Public Finance and Performance Committee Meeting

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

Agenda

14:00 - 14:10
10 min

1. Standing Items

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
60 min

2. Items for Review and Assurance

2.1. Financial Report – Month 3

Catherine Phillips / Robert Mahoney

2.1 Public Finance Committee SUMMARY Finance Position Report for Month 3.pdf (10 pages)

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

Abigail 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)

15:10 - 15:40
30 min

3. Items for Approval / Ratification

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

Abigail Harris / Geoff Walsh

- 3.1 Haem BMT SOC Cover Paper F&P.pdf (6 pages)
- 3.1a Haem SOC Exec Sum v11 (1).pdf (30 pages)

3.2. South Wales Thrombectomy Full Business Case

Paul Bostock / Matthew 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
5 min

4. Items for Information and Noting

4.1. Monthly Monitoring Return - Month 3

Catherine Phillips / Robert Mahoney

- 4.1a WG month 3 MMR Covering Report.pdf (2 pages)
- 4.1b CV Financial Monitoring Returns 2023-24 - Month 3.pdf (8 pages)
- 4.1c 2023-24 MMR Template - Cardiff Vale UHB Month 3.pdf (6 pages)

15:45 - 15:45
0 min

5. Agenda for Private Finance and Performance Committee Meeting

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

15:45 - 15:45
0 min

6. AOB

15:45 - 15:45
0 min

7. Review and Final Closure

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
0 min

8. Declaration

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]

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.	

	The Finance Committee resolved that: 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.	
FPC 21/06/005	**Action Log following the Finance and Performance Committee meeting on 17 May 2023** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log for the Finance and Performance Committee was noted.	
FPC 21/6/006	**Chairs Action since previous meeting** There had been no Chair's Actions taken since the last meeting.	
	Items for Review and Assurance	
FPC 21/6/007	**Financial Report – Month 2** The Deputy Director of Finance (Strategy) (DDFS) presented the Financial Report – Month 2 and highlighted the following: • 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. The UHB Chair congratulated the efforts made on the early endeavours to correct the Month 1 operational deficit. <u>Table 4: Financial Performance for the period ended 31st May 2023</u> • 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. <u>Savings position</u> • 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.	

- 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.

<u>Public Sector Payment Compliance</u>

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

<u>Cash Flow Forecast</u>

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 expediential rates. The UHB Vice Chair queried

	whether it would be difficult to achieve a surplus and queried whether there could be any mitigations for that Clinical Board. 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. The EDF added that it would be useful to bring in next year's saving plans as those were developed. The IMF queried when the excess cash would be requested from WG. The DDFS responded that WG had confirmed that it was too early in the year to make the request. The CC queried the Covid cost expenditure. 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. **The Finance Committee resolved that at Month 2:** 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**
FPC 21/6/008	**Operational Performance Report** The Operational Performance Report was received. 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. 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. 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. <u>Planned care</u>	

	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. <u>Emergency position</u> 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. <u>Pathways of care</u> 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 th Health Board wanted to commit to a 10% increase in Quarter 1. <u>Outpatient</u> 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. <u>Cancer</u> 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	

	reduced to 100 patients. Excellent conversations had taken place recently about when each tumour group would reach a sustainable level. Mental health 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. **The Finance Committee resolved:** a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes was noted.	
FPC 21/6/009	**Business Cases with No Funding Options** The DDFS presented the Business Cases with No Funding Options Paper and highlighted the following: • 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 remai within the capital resource limit. 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. The IMF queried why WG were not approving the schemes. The DDFS responded that it was due to lack of resources and competing priorities across Wales. **The Finance Committee resolved:** a) The usefulness of the attached report to the Finance and Performance Committee was considered.	**EDF**
FPC 21/6/010	**Board Assurance Framework** The Interim Director of Corporate Governance (IDCG) presented the Board Assurance Framework (BAF).	

	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. The CC queried how would they would ensure it was a "living document." 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. **The Finance Committee resolved:** 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.	
FPC 21/6/011	**Q4 report of the Regional Integration Fund** The Executive Director of Strategic Planning (EDSP) presented the Q4 report of the Regional Integration Fund and highlighted the following: • 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. **The Finance Committee resolved:** a) The information in the Q4 report was noted.	
	Items for Approval / Ratification	
FPC 21/6/012	No items	
	Items for Information and Noting	
FPC 21/6/013	**Monthly Monitoring Returns** The Month 1 and Month 2 Monitoring Returns were received. **The Finance Committee resolved that:** a) The extract from the UHB's draft Monthly Financial Monitoring Return for Month 1 and Month 2 were noted.	
FPC 21/6/014	**Any Other Business** No Other Business was discussed.	
	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 19th July 2023 at 2pm via MS Teams	

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					

Report Title:	Finance Report for the Period Ended 30th June 2023				Agenda Item no.	2.1
Meeting:	Finance Committee		Public	x	Meeting Date:	19th July 2023
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	**Executive Director of Finance**					
Report Author (Title):	**Deputy Director of Finance (Operational)**					

Main Report
Background and current situation:

Summary

At month 3, the UHB is reporting an overspend of £25.756m. This is comprised of £3.485m unidentified savings, £0.171m of operational overspend and the planned deficit of £22.100m (three twelfths of the annual planned deficit of £88.4m set out in 2023/24 financial plan).

Table 1: Month 3 Financial Position 2023/24

	Forecast Month 3 Position £m	Forecast Year-End Position £m
Planned deficit	22.100	88.400
Savings Programme	3.485	0.000
Operational position (Surplus) / Deficit	0.171	0.000
Financial Position £m (Surplus) / Deficit £m	**25.756**	**88.400**

Financial Plan Approved by Board and submitted to Welsh Government

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

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

Core Financial Plan – Month 3 Position

The UHB is reporting a month 3 overspend of £25.756m. £22.100m of this being three months of the annual planned deficit. £3.485 deficit on the Savings Programme, being three months of red schemes and unidentified savings. 0.171m is an operational overspend in delegated and central positions.

Summary Financial Table

The following table analyses the £25.756m overspend at Month 3, between Income, Pay and Non Pay.

Table 2: Summary Financial Position for the period ended 30th June 2023

Income/Pay/Non Pay	Memorandum Annual Budget £m	Current Period Actual £m	Operational Variance (Fav)/Adv £m
In Month			
Income	(1,604.993)	(159.154)	(0.316)
Pay	761.857	85.322	0.985
Non Pay	843.136	75.038	0.537
Sub Total £m	0.000	1.205	1.205
2023/24 Planned Deficit	88.400	7.367	7.367
Variance to Plan £m	88.400	8.572	8.572
Cumulative			
Income	(1,604.993)	(468.814)	(0.591)
Pay	761.857	227.107	0.103
Non Pay	843.136	245.363	4.144
Sub Total £m	0.000	3.656	3.656
2022/23 Planned Deficit	88.400	22.100	22.100
Variance to Plan £m	88.400	25.756	25.756

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

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

Planned Deficit vs Forecast Position at Month 3 Position

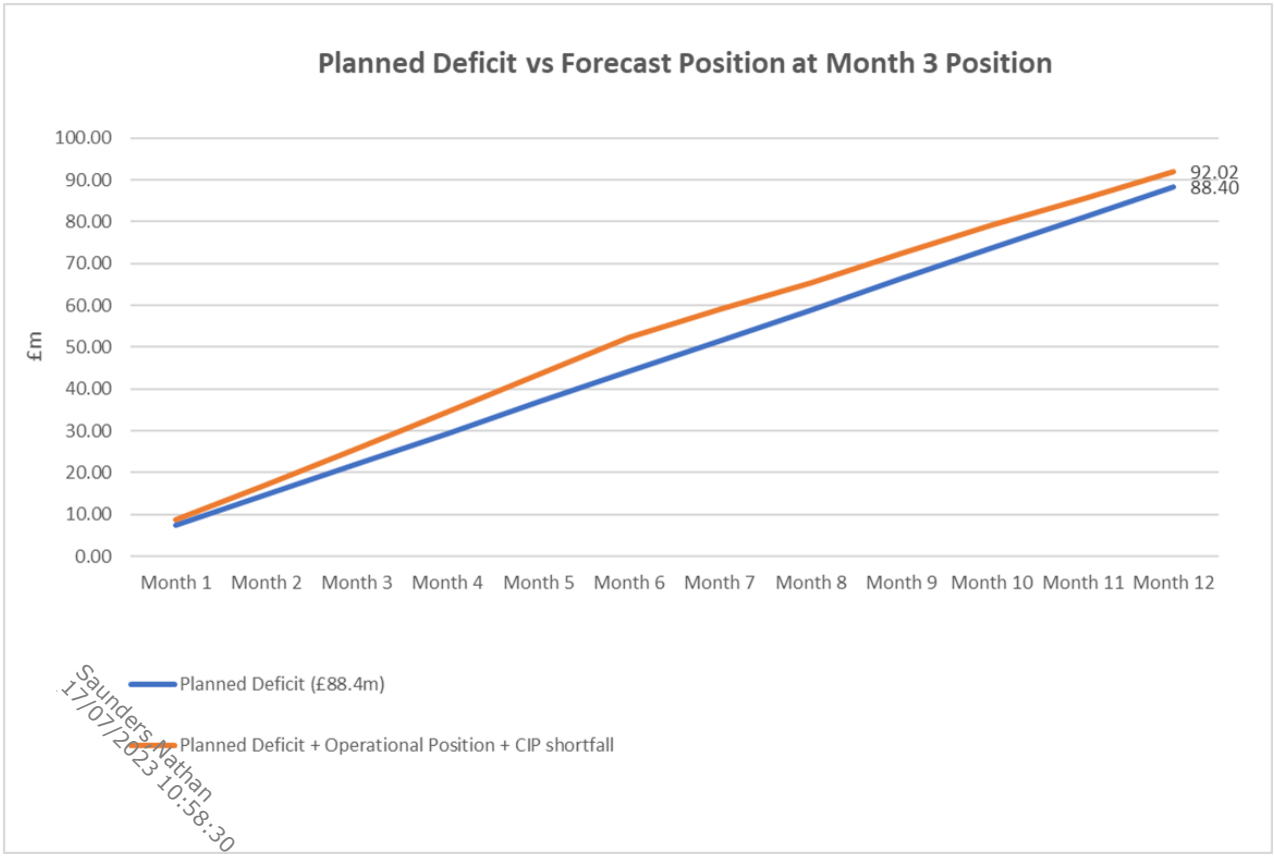


Table 3: Finance - Key Performance Indicator Dashboard at June 2023

	STATUS REPORT				
Measure	**April 2023**	**RAG Rating**	**Latest Trend**	**Target**	**Time Period**
Deliver 2023/24 Draft Financial Plan	£25.756m deficit at month 3. £22.100m planned deficit, £3.485m savings gap and £0.171m operational overspend.	R	↓	Deliver 2023/24 £88.4m Planned Deficit	M3 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit which was £29.597m at month 3	G	⊖	Remain within approved planned expenditure	M3 2023-24
Delivery of recurrent £32m savings target	£28.488m Green, Amber and Red schemes identified at month 3.	R	↑	£32m	M3 2023-24
Creditor payments compliance 30 day Non NHS	97.41% at the end of June	G	⊖	95% of invoices paid within 30 days	M3 2023-24
Remain within Cash Limit	The UHB's working capital requirement will be discussed with Welsh Government following finalisation of the draft plan @ Q1	A	⊖	To remain within Cash Limit	M3 2023-24
Maintain Positive Cash Balance	Cash balance = £3.990m	G	⊖	To Maintain Positive Cash Balance	End of June 2023

Financial Performance of Clinical Boards

Budgets were set in the anticipation that they were sufficient to deliver the UHB's plan. Financial performance for month 3 by Clinical Board is shown in Table 4.

Table 4: Financial Performance for the period ended 30th June 2023

Clinical Board Cumulative	Operational Position (Surplus) / Deficit Variance £m	Non Delivery of Savings Variance £m	Total (Surplus) / Deficit Variance £m	Prior Month (Surplus) / Deficit Variance £m
Clinical Diagnostics & Theraputics	135	362	497	30
Children & Women	(262)	188	(74)	40
Capital Estates and Facilities	82	467	549	127
Executives	(538)	99	(439)	(230)
Genomics	(12)	0	(12)	(10)
Medicine	(1)	769	768	(40)
Mental Health	303	231	534	105
PCIC	(3)	527	524	(10)
Specialist	(46)	332	285	(45)
Surgery	235	511	745	87
Sub-Total Delegated Position	**(109)**	**3,485**	**3,377**	**55**
Central Budgets	153		153	2
Commissioning	127	0	127	(75)
Cost Improvement Themes	0	0	0	2,468
Total (Surplus)/Deficit	**171**	**3,485**	**3,656**	**2,450**
Planned Deficit			22,100	14,733
Total Operational (Surplus)/Defici	**171**	**3,485**	**25,756**	**17,183**

The operational surplus deteriorated in month from a £0.075m surplus at month 2 to a £0.170m cumulative operational deficit at month 3.

The operational pressures in Mental Health are driven by the large numbers of patients requiring admission into high acuity placements, also preventing the planned repatriation of some out of area placements. Surgery cost pressures are in part driven by incremental drift in the cost of medical staff.

Central budget pressures relate to European Working Time Directive impact of the pay award. It is anticipated that this issue will be reside in the coming months. Commissioning budgets are under pressure following the 2023/24 change in contract tolerance levels from 10% to 5% as agreed by All-Wales Directors of Finance.

Following discussions through 2021/22 on the approach to LTAs within NHS Wales, the All-Wales Directors of Finance Group sought a review and recommendations from a Financial Flows Workstream, informed by contracting and commissioning leads across organisations.

The agreed principles applied to 2022/23 included:

- A need to move away from COVID fixed block contracts
- This is a transition year, with recognition of NHS policy to return to at least 2019/20 levels of activity
- Some protections for underperformance, to minimise risk on activity variations and recognise cost of delivery
- Model to incentivise recovery and patient treatment

Health Boards have agreed that the principles in 2022/23 continue to apply in 2023/24, with a renewed commitment to review the commissioning arrangements for 2024/25 onwards. The only change to this, is a move from 10% to 5% tolerance for underperformance maintaining enhanced rates (70% marginal) for additional activity beyond 2019/20 levels

The approved WHSSC ICP did not take into account the Director of Finance agreement. WHSSC have assumed that no provider tolerances are applied to contract underperformance and extant marginal rates for over-performance are re-instated. A paper is being presented to Joint Committee on 18th July 2023 to confirm their position

Should WHSSC return to extant contracting arrangements, there is a net commissioner/provider risk in the position of £1.3m as at month 3.

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

The UHB continues to face a significant challenge as it improves elective throughput from an operational footprint that is still dealing with Covid patients. This is coupled with difficulties in discharging patients to appropriate support packages in the community whilst experiencing increased emergency demand. This in turn has restricted the UHB's ability to deliver a full elective output when contractual obligations to recover to pre pandemic activity levels has re-introduced financial performance arrangements for under delivery of patient activity. In particular, WHSSC commissioned specialties operate to sensitive contract parameters that include high marginal rates for under and over performance.

The savings programme deficit at month 3 continues to represent a risk. The central focus of the Sustainability Board and Executive Performance Reviews with Clinical Boards is ensuring that operational pressures are addressed and managed and further progress is made in identifying and delivering recurrent savings schemes that in turn will de-risk the financial plan.

COVID 19 Expenditure

The expenditure for Month 3 is summarised in Table 5 below.

Table 5: Summary of Month 3 COVID 19 Net Expenditure

	Month 3 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	1.764	8.800	8.800	0.000
PPE	0.343	2.900	2.900	0.000
Long Covid	0.281	1.144	1.144	0.000
Nosocomial	0.087	0.520	0.520	0.000
Anti-Viral	0.017	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	**2.491**	**13.464**	**13.464**	**0.000**
Included in Financial Plan - COVID Local Response	8.351	31.200	34.200	(3.000)
Total COVID Expenditure £m	10.842	44.664	47.664	(3.000)

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

The forecast cost at Month 3 is a reduction of £3m against the £34.2m included within the Financial Plan and is included within the UHB's savings plans.

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

Risks

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

Table 6: Risk Register at June 2023

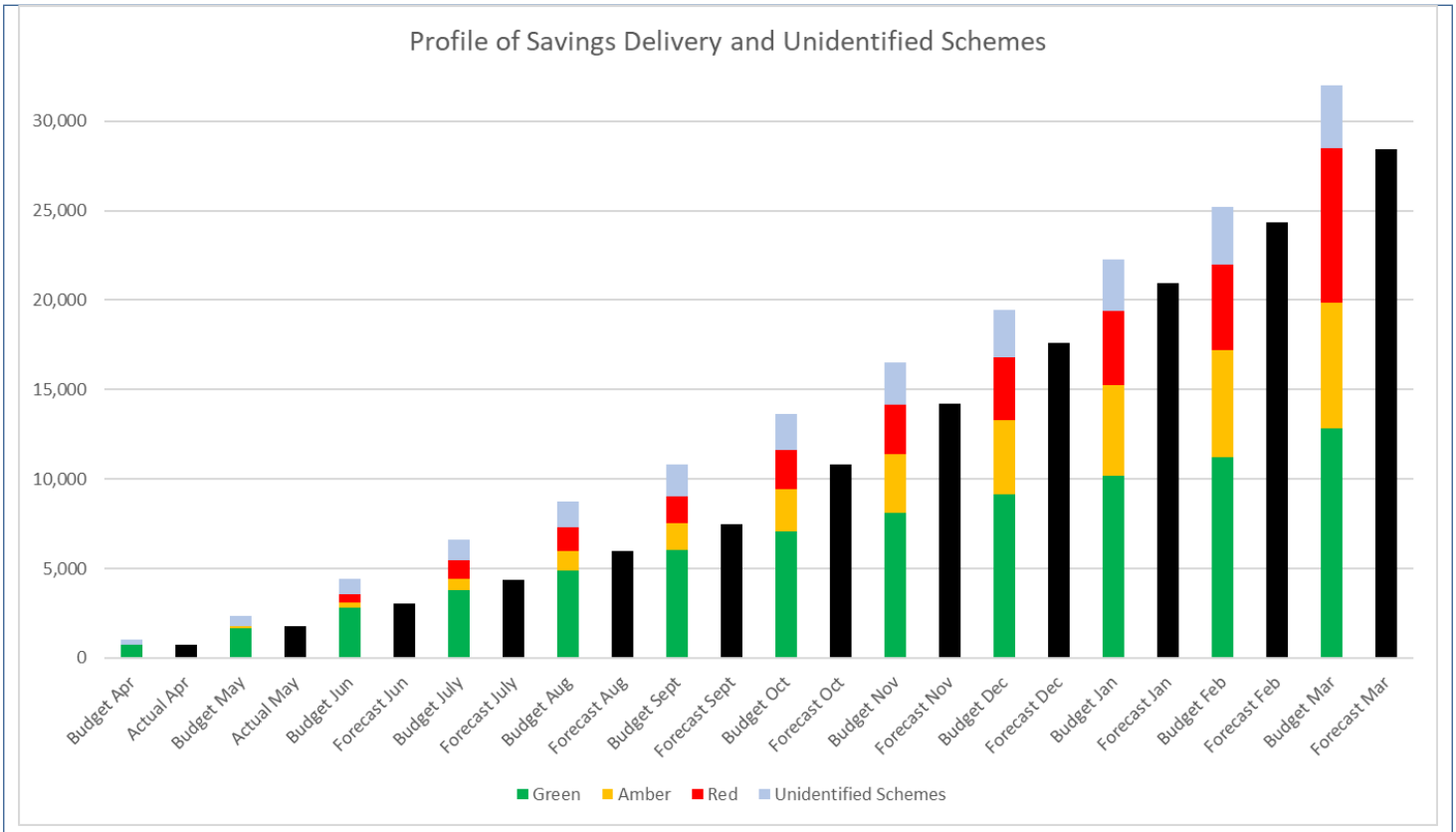
	Risks	Rating	Comment
Key Corporate Risk	Approved Three year Financial plan (IMTP)	20	Due to a planned deficit of £88.4m for 2023/24 there is a risk of failure to achieve an Approved Three year Financial plan (IMTP) with potential for additional escalation and intervention arrangements following Enhanced Monitoring arrangements being imposed by Welsh Government.
	Revenue Funding Limit.	20	The UHB has submitted a £88.4m deficit plan and therefore will breach breakeven duty in 2023-24. There is a high risk that this will not be recovered in years two and three of the rolling performance measure.
	Capital Funding - Three Year Rolling Breakeven Duty	12	The current 2023-24 UHB Capital Plan is structured to remain within the Capital Resource limit
Financial Performance	Failure to adequately manage budget pressures.	12	The 2022-23 Financial plan has funded 2022-23 out-turns in most delegated positions alongside the ability to call down

			appropriate and Covid consequential funding from dedicated UHB Reserves. This has reduced the risk of delegated positions overspending against core budgets . Monthly tripartite finance meetings are held between the COOs Office, Clinical Board Management teams and senior Finance Officers to monitor respective decisions and explore escalation actions where required.
	Failure to deliver 2023-24 Savings Programme	**16**	At month 3 the unidentified schemes against the total savings target was £3.512m (11%). The ability to meet the UHB savings target for 2023-24 remains a major challenge that is being supported by escalation meetings with programme/theme leads and finance support teams.
	Management and reduction of COVID-19 Response costs WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.	**16**	Welsh Government have confirmed that there will not be any Covid Response or Covid consequential cost funding in 2023-24 and consequently this has contributed to the 2023-24 planned deficit.
	2023-24 One Year LTA framework in NHS Wales	**12**	The 2023-24 all Wales LTA framework has agreed an enhanced 5% tolerance for underperformance moving from 10% in 2022-23. This reflects the expectation that activity levels will continue to recover in 2023-24 and that the enhanced tolerance level should be reduced. The approved WHSSC ICP did not include the Director of Finance agreement. WHSSC have assumed that no provider tolerances are applied to contract underperformance and extant marginal rates for over-performance are re-instated. A paper is being presented to Joint Committee on 18th July 2023 to confirm their position Should WHSSC return to extant contracting arrangements, there is a net commissioner/provider risk in the position of £1.3m at month 3.

