombectomy service in South Wales and is fully aligned to the UHB's strategic outcomes and priorities.

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

Thrombectomy is seen as the medical intervention that provides the greatest whole system value to Health. In addition to the evident benefits for patients accessing this procedure, it provides other benefits to C&VUHB, in the form of recruitment, retention and development of the Interventional Neuro-Radiology service and its associated specialties.

Currently there are two Interventional Neuro-Radiologists performing all INR requirements in the Health Board. In order to expand the service, recruitment to this team is key. Recognising that expansion will require recruitment in a number of areas, it is proposed to expand this service in a phased approach. This business case seeks the approval for Phases 1 and 2.

Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target %	2.5	3.8	5.3	10.0

The number of patients expected to be treated in Phase 1 represents 2.5% of patients suffering a stroke. It is estimated that only 12% of stroke patients would be eligible for Thrombectomy due to stage of presentation and severity of stroke. This means that around 400 patients a year in South Wales might be eligible, therefore Phase 1 represents less than 20% of eligible patients. In addition to this service, North Bristol NHS Trust will continue to offer the out of hours service to midnight, with a view to expanding their offer to 24/7 in due course. This will increase the % of patients that can access the service. This is a daytime weekday service, mirroring the current service, but accepting tertiary patients.

Phase 2 would cater for just under 30% of eligible patients treated at UHW, supplemented by North Bristol NHS Trust's out of hours offer. This expands the service to 8pm in the evening.

The total cost of Phase 1 is £2.583m, increasing to £3.421m in Phase 2. A detailed workforce plan has been developed through the Thrombectomy Implementation Group and is included in the business case, including staffing and resource requirements across Radiology, Medicine, Peri-operative Care, Critical Care, Therapies, Pharmacy and WAST; with the bulk of the additional requirements sitting in the first two directorates. It is the recruitment difficulties within the Interventional Neuro-Radiology field that primarily drives the need to implement this in a phased approach. The first phase relies on the current INR duo to provide the service through additional sessions, whilst we seek to recruit further INR consultants. However, the intent to develop as the South Wales Thrombectomy Service will be key to attracting the future workforce, enabling the progression over time to become a 24/7 service.

In terms of affordability, WHSSC currently pay a premium rate per case for North Bristol NHS Trust to undertake this work. This business case measures favourably with the cost per case at Bristol, and through the phases, recognises economies of scale to bring the cost per case in line with English tariffs.

Phases 3 and 4 will look at the development of a supra-regional model to address the gap in access but are outside the scope of this approval request. However, commitment is required to further develop these phases, aligned with the development of Stroke services within the region, with a view to making CAVUHB the regional centre for Thrombectomy. Collaboration will continue with North Bristol to ensure good governance, quality and safety of the service, whilst simultaneously reducing the demand at Bristol and increase capacity at Cardiff.

Recommendation:

The Committee is requested to **review** the Thrombectomy Strategic Full Business Case and:

- a) **recommend** it to the Board for **approval**;
- b) **recommend** that the Board provide **specific approval** to support Phase 1 and 2 of the business case; and
- c) **recommend** that the Board **supports** a commitment to further develop Phase 3 and 4 and the ambition to become the regional centre for Thrombectomy for South Wales.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Y	Long term	Y	Integration		Collaboration	Y	Involvement	
Impact Assessment:									
<i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
Safety: Yes/No									
Financial: Yes/No									
Workforce: Yes/No									
Legal: Yes/No									
Reputational: Yes/No									
Socio Economic: Yes/No									
Equality and Health: Yes/No									
Decarbonisation: Yes/No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				
Investment Group					07/06/2023				
Senior Leadership Board					15/06/2023				

Mohamed Sarah
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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	<i>Thrombectomy Business Case</i>
Clinical /Service Board or Department	<i>Clinical Diagnostics and Therapeutics Clinical Board</i>
Expected funding source (highlight/delete as appropriate)	Welsh Health Specialised Services National Programme (please state) UHB core funding Other (please state)
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 Diagnostics and Therapeutics Clinical Board Meeting 13/02/23
Has this case been signed off by the Clinical Board / Corporate Departments finance and workforce business partners?	Carly Podger, Acting Finance Business Partner
Clinical Boards: Has the COOs office signed off this document? Corporate Departments: Has the relevant Executive sponsor signed of this document?	yes

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1. Executive Summary

The purpose of this business case is to present the required investment to implement, in a phased approach, the mechanical thrombectomy (MT) service for South Wales. Cardiff and Vale University Health Board is the only centre which currently could develop the MT service as it is the only Health Board that has Neuro-interventional radiologists. WHSSC requested of the Health Board the development of a service proposal and resulting business case and has determined that the service is a priority.

The model developed and associated costs have been done so in partnership with WHSSC and other Health Boards in order to ensure that there is transparency across the region and with commissioners. On a cost per case basis this business case is favourable in comparison to increasing the number of patients sent to Bristol. In relation to the English tariff, the cost per case becomes comparable to the English tariff through phases 3 and 4 only.

The financial impact of the thrombectomy business case has been discussed with WHSSC and is provided for in the ICP (Phase 1 and 2), through existing outflows to Bristol that would be repatriated and PYE stepped investment.

The indicative C&V commissioner share of the business case is set out below:

	Phase 1	Phase 2	Phase 3	Phase 4
	£m	£m	£m	£m
Total Case	2.583	3.421	5.023	8.429
Current Risk Share	20%	20%	20%	20%
C&V Contribution	0.529	0.700	1.028	1.725

The overall financial requirement is not yet agreed, being subject to Management Group and Joint Committee sign-off. In addition, the financial framework to support investment will need to be determined through that process and LTA sign-off for 2023/24. This is likely to include some tariff arrangements (such as Critical Care) and also some negotiation on the activity prices linked to the peer organisations / national tariff upon which the business case has been benchmarked.

Over the last 2 years there has been significant work undertaken both locally and regionally to develop a phased approach to the provision of MT. In Phase 1 there is an aim to deliver 78 case per annum with a day time Monday to Friday service. Future phases allow for the expansion of this but it has been agreed that there is a need to undertake a formal at 12 months and again following phase 2 which is the extended Monday to Friday service.

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Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target of eligible strokes %	2.5	3.8	5.3	10.0
Workforce planning assumptions	Medical workforce model starts with Current aim to build to 4 WTE	Medical Workforce model will need to be 6 WTE	Will need to be developed as part of supra-regional model	Will need to be developed as part of supra-regional model
Quality and safety mechanisms	South West M+M	South West M+M	South West M+M	South West M+M

The provision of a 24/7 service will require long term collaboration with North Bristol NHS Trust. Sustainability of this service will only be achieved through effective supra-regional working. In parallel with the development of the service model and the business case, and in partnership with WHSSC, Cardiff and Vale Health Board have started working with Bristol on investigating potential partnerships and the associated workforce models.

Each directorate involved in the Thrombectomy pathway as part of this case have developed workforce plans across the four phases of delivery. In particular there have been detailed reviews of the first two phases and the assessment of delivery through these phases. Each directorate has a level of confidence that the workforce plans can be delivered, accepting that the Neurointerventionalists remain a hard to recruit to staff group.

In parallel with this business case development there is work ongoing to review international recruitment opportunities alongside attracting newly qualified consultants in the UK to Cardiff. It is clear that the existence of a thrombectomy service will support the development of a sustainable consultant workforce.

It is clear that the provision of MT for patients in the South Wales region will have benefits to both the patients and the system. Due to the success rate of MT the numbers of patients with improved outcomes through reduced disability scores is high, with the number to treat of 2.6 which is significantly lower than other health interventions.

The benefits of this case include improvements to the disability score of patients, reduced rehabilitation and ongoing care needs and an impact on length of stay. The benefits to individual patients are highly variable dependant on the significance of the cerebral event and as such there is further work with the patients of South Wales to determine the specific levels of both financial and non-financial benefits. The benefits listed within this case are based upon current evidence but will require ongoing monitoring and testing.

Annual Revenue Requirement	Current Year (£)	Recurrent (£)
Capital Requirement (£)	1,291,688	2,583,377

2. Introduction and Background

In Wales, Stroke significantly impacts on the lives of those it affects, it is the main cause of adult disability and is the fourth leading cause of death. It is estimated there are 7,400 people who experience a stroke each year in Wales and there are around 70,000 stroke survivors with more than half of those being under the age of 75. Stroke causes 1900 deaths in Wales each year (GOV.Wales 21), (British heart foundation Cymru 21). The number of stroke survivors living in Wales is expected to increase by 50% during the next 20 years (GOV. Wales 21). The associated socioeconomic burden is huge with the aggregate cost of stroke, including long-term healthcare, rehabilitation and loss of employment, estimated to be around £26 billion pounds per year in the UK.

