

Public Finance & Performance Committee Meeting

Fri 08 December 2023, 14:45 - 16:00

Microsoft Teams

Agenda

14:45 - 14:50 **1. Standing Items**

5 min


John Union

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes from the Finance and Performance Committee meeting – 22 November 2023

 1.4 Public Finance & Performance Minutes 22.11.23.pdf (14 pages)

1.5. Action log following the Finance and Performance Committee meeting held on 22 November 2023

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

1.6. Committee Chair's Actions since previous meeting:

14:50 - 15:45 **2. Items for Review and Assurance**

55 min

2.1. Financial Report – Month 8


15 minutes *Catherine Phillips / Robert Mahoney*

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 8.pdf (14 pages)

2.2. Operational Performance:

20 minutes *Paul Bostock*

- Outpatients Waiting List Deep Dive


 2.2 Operational Performance report cover paper.pdf (5 pages)

 2.2a Integrated Performance Report.pdf (31 pages)

2.3. Decarbonisation Update

10 minutes *Abigail Harris*

 2.3 Q2 Decarbonisation Action Plan update.pdf (3 pages)

 2.3a Annex 1 - Q2 spreadsheet.pdf (2 pages)

2.4. BREAK - 10 minutes

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15:45 - 15:45 3. 3. Items for Approval / Ratification

0 min

No Items

15:45 - 15:50 4. Items for Information and Noting

5 min

4.1. Monthly Monitoring Return - Month 8

Catherine Phillips / Robert Mahoney

15:50 - 15:50 5. Agenda for Private Finance and Performance Committee Meeting

0 min

- i. *Approval of Private Finance Committee Minutes – 22.11.23*
 - ii. *Financial Plan Delivery Progress Update*
 - iii. *2024/25 Financial Planning Update*
 - iv. *Medicine Clinical Board Position Update*
-

15:50 - 15:50 6. Any Other Business

0 min

John Union

15:50 - 15:50 7. Review and Final Closure

0 min

John Union

7.1. Items to be deferred to Board / Committee:

John Union

7.2. To note the date, time and venue of the next Committee meeting:

John Union

Wednesday 17 January 2024 via MS Teams

15:50 - 15:50 8. Declaration

0 min

John Union

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

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**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 22 November 2023 at 2.30pm
Via MS Teams**

Chair:		
John Union	JU	Independent Member – Finance
Present:		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – Information Communication & Technology
Andrew Gough	AG	Deputy Director of Finance – Strategy
Keith Harding	KH	Independent Member – University
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jason Roberts	JR	Executive Nursing Director
Matthew Temby	MT	Director of Planned and Specialist Care
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
FPC 23/11/010	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/11/011	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 23/11/012	Declarations of Interest No Declarations of Interest were noted.	
FPC 23/11/013	Minutes of the Finance and Performance Meeting held on 18 October 2023 The minutes of the meeting held on 18 October 2023 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 18 October 2023, were held as a true and accurate record of the meeting.	

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<p>FPC 23/11/014</p>	<p>Action Log following the Finance and Performance Committee meeting on 20 September 2023</p> <p>The Action log was received</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 23/11/015</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
Items for Review and Assurance		
<p>FPC 23/11/016</p>	<p>Financial Report – Month 7</p> <p>The Deputy Director of Finance for Operational (DDFO) presented the Financial Report – month 7 and highlighted the following:</p> <ul style="list-style-type: none"> • At month 7, the Health Board was reporting an overspend of £16.021m made up of a planned deficit of £9.602m (7 twelfths of the revise planned annual deficit control total of £16.4m) along with unidentified savings and operational pressures of £6.419m • The revised planned deficit control total was issued by Welsh Government (WG) on 20 October 2023 which followed: <ul style="list-style-type: none"> - Planned Deficit @ Month 7 £88.400m - 10% Improvement required £8.840m - Recurrent Covid Legacy Funding £20.300m - Recurrent Inflationary Uplift £25.100m - Non-recurrent Inflation Uplift £10.100m - Non-recurrent Energy Funding £7.600m <p>The Committee received a graph which showed the total variance forecast and reported that the Health Board had “turned the curved” with an improved in-month position of 6.419m over and above the plan deficit compared to a forecast position of £6.264m.</p> <p>The DDGO advise the Committee that the challenge would be to maintain the downwards trajectory as the Health Board moved into a very challenging part of the financial year.</p> <p>The UHB Chair thanked the DDFO for providing the Committee with the clear graph and asked what level of confidence he had that the Health Board could recover and get back on track and to what timeframe.</p> <p>The DDFO responded that the profile the finance team had set themselves was undertaken at month 3 when the original forecast was put in that whilst it was pleasing that the Health Board had turned the curve, there was still the gap in the £32m savings programme that needed to be closed and but the Health Board were also experiencing operational pressures as of month seven that would need to be addressed and so to maintain the forecast position and downward trajectory, the savings gap had to be closed and get on top of operations challenges.</p>	

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- At month 7, the Health Board was reporting an operational deficit of £3.956m, a deterioration from the month 6 position due to:
 - Continued medical pressures within the Medicine Clinical Board
 - Increased overtime usage in the month
 - Pressures observed in Primary Care which would be focussed upon as the Health Board moved into month 8 of the financial year.

The DDFO advised the Committee that the deterioration in position had been offset by a commissioning surplus based on the Health Boards LTA performance at month 7, so equally, whilst the Health Board needed to address the deteriorating operational positions in a number of its clinical boards, it would be important to maintain the operational surplus and grow it if possible as the Health Board moved through the rest of the year to help address some of the operational pressures.

- The Core Financial Plan – Month 7 Position reported an overspend of £16.021m. £9.602m of that being seven months of the revised forecast deficit and there was a £2.463m deficit on the Savings Programme, being seven months of red schemes profiled into the position. There was also a £3.956m of operational deficit in delegated and central positions.
- At month 7, the Health Board had identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m were classified as red schemes. The month 7 position included a Savings Programme variance of £2.463m.

The DDFO advised the Committee that the month 7 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, enabling the Health Board to deliver its revised planned deficit position of £16.640m.

He added that a number of actions were being taken to recover the month 7 operations and CRP deficit which included but were not limited to:

Limit catalogue for non-clinical and non-pay expenditure
 Eliminate non-clinical agency with exception process
 Eliminate non-clinical overtime
 Enhanced vacancy review

It was noted that reducing premium pay expenditure across all staff groups was a large component of savings and that significant actions were taken during August 2023 to ensure the opportunities were realised.

The DDFO advised the Committee that no stone was being left unturned in the Health Boards attempts to deliver the revised control total and delivering the savings programme would be a “must do” if the Health Board were to hit the revised £16.460m deficit control total.

He added that in addition to the Savings target included in the Health Boards initial plan, the Health Board was required to reduce in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by WG in October 2023.

It was noted that the additional 10% Improvement required for the Health Board to meet the WG revised target control was planned to be realised through the review, management and scheduling of specific expenditure programmes and that £5.4m of green and amber opportunities had been identified to date against the £8.8m target.

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The DDFO advised the Committee that Key schemes included energy price reductions against the Health Boards original plan, coupled with maintaining slippage against a number of WG allocations.

He added that as already noted, delivery against the revised planned deficit control total of 16.4m posed a significant challenge and whilst the Health Board had turned the corner in-month and was starting to get on the forecast trajectory, there was not yet firm savings identified to deliver the position in full to the core savings requirement and the additional savings.

The DDFO advised the Committee that it was important to note that hitting the revised deficit control total was also predicated on a number of anticipated WG allocations being confirmed.

- Public Sector Payment Compliance – It was noted that the Health Boards public sector payment compliance performance was above the target of 95%. Performance for the month to the end of October was 97.36% and improvements were illustrated in graph 6 within the report received by the Committee.

The CC noted that the Committee had looked at cash requirements prior to the additional support by WG, the 16m versus the 88m and asked if that assumed the other payments would come through the normal course of cash allocation.

The DDFO responded that it would and resource level would be increased and that would be cash backed and so the strategic cash assistance the Health Board would be requesting would now relate to the revised deficit control total of £16.4 million.

The UHB Chair noted that the Health Board was rapidly moving towards the end of the financial year and it had been recognised that the pressures would increase if there was further slippage on the Health Boards savings plans and the attempts to recover costs.

He added that he knew that colleagues were looking closely at certain parts of the organisation to establish why things were not perhaps going quite to plan and asked for further comment about how successful the executive performance reviews were.

The COO responded that the reviews were now known as “executive reviews” and that there was a section on finance within them.

He added that during the reviews, finance is discussed but noted that a much bigger meeting was held every month for 90 minutes with Clinical Board Directors, Directors of Nursing and Directors of Operations where the finance discussion was very focused and dedicated.

The Finance and Performance Committee resolved that at Month 7:

- a) The revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure was noted.
- b) The reported year to date overspend of £16.021m and the forecast deficit of £16.460m was noted.
- c) The financial impact of forecast COVID 19 costs which is assessed at £44.264m was noted.
- d) The month 7 operational overspend against plan of £3.956m was noted.

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	<p>e) The progress against the savings target, with £35.861m (113%) of schemes identified at Month 7 against the £32m target was noted</p> <p>f) The delivery of the forecast was also predicated on the confirmation of all outstanding income streams was noted</p> <p>g) The request to Finance Committee for recommendation to Board for approval of the UHBs application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit was noted.</p>	
<p>FPC 23/11/017</p>	<p>Welsh Government Strategic Cash Request Submission 2023/24</p> <p>The Welsh Government Strategic Cash Support Request information was received.</p> <p>The DDFO advised the Committee that the paper detailed the requirement required by the close of play on 23 November 2022, one day following the Finance & Performance Committee meeting.</p> <p>He added that the following application requirements were in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:</p> <ul style="list-style-type: none"> • All applications for Strategic Cash Support were required to be made to the Chief Executive NHS Wales • All applications were to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the Health Board and the actions management were taking to mitigate the cash support requirement; • All applications were to be made by the Accountable Officer of the Health Board. <p>The Committee was advised that Further to the strategic cash support, the Health Board was also forecasted that it would require an additional increase in its cash limit due to the in-year movement in working balances brought forward to the balance sheet which was expected to be £12.497m related to the 2022/23 revenue resource limit where funding was not cashed back.</p> <p>It was noted that in addition, work was ongoing to assess any working capital requirement in respect of Capital expenditure and that the current assessment was that cash support up to £7m would be required.</p> <p>The DDFO concluded that there were 2 points to consider which included:</p> <ul style="list-style-type: none"> • Board approval was required for the strategic cash request of £16.460m • A review of the Health Boards cash limit and any working capital requirement in respect of capital expenditure was being monitored through the monitoring returns with WG <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The Health Boards minimum working cash balance requirement of £12.487m was noted. b) The ongoing work to assess any requirement working cash associated with the Health Boards Capital expenditure programme was noted c) It was recommended that the Health Boards Board approve the Health Boards application to Welsh Government for £16.460m Strategic Cash Support in support of its revised 2023/24 forecast deficit. d) The Chairs Action to approve the Health Boards application to Welsh Government for Strategic Cash Support in lieu of formal Board approval was approved. 	

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<p>FPC 23/11/018</p>	<p>Operational Performance</p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <ul style="list-style-type: none"> • Although October 2023 continued to be challenging in terms of waiting times at the Emergency Department (ED), the Health Board had managed to reduce ambulance handover delays and were ahead of what had been outlined in the Health Board IMTP commitment. • The improvements resulting from the significant number of ward moves and redesign of the Health Board’s Emergency Care footprint in July 2023 were taking time to fully imbed and would have impacted performance, however analysis had continued to assess breaches and to better understand and improve flow processes. • September 2023 saw further improvement in compliance against some key SSNAP measures for the Stroke Pathway and the percentage of patients directly admitted to the stroke unit within 4-hours increased to 67.9% and remained significantly above the all Wales average. • The Health Board continued to experience challenges in increasing the number of patients thrombolysed and it remained an area of continued focus • The Health Board did not deliver the 75% standard compliance with the 62-day single cancer pathway standard as had been originally intended, however performance in August 2023 increased to 66.4% and had remained above 60% since February 2023. <p>It was noted that a deep dive on Cancer had been submitted to the Finance and Performance Committee in October 2023.</p> <ul style="list-style-type: none"> • The waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy and it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs. It was noted that Endoscopy capacity had been focused on Cancer, Urgent and long waiting surveillance patients. <p>The UHB Chair noted that the although not at the 75% standard for Cancer, the upward trajectory in figures from August 2022 to August 2023 was pleasing to note.</p> <ul style="list-style-type: none"> • The numbers of patients waiting on waiting lists had increased in October 2023 and focus on long-waiting cohorts had continued and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. <p>It was noted that the Health Board remained on track to deliver its commitments to eliminate 3-year Outpatient waits, and reduce 3- and 2-year treatments waits in line with Ministerial ambitions.</p> <p>The COO advised the Committee that a deep dive on waiting lists would be received by the Committee at a future meeting.</p>	<p>PB/MT</p>
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Dental Deep Dive

The COO advised the Committee that at the Board meeting held in September 2023, a deep dive into dental was committed and the Director of Planned and Specialist Care (DPSC) provided the Committee with an update.

The Committee received a presentation on General Dental Services.

The DPSC advised the Committee that the Dental Contract Mechanism, the waiting lists and the performance standards were a complex system within dental services.

The presentation received provided information on the population of Cardiff and the Vale and the percentage of that population who were accessing dentistry from 2006 to 2023:

- As the population increased between 2006-2023 central funding from WG had not increased proportionately which had resulted in a steady drop in access until 2020.
- 2020 saw a significant drop in access as a result of the Covid-19 pandemic
- 2023 demonstrated 10% lower than the pre-pandemic position impacted by:
 - An untested new contract variation which had implications for access
 - An increase in dental need as a result of limited access during the pandemic.

It was noted that in March 2022, WG issued direction to all Health Boards in Wales to restart Dental Contract Reform to March 2024, using an action learning approach previously adopted for the reform programme and that the aim of the WG direction and reform was to continue and adapt alternative measures and take the time to assess the impact through a 'test and modify' approach to ensure change was taking NHS dentistry in the direction needed.

The DPSC advised the Committee that as of October 2023, 75% of the Health Boards dentists had moved to dental reform and 25% remained under the previous activity only measure.

He added that it was in that area where the complexity had come in, because the Health Board were not actually measured against awaiting timed or a waiting list, it was measured against quality and activity.

The Committee were presented with 2-year comparative data which showed that the Health Board were sitting at 48% which equated to 37,128 units of activity and that the estimated end of year activity would be 77,244 units of activity which would meet the 95% standard.

It was noted that the Centralised Dental Waiting List (CDWL) was established in May 2021 to establish the capacity gap in access to NHS Dental Services, an indicator of demand and a pathway for patients to access general dental services in an equitable manner.

The Committee was advised that the CDWL was not a list of patients with a specific oral health need as many of the patients would be healthy and simply want regular check-ups.

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The DPSC noted that Cardiff and the Vale University Health Board was the only Health Board with a fully monitored and managed CDWL with other Health Boards demonstrating similar access issues, but limited ability to measure the size of the problem.

He added that the establishment and management of the CDWL had been positively received by WG however there were no core standards under which the waiting list was to be managed or RTT measures.

The Committee was presented with the commissioning challenge observed by the Health Board.

It was noted that the operational team had looked at both the total waiting list the Health Board currently had and noted that if it were to meet 60% of the population having access to NHS dentistry or 80% of the population getting access to NHS dentistry there was between a £2m and £20m challenge in terms of commissioning requirement to provide those services.

The DPSC advised the Committee that after discussions with PCIC, 3 areas were identified which included:

- A forensic review of the current cost and volume contract in PCIC
- Development of an options appraisal for commissioning
- Engagement with WG through the IQPD mechanism and be open about the challenges

The Committee were presented with the work undertaken with Llais Wales (Llais) where key issues identified by Llais were received and the action taken which included:

- How the Health Board communicated with patients and the public
- How patients could know which service was right for them
- Access to an NHS dentist and urgent care
- What to expect when placed on CDWL

The action noted that the PCIC Dental Contracting Team had committed to work in partnership with Llais to review and develop updated patient information by January 2024

The DPSC presented the Committee with a summary of all of the points received which were outlined in the recommendations of the covering report.

The UHB Vice Chair noted that the dentistry information had been very complex and was something that “foxed” the great and good in measuring who was waiting for dental care. He asked to what extent the waiting lists for the Health Board had been validated.

The DPSC responded that an annual data cleanse took place to validate the waiting lists.

The UHB Chair responded and noted that an annual data cleanse may not be the most appropriate way of validating the waiting lists and asked for more focus to be placed around that and a more regular look.

The DPSC responded that he would look into that.

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	<p>The Finance and Performance Committee is asked to NOTE the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) the commissioning arrangements and performance standards for GDS within CAV were noted b) The issue of the required commissioning levels including funding of dental services to meet demand which would need to be raised with Welsh Government were noted. c) The year to date position and overall improvement in performance and projected outturn against GDS performance standards for 2023-24 was noted d) The increasing CDWL position, action taken to validate the list annually and 100% achievement of placing patients who require urgent dental care within 24 hours while allocation to an NHS dentist was noted. e) The additional quality measures and actions taken by the PCIC Dental Contracting Team to support access to GDS was noted. f) The actions being taken by the team following feedback from Llais to improve patient communication and awareness of access to dental services in CAV were noted. g) A Board development session was recommended undertaken by the PCIC Dental Contracting Team to allow for an in-depth discussion and understanding of the contract, constraints and additional actions being taken to support access to NHS Dental services 	
<p>FPC 23/11/019</p>	<p>Length of Stay Update</p> <p>The Length of Stay Update was received.</p> <p>The COO presented to the Committee a slide pack entitled “When Can I Go Home – Reducing the time our patients are in hospital”.</p> <p>He added that the Health Board were trying to reposition the phrase “Length of Stay” to “When can I go home”.</p> <ul style="list-style-type: none"> • What was the problem? – The culture, systems and processes were causing people to spend too long in hospital which was leading to avoidable harm, loss of independence and deterioration on overall health and wellbeing. • What did the evidence find? <ul style="list-style-type: none"> - 117,000 excess bed days compared to peers (top 25%) - 288 beds could be used differently or used to resource intermediate care - 35% of patients stayed longer than 21 days - Local Authority delays only accounted for 11.6% of bed capacity • What were the aims? - People under the Health Boards care would spend 117,000 fewer days in hospital within three years, and there would be no more than 23% of acute beds filled with patients with a stay of over twenty-one days (super-stranded) saving them from harm, loss of independence, and deterioration of overall health and well-being • What would the outcomes be? 	