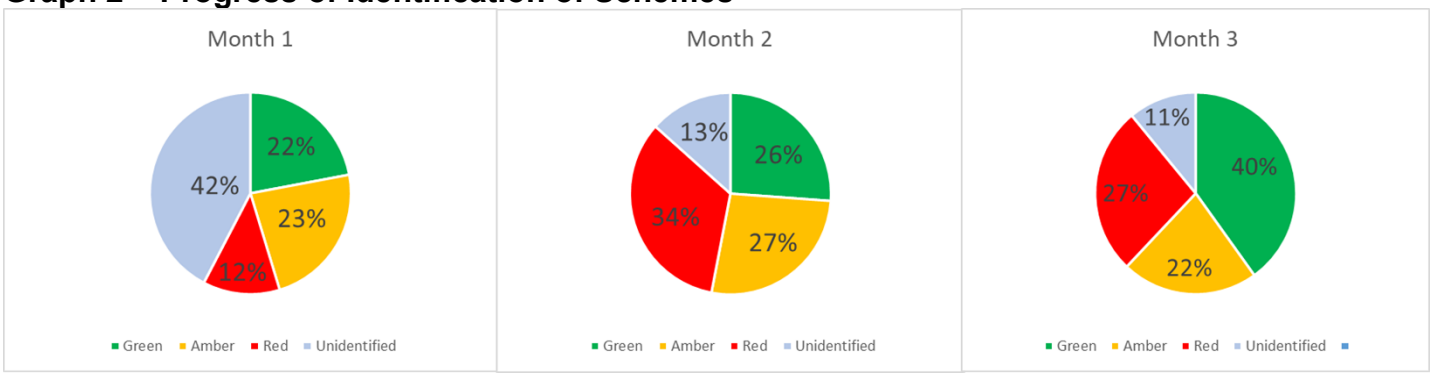
Savings Programme

At month 3, the UHB has identified £28,488m of green, amber and red savings against the £32m savings target leaving a further £3,512m (11%) schemes to be identified. The month 3 position includes a Savings Programme variance of £3.485m relating to a three month share of red and unidentified schemes. The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £88.4m with the risk of non-delivery of savings shown in Graph 1 below and the progress of reducing the risk via identification of schemes in Graph 2.

Graph 1 – Profile of Savings Delivery and Unidentified Schemes



Graph 2 – Progress of Identification of Schemes



Overall progress in the identification of savings schemes is outlined in table 7 below:

Saunders,Nathan
17/07/2023 10:58:30

Table 7: Savings Schemes

2023-24 Savings Summary

2023-24 in-year plans

Clinical/Service Board	23-24 Target	Green	Amber	Red	Total Savings Identified	Savings Shortfall	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000	%
Capital Estates and Facilities	631	666	0	3	669	-38	-6%
Children and Women	869	512	332	22	866	3	0%
Clinical Diagnostics and Therapeutics	799	545	255	0	800	-1	0%
Corporate Executives	334	251	74	0	325	9	3%
Medicine	919	919	0	0	919	0	0%
Mental Health	719	225	495	0	720	-1	0%
Primary, Community and Intermediate Care	1,615	1,154	605	0	1,759	-144	-9%
Specialist Services	988	818	169	0	986	2	0%
Surgical Services	1,126	917	170	0	1,087	39	4%
Subtotal - Grip and Control	**8,000**	**6,007**	**2,098**	**25**	**8,130**	**-130**	**-2%**
Length of Stay	3,000	900	101	1,574	2,575	425	14%
Theatres Productivity	500	0	38	464	502	-2	0%
Income Generation	500	100	50	200	350	150	30%
Medicines Management	2,000	736	145	416	1,297	703	35%
Continuing Healthcare	1,500	0	313	250	563	937	62%
Facilities and Estates	500	635	0	0	635	-135	-27%
Procurement	5,000	1,490	137	1,864	3,491	1,509	30%
Workforce Efficiencies	8,000	2,962	1,064	1,875	5,902	2,098	26%
COVID Consequentials	3,000	0	3,000	795	3,795	-795	-27%
Review of Investments		0	0	0	0	0	
Commissioning		0	79	1,170	1,249	-1,249	
Subtotal Cost Improvement Themes	**24,000**	**6,824**	**4,927**	**8,608**	**20,358**	**3,642**	**15%**
Total Savings Position	**32,000**	**12,831**	**7,025**	**8,633**	**28,488**	**3,512**	**11%**

Cash Flow Forecast

The closing cash balance at the end of June 2023, was £3.990m.

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

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

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

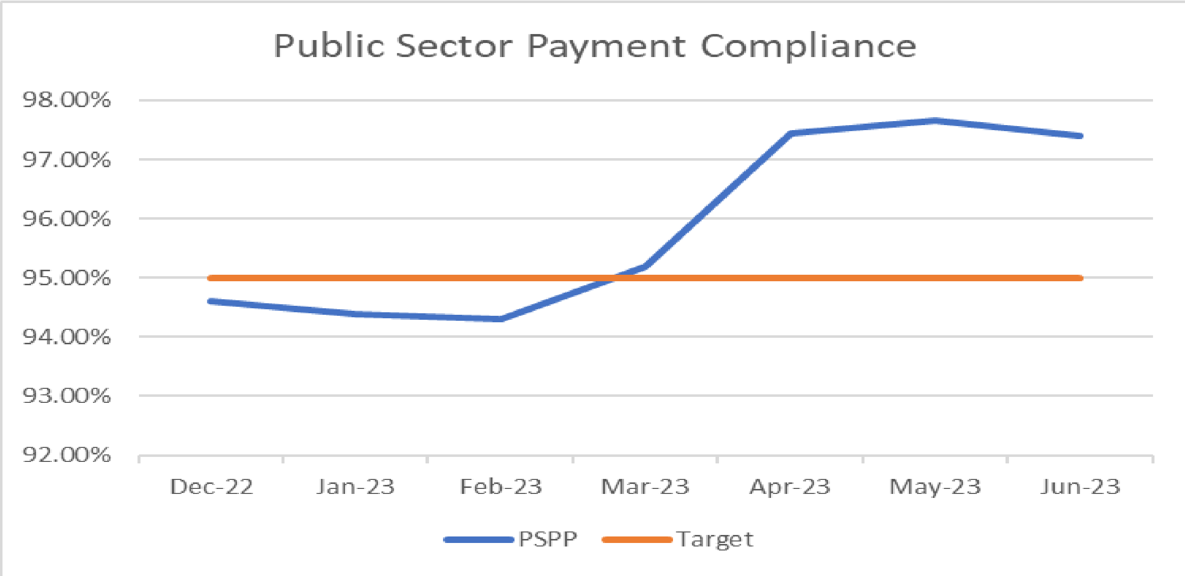
Discussion is ongoing with Welsh Government to provide cash support for these three areas which will total approximately £100m.

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

Public Sector Payment Compliance

The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of June was 97.41% and improvements are illustrated in Graph 3 below.

Graph 3 – Public Sector Payment Compliance



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

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

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

Delivery of the core financial plan includes a 4% (£32.0m) recurrent savings requirement. At Month 3 savings identified of £28.488m representing 89% of the target.

The UHB also needs to manage its operational position and mitigate any emerging pressures as its Covid response costs are collapsed. The operational overspend is £0.171m in month 3. Enhanced monitoring is in-place for both operational positions and to further progress the gap in the Savings Programme.

Recommendation:

At Month 3 the Committee are requested to:

- **NOTE** the reported year to date overspend of £25.756m and the forecast deficit of £88.400m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.664m.
- **NOTE** the month 3 operational overspend against plan of £0.171m
- **NOTE** the progress against the savings target, with £28.488m (89%) of schemes identified at Month 3 against the £32m target.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
No
Safety: Yes/No
No
Financial: Yes
As detailed in the report.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes, if forecast financial position is not delivered.
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Finance Committee	Date: 19th July 2023

Saunders,Nathan
17/07/2023 10:58:30

Report Title:	Operational Performance Report			Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public	✔	Meeting Date:	19/07/2023
		Private			
Status *(please tick one only):*	Assurance	✔	Approval	Information	
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 1st 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	

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:

Cardiff and Vale
Integrated Performance Report

July 2023

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Ministerial Priorities

Return to Main Menu

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

Performance Key: Meeting standard / trajectory | over target/trajectory

Section 1: Ministerial Priorities

Performance Key: Meeting standard / trajectory | over target/trajectory

Return to Main Menu

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		Go-Live	Yes	Sept 2024	On track	Hyperlink to section
	Measure 2: Achieve 8-week diagnostic Reporting: monthly		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

Section 2: Cardiff and Vale Performance Report

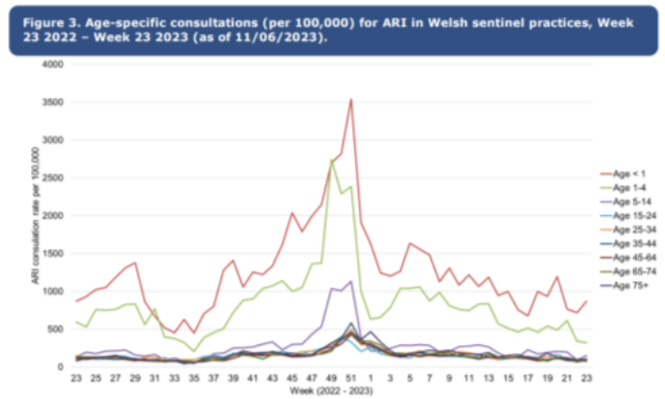
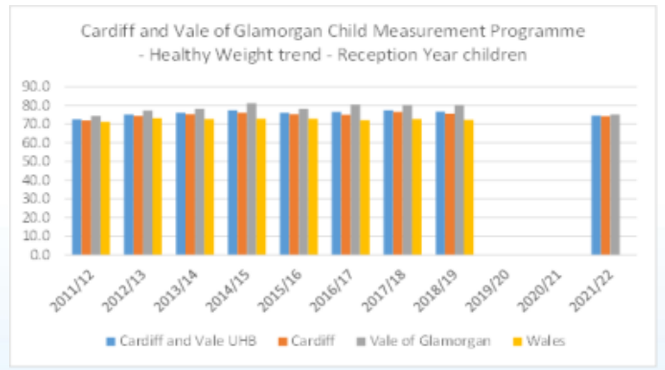
The Performance Report section provides detail of UHB performance across the quadruple aims.

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

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

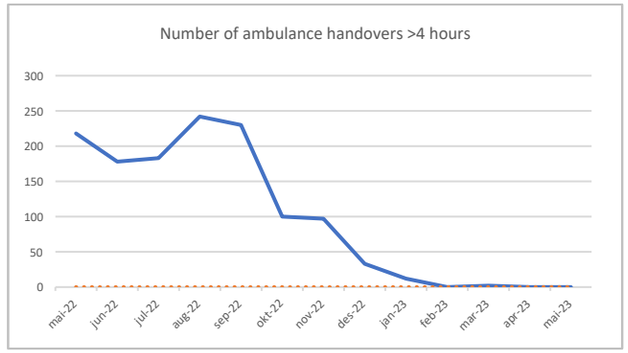
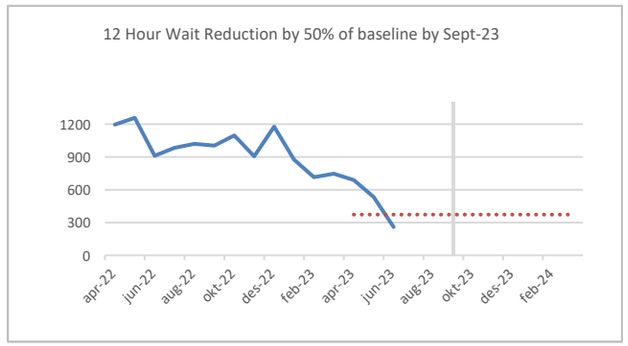
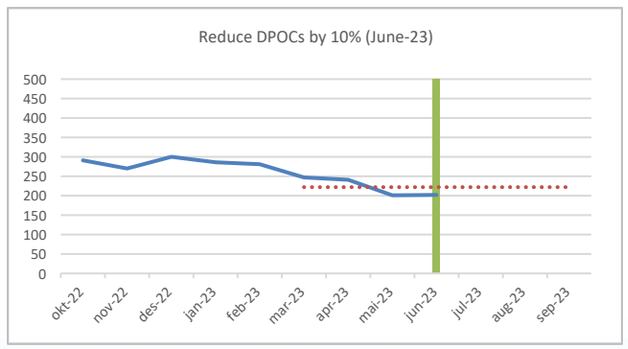
Return to Main Menu

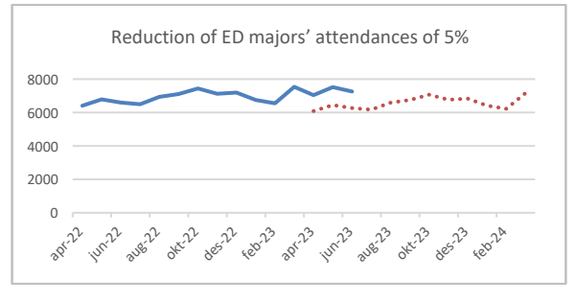
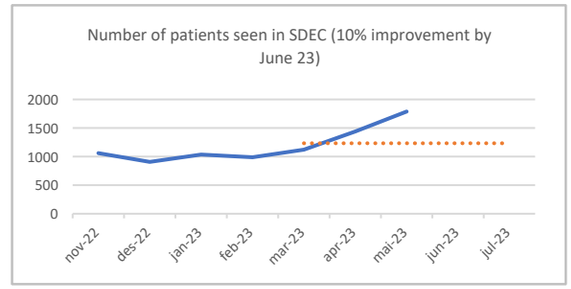
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

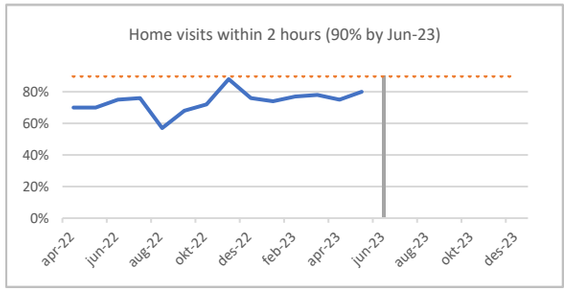
Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	• Baseline levels of influenza activity with stable trend • COVID-19 cases continue to be detected in hospitals • RSV in children under 5yrs has decreased below baseline from low intensity the previous week • Rhinovirus, SARS-CoV-2, parainfluenza, adenovirus and enteroviruses are the most commonly detected causes of ARI	Week 23	 Source:10 (wales.nhs.uk)
Health Protection Immunisation	• 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.	Q1 2023/24	
Health Protection Health Protection System	• 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	Q1 2023/24	
Health Improvement Healthy weight	• 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.		

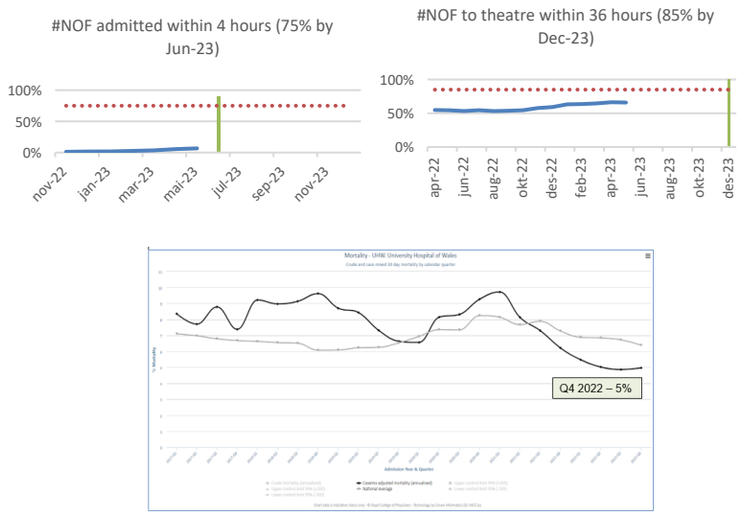
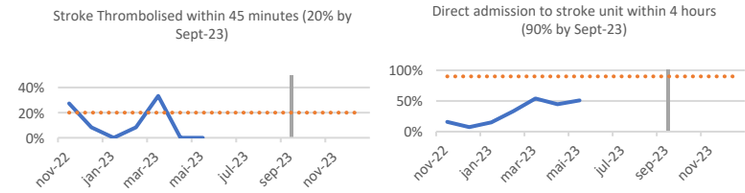
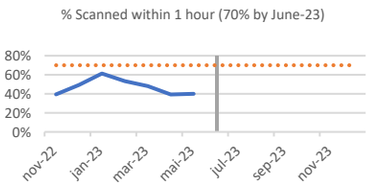
Priority	Performance Summary	Reported Period	Data
Health Improvement Tobacco	• 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales. • 2.2% of smokers set a firm quit date in 2022-2023 with 74% quitting smoking at 4 weeks • 9% of pregnant women smoke on booking – the 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	Quarter 3 2022-2023	

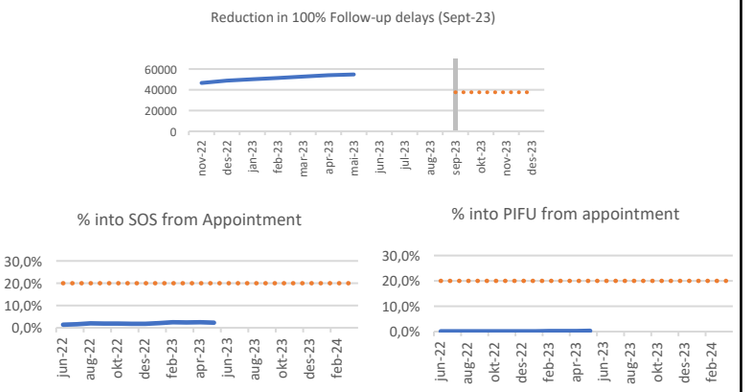
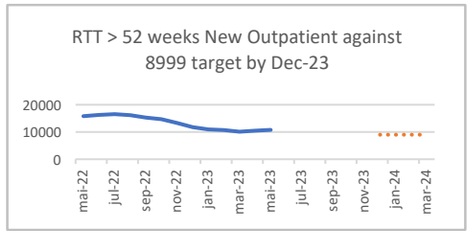
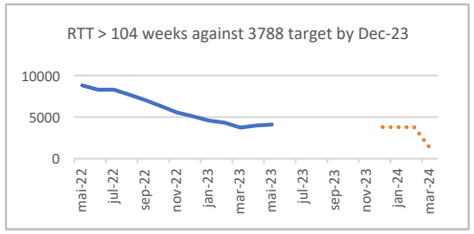
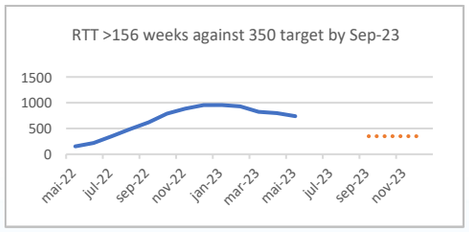
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	Oct-22 to Dec-23	5% annual target	**0.4%**	Q4: 0.4% / Q1: 0.6% / Q2: 0.5% / Q3: 0.4%
2.	Percentage of people who have been referred 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%**	Q1: 86.8 / Q2: 87.2 / Q3: 86.8 / Q4: 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%**	w/e 28/05: 59% / w/e 04/06: 61% / w/e 11/06: 64% / w/e 18/06: 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	

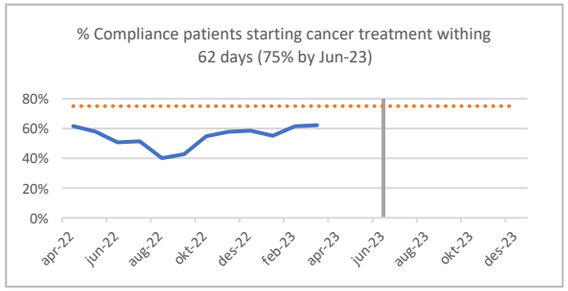
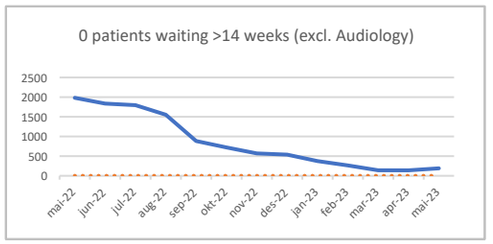
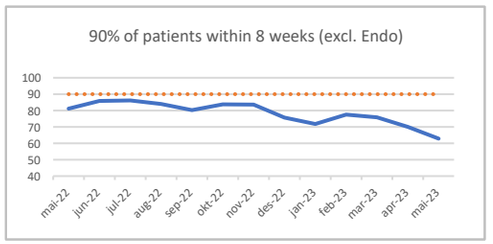
Priority	Performance Summary	Reporting Period	Data
Ambulance Handover Annual Plan Commitments: • Zero 4-hour ambulance delays (June 23) • Reduce average lost minutes to 30 (Sept 23)	• The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero in May and June 2023. We are 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.	Jun-23	
Emergency Department Annual Plan Commitments: • Zero 24-hour ED waits (June 23) • Reduce 12-hour ED waits by 50% (Sept 23)	• 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	Jun-23	
Delayed Pathways of Care, LOS and Beds Annual Plan Commitments: • Reduce DPOCs by 10% (June-23) • Reduce >21 day LOS by 5% (June-23) • Re-establish dedicated AOS beds (Sept)	• 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	Jun-23	