Ischaemic strokes are caused by a blockage in the arteries supplying blood to the brain, 85% of stroke cases are due to an ischaemic stroke. An ischaemic stroke is essentially a brain attack. Blood is prevented from supplying the brain and this causes the cells within the brain to die. Over one third of ischaemic strokes are caused by large artery occlusion (LAO) large artery occlusion refers to the terminal part of the internal carotid artery, the proximal middle cerebral artery (MCA) or basilar artery.

Mechanical thrombectomy is a procedure carried out by an Interventional Neuroradiologist to remove blood clots from an occluded intracranial vessel, in patients with an acute ischaemic stroke, restoring blood supply to the affected brain tissue. Following multiple international randomised control trials and subsequent meta-analysis thrombectomy is recognised as the gold standard of care for patients with a LAO stroke. The number needed to treat (NNT) to achieve a reduction of one or more points on the modified Rankin Scale (mRS) is 2.6 (Evans et al 2017). In comparison to treatment with thrombolysis alone, when administered between 3-4.5 hours will produce a t NNT of 19 (Micieli, 2020). In 2019 The National Institute of Clinical Excellence (NICE) updated its 2008 guidelines on thrombectomy due to the overwhelming evidence that MT was a safe, cost effective and could benefit patients presenting up to 24 hours after they were last known to be well. This intervention deserves to dictate the way in which stroke services are organised and funded.

In October 2020 the Thrombectomy Implementation Group (TIG) at the University Hospital of Wales (UHW) was established. The group included staff members who would play a significant role in developing the thrombectomy service. The group has worked to plan and develop a thrombectomy service across South Wales, which has resulted in a formal business presented herein. The business case presented has been developed by TIG group following a formal development plan with engagement from key internal and external stakeholders. Engagement with key stakeholders, via setup task and finish groups, was focused on systematically determining the resource requirements of the various departments contributing to the targeted MT service.

The TIG working with WHSSC has undertaken both local and regional engagement in order to design a thrombectomy service that can be developed over a number of phases with the ultimate vision being that Cardiff and Vale will move to a 24/7 Thrombectomy service for South Wales. Due to the professions required and the national shortage of these individuals the case has been developed in a staged approach with the focus on Phases 1 and 2 in the first instance which ultimately would deliver an extended day time service. It is recognised that the availability of a 24/7 service will require at least in the short to medium term a supra-regional working

arrangement with North Bristol. These arrangements are being discussed in parallel with the development of the service in Cardiff.

3. Strategic Context – Alignment to UHB strategic direction

Completion of the table below will support how this business case is supporting the four outcomes of the UHBs outcomes framework and subsequent alignment to the UHBs current Integrated Medium Term plan.

Outcome and Priority	How does this proposal support any of these outcomes
<p>Outcome 1: Home first Due consideration must be given to:</p> <ul style="list-style-type: none"> ❖ Integration with community services ❖ Collaboration with partners 	<p>A Healthier Wales (2018) sets out a long - term vision for a 'whole system approach to health and social care', underpinned by prudent health care and Value-Based health care principals</p> <p>National Institute of Health Clinical Excellence 2019 [NG 128 2019] Stroke and Transient Ischaemic Attack in the over 16s: Diagnosis and management</p> <p>Thrombectomy is seen as the medical intervention that provides the greatest whole system value to Health.</p>
<p>Outcome 2: Outcomes that matter to people Due consideration must be given to:</p> <ul style="list-style-type: none"> ❖ Our continued covid-19 response ❖ Our physical infrastructure ❖ System renewal and redesign and the UHBs Operational recovery plan 	<p>Cardiff and Vale UHB Shaping Our Future Wellbeing Strategy 2015-2025. Stroke is recognised in this document as an area where change will have the biggest impact in shaping the future health and wellbeing of the population.</p> <p>NHS England Clinical Commissioning Policy: Mechanical thrombectomy for acute ischaemic stroke (all ages) (2019) NHS England reviewed the evidence on thrombectomy and concluded that the treatment should be made routinely available</p>
<p>Outcome 3: Empower the person Due consideration must be given to;</p> <ul style="list-style-type: none"> ❖ Our People and Culture Plan ❖ Our digital strategy 	<p>The quality statement for stroke (2021) looks at service improvement for stroke patients and their carers with the goals of delivering thrombectomy and providing an equitable stroke service</p>
<p>Outcome 4: Waste, harm and variation Due consideration must be given to;</p> <ul style="list-style-type: none"> ❖ Addressing the top burdens of disease in Wales (Mental Health, Heart Failure, Cancer, Musculoskeletal (MSK)) ❖ A shift towards a system focusing on prevention 	<p>BASP, BSNR, ICSWP, NACCS and UKNG (2021) To support safe provision of mechanical thrombectomy services for patients with acute ischaemic stroke</p> <p>European stroke organisation (ESO) European Society of Minimally Invasive Neurological Therapy (ESMINT)</p>

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<p>❖ The UHBs sustainability action plan and its zero carbon commitment</p>	<p>Guidelines on mechanical thrombectomy in Acute Ischaemic Stroke (2019)</p> <p>American Heart Association (2019) Guidelines for the early management of patients with ischemic stroke</p>
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4. Summary current service provision and case for change

Summary of current Service Provision at North Bristol NHS

Under the WHSSC commissioning policy CP 168, Welsh Health Boards across South Wales are able to refer patients for a thrombectomy procedure at Southmead Hospital, North Bristol NHS Trust. Referrals to Southmead are accepted between 08:00 -17:00, with the condition that patients must arrive at Southmead by 18:00. This is available seven days per week and have been extended in the 24/7 for patients in South West England and will, in due course be extended to the population of South Wales.

The model of care is, 'drip and ship' and '*hub and spoke*', patients are taken to their local acute stroke centre, assessed, appropriate imaging performed and thrombolysis administered where appropriate. A referral is made to the stroke physician in Southmead and on accepting the case the patient is transported by the Welsh Ambulance Service Trust (WAST) to Bristol. Patients are repatriated back to Cardiff at the soonest opportunity.

Summary of Current Service Provision at the University Hospital of Wales

Currently there is an 'ad-hoc' Mechanical Thrombectomy service in place at UHW serving patients from the Cardiff and Vale catchment area only. The service is available Monday-Friday 09:00-17:00 hours. Due to the nature of this treatment it is conducted as an emergency procedure.

The service has no formal commissioning arrangement therefore the resources required to undertake this work already have an existing workload. There are not enough Stroke Consultants to be able to respond to the emergencies presenting at the front door. There are only two Interventional Neuroradiologists (INR) whose job plans are full. Supporting staff such as radiographers, Interventional Radiology nurses and anaesthetic teams are pulled from other duties to undertake local Mechanical Thrombectomy cases, when the availability of the Interventional Theatre permits.

Prior to a Mechanical Thrombectomy procedure, patients will require a CT Scan, CT Angiography and advanced imaging such as CT perfusion scan. This advanced imaging requires specialist neuroradiologist and neuroradiography input before the procedure can begin. These resources are currently stretched with the Major Trauma workload since the designation of UHW as the MTC for the South Wales region and has been further exacerbated with the advent of the Vascular Hub. Many of the thrombectomy procedures performed are carried out outside the dedicated INR sessions, resulting in displacement of their corresponding clinical activities, which in turn creates additional pressures on the diagnostic neuroradiologists. Furthermore, the bed pressures within

UHW are significant and constant, with both the Intensive Care Unit and the Acute Stroke Unit consistently running at full capacity. There are currently no ringfenced Stroke beds for thrombectomy patients. The Stroke ward is staffed sufficiently as a general medical ward but is not staffed as an Acute Stroke Unit, with nursing staff often redeployed to open up the adjacent ward as overspill capacity.

The Health Board recognises the shortcomings of the current Stroke provision and a number of Stroke summits have been arranged to focus on pathway improvement. Concurrent with this business case process, it will be essential to monitor the planned improvements through this process as they will be vital to the implementation of a successful thrombectomy service

5. Case of change - *The evidence*

Providing a thrombectomy service at UHW for the population of South Wales would help to reduce health care inequalities by making a thrombectomy procedure more routinely available for Welsh patients. Currently less than 1% of the eligible population receive the intervention, and the gold standard would be to reach 12.5% of eligible patients. The benefits of a successful thrombectomy procedure to eligible Stroke patients are immeasurable. To give the patients a better chance of returning to a more independent way of living following a stroke would reduce their reliance on health services both in the short and longer term. Providing a thrombectomy service at UHW for health boards across the South Wales region would ultimately be financially beneficial to Cardiff and Vale and the region in reducing rehabilitation and long-term care costs.

It should be acknowledged that the financial gain of implementing a regional thrombectomy service will not be immediately realised. The cost per case of thrombectomy for the region would initially be £21,425 moving to £11,320 if phase 4 is realised. These costs are lower in the first instance than the current service in Bristol and ultimately in phase 4 comparable with the tariff in England. Realisation of the financial benefit will require collaborative working across Health and Social Care.

Patient feedback via the stroke association is that they would like this service to be more readily available within Wales.