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- Fewer ward moves for people
- Rightsizing capacity to deliver "right bed first time"
- Better experience leading to improved overall satisfaction
- Less waits for an inpatient bed due to flow challenges – "do today's work today"
- Decongest the emergency unit
- People get home in an appropriate timeframe

- **Why was that important?**

- People have a poor experience and outcome if they stayed in hospital longer than absolutely necessary and generally did not want to be there.
- The longer people stay in hospital the more chance they would catch a hospital acquired infection.
- Staying too long in hospital leads to deconditioning both physically and mentally.
- People ending up in the wrong place have protracted stays in hospital
- Hospital beds are the Health Boards most expensive resource

- **What was the approach?**

- To define the Programme purpose in the context of its contribution to the relevant strategic objective(s)
- To define measurable objectives and outcomes – aligned to the strategic priority/ties and specific strategic milestones
- To define the Programme context and scope
- To develop a Blueprint which described the desired future state (e.g. Digital Roadmap)
- To define Critical Success Factors – i.e. what needed to be in place to deliver the Programme purpose (often relates to strategic fit, achievability, affordability and value for money)
- To develop a Programme timeline with key milestones to provide a clear critical path
- To develop clear Programme governance arrangements for planning, reporting, delivery and assurance
- To develop and maintain Programme benefits and risks registers.

The COO advised the Committee that there had been some operational challenges for the Health Board where a Business Continuity had been announced and noted that learning had come from those challenges which included:

- Ensuring the right people were working on the wards and supporting staff
- Patient level reviews – individual patient plans
- A weekend planning team
- Consistent metrics – evidence based decision making

- **What do we need to focus on?**

- Patients and Family involvement:
 - What is wrong with me?
 - When am I likely to go home?
 - What is going to happen next?
 - What can I do to help myself get better?
 - What matters to me? – patient, carer, family will know and help understand situation
 - What support out of hospital is needed

The COO added that the teams needed to be focussed on as well and included medical staff, ward nurses and therapies staff.

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The Committee was presented with some key areas where those staff could provide focus which included but were not limited to:

- Early recognition of illness
- Senior doctor driven with early treatment and recovery
- Safe prompt discharge planning upon admission
- Does every patient know the when they are going home (PDD)
- What does the patient need next?
- Be aware of admissions to ensure timely assessment to identify needs and plans
- Review goals and actions with senior decision makers regularly
- Utilise community colleagues to support discharge planning and management of risk

It was noted that focus was also required on the integrated discharge and hub and flow team who would:

- Ensure the right patient get to the right bed
- Aim to have a First Point of Contact Officer (FPOC) at every board round
- Challenge regarding home first
- Provide links between health and social care
- Provide support for complex discharges
- Guidance around the mental capacity act
- Education re Clinically optimised/D2RA/POCD
- Assess patients who would benefit from a non acute bed

The COO advised the Committee that there was a Plan in place to cover 9 wards over a period of three months in the first instance – defined by and agreed with clinical boards following a task and finish group who would support teams with inputs, outputs and outcomes.

The Committee were presented with what commitment was required from the Ward team board rounds where it was identified that an “ABC” approach would be taken:

A – Basic structure:

- Do the team have a consistent board round day/time?
- Are they well attended?
- Do they capture actions?

B – Flow Framework:

- Is there a clinical plan in place?
- Are actions and owners assigned?
- The use of D2RA pathway
- Is Red2Green used effectively?

C – Well led:

- Check-in with everyone at the beginning
- MDT Safety brief at the beginning
- Keep to time and focus
- Challenge delays and decisions

● **What will be communicated and engaged?**

External:

- Reduce time patients spent in hospital through educational information and guidance.
- Target the most impacted patient demographic to reduce hospital stay.

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	<p>Internal:</p> <ul style="list-style-type: none"> - Inform all staff and specific teams of how they could help to reduce patient length of stay in hospital. - Personal Responsibility - UHB Value - Clinical Board commitment - Share point information page (directory of services) <ul style="list-style-type: none"> • How we will that be communicated and engaged? - Communication strategy developed for both internal and external engagement - Roadshows & engagement events - Media support: Round table discussions for winter - Listen and learn sessions led by clinical board champion - Social media <p>The COO concluded that it would be a programme led approach and noted that it had been received by the Senior Leadership Board the previous week and reviewed by Clinical Board Directors and that there was an excitement around the changes in work methods over the 3 year plan.</p> <p>The Finance Committee noted:</p> <p>a) The Length of Stay Update was noted</p>	
Items for Approval/Ratification		
<p>FPC 23/11/020</p>	<p>Park View Health Centre – Declaration of Surplus and Disposal</p> <p>The Park View Health Centre – Declaration of Surplus and Disposal information was received.</p> <p>The DDFO advised the Committee that the information has been received by the Capital Management Group and the Senior Leadership Board and discussed in detail.</p> <p>He added that the purpose of the report was to update the Finance and Performance Committee of the current position in relation to the future requirement of the former Park View Health Centre Site and for the Committee to make a recommendation to the Board to declare the land surplus to requirement.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) That there was no requirement to retain the Park View site marked in green on the report to support the development of the Wellbeing Hub @ Ely and it was noted. b) To declare the area identified as surplus to requirement which was approved. c) The disposal of the site via the WG Land Transfer Protocol to South Wales Police for the purpose of the development of a new Police Station for the area and was approved. 	
<p>FPC 23/11/021</p>	<p>Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility</p> <p>The Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility information was received.</p>	

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	<p>The DDFO advised the Committee that the purpose of the report was to request that the Finance and Performance Committee recommended that the Board approve to enter into an agreement with the Vale of Glamorgan (VoG), for the provision of new clinic facilities at Broad Street, Barry, replacing the current existing clinic premises.</p> <p>He added that upon inspection of the Broad Street land title, it became evident that a restrictive covenant, to the benefit of VoG, governed the use of the site which stated “the Secretary of State covenants with the Council not to use the property described in the first Schedule hereto other than for purposes connected with the provision of health facilities”.</p> <p>It was noted that the covenant restricted any permitted use of the site except to the delivery of healthcare which resulted in an impact upon the value of the land in any future disposals.</p> <p>The Committee was advised that discussions had taken place between the VoG and the Health Board with advice from both NWSSP Specialist Estates Services and NWSSP Legal and Risk and a set of draft Heads of Terms (HoTs) had been agreed in principal which were outlined in detail within the report.</p> <p>It was noted that in order to meet the VoG timescales, approval to proceed was required as soon as possible.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) It was recommended that Board approve:</p> <ul style="list-style-type: none"> i) the declaration of Broad Street Clinic as surplus and the subsequent disposal under the Wales Land Transfer Protocol. ii) the income from the sale of Broad Street Clinic will need to be ring fenced to finance the fit out of the new facility. iii) the two Heads of Terms; <ul style="list-style-type: none"> - Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site. - Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment and the signature thereof. iv) the issuing of the report to Board for affixation of the UHB Seal to the resultant lease documentation. <p>b) It was recommended that the board supported:</p> <ul style="list-style-type: none"> i) the transfer of services into the new facility and the likely increase in revenue consequences associated with running costs, against the cost of the existing facility. 	
	Items for Information and Noting	
<p>FPC 23/11/2022</p> <p style="font-size: small; transform: rotate(-45deg); opacity: 0.5;">Saunders Nathall 08/12/2023 22:43:27</p>	<p>Monthly Monitoring Returns – Month 7</p> <p>The Month 7 Monitoring Returns were received.</p> <p>The Finance and Performance Committee resolved that:</p> <p>a) The Month 7 Monitoring Returns were noted.</p>	

FPC 23/11/023	Any Other Business No Other Business was discussed.	
	Review and Final Closure	
FPC 23/11/024	Items to be referred to Board / Committee	
	Date & time of next Meeting Wednesday 13 December 2023 at 2pm via Teams	

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Public Action Log

Following Finance and Performance Committee Meeting
22 November
(For the Meeting 13 December)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 23/10/009	Operational Performance	A summary to be provided on the Length of Stay work	Paul Bostock	22.11.2023	COMPLETED Update provided on 22/11/2023 <i>Agenda item: 2.4</i>
FPC 23/10/012	Paediatrics Infectious Diseases case	Business case to be sent to Independent Members who sit on the Committee for review and recommendation to Board	Matt Phillips	22.11.2023	COMPLETED Update provided on 22/11/2023 <i>Case sent out to Independent Members following the meeting. Happy to recommend to Board for approval.</i>
Actions in progress					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 23/11/018	Operational Performance	A Deep Dive on Outpatients Waiting Lists to be received by the Committee at its next meeting.	Paul Bostock / Matthew Temby	13.12.2023	Update to be provided on 13.12.2023 <i>On agenda item 2.3</i>
Actions referred to Board/Committees					
FPC 23/11/018	Operational Performance	Dental Services Update to be provided at a Board	Paul Bostock	29.02.2023	Update to be given at the Board Development session on 29.02.2023 – Added to Forward Plan

		Development session.			
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Report Title:	Finance Report for the Period Ended 30 th November 2023		Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	13 th December 2023
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				

Main Report
Background and current situation:

Summary

At month 8, the UHB is reporting an overspend of £17.393m. This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £10.973m (eight twelfths of the revised forecast year end deficit of £16.460m).

Table 1: Month 8 Financial Position 2023/24

	Month 8 Position £m	Forecast Year-End Position £m
Planned deficit	10.973	16.460
Savings Programme	2.295	0.000
Operational position (Surplus) / Deficit	4.124	0.000
Financial Position £m (Surplus) / Deficit £m	17.393	16.460

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

The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:

- Planned Deficit @ Month 6 £88.400m
- 10% Improvement required £8.840m
- Recurrent Covid Legacy Funding £20.300m
- Recurrent Inflationary Uplift £25.100m
- Non recurrent Inflation Uplift £10.100m
- Non recurrent Energy Funding £7.600m

This results in a revised Financial Forecast Deficit of £16.460m

The revised forecast deficit is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Core Financial Plan – Month 8 Position

The UHB is reporting a month 8 overspend of £17.393m, £10.973m of this being eight months of the revised forecast deficit. There is a £2.295m deficit on the Savings Programme, being eight months of red schemes profiled into the position. There is also a £4.124m operational deficit in delegated and central positions.

Summary Financial Table

The following table analyses the £17.393m overspend at Month 8, between Income, Pay and Non Pay.

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

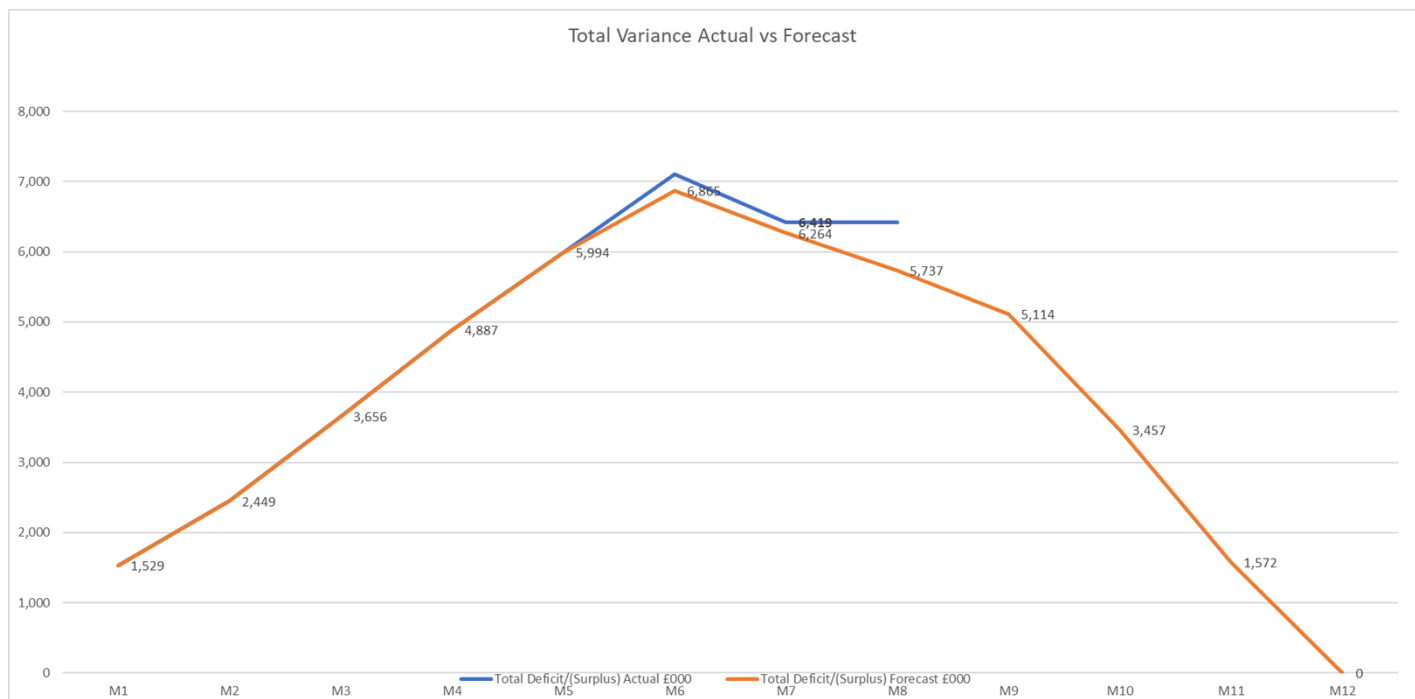
Income/Pay/Non Pay	Memorandum Annual Budget £m	Current Period Actual £m	Total Variance (Fav)/Adv £m
In Month			
Income	(1,880.723)	(159.114)	(0.908)
Pay	881.937	74.751	0.605
Non Pay	998.787	84.362	0.303
Sub Total £m	0.000	0.000	0.000
2023/24 Planned Deficit	16.460	1.372	1.372
Variance to Plan £m	16.460	1.372	1.372
Cumulative			
Income	(1,880.723)	(1,272.664)	(3.762)
Pay	881.937	609.848	0.797
Non Pay	998.787	669.236	9.384
Sub Total £m	0.000	6.419	6.419
2023/24 Planned Deficit	16.460	10.973	10.973
Variance to Plan £m	16.460	17.393	17.393

The forecast deficit of £16.460m is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Delivery of the revised forecast deficit of £16.460m will require continuing focus and downward pressure on the UHBs cost base, achievement of the full £32m savings programme and maintaining operational balance.

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Graph 1– Total Variance Forecast



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Total Deficit/(Surplus) Actual £000	1,529	2,449	3,656	4,887	5,994	7,100	6,419	6,419				
Total Deficit/(Surplus) Forecast £000	1,529	2,449	3,656	4,887	5,994	6,865	6,264	5,737	5,114	3,457	1,572	0

Graph 1 shows the total operational and savings programme deficits and the profile of the additional savings actions on the total variance. If schemes deliver in line with this profile after peaking at month 6 the reported deficit will continue on a trajectory to hit the £16.460m revised forecast deficit.

The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

The operational position in November did not improve as forecast, which in turn means that further reductions in expenditure are required in the remaining four months of the year to allow the UHB to meet its target deficit. This presents an additional financial risk

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 8 by Clinical Board is shown in Table 3.

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Table 3: Financial Performance for the period ended 30th November 2023

Clinical Board	Operational Position (Surplus) / Deficit	Non Delivery of Savings	Total (Surplus) / Deficit	Prior Month (Surplus) / Deficit
Cumulative	Variance £m	Variance £m	Variance £m	Variance £m
Clinical Diagnostics & Therapeutics	(109)	508	399	345
Children & Women	23	431	454	26
Capital Estates and Facilities	599	993	1,592	1,371
Executives	(858)	67	(791)	(424)
Genomics	(36)	0	(36)	(26)
Medicine	3,388	1,122	4,509	3,209
Mental Health	702	184	886	889
PCIC	2,146	642	2,788	2,356
Specialist	681	432	1,113	1,079
Surgery	282	818	1,100	1,279
Sub-Total Delegated Position	6,818	5,195	12,013	10,103
Central Budgets	(1,088)	(2,500)	(3,588)	(2,276)
Commissioning	(1,606)	(400)	(2,006)	(1,408)
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	4,124	2,295	6,419	6,419
Planned Deficit			10,973	9,602
Total Operational (Surplus)/Deficit	4,124	2,295	17,393	16,021

The operational position has remained at an overspend of £6.419m in month. Continuing pressures within Medicine and PCIC have primarily been offset by improvements reported in the Central position. Continuing focus on actions to address operational pressures is required as the UHB moves into the challenging winter months.

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 in month deterioration in the operational deficit reported by the Medicine Clinical Board is of particular concern. A deterioration of £ £1.300m was reported in month, which follows a deterioration of £0.998m in the previous month. A continuation of the current level of overspend would significantly impair the UHBs ability to meet its forecast year end outturn position. As a consequence, further support is being focussed on the Medicine Clinical Board with an emphasis on actions which will enable the service to reduce its expenditure run rate and work within delegated budgets.

The UHB experienced unprecedented demand for its Mental Health Services in the first half of the year when it was difficult to source appropriately trained and experienced staff. This pressure has now been mitigated primarily due an improvement in the levels of discharges from inpatient services and the repatriation of a number of the patients placed out of area.