Priority	Performance Summary	Reporting Period	Data
ED Attendances Annual Plan Commitment • Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)	• 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.	Jun-23	
Same Day Emergency Care Annual Plan Commitment • 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	• 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, bur showed a small reduction from May to June. • Work in progress • Work in progress	Jun-23	

Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: • 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)	• Work in progress • Work in progress • Work in progress • Work in progress		
Community Services • Home Visit (P2) f2f in 2 hrs >90% (June 2023)	• 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	May-23	

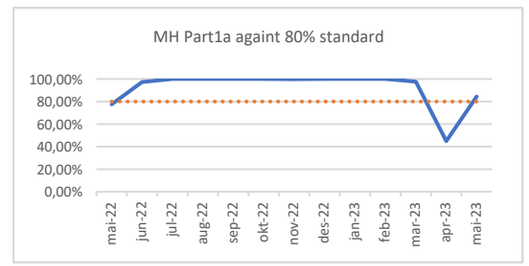
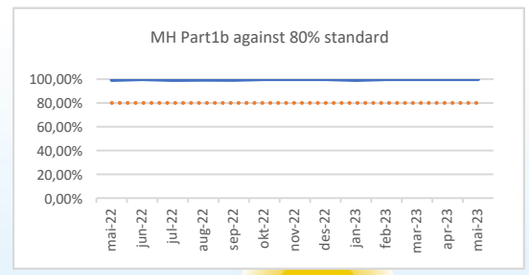
Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: • 75% admitted within 4 hours (June-23) • 85% to theatre within 36 hours (December-23)	Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In May 2023, 6.7% of patients were admitted to a specialist ward with a nerve block within 4 hours. 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. 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.	May-23	
Stroke IMTP Commitments: • 70% scanned within 1 hour (June-23) • 90% admitted within 4 hours (Sept-23) • 20% thrombolysis rate (Sept-23)	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: • 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% 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.	May-23	
Intensive Care Unit IMTP Commitments: • Patient at risk team 24/7 (Sept 23) • ITU - 1 additional staffed bed (Sept 23) • ITU - 2 additional staffed beds (March 24)	Work in progress Work in progress Work in progress		

Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment • 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	• 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	May-23	
52 Week New Outpatient Annual Plan Commitment • <8999 > 52 weeks (March 2024)	• Cohorts in development	May-2023	
104 Week Treatment Annual Plan Commitment • 3788 patients > 104 week waits for treatment (December 2023) • 1263 patients > 104 week waits for treatment (March 2024)	• Cohorts in development	May-2023	
156 Week Waits Annual Plan Commitment • <350 patients >156 week wait for treatment (September 2023) • 0 patients >156 week wait for treatment (December 2023)	• Cohorts in development	May-2023	

Priority	Performance Summary	Reporting Period	Data
Cancer Annual Plan Commitment • >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023)	• 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	Apr-23	
• Develop draft UHB strategy to deliver national cancer pathways (June 2023)	• Work in progress	No date	
Therapies Annual Plan Commitment • 0 patients waiting over 14 weeks (excluding audiology) (June 2023)	• 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.	May-23	
Diagnostics Annual Plan Commitment • 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)	• 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)	No date May-23 No date	

Priority	Performance Summary	Reporting Period	Data
Community Pharmacy Annual Plan Commitment: • >90% of all eligible community pharmacies providing CCPS (June 2023) • 10% increase in pharmacy independent provider access (December 2023)	**Work in Progress**		
GMS Escalation Annual Plan Commitment: • >95% of practices reporting escalation levels (June 2023) • >95% achievement of core access to in-hours GMS Services (September 2023)	**Work in Progress**		
Community Dental Annual Plan Commitment: • 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	**Work in Progress**		
Optometry Annual Plan Commitment • >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	**Work in Progress**		
Respiratory Annual Plan Commitment • 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	**Work in Progress**		

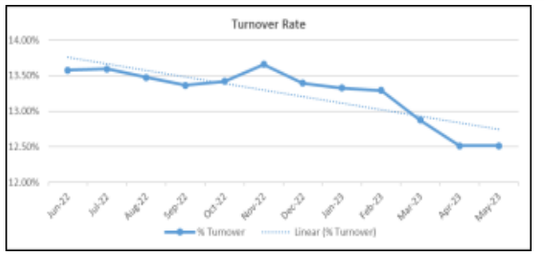
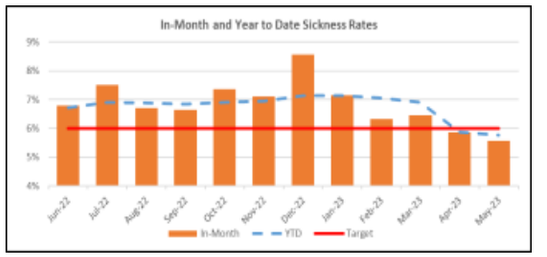
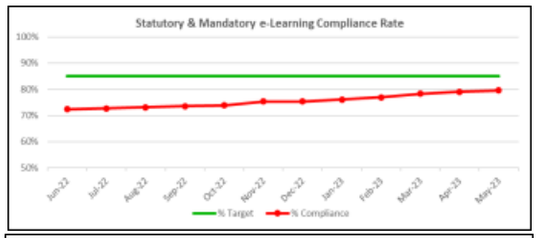
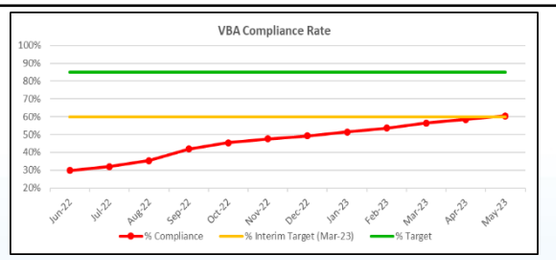
Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: • Undertake high impact evaluations of three key specialities (June 2023) • Undertake high impact evaluations of three key specialities (Sept 2023)	**Work in Progress**		
Supporting Patients Whilst Waiting Annual Plan Commitment: • Produce models of care (June 2023) • Develop pathways (Sept 2023) • Expand services (December 2023)	**Work in Progress**		

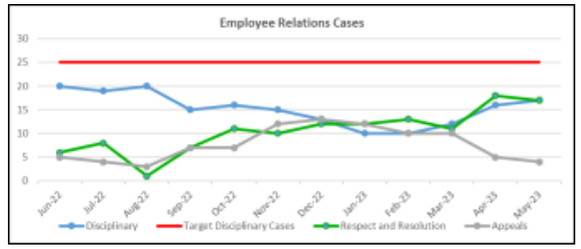
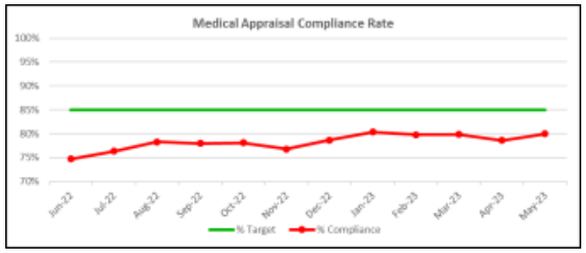
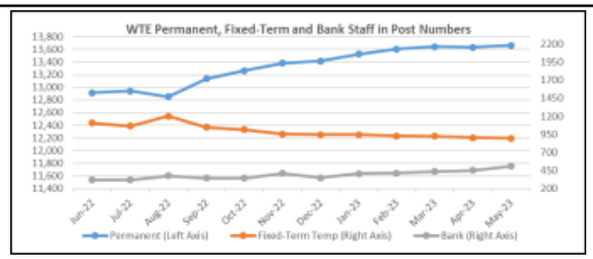
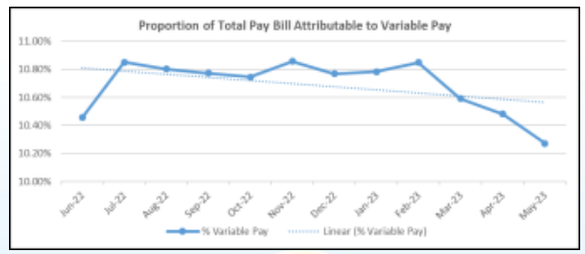
Priority	Performance Summary	Reporting Period	Data
Children's Mental Health Annual Plan Commitments: • >80% Part 1a performance – SCAMHS • Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) • Reduce SCAMHS Intervention longest wait to no longer than 6 weeks	Part 1a compliance remains above the 80% target at 83% in May. 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. 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 Work In progress	May-23	Work in progress
Adult Mental Health Annual Plan Commitments: • >80% Part 1a performance • >80% Part 1b performance	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. Significant work has been undertaken to improve access times to adult primary mental health: • Part 1a: in May the percentage of Mental Health assessments undertaken within 28 days was 84.4% • Part 1b compliance remains at 100%	May-23	 

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%**	Feb-23: 97.93%; Mar-23: 92.70%; Apr-23: 88.90%; May-23: 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%**	Feb-23: 6.70%; Mar-23: 66.70%; Apr-23: 0.00%; May-23: 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%**	Feb-23: 100.00%; Mar-23: 97.63%; Apr-23: 44.90%; May-23: 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%**	Feb-23: 100.00%; Mar-23: 100.00%; Apr-23: 100.00%; May-23: 100.00%

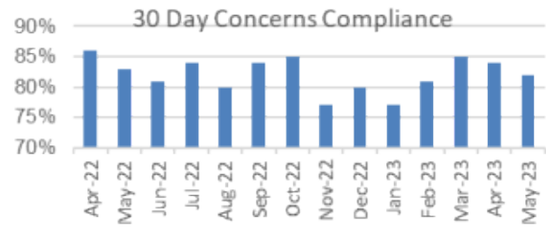
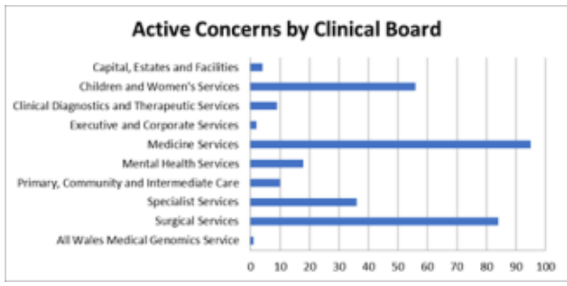
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-23	65%	**60%**	Mar-23: 51% | Apr-23: 64% | May-23: 59% | Jun-23: 60%
19.	Median emergency response time to amber 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%**	Mar-23: 72.2% | Apr-23: 70.2% | May-23: 73.2% | Jun-23: 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**	Mar-23: 747 | Apr-23: 689 | May-23: 534 | Jun-23: 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%**	Jan-23: 55.1% | Feb-23: 61.5% | Mar-23: 62.2% | Apr-23: 64.2%
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	May-23	0 (Mar 2024)	**8113**	Feb-23: 4421 | Mar-23: 4774 | Apr-23: 6267 | May-23: 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%**	Feb-23: 91.30% | Mar-23: 92.24% | Apr-23: 92.80% | May-23: 89.40%
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	May-23	0 (Mar 2024)	**1121**	Feb-23: 1111 | Mar-23: 953 | Apr-23: 1037 | May-23: 1121

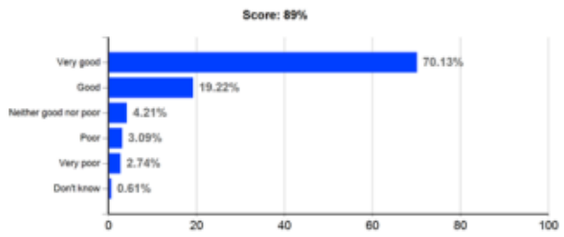
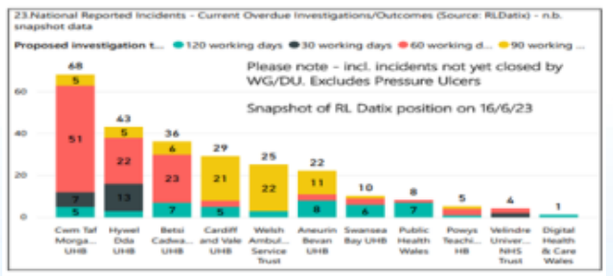
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	May-23	Improvement trajectory towards 0	**10779**	Feb-23: 10707; Mar-23: 10102; Apr-23: 10479; May-23: 10779
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	May-23	TbImprovement trajectory towards 0	**19629**	Feb-23: 10707; Mar-23: 10102; Apr-23: 10479; May-23: 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**	Feb-23: 51374; Mar-23: 52742; Apr-23: 54064; May-23: 54788
31	Number of patients waiting more than 104 weeks for referral to treatment	May-23	Improvement trajectory towards 0	**4107**	Feb-23: 4333; Mar-23: 3740; Apr-23: 3983; May-23: 4107
32.	Number of patients waiting more than 52 weeks for referral to treatment	May-23	Improvement trajectory towards 0	**24396**	Feb-23: 23745; Mar-23: 22664; Apr-23: 23512; May-23: 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%**	Feb-23: 32%; Mar-23: 31%; Apr-23: 29%; May-23: 26%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-23	80%	**62%**	Jan-23: 71%; Feb-23: 69%; Mar-23: 64%; Apr-23: 62%

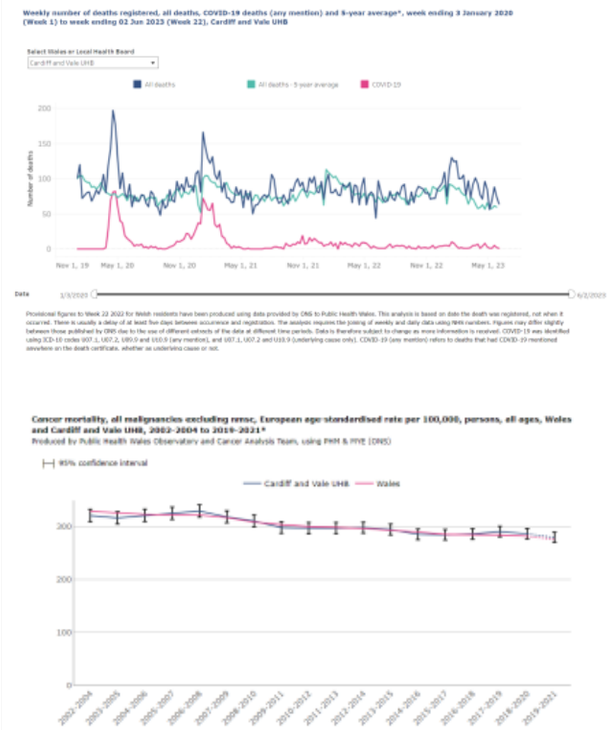
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Jun-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to 12.51% in May-23 UHB wide. This is a net 1.15% decrease, which equates roughly to 158 WTE fewer leavers. 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.	May 2023	
Sickness Absence	Rates remain high; although the rates appear to be the 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%).	May 2023	
Statutory and Mandatory Training	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. 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%.	May 2023	 
Values Based Appraisal	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. 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.	May 2023	

Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past three months but remains below the UHB Target. Further work is being undertaken to help embed the Just Culture principles within the UHB and a Just Culture Toolkit is being developed. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	May 2023	
Job Plans	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.	May 2023	
Medical Appraisals	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%	May 2023	
Staff in Post	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	May 2023	
Variable Pay (Bank, Agency, Overtime..)	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.	May 2023	

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

Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	• **Welsh Government target for responding to concerns is 75% within 30 working days** • During April and May 2023, the Health Board received : • 753 Concerns • 82% closed within 30 working days (including Early Resolution) • 69 % closed under Early Resolution • 113 Compliments We currently have 315 active concerns Top 3 themes and trends 1. Concerns around appointments (waiting times/cancellations) 2. Communication 3. Clinical Treatment and Assessment	May-23	 
Duty of Candour	• 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	1-Apr-23 – 12-Jun-23	

Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	• 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.	May-23	
Incident Reporting	• 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.	Apr/May-23	 **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 

Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	• 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.	May-23	
Infection Control	• *Klebsiella sp* bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 16 over the reduction expectation • *P. aeruginosa* bacteraemia - The reduction expectation for this period is 4 cases, the number of cases for this period is 1 below the reduction expectation • E. coli bacteraemia - The reduction expectation for this period is 11 cases, the number of cases for this period is 47 over the reduction expectation • S. aureus bacteraemia - The reduction expectation for this period is 13 cases, the number of cases for this period is 12 over the reduction expectation • C. difficile - The reduction expectation for this period is 13 cases, the number of cases for this period is 8 over the reduction expectation	Apr-23 – May-23	

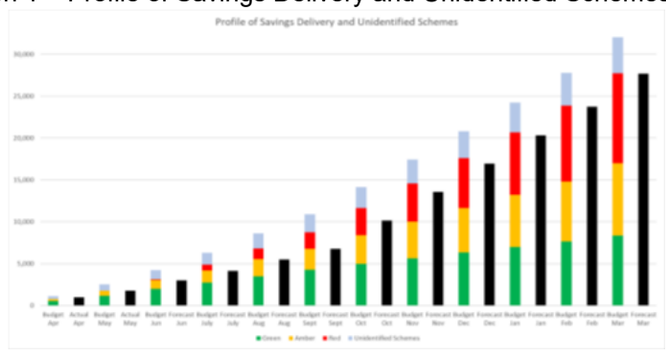
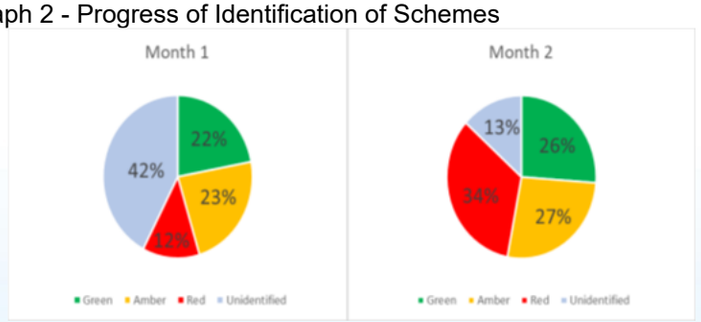
<table>
<tr><th>Priority</th><th>Performance Summary</th><th>Reported Period</th><th>Data</th></tr>
<tr><td>Deliver 2023/24 Draft Financial Plan</td><td>Financial Plan Approved by Board and submitted to Welsh Government

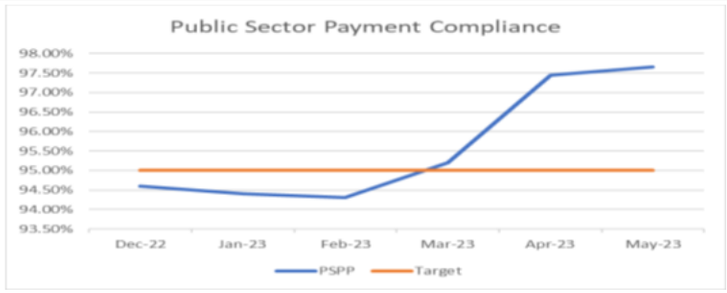
• Brought forward underlying deficit of £40.3m
• Local Covid Consequential costs of £34.2m
• Additional energy costs of £11.5m
• 23/24 Demand and cost growth and unavoidable investments of £48.8m
• Allocations and inflationary uplifts of £14.4m
• A £32m (4%) Savings programme

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

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.</td><td>May-23</td><td><table><tr><th></th><th>Forecast Month 2 Position £m</th><th>Forecast Year-End Position £m</th></tr><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></table></td></tr>
<tr><td>Delivery of recurrent £32m savings target</td><td>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 o £4.709m from month 1.

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).

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.</td><td>May-23</td><td>Graph 1 – Profile of Savings Delivery and Unidentified Schemes
 
Graph 2 - Progress of Identification of Schemes
  </td></tr>
</table>

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	
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	The closing cash balance at the end of May 2023, was £3.019m. 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. The UHB's working cash assumption for 2023-24 is based on the key assumptions :- • Movements in working capital from the 2022-23 Balance Sheet to be assessed as the year progresses. • Additional 1.5% consolidated pay award (£11.5m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support. • Cash support for the £88.4m deficit of the UHB 2023-24 Financial Plan. Discussion are ongoing with Welsh Government to provide cash support for these three areas which will approximately total £100m.	May-23	

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%**	Jan-23: 96.60%; Feb-23: 95.20%; Mar-23: 91.80%; Apr-23: 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%**	Jan-23: 85.10%; Feb-23: 80%; Mar-23: 80.20%; Apr-23: 50.30%
46.	Number of patient experience surveys completed and recorded on CIVICA *(Total partial/full survey completions, including SMS, Bedside and bespoke)*	April/May-23	Month on month improvement	**3365**	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	May-23	*Klebsiella sp* - 11 *P. aeruginosa* – 4	**27** **3**	Work in progress
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E-coli*; *S.aureus* (MRSA and MSSA)	May-23	*E. coli* - Tbc *S.aureus* - Tbc	**67.79** **29.73**	Work in progress
49.	Cumulative rate of laboratory confirmed *C.difficile* 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%**	Feb-23: 61.70% Mar-23: 62.30% Apr-23: 58.04% May-23: 58.12%
52	Number of ambulance handovers over 1 hour	May-23	0 (Mar 24)	**1395**	Feb-23: 1070 Mar-23: 1123 Apr-23: 1236 May-23: 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

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 *(please tick one only):*	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**
1st April – 30th June	July
1st July – 31st September	October
1st October – 31st December	January
1st January – 31st 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	

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.