Health Gain

- The number Needed to Treat (NTT) using modern devices for a benefit to functional outcome is as low as 2.6. In comparison with thrombolysis alone which has a NNT of 19 in patients arriving between 3-4.5 hours from symptom onset. Hence, Mechanical Thrombectomy (MT) is one of the most effective treatment innovations to date.
- MT for Acute Ischaemic Stroke represents a once in a generation opportunity to alter the miserable prognosis for the most devastating form of stroke, with substantial benefits for individuals and the wider health and social care (Ford, 2019)
- Optimal treatment for suitable patients
- Reduced transfer times to UHW in comparison to North Bristol NHS which should improve outcomes for patients.
- Increased survival post stroke with fewer deaths.

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Equity

- Allow a greater number of patients across South Wales to receive a thrombectomy. Currently the rate of thrombectomy in Wales is just 0.9% (Delivery Unit 2022)

Clinical Expertise and Retention

- Improved ability to attract and retain the required highly trained clinical staff needed to deliver these services
- Enhancement of the reputation of the trust
- Stabilising the future of existing services at UHW such as neuroradiology, neurosurgery and the Major Trauma Centre
- Thrombectomy service will work in parallel to the ongoing Stroke Network development
- Designating UHW as the regional thrombectomy centre for South Wales this will support the need to develop a HASU at UHW

Value for Money

- NHS Wales patients are charged three times as much as an NHS England patient for a thrombectomy procedure carried out in North Bristol NHS Trust. In England the current NHS tariff for providing MT is £11,750.
- Sustainable service requirements and costs
- Phase 1 service requirements and the profile of phased activity is comparable to North Bristol NHS Trust and will provide economies of scale as the phased implementation progresses.
- Saving bed days in acute and community trusts (Ford, 2019)
- Overall savings for NHS due to less disability and shorter lengths of stay (Ford, 2019)

Despite the infrastructural challenges, there are a number of reasons why this service should be provided by Cardiff & Vale UHB.

1. MT Is a time critical procedure with best outcomes delivered to those patients who receive timely intervention. Performing thrombectomy at UHW would reduce transportation times thus improving the door to groin time.
2. UHW has an existing neuroradiology department which provides coiling treatment for both acute subarachnoid haemorrhage patients with ruptured intercranial aneurysms and elective patients with intercranial aneurysms for the whole the South Wales region
3. There is already an 'ad hoc' thrombectomy service in place that provides thrombectomy procedures in service hours to Cardiff and Vale patients
4. Within the radiology department at UHW there are two laboratories that have biplane digital angiographic equipment needed for endovascular cases

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5. The Interventional Radiology department at UHW has two Interventional Neuroradiology Consultants experienced in endovascular treatment. Also, there are appropriately trained vascular radiographers and Interventional radiology nursing staff able to assist during the procedure
6. UHW is the tertiary centre for neurosurgery in Wales and can provide neurosurgery to Stroke patients who may require hemicraniectomies
7. UHW has a Critical Care on site that is able to provide neurocritical care. It also has a neurosurgical high care delivery unit which can provide care to patients who require tracheostomies and who need close monitoring

Further supporting information is available in the following Appendices.

- Appendix 1 – Stroke prevalence throughout the UK demonstrating that Wales has the second highest stroke prevalence rate out of the UK nations
- Appendix 2- Stroke prevalence throughout South Wales based on local health boards
- Appendix 3 - Data produced by the Delivery Unit detailing the population of the region 2,320,885
- Appendix 4 - Thrombectomy Activity showing the proportion of thrombectomies carried out by each tertiary site Sep 2020- August 2021. In total 33 thrombectomy procedures performed Sep 2020- August 2021.
- Appendix 5 - Cardiff and Vale UHB thrombectomy summary which demonstrates the reduced onset to thrombectomy times and door to thrombectomy times of patients receiving a thrombectomy in UHW in comparison with those transferred to Bristol.
- Appendix 6 - Please see account of a patients experience post thrombectomy procedure performed at UHW

Outline of the Impact of the proposal on demand and capacity

1. Welsh Ambulance Service Trust currently transports and repatriates thrombectomy patients to and from North Bristol. By having a thrombectomy service at UHW this would result in a reduction in transportation time.
2. Patients presenting to Cardiff and Vale with an AIS are usually assessed via the Emergency Department (ED). On establishing a regional thrombectomy service patients from across the region would need to be transferred into ED at UHW. This will impact on the bed space and staffing within ED but the process should be swift, and patients would move on in their pathway quickly.
3. An uplift in the acute stroke staffing such as Stroke Clinical Nurse Specialist and Stroke Consultant Sessions covering the front door will facilitate the swift pathway and is integral to facilitating a regional thrombectomy service.
4. The diagnostic neuroradiologist workforce will need to expand in order to report the additional neuroimaging produced by the regional thrombectomy service. It is estimated that around 30% of patients transferred for thrombectomy will require further imaging. Perfusion software is needed, NICE (2019) recommend that stroke patients presenting between 6-24 hours

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can benefit from thrombectomy if there is salvageable brain tissue demonstrated by perfusion scanning.

5. Mortimer et al (2021) recommend that an anaesthetist experienced in neuroradiology should be present during thrombectomy procedures. Currently there are 3 designated anaesthetic sessions allocated to neuroradiology. Emergency cases are booked onto the emergency CEPOD list. This is unsustainable and in order to deliver a regional thrombectomy service additional funding will be needed to cover in hours and out of hours thrombectomy work as the service expands to a 24/7 service.
6. Currently patients who are stable post thrombectomy procedure are transferred back to the Acute Stroke Unit. The unit is currently staffed to provide Level 1 care to patients. If a thrombolysis or thrombectomy patients is transferred to the unit, there is often a need to reallocate work so that staff can provide the necessary care. An uplift in the nursing staff and the wider multidisciplinary team is needed to accommodate a regional thrombectomy service.
7. Presently, there are no ringfenced beds on the acute stroke unit for Thrombectomy and often the unit cares for general medical patients, going forward there will need to be ringfenced beds to accommodate a regional service. Also, an agreed repatriation policy will need to be agreed by all Health Boards that patients are transferred back to their DGH as soon as possible to prevent the service from being overwhelmed and to prevent over centralisation of care. As part of the development of the model regional engagement on a repatriation process similar to that of the MTC has been discussed and agreed in principle
8. It is anticipated that up to 30% of thrombectomy patients may require a bed in Critical Care following a thrombectomy procedure. Critical care in UHW runs at full capacity.

6. Option Appraisal

Option 1: Do Nothing

Continue with existing arrangement that patients from the South Wales Region are transferred to North Bristol NHS for a thrombectomy and patients presenting to Cardiff and Vale Monday- Friday 9:00- 5:00 have access to thrombectomy.

Benefits:

- This is provided within the current cost envelope.
- North Bristol NHS Trust's intention to run the service 24/7 gives scope for more patients to be treated.

Disadvantages:

- This does not provide equity of access to South Wales patients.
- The benefit to patients and the overall burden to the NHS is not realised.

- Does not align with Welsh Government priorities.

Option not recommended.

Option 2: Development of a 24/7 Thrombectomy Service at UHW for South Wales

Develop a fully functioning, fully resourced service to treat all eligible patients from South Wales at UHW with Thrombectomy, maintaining a contingency arrangement with North Bristol as appropriate.

Benefits:

- This aligns with Welsh Government Priorities
- This provides equity of access to South Wales patients
- The benefit to patients is incalculable.
- The overall burden on the health service is minimised.

Disadvantages:

- Although will realise long-term financial benefit, it is unaffordable in the short-term.
- The time it would take to set up the infrastructure required would take too long, denying eligible patients the opportunity of Thrombectomy.
- Recruitment to the roles required is difficult and unlikely to be achieved in totality at the outset.

Option not recommended.

Option 3: Development of a phased approach to a 24/7 regional thrombectomy service at UHW

Commence a regional service starting with a day time service and then extending the service hours up to a 24/7 service. There will still be reliance of North Bristol to carry out thrombectomy procedures out of the service hours at UHW and whilst the service develops.

Benefits:

- This aligns with Welsh Government Priorities
- This provides equity of access to South Wales patients over time.
- The benefit to patients is incalculable.
- The overall burden on the health service is minimised.
- More achievable in a shorter timeframe, meaning more patients would benefit in the shorter term.
- More likely to attract candidates to key roles over a period of time.
- Allows for revision of the longer-term plan as services develop.
- More affordable in-year to get started.
- Allows C&VUHB to develop the interdependent Stroke improvements in service.

Disadvantages:

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- Some eligible patients will not benefit from this in the short-term due to time of presentation, but this would be mitigated by North Bristol's extended service.

Option recommended.

Option Appraisal Outcome and Conclusion

At this time the only feasible option, which delivers any benefit to the patient population is Option 3.

7. The Preferred option

At this time the only feasible option, which delivers any benefit to the patient population is Option 3.

This option provides the greatest chance for a sustainable increase in the numbers of patients receiving thrombectomy in South Wales. The table below demonstrates for completeness all four phases with the operating hours projected case numbers and the resulting target for % of eligible patients.

Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon- Fri	8am-8pm 7 days	24/7
Target %	2.5	3.8	5.3	10.0

The local and regional work undertaken have defined the clinical pathway, referral and imaging processes as well as the intended approach to repatriation. This detailed work ensures that each individual health Board will have considered what changes to local processes are required to ensure an increase in the number of patients that can receive MT.

7.1 Benefits

This section must outline both the quantifiable and non-quantifiable benefits associated with the proposal. The measures by which quantifiable benefits will be tracked should be included.

Quantifiable benefits	Non-quantifiable benefits
<ul style="list-style-type: none"> • Increase in patients receiving Thrombectomy • Reduced LOS resulting from improved patient outcomes. • Reduced follow up from improved patient outcomes. • Reduced readmission rates from improved patient outcomes. • Equity of access to Thrombectomy for patients across South Wales. • Improved patient outcomes. • Cost per case benefit 	<ul style="list-style-type: none"> • Resulting impact of increase in patients receiving Thrombectomy on health economy • Addition of a funded regional Thrombectomy service at Cardiff & Vale will provide resilience for a number of specialist services, reliant on INR interventions. • Patient experience, could be evidenced via patient stories e.g. Improving access to

	thrombectomy Stroke Association
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7.1.1 Benefits tracker

This section must see the benefits realisation tracker (below) completed for all quantifiable benefits. Where cases are approved this will form a key part of future review meetings with BCAG and provide assurance as to how benefits are being tracked.

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Benefit title	Benefit descriptor including	Expected realisation date	Measure(s) to be used	Baseline position at xxx	Projected position at	Actual position at xxx	Projected position at xxx	Actual position at xxx	Projected position at xxx	Actual position at xxx
<i>Increased used of digital technologies.</i>	<i>Half of future FU appointments can be undertaken virtually</i>	<i>By Q4 24/25</i>	<i>% of FU appointments taking place virtually</i>	<i>10%</i>	<i>20% by Q2 22-23</i>	<i>To be populated at Q2 22-23</i>	<i>35% by Q1 23-24</i>	<i>To be populated at Q1 23-24</i>	<i>50% by Q4 24/25</i>	<i>To be populated at Q4 24/25</i>
Increase in patients receiving Thrombectomy	More eligible patients will have access to Thrombectomy.		Number of patients receiving Thrombectomy at UHW – part of the Stroke Dashboard measures	1.2% (Nov 22)	2.5% by Q3 2024/5					
Reduced LOS resulting from improved patient outcomes.	Successful Thrombectomy should result in patients being fit for discharge earlier (other co-morbidities permitting)		Trend analysis of LOS of Thrombectomy patients (admission to MFFD / transfer date). Comparison of CAV Thrombectomy pts to Acute Stroke LOS.	67.4 days Median pathway LOS	Average improvement of at least 5 days by end of year 1					
Equity of access to Thrombectomy for patients across South Wales.	More patients from across South Wales will be able to receive timely treatment.		Number of eligible patients receiving Thrombectomy, by Health Board – part of the Stroke Dashboard measures.	25 pts 2022 from other SW HB	50 pts from other HB in Yr 1					
Improved patient outcomes. Thrombectomy will be a contributor to overall improvement in stroke measures	Improvement in disability		Change in Modified Rankin Score pre and post-Thrombectomy	4	3 by Q4 23/24					
	Thrombectomy will be a contributor in preventing and limiting disability.		Disability-adjusted life years (DALY) score as detailed in the Quality Statement for Stroke	Under development in parallel with implementation						
	Improved quality of life post stroke		Health Days at Home (HDAH) population-based quality measure (QSS)	Under development in parallel with implementation						
	Thrombectomy will contribute to reduction in proportion of deaths from Stroke		As detailed in the Quality Statement for Stroke							
Cost per case benefit	Provision of service in Cardiff at favourable tariff compared to Southmead.		WHSSC funding model	£24,198 exc. CC/Devices & Transport	£21,425 exc. CC/Devices & Transport					

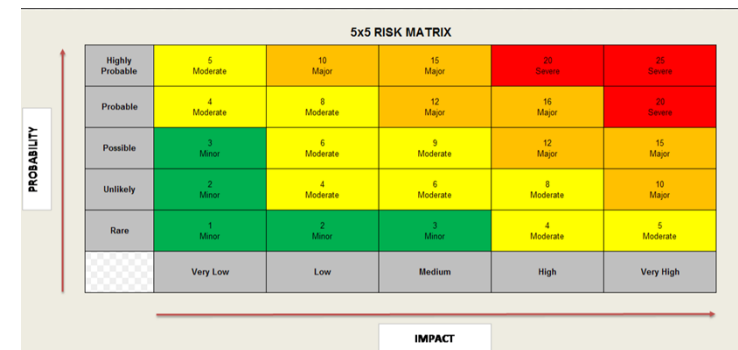
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7.2 Risk

This section must outline the key risks associated with successful implementation (should the case be approved) and plans for mitigating their removal. Where cases are approved this will form a key part of future review meetings with BCAG and provide assurance as to risks are being managed to maximise chances of success.

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (Pxl)	Mitigating Action	Owner
Interventional Radiology recruitment	Failure to recruit would prevent progression to further phases of implementation	4	3	12	Consideration for developing skills in-house, cross Interventional / Neurosurgical training.	
Thrombectomy imaging protocols	Eligibility for Thrombectomy relies on prompt identification and diagnostic pathways.	3	3	9	Incorporated into Stroke Improvement Programme. Adoption of Brainomix.	
Repatriation model	Patients must be repatriated to their LHB at the earliest clinically appropriate opportunity in order to avoid creating additional bed pressures and reducing capacity for the next patient.	5	4	20	Adoption of MTC pathway for this patient cohort. Penalties for refusal to accept patient.	
Development of HASU	For later phases, HASU is recommended for most efficient and appropriate model of care, otherwise will place an unnecessary burden on Critical Care	4	4	16	Pursue plans for HASU development within Regional Stroke Network model.	
Equity of post-thrombectomy care	To maximise effectiveness of Thrombectomy on QOL and patient outcomes, patients must be able to access appropriate Therapy support at their LHB	3	4	12	Local Health Boards must commit to adequate therapy provision post-Thrombectomy to ensure equity for patients.	

Key: 5x5 risk matrix



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7.3 Total Cost - Resource Implications and Affordability

It should be acknowledged at the outset that setting up a service in a phased approach will naturally yield some financial inefficiencies due to the need to cover the service daily for the eventuality of receiving approximately 80 patients per year. As the service grows, the service will become more economical. This case has considered how best to utilise resource at those periods where they are not actively treating Thrombectomy patients. In addition, the TIG has run a number of support and challenge meetings with the individual services, therefore assuring that the elements included in this case are purely the uplifts required to take on the additionality of Thrombectomy.

This is a multi-disciplinary service and as such requires resourcing across a number of specialties and organisations. This case sets out the costs for the regional centre at UHW and associated transport costs but does not outline any costs nor savings that may be incurred by referring Health Boards. This, in the first instance describes the Phase 1 requirement, with the intention of refining further requirements after review of the initial phases. However, for completeness, costings have been calculated and detailed for all 4 phases in the attached document entitled Thrombectomy Costing Summary v6.



Thrombectomy
Costing Summary v6

Radiology Directorate

The infrastructure required for Radiology to provide this service is not insignificant.

- Interventional Neuroradiologists – there are currently two employed by C&VUHB, with one vacancy. Another 1WTE in addition consultant would be required to supplement this service, as, at least 4 are required to run a resilient service. It is recognised that recruitment of INR consultants is particularly difficult therefore the costings reflect a model where phase 1 of the service is provided through WLI in the first instance. It is likely that commencing a regional service will attract candidates to the area so this money would convert into a 1WTE post in that eventuality.
- Interventional Neuroradiology Nurses – Following an internal revision of the staffing structure, phase 1 of the Thrombectomy service can run with 1 Band 5 and 1 Band 6.
- 2.4WTE Radiographers are required, one CT and one Vascular to carry out the required imaging in a timely manner. With the advent of the MTC and the Vascular hub, the existing service model cannot feasibly attend to multiple emergent patients simultaneously, therefore additional resource is required.

0.2WTE Diagnostic Neuroradiologist - The diagnostic neuroradiologist workforce will need to expand in order to report the additional neuroimaging produced by the regional thrombectomy service. It is estimated that around

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30% of patients transferred for thrombectomy will require further imaging. Perfusion software is needed, NICE (2019) recommend that stroke patients presenting between 6-24 hours can benefit from thrombectomy if there is salvageable brain tissue demonstrated by perfusion scanning.

- Support staff are an essential component to this service. Given the need for timeliness of transfer through the hospital, an additional 1.2 WTE porters will be required to facilitate immediate transfer through the various steps of the pathway in a timely way.
- No administrative resource has been factored into Phase 1 although there will be a need for increased provision as the service grows.
- Additional recurrent costs of the Thrombectomy consumables costs should also be funded. Software licences will be covered by C&V UHB.
- The total recurrent cost of Phase 1 for Radiology is £919k.