Pressures against medical staff budgets continue across a number of clinical areas, primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels.

The WHSSC provider position continues to project an under recovery of income. This is in part offset by an improvement in the forecast commissioning position. This primarily impacts on paediatric and specialist services as a result of the stepped relationship between activity levels and the cost base. The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to a 5% reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. During June and July WHSSC informed

the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales and has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of the stance.

COVID 19 Expenditure

The expenditure for Month 8 is summarised in Table 4 below.

Table 4: Summary of Month 8 COVID 19 Net Expenditure

	Month 8 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	5.628	8.800	8.800	0.000
PPE	1.464	2.500	2.500	0.000
Long Covid	0.763	1.144	1.144	0.000
Nosocomial	0.347	0.520	0.520	0.000
Anti-Viral	0.067	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	8.268	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	20.800	31.200	34.200	(3.000)
Total COVID Expenditure £m	29.068	44.264	47.264	(3.000)

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

The forecast cost at Month 8 is a reduction of £3.0m 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 5 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.

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Table 5: Risk Register at November 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. The forecast deficit was revised to £16.460m @ month 7. There is a high risk that this will not be recovered in years two and three of the rolling performance measure.
	Remain within Cash Limit	10	The UHB formally applied for strategic cash support in November. The requirement for working capital support in 2023/24 has been signalled to Welsh Government on a monthly basis through the MMR. The urgent requirement to confirm outstanding cash allocations and strategic cash assistance has now been escalated to the Deputy Director of Finance at Welsh Government NHS Finance
	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 2023-24 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. A number of additional actions are progressing to recover the month 8 operational & CRP overspend to enable the UHB to deliver the revised forecast £16.460m deficit.
	Failure to deliver 2023-24 Savings Programme	16	At month 8 the UHB identified £34.462m schemes against the £32m savings target however £3.572m (10%) remain as red schemes. The ability to meet the UHB savings target for 2023-24 remains a major challenge that is being supported by escalation meetings with programme/theme leads and finance support teams.
	Failure to deliver The Welsh Government 10% Improvement Target Savings Programme	16	The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.
	Management and reduction of COVID-19 Response costs WG indicated no funding will be provided for Local Covid Response costs, of which £34.2m is included in the financial plan.	16	Welsh Government confirmed that there will not be any Covid Response or Covid consequential cost funding in 2023-24 and consequently this has contributed to the 2023-24 planned deficit.
	2022-23 One Year LTA framework in NHS Wales	12	The 2023-24 all Wales LTA framework agreed an enhanced 5% tolerance for underperformance moving from 10% in 2022-23. This reflects the expectation that activity levels will continue to recover in 2023-24 and that the enhanced tolerance level should be reduced. During June and July WHSSC informed the UHB that it would no longer comply with the DoF agreed arrangements and expected full restoration of pre Covid levels of activity. This has the effect of redistributing resource from Cardiff and Vale UHB to other commissioning health boards in Wales. The WHSSC Joint Committee supported this position, despite its inconsistency with the DoFs agreement and the 2022-23 contracting arrangements. This has had a £3m net impact on the UHB's contract income position after considering the Cardiff and Vale Commissioner benefits of his stance

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Savings Programme

At month 8, the UHB has identified £34.462m of green, amber and red savings against the £32m savings target, however £6.115m are classified as red schemes. The month 8 position includes a Savings Programme variance of £2.295m.

The month 8 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.640m.

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

The following additional actions are progressing to recover the month 8 operational & CRP deficit to enable the UHB to deliver the revised forecast £16.460m deficit:

Table 6: Additional Actions

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

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

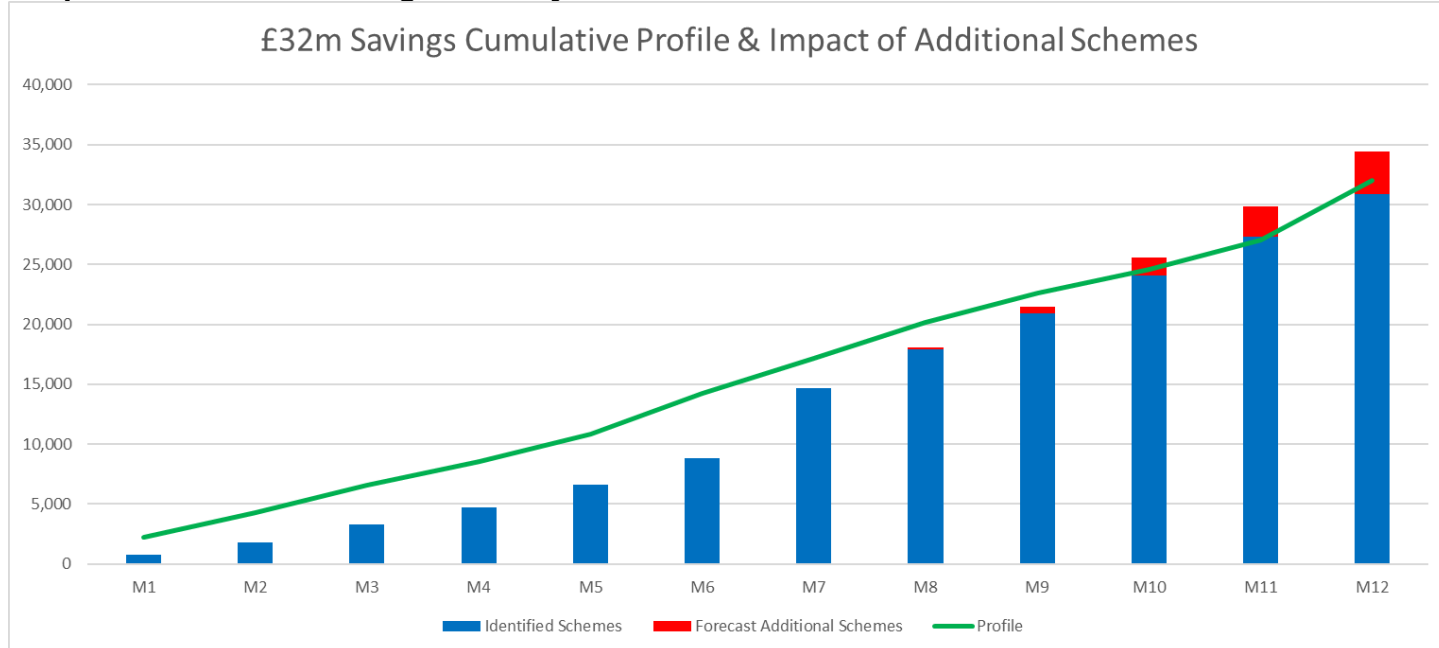
Weekly activity information is being captured and shared with the reduction in hours commencing at the end of August and expected to reduce towards the 25% limit into future months.

In addition to nursing improvements, the UHB has re-established the Corporate Vacancy Scrutiny Panel to provide additional scrutiny on all new posts, all non-patient facing replacement posts and replacement clinical posts band 7 and above.

In respect of the risk of non-delivery of savings, Graph 2 shows the cumulative forecast impact of the additional actions and Graph 3 shows the monthly impact. A number of the additional actions are still in red and progress is being closely monitored through the Sustainability Board. It is vital that these schemes progress to amber and green to gain further assurance of delivery.

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Graph 2 – Profile of Savings Delivery



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

Graph 3 – Progress of Identification of Schemes

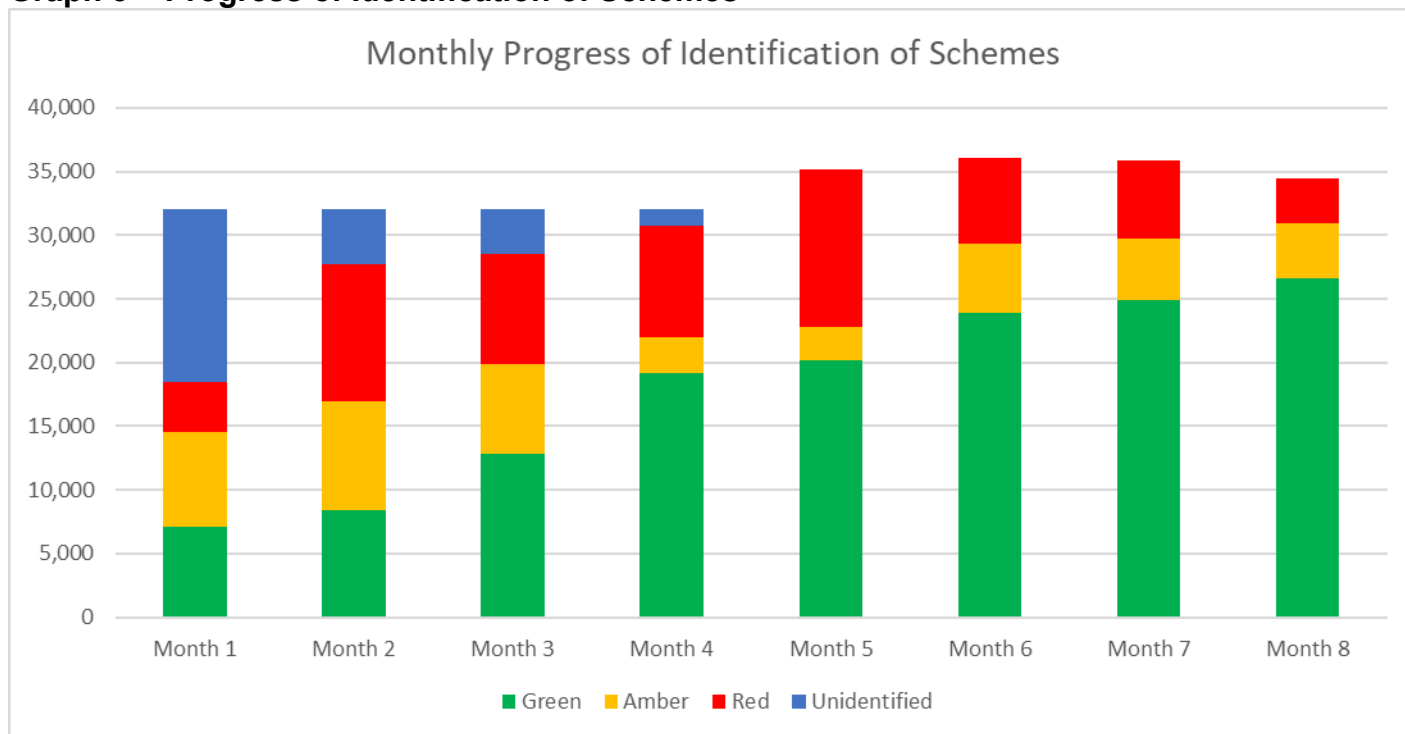


Table 7: Forecast Additional Savings

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Profile	2,205	4,318	6,568	8,536	10,881	14,222	17,158	20,135	22,615	24,561	27,027	32,000
Identified Schemes	739	1,796	3,295	4,746	6,643	8,822	14,696	17,902	20,916	24,038	27,282	30,889
Forecast Additional Schemes								165	530	1,511	2,542	3,573
Savings Shortfall / (Surplus)	1,466	2,522	3,273	3,790	4,238	5,400	2,463	2,068	1,169	(988)	(2,797)	(2,462)

Table 7 shows the current cumulative profile of identified and red schemes up to the savings target of £32m. The impact of successfully delivering the agreed £16m additional actions would meet the

£32m target in month 10 and allow additional savings of £2.462m to address the operational deficit to deliver a breakeven position.

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

Table 8: Savings Schemes

2023-24 Savings Summary

2023-24 in-year plans						
Clinical/Service Board	23-24 Target	Green	Amber	Red	Total Savings Identified	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	631	669	0	0	669	(38)
Children and Women	869	779	90	0	869	0
Clinical Diagnostics and Therapeutics	799	800	0	0	800	(1)
Corporate Executives	334	325	0	0	325	9
Medicine	919	919	0	0	919	0
Mental Health	719	720	0	0	720	(1)
Primary, Community and Intermediate Care	1,615	1,759	0	0	1,759	(144)
Specialist Services	988	988	0	0	988	0
Surgical Services	1,126	1,047	50	0	1,097	29
Subtotal - Grip and Control	8,000	8,005	140	0	8,145	(145)
Length of Stay	3,000	1,101	0	645	1,746	1,254
Theatres Productivity	500	358	0	0	358	142
Income Generation	500	200	0	0	200	300
Medicines Management	2,000	1,221	120	80	1,421	579
Continuing Healthcare	1,500	153	160	20	333	1,167
Facilities and Estates	500	707	0	0	707	(207)
Procurement	5,000	1,964	1,172	500	3,636	1,364
Workforce Efficiencies	8,000	6,577	2,400	1,525	10,503	(2,503)
COVID Consequentials	3,000	3,200	0	0	3,200	(200)
Review of Investments		180	0	802	982	(982)
Commissioning		479	252	0	731	(731)
Non-Recurrent Opportunities		2,500	0	0	2,500	(2,500)
Subtotal Cost Improvement Themes	24,000	18,640	4,104	3,572	26,316	(2,316)
Total Savings Position	32,000	26,646	4,244	3,572	34,462	(2,462)

Key:

Green Schemes: Complete, appropriate to complexity, project plan in place, brief available reflecting timescales, milestones, enablers and risk considered. Complete project brief provides clear base for financial assessment

Amber Schemes: Clear components of project plan in place with elements not fully confirmed and addressed

Red schemes: Pipeline schemes yet to be finalised

In addition to the Savings target included in the UHBs initial plan the UHB is required to reduced in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by Welsh Government in October. The additional 10% Improvement required for the UHB to meet the Welsh Government revised target control is planned to be realised through the review, management and scheduling of specific expenditure programmes. £5.4m of green and amber opportunities have been identified to date against the £8.8m target.

Table 9: Going Further 10%

Going Further 10%	23-24 Target	Green	Amber	Red	Total Savings Identified	Shortfall Green/Amber/Red
	£'000	£'000	£'000	£'000	£'000	£'000
Total	8,800	2,565	2,854	1,720	7,139	1,661

Cash Flow Forecast

The cash balance at the end of November was £6.632m with a forecast deficit of £16.460m at year end pending confirmation of strategic cash support.

The UHB relayed an accountable officer's letter, on the 22nd November 2023, to formally request the strategic cash assistance in line with the revised forecast outturn. In addition, the UHB urgently requires confirmation and action of outstanding cash allocations that have been included in table E since the beginning of the year.

Due to the significant requirement for strategic cash support in 2023/24, combined with the timing of pay award cash flows and the level of outstanding allocation, the UHB anticipates restricting payments to suppliers from the final quarter onwards. This will impact the PSPP performance. From January onwards the UHBs cashflow will be severely impaired.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £120m.

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

- Strategic Cash support for the £16.460m deficit of the UHB 2023-24 Financial Plan.. The UHB gained approval for its application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit at its Finance Committee of the 18th October. Chairs action was taken in lieu of Board approval and a formal request was relayed to Welsh Government.
- £12.488m of resource cover provided in 2022-23 where additional cash cover was not provided because of the proximity to year end . This includes the additional 1.5% consolidated pay award (£11.8m) for which Resource cover was received from Welsh Government in 2022-23 but has been paid out in 2023-24 and requires cash support.
- Movements in Revenue and Capital working capital from the 2022-23 Balance Sheet. This includes circa £7m of capital payments relating to 2022/23 where the cash was paid to suppliers in 2023/24 and an estimated £11.750m of working cash to cover savings and going further plans which will not result in an in year release of cash in year. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are a significant amount of anticipated allocations as per the table below, (circa 82m including £53m of pay increase funding) which are yet to be confirmed. The UHB is not able to draw down the associated cash, until these allocations are confirmed and this in turn is expected to impact on the UHBs scheduling of payments from the beginning of the last quarter onwards if confirmation of the allocations remain outstanding and additional strategic cash support also remains outstanding. Welsh Government is in the process of testing its pay increase modelling assumptions with a view to confirming outstanding pay allocations.