DRAFT

	Objective	Key Success Measures	Actions	Action Owner	Date	Metrics	Progress	Remaining work	RAG
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.	
			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.	Abigial 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	
Leadership	Show leadership and commitment to help make the Welsh Public Sector carbon neutral by 2030	A qualititive view of a cultural shift in attitudes and demonstrable examples where 'green' decision making has been enacted.	Set up an awards scheme to celebrate sustainable projects	Workforce	31.03.2022	Regognise 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	ISO14001 recertification complete - Next audit July 2023 (every 6 months)	Complete	
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 lanfill	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 occures 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	
			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 SusQl , 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 orgnaisation - 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 Sustaibaility 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 seggregated 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 beeen 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.	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	In place. The Green Group has over 110 participants. Attendance at meetings ranges from 13 – 35. 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	Included in assessment criteria reflecting maturity at bronze v silver.		

			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.	•Complete tender for social prescribing for both clusters. •Explore the opportunities for an Integrated Care Hub premises in the North Commence work on advanced care planning
			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.
	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	To be recognised as a benchmark/case study health system for sustainable health policy and practice Sustainability is embedded into our service planning arrangements	Working with procurement, sustainability scholars explore opportunutunities to reduce consumption or substitute single use devices/products for reusable Create space for 10 x Sustainability Scholars to make healthcare sustainability gains, be beacons and spread capability.	I&I Execs	30.11.2022 31.03.2022	Benefits captured of running pilot projects. 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.	
Clinical	Consume less/reuse more	Health professionals are driving procurement decisions					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

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 ToRs amended).	Director of Corporate Governance	James Q	Corporate Governance	Decarbonisation team	£0	£0	Audit of Exec and Department meetings. Carbon impact of work (KG/tCO2e)	2023	Finance & Performance Cttee 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.					
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.					
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"					
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.					
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 startegic risk has been produced for the UHB. Once the draft has been agreed it will go through the corporate approval process.					
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 Cttee provides assurance to the Board that all health board plans consider decarbonisation". Further work is required to understand effectiveness.					
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 procurment are the predomindent focus, however this can be expanded to cover transport commuting emissions. Initial engagement has taken place with procurement to undertsand 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.					
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/tCO2e)	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.					
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 submisison to the Chair for consideration.					
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/tCO2e)	2023-2025	There is agreement that the emerging quality programme can include 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.					
Leadership	Leaders are prominent in sharing, promoting, 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.					

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 embedd decarbonisation in clincial servces 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	Decisions on estate and new 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 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 UHW 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	Commit 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	Feasability studies are underway to assess low carbon heat, additional energy efficiency and renewable energy opportunities. A structual 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 feasability 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	£381 000	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 feasability 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	c£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/tCO2e)	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/tCO2e)	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	£	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 Helath 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 in CVUHB to assess high value gains.	Head of Procurement	Claire Sailsbury	Procurement	Clinical Boards	£0	£0	Number of suppliers reviewed and issues/opportunities fed back	March 2024	1. Decarbonisation travel efficicency (100% local workforce) - use of battery operated equipment - promote biodiversity - create and enhance wildfire, 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 Sailsbury	Procurement	All	£0	£0	Operating process and pipeline of opportunities - Number of interactions	30.09.2024	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. New Product Panels scheduled to be introduced across clinical boards for quarter 2. Clinical staff requesting to utilitise new products will be required to consider the impacts of sustainablility and the requesting documentation has been updated to reflect this.					
Procurement	Embed circular economy principles in our procurement.	Head of Procurement	Claire Sailsbury	Procurement	Waste/ Clinical Boards	£0	£0	£ Value	March 2024	Procurement embed the priniciples and encourage suppliers to adopt and improve the circular economy in Wales through the specification of requirements. 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.					
Procurement	Embed foundation economy principles in our procurement	Head of Procurement	Claire Sailsbury	Procurement	N/A	£0	£0	£ Value	March 2024	£25m spent with Welsh suppliers in Q1. 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. 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					
Procurement	Instant fail on procurement assessment for any organisations who do not have a carbon reduction plan. For tenders > £5m.	Head of Procurement	Claire Sailsbury	Procurement	N/A	£0	£0	Implementation y/n and evidence of operation - Carbon impact of work (KG/tCO2e)	March 2024	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.					
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	£0	£0	Embedded and carbon saved - Carbon impact of work (KG/tCO2e)	31.03.2024	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 Q3.					
Clinical	We will bid for our 4th HEIW Leadership Fellow in Sustainability	Clinical Sustainability Lead	TBC	Clinical	N/A	£0	£0	In place y/n	30.09.2023	A bid was successfully completed, with a new Sustainability fellow starting in July 2023					
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	£0	£0	Implemented y/n - Carbon impact of work (KG/tCO2e)	30.09.2023	A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Procurement in NWSSP are seperately considering the same problem and links are being sought to move any opportunity forward.					
Clinical	Decarbonisation embed into quality and safety (investigate/propose)	Clinical Sustainability Lead	TBC	Clinical	Decarb Team	£0	£0	Embedded y/n	30.06.2023	A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Therapies have committed to this.					
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	£0	£0	Body of work demonstrating education, adoption, direct improvement. - Carbon impact of work (KG/tCO2e)	31.03.2024	Therapies are going to create champion roles. In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and qualify quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum. It is likley that time will be allocated from the clinical community for approved Value based projects.					
Clinical	Embed sustainable principles into "Shaping our future Clinical services" programme.	Shaping our future Clinical Services lead	Vicky/ Nav	SOFCS	All	£0	£0	Clinical Services Plan complete y/n	31.12.2023	Embedding deacrbonisation 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.					
Clinical	Investigate becoming a Beacon site and implementing SusQI into Quality Improvement	Head of Improvement implementation	Mark Thomas	Shaping Change	Decarb/Clinical	£0 – see comment	£0	Implemented y/n	31.12.2023	CAVUHB have signed up to become an aspriing SuSQI beacon site. Staff in I&I are being trained as trainer to support the implementation of the porgramme. Information has been put on the news pages and shared via the comms team to further promote.					
Clinical	Create a Digital Strategic Outline Case for the modernisation of the Digital capability in C&V on the condition of WG funding in 23/24.	Director of Digital Transformation	Mark Cahalane	Digital	All	£0	£0	Complete and approved y/n	31.03.2024	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 SOFH 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.					
Clinical	Commit to providing time to leaders in Nursing, Therapies and Clinical specialities at least on the scale of that committed to in 22/23.	Executive Medical Director/ Executive Nursing Director / Executive Director of Therapies & Health Science	Meriel, Rebecca and Emma	Clinical, Nursing, Therapies	Clinical Boards	£0	£0	Leaders appointed - Carbon impact of work (KG/tCO2e)	30.06.2023	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.					

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 deacrbonisation 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/tCO2e)	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)	£0	Reduction in use of liquid based drugs across paediatric services - Carbon impact of work (KG/tCO2e)	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 ERG (Employee Resource Group), proposing a programme if going beyond set aside budget.	Ass Director OD, well-being and culture	Claire Whiles	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	Discussisson have commenced with the workforce team and a provisional agreement is in place to incorporate decarbonistion 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 Whiles	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	Discussisson have been held with the workforce team and a provisional agreement is in place to incorporate decarbonistion 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 HEIW. 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 Whiles	Workforce	HEIW	£0	£0	State where included	31.03.2024	Meeting have been held with workforce and OD collegaues to include decarbonisation in course materials. Intial plans are to develop a package of documentation, at various levels, which can be included into multiple course/ programmes. Further coversation are required to map out where information can be included.					
People and Comms	Communicate case studies, success, 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 - infromaton has been scheduled for distribution. To date the Decarbonisation Action Plan has has been published, SusQI Beacon site acticle published online, DOSH case study is scheduled for publication. The publication of the decarbonisation action plan recieve 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 alos working with the CAV Leadership and Management mapping group to further integrae decarbonistaion 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 Whiles 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 contians information in relation to sustainble 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, working with bus and	Ass Director OD, well-being and culture	Claire Whiles	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 distrubuted in line with other messaging such as Cycle week and Clean Air Day to reinforce take up of actions.					

Report Title:	Haematology/BMT, Cancer Research and Complex Specialist Oncology – Submission of Strategic Outline Case			Agenda Item no.	3.1
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	19.07.23
		Private			
Status *(please tick one only):*	Assurance		Approval ✓	Information	
Lead Executive:	Abi Harris, Executive Director of Strategy and Planning				
Report Author (Title):	Director of Operations, Specialist Services Clinical Board				

Main Report

Background and current situation:

The attached Strategic Outline Case sets out the rationale for constructing a purpose-built unit on the UHW site to collocate Haematology, Blood & Marrow Transplantation, Advanced Therapy Medicinal Products, Cancer Research and Complex Specialist Oncology, the latter two involving a high degree of partnership working with Cardiff University and Velindre NHS Trust. The delivery of a cancer system that provides excellent patient outcomes and experience is a key strategic and ministerial priority for NHS Wales.

Provision of the highest-quality, specialised services and advanced, targeted, therapeutic interventions, underpinned by cutting edge research, is an essential component in achieving this strategic imperative.

The aim of the business case is to seek investment in future proofing and co-locating the following essential specialised cancer services on the University of Wales site:

- **Increased capacity for Haematology, Blood and Marrow Transplantation Services (BMT) and Advanced Therapy Medicinal Products (ATMPs) –** essential services in the treatment of highly specialised cancers in Wales

- **Development of a Cardiff Cancer Research Hub (CCRH)** – delivered through a tripartite arrangement with Velindre NHS Trust and Cardiff University for patients who require access to early phase or complex new therapies (e.g. CAR-T)

- **Development of Complex Specialist Oncology Services (CSO)** – to support the care of the most unwell patients from across South East Wales who are experiencing severe side effects from current systemic anti-cancer therapy including Immuno-oncology, and future delivery of solid cancer advanced therapies, a core component of the wider clinical model for the delivery of non-surgical tertiary oncology services in South East Wales.

Whilst investment in developing and bringing together these services is essential in delivering Welsh Government aspirations, there are a number of critical drivers underpinning the case for change which make the timing of investment critical.

The three elements of this business case, namely the BMT unit, Cardiff Cancer Research Hub and the Complex Specialist Oncology beds, are inextricably linked and must be collocated so that the required infrastructure, expertise and workforce can be concentrated and shared for the benefit of patients with all types of cancers in Wales. The existing cell therapy expertise within the BMT team will be essential to support the expanding portfolio of advanced immunotherapeutic and cellular therapies in cancer clinical trials for haematology and solid cancer patients, and bringing solid tumour cancer experts from Velindre to work seamlessly alongside Cardiff and Vale UHB and Cardiff University colleagues will help deliver a complex, high-specification service for cancer patients, and also provide the translational pipeline that is required to bring Welsh discoveries through from the laboratory to the clinical setting to benefit patients in Wales.

Meeting JACIE Standards:

Cardiff and Vale UHB is the only provider in Wales of BMT and CAR-T therapies. Maintaining JACIE accreditation is a fundamental requirement of WHSSCs service specification for BMT and CAR-T and of the pharmaceutical companies who supply the products for CAR-T.

Due to environmental factors related to infrastructure, CAVUB is at risk of not retaining JACIE accreditation.

In short, if CAVUHB is unable to retain JACIE accreditation, the potential impact on the service could result in steps being taken to decommission BMT and CAR-T, which would fundamentally undermine the delivery of haematological cancer services for the population of South Wales.

Transforming Cancer Services across South East Wales:

The development of a Cardiff Cancer Research Hub is inextricably linked to the wider development of high-quality regional cancer services across South East Wales. The development of the research hub is also a key component of the TCS programme, working with partners, and one of the recommendations contained within the Nuffield Report (December 2020). Its delivery will support the region in delivering the recommendations and ensure the full range of benefits are realised.

The business case is an essential component in enabling the wider regional clinical model for non-surgical tertiary oncology services, including the new Velindre Cancer Centre, to be fully optimised and achieve the full range of expected benefits.

Strategic Alignment

This business case contributes to delivering a key number of Welsh Government national strategies and policies through:

- Providing sufficient capacity to meet the clinical demand and ensure that all patients have equitable access to services across South Wales
- Ensuring the safety of patients and the quality of care through the provision of high-quality facilities that fully meet the JACIE Standards
- Providing facilities for research and development to enable the introduction of new treatment modalities, ensuring state-of-the-art cancer care for patients in Wales
- Ensuring the Health Board (that is the only centre in Wales) has capacity to continue to deliver current high-risk Advanced Therapy Medicinal Products (ATMPs) - it is envisaged that in the future demand for this type of therapy will increase
- Providing advanced cellular products to patients from across Wales within the haematology service. There is an urgent need for an expansion in facilities with designated beds co-located within the BMT service and with rapid access to intensive care unit (ITU) services
- Provide high-quality facilities to enable the Health Board to attract and retain specialist staff

Benefits Criteria

As part of the SOC, a range of benefits have been identified including:

- Maximising patient outcomes through earlier interventions
- Reduced length of stay for complex specialist oncology patients
- Providing safe and appropriate environment of care for patients
- Maintaining appropriate privacy and dignity for patients
- Compliance with statutory regulation e.g. JACIE, HTA
- Effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable
- Attract researchers to Cardiff to support the establishment of the Cardiff Cancer Research hub

- A range of staff benefits such as improvements to recruitment and retention, working environment and staff morale

Options Appraisal

As part of the development of the business case, a range of service priorities were considered by both the clinical teams and the executive team of the Health Board. The clinical team developed a list of service priorities, including the benefits of delivering each of these within this project. Schedules of accommodation were developed for each of these priority areas.

A number of options were short-listed for appraisal as part of the OBC:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 - Provide the required accommodation for core and desirable services within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished HCID Unit
- Option 3 – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance
- Option 4 – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance

Economic Case

An initial high-level economic analysis has been undertaken. A detailed assessment of benefits will be undertaken as part of the OBC appraisal but at this stage the economic analysis indicates that:

- Option 3 has the better benefits cost ratio before the more detailed analysis is undertaken but it is very close to Option 4 at this stage and sensitivity analysis would show that further work required on benefits should provide a clearer statement. The wider benefits and flexibility allowed from Option 4 as a modular build are such that this option may preferable.

The Preferred Way Forward

The preferred way forward at this SOC stage is option 3 or option 4. Under both of these options the proposal will provide BMT and Haematology services to meet JACIE compliance. It will also ensure co-location with the Cardiff Cancer Research Hub and beds for complex specialist oncology. This is an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable.

Given the wider potential benefits and flexibility associated with Option 4 as a modular build, the financial case has considered the valuation and associated capital charges of this preferred option at SOC stage.

Financial Case

The purpose of this section is to set out the indicative financial implications of the project and provide a high-level assessment of affordability. It should be noted the detailed analysis of the financial case will be undertaken as part of the OBC/FBC.

Capital Costs

A summary of the capital costs for the preferred way forward at this stage are as follows:

Capital Costs	Option 4 £m
Works Cost	40.508
Fees	1.904
Non-Works	2.413
Equipment	2.539
Planning contingency	4.736
VAT	10.420
VAT Recovery	(0.381)
Total Capital Cost/ Cost Forms	**62.139**

Revenue Costs

The indicative revenue cost implications associated with the case are summarised below. These should be considered alongside the multiple commissioning arrangements and income associated with trials as described below and in the context of the need for a phased approach to expansion in line with future demand/capacity planning assumptions alongside a robust workforce plan to recruit and train the required WTE.

Revenue Costs	Option 4 £m
Facilities and Estates	1.854
Haematology, BMT & CAR-T	32.284
CCRH	2.298
Specialist Complex Oncology	1.971
Revenue Costs in CIA	38.407
Net External Contribution	(2.298)
Cost within CIA	38.407

The affordability of the case is therefore summarised through the following funding streams:

	Commissioner	Funding Model
BMT	WHSSC	Successive WHSSC ICP Rounds
CAR-T	WHSSC	Successive WHSSC ICP Rounds
General Haematology	LHBs	LHB LTA Uplifts and local C&V Investment
Specialist Complex Oncology	Proposal for WHSSC on endorsement of VCCG	Successive WHSSC ICP Rounds, alongside nVCC
CCRH and R&D Beds	Tripartite C&V, VCC, CU	Discrete business case and income from trials

The commissioning arrangements will be finalised and confirmed at OBC/FBC stage.

Outline Project Programme

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
SOC Submission to WG	July 2023

OBC/FBC Submission to WG	April 2025
Design completion and commence construction	March 2025/July 2025
Construction completion	September 2026/ January 2027
Facility operational	September 2026/ January 2027

The full OBC is available on request.

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

Cardiff and Vale UHB patients, staff and visitors would benefit substantially from the approval and financial support for this project. The proposed project will:

- Create an ambulatory model of treatment delivery for haematology/bone marrow transplant patients, which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation
- Provide additional accommodation required to support advanced therapies
- Provide the required inpatient accommodation for complex specialist oncology patients
- Provide appropriate accommodation for the tripartite Cardiff Cancer Research Hub
- Provide an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable

The timescale for the completion of the works will be dependent on the procurement route selected at OBC stage but is expected to be circa 18 months.

The Health Board would, therefore, recommend that WG give due consideration to the request for funding and approve the SOC enabling the scheme to progress to the OBC stage.

Recommendation:

At the time of writing the report, the Strategic Outline Case was due to be considered by the Capital Management Group on 17th July 2023 with a recommendation for Board approval.

Therefore, subject to the case being considered and recommended for Board approval by the Capital Management Group on 17th July 2023, the Finance and Performance Committee are asked to:

ENDORSE the Haematology/BMT Strategic Outline Case to be presented at the following governance approval stages with a **recommendation** to **BOARD** to:

APPROVE the submission of the Haematology/BMT Strategic Outline Case to Welsh Government for capital funding support.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

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

Risk: Yes/~~No~~

Risk Potential Assessment has been undertaken, which considered the project risk in relation to strategic alignment, finance/funding, stakeholder engagement, governance, project dependencies, and concluded that the overall risk is **medium.**

A project risk register has also been completed.

Safety: Yes/~~No~~

The capital design incorporates statutory health and safety requirements.

Financial: Yes/~~No~~

Capital funding for this project is anticipated to come from the All Wales Capital Programme. The SOC sets out the rationale and capital costs. Cardiff and Vale UHB has a robust project management structure in place to manage the project.

Workforce: Yes/~~No~~

The revenue business case will be worked up fully as part of OBC/FBC stage taking account of likely phasing and commissioning arrangements.

Legal: ~~Yes~~/No

Reputational: ~~Yes~~/No

Socio Economic: Yes/~~No~~

A socio-economic assessment will be undertaken as part of the EHIA at OBC/FBC stage.

Equality and Health: Yes/~~No~~

An EHIA will be undertaken at OBC/FBC stage.

Decarbonisation: Yes/~~No~~

The capital design incorporates required decarbonisation measures.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Project Team	5th July 2023
Senior Leadership Board	13th July 2023
Investment Group	13th July 2023
Capital Management Group	17th July 2023
Finance Committee	19th July 2023
CAV Board	27th July 2023

Haematology/BMT, Cancer Research and Complex Specialist Oncology

Strategic Outline Case

July 2023 – Final v11

Document Information

Status	Final
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Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team

Version	Date Issued	Summary of Change	Document Owner
Draft v1	20th October 2022	Initial Draft	Geoff Walsh
Draft v2	21st November 2022	Economic Case drafted	Geoff Walsh
Draft v3	8th December 2022	Updated service information	Geoff Walsh
Draft v4	4th April 2023	Updated to reflect revised scope	Geoff Walsh
Draft v5	20th April 2023	Strategic case updated	Geoff Walsh
Draft v6	11th May 2023	Strategic case updated	Geoff Walsh
Draft v7	24th May 2023	Updated to include Complex Specialist Oncology	Geoff Walsh
Draft v8	8th June 2023	Updated to reflect final option definitions	Geoff Walsh
Draft v9	18th June 2023	Updated to reflect final comments	Geoff Walsh
Final Draft v10	25th June 2023	Updated to include revised clinical data	Geoff Walsh
Final v11	6th July 2023	Updated to include revised clinical data	Geoff Walsh

TABLE OF CONTENTS

TABLE OF TABLES

TABLE OF FIGURES

1.0 INTRODUCTION

The delivery of a cancer system that provides excellent patient outcomes and experience is a key strategic and ministerial priority for NHS Wales.

Provision of the highest-quality, specialised services and advanced, targeted, therapeutic interventions, underpinned by cutting edge research, is an essential component in achieving this strategic imperative.

The aim of this business case is to seek investment in future proofing and co-locating the following essential specialised cancer services on the University of Wales site:

- Increased capacity for Haematology, Blood and Marrow Transplantation Services (BMT) and Advanced Therapy Medicinal Products (ATMPs) – essential services in the treatment of highly specialised cancers in Wales
- Development of a Cardiff Cancer Research Hub (CCRH) – delivered through a tripartite arrangement with Velindre NHS Trust and Cardiff University for patients who require access to early phase or complex new therapies (e.g. CAR-T)
- Development of Complex Specialist Oncology Services (CSO) – to support the care of the most unwell patients from across South East Wales who are experiencing severe side effects from current systemic anti-cancer therapy including Immuno-oncology ,and future delivery of solid cancer advanced therapies, a core component of the wider clinical model for the delivery of non-surgical tertiary oncology services in South East Wales

Whilst investment in developing and bringing together these services is essential in delivering Welsh Government aspirations, there are a number of critical drivers underpinning the case for change which make the timing of investment critical.

The three elements of this business case, namely the BMT unit, Cardiff Cancer Research Hub and the Complex Specialist Oncology beds, are inextricably linked and must be co-located so that the required infrastructure, expertise and workforce can be concentrated and shared for the benefit of patients with all types of cancers in Wales. The existing cell therapy expertise that exists within the BMT team will be essential to support the expanding portfolio of advanced immunotherapeutic and cellular therapies in cancer clinical trials for haematology and solid cancer patients, and bringing solid cancer experts from Velindre to work seamlessly alongside Cardiff and Vale and Cardiff University colleagues will help deliver a complex, high-specification service for cancer patients, and also provide the translational pipeline that is required to bring Welsh discoveries through from the laboratory to the clinic to benefit patients in Wales.