Peri-Operative Care

- Mortimer et al (2021) recommend that an anaesthetist experienced in neuroradiology should be present during thrombectomy procedures. Emergency cases are booked onto the emergency CEPOD list. This is unsustainable and in order to deliver a regional thrombectomy service additional funding will be needed to cover in hours and out of hours thrombectomy work as the service expands to a 24/7 service. For Phase 1, the requirement for Anaesthetic cover during daytime hours is 1.9WTE. Anaesthetists work 3 session days, due to the work required in the pre-operative and post-operative phase. To provide cover for the theatre, this equates to 15 sessions per week, with an additional 4 sessions of SPA allocation.
- ODP cover is required, which equates to 1.52WTE Band 6.
- The total recurrent cost for the Peri-Operative Directorate for Phase 1 is £351k.

Critical Care Directorate

- It is anticipated that up to 30% of thrombectomy patients may require a bed in Critical Care following a thrombectomy procedure. Critical care in UHW runs at full capacity. The critical care team have strongly recommended that a HASU is commissioned in order to provide specialist care to stroke patients and from a financial perspective a HASU bed will be less costly than a Critical Care bed. However, for Phase 1, the limitations of developing such a unit are recognised. **The requirement for Critical Care is to staff 1 bed for Thrombectomy, at a cost of £304k per annum for Phase 1 and assumes an average of 5 days LOS.**

Therapy / AHP Workforce

Rehabilitation of this patient cohort is key to the patients' ongoing recovery. A band 8A Lead Therapist is required as a senior therapy decision maker for the patients' ongoing hospital care. This should be supplemented by a 1 WTE Band

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6 Therapist. These roles between them need to fulfil the Physiotherapy and Occupational Therapy provision.

- In addition, 1.2WTE band 3 Therapy technicians will be required. These will be multi-disciplinary and will provide focused attention on the patient and their individual needs.
- A patient's mental well-being is as important to their recovery as their physical needs. For Phase 1, no resource has been factored into the case but in latter Phases, an increase in hours of a Band 8A Psychologist will be required for this purpose.
- An uplift of 0.2WTE to a Band 7 Pharmacist would cater for the medicinal needs of this extra cohort of patients.
- The total recurrent cost for Therapies/AHPs is £168k for Phase 1.

Medicine Clinical Board

Much of the of the investment required for Medicine is included in the Business Case for the Acute Stroke Service. As such, the additional elements required from WHSCC for Thrombectomy are:

- 1 WTE Stroke Clinician - this is to ensure front door cover for presenting strokes and ward cover.
- 5.8WTE Band 6 Nurses for the Stroke ward. This has been calculated based on the additional two beds required for the out of area patients as some of the local patients that undergo Thrombectomy would have otherwise taken up beds in the Stroke ward, regardless of whether they underwent Thrombectomy.
- 0.5WTE Clinical Nurse Specialist - This role will be key for co-ordinating the clinical pathway between Health Boards and providing specialist clinical care to patients.
- 0.2WTE Band 3 SSNAP auditor is required to meet the audit requirements of this extra cohort of patients.
- The total requirement for Medicine Clinical Board is £482k.

WAST

The expected ambulance journeys to and from UHW have been costed and a B7 post added to provide increased resilience to the co-ordination team and manage the logistics of timely transfer.

The total funding requirement for WAST is £113k per annum.

Adult Critical Care Transfer Service (ACCTS)

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Consideration should also be given to the current contract with ACCTS in the event of needing to transfer patients from one critical care unit to another, although for Phase 1, this should be minimal.

Non-Pay Overhead Costs

In addition, there are associated non-pay overheads relating to this service, amounting to **£21k** in Phase 1.

The total cost of Phase 1 is £2,583k.

Comparable Unit Cost

When comparing costs to the current arrangement with Bristol, the comparison is favourable. The tables below show comparisons per phase with and without devices and Critical Care costs.

Comparable Unit Cost	Phase 1	Phase 2	Phase 3	Phase 4	
Bristol Cost 2022/23	24,198	24,198	24,198	24,198	excl. devices, CC / HC and transport
C&V Business Case Cost	21,425	17,808	14,138	11,320	excl. devices, CC / HC and transport

Comparable Unit Cost	Phase 1	Phase 2	Phase 3	Phase 4	
Bristol Cost 2022/23	32,971	32,971	32,971	32,971	all costs sample excl. transport
C&V Business Case Cost	31,638	28,022	24,005	21,186	costs excl. WAST

In summary, Cardiff & Vale UHB will be able to provide a comparably cost-effective service compared to the current provision, which, as the implementation progresses through the phases, will bring further economies of scale, bringing the service in line with NHS England tariffs

This table should be the sum of annex a,b and c which provides the detailed break.

	Year 1 £	Year 2 £	Year 3 £
TOTAL RECURRENT (not formula driven - complete)	1,291,688	2,583,377	3,421,266
TOTAL NON RECURRENT (not formula driven - complete)	0	0	0

Assumed start date	Oct-23
Funding Source Revenue:	WHSSC original ICP value not detailed by WHSSC
Funding Source Capital:	

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Annex a: Workforce implications, Non-pay, support service, infrastructure

	Cumulative Staffing Requirements (WTE)				Cumulative Cost Per Phase (£)			
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 1	Phase 2	Phase 3	Phase 4
Radiology (Excl. Devices)	5.80	10.30	13.73	29.70	425,613	584,196	910,855	1,783,705
Radiology (Devices)					493,746	740,623	1,277,246	2,432,843
Medicine	7.50	7.50	8.00	8.00	482,276	482,276	517,075	517,075
Peri-operative Care	3.42	4.95	5.83	8.20	351,304	508,467	616,425	934,857
Critical Care					303,676	455,516	715,423	1,362,707
Therapies & AHP	3.40	4.20	7.08	7.61	167,571	190,566	358,335	386,480
WAST	1.00	1.00	1.00	1.00	113,205	139,521	175,051	278,626
Staff-related non-pay					21,000	28,000	36,000	55,000
Other costs and overheads					224,985	292,101	416,811	677,764
Total Costs					2,583,377	3,421,266	5,023,220	8,429,057
Total Cost Excl. Devices, Critical Care and WAST					1,672,750	2,085,607	2,855,501	4,354,882
Comparable Unit Cost, Excl. Devices, Critical Care and WAST					21,425	17,808	14,138	11,320

Annex b: Capital requirements

this should be identified and detailed and, if known, whether this is agreed as part of the UHB's Capital Programme.

Not applicable

Annex d: BCAG submission deadlines

BCAG meets on the first Wednesday of every month. In order for cases to be considered at a meeting they must be with the secretariat in Strategy and Planning **by close of play two Fridays beforehand.**

For 2022-23 this means:

Date of BCAG	Circulation of agenda and papers	Submission of papers
06 July 2022	01 July	24 June
03 August 2022	29 July	22 July
07 September 2022	02 September	26 August
05 October 2022	30 September	23 September
02 November 2022	28 October	21 October
07 December 2022	02 December	25 November
04 January 2023	30 December	23 December
01 February 2023	27 January	20 January