Table 9 - Outstanding Cash Limit Allocations @ Month 8

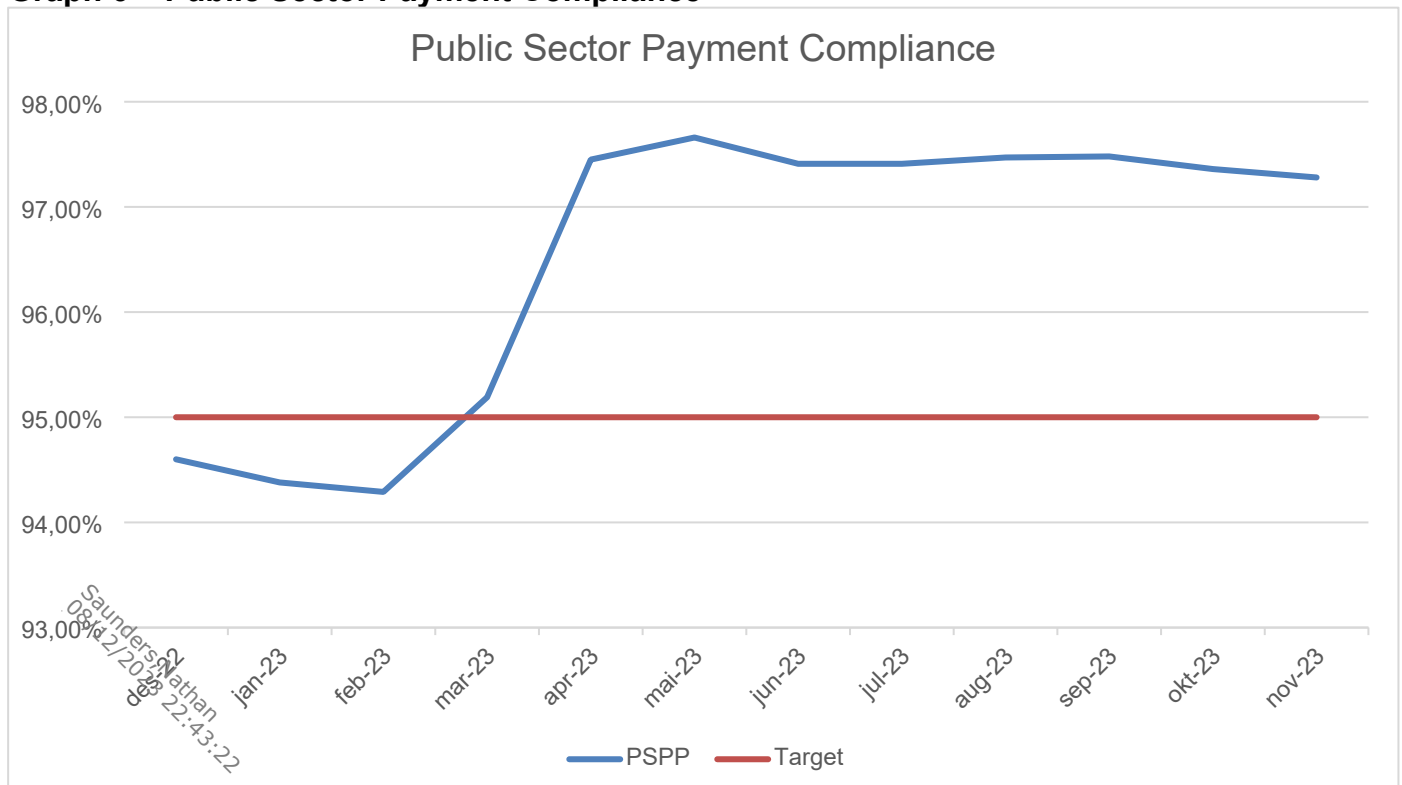
Description	Amount £
Consolidated Pay Uplift 2023_24 5% AFC	31,500
2022_23 Consolidated Award 1.5%	11,505
Medical & Dental PAYAWARD 2023_24	9,400
Energy Claim	7,600
Inflation - RLW 22/23 & 23/24	7,311
COVID-19 TTP,PPE & Vaccinations	6,415
Vertex Funding	2,700
Six Goals for Urgent and Emergency Care Programme	1,480
Digital Priorities Investment Fund for AWIP	1,600
Clinical Excellence/Distinction Awards	1,497
Welsh Government Funded New Medical Posts_6691	1,313
GP IM&T Refresh Programme and Maintenance	1,225
Other Allocations (includes (£3.823) deduction for Welsh Risk Pool)	(1,025)
Total Unconfirmed Cash Limit Allocations as at Month 8 £'000s	82,521

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 November was 97.28% and improvements are illustrated in Graph 6 below.

Graph 6 – 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.

Capital (as at Month 7)

Of the UHB's approved Capital Resource Limit, 21% was expended at the end of October.

Two capital schemes were 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 in relation to the future of this asset and the ongoing service provision.

All projects forecasts were reviewed and confirmed with WG as at M6. Revised allocations as per the CRL dated 27th October received from Welsh Government (£32.508m).

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

A revised Capital position will be available with the month 8 Welsh Government Monthly Monitoring return which is due on December 13th 2023.

Table 10: Finance - Key Performance Indicator Dashboard at November 2023

Measure	STATUS REPORT				
	October 2023	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£17.393m deficit at month 8. £10.973m forecast deficit, £2.295m savings gap and £4.124m operational deficit.	R	⚠	Deliver 2023/24 £88.4m Planned Deficit	M8 2023-24
Remain within capital resource limits.	The UHB expects to remain within its Capital Resource Limit which was £32.508m at month 7	G	⚠	Remain within approved planned expenditure	M7 2023-24
Delivery of recurrent £32m savings target	£34.462m Green, Amber and Red schemes identified at month 8 of which £20.702m were recurrent.	R	⚠	£32m	M8 2023-24
Creditor payments compliance 30 day Non NHS	97.28% at the end of November	A	⚠	95% of invoices paid within 30 days	M8 2023-24
Remain within Cash Limit	The UHB's working and strategic cash requirement requirement has been highlighted monthly to Welsh Government. A formal request for £16.460m strategic cash support was submitted to Welsh Government in November.	A	⚠	To remain within Cash Limit	M8 2023-24
Maintain Positive Cash Balance	Cash balance = £6.683m	G	⚠	To Maintain Positive Cash Balance	End of Nov 2023

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

The Financial Plan includes a revised forecast deficit of £16.460m.

The revised forecast deficit is based on the receipt of an additional £63.100m funding from Welsh Government and additional UHB action to reduce its expenditure base by £8.840m. The further reduction in expenditure represents an increase in risk which the UHB needs to manage.

Delivery of the core financial plan includes a 4% (£32.0m) recurrent savings requirement. At Month 8 £34.462m of savings were identified, representing 108% 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 £4.124 at month 8. Enhanced monitoring is in-place for both operational positions and to further progress the gap in the Savings Programme. Alongside this, further additional actions are progressing to recover the month 8 operational & savings deficits.

In addition, the UHB increasingly requires confirmation of strategic cash support and outstanding allocations to maintain its cash position and PSPP performance.

Recommendation:

At Month 8 the Committee are requested to:

- **NOTE** the revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure.
- **NOTE** the reported year to date overspend of £17.393m and the forecast deficit of £16.460m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.264m.
- **NOTE** the month 8 operational overspend against plan of £4.124m with a further £2.295m savings gap
- **NOTE** the progress against the savings target, with £34.462m (108%) of schemes identified at Month 8 against the £32m target with year to date deficit
- **NOTE** that delivery of the forecast is also predicated on the confirmation of all outstanding income streams.

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	
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Impact Assessment:

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

Risk: Yes

No

Safety: Yes/No

No

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: 13th December 2023

Saunders, Nathan
08/12/2023 22:43:22

Report Title:	Operational Performance Report		Agenda Item no.	2.2
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	13/12/2023
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	
Lead Executive:	Chief Operating Officer			
Report Author (Title):	Head of Performance			

Main Report

Background and current situation:

Background and current situation:

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

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

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

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

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

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

As we enter the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. October saw a reduction in the average handover time and we continued to meet our commitment on reducing the number of lost hours, however, the number of 1 hour ambulance handovers increased in October from the number reported in September. Our ongoing focus and work by the EU and patient flow teams has led to a significant reduction in average handover time and 1 hour handovers in recent weeks.

There is also a renewed focus on patients waiting 12 hours in the EU. While October saw periods of sustained pressure and an increase from September in the number of patients waiting 12 and 24 hours in the EU, recent weeks have seen a significant reduction in the number of 12 hour breaches which will be seen in November's Data. The improvements reflect the operational focus and hard work of the clinical and operational teams to deliver an improved experience for patients accessing urgent and emergency care.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. However, the improvements are not necessarily reflected by the annualised KPI metrics. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward and continued improvement in the prompt surgery performance for September. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remain well above the NHFD average. Using the annualised NHFD data, the UHB

are at or above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5, compliance has improved from March this year with August and September's performance was well above the national average.

October saw further improvement in our compliance against some key SSNAP measures for our Stroke Pathway. The percentage of patients directly admitted to the stroke unit within 4-hours reduced to 60% but remains significantly above the all Wales average. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022 and above the Wales average, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade has improved to B for the period April-June 2023, this is a significant 8-point improvement from the previous quarter and a reflection of the work undertaken by the teams. We continue to experience challenges in increasing the number of patients thrombolysed and this remains an area of continued focus, working with colleagues from the NHS Executive. October saw our thrombolysis rate increase to 16.1%, above the Wales average for the first time since February.

In terms of our compliance with the 62-day single cancer pathway standard, our performance in September reduced to 56.6% as we work through our longest waiting patients. This month has seen particular challenges with endoscopy which has impacted the upper and lower GI pathways. These challenges are being addressed with improvements noted in the endoscopy backlog. Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q1 where we have seen improvements in the monthly compliance.

SCP compliance	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Original submission	42.60%	54.80%	57.80%	58.50%	55.10%	61.50%	62.20%	64.20%	61.70%	62.00%	65.60%	66.40%	56.60%
Compliance following quarterly refresh	50.30%	56.90%	60.00%	62.80%	57.50%	62.90%	63.50%	66.00%	64.50%	63.60%			

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. We eliminated 3-year Outpatient waits in September and maintained this in October. We remain on-track to reduce our 2-year treatment waits in line with Ministerial ambitions and our September and October RTT positions showed that <3% of our total waiting list waiting over 2 years. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands.

We are currently over our trajectory to deliver our commitment on 52-week outpatient waits. While we have made good progress in reducing the cohort of patients who will breach by March 2024 the number of in month breaches remains above our ambition. Our work to eliminate 3- year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway. We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. This is not a UHB wide issue and we are working with specialties, particularly in Paediatrics and Medicine, to reduce to or maintain their outpatient waits below 52 weeks.

Through our planned care programme we are increasing the visibility of productivity and efficiency data. Outpatient, diagnostic and theatre productivity are central to reducing waiting times for patients and delivery of the Ministerial ambitions, we have included trended data in these areas as part of the attached IPR and will expand the number of measures in line with GIRFT recommendations once the datasets have been agreed. A particular area for improvement is outpatient DNA rates, this will be partially addressed through the reintroduction of the Patient Participation Booking system, but also through improved patient engagement at specialty level.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments in recent months, however, the number of delays is still higher than our ambition. Clinical Boards have developed action plans to reduce these numbers with specific focus on the longest delays. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways.

The waiting list position for Diagnostics has deteriorated in recent months, with particular challenges in Radiology and Endoscopy. It is anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities will address radiological backlogs. October saw a reduction in the number of patients waiting over 8 weeks for MRI and CT. Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service have an improvement plan, with additional theatre and insourcing capacity, aligned to a longer term workforce plan to further address the deterioration in the length of wait.

We report monthly on the numbers of delayed pathways of care and our acute ward length of stay. These metrics have been included in the productivity and efficiency section of the IRP with trending of the delayed pathways of care and the monthly snapshot of patients in acute beds with a length of stay greater than 7 and 21 days. Reducing the time patients spend in hospital is a current operational focus and was the subject of the most recent 'Ask Suzanne' CEO session. The ongoing work focusses on patients and family, our clinicians, integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit.

Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults fell to below 50% in April following an exceptionally high number of referrals in March. However, the teams have managed to recover their waiting list position and June's reported compliance with the 28-day standard returned to 100%, remained high in July at 99.8% and was 100% in August and September. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements to Part 2 compliance. For children and young people, Part 1a compliance remains above the 80% standard at 99% in October. Part 1b remains challenged as the team work through the backlog, further impacted by an increased in referrals through the summer months. A full demand and capacity review has taken place and the team have a number of key actions including job plan and pathway reviews to better align the service to demand.

As previously noted, we have made changes to the Emergency Unit and Assessment Unit areas as described in July's paper. We anticipated that this would impact our EU attendance and 4-hour performance, beginning in July, will full month effect from August's data. This has been evidenced in the Q2 data with reported attendances and 4-hour compliance reduced from May, June and July. Welsh Government have been notified of the changes and our teams are working to ensure these changes will help to better align our reporting with ongoing national proposals. Cardiff and Vale have been asked to lead an All Wales task and finish group to explore how we capture and report activity from an emergency and urgent perspective nationally. The changes developed will part of the Welsh Emergency Care Data Set (WECDS) development which will replace EDDS. The Health Board are meeting with the Delivery Unit regularly to develop a dataset as an exemplar in Wales. The aim is that this will be adopted across the whole of Wales to ensure we can compare services in an equitable and fair way.

Recommendation:

The Finance and Performance Committee is asked to **NOTE** the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	✓	Integration	✓	Collaboration		Involvement	
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Signed: Nathan
09/12/2023 22:11:22

Committee/Group/Exec	Date:

Saunders, Nathan
08/12/2023 22:43:22

Cardiff and Vale Integrated Performance Report

November 2023

Saunders, Nathan
08/12/2023 22:43:22

Report Contents

1. [Ministerial Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Saunders, Nathan
08/12/2023 22:43:22

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	191 October	Hyperlink to section
Primary Care Access to Services	Improved access to GP and Community Services Measure: >95% achievement of core access to in-hours GMS Services Reporting: monthly	95%	Yes	June 2023	98% September	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	113% October	Hyperlink to section
	Improved use of community pharmacy Measure: >90% of all eligible community pharmacies providing CCPS (June 2023) Reporting: monthly	90%	Yes	June 2023	98% September	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	860 September	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	1835 October	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 October	Hyperlink to section

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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	11044 October	Hyperlink to section	
	Measure 2: 104 week treatment target by December 2023 Reporting: monthly	3788	Yes	Dec 2023	4045 October	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	44166 October	Hyperlink to section	
	Implement regional diagnostic hubs Measure 1: progress reporting on regional diagnostic hub Reporting: quarterly	Measure 2: Achieve 8-week diagnostic Reporting: monthly	Go-Live	Yes	Dec 2023	Q1 24/25	Hyperlink to section
			0	No	June 2025	12230 October	Hyperlink to section
	Implement straight to test model Measure: progress reporting on straight to test Reporting: quarterly	Go-Live	Yes	Sept 2023	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 2023	56.6% September	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 2023	Planning ongoing	Hyperlink to section	
Mental Health and CAMHS	Achieve waiting time performance for Local Primary Mental Health Support Services and Specialist CAMHS Reporting (for all): monthly	Measure 1: Part 1a (adults)	80%	Yes	June 2023	100% Sept	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Sept	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	45.7% Sept	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	99% Oct	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	11% Oct	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	81% Oct	
	Implement 111 press 2 on a 24/7 Measure: progress on implementing NHS 111 press 2 Reporting: quarterly	Go-Live	Yes	Sept' 2023	Delivered	Hyperlink to section	

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Section 2: Cardiff and Vale Performance Report

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

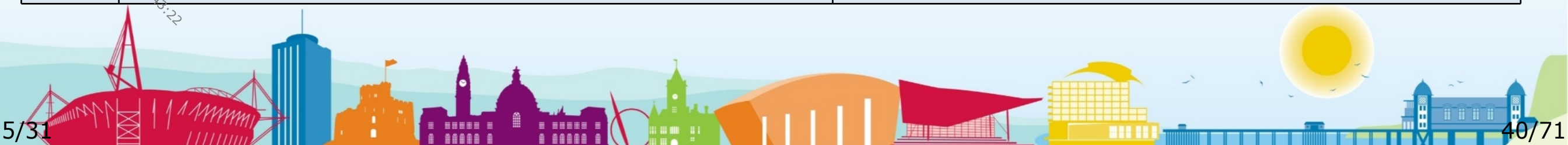
Detail on what is included under each quadruple aim is provided below.

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

[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

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C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Health Protection Acute Respiratory Infections (ARI)	Acute Respiratory Infections (ARI) <ul style="list-style-type: none"> Influenza activity remains low, indicating there is not yet widespread circulation Hospital admissions for Covid-19 have fallen sharply across Wales since mid October. Covid-19 clusters in hospital are low and stable. There has been a gradual increase in LFD/PCR positivity in the last fortnight Omicron sub-variant EG.5.1 and XBB.1.16 are currently the most common variants across Wales RSV activity in under 5s has continued to increase and is at a very high level 	Week 43	<p>Source: PHW weekly flu/ARI report</p>
Health Protection Immunisation	Immunisation: <ul style="list-style-type: none"> Eligible cohorts have started receiving the Covid-19 Autumn/Winter Booster, with 49,866 doses given in Cardiff and Vale as of the 26th October 2023, and 27.08% uptake to date (cf Wales average 26.99% uptake). As of the 5th of November UHB COVID-10 Staff vaccination uptake sits at 32.7% and it is at 29.6% for Influenza vaccination. This is delivered as part of the Staff Winter Respiratory Vaccination campaign which will see the co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres, occupational health and with opportunistic vaccination through vaccination champions. 	Q2 2023/24	Wales COVID-19 vaccination surveillance weekly report.pdf Infant covid 19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddb0a8025866b003a51a1/\$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf
Health Protection Health Protection System	Health Protection System <ul style="list-style-type: none"> Planning for a regional, all hazards Integrated Health Protection Partnership is well established, with expected full implementation by end of year A Cardiff and Vale Health Protection Plan has been developed in consultation with key partners; the Plan will be finalised in Q3 	Q3 2023/24	