1.1.1 Meeting JACIE Standards

Cardiff and Vale UHB is the only provider in Wales of BMT and CAR-T therapies. Maintaining JACIE accreditation is a fundamental requirement of WHSSCs service specification for BMT and CAR-T and of the pharmaceutical companies who supply the products for CAR-T.

Due to environmental factors related to infrastructure, CAVUB is at risk of not retaining JACIE accreditation.

In short, if CAVUHB is unable to retain JACIE accreditation, the potential impact on the service could result in steps being taken to decommission BMT and CAR-T, which would fundamentally undermine the delivery of haematological cancer services for the population of South Wales.

1.1.2 Transforming Cancer Services across South East Wales

The development of a Cardiff Cancer Research Hub is inextricably linked to the wider development of high quality regional cancer services across the region. The development of the research hub is also a key element of the TCS programme, working with partners, and one of the recommendations contained within the Nuffield Report (December 2020). Its delivery will support the region in delivering the recommendations and ensure the full range of benefits are realised.

This business case is an essential component in enabling the wider regional clinical model for non-surgical tertiary oncology services, including the new Velindre Cancer Centre, to be fully optimised and achieve the full range of expected benefits

The remainder of this Strategic Outline Case (SOC) will establish the need for investment in more detail, appraise the main options for service delivery, and provide a preferred way forward for further analysis.

2.0 THE STRATEGIC CASE

PART A: THE STRATEGIC CONTEXT

2.1 Organisational Overview

2.1.1 Cardiff and Vale University Health Board

Throughout the development of this SOC, the Health Board has been mindful to ensure it continues to consider and take account of national and local drivers.

Cardiff and Vale University Health Board is responsible for planning and delivering health services for people in Cardiff and the Vale of Glamorgan, a population of around 500,000 and is the main provider of specialist services for the people of South Wales – and for some services, the whole of Wales and the wider UK. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacies) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 15,000 staff and has an annual budget of £1.6 billion.

The haematology service provides a tertiary service to the wider population across South Wales and in some instances (e.g., cellular therapy) to the whole of Wales.

The Health Board is confident that the strategic drivers for this investment and associated strategies, programmes and plans are consistent with national, regional and local strategy and policy documents.

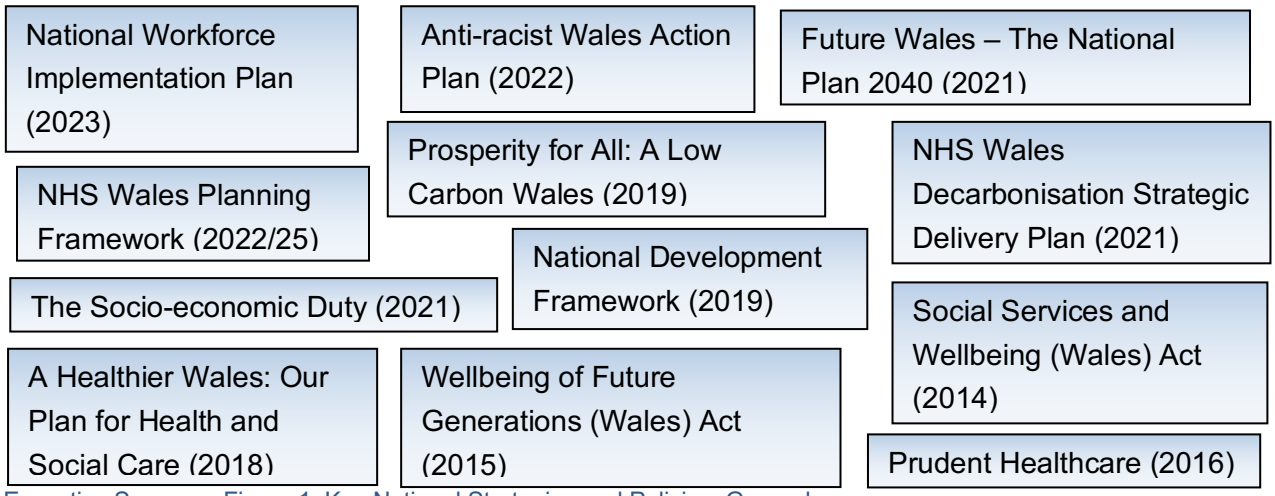
One of the functions of Velindre University NHS Trust is to deliver specialist non-surgical cancer services to a catchment population of 1.5million people using a hub and spoke service model.

2.1.2 Velindre University NHS Trust

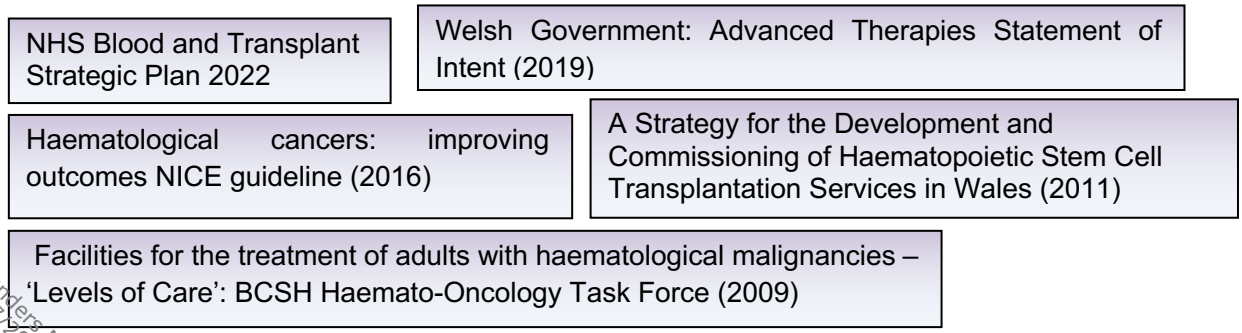
One of the functions of Velindre University NHS Trust is to deliver specialist tertiary non-surgical cancer services to a catchment population of 1.5 million people using a hub and spoke service model. Velindre Cancer Services are currently provided across South East Wales in the following:

- At home: some services are delivered at home such as oral chemotherapy
- Outreach Centres: Some services are delivered on an outreach basis within facilities across South East Wales, including District General Hospitals
- Velindre Cancer Centre (VCC): The core of the Trust's specialist cancer services is a specialist treatment, training, research and development centre for non-surgical oncology

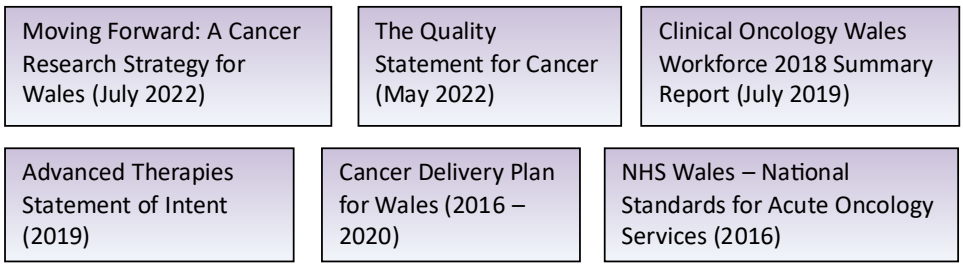
Some of the key Welsh Government policies that have shaped this SOC are:



Executive Summary Figure 1: Key National Strategies and Policies: General



Executive Summary Figure 2: Key National Strategies & Policies for Haematology/Bone Marrow Transplant & Advanced Therapy



Executive Summary Figure 3: Key Strategies and Policies for Cancer Research and Oncology Services

This business case contributes to delivering these strategies through:

- Providing sufficient capacity to meet the clinical demand and ensure that all patients have equitable access to services across South Wales
- Ensuring the safety of patients and the quality of care through the provision of high-quality facilities that fully meet the JACIE Standards
- Providing facilities for research and development to enable the introduction of new treatment modalities, ensuring state-of-the-art cancer care for patients in Wales
- Ensuring the Health Board (that is the only centre in Wales) has capacity to continue to deliver current high-risk Advanced Therapy Medicinal Products (ATMPs) - it is envisaged that in the future demand for this type of therapy will increase as is the case in solid cancers
- Providing advanced cellular products to patients from across Wales within the haematology service. There is an urgent need for an expansion in facilities with designated beds co-located within the BMT service and with rapid access to intensive care unit (ITU) services
- Provide high-quality facilities to enable the Health Board to attract and retain specialist staff

2.1.3 Regional and Local Strategies

Some of the key regional and local strategies and policies that have shaped this SOC are:

- CVUHB Integrated Annual Plan (2023/2024)
- Cardiff and Vale People and Culture Plan 2023 – 2026
- South East Wales Collaborative Cancer Leadership Group
- Shaping Our Future Wellbeing – Future Hospitals Programme Business Case (September 2021)
- Cardiff Cancer Research Hub: Proposal for a tripartite partnership between Cardiff and Vale UHB, Velindre UNHST and Cardiff University (August 2021)
- Shaping Our Future Wellbeing Strategy 2015 – 2025
- Shaping Our Future Clinical Services Plan
- Nuffield Trust report on cancer services in South East Wales (December 2020)
- Cardiff and Vale UHB Delivering Digital: a Five Year Strategy (July 2020)
- Cardiff and Vale UHB Estates Strategy

This business case contributes to delivering these strategies through:

- Supporting the key objectives of the South East Wales Collaborative Cancer Leadership Group (CCLG) which has been moving forward the joint research agenda and also improving alignment between haematology/BMT and oncology services
- Emphasising a key area of focus to deliver priority 3 of the Integrated Annual Plan (2023/2024) which is to deliver exceptional specialist and tertiary services for local, regional and national populations, and make a commitment to develop a combined Outline and Full Business Case for the redevelopment of facilities to meet JACIE Standards and to transform patient experience in Haematology, Bone Marrow Transplant and co-locating a Cardiff Cancer Research Hub. Therefore, this case is recognised as a critical priority for the organisation
- Addressing the compliance issues for BMT which is a key estates risk and therefore features as the top priority in the estate strategy
- Assist the Health Board to meet the themes set out in the Workforce Strategy for Health and Social Care in relation to the CVUHB People and Culture Plan by improving the experience of staff working within the service
- Build upon the Shaping Our Future Wellbeing (SOFW) strategy and Shaping Our Future Clinical Services Plan in relation to providing a co-ordinated approach to transforming services for the future and delivery of improved outcomes and value-based healthcare whilst utilising innovative workforce models and introducing new technologies

PART B: THE CASE FOR CHANGE

2.2 Spending Objectives

The following project spending objectives have been derived by the Project Team and agreed by the Project Board:

Spending Objective 1: Quality and Safety of Services	

Specific	Services that deliver quality care and meet agreed clinical, quality and safety standards, including:
	▪ Compliance with legislation, regulations and accreditation standards / performance
	▪ Supports rapid adoption of best practice
	▪ Clinical effectiveness, including:
	  ○ Delivering improved outcomes for patients
	  ○ Supporting research & development
	▪ Improves consistency in clinical practice

Measurable	Evidenced by: ▪ Continued 'The Joint Accreditation Committee ISCT-EBMT' (JACIE) accreditation ▪ Elimination of environmental issues within haematology and bone marrow transplant facilities ▪ undertaking of research in the field of cancer that can only be delivered on an acute, tertiary services hospital site ▪ Ensuring all services within the project have sufficient capacity to meet future demand in an area which is rapidly evolving ▪ Adoption of currently commissioned services for which there is no capacity and for which patients are currently being referred to NHS England (e.g., autologous stem cell transplantation for multiple sclerosis and newer NICE-approved indications for CAR-T therapy)
Achievable	By the development of new facilities that meet current standards and allow the implementation of clinical best practice
Relevant	This objective relates to the Health Board's IMTP regarding the strategic priority of taking forward service priorities. In particular delivering on the priorities of the Cardiff Cancer Research Hub, Specialist BMT services, complex specialist oncology and advanced therapy services. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money**: Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 year of the facility being operational
Spending Objective 2: Provide a High Quality Environment	
Specific	To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care and provide clinical teams with the appropriate environments in which to care for patients
Measurable	Evidenced by: ▪ Improved estate performance ▪ 'The Joint Accreditation Committee ISCT-EBMT' (JACIE) accreditation ▪ Meeting design and technical standards
Achievable	Providing functionally suitable facilities with better designed and equipped space, appropriately sized to meet patient and staff expectations

Relevant	The 2023/24 Annual Plan outlines how services will develop over the next 3 years. This objective is consistent with the priorities of this plan and contributes to the development and sustainability of clinical services. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised upon the facility being operational
Spending Objective 3: Access	
Specific	To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with: ▪ Service capacity that will meet demand in a timely way ▪ Services delivered in an appropriate environment
Measurable	Evidenced by: ▪ Reduced nosocomial infection rates within haematology and bone marrow transplant patients ▪ Improved access to services through appropriate use of technologies ▪ Access to new advanced therapy service to the population of Wales
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective aligns with the IMTP through ensuring performance targets are met. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain:** Improving patient outcomes and providing sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Health Need:** Introduction of new polytrauma and advanced therapy inpatient services
Time-bound	This objective will be fully realised within 6 to 12 months of the facility being operational
Spending Objective 4: Effective Use of Resources	
Specific	To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows

Measurable	Evidenced by: ▪ Appropriate lengths of stay for inpatients ▪ Reduction in staff turnover/increased staff retention through provision of better-quality facilities ▪ Ability to deliver NICE approved treatments within the Health Board ▪ Services provided within the identified revenue budget
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective relates to the IMTP by ensure delivery of financial break even through using resources effectively. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain: P**roviding sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 year of the facility being operational
Spending Objective 5: Sustainability/Flexibility	
Specific	To provide a solution that will enhance the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs
Measurable	Evidenced by: ▪ Capacity to meet increased demand ▪ Rooms to be generic and flexible to meet multiple uses wherever appropriate
Achievable	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways
Relevant	This objective supports the IMTP through taking forward the next steps in delivery clinical services strategy. This business case is an essential component in delivering the wider regional model for cancer services, including non-surgical tertiary oncology services, and achieving the recommendations set out within the Nuffield Trust advice. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: ▪ **Health gain: P**roviding sufficient capacity to meet future demand ▪ **Clinical and Skills Sustainability**: Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care ▪ **Value for Money:** Promoting the maximum efficient utilisation of assets and improving asset condition and performance
Time-bound	This objective will be fully realised within 1 to 2 years of the facility being operational

Executive Summary Table 1: Spending Objectives

2.3 Business Needs

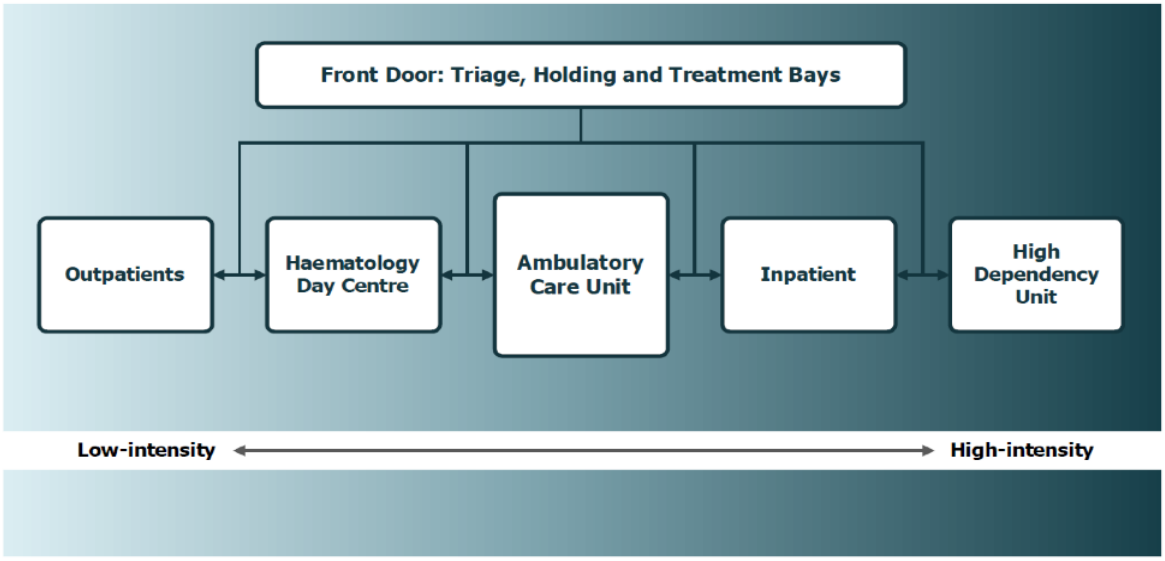
2.3.1 Service Vision

2.3.1.1 Haematology/BMT

The current haematology service fails to meet national and international standards for the care of patients with haematological malignancies due to a severe lack of space, no specialised isolation facilities, inability to clean outdated facilities to modern infection control standards and no area to triage patients before they mix with other immunocompromised patients.

The vision is to provide safe, timely, compassionate and comprehensive care in an environment suited to the management of patients with leukaemia, myeloma, lymphoma, sickle cell disease, bleeding disorders and those who are having blood and marrow transplantation, CAR-T therapies or other ATMPs. This requires an increase in the number of beds, provision of isolation facilities in the ward, day centre, ambulatory care and outpatient settings, and separate, but neighbouring, facilities for patients with inherited bleeding disorders.

In addition, the vision is to provide more Welsh patients with access to cutting edge advanced cellular therapies, some of which remain experimental while others are already commissioned within the NHS.



Executive Summary Figure 4: Future Service Vision

Executive Summary Figure 4 shows the desired layout in schematic form, intending to benefit from economies of scale due to service co-location, triaging and "flexible" transitioning from the lower to higher intensity aspects of service delivery. To insulate against uncertain and fluctuating demand, the aim is to treat most patients in the ambulatory setting.

2.3.1.2 *Advanced Therapy Medicinal Products*

Advanced Therapy Medicinal Products (ATMPs), as defined by the EU Parliament and Council Directive 2001/83/EC (and as amended by Regulation (EC) No 1394/2007), include any or a combination of the following:

- A gene therapy medicinal product (GTMP)
- A somatic cell therapy medicinal product (SCTMP)
- Tissue engineered product (TEP)
- A combined ATMP

One of the main reasons for the keen interest in ATMPs is the promising early results in patients with relapsed or refractory haematological malignancy – i.e., those normally destined for a palliative approach. For example, the recently updated ZUMA-1 phase 2 trial on the CAR-T axicabtagene ciloleucel (axi-cel) in the treatment of refractory/relapsed large B-cell lymphoma patients who had failed at least two prior lines of systemic therapy showed that after 5 years of follow-up, a survival plateau of 42.6% was maintained with a median survival of 25.8 months. These findings imply that a significant proportion of these survivors are probably cured. What is remarkable is that this population of patients would normally be destined for palliative approaches with a median life expectancy of around 6 months.

Additionally, when compared head-to-head in a phase 3 randomised trial with autologous transplantation in the second line for higher risk patients failing first line therapy within 12 months, axi-cel improved both progression-free and overall survival, effectively displacing autologous transplantation which stood as the standard of care for nearly 30 years. It is therefore imperative that we have capacity to deliver these products for Welsh patients to benefit from innovative lifesaving and potentially curative technologies.

2.3.1.3 *Cardiff Cancer Research Hub (CCRH)*

The main aims of the CCRH will be:

- To increase patient access to research, including early phase clinicals trials and trials of advanced therapies medicinal products (ATMPs) trials for solid cancer and haematological malignancies
- Enabling trials of any phase that need access to specialist services at Cardiff and Vale including surgery, radiology, endoscopy, pharmacy and/or high dependency
- Enabling scientists at Cardiff University to bring new discoveries through to the clinic to benefit patients by strengthening the 'bench to bedside' translational pipeline
- Developing a focus for cancer research excellence in Wales to enhance the collective reputation, attract future funding from third sector and Pharma and inspire, train and retain the next generation of cancer researchers

2.3.1.4 *Complex Specialist Oncology*

It is clear that the world of cancer care is changing rapidly across all aspects. This is no different in the world of oncology and specifically the provision of advanced therapies for solid tumours in cancer patients across South East Wales.

A complex specialist oncology service is required to support the care of this cohort of patients who have the potential for experiencing severe complex side effects from systemic anti-cancer therapy including immunotherapy and to support the introduction of advanced therapies/AMTPs in Wales in the very near future (e.g., CAR-T).

The provision of this service development is inextricably linked to the development of advanced/complex therapies in cancer services and will support the cohort of patients across South East Wales being offered/receiving them.

Alignment with Acute Oncology Services

Whilst the patients within the complex specialist oncology service are a defined cohort, the service will be aligned with the acute oncology service to ensure a comprehensive approach, allowing effective and efficient use of the multidisciplinary workforce and ensure that any potential duplication is avoided.

This development was highlighted in the Nuffield Trust Independent Advice and is intended to complement the regional acute oncology service which is being implemented across South East Wales. Similar services have been established in other parts of the UK in peer systems e.g., Manchester Cancer Alliance, South East London Cancer Alliance.

2.4 Potential Business Scope and Key Service Requirements

As part of the development of this business case a range of service priorities were considered by both the clinical teams and the executive team of the Health Board. These discussions considered including acute oncology within the scope of the project. The clinical team developed a list of service priorities, including the benefits of delivering each of these within this project. Schedules of accommodation were developed for each of these priority areas.