There is no flexibility without the express permission of the Director Finance

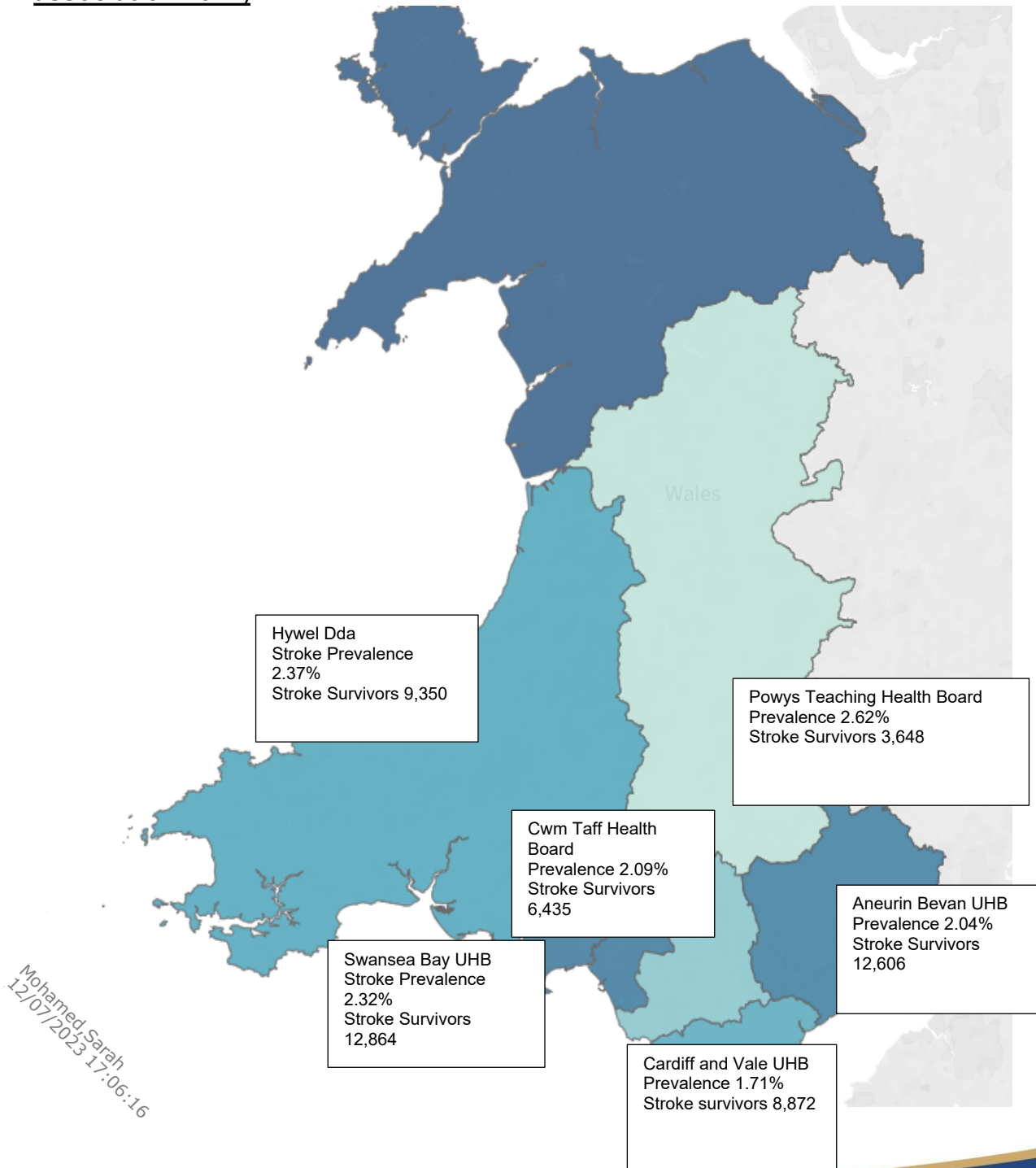
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Appendices

Appendix 1 Stroke Prevalence throughout UK (Stroke Association 2021)

Nation	Hospital admission rate	Stroke Survivors	Prevalence rate
Scotland	9,853	128,050	2.28%
Wales	7,946	68,870	2.12%
Northern Ireland	4,928	39,205	1.95%
England	126,011	1,086,155	1.80%

Appendix 2 Stroke Prevalence in Wales showing the number of people who have had a stroke or TIA in South Wales according to their GP record (Stroke association 2021)

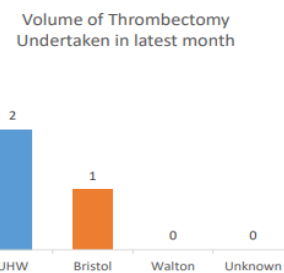
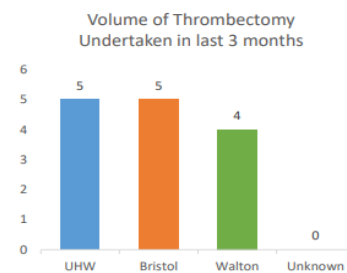
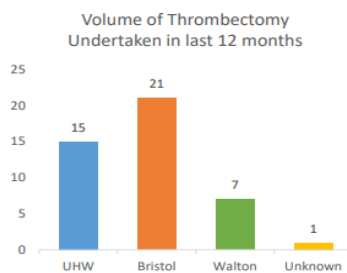
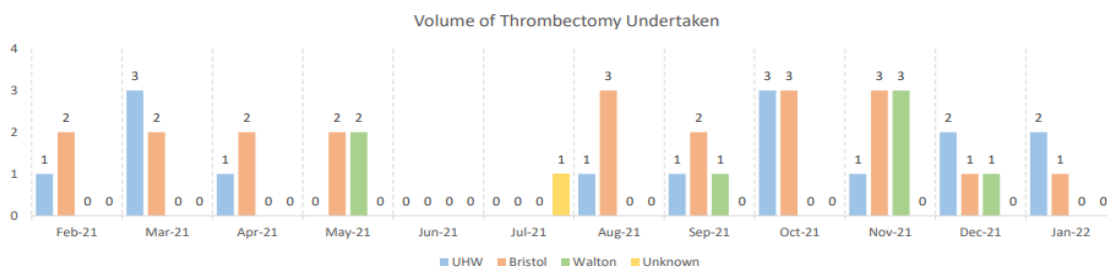


Appendix 3 - Population of South Wales

Health Board	Total Population (mid-year 2019)
Aneurin Bevan University Health Board	633,790
Cardiff & Vale University Health Board	460,864
Cwm Tâf Morgannwg University Health Board	488,639
Hywel Dda University Health Board	387,284
Swansea Bay University Health Board	390,308
South Wales Population	2,320,885

Appendix 4 - Thrombectomy Activity showing the proportion of thrombectomies carried out by each tertiary site

Thrombectomy Undertaken by Tertiary Sites



Thrombectomy
All Wales (January 2022)

<http://howis.wales.nhs.uk/deliveryunit>



Appendix 5 – SSNAP Data on Onset to Thrombectomy Times

	01.04.21-31.03.22	01.04.22-31.12.22
CAVUHB patients who had treatment at UHW	7	8
CAVUHB patients who had treatment in Bristol	1	4
OOA patients who had treatment at UHW	5	1
Total Number of thrombectomy patients	13	13

Times to Thrombectomy - PLEASE NOTE NUMBER OF PATIENTS ARE SHOWN IN BRACKETS IN RED

Onset to Thrombectomy Times

	01.04.2021-31.03.2022		01.04.2022-31.12.2022	
Onset to Thrombectomy (number of patients)	Median time	Minimum-Maximum	Median time	Minimum-Maximum
Inpatient subset	3h30m (1)	Not Applicable	2h55m (1)	Not Applicable
Arrival via EU (excluding Bristol)	7h29m (11)	4h15m – 14h22m	4h25m (8)	3h00m-15h05m
Bristol subset	17h30m (1)	Not Applicable	11h11m (4)	07h10m-19h53m
Total Cohort	9h29m (13)	03h30m-17h03m	04h57m (13)	02h55m-19h53m

Door to Thrombectomy Times

	01.04.2021-31.03.2022		01.04.2022-31.12.2022	
Door to Thrombectomy (number of patients)	Median time	Minimum-Maximum	Median time	Minimum-Maximum
Inpatient subset	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Arrival via EU (excluding Bristol)	3h53m (11)	0h51m – 5h48m	2h26m (8)	01h31m-03h34m
Bristol subset	5h22m (1)	Not Applicable	5h22m (4)	04h48m-08h37m
Total Cohort	2h24m (12)	0h42m – 11h37m	3h12m (12)	01h31m-08h37m

Appendix 8 – A patient’s perspective

A message from the Stroke Association

Juliet Bouverie OBE, Chief Executive, Stroke Association

Mechanical thrombectomy changes the course of recovery from stroke in an instant. Take Gerald, for example, a 65-year-old retired pub landlord and driver. In October 2020, Gerald was having a cup of tea with his wife, Linda, when she noticed his arm had gone rigid and he was beginning to slur his speech. Despite Gerald insisting he was fine, his wife called an ambulance.

Linda could not accompany Gerald to hospital due to the coronavirus pandemic, adding to an already frightening situation. He was taken to Cardiff’s University Hospital of Wales, promptly scanned and then prepared for a mechanical thrombectomy.

Gerald said: *“All I remember of the operation was the machine over the top of my head... Without the thrombectomy I would have been in a much worse state. I could have died. I came through and I’m here now. I’d like to add my appreciation to the surgeon and his team, and the nursing staff who attended to me ... Their speed and care were exceptional. I think thrombectomy is fantastic. I think it should be made available everywhere. Get it done quickly and get rid of the clot. It’s brilliant technology.”*

Gerald told me that he was able to return to the things that he loves, and within six weeks he was back out on the golf course. His story shows that thrombectomy can radically change what is possible after a stroke. Not only is it transformational for patients, but for the NHS it should be the catalyst for better care across the whole stroke pathway.

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Report Title:	All Wales Medical Genomics Service 2023-2024 Investment Business Plan		Agenda Item no.	3.3	
Meeting:	Finance and Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	19 July 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>		
Lead Executive:	Executive Director of Therapies and Health Science				
Report Author (Title):	Managing Director, All Wales Medical Genomics Service / Assistant Director of Therapies and Health Science				

Main Report

Background and current situation:

The All Wales Medical Genomics Service (AWMGS) has submitted its annual business plan to Cardiff and Vale UHB's Senior Leadership Board Investment Group for assurance scrutiny and oversight. The plan is developed to support the UHB's Integrated Medium Term Plan (IMTP).