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08/12/2023 22:43:22



Priority	Performance Summary	Reported Period	Data																																																																																																																														
<p>Health Improvement Healthy weight</p>	<p>Healthy weight:</p> <ul style="list-style-type: none"> 74.6% of reception aged children in Cardiff and the Vale of Glamorgan are categorised as healthy weight (CMP, 2021/22). Cardiff and Vale have the second highest proportion of healthy weight children compared to other Health Board areas based on the latest available data. 40% of adults in Cardiff and the Vale of Glamorgan are of a healthy weight (NSfW, 2021/22+2022/23)*; 39% are eating five portions of fruit/vegetables a day (NSfW, 2021/22+2022/23)* and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week (NSfW, 2021/22+2022/23)*. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. 	<p>Q2 2023-2024</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> <table border="1"> <caption>Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>70.0</td><td>70.0</td><td>70.0</td><td>70.0</td></tr> <tr><td>2012/13</td><td>72.0</td><td>72.0</td><td>72.0</td><td>72.0</td></tr> <tr><td>2013/14</td><td>73.0</td><td>73.0</td><td>73.0</td><td>73.0</td></tr> <tr><td>2014/15</td><td>74.0</td><td>74.0</td><td>74.0</td><td>74.0</td></tr> <tr><td>2015/16</td><td>75.0</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2016/17</td><td>76.0</td><td>76.0</td><td>76.0</td><td>76.0</td></tr> <tr><td>2017/18</td><td>77.0</td><td>77.0</td><td>77.0</td><td>77.0</td></tr> <tr><td>2018/19</td><td>78.0</td><td>78.0</td><td>78.0</td><td>78.0</td></tr> <tr><td>2019/20</td><td>79.0</td><td>79.0</td><td>79.0</td><td>79.0</td></tr> <tr><td>2020/21</td><td>80.0</td><td>80.0</td><td>80.0</td><td>80.0</td></tr> <tr><td>2021/22</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	70.0	70.0	70.0	70.0	2012/13	72.0	72.0	72.0	72.0	2013/14	73.0	73.0	73.0	73.0	2014/15	74.0	74.0	74.0	74.0	2015/16	75.0	75.0	75.0	75.0	2016/17	76.0	76.0	76.0	76.0	2017/18	77.0	77.0	77.0	77.0	2018/19	78.0	78.0	78.0	78.0	2019/20	79.0	79.0	79.0	79.0	2020/21	80.0	80.0	80.0	80.0	2021/22	74.6	74.6	74.6	74.6																																																																		
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																																																																																													
2011/12	70.0	70.0	70.0	70.0																																																																																																																													
2012/13	72.0	72.0	72.0	72.0																																																																																																																													
2013/14	73.0	73.0	73.0	73.0																																																																																																																													
2014/15	74.0	74.0	74.0	74.0																																																																																																																													
2015/16	75.0	75.0	75.0	75.0																																																																																																																													
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2021/22	74.6	74.6	74.6	74.6																																																																																																																													
<p>Health Improvement Tobacco</p>	<p>Tobacco</p> <ul style="list-style-type: none"> 12% of Cardiff and Vale of Glamorgan smoke), one of the lowest prevalence rates in Wales In Quarter 1 - 0.6% of smokers set a firm quit date. 59% quit smoking at 4 weeks (HMQ, Pharmacy Level 3 and Hospital Smoking Cessation Service combined) HMQ community – 70% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 45% of Treated Smokers had quit smoking at 4 weeks. Q2 data to be collected and submitted to Welsh Gov – Nov 23. 	<p>Quarter 1 2023-2024</p>	<p>Percentage of smokers who quit smoking at 4 weeks (2006-2022)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>HMQ</th> <th>Hospital</th> <th>L3</th> <th>Tier 1 Target</th> <th>C&V UHB</th> <th>Linear (Tier 1 Target)</th> </tr> </thead> <tbody> <tr><td>2006</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2007</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2008</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2009</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2010</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2011</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2012</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2013</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2014</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2015</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2016</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2017</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2018</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2019</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2020</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2021</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> <tr><td>2022</td><td>61.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td><td>42.00%</td></tr> </tbody> </table>	Year	HMQ	Hospital	L3	Tier 1 Target	C&V UHB	Linear (Tier 1 Target)	2006	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2007	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2008	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2009	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2010	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2011	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2012	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2013	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2014	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2015	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2016	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2017	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2018	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2019	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2020	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2021	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%	2022	61.00%	42.00%	42.00%	42.00%	42.00%	42.00%
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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 Jan 23 to 31 Mar 23	0.8% per quarter	0.6%	<table border="1"> <tr> <td>Q2</td> <td>Q3</td> <td>Q4</td> <td>Q1</td> </tr> <tr> <td>0.50%</td> <td>0.40%</td> <td>0.70%</td> <td>0.60%</td> </tr> </table>	Q2	Q3	Q4	Q1	0.50%	0.40%	0.70%	0.60%
Q2	Q3	Q4	Q1										
0.50%	0.40%	0.70%	0.60%										
2.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)		Improvement trend	Work in progress with substance misuse									
3.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	1 Apr 23 to 30 Jun 23	95%	83.7%	<table border="1"> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> </tr> <tr> <td>83.70%</td> <td>87.20%</td> <td>86.80%</td> <td>84.80%</td> </tr> </table>	Q1	Q2	Q3	Q4	83.70%	87.20%	86.80%	84.80%
Q1	Q2	Q3	Q4										
83.70%	87.20%	86.80%	84.80%										
4.	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024)	1 Jan 23 to 31 Mar 23	90%	74.4%	<table border="1"> <tr> <td>Q1</td> <td>Q2</td> <td>Q3</td> <td>Q4</td> </tr> <tr> <td>74.40%</td> <td>72.60%</td> <td>70.30%</td> <td>71.30%</td> </tr> </table>	Q1	Q2	Q3	Q4	74.40%	72.60%	70.30%	71.30%
Q1	Q2	Q3	Q4										
74.40%	72.60%	70.30%	71.30%										
5.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over (Applicable during: 01.09.2023 - 31.03.2024)	1 Sept 22 to 31 Mar 23	75%	57%	<table border="1"> <tr> <td>31st Oct</td> <td></td> <td></td> <td></td> </tr> <tr> <td>57.00%</td> <td></td> <td></td> <td></td> </tr> </table>	31st Oct				57.00%			
31st Oct													
57.00%													
6.	Percentage uptake of the COVID-19 vaccination for those eligible (Applicable during: Spring Booster 01.04.2023 - 30.06.2023) (Autumn Booster 01.09.2023 - 31.03.2024)	1 Sep 23 to 30 Mar 24	75%	30.96%	<table border="1"> <tr> <td>w/e 15/10</td> <td>we 22/10</td> <td>w/e 26/10</td> <td>w/e 02/11</td> </tr> <tr> <td>17.55%</td> <td></td> <td>27.09%</td> <td>30.96%</td> </tr> </table>	w/e 15/10	we 22/10	w/e 26/10	w/e 02/11	17.55%		27.09%	30.96%
w/e 15/10	we 22/10	w/e 26/10	w/e 02/11										
17.55%		27.09%	30.96%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-23	90%	31.9%	<table border="1"> <tr> <td>May-23</td> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> </tr> <tr> <td>3.40%</td> <td>4.70%</td> <td>12.30%</td> <td>31.90%</td> </tr> </table>	May-23	Jun-23	Jul-23	Aug-23	3.40%	4.70%	12.30%	31.90%
May-23	Jun-23	Jul-23	Aug-23										
3.40%	4.70%	12.30%	31.90%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Jun-23	90%	97.7%	<table border="1"> <tr> <td>Mar-23</td> <td>Apr-23</td> <td>May-23</td> <td>Jun-23</td> </tr> <tr> <td>96.30%</td> <td>95.60%</td> <td>98.00%</td> <td>97.70%</td> </tr> </table>	Mar-23	Apr-23	May-23	Jun-23	96.30%	95.60%	98.00%	97.70%
Mar-23	Apr-23	May-23	Jun-23										
96.30%	95.60%	98.00%	97.70%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Sep-23	95%	97.6%	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>97.30%</td> <td>93.50%</td> <td>95.30%</td> <td>97.60%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	97.30%	93.50%	95.30%	97.60%
Jun-23	Jul-23	Aug-23	Sep-23										
97.30%	93.50%	95.30%	97.60%										

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Priority	Performance Summary	Reporting Period	Data																																		
<p>Ambulance Handover</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 4-hour ambulance delays (June 23) Reduce average lost minutes to 30 (Sept 23) 	<ul style="list-style-type: none"> The number of ambulance handovers >4 hours has reduced from 230 in September 2022 to zero since January 2023. We are now giving the same focus to patients waiting 2-hours for an ambulance handover. In June there were two 2-hour holds, a reduction from 206 in March, in July we reported 15, in August 20 and September 27. This reduced to 10 in October. Average lost minutes per arrival at UHW remains reduced decreasing to 25 minutes in October from 27 in September. Average lost minutes per arrival for the Health Board was 21. This performance remains better than our annual plan commitment. 	<p>Oct-23</p>	<p>Number of ambulance handovers >4 hours</p> <table border="1"> <caption>Number of ambulance handovers >4 hours</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Jul-22</td><td>180</td></tr> <tr><td>Aug-22</td><td>230</td></tr> <tr><td>Sep-22</td><td>230</td></tr> <tr><td>Oct-22</td><td>100</td></tr> <tr><td>Nov-22</td><td>100</td></tr> <tr><td>Dec-22</td><td>50</td></tr> <tr><td>Jan-23</td><td>20</td></tr> <tr><td>Feb-23</td><td>10</td></tr> <tr><td>Mar-23</td><td>0</td></tr> <tr><td>Apr-23</td><td>0</td></tr> <tr><td>May-23</td><td>0</td></tr> <tr><td>Jun-23</td><td>0</td></tr> <tr><td>Jul-23</td><td>15</td></tr> <tr><td>Aug-23</td><td>20</td></tr> <tr><td>Sep-23</td><td>27</td></tr> <tr><td>Oct-23</td><td>10</td></tr> </tbody> </table>	Month	Count	Jul-22	180	Aug-22	230	Sep-22	230	Oct-22	100	Nov-22	100	Dec-22	50	Jan-23	20	Feb-23	10	Mar-23	0	Apr-23	0	May-23	0	Jun-23	0	Jul-23	15	Aug-23	20	Sep-23	27	Oct-23	10
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<p>Emergency Department</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Zero 24-hour ED waits (June 23) Reduce 12-hour ED waits by 50% (Sept 23) 	<ul style="list-style-type: none"> In October, 27 patients waited 24-hours in the EU footprint without a stop-clock, a decrease from the 41 patients in August but increased from 11 in September 12-hour ED waits increased slightly from 803 in September to 835 in October, this is above our IMTP ambition. Work continues to embed the improvements following the significant number of ward moves and EU/AU redesign over the summer, which has impacted our performance for Q2 	<p>Oct-23</p>	<p>12 Hour Wait Reduction by 50% of baseline by Sept-23</p> <table border="1"> <caption>12 Hour Wait Reduction by 50% of baseline by Sept-23</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>1100</td></tr> <tr><td>Jun-22</td><td>1000</td></tr> <tr><td>Aug-22</td><td>1000</td></tr> <tr><td>Oct-22</td><td>1000</td></tr> <tr><td>Dec-22</td><td>1000</td></tr> <tr><td>Feb-23</td><td>700</td></tr> <tr><td>Apr-23</td><td>600</td></tr> <tr><td>Jun-23</td><td>300</td></tr> <tr><td>Aug-23</td><td>900</td></tr> <tr><td>Oct-23</td><td>835</td></tr> <tr><td>Dec-23</td><td>803</td></tr> <tr><td>Feb-24</td><td>803</td></tr> </tbody> </table>	Month	Count	Apr-22	1100	Jun-22	1000	Aug-22	1000	Oct-22	1000	Dec-22	1000	Feb-23	700	Apr-23	600	Jun-23	300	Aug-23	900	Oct-23	835	Dec-23	803	Feb-24	803								
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<p>Delayed Pathways of Care, LOS and Beds</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> Reduce DPOCs by 10% (June-23) Reduce >21 day LOS by 5% (June-23) Re-establish dedicated AOS beds (Sept) 	<ul style="list-style-type: none"> Delayed pathways of care remain a national challenge, the October 2023 census reported 191 delayed pathways, an increase from 173 in September but below our commitment of 217 We are currently tracking the numbers of stranded (7-day LOS) and superstranded (>21-day LOS) patients in our Acute beds. This is a more operationally useful measure than LOS measures which include rehabilitation and integrated care beds. We will be monitoring these going forward against the standards of <40% stranded and < 20% superstranded. At the time of writing our analysis showed 29% and 55% respectively. Work continues to evaluate the most appropriate and effective approach for the Acute Oncology Service (AOS), including consideration of dedicated beds following a recent pilot. An update and proposal is now planned for the beginning of Q3. 	<p>Oct-23</p>	<p>Reduce DPOCs by 10% (June-23)</p> <table border="1"> <caption>Reduce DPOCs by 10% (June-23)</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Oct-22</td><td>280</td></tr> <tr><td>Nov-22</td><td>270</td></tr> <tr><td>Dec-22</td><td>290</td></tr> <tr><td>Jan-23</td><td>280</td></tr> <tr><td>Feb-23</td><td>270</td></tr> <tr><td>Mar-23</td><td>250</td></tr> <tr><td>Apr-23</td><td>240</td></tr> <tr><td>May-23</td><td>220</td></tr> <tr><td>Jun-23</td><td>200</td></tr> <tr><td>Jul-23</td><td>180</td></tr> <tr><td>Aug-23</td><td>170</td></tr> <tr><td>Sep-23</td><td>170</td></tr> <tr><td>Oct-23</td><td>191</td></tr> </tbody> </table>	Month	Count	Oct-22	280	Nov-22	270	Dec-22	290	Jan-23	280	Feb-23	270	Mar-23	250	Apr-23	240	May-23	220	Jun-23	200	Jul-23	180	Aug-23	170	Sep-23	170	Oct-23	191						
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Priority	Performance Summary	Reporting Period	Data
<p>ED Attendances</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter) 	<ul style="list-style-type: none"> In October 2023 we reported 11,653 EU attendances, an decrease from the 12,395 reported in September The number of EU Majors attendances in October 2023 was 6,216, a decrease from September and below our ambition of 6507. 	<p>Oct-23</p>	
<p>Same Day Emergency Care</p> <p>Annual Plan Commitment</p> <ul style="list-style-type: none"> 10% increase in the total number of patients managed through SDEC (June 2023) Reduced number of unplanned re-presentations within 7-days of SDEC attendance (September 2023) Improve % of take managed in SDEC without requiring admission 	<ul style="list-style-type: none"> In October 2023 we saw 1,162 patients seen via surgical SDEC and 673 via the medical SDEC. In total 1,835 patients were seen, above our commitment of a 10% increase by the end of Q1. The number of attendances to medical SDEC had been increasing month on month since June 2022, but showed a small reduction from August to September. A new process for national submissions has been undertaken and we hope to report on the other measures once complete 	<p>Oct-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Urgent Primary Care</p> <p>Annual Plan Commitments:</p> <ul style="list-style-type: none"> 80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024) All clusters to have adequate access to UPCC capacity (September 2023) NHS 111 - >90% urgent calls logged and returned within 1 hr (December 2023) Increased redirections from ED to UPCC (March 2024) 	<ul style="list-style-type: none"> Average utilisation of 87% achieved across Cardiff and Vale for September, a decrease from 91% in July. Delivery plan in place to develop Urgent Care Centres as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale – (76% Coverage, increasing to 86% by December) Calls to CAV247/OOH service - Q1 = 93%, Q2 87% Work in progress – Pilot commenced to re-direct ED patients to UPCC slots. Work ongoing to expand this to 24/7 and to include Paediatrics. Total referrals for Q1 = 63, Q2 = 122 	<p>Oct-23</p> <p>Q2-Sept 23</p>	
<p>Community Services</p> <ul style="list-style-type: none"> Home Visit (P2) f2f in 2 hrs >90% (June 2023) 	<ul style="list-style-type: none"> The Health Board was 67% compliant in October 2023 against the standard of 100% for 'Emergency' GP OOH patients requiring a home visit within one hour, with 3 of 2 patients receiving their visit with one hour. For patients that required an 'Emergency' appointment at a primary care center in October the Health Board was 100% compliant, with 2 of 2 patients receiving an appointment within 1 hour The Health Board was 86% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 89 of 104 patients receiving their visit within 2 hours 	<p>Oct-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Fracture Neck of Femur IMTP Commitments:</p> <ul style="list-style-type: none"> 75% admitted within 4 hours (June-23) 85% to theatre within 36 hours (December-23) 	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In September 2023 the annualised data shows 20.7% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In September, 68.9% of patients received surgery within 36 hours, this has been increasing since August 2022 and our performance is above the national average of 58% over the last 12 months.</p> <p>A fourth summit with key stakeholders was held in September. We have an ambition for significant increases in our performance moving forwards to make Cardiff and Vale an upper quartile performer when compared to UK peers. In addition to pathway improvements, we are committed to improving outcomes for patients. Data from the National Hip Fracture Database shows that annualised Casemix Adjusted Mortality rates have falls from early 2021 and is now below the national average at 5% for Q4 22/23.</p>	<p>Sept-23</p>	
<p>Stroke IMTP Commitments:</p> <ul style="list-style-type: none"> 70% scanned within 1 hour (June-23) 90% admitted within 4 hours (Sept-23) 20% thrombolysis rate (Sept-23) 	<p>While overall Stroke performance remains below the standards set out in the Acute Stroke Quality Improvement Measures and The Sentinel Stroke National Audit Programme (SSNAP), we have seen recent improvements in compliance with the 4-hour door to Ward standard. In October :</p> <ul style="list-style-type: none"> 33.3% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 8.3% The percentage of CT scans that were started within 1 hour in October was 53.6%, the All-Wales average was 51.9% The percentage of patients who were admitted directly to a stroke unit within 4 hours was 60% in October, the All-Wales average was 31.4% <p>The UHB has held a number of internal Stroke summits and improvements to the stroke pathway are now being implemented including increased Clinical Nurse Specialists during out of hours, additional middle grade medical cover for the Emergency Unit and ringfencing of additional stroke beds to deploy the pull model from EU effectively. The UHB aspires to achieve a rating of grade 'A' for SSNAP. At the most recent SSNAP audit the service we awarded grade 'B', a significant improvement from the previous quarter.</p>	<p>Oct-23</p>	
<p>Intensive Care Unit IMTP Commitments:</p> <ul style="list-style-type: none"> Patient at risk team 24/7 (Sept 23) ITU - 1 additional staffed bed (Sept 23) ITU - 2 additional staffed beds (March 24) 	<ul style="list-style-type: none"> The patient at risk team (PART) is due to move from a 12/7 service to a 24/7 service from the 1st October following successful staff recruitment. This change will be pivotal in supporting the wards and ITU with the save management and transfer of patients. 3 additional ITU Level 3 beds will be resourced over the course of this financial year. The first of those beds is on-track to be resourced from September 2023 following successful recruitment of staff 	<p>Oct-23</p>	