It was, therefore, concluded that whilst the development of the acute oncology service was important and a priority for the Health Board it should not be included as part of the scope of this business case and will be taken forward within its own dedicated project.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes
- An intermediate – essential and desirable requirements/outcomes
- A maximum – essential, desirable and optional requirements/outcomes

	Core	Desirable	Optional
Potential Scope	Service included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, UHW	Service included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, UHW Cardiff Cancer Research Hub, UHW Complex Specialist Oncology Inpatients, UHW	Services included: Haematology/BMT Inpatients, UHW Haematology Day Centre, UHW Advanced Therapies, (UHW Cardiff Cancer Research Hub, UHW Complex Specialist Oncology Inpatients, UHW Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW Acute Oncology Unit
	Services excluded: Haematology Outpatients, UHW Cardiff Cancer Research Hub, UHW Cardiff Haemophilia Centre, UHW Complex Specialist Oncology Inpatients, UHW	Services excluded: Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW	
Key Service Requirements	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand	A facility that meets minimum statutory requirements with regard to environmental and care quality standards. Sized to meet current and projected future demand

Executive Summary Table 2: Potential Scope

2.5 Main Benefits Criteria

Satisfying the potential scope for this investment will deliver the following high-level strategic and operational benefits.

Spending Objective	Main Benefits
Objective 1: Quality and Safety of Services	▪ High quality patient care ▪ Patient outcome maximised through treatment early in the course of the disease. For example, patients with acute myeloid leukaemia (AML) transplanted in first remission have a cure rate of 65% falling to 40% when done in second remission. Thus, earlier treatment avoids the costs of re-treatment (due to relapse) and results in a better long-term outcome ▪ Reduced length of stay for complex specialist oncology patients ▪ Ensuring the model provides safe management of patients at higher clinical risk and who require complex specialist oncology services ▪ High levels of safety which support increasing toxicity of treatments now and in future years i.e., reduced number of incidents relating to toxicity ▪ Reduction of avoidable patient harm ▪ Development of specialist toxicity management pathways with each organ specialist ▪ Staff recruitment and retention will improve as investment in new facilities will help attract and retain high quality professional staff ▪ Development of best practice clinical pathways with clinicians from the Health Board and Trust collaborating with on the management of complex patient toxicity ▪ Delivering high quality and research-led teaching at both undergraduate and postgraduate level, and to inspire others to pursue excellence in research, teaching and innovation ▪ Supports the development of fundamental foundations (capacity/capability) to deliver advanced therapies/AMTPs
Objective 2: Provide a high quality physical environment	▪ Provide safe and appropriate environments of care for patients and improving the patient experience, with improved patient satisfaction (patients have repeatedly complained about the lack of ensuite facilities during informal feedback) ▪ An increase in capacity with contiguous inpatient and daycase facilities forming an integrated unit will enhance patient flow and continuity of care with timely admission for therapy and reduced delays with documented increased risk of relapse ▪ Providing a supported environment for the delivery of EPCTs including, those utilising Advanced Therapies (ATs) ▪ Compliance with statutory standards, including JACIE accreditation and maintenance of the HTA licence ▪ Compliance with NHS guidance/best practice including NICE and All Wales Medicines Strategy Group requirements ▪ Effectively and efficiently deliver the wider the clinical model essential to the deliver the model for non-surgical tertiary cancer services in south east Wales as outlined in the Nuffield report

Spending Objective	Main Benefits
	▪ Attract researchers to Cardiff to support the establishment of the Cardiff Cancer Research hub
Objective 3: Access	▪ Provide suitable services and facilities sized to meet demand to ensure improved and optimised treatment pathways ▪ Improved waiting times ▪ Increasing research options for Welsh patients nearer to home ▪ Improvements to patient aftercare: toxicity follow-ups provided for all patients with toxicity irrespective of tumour group ▪ Improved survival and quality of life ▪ Reduction in the non-availability of inpatient beds for Haematology/BMT patients ▪ Reduction in patients receiving extra ('holding') courses of chemotherapy (due to current waiting times). This will reduce patients' exposure to potential complications from unnecessary additional treatment ▪ Providing opportunities for shared learning, training, education and career pathways to inspire, train and mentor future clinical and non-clinical cancer research leaders. ▪ Specialist oncology presence physically located within a UHW/secondary care setting to enhance multi-disciplinary working and knowledge transfer for better quality of care, outcomes and clinical and patient experience ▪ Provision of capacity and capability to deliver immunotherapies and advanced therapies/ATMPs will assist in establishing Cardiff and Wales as a global player new/emerging market
Objective 4: Effective use of Resources	▪ Reduced the current waiting times for BMT ▪ Building research critical mass, expertise and infrastructure ▪ Supports development of a robust and comprehensive database for cancer services (acute and complex patient cohort) ▪ Improving income generation (commercial trials, industry investments, grant awards etc.) ▪ Enhancing Cardiff/Wales research competitiveness at UK level and how Cardiff/Wales is perceived by key research funders ▪ Cost avoidance: if capacity and capability is not established patients may have to travel across the border for immunotherapies/ATMPs/advanced therapies and this will be more expensive ▪ Cost savings: there is a significant opportunity to delivery significant cost savings from reduced length of stay for patients with severe toxicity (grade 3 and 4)
Objective 5: Sustainability	▪ Services continue to be provided to meet patients' needs ▪ Providing a pipeline of late phase trials and benefits for future cancer patients ▪ Reduction in staff sickness rates ▪ Better connecting academic researchers and clinical researchers ▪ Facilitating both research development and delivery (NHS/Academia)

Spending Objective	Main Benefits
	▪ Provision of capacity and capability to deliver ATMPs in Cardiff will make it/Wales a more attractive place for strategic partners to invest in (in terms of infrastructure and financial investments)

Executive Summary Table 3: Main Benefits

3.0 THE ECONOMIC CASE

3.1 The Long List: Options Framework

The framework options long list options findings are summarised below as per business case guidance:

Framework Options	Business As Usual	Do Minimum	Intermediate	Do Maximum
Potential Service Scope Options – as outlined in the strategic case	**1.0 BAU:** Existing Haematology/BMT, Cancer Research and Complex Specialist Oncology services (no beds)	**1.1 Core Services:** Haematology/BMT Inpatients, UHW Haematology/BMT Day Centre, UHW Advanced Therapies, UHW	**1.2 Core Services plus:** Cardiff Cancer Research Hub, UHW Complex Specialist Oncology, UHW	**1.3 Core and Desirable Services plus:** Haematology Outpatients, UHW Cardiff Haemophilia Centre, UHW Acute Oncology Unit, UHW
	Discounted	Carried Forward	Preferred Way Forward	Discounted
Potential Service Solution Options – in relation to the preferred scope	2.0 Backlog maintenance is addressed	2.1 Backlog maintenance is addressed and refurbishment of the accommodation the services currently occupy	2.2 Backlog maintenance is addressed and refurbishment of other potentially available existing Health Board accommodation	2.3 New build
	Discounted	Discounted	Carried Forward	Preferred Way Forward
Potential Service Delivery Options - in relation to preferred scope and solution	3.1 In-house		3.2 Strategic Partnership	3.3 Outsource
	Preferred Way Forward		Discounted	Discounted
Potential Implementation Options – in relation to preferred scope, solution and method of service delivery		4.1 Phased		4.2 Big Bang (single phase)
		Preferred Way Forward		Discounted
Potential Funding Options – in relation to preferred scope, solution, method of service delivery and implementation		5.1 Public Funding		5.2 Private Funding
		Preferred Way Forward		Discounted

Executive Summary Table 4: Options Framework

3.2 The Short Listed Options

The preferred and possible solutions identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were 'discounted' as impracticable have been excluded at this stage. Business As Usual was excluded from further detailed analysis but has been retained as the baseline comparator.

Based on this hi-level non-financial analysis, the recommended short list for further appraisal as per business case guidance is as follows:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 – core and desirable services within Health Board refurbished accommodation. Within option 2 there are three possible physical solutions:
  - 2a – Provide the required accommodation for the preferred scope within a refurbished/remodelled Lakeside Wing
  - 2b - Provide the required accommodation within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished Highly Contagious Infectious Diseases Unit (HCID) Unit
  - 2c – Provide the required accommodation within a refurbished/remodelled area on the seventh floor of the main hospital building
- Option 3 – core and desirable services within a new building on the UHW site Within this option there are two possible solutions:
  - Option 3a – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance
  - Option 3b – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance

The short listed options, including sub-options (relating to location) have been further analysed against the spending objectives and critical success factors. On the basis of this analysis, the recommended short list for further appraisal within the OBC is as follows:

- Option 0 – Business as usual (for comparative purposes)
- Option 1 – core services only at UHW, within a new build on the UHW site
- Option 2 - Provide the required accommodation for core and desirable services within a refurbished/remodelled area on the ground floor of the main hospital adjacent to the existing haematology/BMT services, currently occupied by general outpatients and the Haemophilia Centre. Re-provide the displaced general outpatient department within a refurbished/remodelled Lakeside Wing and the displaced Haemophilia Centre within a refurbished HCID Unit (previously option 2b)
- Option 3 – core and desirable services provided within a traditionally built new build on the site of the current HCID Unit on the car park above the main hospital entrance (previously option 3a)

- Option 4 – core and desirable services provided within a new modular building on the site of the current HCID Unit on the car park above the main hospital entrance (previously option 3b)

3.2.1 Economic Appraisal

The table below presents a summary of the key outputs of the economic appraisal, expressed as Net Present Values (NPV):

Economic Impact in NPV terms	Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000	Option 4 £000
Net Present Cost (NPC) of Costs					
Opportunity	0	0	0	0	0
Capital	1.4	52.6	91.9	72.1	72.4
Revenue	824.2	895.9	1018.9	1001.1	1004.3
Externalities	0	0	0	0	0
Risk	0	0	0	0	0
Total Costs NPC	**934.2**	**1,026.3**	**1,202.4**	**1,160.4**	**1,167.0**
Net Present Value (NPV) of Benefits	0	0	0	0	0
NPV non-Cash releasing Benefits	0	0	0	0	0
NPV Societal	0	0	0	0	0
Net Contribution (Benefit)	0	0	53.1	51.1	53.1
Total Benefits NPV	**0**	**0**	**53.1**	**51.1**	**53.1**
Incremental Impact					
Total Incremental Cost Increases (Capital)	0	(50.1)	(89.5)	(69.7)	(70.0)
Incremental Cost - Revenue	0	(71.8)	(194.8)	(176.9)	(180.2)
Incremental cost reduction – opportunity cost	0	0	0	0	0
Incremental cost reduction - revenue	0	0	0	0	0
Incremental cost reduction – net contribution	0	0	53.1	51.1	53.1
Incremental cost reduction - risk	0	29.9	16.1	18.9	17.4
Net Present Social Value (NPSV)	**0**	**(92.0)**	**(215.0)**	**(176.6)**	**(179.6)**
Benefit Cost Ratio		**3**	**4**	**1**	**2**
Economic Ranking of Options				**0.7%**	
BCR Switch Value				(0.002)	0.002

Executive Summary Table 5: Economic Appraisal of Options

A detailed assessment of benefits will be undertaken as part of the OBC appraisal but at this stage the economic analysis indicates that:

- Option 3 has the best benefits cost ratio before the more detailed analysis is undertaken but it is very close to option 4 at this stage and sensitivity analysis would show that further work required on benefits should provide a clearer statement

3.3 The Preferred Way Forward

The preferred way forward at this SOC stage is option 3 or option 4. Under both of these options the proposal will provide BMT and Haematology services to meet JACIE compliance. It will also ensure co-location with the Cardiff Cancer Research Hub (CCRH) and beds for Complex Specialist Oncology. This is an essential component to effectively and efficiently deliver the wider the clinical model which is essential to deliver the model for non-surgical tertiary cancer services in south east Wales as outlined in the Nuffield report.

Given the wider potential benefits and flexibility associated with Option 4 as a modular build, the financial case has considered the valuation and associated capital charges of this preferred option at SOC stage.

The following table shows the key changes in bed numbers

	Current	Planned
General Haematology	17	20
BMT	9	18
BMT (readmission)	0	6
CAR-T	1	6
Clinical Trials (Haematology)	0	4
R&D (Cardiff Cancer Research Hub)	0	
Complex Specialist Oncology	0	4
TOTAL	**27**	**58**

Executive Summary Table 6: Proposed Changes to Bed Numbers

To facilitate this option, the new building will be on stilts for continued use of the drop-off area around the hospital entrance. Additionally, a new link bridge will be required to connect back to the existing hospital.

4.0 THE COMMERCIAL CASE

The preferred construction method is Modular Build, procured through a two-stage tendering process, via the Shared Business Services (SBS) or via an open tender option, this will be further explored in the OBC. Dialogue with colleagues from the NHS Wales Shared Services Partnership – Specialist Estates Services has been undertaken to explore the benefits of the preferred procurement option.

4.1 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a new build modular construction.

4.2 Proposed Charging Mechanisms

The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed in accordance with the terms and conditions associated within the contract conditions or the SBS Framework terms and conditions
- The contract will be managed by Cardiff and Vale University Health Board under the NEC4 Option A Fixed Price Contract with Activity Schedule

4.3 Procurement Strategy

In deciding on the most appropriate procurement route, the following consideration have been made:

- The size and complexity of the works
- A cost effective procurement route
- Procurement which complies with UK Law
- The timescales and "as soon as" target date for delivery due to JACIE requirements
- The level of pre-works engagement with the contractor required under each procurement route
- The current status of the project with regard to design
- Potential future opportunities for the re-use or re-purpose of the facility procured

Whilst there is very little to choose between the procurement options, the construction period on site and the disruption to an existing Hospital Site, which will be reduced with the modular construction, as much of the structure can be fabricated off site, supports Modular Build. In addition, the modular construction system offers flexibility and adaptability, enabling modules to be easily unbolted, removed, and relocated as needed.

In addition to the above elements, another significant benefit of modular construction systems is that no wall is weight-bearing. This characteristic provides the building with long-term flexibility, as it allows for the complete adaptation of the space into something else. Without the constraint of load-bearing walls, the interior layout can be easily reconfigured and modified according to evolving needs and preferences. This flexibility ensures that the building can be transformed or repurposed with relative ease, offering a sustainable and future-proof solution that can adapt to changing requirements over time.

The preferred procurement option is to deliver through a modular construction. The preferred option would be to procure via Shared Business Services (SBS). The SBS framework has options for both mini competition and direct award.

The framework states that "Participating Authorities have the ability to call off (Direct Award) without further competition" in certain circumstances which includes:

- Where the framework supplier has already carried out significant services "at risk" on behalf of the Authority in relation to the site to where the call off agreement will relate
- Where for reasons of urgency it is not reasonably practicable to award the call off agreement by way of mini competition

4.4 Accountancy Treatment

It is envisaged that the assets underpinning the delivery of service will be on the balance sheet of the Health Board.

5.0 THE FINANCIAL CASE

5.1 Capital Costs

A summary of the capital costs for the preferred way forward at this stage are as follows:

Capital Costs	Option 4 £m
Works Cost	40.508
Fees	1.904
Non-Works	2.413
Equipment	2.539
Planning contingency	4.736
VAT	10.420
VAT Recovery	(0.381)
Total Capital Cost/ Cost Forms	**62.139**

Executive Summary Table 7: Capital Costs for the Preferred Way Forward

The cost forms are included within Appendix 6.

5.2 Revenue Costs

The indicative revenue cost implications associated with the case are summarised below.

These should be considered alongside the multiple commissioning arrangements as described in Section 5.5.

Revenue Costs	Option 4 £m
Facilities and Estates	1.854
Haematology, BMT & CAR-T	32.284
CCRH	2.298
Specialist Complex Oncology	1.971
Revenue Costs in CIA	38.407
Net External Contribution	(2.298)
Cost within CIA	38.407

Executive Summary Table 8: Revenue Costs

Revenue cost estimates include:

- Estates and soft FM running costs
- BMT / CAR-T pay and non-pay, with reference to outline staffing requirements
- Indicative CAR-T product (ATMP) costs up to 80 patients, circa £16.250m
- Haematology and Specialist Complex Oncology bed day costs
- Service costs inherently include both direct and indirect support service implications, including, for example, therapies, pathology, pharmacy
- CCRH provisional workforce costs, although trials income is planned to manage this
- Remaining R&D clinical non-pay costs would be speculative subject to trial and are therefore excluded, with trials income also planned to manage such costs

The financial implications are high-level estimates at this stage and will be developed further as part of the OBC, and alongside the required commissioning planning processes.

5.2.1 Depreciation and Impairment

In line with other centrally funded capital schemes, the Health Board would anticipate that the non-cash implications of the scheme would be funded. That is, Welsh Government would provide funding to cover any additional depreciation costs or impairments arising from the scheme.

Provisional impairment and depreciation estimates are reflected below:

	£m
Impairment	28.804
Depreciation – Building / Engineering	0.772 per annum
Depreciation - Equipment	0.609 per annum

Executive Summary Table 9: Depreciation and Impairment

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life (UEL) provided by the District Valuer. These estimates are provisional and will be revised as part of the OBC.

The following is a summary of the total impact of capital charges and depreciation by year

	2025/26 £m	2026/27 £m	2027/28 £m
DEL Impairment	0	0	0
AME Impairment	28.804	0	0
Total Impairment	28.804	0	0
Depreciation – Build	(0.003)	0.772	0.772
Depreciation - Equipment	0.000	0.609	0.609
Total Depreciation	(0.003)	1.381	1.381

Executive Summary Table 10: Impact of Capital Charges and Depreciation by Year

Depreciation continues per annum in line with UEL and the Health Board's usual accounting policy beyond 2027/28.

This business case assumes all capital charges and depreciation will be funded by WG in each of the years as per the above and on a recurring basis where relevant.

5.3 Impact on Income and Expenditure Account

The anticipated depreciation and indicative net revenue cost profile for the extent of the project and initial implementation is set out below:

	2025/26	2026/27	2027/28	2028/29	2029/30
	£m	£m	£m	£m	£m
Depreciation	- 0.003	1.381	1.381	1.381	1.381
Revenue Cost (Less Ext. Cont'n)		9.491	18.518	27.545	36.109

Executive Summary Table 11: Impact on Income and Expenditure Account

The revenue cost profile is yet to be confirmed subject to the detail around phased implementation aligned to both workforce and commissioning plans.

5.4 Impact on the Balance Sheet and Capital Spend Profile

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

The anticipated capital spend profile is set out below:

	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m
Capital (Ex VAT) - DEL	0.390	7.190	44.520	0.000	0.000

Executive Summary Table 12: Capital Spend Profile

5.5 Funding Arrangements and Overall Affordability

The revenue consequences of the business case need to be considered in the context of multiple commissioning arrangements and income associated with trials.

BMT / CAR-T services are commissioned by WHSSC, with funding for AMTP developments currently supported by strategic WG allocation routed via LHBs. Investment to support a phased expansion of capacity to meet critical accreditation requirements and demand over the coming years will be met through successive Integrated Commissioning Plan (ICP) rounds. The allocation to LHBs would remain in line with 'Risk Share' arrangements, based on utilisation and/or pooling methodologies. This forms the largest consideration of the financial revenue case.

Current risk shares are set out below for information only

	CVUHB	SBUHB	CTMUHB	ABUHB	HDUHB	PTHB	BCUHB
SW BMT Programme	14.08%	14.18%	21.52%	31.33%	17.00%	1.89%	0.00%
AW ATMPs	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%

Executive Summary Table 13: Current Risk Shares

Specialist Complex Oncology beds are required to support the wider nVCC pathways in line with the Nuffield Trust recommendations. Given the nature of this cohort, consideration of funding via the WHSSC ICP process as part of specialised Blood and Cancer services is proposed. The Velindre Collective Commissioners Group will be asked to consider and endorse this recommendation. The responsible provider for this aspect of care will need to be determined and confirmed through the OBC/FBC, with consideration of Nuffield Trust's Report Recommendation 5, but also the practicalities of location and reporting protocols.

General Haematology is commissioned by LHBs and is subject to long standing 'Long Term Agreements (LTAs)'. Funding for the additional capacity will be agreed through the IMTP planning process, with contracts amended to reflect revised prices and activity baselines where required.

Based on 2019/20 inpatient activity, respective Health Board utilisation is set out below for information:

	CVUHB	SBUHB	CTMUHB	ABUHB	HDUHB	PTHB	BCUHB
Haematology IP	47.45%	3.06%	16.63%	23.57%	8.47%	0.82%	0.00%

Executive Summary Table 14: UHB Inpatient Utilisation

Cancer Research is a key component to the development and sustainability of tertiary and specialist cancer services in Wales, and a core part of partnership working with Velindre and Cardiff University. Funding arrangements surrounding both the BMT/CAR-T trials beds and the Cardiff Cancer Research Hub (CCRH) are predicated on a 'cost neutral' model. Income from trials or other associated activities will support the revenue costs of the direct workforce and clinical non-pay. A discrete CCRH revenue business case will be taken forward on a tripartite basis.

One important consideration is the opportunity cost from a revenue perspective.

The current and future expansion of CAR-T indications in line with NICE appraisals would need to be implemented and services commissioned for the population. In the absence of capacity and accredited facilities within Wales, patients would require referral to other UK Centres at full price tariffs / pass-through costs for extensive stays. Growth in BMT demand would also need to be referred out of Wales at full price tariffs.