The AWMGS provides NHS Wales' clinical and laboratory genomic services covering specialist adult and paediatric genetic and genomic services including diagnosis of cancer and rare disease. The AWMGS is hosted by Cardiff and Vale UHB with its hub services including a single national laboratory in Cardiff. The AWMGS provides clinics across Wales with regional clinical spokes in Betsi Cadwaladr University Health Board and Swansea Bay University Health Board.

The AWMGS is primarily Welsh Health Specialised Services Committee (WHSSC) funded and has a 23/24 operating budget of circa £24.2m and employs 314 WTEs. The AWMGS will also receive additional uplifts to existing Welsh Government strategic investment through the Genomics Partnership Wales (GPW) programme during the 23/24 financial year as well as new investments for specific strategic outputs which are detailed in their annual investment plan (appendix 1).

Genomic technology is advancing at a rate not normally seen in healthcare settings. To meet the ever-increasing demand for diagnostic testing, funding for the All Wales Genetics Laboratory (AWGL) for routine operational delivery is agreed with WHSSC in a flexible way. This funding model allows the AWGL to respond rapidly to changes in NHS England's genetic "Test Directory" or to flex when new therapies or drugs become available. Whilst horizon scanning is helpful in providing some indication of expected future demand, plans often need to change very quickly to provide optimised service to patients.

Test Directory funding high level breakdown:

The National Genomic Test Directory for Cancer and Rare Diseases ("Test Directory") is periodically changed and updated throughout the financial year in response to NICE guidance in order to keep pace with rapidly evolving genomic medicine and advanced therapeutic discoveries. There was a new publication of the 'National Genomic Test Directory for Rare and Inherited Disease' and the 'National Genomic Test Directory for Cancer' in October 2022. A number of new clinical indications have been added, as well as some additional changes/updates to existing clinical indications within the Test Directory.

The impact of these upcoming changes has been discussed and reviewed internally with the AWGL's Cancer Sections and Constitutional & Rare Disease Sections. It has been identified that there is a need in 23/24 to deliver ~4657 additional genetic tests for patients in Wales and implementation plans have been developed for these required tests.

Additional AWMGS funding beyond the 'Test Directory' uplift for the 23/24 financial year will be received through;

The liquid biopsy implementation project `QuicDNA` which has been supported by: Welsh Government, Health Care Research Wales Research for Patient and Public Benefit (RfPPB), Moondance (third sector) and gifts from commercial partners Illumina, Amgen, Lilly, Bayer and Astra Zeneca.

GPW partner 'Single Digital Storage Solution' – business case currently with Welsh Government.

High Level Investment Overview:

- Test Directory Uplift - £4.64m
- Genomics Partnership Wales Programme – 23/24 recurring uplift to budget £2.5m
- QuicDNA 'liquid biopsy' translational research programme - £1.53m (mixed WG, commercial and third sector funding)
- GPW Digital Storage (pending WG decision) - £2.72m

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

The AWGL will be managing the following capacity constraints whilst delivery these planned service developments during 23/24:

The service will be deploying a new Genetic Laboratory information Management System (GLIMS) in September / October 2023.

The AWMGS will relocate to a state-of-the-art genomics facility at the Cardiff Edge Science Park on J32 of the M4. The AWMGS will move in a phased way from November 2023 to take account of other planned projects including a UKAS surveillance accreditation inspection. The AWMGS will co-locate with the Pathogen Genomics Unit (PenGU) and the Wales Gene Park in this facility as part of the GPW Estates Programme.

Recommendation:

The Committee are requested to:

Review the All Wales Medical Genomics Service 2023-2024 Investment Business Plan and **recommend** it to the Board for approval.

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	√
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Impact Assessment:

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

Risk: Yes

Subject to service development implementation risks assessments

Safety: No

Financial: Yes

Managed in conjunction with CAV Finance and WHSSC

Workforce: Yes

Linked to AWMGS workforce plan

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Investment Group

07/06/2023

Senior Leadership Board

15/06/2023

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All Wales Medical Genomics Service

2023-2024 Investment Business Plan

Summary

The All Wales Medical Genomics Service (AWMGS) provides NHS Wales' clinical and laboratory genomic services covering specialist audit and paediatric genetic and genomic services including diagnosis of cancer and rare disease. The AWMGS is hosted by Cardiff and Vale UHB with its hub services in Cardiff but delivers clinics across Wales with regional clinical spokes in BCUHB and SBUHB.

Primarily Welsh Health Specialised Services Committee (WHSSC) funded, the AWMGS has a 23/24 operating budget of circa £24.2m and employs 314 WTEs. The AWMGS will receive additional uplifts to existing strategic investment programmes during the 23/24 financial year as well as new investments for specific strategic outputs which will be details in this plan.

Some of the investments mentioned in this document although verbally agreed through the Genomics partnership Wales (GPW) programme may be awaiting written confirmation by Welsh Government. This practice is standard for Welsh Government strategic funding and has been replicated in previous years and exposes the AWMGS and CAVUHB to little additional financial risk. Normally funding is allocated in June and if there is any doubt about the release of this strategic investment the AWMGS will modify its in-year planning accordingly.

The AWMGS is commissioned via WHSSC and this constitutes its primary budget allocation. In addition to this the AWMGS has received supplementary funding via the GPW programme and the Test Directory (TD) Business case both of which are supported by Welsh Government.

AWMGS activity and performance associated with increased funding for Test Directory delivery is reported to WHSSC, whereas service activity and performance associated GPW funding is also reported to Welsh Government.

The additional funding for the 23/24 financial year will be received through;

- The liquid biopsy implementation project `QuicDNA` which has been supported by: Welsh Government, Health Care Research Wales Research for Patient and Public Benefit (RfPPB), Moondance (third sector) and Illumina, Amgen, Lilly, Bayer, AZ (industry, gifted).
- GPW partner single Digital Storage solution – business case currently with Welsh Government.

Investment Overview

- Test Directory Uplift - £4.64m
- Genomics Partnership Wales Programme – 23/24 recurring uplift to budget £2.5m
- QuicDNA - £1.53M
- GPW Digital Storage (pending) - £2.72m

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Annual operating budget:

	19/20	20/21	21/22	22/23	23/24
Core service	£8,489,448	£7,852,915	£8,138,125	£9,081,053	£8,119,285
Test Directory	£1,255,570.00	£3,213,523	£5,163,763	£8,447,508	£13,008,814
Lynch	£165,003	£212,877	£204,675	£318,880	£305,259
GPW-Strategy	£1,967,743	£2,414,532	£2,362,808	£2,827,058	£2,827,058
GPW- additional (Cardiff Edge)	£0	£0	£0	£921,100	tbc
	£11,877,764	£13,693,847	£15,869,371	£21,595,599	£24,260,416

New Investment Objectives 23/24

Test Directory presented previously to SLB Investment Group on 18th April 2023

The National Genomic Test Directory for Cancer and Rare Diseases is periodically changed and updated throughout the financial year in response to NICE guidance in order to keep pace with rapidly evolving genomic medicine and advanced therapeutic discoveries. There was a new publication of the 'National Genomic Test Directory for Rare and Inherited Disease' and the 'National Genomic Test Directory for Cancer' in October 2022. A number of new clinical indications have been added, as well as some additional changes/updates to existing clinical indications within the Test Directory.

The impact of these upcoming changes has been discussed and reviewed internally with the All Wales Genomics Laboratory's (AWGL) Cancer Section and Constitutional & Rare Disease Sections. It has been identified that there is a need in 23/24 to deliver ~4657 additional genetic tests for patients in Wales (table 1).

Test Directory Service breakdown 2022/2023	Test volume
NIPT	780
Whole Genome Sequencing (rare disease)	286
Whole Genome Sequencing (cancer)	105
Whole Exome Sequencing	504
Comprehensive Somatic NGS - DNA	5652
Comprehensive Somatic NGS - RNA	1934
ctDNA	360
SNP Array Genotyping/Methylation (haem onc)	416
RNA sequencing - Haematological	0
HRD Signature	0
Germline Cancer NGS	982
Pharmacogenomics Panel Expansion	3047
Whole Transcriptome Sequencing	100
Full total	14166

Table 1: test volume for 23/24 related to Test Directory.

Genomics Partnership Wales Programme

The forecasted funding being received from the GPW programme is recurring from previous years with the focus being on the reallocation of budget to align to appropriate workforce roles to deliver against service objectives. The AWMGS clinical service will be recruiting to the following:

- 3 sessions for a joint clinical academic consultant as part of a new senior lecturer post at Cardiff University. This post will support the cancer genetics team with the increasing requirement for AWMGS to lead the management and surveillance of patients with familial cancer syndromes, with recruitment of patients to clinical trials and with the increasing demand for inclusion of genetic testing in routine cancer care pathways (mainstreaming).
- Senior lecturer role (Genetic Counsellor). This post will support the development of the genetic counsellor workforce within the service in a number of ways e.g. working towards HCPC registration via equivalence, and raising the profile of the Genetic Counsellors (GC) nationally by supporting them to become more involved in research. This role and the novel academic consultant role will align with the “Genomics Delivery Plan for Wales” ([Genomics delivery plan 2022 to 2025 | GOV.WALES](#)) to increase/expand the specialist genomics academic workforce.
- Welsh Clinical Leadership Fellow (WCLF) employed for one year from August 2023. This post will support NHS Wales mainstreaming objectives and the clinical service redesign required to realise the ambitions laid down in the Delivery Plan, as well as supporting the HEIW WCLF programme to develop future NHS leaders.