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Priority	Performance Summary	Reporting Period	Data
<p>Outpatient Follow-up Management Annual Plan Commitment</p> <ul style="list-style-type: none"> Follow up outpatients—reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023) SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024) SOS and PIFU –20% of appropriate outpatient appointments 	<ul style="list-style-type: none"> In total there were 193,547 patients awaiting a follow-up outpatient appointment at the end of October Of these, there were 44,166 patients who were 100% delayed for their follow-up outpatient appointment, a decrease noted from September 2.8% of outpatient appointments saw patients moving into a See on Symptoms pathway 0.4% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway 	<p>Oct-23</p> <p>Oct-23</p>	
<p>52 Week New Outpatient Annual Plan Commitment</p> <ul style="list-style-type: none"> <8999 > 52 weeks (March 2024) 	<ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO. In October, 11044 patients had waited 52 weeks for their outpatient appointment, a reduction from September but still above our ambition for March 24. 	<p>Oct-23</p>	
<p>104 Week Treatment Annual Plan Commitment</p> <ul style="list-style-type: none"> 3788 patients > 104 week waits for treatment (December 2023) 1263 patients > 104 week waits for treatment (March 2024) 	<ul style="list-style-type: none"> We have developed a weekly monitoring and assurance process to update on progress against our key long waiting cohorts. Weekly updates and assurance is provided to the Chair and CEO. We are on track to meet our December commitment in line with the Ministerial priority for <97% of out total waiting list to be over 2 years. In October there were 4045 patients who had waited over 2 years. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment. 	<p>Oct-23</p>	
<p>156 Week Waits Annual Plan Commitment</p> <ul style="list-style-type: none"> <350 patients >156 week wait for treatment (September 2023) 0 patients >156 week wait for treatment (December 2023) 	<ul style="list-style-type: none"> At the end of September there were 330 patients waiting 156 weeks for treatment, lower than our commitment. We continue to see a reduction in the number of patients waiting over 3 years and reported 298 in October. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment. 	<p>Oct-23</p>	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data																														
<p>Community Pharmacy Annual Plan Commitment:</p> <ul style="list-style-type: none"> >90% of all eligible community pharmacies providing CCPS (June 2023) 10% increase in pharmacy independent provider access (December 2023) 	<p>98% of all eligible community pharmacies providing CCPS</p> <ul style="list-style-type: none"> 102 Community Pharmacies currently eligible to provide CCPS 101/103 Community Pharmacies signed up to deliver CCPS. <p>3502 PIP consultations undertaken in Q2, increased from 2395 in Q1. There has been an increase to 31% of pharmacies providing PIP services.</p>	Q2- Sept 2023	<table border="1"> <tr> <td rowspan="2">PIP consultations</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>1106</td> <td>1035</td> <td>1361</td> <td>1348</td> </tr> </table>	PIP consultations	Jul-23	Aug-23	Sep-23	Oct-23	1106	1035	1361	1348																					
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<p>GMS Escalation Annual Plan Commitment:</p> <ul style="list-style-type: none"> >95% of practices reporting escalation levels (June 2023) >95% achievement of core access to in-hours GMS Services (September 2023) 	<ul style="list-style-type: none"> Average of 88% of Practices reporting escalation levels (Average for Q1 88%) - Number of escalations from practices reducing (of practices reporting of which 8% at Lvl3, 92% >Lvl3) 98% achievement of core access standards to in hours GMS 	Q2- Sept 2023	<table border="1"> <tr> <td rowspan="2">Escalation reporting</td> <td>Q1</td> <td>Q2</td> </tr> <tr> <td>88.0%</td> <td>88.0%</td> </tr> </table> <table border="1"> <tr> <td rowspan="2">National Access Standards</td> <td>Q1</td> <td>Q2</td> </tr> <tr> <td>98.0%</td> <td>98.0%</td> </tr> </table>	Escalation reporting	Q1	Q2	88.0%	88.0%	National Access Standards	Q1	Q2	98.0%	98.0%																				
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<p>Dental Annual Plan Commitment:</p> <ul style="list-style-type: none"> 50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024) 	<ul style="list-style-type: none"> % of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 113.9% % of Primary Care Dental Services Contract value (GDS) delivered for new urgent patients seen - 52.8% % of Primary Care Dental Services Contract value (GDS) delivered for historic patients seen – 51.2% <p>In May 2021 the Centralised Dental Waiting List was established to indicate demand for access to NHS Dental Services and provide a pathway for patients to access general dental services. The number of patients requesting to be added has been increasing faster than allocation of patients to practices.</p>	Q2- Sept 2023	<table border="1"> <tr> <td></td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>New</td> <td>64.1%</td> <td>84.2%</td> <td>99.8%</td> <td>113.9%</td> </tr> <tr> <td>New Urgent</td> <td>29.5%</td> <td>37.3%</td> <td>45.1%</td> <td>52.8%</td> </tr> <tr> <td>Historic</td> <td>27.5%</td> <td>36.9%</td> <td>43.8%</td> <td>51.2%</td> </tr> </table> <table border="1"> <tr> <td></td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> <td>Oct-23</td> </tr> <tr> <td>CDWL volume</td> <td>19,493</td> <td>20,811</td> <td>21,836</td> <td>22,975</td> </tr> </table>		Jul-23	Aug-23	Sep-23	Oct-23	New	64.1%	84.2%	99.8%	113.9%	New Urgent	29.5%	37.3%	45.1%	52.8%	Historic	27.5%	36.9%	43.8%	51.2%		Jul-23	Aug-23	Sep-23	Oct-23	CDWL volume	19,493	20,811	21,836	22,975
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<p>Optometry Annual Plan Commitment</p> <ul style="list-style-type: none"> >90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023) 	<ul style="list-style-type: none"> Contract reform and implementation still in progress 	Q2- Sept 2023																															
<p>Respiratory Annual Plan Commitment</p> <ul style="list-style-type: none"> 50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024) 	<ul style="list-style-type: none"> Community Spirometry service available in both Cardiff and Vale regions. 1006 patients referred (in total) up to August - 83% have attended appointments, 103 patients remain on waiting list. Estimate 35% of expected demand has been seen in service. Service scope expands from November to include post-bronchodilator spirometry for COPD , FeNO and Reversibility for suspected asthma. 	Q2- Sept 2023																															

Priority	Performance Summary	Reporting Period	Data
<p>Cancer Annual Plan Commitment</p> <ul style="list-style-type: none"> >75% compliance with the 62-day SCP standard (June 2023), 80% (December 2023) Develop draft UHB strategy to deliver national cancer pathways (June 2023) 	<ul style="list-style-type: none"> September saw a drop in compliance with the 62 day SCP standard, with performance dropping to 55.6%. We continue to address the backlog of long waiting patients and expect an improvement for October. At the time of writing there are a total of 2219 suspected cancer patient on the SCP. 335 have waited over 62 days, of which 112 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. The UHB draft strategy has been developed including working with national cancer pathways 	<p>Sept-23</p> <p>No date</p>	<p>% Compliance patients starting cancer treatment with 62 days (75% by Jun-23)</p>
<p>Therapies Annual Plan Commitment</p> <ul style="list-style-type: none"> 0 patients waiting over 14 weeks (excluding audiology) (June 2023) 	<ul style="list-style-type: none"> Excluding Audiology there were 671 patients waiting over 14-weeks for Therapy in at the end of October. In total there were 1823 patients waiting longer 14 weeks for Therapy, an increase from September. 	<p>Oct-23</p>	<p>0 patients waiting >14 weeks (excl. Audiology)</p>
<p>Diagnostics Annual Plan Commitment</p> <ul style="list-style-type: none"> 90% of patients within 8-weeks (excl. endoscopy) (December 2023) Endoscopy – urgent <6weeks; SCP<14days; 0 surveillance patients 100% past target date (December 2023) Regional Diagnostic Centre go-live (December 2023) 	<ul style="list-style-type: none"> Excluding endoscopy there were 8011 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of October. In total there were 12230 patients waiting longer than 8 weeks for a diagnostic test, a small decrease from September. 57% of patients seen within 8 weeks in October (excluding Endoscopy), an increase from September. Planning for the Community Diagnostic Hub is underway following agreement of central funding from WG. Expected go-live is estimated to be Q1 2024/25. Plans are in development to provide additional diagnostic capacity through mobile units in advance of this. 	<p>Oct-23</p> <p>No date</p>	<p>90% of patients within 8 weeks (excl. Endo)</p>

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

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Priority	Performance Summary	Reporting Period	Data
<p>Children’s Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance – SCAMHS Part 1b – 10% improvement (September 2023); further 10% (December 2023); achieve >80% compliance (March 2023) Reduce SCAMHS Intervention longest wait to no longer than 6 weeks 	<p>Part 1a compliance remains above the 80% standard and has increased to 99% in October.</p> <p>Part 1b performance reduced to 11% and remains low due to additional assessments undertaken to meet Part 1a and high referral levels in June and July 23. The number waiting and longest wait for Part 1b increased last month following reductions through June to September. The number waiting over 16 weeks remains low. There have been data quality issues and a thorough improvement in the capture of data which has further impacted reported performance.</p> <p>In line with the new integrated model and focus on ensuring that children and young people access the most appropriate pathway under the mental health measure, we have redesigned the PARIS record keeping module and associated reporting to accurately capture the children and young people accessing and waiting for interventions for both Part 1b and Part 2 (SCAMHS). The module is now live and will bring improved data quality through the coming months.</p>	<p>Oct-23</p>	<p>The chart shows Part 1A compliance (blue line) fluctuating between 80% and 99%, generally staying above the 80% target. Part 1B compliance (orange line) is significantly lower, starting at 42% in May 2022 and ending at 11% in September 2023. Part 2 CIP compliance (grey line) remains consistently high, mostly between 90% and 99%.</p>
<p>Adult Mental Health Annual Plan Commitments:</p> <ul style="list-style-type: none"> >80% Part 1a performance >80% Part 1b performance 	<p>Demand for adult and children’s Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1434 referrals in September 2023. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioral needs.</p> <p>Significant work has been undertaken to improve access times to adult primary mental health:</p> <ul style="list-style-type: none"> Part 1a: in September the percentage of Mental Health assessments undertaken within 28 days was 100% Part 1b compliance remains at 100% 	<p>Sept-23</p>	<p>Both charts show a solid blue line at the 100% mark, indicating that both Part 1a and Part 1b compliance have consistently met or exceeded the 80% standard throughout the period from August 2022 to September 2023.</p>

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend																
10.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Sept-23	100%	98%	<table border="1"> <tr> <th>Q1</th> <th>Q2</th> </tr> <tr> <td>98.0%</td> <td>98.0%</td> </tr> </table>	Q1	Q2	98.0%	98.0%												
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11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Oct-23	30% (Sept 23) 100% (Mar 24)	New 113.9% New Urgent 52.8% Historic 51.2%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>64.1%</td> <td>84.2%</td> <td>99.8%</td> <td>113.9%</td> </tr> <tr> <td>29.5%</td> <td>37.3%</td> <td>45.1%</td> <td>52.8%</td> </tr> <tr> <td>27.5%</td> <td>36.9%</td> <td>43.8%</td> <td>51.2%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	64.1%	84.2%	99.8%	113.9%	29.5%	37.3%	45.1%	52.8%	27.5%	36.9%	43.8%	51.2%
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12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Oct-23	Reduction by Mar 24	938	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>1001</td> <td>953</td> <td>860</td> <td>938</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	1001	953	860	938								
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13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Oct-23	Increase against 22/23	1361	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>1106</td> <td>1035</td> <td>1361</td> <td>1348</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	1106	1035	1361	1348								
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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	Oct-23	80%	99%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>84%</td> <td>93%</td> <td>87%</td> <td>99%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	84%	93%	87%	99%								
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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	Oct-23	80%	11%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>0%</td> <td>0%</td> <td>22%</td> <td>11%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	0%	0%	22%	11%								
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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	Sept-23	80%	100%	<table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>100.00%</td> <td>99.80%</td> <td>100.00%</td> <td>100.00%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	100.00%	99.80%	100.00%	100.00%								
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
18.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Oct-23	65%	53%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>57%</td> <td>51%</td> <td>52%</td> <td>53%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	57%	51%	52%	53%
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19.	Median emergency response time to amber calls	Oct-23	12m improvement trend	01:06:05	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>01:02:14</td> <td>01:21:44</td> <td>01:12:07</td> <td>01:06:05</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	01:02:14	01:21:44	01:12:07	01:06:05
Jul-23	Aug-23	Sep-23	Oct-23										
01:02:14	01:21:44	01:12:07	01:06:05										
20.	Median time from arrival at an emergency department to triage by a clinician		12m reduction trend	Work in Progress	WIP – Expected Q3								
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12m reduction trend	Work in Progress	WIP – Expected Q3								
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	Oct-23	95%	67.1%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>75.6%</td> <td>68.8%</td> <td>70.5%</td> <td>67.1%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	75.6%	68.8%	70.5%	67.1%
Jul-23	Aug-23	Sep-23	Oct-23										
75.6%	68.8%	70.5%	67.1%										
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	Oct-23	0 (Mar 2024)	835	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>548</td> <td>924</td> <td>803</td> <td>835</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	548	924	803	835
Jul-23	Aug-23	Sep-23	Oct-23										
548	924	803	835										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sept-23	80% (Mar 2026)	56.6%	<table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>63.6%</td> <td>65.6%</td> <td>66.4%</td> <td>56.6%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	63.6%	65.6%	66.4%	56.6%
Jun-23	Jul-23	Aug-23	Sep-23										
63.6%	65.6%	66.4%	56.6%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Oct-23	0 (Mar 2024)	12230	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>10009</td> <td>11415</td> <td>12246</td> <td>12230</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	10009	11415	12246	12230
Jul-23	Aug-23	Sep-23	Oct-23										
10009	11415	12246	12230										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Oct-23	Improvement trend	80.03%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>85.23%</td> <td>82.79%</td> <td>80.29%</td> <td>80.03%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	85.23%	82.79%	80.29%	80.03%
Jul-23	Aug-23	Sep-23	Oct-23										
85.23%	82.79%	80.29%	80.03%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Oct-23	0 (Mar 2024)	1823	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>1282</td> <td>1373</td> <td>1703</td> <td>1823</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	1282	1373	1703	1823
Jul-23	Aug-23	Sep-23	Oct-23										
1282	1373	1703	1823										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Oct-23	Improvement trajectory towards 0	11044	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>11138</td> <td>11230</td> <td>11133</td> <td>11044</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	11138	11230	11133	11044
Jul-23	Aug-23	Sep-23	Oct-23										
11138	11230	11133	11044										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Oct-23	Improvement trajectory towards 0	20577	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>20580</td> <td>21018</td> <td>20646</td> <td>20577</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	20580	21018	20646	20577
Jul-23	Aug-23	Sep-23	Oct-23										
20580	21018	20646	20577										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Oct-23	Improvement trajectory towards 0	44166	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>45644</td> <td>44993</td> <td>44425</td> <td>44166</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	45644	44993	44425	44166
Jul-23	Aug-23	Sep-23	Oct-23										
45644	44993	44425	44166										
31	Number of patients waiting more than 104 weeks for referral to treatment	Oct-23	Improvement trajectory towards 0	4045	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>4164</td> <td>4085</td> <td>4054</td> <td>4045</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	4164	4085	4054	4045
Jul-23	Aug-23	Sep-23	Oct-23										
4164	4085	4054	4045										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Oct-23	Improvement trajectory towards 0	26471	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>25653</td> <td>25463</td> <td>25541</td> <td>26471</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	25653	25463	25541	26471
Jul-23	Aug-23	Sep-23	Oct-23										
25653	25463	25541	26471										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Oct-23	80%	99%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>84%</td> <td>93%</td> <td>87%</td> <td>99%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	84%	93%	87%	99%
Jul-23	Aug-23	Sep-23	Oct-23										
84%	93%	87%	99%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Oct-23	80%	26%	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>20%</td> <td>17%</td> <td>25%</td> <td>26%</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	20%	17%	25%	26%
Jul-23	Aug-23	Sep-23	Oct-23										
20%	17%	25%	26%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sept-23	80%	63%	<table border="1"> <tr> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> <tr> <td>58%</td> <td>60%</td> <td>57%</td> <td>63%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	58%	60%	57%	63%
Jun-23	Jul-23	Aug-23	Sep-23										
58%	60%	57%	63%										

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Productivity and Efficiency measures

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Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	11.1%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	15.8	17.2	
	% of theatre session utilisation	95%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	
	% in session utilisation	85%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	
	<24 hour cancellations					248	328	361	309	317	289	276	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset											
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset											
Waiting list	Total RTT waiting list volume	N/A	121687	122635	122708	126262	128670	131664	134603	135686	136185	140725	
Inpatient	Delayed pathways of Care - Mental Health	217				43	39	45	36	36	31	41	
	Delayed Pathways of Care - non-Mental Health					204	178	171	140	124	142	150	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	

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Priority	Performance Summary	Reported Period	Data
<p>Turnover</p>	<p>The overall trend is downwards since Oct-22; the rates have fallen from 13.66% in Nov-22 (the highest rate of turnover in the past 12 months) to a low of 11.80% in Sep-23 UHB wide. This is a net 1.86% decrease, which equates roughly to 222 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Voluntary Resignation – Relocation', 'Retirement Age', 'Voluntary Resignation – Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	<p>Sep-2023</p>	
<p>Sickness Absence</p>	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Sep-23 was 5.49% after an all-time high of 8.58% for Dec-22. The 12-month cumulative rate has fallen steadily over the past 9 months to 6.53% (by comparison with Sep-22, which was 7.12%).</p>	<p>Sep-2023</p>	
<p>Statutory and Mandatory Training</p>	<p>After month-on-month increases between Oct-22 and Aug-23 the compliance rate has fallen slightly, to 81.24% for Sep-23, 3.76% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, and Clinical Diagnostics & Therapeutics are all above the 85% target, and Children & Women's, PCIC, Corporate Executives and Specialist Services are above 80% compliance.</p> <p>After reaching 74.87% for Jul-23 the compliance with Fire training has also fallen during Sep-23, to 73.87%. Again, Capital, Estates & Facilities and the All-Wales Genomics Services have exceeded the 85% compliance target, and Clinical Diagnostics & Therapeutics is above 80%.</p>	<p>Sep-2023</p>	
<p>Values Based Appraisal</p>	<p>After reaching 71.64% in Jul-23 VBA compliance has fallen to 67.81% for Sep-23. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has fallen slightly. All of the Clinical Boards with the exception of Mental Health and the Corporate Executive group remain above the 60% transitory target which was set to be achieved by Mar-23.</p>	<p>Sep-2023</p>	