The affordability of the case is therefore summarised through the following funding streams:

	Commissioner	Funding Model
BMT	WHSSC	Successive WHSSC ICP Rounds
CAR-T	WHSSC	Successive WHSSC ICP Rounds
General Haematology	LHBs	LHB LTA Uplifts and local C&V Investment
Specialist Complex Oncology	Proposal for WHSSC on endorsement of VCCG	Successive WHSSC ICP Rounds, alongside nVCC
CCRH and R&D Beds	Tripartite C&V, VCC, CU	Discrete business case and income from trials

Executive Summary Table 15: Funding Streams

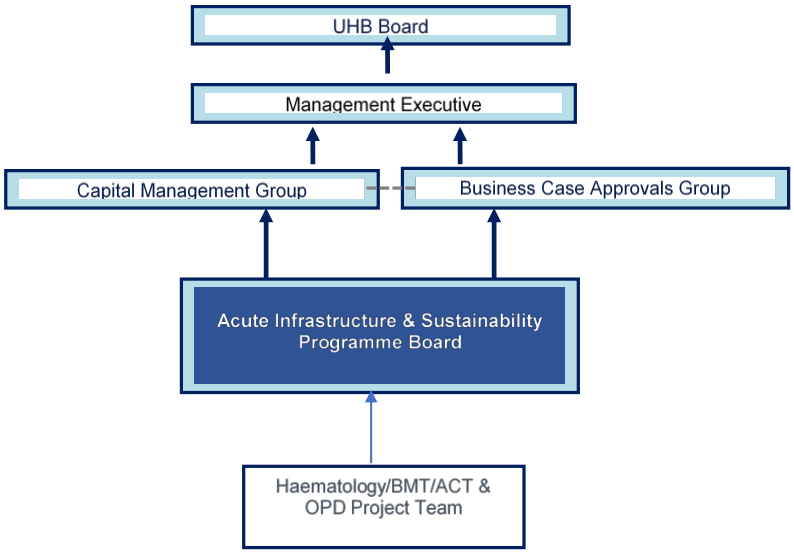
The commissioning arrangements will be finalised and confirmed at OBC/FBC stage, with consideration of WHSSC intentions regarding Specialist Haematology.

6.0 THE MANAGEMENT CASE

6.1 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 5: Outline Project Reporting Structure

6.2 Outline Project Programme

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
SOC Submission to WG	July 2023
OBC/FBC Submission to WG	April 2025
Design completion and commence construction	March 2025/July 2025
Construction completion	September 2026/ January 2027
Facility operational	September 2026/ January 2027

Executive Summary Table 16: Project Programme

NB: The design and construction periods differ depending upon the selected option at OBC with a modular construction providing a shorter timescale than a traditional build.

6.3 Recommendation

Cardiff and Vale UHB patients, staff and visitors would benefit substantially from the approval and financial support for this project. The proposed project will:

- Create an ambulatory model of treatment delivery for haematology/bone marrow transplant patients, which will meet both future service demand and address health and safety deficiencies and meets the requirements for JACIE accreditation
- Provide additional accommodation required to support advanced therapies
- Provide the required inpatient accommodation for complex specialist oncology patients
- Provide appropriate accommodation for the tripartite Cardiff Cancer Research Hub
- Provide an essential component to effectively and efficiently deliver the wider the clinical model essential to enabling the new Velindre Cancer Centre to be clinically viable

The timescale for the completion of the works will be dependent on the procurement route selected at OBC stage but is expected to be circa 18 months.

The Health Board would, therefore, recommend that WG give due consideration to the request for funding and approve the SOC enabling the scheme to progress to the OBC stage.

Report Title:	South Wales Thrombectomy Full Business Case			Agenda Item no.	3.2
Meeting:	Finance and Performance Committee	Public	Y	Meeting Date:	19th July 2023
		Private			
Status *(please tick one only)*:	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 at 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: *Please state yes or no for each category. If yes please provide further details.*
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

Saunders,Nathan
17/07/2023 10:58:30

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	*Thrombectomy Business Case*
Clinical /Service Board or Department	*Clinical Diagnostics and Therapeutics Clinical Board*
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

Contents

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.

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 (£)
	1,291,688	2,583,377
Capital Requirement (£)		

2. Introduction and Background

In Wales, Stroke significantly impacts on the lives of those it effects, 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 modifies 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
Outcome 1: Home first Due consideration must be given to: ❖ Integration with community services ❖ Collaboration with partners	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 National Institute of Health Clinical Excellence 2019 [NG 128 2019] Stroke and Transient Ischaemic Attack in the over 16s: Diagnosis and management Thrombectomy is seen as the medical intervention that provides the greatest whole system value to Health.
Outcome 2: Outcomes that matter to people Due consideration must be given to: ❖ Our continued covid-19 response ❖ Our physical infrastructure ❖ System renewal and redesign and the UHBs Operational recovery plan	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. 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
Outcome 3: Empower the person Due consideration must be given to; ❖ Our People and Culture Plan ❖ Our digital strategy	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
Outcome 4: Waste, harm and variation Due consideration must be given to; ❖ Addressing the top burdens of disease in Wales (Mental Health, Heart Failure, Cancer, Musculoskeletal (MSK)) ❖ A shift towards a system focusing on prevention	BASP, BSNR, ICSWP, NACCS and UKNG (2021) To support safe provision of mechanical thrombectomy services for patients with acute ischaemic stroke European stroke organisation (ESO) European Society of Minimally Invasive Neurological Therapy (ESMINT)

❖ The UHBs sustainability action plan and its zero carbon commitment	Guidelines on mechanical thrombectomy in Acute Ischaemic Stroke (2019) American Heart Association (2019) Guidelines for the early management of patients with ischemic stroke

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.

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

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

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:

- 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*
• 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	• 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

7.1.1 Benefits tracker

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

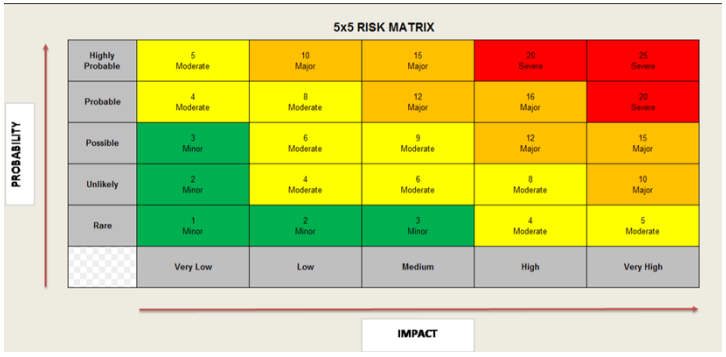
Benefit title	Benefit descriptor including	Expected realisation date	Measure(s) to be used	Baseline position at xxx	Projected position at	Actual position at xxx	Projected position at xxx	Actual position at xxx	Projected position at xxx	Actual position at xxx
Increased used of digital technologies.	*Half of future FU appointments can be undertaken virtually*	*By Q4 24/25*	*% of FU appointments taking place virtually*	*10%*	*20% by Q2 22-23*	*To be populated at Q2 22-23*	*35% by Q1 23-24*	*To be populated at Q1 23-24*	*50% by Q4 24/25*	*To be populated at Q4 24/25*
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					

7.2 Risk

This section must outline the key risks associated with successful implementation (should the case be approved) and plans for mitigating their removel. 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 chnaces of success.

Risk Title	Descriptor	Probability (1-5)	Impact (1-5)	Total risk score (PxI)	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



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

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

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)

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 detialed by WHSSC
Funding Source Capital:	

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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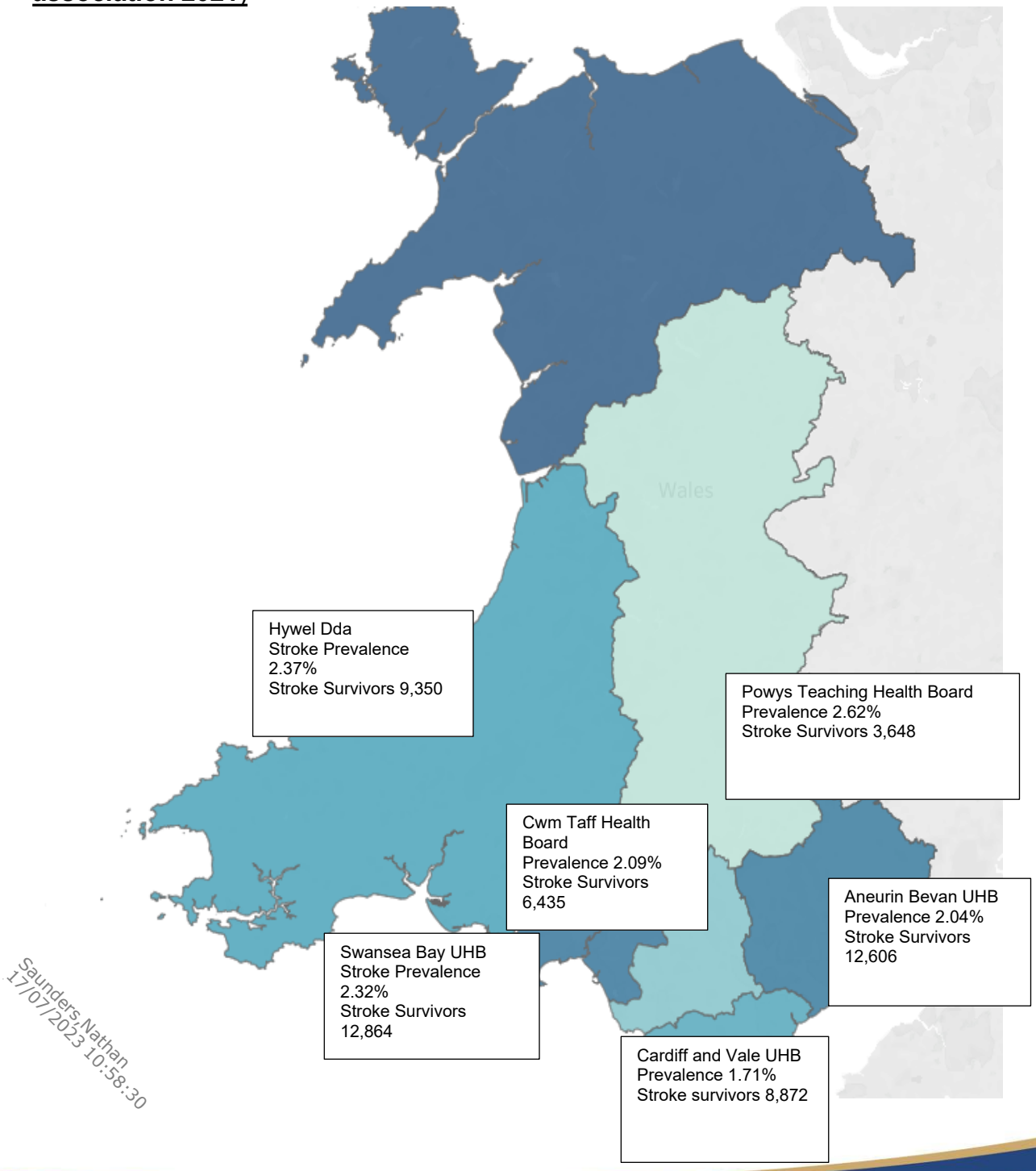
Appendices

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%

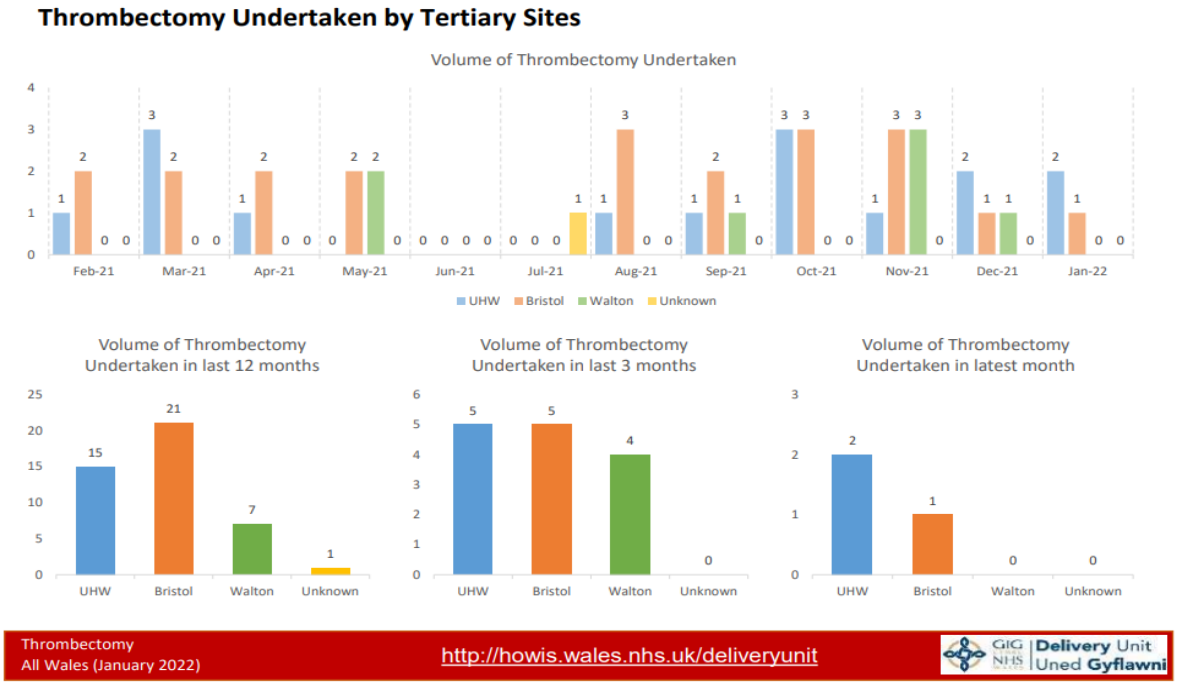
Appendix 2 Stroke Prevalence in Wales showing the number of people who have had a stroke or TIA in South Wales according to their GP record (Stroke association 2021)



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



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

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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.

Report Title:	All Wales Medical Genomics Service 2023-2024 Investment Business Plan			Agenda Item no.	3.3
Meeting:	Finance and Performance Committee	Public	√	Meeting Date:	19 July 2023
		Private			
Status *(please tick one only):*	Assurance		Approval		Information √
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	√

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

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.

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

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 hat 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

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
• Closer collaboration with Cardiff University • Greater integration of data (integrating image and genomics data analytics) • Embed clinical practice into translational medicine

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

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).

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.

Report Title:	**2023-24 Month 3 Monthly Financial Monitoring Return**				Agenda Item no.	4.1	
Meeting:	**Finance Committee**		Public	X	Meeting Date:	**19th July 2023**	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	**Executive Director of Finance**						
Report Author (Title):	**Deputy Director of Finance**						

Main Report
Background and current situation:

SITUATION

WHC (2023) 012 - Welsh Government 2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C4) in order to provide the Committee with transparency on the submission made to the Welsh Government.

A copy of the June 2024 MMR is attached.

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

The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance.

Recommendation:

The Board / Committee are requested to:

NOTE the extract from the UHBs Monthly Financial Monitoring Return.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.
Risk: No
Safety: No
Financial: Yes
As detailed above.
Workforce: No
Legal: No
Reputational: Yes
Yes, if forecast financial position is not delivered.
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Finance Committee	Date: 19th July 2023

Saunders,Nathan
17/07/2023 10:58:30

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE THREE MONTH PERIOD ENDED 30th JUNE 2023

INTRODUCTION

The Health Board submitted an initial draft financial plan to Welsh Government at the end of March 2023.The draft plan incorporated: -

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

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

In line with guidance from Welsh Government, the UHB's plan anticipated Welsh Government funding for three National Inflationary Pressure costs as outlined below:

1) Health Protection including TTP and Immunisation costs of £8.8m

2) PPE cost of £2.9m.

3) The 2022/23 recurrent impact of paying Real Living Wage (RLW) for staff working within social care and Third Sector cost at £2.9m.

The plan assumes that the 2023/24 cost of the RLW, being paid to staff directly employed by the UHB will be funded through the 2023-24 pay award funding in addition to the £4.4m cost currently forecast in the social/third sector.

At month 3, the UHB is reporting an overspend of £25.756m against its submitted draft plan. This is comprised of £3.485m of red schemes and unidentified savings, £0.171m of operational overspend and a planning deficit of £22.100m, which is three months of the planned deficit of £88.4m identified in the draft 2023/24 financial plan.

BACKGROUND

The Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2023. A summary of the core draft plan submitted is provided in Table 1.

Table 1: 2023/24 Core Draft Plan

	2023/24 Plan £m
2022/23 Forecast Outturn	**26.9**
Adjustment for recurrent /non-recurrent items	13.4
2023/24 b/f underlying deficit	**40.3**
COVID local response / consequentials	34.2
Energy cost pressure	11.5
2023/24 Cost Pressures Inflation & Growth	43.8
Service Investments	5.0
Total Planned Deficit before Allocation Uplift and savings	**134.8**
2023/24 Allocation Uplift / Assumed Income	(14.4)
2023/24 Cost Improvement Ambition	(32.0)
Total Allocation Uplift and Planned Savings	**(46.4)**
2023/24 Planned Deficit	**88.4**

This represents the core financial plan of the Health Board.

These financial monitoring returns have been prepared within the framework of the UHB's submitted Core Financial Plan, which includes a planning deficit of £88.4m for 2023-24. This report details the financial position of the UHB for the period ended 30th June 2023.

The UHB has separately identified non COVID 19 and COVID 19 expenditure against its submitted plan in order to assess the financial impact of COVID 19.

A full commentary has been provided to cover the tables requested for the month 3 financial position.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN and UNDERLYING POSITION (TABLE A & A1)

Table A sets out the financial plan and latest position at month 3 for which the following should be noted:

- The UHB's £32m 2023/24 savings target is reported on lines 8 & 9
- The forecast position reflects the assessed COVID 19 national programme costs in Table B3 and assumes that additional Welsh Government Funding will be provided to match the costs;
- It is assumed that LTA inflation of £2.118m that will be passed to the UHB from other Health Boards;
- The bought forward underlying deficit is £40.3m as outlined in the draft financial plan.

The identification and delivery of the £32m recurrent savings target is key to delivery of the planned in year and underlying position.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified in the draft plan and these will be reviewed on a monthly basis.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £25.756m and reflects the analysis contained in the annual operating plan in Table A. The UHB is reporting a deficit of £25.756m for the year to date and a forecast deficit of £88.400m as shown in Table 2.

Table 2: Summary Financial Position for the period ended 30th June 2023

	Forecast Month 3 Position £m	Forecast Year-End Position £m
Planned deficit	22.100	88.400
Savings Programme	3.485	0.000
Operational position (Surplus) / Deficit	0.171	0.000
Financial Position £m (Surplus) / Deficit £m	**25.756**	**88.400**

The month 3 deficit of £25.756m comprised of the following:

- £22.100m planned deficit
- £3.485m savings gap
- £0.171m adverse variance against plan.

The unachieved CRP gap at month 3 is expected be recovered as the year progresses, enabling the UHB to deliver its planned deficit position of £88.4m.

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

The UHB continues to face a significant challenge as it delivers services from an operational footprint that is still predominantly designed to address Covid demands and infection control. The contractual obligations to deliver improved throughput has re-introduced pre-pandemic performance arrangements for under delivery of patient activity. In particular, WHSSC commissioned specialties operate to sensitive contract parameters that include high marginal rates for under and over performance.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £1.695m in month primarily due to nursing pressures. £1.216m of the costs recorded in June related to registered nursing and midwifery.

COVID 19 ANALYSIS (TABLE B3)

At month 3, Table B3 reported forecast outturn expenditure due to COVID-19 to be £13.464m. This includes expenditure related to the Covid funding for Health Protection (£8.800m), PPE (£2.900m) Long Covid (£1.144m), Anti-viral (£0.100m), and Nosocomial (£0.520m) allocations.

Year to date and forecast Covid Expenditure is summarised in Table 3 below.

Table 3: Summary of Forecast COVID 19 Net Expenditure

	Month 3 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	1.764	8.800	8.800	0.000
PPE	0.343	2.900	2.900	0.000
Long Covid	0.281	1.144	1.144	0.000
Nosocomial	0.087	0.520	0.520	0.000
Anti-Viral	0.017	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	**2.491**	**13.464**	**13.464**	**0.000**

The UHB forecast is in line with the anticipated Welsh Government COVID Funding totaling £13.464m.

Savings Programme 2023-24 (TABLE C, C1, C2, C3 & C4)

At month 3, the UHB had identified £28.488m of green, amber and red schemes to deliver against the £32m savings target leaving a further £3.512m schemes unidentified.

Overall performance in the identification of savings schemes is outlined in table 4 below:

Table 4: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	32.000	28.488	(3.512)

The table above includes green, amber and red schemes.

The UHB will continue to identify and deliver savings schemes at pace.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

The UHB progressed LTA discussions in line with the Welsh Government timetable.

The following Welsh LTAs are agreed and signed awaiting Cardiff & Vale UHB signature following the Board meeting schedule for July 27th:

- Aneurin Bevan
- Swansea Bay
- Hywel Dda
- Powys
- Cwm Taf Morgannwg
- Velindre.

Following discussions through 2021/22 on the approach to LTAs within NHS Wales, the All-Wales Directors of Finance Group sought a review and recommendations from a Financial Flows Workstream, informed by contracting and commissioning leads across organisations.

The agreed principles applied to 2022/23 included:

- A need to move away from COVID fixed block contracts
- This is a transition year, with recognition of NHS policy to return to at least 2019/20 levels of activity
- Some protections for underperformance, to minimise risk on activity variations and recognise cost of delivery

- Model to incentivise recovery and patient treatment

Health Boards have agreed that the principles in 2022/23 continue to apply in 2023/24, with a renewed commitment to review the commissioning arrangements for 2024/25 onwards. The only change to this, is a move from 10% to 5% tolerance for underperformance maintaining enhanced rates (70% marginal) for additional activity beyond 2019/20 levels

The approved WHSSC ICP did not include the Director of Finance agreement. WHSSC have assumed that no provider tolerances are applied to contract underperformance and extant marginal rates for over-performance are re-instated. A paper is being presented to Joint Committee on 18th July 2023 to confirm their position

Should WHSSC return to extant contracting arrangements, there is a net commissioner/provider risk in the position of £1.3m at month 3.

INCOME ASSUMPTIONS 2023/24 (TABLE E)

Table E outlines the UHB's 2023/24 resource limit.