Across the service job profiling as part of the service strategic workforce planning process has been conducted to overcome recruitment barriers.

QuicDNA presented previously to SLB Investment Group on 18th April 2023.

The project will see the recruitment of patients with lung cancer symptoms. Blood samples will be collected from patients with high suspicion of lung cancer (stage III and IV) based on imaging (CT or PET scan). Standard Of Care (SOC) diagnostic testing via biopsy pathway will continue as normal.

Genomic profiling will then be performed using ‘liquid biopsy’ technology for circulating tumour DNA (ctDNA) for patients with clinically suspected lung cancer and provide a genomic report for the lung cancer multidisciplinary team meeting (MDT).

The project will assess time from referral to genomic report and to treatment compared with standard tissue pathway.

Patients will be able to receive personalised treatment shortly after MDT without waiting for the genomic report from the tissue biopsy from SOC diagnostic pathway.

Planned activity: 1260 participants across all seven health boards in Wales.

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Benefits

- An increase in the proportion of patients with advanced lung cancer who receive targeted treatments.
- A shorter time from initial referral to first treatment, compared with the current standard of care (SOC) tissue genomic testing for patients with suspected advanced lung cancer.
- Patients with identified targets from liquid biopsy testing will receive targeted therapy within seven days from the standard multi-disciplinary team meeting (MDT).
- A shorter time to genomic report, using liquid biopsy, compared with tissue biopsy genomic report.
- An increasing number of patients receiving the most effective treatment upfront could improve patient outcomes in Wales.
- The number of prevented repeat tissue biopsies.
- Data collection for a health economic evaluation to assess the impact of value-based healthcare.
- Demonstration of feasibility in lung cancer will help inform the design and delivery of a large study across multiple tumour types.
- Patients and their families views on the acceptability of liquid biopsy at the high cancer suspicion as NHS healthcare provision.

Digital Storage (Appendix A)

Genomics Partnership Wales (GPW) have submitted a business case to Welsh Government in April 2023 for £2.7m as the first stage of a national investment plan to develop a joint genomic data storage infrastructure for Wales. This will include the AWMGS, the Pathogen Genomics Unity (PenGU) hosted by Public Health Wales and the Wales Gene Park hosted by Cardiff University, which addresses:

- [Phase 1a] Immediate-term archival capabilities and capacity for all GPW partners: establish tape archive solution at Cardiff Edge, mirrored in Cardiff University's Redwood data centre ~ £2m
- [Phase 1b] Networking, security and staffing foundations to realise a shared GPW infrastructure to concurrently deliver the partnership benefits of the archive storage system, preparing GPW for future shared digital systems, and developing a strategic and technical design that can form the basis of future business cases [Phase 2 – costings TBC] to support deployment of a sustainable, joint digital infrastructure that will provide service and research requirements for all GPW partners ~ £0.7m

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Benefits

Supports implementation of technological infrastructure necessary to enable:

- Implement a multi-petabyte archival solution for all GPW partners that addresses AWMGS imminent safeguarding requirements, and
- Meets the longer-term archiving needs of all GPW partners based at Cardiff Edge.
- Ensure that AWMGS can deliver uninterrupted operations without running out of storage space.
- GPW partnership can design, build, and grow a shared storage solution for the long-term that is sustainable and which will help enable data sharing and linkage in future

Supports the technical, planning and governance work needed to fully deliver the partnership benefits of the proposed archival system, preparing GPW for future shared digital systems, and developing a strategic and technical design that for the basis of future business cases by:

- Providing a technical implementation that delivers an archival system usable by all partners
- Delivering a governance programme that supplies the assurance, governance and legal agreements needed for the operation of a shared system
- Formulating a technical design that leads GPW to its future joint infrastructure

Technical implementation including,

- Partner integration
- Multi-partner use
- Legal and governance agreements for operation of shared systems
- Future storage
- Future HPC
- Future network
- Organisation integration
- External integration
- TRE considerations

Interdisciplinary Doctoral Training Hub in Precision Oncology PhD studentship (non-clinical starting October 2023)

The AWMGS as a key partner of GPW have secured WG funding to work as part of a consortium led by Cardiff University to develop an interdisciplinary Doctoral Training Hub In Precision Oncology (IPOCH). IPOCH as a programme is funded by the UK Engineering and Physical Sciences Research Council (EPSRC) Doctoral Training Programme. GPW/AWMGS have committed to fund 50% of a PhD student for three and half years at a total cost of £50k.

Precision oncology adopts a tailored approach to cancer care by developing treatments that target an individual's tumour. It utilises a unified approach to image and genomic data analytics, combined with an appreciation of big data and artificial intelligence (AI) approaches. It also takes advantage of new developments in biomedical imaging and 'omics' technologies that will increasingly impact on the more traditional specialities of radiology, oncology and cellular pathology. As these specialities create more sophisticated data sets, it will be essential that they are linked with molecular

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diagnostic data sets for optimal personalised patient care, particularly in genomics. The IPOCJ programme will be underpinned by a robust understanding of data integration including data security and data ethics.

Benefits
<ul style="list-style-type: none">• Closer collaboration with Cardiff University• Greater integration of data (integrating image and genomics data analytics)• Embed clinical practice into translational medicine

Previously funded All Wales Medical Genomics Service 23/24 IMTP Delivery Objectives

Cardiff Edge Business Park Relocation, operationally live November 2023

The service is relocating from the University Hospital of Wales site to Cardiff Edge Business Park along with Genomics Partnership Wales service delivery partners, Pathogen Genomics Unit (PenGu) and Wales Gene Park (WGP). It is foreseen that the AWMGS Clinical Service will relocate and be operationally 'live' by November 2023. The AWML relocation is currently in the planning phase and has to accommodate competing demands within service but it is expected that the laboratory move will happen across quarter 4 of FY 23/24. The support structures across AWMGS including IM&T, Quality, Training, Business and Administration teams will relocate across the timeline as required for operations and a flexible approach to their base of work will be required.

SCC Laboratory Information Management System (LIMS), launch September 2023.

The AWMGS Laboratory will be implementing a new LIMS system this year. Build and Development completion date is 7th July 2023. Validation will take place between 10th July 2023 and 18th August 2023, Training and Implementation stage will be between 21st August 2023 and 22nd September 2023, with system 'go live' on 25th September 2023.

UKAS Inspection May 2023

The AWMGS Laboratory will receive a UKAS surveillance inspection 3rd and 4th May 2023. This will be a 'light touch' inspection, with an onsite-inspection on 3rd May for the technical and scientific aspects of the AWGL and a virtual inspection on 4th May for the Quality Management System.

North Wales Clinical Estates

The AWMGS Clinical Service based in North Wales will centralise at the Wrexham Maelor Hospital site with outpatient clinics being maintained at Ysbyty Glan Clywyd and Ysbyty Gwynedd during FY 23/24. This will require the transfer of all North Wales patient records to the Wrexham Maelor Hospital site. Investment will be required in additional storage space and possibly remodelling of existing AWMGS estates. AWMGS is currently working with BCUHB to enable these changes.

iGene Developments

The AWMGS Clinical Service launched a new Clinical Information Management System in 22/23, iGene. In 2023 the AWMGS will be launching further updates to support AWMGS clinical service migration to a more digital and streamlined service with the launch of clinical pedigrees (hereditary disease modelling tool).

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Text Messaging Service

The AWMGS Clinical Service will be working with 'Envoy' to launch a SMS service to support patient engagement, this will begin with an initial SMS reminder before developing to include attachments as required. It is anticipated that this will positively impact on Did Not Attend (DNA) rates.

Welsh Clinical Portal

Quarter 1 of FY 23/24 will see patient letters be uploaded to Welsh Clinical Portal, this will improve accessibility to patient records for service users (health professionals). Also reducing risk of delays or loss of information from hard copy processes.

Other commitments

The AWMGS has numerous ongoing service improvement projects, reviews of transferring temporary services such as the Syndrome Without a Name (SWAN) and Psychiatric Genomics services into substantive services, development of a R&D strategy and mainstreaming genomics.

Conclusion

AWMGS will receive an additional potential investment of £8.89m (excluding GPW and Test Directory recurrent budget) for Financial Year 23/24. The £2.72m investment for a joint GPW partner digital storage solution which will be a CAVUHB asset. Any novel business cases or significant changes to the investment portfolio forecast described in the paper will be reported to the SLB Investment Group as appropriate.

Mohamed Sarah
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