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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.	Sep-2023	
Job Plans	90.37% of clinicians have engagement with job planning and have a job plan in the system, however only 50.17% of these plans are fully signed off. Focus continues to be on supporting the approval and sign off process.	Sep-2023	
Medical Appraisals	The rate of compliance with Medical Appraisal has risen during the past 12 months. At Sep-23 the compliance was 86.54%, i.e. above the 85% target.	Sep-2023	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 454.99 WTE, to 14,732.78 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. Bank usage has been removed from the graph; there is detailed weekly monitoring and analysis of bank, agency and overtime use taking place within the Health Board.	Sep-2023	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) is falling. It has been as high as 10.85% of the total spend on pay, but in Sep-23 was 9.96%. It must however be borne in mind that the total pay bill is increasing.	Sep-2023	
Staff Influenza Vaccination Programme	<p>The 2023-24 winter influenza vaccination programme commenced in Sep-23. So far 20% of staff have received the vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 programme reached 38.30% of staff by Feb-23.</p>	Sep-2023	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Sep-23	6%	5.49%	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>5.86%</td> <td>6.18%</td> <td>6.18%</td> <td>5.49%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	5.86%	6.18%	6.18%	5.49%
Jun-23	Jul-23	Aug-23	Sep-23										
5.86%	6.18%	6.18%	5.49%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Sep-23	7%-9%	11.80%	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>13.00%</td> <td>12.94%</td> <td>12.81%</td> <td>11.80%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	13.00%	12.94%	12.81%	11.80%
Jun-23	Jul-23	Aug-23	Sep-23										
13.00%	12.94%	12.81%	11.80%										
38.	Agency spend as a percentage of the total pay bill	Sep-23	12 month reduction trend	1.54%	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>1.99%</td> <td>2.41%</td> <td>2.42%</td> <td>1.54%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	1.99%	2.41%	2.42%	1.54%
Jun-23	Jul-23	Aug-23	Sep-23										
1.99%	2.41%	2.42%	1.54%										
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)	Sep-23	85%	69.00%	<table border="1"> <tr> <td>Jun-23</td> <td>Jul-23</td> <td>Aug-23</td> <td>Sep-23</td> </tr> <tr> <td>65.86%</td> <td>72.37%</td> <td>71.82%</td> <td>69.00%</td> </tr> </table>	Jun-23	Jul-23	Aug-23	Sep-23	65.86%	72.37%	71.82%	69.00%
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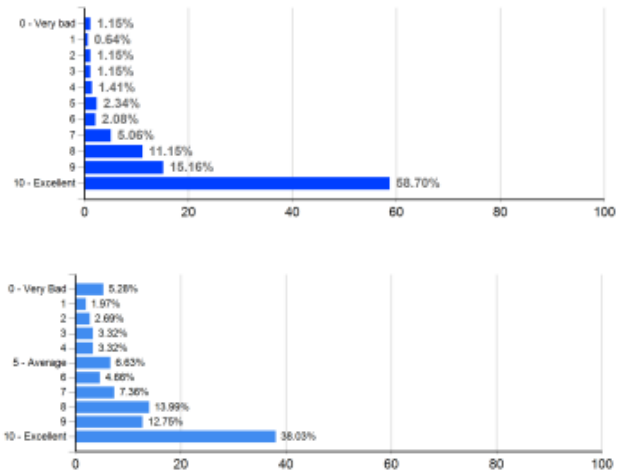
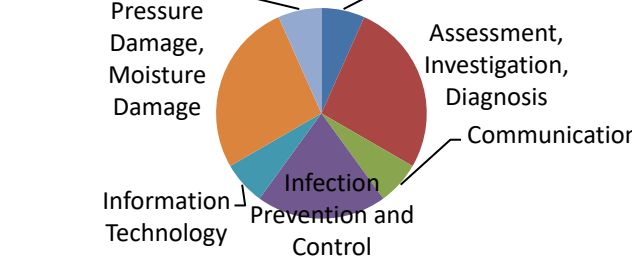
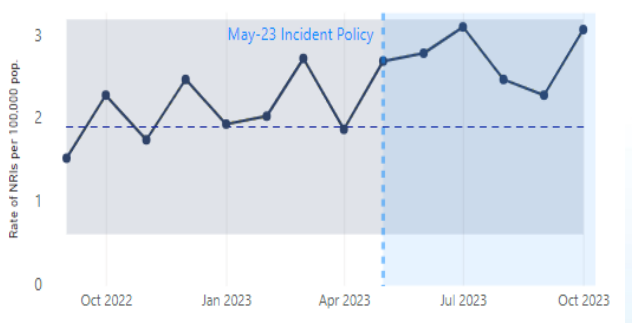
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Priority	Performance Summary	Reported Period	Data																																															
<p>Concerns 30 day performance</p>	<ul style="list-style-type: none"> Welsh Government target for responding to concerns is 75% within 30 working days During September and October 2023, the Health Board received : <ul style="list-style-type: none"> 646 Concerns 71% closed within 30 working days (including Early Resolution) 48 % closed under Early Resolution (within 2 days including day of receipt) 155 Enquiries 94 Compliments We currently have 291 active concerns Top 3 themes and trends <ol style="list-style-type: none"> Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>September and October 23</p>	<p>Concerns closed in 30 working days %</p> <table border="1"> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>nov-22</td><td>~80</td></tr> <tr><td>dec-22</td><td>~80</td></tr> <tr><td>jan-23</td><td>~75</td></tr> <tr><td>feb-23</td><td>~80</td></tr> <tr><td>mar-23</td><td>~85</td></tr> <tr><td>apr-23</td><td>~85</td></tr> <tr><td>mai-23</td><td>~80</td></tr> <tr><td>jun-23</td><td>~80</td></tr> <tr><td>jul-23</td><td>~75</td></tr> <tr><td>aug-23</td><td>~80</td></tr> <tr><td>sep-23</td><td>~75</td></tr> <tr><td>okt-23</td><td>~70</td></tr> </tbody> </table> <p>CV New Complaints Settled Proportion</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Complaints managed through early Resolution (%)</th> <th>Total complaints managed through ... (%)</th> </tr> </thead> <tbody> <tr><td>Apr-Jun 2022-23</td><td>59.43%</td><td>40.57%</td></tr> <tr><td>Jul-Sept 2022-23</td><td>56.68%</td><td>43.32%</td></tr> <tr><td>Oct-Dec 2022-23</td><td>61.51%</td><td>38.49%</td></tr> <tr><td>Jan-Mar 2023-24</td><td>68.87%</td><td>31.13%</td></tr> <tr><td>Apr-Jun 2023-24</td><td>67.51%</td><td>32.49%</td></tr> <tr><td>Jul-Sept 2023-24</td><td>60.16%</td><td>39.84%</td></tr> </tbody> </table>	Month	%	nov-22	~80	dec-22	~80	jan-23	~75	feb-23	~80	mar-23	~85	apr-23	~85	mai-23	~80	jun-23	~80	jul-23	~75	aug-23	~80	sep-23	~75	okt-23	~70	Period	Complaints managed through early Resolution (%)	Total complaints managed through ... (%)	Apr-Jun 2022-23	59.43%	40.57%	Jul-Sept 2022-23	56.68%	43.32%	Oct-Dec 2022-23	61.51%	38.49%	Jan-Mar 2023-24	68.87%	31.13%	Apr-Jun 2023-24	67.51%	32.49%	Jul-Sept 2023-24	60.16%	39.84%
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<p>Duty of Candour</p>	<ul style="list-style-type: none"> 16,670 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter. Approximately 65 incidents reviewed per day by the Patient Experience Team We continue to support DOC awareness sessions across Primary and Secondary care Since 1st April 2023 we have triggered the DOC on 35 occasions We have internally audited the process and compliance We are undertaking a mid year review with colleagues in primary care 		<p>Incident grading changed following review</p> <table border="1"> <thead> <tr> <th>Service</th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr><td>All Wales Medical Genomics Service</td><td>~10</td><td>~10</td></tr> <tr><td>Surgical Services</td><td>~10</td><td>~10</td></tr> <tr><td>Specialist Services</td><td>~10</td><td>~10</td></tr> <tr><td>Primary, Community and Intermediate Care</td><td>~10</td><td>~10</td></tr> <tr><td>Other Organisations</td><td>~10</td><td>~10</td></tr> <tr><td>Mental Health Services</td><td>~10</td><td>~10</td></tr> <tr><td>Medicine Services</td><td>~10</td><td>~10</td></tr> <tr><td>Executive and Corporate Services</td><td>~10</td><td>~10</td></tr> <tr><td>Clinical Diagnostics and Therapeutic Services</td><td>~10</td><td>~10</td></tr> <tr><td>Children and Women's Services</td><td>~10</td><td>~10</td></tr> <tr><td>Capital, Estates and Facilities</td><td>~10</td><td>~10</td></tr> </tbody> </table>	Service	No	Yes	All Wales Medical Genomics Service	~10	~10	Surgical Services	~10	~10	Specialist Services	~10	~10	Primary, Community and Intermediate Care	~10	~10	Other Organisations	~10	~10	Mental Health Services	~10	~10	Medicine Services	~10	~10	Executive and Corporate Services	~10	~10	Clinical Diagnostics and Therapeutic Services	~10	~10	Children and Women's Services	~10	~10	Capital, Estates and Facilities	~10	~10											
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Priority	Performance Summary	Reported Period	Data																																																
<p>Patient Feedback – Civica</p>	<ul style="list-style-type: none"> Went live on Friday 28th October 2022 and we are currently surveying up to 800 patients daily via text, 600 chosen randomly from general hospital activity and 200 from the EU. As of the end of October 2023, we have sent 124,540 texts and are seeing a response of 18%. In September, we sent 13,218 texts and had 2185 completions (17% response). In October, we sent 13,461 texts and had 2252 completions (17% response). Of those respondents who were discharged during September/October and answered the rating question, 86% were satisfied with our service. Currently, our response rate is 18% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year, with an ambitious aim for a minimum return of 25% by end of March 24. 	<p>Sep/Oct-23 (Random)</p> <p>Sep/Oct-23 (EU)</p>	 <table border="1"> <caption>Random Feedback Data</caption> <thead> <tr><th>Rating</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>0 - Very bad</td><td>1.15%</td></tr> <tr><td>1</td><td>0.64%</td></tr> <tr><td>2</td><td>1.15%</td></tr> <tr><td>3</td><td>1.15%</td></tr> <tr><td>4</td><td>1.41%</td></tr> <tr><td>5</td><td>2.34%</td></tr> <tr><td>6</td><td>2.08%</td></tr> <tr><td>7</td><td>5.06%</td></tr> <tr><td>8</td><td>11.15%</td></tr> <tr><td>9</td><td>15.16%</td></tr> <tr><td>10 - Excellent</td><td>58.70%</td></tr> </tbody> </table> <table border="1"> <caption>EU Feedback Data</caption> <thead> <tr><th>Rating</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>0 - Very bad</td><td>5.28%</td></tr> <tr><td>1</td><td>1.97%</td></tr> <tr><td>2</td><td>2.69%</td></tr> <tr><td>3</td><td>3.32%</td></tr> <tr><td>4</td><td>3.32%</td></tr> <tr><td>5 - Average</td><td>5.53%</td></tr> <tr><td>6</td><td>4.86%</td></tr> <tr><td>7</td><td>7.36%</td></tr> <tr><td>8</td><td>13.99%</td></tr> <tr><td>9</td><td>12.75%</td></tr> <tr><td>10 - Excellent</td><td>38.03%</td></tr> </tbody> </table>	Rating	Percentage	0 - Very bad	1.15%	1	0.64%	2	1.15%	3	1.15%	4	1.41%	5	2.34%	6	2.08%	7	5.06%	8	11.15%	9	15.16%	10 - Excellent	58.70%	Rating	Percentage	0 - Very bad	5.28%	1	1.97%	2	2.69%	3	3.32%	4	3.32%	5 - Average	5.53%	6	4.86%	7	7.36%	8	13.99%	9	12.75%	10 - Excellent	38.03%
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<p>Patient Safety</p>	<p>During October, 2046 patient safety incidents were reported, an increase of more than 3,400 incidents from the previous month. Pressure damage was again the highest reported patient safety incident category, followed by accident injury (falls). Again more than half were reported as low harm.</p> <p><u>NRI performance October</u></p> <ul style="list-style-type: none"> Number of open NRIs – 63 (67 in Sept) Number of NRIs submitted - 15 Number of closures submitted – 20 (10 submitted in September) Number of overdue NRIs – 29 (27 in September) <p>Figure 2 shows C&V NRI reporting rate per 100,000 population exceeds the national average which shows we have a low threshold for external reporting reflecting openness and transparency. As a tertiary referral centre it also reflects the complex nature of care provided not only to C&V patients but to those receiving specialist treatment within our HB.</p> <p>July and October 2023 were high NRI reporting months, Figure 1 shows a breakdown of what was reported to NHS Exec as an NRI in October 2023 by C&V.</p>		<p>NRIs by type reported October 2023</p>  <p>All Wales Rate of NRIs per 100,000 population - All incident types</p> 																																																

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
<p>Tier 1 Mortality</p>	<ul style="list-style-type: none"> The Crude inpatient Mortality chart demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates the rolling crude inpatient mortality rate compared to the 5-year average for the same reporting week (red line), with the exception of March 2020 and December 2020 to February 2021, the first and second waves of Covid-19. Inpatient crude mortality continues to track the five year average Crude all-cause mortality, demonstrates the weekly number of deaths registered in Cardiff and the Vale of Glamorgan, regardless of where they occurred. COVID – 19 deaths the pink line, illustrates the number of deaths where COVID-19 features anywhere on the death certificate. There is a correlation between increases above the five-year average and deaths where the patient had Covid on their death certificate during the first two waves of the pandemic. An increase above the five year average has been noted across wales since April 2023 with a similar increase noted in Cardiff and Vale UHB with five year average crude mortality in week 28 being recorded as 76 compared with 63.6 for the previous five year average. 	<p>Oct-23</p> <p>Oct-23</p>	
<p>Infection Control</p>	<ul style="list-style-type: none"> Between April 23 and October 23, there were 68 cases of C. difficile. The current rate is 23.05 cases per 100,000 population which is 28% lower than the equivalent period in 2022/23. The reduction expectation (RE) rate is 25 cases per 100,000 population, the current CAV rate is 8% below the RE. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs. There were 93 cases of S. aureus bacteraemia. The current rate is 31.53 cases per 100,000 population which is 11% higher than the equivalent period in 2022/23. The RE rate is 20 cases per 100,000 population, the CAV rate is 58% over the RE. CAV is not on trajectory to achieve the RE rate and has the 3rd highest rate across the 6 UHBs. There were 197 cases of E. coli bacteraemia. The current rate is 66.78 cases per 100,000 population which is 3% higher than the equivalent period in 2022/23. The RE rate is 67 cases per 100,000 population, the CAV rate is the same as the RE. CAV is on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs. There were 72 cases of Klebsiella spp bacteraemia. The current rate is 24.41 cases per 100,000 population which is 4% lower than the equivalent period last in 2022/23. The current maximum number needed to achieve the reduction expectation is 58 cases, thus CAV is 22% over the RE. CAV is not on trajectory to achieve the RE number, we have the 3rd highest rate across the 6 UHBs. There were 15 cases of P. aeruginosa bacteraemia. The cumulative rate is 5.09 cases per 100,000 population which is 6% lower than the equivalent period in 2022/23. The current maximum number to achieve the RE is 18 cases, thus CAV is 18% under the current RE number. CAV is on trajectory to achieve the RE number while also having the 3rd lowest rate across the 6 UHBs. 	<p>Apr-23 – Sep-23</p>	

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Priority	Performance Summary	Reported Period	Data															
Deliver 2023/24 Draft Financial Plan	<p>Financial Plan Approved by Board and submitted to Welsh Government</p> <ul style="list-style-type: none"> Brought forward underlying deficit of £40.3m Covid Consequential costs of £34.2m & Additional energy costs of £11.5m 23/24 Demand and cost growth and unavoidable investments of £48.8m Allocations and inflationary uplifts of £14.4m A £32m (4%) Savings programme <p>This resulted in a 2023-24 planning deficit of £88.4m.</p> <p>The forecast year end position has been amended in line with the revised target control total issued by Welsh Government on the 20th October 2023 as follows:</p> <ul style="list-style-type: none"> Planned Deficit @ Month 6 £88.400m 10% Improvement required £8.840m Recurrent Covid Legacy Funding £20.300m & Inflationary Uplift £25.100m Non recurrent Inflation Uplift £10.100m & Energy Funding £7.600m Revised Financial Forecast Deficit £16.460m <p>At month 7, the UHB is reporting an overspend of £16.021m . This is comprised of £6.419m unidentified savings/operational overspend and the revised planned deficit of £9.602m (seven twelfths of the revised forecast year end deficit of £16.460m).</p>	Oct-23	<table border="1"> <thead> <tr> <th></th> <th>Month 7 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>9.602</td> <td>16.460</td> </tr> <tr> <td>Savings Programme</td> <td>2.463</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>3.956</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>16.021</td> <td>16.460</td> </tr> </tbody> </table>		Month 7 Position £m	Forecast Year-End Position £m	Planned deficit	9.602	16.460	Savings Programme	2.463	0.000	Operational position (Surplus) / Deficit	3.956	0.000	Financial Position £m (Surplus) / Deficit £m	16.021	16.460
	Month 7 Position £m	Forecast Year-End Position £m																
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Operational position (Surplus) / Deficit	3.956	0.000																
Financial Position £m (Surplus) / Deficit £m	16.021	16.460																