Similar to practice in previous years, the UHB reported position continues to exclude recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this cost, which was assessed at £0.222m in the previous financial year.

The UHB assumes that the following pay awards actioned in 2023/24 will be fully covered by additional Welsh Government Funding:

- 1.5% 2022/23 consolidated increase
- 2022/23 Recovery Payment
- 5.0% 2023/24 Pay Uplift

The draft financial plan assumes that the Directors of Finance agreement on LTAs is upheld by all parties in NHS Wales.

BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)

The opening balances at the beginning of April 2023 reflect the closing balances in the 2022/23 Draft Accounts.

MONTHLY CASHFLOW FORECAST (TABLE G)

The cash balance at the end of June was £3.990m with a forecast deficit of £100.888m at year end pending confirmation of cash support.

The UHB's working cash assumption for 2023-24 assumes coverage from Welsh Government for the following :-

- 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.

CAPITAL SCHEMES (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 11% has been expended to date.

One capital scheme is currently classified as medium risk:

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

Eye Care – discussions are ongoing with DCHW to agree transfer of this service from C&V. Funding has reduced on the current CRL by £163k. Confirmation of this reduction still to be confirmed with DCHW/DPIF.

All other schemes are currently in line with forecast.

Planned expenditure for the year reflects the CRL received from Welsh Government dated 11th July 2023 - £29.597m.

AGED WELSH NHS DEBTORS (TABLE M)

At the 31st June 2023 there were no invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks.

PUBLIC SECTOR PAYMENT PERFORMANCE

The UHB achieved it's Public Sector Payment Performance target with 97.41% being achieved cumulatively to-date.

The UHB has included the improvement of high volume and low value NHS

invoices into its modernisation programme to find system improvements to ensure all four PSPP targets are met.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to the 19th July 2023 meeting of the Finance Committee for information.

CONCLUSION

The UHB submitted a draft financial plan at the end of March 2023 and submitted a final plan at the end of May in line with the Welsh Government timetable.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible. The UHB currently has a one year draft financial plan for 2023-24 which aims to deliver financial stability and ensure that the underlying position is reduced and delivers a deficit of £88.4m. This includes a savings target of £32.0m.

The reported financial position for the first 3 months is a deficit of £25.756m. This is comprised of £3.485m of red schemes and unidentified savings, £0.171m of operational underspend and a planning deficit of £22.100m, which is three months of the planned deficit of £88.4m identified in the draft 2023/24 financial plan.

……..
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF FINANCE (ON BEHALF OF SUZANNE RANKIN, CHIEF EXECUTIVE)

13th July 2023

……..
ROBERT MAHONEY
DEPUTY DIRECTOR OF FINANCE (ON BEHALF OF CATHERINE PHILLIPS, EXECUTIVE DIRECTOR OF FINANCE)

13th July 2023

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-40,300	0	-40,300	-40,300
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-94,523	0	-94,523	-94,523
3	Planned Expenditure For Covid-19 (Negative Value)	-13,465	-13,465		
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	12,305	0	12,305	12,305
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	13,465	13,465		
6	Planned Provider Income (Positive Value)	2,118	0	2,118	2,118
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	13,984	4,040	9,944	10,813
9	Planned (Finalised) Net Income Generation	454	124	330	357
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Planning Assumptions still to be finalised at Month 1	17,505	0	17,505	20,830
14	**Opening IMTP / Annual Operating Plan**	**-88,458**	**4,164**	**-92,622**	**-88,400**
15	Reversal of Planning Assumptions still to be finalised at Month 1	-17,505	0	-17,505	-20,830
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	152	0	152	180
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-290	-3	-286	-279
20	Additional In Year Identified Savings - Forecast	5,556	2,942	2,612	2,971
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	29	29		
27	Additional savings to be identified	12,116	0	12,116	17,958
28	Roundings	0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**-88,400**	**7,131**	**-95,533**	**-88,400**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-88,400**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-10,075	-40,300
2	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-23,631	-94,523
3	-521	-943	-1,235	-1,220	-1,194	-1,171	-1,146	-1,203	-1,208	-1,208	-1,167	-1,245	-2,699	-13,465
4	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	3,076	12,305
5	521	943	1,235	1,220	1,194	1,171	1,146	1,203	1,208	1,208	1,167	1,245	2,699	13,465
6	177	177	177	177	177	177	177	177	177	177	177	177	530	2,118
7	1,925	254	-61	97	-74	-6	-383	-358	-341	-341	-356	-355	2,118	0
8	665	808	1,088	929	1,100	1,033	1,409	1,385	1,385	1,385	1,400	1,398	2,561	13,984
9	77	13	43	43	43	43	43	43	26	26	26	26	133	454
10													0	0
11													0	0
12													0	0
13		1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	3,183	17,505
14	**-7,367**	**-7,367**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-7,372**	**-22,106**	**-88,458**
15	0	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-3,183	-17,505
16													0	0
17													0	0
18	0	-3	7	16	16	16	16	16	16	16	16	16	4	152
19	0	0	-377	187	-17	-17	-17	-17	-17	-17	-17	18	-377	-290
20	0	219	188	513	479	486	534	580	618	589	594	754	407	5,556
21													0	0
22	0	-231	23	23	23	23	23	23	23	23	23	23	-208	0
23													0	0
24	0	231	-23	-23	-23	-23	-23	-23	-23	-23	-23	-23	208	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	-83	158	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5	70	29
27	-1,446	298	576	1,291	1,530	1,522	1,474	1,428	1,390	1,420	1,415	1,218	-572	12,116
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**-8,896**	**-8,287**	**-8,574**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,961**	**-25,756**	**-88,400**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**-8,896**	**-8,287**	**-8,574**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,960**	**-6,961**	**-25,756**	**-88,400**

Cardiff & Vale ULHB

Period : Jun 23

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 1 errors

Some errors will be resolved when complete rows have data or associated tables are completed

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	8	8	8	8	8	8	8	8	8	8	8	8	25	100		100	0			
2		Actual/F'cast	8	27	30	53	68	86	103	124	124	124	129	134	65	1,013	6.44%	250	763	105	908	1,088
3		Variance	0	19	22	45	60	78	95	116	116	116	121	126	40	913	*161.09%*	150	763			
4	Commissioned Services	Budget/Plan	7	7	19	19	19	19	19	19	19	19	19	19	32	204		204	0			
5		Actual/F'cast	7	7	19	19	19	19	19	19	19	19	19	19	32	204	15.80%	204	0	125	79	79
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	185	93	220	162	162	240	201	201	201	201	216	216	498	2,297		2,297	0			
8		Actual/F'cast	185	104	217	317	217	333	276	276	314	284	299	337	505	3,160	16.00%	3,010	150	765	2,395	3,234
9		Variance	0	11	(4)	156	55	93	75	75	113	83	83	121	7	863	*1.46%*	713	150			
10	Non Pay	Budget/Plan	214	226	383	283	428	283	268	268	268	268	268	268	824	3,425		3,425	0			
11		Actual/F'cast	214	257	344	471	546	355	376	401	401	401	401	405	815	4,570	17.84%	4,316	254	3,644	923	1,045
12		Variance	0	30	(39)	188	118	72	108	133	133	133	133	137	(9)	1,144	*(1.10%)*	891	254			
13	Pay	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	1,182	7,957		7,957	0			
14		Actual/F'cast	251	633	287	767	709	706	1,151	1,126	1,126	1,126	1,126	1,272	1,170	10,278	11.39%	8,596	1,681	2,338	7,940	8,032
15		Variance	0	159	(170)	310	227	224	237	237	237	237	237	385	(11)	2,321	*(0.94%)*	639	1,681			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	3	3	3	3	3	3	3	3	3	3	3	25	10.00%	25	0	0	25	25
18		Variance	0	0	3	3	3	3	3	3	3	3	3	3	3	25		25	0			
19	Total	Budget/Plan	665	808	1,088	929	1,100	1,033	1,409	1,385	1,385	1,385	1,400	1,398	2,561	13,984		13,984	0			
20		Actual/F'cast	665	1,027	899	1,630	1,562	1,502	1,927	1,948	1,986	1,957	1,977	2,171	2,591	19,250	13.46%	16,402	2,848	6,978	12,270	13,504
21		Variance	0	219	(189)	700	462	470	518	564	602	572	577	772	30	5,266	*1.17%*	2,418	2,848			
22	Variance in month		0.00%	27.05%	(17.35%)	75.36%	42.01%	45.49%	36.73%	40.71%	43.45%	41.31%	41.23%	55.25%	1.17%							
23	In month achievement against FY forecast		3.46%	5.34%	4.67%	8.47%	8.11%	7.80%	10.01%	10.12%	10.32%	10.16%	10.27%	11.28%								

Cardiff & Vale ULHB **Period : Jun 23**

Table C1- Savings Schemes Pay Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD Budget/Plan*	Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
Changes in Staffing Establishment	Budget/Plan	245	92	195	195	195	195	626	626	626	626	626	625	532	4,873		4,873	0			
	Actual/F'cast	245	237	181	196	280	284	727	727	727	727	727	761	663	5,819	11.40%	5,214	605	937	4,882	4,919
	Variance	0	145	(14)	1	85	89	101	101	101	101	101	136	131	945	*24.67%*	341	605			
Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	51	51	45	45	45	45	45	45	45	0	415	0.00%	0	415	415	0	0
	Variance	0	0	0	51	51	45	45	45	45	45	45	45	0	415		0	415			
Locum	Budget/Plan	0	0	0	0	25	25	25	0	0	0	0	0	0	75		75	0			
	Actual/F'cast	0	0	8	21	46	46	46	21	21	21	21	21	8	268	3.09%	268	0	185	83	100
	Variance	0	0	8	21	21	21	21	21	21	21	21	21	8	193		193	0			
Agency / Locum paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	613	2,746		2,746	0			
	Actual/F'cast	0	376	66	465	294	294	294	294	294	294	294	294	442	3,257	13.57%	2,746	511	511	2,746	2,746
	Variance	0	0	(171)	228	57	57	57	57	57	57	57	57	(171)	511	*(27.90%)*	0	511			
Changes in Bank Staff	Budget/Plan	0	0	19	19	19	19	19	19	19	19	19	19	19	190		190	0			
	Actual/F'cast	0	0	19	19	19	19	19	19	19	19	19	19	19	190	10.00%	190	0	0	190	190
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0			
Other (Please Specify)	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	18	73		73	0			
	Actual/F'cast	6	20	12	16	19	19	21	21	21	21	21	134	38	329	11.57%	178	151	290	39	77
	Variance	0	14	6	10	13	13	15	15	15	15	15	128	20	257	*114.55%*	106	151			
Total	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	1,182	7,957		7,957	0			
	Actual/F'cast	251	633	287	767	709	706	1,151	1,126	1,126	1,126	1,126	1,272	1,170	10,278	11.39%	8,596	1,681	2,338	7,940	8,032
	Variance	0	159	(170)	310	227	224	237	237	237	237	237	385	(11)	2,321	*(0.94%)*	639	1,681			

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD Budget/Plan*	Green	Amber	non recurring	recurring	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	613	2,746		2,746	0			
	Actual/F'cast	0	376	66	465	294	294	294	294	294	294	294	294	442	3,257	13.57%	2,746	511	511	2,746	2,746
	Variance	0	0	(171)	228	57	57	57	57	57	57	57	57	(171)	511	*(27.90%)*	0	511			
Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
Total	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	613	2,746		2,746	0			
	Actual/F'cast	0	376	66	465	294	294	294	294	294	294	294	294	442	3,257	13.57%	2,746	511	511	2,746	2,746
	Variance	0	0	(171)	228	57	57	57	57	57	57	57	57	(171)	511	*(27.90%)*	0	511			

Table C3- Savings Schemes SoCNE/SCNI Analysis

	Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
Pay	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	1,182	7,957
	Actual/F'cast	251	633	287	767	709	706	1,151	1,126	1,126	1,126	1,126	1,272	1,170	10,278
	Variance	0	159	(170)	310	227	224	237	237	237	237	237	385	(11)	2,321
Non Pay	Budget/Plan	214	226	396	296	441	296	280	280	280	280	280	280	837	3,551
	Actual/F'cast	214	257	356	483	558	367	388	413	413	413	413	418	828	4,695
	Variance	0	30	(39)	188	118	72	108	133	133	133	133	137	(9)	1,144
Primary Care Drugs	Budget/Plan	39	40	40	62	63	63	93	93	93	93	108	108	119	894
	Actual/F'cast	39	40	78	151	107	146	137	138	176	138	153	191	157	1,493
	Variance	0	0	38	89	45	83	45	45	83	45	45	83	38	599
Secondary Care Drugs	Budget/Plan	146	53	180	100	100	177	108	108	108	108	108	108	379	1,403
	Actual/F'cast	146	64	138	166	110	187	138	138	138	147	147	147	348	1,667
	Variance	0	11	(42)	66	10	10	30	30	30	39	39	39	(31)	264
CHC/FNC	Budget/Plan	8	8	8	8	8	8	8	8	8	8	8	8	25	100
	Actual/F'cast	8	27	30	53	68	86	103	124	124	124	129	134	65	1,013
	Variance	0	19	22	45	60	78	95	116	116	116	121	126	40	913
Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	3	3	3	3	3	3	3	3	3	3	3	25
	Variance	0	0	3	3	3	3	3	3	3	3	3	3	3	25
Healthcare Services Provided by Other NHS Bodies	Budget/Plan	7	7	7	7	7	7	7	7	7	7	7	7	20	79
	Actual/F'cast	7	7	7	7	7	7	7	7	7	7	7	7	20	79
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Healthcare Services Provided by Other NHS Bodies	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Budget/Plan	665	808	1,088	929	1,100	1,033	1,409	1,385	1,385	1,385	1,400	1,398	2,561	13,984
	Actual/F'cast	665	1,027	899	1,630	1,562	1,502	1,927	1,948	1,986	1,957	1,977	2,171	2,591	19,250
	Variance	0	219	(189)	700	462	470	518	564	602	572	577	772	30	5,266

Cardiff & Vale ULHB

Jun 23

This Table is currently showing 0 errors

Table C4 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	665	808	1,088	929	1,100	1,033	1,409	1,385	1,385	1,385	1,400	1,398	2,561	13,984	4,040	9,944	870	10,813
	Month 1 - Actual/Forecast	665	808	711	1,117	1,083	1,016	1,392	1,368	1,368	1,368	1,383	1,416	2,184	13,694	4,037	9,658	877	10,534
	Variance	0	0	(377)	187	(17)	(17)	(17)	(17)	(17)	(17)	(17)	18	(377)	(290)	(3)	(286)	7	(279)
	In Year - Plan	0	219	233	468	479	486	534	580	618	589	594	756	451	5,556	2,941	2,612	359	2,971
	In Year - Actual/Forecast	0	219	188	513	479	486	534	580	618	589	594	754	407	5,556	2,942	2,612	359	2,971
	Variance	0	0	(44)	45	0	0	0	0	0	0	0	(1)	(44)	0	0	0	0	0
	Total Plan	665	1,027	1,320	1,398	1,579	1,519	1,944	1,965	2,003	1,973	1,993	2,154	3,013	19,539	6,981	12,556	1,229	13,785
	Total Actual/Forecast	665	1,027	899	1,630	1,562	1,502	1,927	1,948	1,986	1,957	1,977	2,171	2,591	19,250	6,978	12,270	1,236	13,506
	Total Variance	0	0	(421)	232	(17)	(17)	(17)	(17)	(17)	(17)	(17)	17	(421)	(289)	(3)	(286)	7	(279)
Net Income Generation	Month 1 - Plan	77	13	43	43	43	43	43	43	26	26	26	26	133	454	124	330	27	357
	Month 1 - Actual/Forecast	77	(6)	34	43	43	43	43	43	26	26	26	26	105	426	124	302	55	357
	Variance	0	(19)	(9)	0	0	0	0	0	0	0	0	0	(28)	(28)	0	(28)	28	0
	In Year - Plan	0	16	16	16	16	16	16	16	16	16	16	16	32	180	0	180	0	180
	In Year - Actual/Forecast	0	16	16	16	16	16	16	16	16	16	16	16	32	180	0	180	0	180
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	77	28	60	60	60	60	60	60	43	43	43	43	165	634	124	510	27	537
	Total Actual/Forecast	77	10	50	60	60	60	60	60	43	43	43	43	137	606	124	482	55	537
	Total Variance	0	(19)	(9)	0	0	0	0	0	0	0	0	0	(28)	(28)	0	(28)	28	0
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	742	821	1,131	972	1,143	1,076	1,452	1,428	1,411	1,411	1,426	1,425	2,694	14,437	4,164	10,273	897	11,170
	Month 1 - Actual/Forecast	742	803	744	1,160	1,126	1,059	1,435	1,411	1,394	1,394	1,409	1,443	2,289	14,120	4,161	9,959	932	10,891
	Variance	0	(19)	(386)	187	(17)	(17)	(17)	(17)	(17)	(17)	(17)	18	(405)	(317)	(3)	(314)	35	(279)
	In Year - Plan	0	234	249	485	495	503	551	597	635	605	610	772	483	5,736	2,941	2,792	359	3,151
	In Year - Actual/Forecast	0	234	205	529	495	503	551	597	635	605	610	771	439	5,736	2,942	2,792	359	3,151
	Variance	0	0	(44)	45	0	0	0	0	0	0	0	(1)	(44)	0	0	0	0	0
	Total Plan	742	1,055	1,380	1,457	1,638	1,578	2,003	2,024	2,046	2,016	2,036	2,197	3,177	20,173	7,105	13,066	1,256	14,321
	Total Actual/Forecast	742	1,037	949	1,689	1,622	1,562	1,986	2,008	2,029	1,999	2,019	2,213	2,728	19,856	7,102	12,752	1,291	14,042
	Total Variance	0	(19)	(431)	232	(17)	(17)	(17)	(17)	(17)	(17)	(17)	17	(449)	(317)	(3)	(314)	35	(279)

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	540	965	5	**1,510**	100	0
Unscheduled Care	0	0	0	**0**	0	0
Primary and Community Care (Excl Prescribing)	293	170	0	**463**	0	0
Mental Health	65	227	0	**292**	0	0
Clinical Support	282	515	0	**796**	114	0
Non Clinical Support (Facilities/Estates/Corporate)	355	1,048	0	**1,403**	238	0
Commissioning	0	349	0	**349**	30	0
Across Service Areas	8,743	1,723	276	**10,743**	114	0
CHC	0	988	0	**988**	0	0
Prescribing	0	1,483	0	**1,483**	0	0
Medicines Management (Secondary Care)	0	1,222	0	**1,222**	10	0
Total	**10,278**	**8,691**	**281**	**19,250**	**606**	**0**

Cardiff & Vale ULHB

Period : Jun 23

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	130,987	98,095	141,605	109,120	102,385	104,118	71,573	92,188	100,068	72,788	89,338	30,989	1,143,254
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,190	1,190	650	525	0	2,445	1,020	1,020	1,020	1,020	1,020	2,261	13,361
3	WG Revenue Funding - Other (e.g. invoices)	1,788	1,320	1,310	1,284	1,284	2,784	1,284	1,284	2,784	1,284	2,784	2,784	21,973
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	2,500	0	0	425	1,550	1,160	1,325	1,575	1,370	2,600	7,092	29,597
5	Income from other Welsh NHS Organisations	40,222	35,616	39,767	38,715	43,840	34,739	44,340	33,540	34,659	43,340	34,540	41,459	464,777
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Other - (Specify in narrative)	4,032	13,939	6,310	14,383	7,875	11,485	15,042	7,665	7,042	15,042	7,395	8,509	118,720
11	TOTAL RECEIPTS	**188,219**	**152,659**	**189,642**	**164,027**	**155,809**	**157,121**	**134,419**	**137,022**	**147,148**	**134,844**	**137,677**	**93,094**	**1,791,681**
	PAYMENTS													
12	Primary Care Services : General Medical Services	6,777	6,107	7,281	6,338	6,602	7,347	6,602	6,602	7,347	6,602	6,602	7,347	81,552
13	Primary Care Services : Pharmacy Services	280	177	134	115	175	175	175	175	350	700	350	350	3,156
14	Primary Care Services : Prescribed Drugs & Appliances	18,097	0	18,283	0	9,210	18,420	0	9,210	18,420	0	9,210	9,210	110,060
15	Primary Care Services : General Dental Services	2,061	2,268	2,301	2,397	2,295	2,295	2,295	2,295	2,295	2,295	2,295	2,295	27,387
16	Non Cash Limited Payments	1,870	1,850	1,928	1,998	1,910	1,910	1,910	1,910	1,910	1,910	1,910	1,910	22,927
17	Salaries and Wages	65,920	69,595	79,720	78,168	73,953	70,236	70,235	70,251	69,975	70,133	70,734	70,295	859,215
18	Non Pay Expenditure	86,046	71,140	75,762	73,747	60,232	55,188	52,043	45,252	45,278	51,833	43,977	99,485	759,985
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment	7,201	852	2,602	1,250	1,435	1,550	1,160	1,325	1,575	1,370	2,600	7,091	30,010
22	Other items (Specify in narrative)	339	123	659	1	0	0	0	0	0	0	0	0	1,122
23	TOTAL PAYMENTS	**188,592**	**152,112**	**188,671**	**164,012**	**155,812**	**157,121**	**134,421**	**137,019**	**147,151**	**134,844**	**137,677**	**197,983**	**1,895,415**
24	Net cash inflow/outflow	(373)	547	971	15	(3)	(0)	(1)	3	(3)	1	0	(104,889)	
25	Balance b/f	2,846	2,473	3,019	3,990	4,005	4,002	4,002	4,001	4,004	4,001	4,001	4,002	
26	Balance c/f	2,473	3,019	3,990	4,005	4,002	4,002	4,001	4,004	4,001	4,001	4,002	(100,887)	