<p>Delivery of recurrent £32m savings target</p> <p>At month 7, the UHB has identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m are classified as red schemes. The month 7 position includes a Savings Programme adverse variance of £2.463m.</p> <p>The month 7 Savings Programme deficit is expected to be recovered, supported by a number of additional actions as the year progresses, enabling the UHB to deliver its revised planned deficit position of £16.460m.</p> <p>The UHB expects to be able to manage the balance of savings plans required to deliver the forecast deficit of £16.460m with the risk of non-delivery of savings shown in Graph 1 and the progress of reducing the risk via identification of schemes in Graph 2</p>	Oct-23	<p>Graph 1 – Profile of Savings Delivery</p> <p>Graph 2 - Progress of Identification of Schemes</p>
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Priority	Performance Summary	Reported Period	Data
<p>Remain within capital resource limits</p>	<p>The UHB forecasts to deliver within it's Capital Resource Limit.</p>	<p>Oct-23</p>	
<p>Creditor payments compliance 30 day Non-NHS</p>	<p>The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of October was 97.48% and improvements are illustrated in the graph to the right.</p>	<p>Oct-23</p>	
<p>Remain within Cash Limit</p>	<p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £88.4m planning deficit in the UHB 2023-24 Financial Plan.</p> <p>Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.</p>	<p>Oct-23</p>	
<p>Maintain Positive Cash Balance</p>	<p>The closing cash balance at the end of October 2023, was £5.162m.</p> <p>A detailed monthly cashflow forecast is included in the monthly monitoring return submission to Welsh Government.</p> <p>The UHB's working cash assumption for 2023-24 is based on the following key assumptions :-</p> <ul style="list-style-type: none"> • Welsh Government support for movements in working capital from the 2022-23 Balance Sheet which is 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. • Approval of the UHB's formal request for Strategic Cash support for the £16.460m revised 2023/24 forecast deficit. • Timely confirmation of unconfirmed Cash Limit allocations (circa £80m @ month 7 (includes the 2023_24 pay award & Covid allocations)) <p>Discussion is ongoing with Welsh Government to provide cash support for these</p>	<p>Oct-23</p>	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	70%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following		90%	Work in progress									
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)		17% or more	Work in progress									
43.	Number of Pathways of Care delayed discharges		12 month reduction trend	Work in progress									
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jul-23	90%	90.2%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>89.40%</td> <td>88.10%</td> <td>89.20%</td> <td>90.20%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	89.40%	88.10%	89.20%	90.20%
Apr-23	May-23	Jun-23	Jul-23										
89.40%	88.10%	89.20%	90.20%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jul-23	90%	46.7%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>50.30%</td> <td>49.10%</td> <td>47.30%</td> <td>46.70%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	50.30%	49.10%	47.30%	46.70%
Apr-23	May-23	Jun-23	Jul-23										
50.30%	49.10%	47.30%	46.70%										
46.	Number of patient experience surveys completed and recorded on CIVICA <i>(Total partial/full survey completions, including SMS, Bedside and bespoke)</i>	Sep/Oct-23	Month on month improvement	4750									

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Oct-23	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	72 15	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E-coli</i> ; <i>S.aureus</i> (MRSA and MSSA)	Oct-23	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	66.78 cases per 100,000 population 31.53 cases per 100,000 population	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Oct-23	25 cases per 100,000 population	23.05 cases per 100,000 population	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	May-23	Reduction against 22/23	Work in progress	Work in progress								
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jul-23	95%	58.12%	<table border="1"> <tr> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> </tr> <tr> <td>58.04%</td> <td>58.12%</td> <td>58.66%</td> <td>58.83%</td> </tr> </table>	Apr-23	May-23	Jun-23	Jul-23	58.04%	58.12%	58.66%	58.83%
Apr-23	May-23	Jun-23	Jul-23										
58.04%	58.12%	58.66%	58.83%										
52.	Number of ambulance handovers over 1 hour	Oct-23	0 (Mar 24)	1853	<table border="1"> <tr> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> <th>Oct-23</th> </tr> <tr> <td>1473</td> <td>1728</td> <td>1810</td> <td>1853</td> </tr> </table>	Jul-23	Aug-23	Sep-23	Oct-23	1473	1728	1810	1853
Jul-23	Aug-23	Sep-23	Oct-23										
1473	1728	1810	1853										
53.	Number of patient safety incidents that remain open 90 days or more	Oct-23	12-month reduction trend	4,649	Work in progress – number of open over 90 days is increasing month on month								

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Report Title:	Progress against Decarbonisation Action Plan – Q2			Agenda Item no.	2.3
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	13/12/2023
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning				
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager				

Main Report

Background and current situation:

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

Context

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

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

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

Details of all actions allocated to complete in Q1 and Q2 can be found in the document attached (Annex 1).

This report asks the Finance and Performance Committee to:

- Note content of this report
- Note content of Annex 1

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

The table below shows the summary of the Q1 and Q2 RAG status against actions contained in the DAP.

Of the actions required for delivery in the first two quarters 10 are Blue (complete), 0 Green 3 Amber and 2 Red. A full list of project RAG ratings are below.

RAG	Actions to date (Q1/Q2)	Number of Actions	Delivery Group intervention required
Blue/Complete	10	12	
Green	0	22	No
Amber	3	16	No
Red	2	4	No
Total	15	54	

Q1 Actions

All actions, except two, were complete by the end of the quarter. The outstanding actions are in relation to formally signing the Level 2 Healthy Travel Charter (under Transport theme) which was completed in early October and embedding

Decarbonisation into Quality and Safety under our Clinical heme. An appointment was made on 5/9 for a Clinical leader to undertake this work and we expect delivery of this action to be achieved during Q3.

Q2 Action Progress

There are 7 actions which were required for completion in Q2, 3 are Blue, 0 are Green with 2 Ambers and 2 Reds. Full details of Q1 and Q2 actions are contained in Annex 1.

The two actions marked as red this quarter relating to the commissioning of a specialist biodiversity audit (under the Estates theme) and allocated champions to waste and energy usage. The biodiversity audit requires funding, but in the current financial climate there are thoughts as to whether the audit could be achieved through alternative means, such as using volunteers. The waste and energy champions have not been taken forward due to resource pressures.

The two amber actions relate to the involvement of clinical staff in procurement which are still being worked through.

Positive Q2 highlights include:

Over 2%, or c5,000 tonnes (subject to verification) of CVUHB's carbon footprint has been measured as being avoided to end September 2023. Interestingly, these carbon avoidance benefits are not due to our decarbonisation action plan per se, rather from a more mature understanding of how our operational improvements can influence carbon.

- For the 6 months to 31/9/23, 446 tonnes of carbon have been avoided due to the 6 Goals programme. A further c567 tonnes of carbon p/a has the potential to be avoided through the When Can I Go Home initiative.
- For the 6 months to 31/9/23, 648 tonnes of carbon have been avoided due to the Planned Care programme
- The Financial Sustainability programme could avoid around 4,000 tonnes of carbon (subject to verification) if all green and amber initiatives identified in mid September 2023 are realised.
- The Safer @ Home programme could avoid between 500 and 800 tonnes of carbon per year when implemented.
- Linked to the above, an understanding of how to 'move the dial' on carbon has been gained through modelling the impact of our operational programmes. The conclusion is that by driving efficiency, financial prudence as well as quality and preventative healthcare the route to lower carbon can be visualised.
- Therapies have their own decarbonisation plan which has received approval. 15 champions from Therapies have been identified.
- Dental, ICU and EU amongst others have active local projects to reduce carbon.
- Nursing are running 3 active projects that have carbon benefits if delivered.
- The Value programme are embedding the importance of carbon benefits in their projects
- A clinical leader was appointed (2 sessions per week) in early September
- Decarbonisation has been included in new staff induction events held monthly where a presentation is provided and pointers to more information.
- L2 Healthy Travel Charter approved by SLB (October).
- Procurement report £143m spent with local suppliers by CVUHB.
- A pilot to automatically power down PCs overnight is being planned. This will involve 15% of PCs initially and aiming to save c£20k in energy in its first year.
- Colleagues in D&HI have created a work prioritisation framework that takes decarbonisation into account

Next steps

An update for Q3 will be provided to this committee on 20th March

The linking of carbon benefits to our operational priorities has been an important development in our maturity because it shows that seeking efficiency, patient throughput and spending money carefully is good for patients, good for staff, good for our financial position, but also good for the environment. The carbon being seen to be avoided is significantly higher than anything else seen in the three years decarbonisation action plans have been running.

During Q3, the 2024/25 action plan will be written (within a 3 year context). It is envisaged that supporting the teams delivering on prevention, operations and Value is required whilst at the same time continuing to support local projects saving carbon through traditional routes such as changing a clinical device from one that is single use to those that are reusable.

Efforts will continue to be put in to deliver the 23/24 action plan in full by 31/3/24.

Recommendation:

Finance and Performance Committee are asked to:

- **Note content of this report**
- **Note content of Annex 1**

[Link to Strategic Objectives of Shaping our Future Wellbeing:](#)

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

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

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: ~~Yes~~/No

Safety: ~~Yes~~/No

No issues to safety

Financial: ~~Yes~~/No

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

Workforce: ~~Yes~~/No

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

Legal: ~~Yes~~/No

Reputational: ~~Yes~~/No

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

Socio Economic: ~~Yes~~/No

Equality and Health: ~~Yes~~/No

Decarbonisation: ~~Yes~~/No

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

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Actions										
Sector	Action	Owner	Contact	Team	Support Team	Development	Investment	Measure	By when	Quarter
Transport	Recommend with a costed plan that our SLB terminals sign Level 2 Healthy Travel Charter, with agreed capacity to implement.	Executive Team		Executive	PH/ CFF	TBC	TBC	Approved w/ln Carbon Impact of work (KG/CO2e)	6/30/2023	Q1
Transport	Promotion campaign for new cycleway linking city centre to LHW when opens in 2023	Consultant in Public Health - Lead WTC	Tom Porter	PH	Comms			Promotion Campaign - Number of interactions	6/30/2023	Q1
Clinical	Decarbonisation embed into quality and safety (Investigate/Improve)	Clinical Sustainability Lead	TBC	Clinical	Decarb Team				6/30/2023	Q1
Estates	Allocation of champions and staff training and support to reduce waste and energy usage.	Director of Estates	Geoff Walsh	Energy/ Waste/Comms		Clinical Board/ Workforce area		Recd of Champions and actions taken - Further Review	6 monthly	Q2
Clinical	Commit to providing time to leaders in Nursing, Therapy and Clinical specialists at level on the scale of that committed to in 2023	Executive Medical Director/ Executive Nursing Director / Executive Director of Therapies & Health Science	Marcel, Rebecca and Emma	Clinical, Nursing, Therapies	Clinical Boards			Leaders appointed Carbon Impact of work (KG/CO2e)	6/30/2023	Q1
Clinical	Establish good linkages/ Robust relationship with PRH on with the impact of Decarbonisation on public health	Sustainability Manager	Colin Shaw	Value Based Health/PH/ Public Health	N/A			Number of Interact/Clubs	6/30/2023	Q1
People and Comms	Include decarbonisation in the induction material for all staff.	Sustainability manager/Clinical Leaders	Colin Shaw	Decarb	Workforce			Lumpsum # of Number of	6/30/2023	Q1
People and Comms	Feasibility for inclusion of decarbonisation into staff annual appraisals (for V&A community).	Asx Director QD, well being and culture	Clare White	Workforce	Decarb			Complete on approval document w/ln Number of interactions	6/30/2023	Q1
People and Comms	Decarbonisation to be included in the SOPW strategy refresh.	Sustainability manager	Colin Shaw	Decarb	Workforce			Integration in	6/30/2023	Q1
Leadership	Develop an estimate of what 2023 16% reduction would take - effort and money.	Sustainability Manager	Colin Shaw	Decarbonisation = Team	Finance, Estates			Estimate produced of cost and recommendations to achieve a 16% saving.	Autumn 2023	Q2
Leadership	Decarbonisation to form a part of the SOPW strategy refresh.	Executive Director of Strategy and Planning	Algald Hume	Strategy	Decarbonisation = Team			Included in refreshed strategy having completed public engagement.	Aug 23	Q2
Estates	Commission a specialist Biodiversity audit across our estates	Director of Estates	Geoff Walsh	Biodiversity	Estates		£30,000	Complete and action plan adopted	9/30/2023	Q2
Procurement	Go through process for clinical staff and procurement to engage with suppliers on the purchase and supply of sustainable products	Head of Procurement	Clare Selwyn	Procurement	All			Operating process and pipeline of opportunities - Number of interactions	9/30/2024	Q2
Clinical	We will deliver	Clinical Sustainability Lead	TBC	Clinical	N/A				9/30/2023	Q2

Reporting update		Current Rating of year RAQ
Q1 - June	Q2 - Sept	
Staff capacity to co-ordinate being agreed with Geoff Walsh, to be provided by Capital Estates and Facilities. Paper being prepared for consideration which will recommend how a budget request will be built up. To present to SLB in August.	SLB slot agreed for 5 Oct, seeking approval for UHB to sign.	
ACTION COMPLETE Initial 'soft launch' during Bike Week (w/5 Jun) with story on intranet; to follow up with further comms during June (discussing with Council) if want to do jointly) and offer to cycle route with others to increase familiarity	As additional work, GoPro footage of cycleway recorded, CEO Connects session in early September to highlight cycle facilities UHB site and proximity of new cycleway	
A clinical sustainability lead is being appointed. The position will report into the AMD for Quality Therapies have committed to this. Therapies are going to create champion roles also. In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and quality quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum. It is likely that time will be allocated from the clinical community for approved Value based projects.	As above for clinical. Therapies action plan reports into Quality & Safety.	
This action has not been progressed by the estates team to date. Geoff has been talking with Adam Wright. Adam off until 1st week Sept.		
Clinical leader appointed 5/8. Initiatives can now begin. Therapies action plan created signed off. Rebecca Hamner is the leader. Champions being put in place. Nursing are running 3 improvement projects. Rebecca Aylward is the leader. ICU and EU have green groups that are working through local sustainability initiatives actively. ICU have their own candidate list of initiatives, whilst EU are working through recommendations from their Royal College. Dental has also have a small set of projects they're working through. Primary Care are setting up an initiative. Sarah Williams in GFI has been given time to promote the greener primary care framework with C&V.		
A leader in Nursing is in place. A Clinical leader will be appointed reporting into the AMD for Quality. 2 sessions per week. Also two leaders for Value to be recruited. Therapies have agreed a leader position and the creation of champion roles.		
Discussion are underway with the PHW team to review the approach to assessing the impact of decarbonisation on Public Health. This will be with the aim of demonstrating how the UHS can support delivery of positive outcomes. The decarb team will work with the local PH team on the next Dir Public Health report centred upon biodiversity. There will also be a forthcoming opportunity to attend a PH team meeting to discuss how/whether value can be added into the PH team's portfolio. Consideration will be given to the potential for a professional agreement to be in place to ensure that the decarb team can have a seat at the table. A possibility that an reduction 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 go for	Presented to and sought feedback from Tom Porter and Claire Beynon on the 16% work which intersects with their Value work. Interest has been shown and positions to present to Board Development in Oct 2023. Tom Porter assisting with Travel reporting matters.	
This has been discussed with Workforce and consideration/feasibility is underway. The V&A 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.	Work go into UHB. Offered session in guidance notes that managers could pass to their people. A opportunity to follow up on travel planning for colleagues to seek active travel or public transport ways into work is appropriate. This will roll into Q3.	
Discussion has been held with the workforce team and a provisional agreement in place to incorporate decarbonisation into job descriptions. Draft list has been provided for consideration.	COMPLETE: The job description template has now been updated (length and width) to include the statement on decarbonisation.	
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.	Complete as an illustration of what needs to be done using a combination of real data and assumptions. The message is that spending less money (Financial Sustainability), improving productivity through existing programmes such as 6 Goals and Planned Care and reducing supply of services through reducing demand provide a means of reducing carbon significantly. These activities show how 16 and 14% could potentially be achieved. The costs of decarbonising are at this stage not real in the model. If it is assumed that existing programmes (6 Goals, etc) are already funded. Additional re-prioritised existing funding would be required to fund demand reduction activity with an ROI that varies between 1 and 14.1 according to studies. The findings have and are being socialised around colleges to determine their interest. Feedback from colleges has been positive and interest shown from PHW and Value in Health. The approach has been shared pan-Wales. Furthermore, the impact that existing programmes like Financial Sustainability and 6 Goals can have on carbon is novel and a request has been made to share the approach to the calculation of impact to other Wales Health Boards.	
Decarbonisation has been included. SOPW 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"	Complete. Clinical Boards have presented their plans and begin a process of prioritisation. Plans will be checked back against the strategy (Acting for the future in the case of decarbonisation). The decarb team will be involved in the initial fact finding about what the clinical board plans will aim to achieve and whether there will be carbon saving potential. Clinical Board plans were presented to SLB in mid November. Activities that have potential carbon impact have been identified.	
A bid for a biodiversity audit is being produced by the estates team.	Ownership of biodiversity in the health board isn't clear. A call was held with SLB and an action agreed to find out how other health boards manage their obligations under Section 6. AB has been contacted and so has Swansia Bay. It is becoming clear that other Health Boards will need to be asked as a clear answer has not yet emerged.	
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 utilise new products will be required to consider the impacts of sustainability and the requesting documentation has been updated to reflect this.	The cost of running the biodiversity audit as mentioned in the action plan needs to be reconsidered given the current financial issues. Tom Porter has questioned whether volunteer/WWW could help. To be progressed when ownership is resolved and needs of governance established.	
A bid was successfully completed, with a new Sustainability Fellow starting in July 2023	"Papers now being approved by the director of operations and finance lead, ensuring sustainability considerations are considered by all areas prior to commencing a procurement process. New product panels to pass due to current financial position."	
Our 4th Sustainability Fellow is now in post. There is an additional Sustainability Fellow within EU (2 sessions a week).		

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