

Finance & Performance Committee

Wed 20 March 2024, 14:00 - 16:00

Microsoft Teams

Agenda

14:00 - 14:10 **1. Standing Items**
10 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 – 21 February 2024

 1.4 Public Finance Minutes 21.02.24.pdf (6 pages)

1.5. Actions following the Finance and Performance Committee meeting held on 21 February 2024

 1.5 Finance and Performance Action Log.pdf (1 pages)

1.6. Chair’s Actions since previous meeting

14:10 - 14:55 **2. Items for Review and Assurance**
45 min


2.1. Financial Report - Month 11 & 2023/24 Capital Allocation

Catherine Phillips / Robert Mahoney

 2.1 Finance Position Report for Month 11.pdf (18 pages)

2.2. Financial Plan and Savings Tracker 2024/25

Catherine Phillips / Andrew Gough


 2.2 Financial Plan IMTP Narrative 2024-25.pdf (8 pages)

 2.2a Savings Tracker 2024-25.pdf (1 pages)

2.3. Operational Performance:

Paul Bostock

Deep dive on Mental Health

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

 2.3a Integrated Performance Report March 2024 v0.31 1.pdf (33 pages)






 2.3b Mental Health Performance - Operational Performance.pdf (19 pages)

14:55 - 15:10 **3. Items for Approval / Ratification**

3.1. Decarbonisation Plan



Abigail Harris

1. Decarbonisation Action Plan
2. Q3 Decarbonisation Action Plan Update

-  3.1.1 Decarbonisation Action Plan Paper.pdf (4 pages)
-  3.1.1a Decarbonisation Action Plan 2024-25.pdf (30 pages)
-  3.1.1b Decarbonisation Action Plan EHIA.pdf (19 pages)
-  3.1.2 Q3 update - Decarbonisation Actions.pdf (4 pages)
-  3.1.2a Q3 Action Update - Decarbonisation Action Plan.pdf (11 pages)

3.2. Water Safety Control Measure

Catherine Phillips

-  3.2 Provision of Water Safety Cover Report.pdf (3 pages)
-  3.2a Provision Of Water Safety Control Measures.docx.pdf (6 pages)

15:10 - 15:15 4. Items for Information and Noting

5 min

4.1. Monthly Monitoring Return – Month 11

Catherine Phillips / Robert Mahoney

-  4.1a WG month 11 MMR Covering Report.pdf (2 pages)
-  4.1b CV Financial Monitoring Returns 2023-24 - Month 11.pdf (13 pages)
-  4.1c 2023-24 MMR Template - Cardiff Vale UHB Month 11.pdf (6 pages)

15:15 - 15:15 5. Any Other Business

0 min

15:15 - 15:15 6. Review and Final Closure

0 min

6.1. Items to be deferred to Board / Committee

John Union

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

John Union

Wednesday 17 April 2024 via MS Teams

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 21 February 2024
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
Abigail Harris	AH	Executive Director of Strategic Planning
Robert Mahoney	RM	Deputy Director of Finance
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance (joined at 3pm)
Francesca Thomas	FT	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – Information Communication & Technology
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Executive Nursing Director

Item No	Agenda Item	Action
FPC 24/02/011	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 24/02/012	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 24/02/013	Declarations of Interest No Declarations of Interest were noted.	
FPC 24/02/014	Minutes of the Finance and Performance Meeting held on 17 January 2024 The minutes of the meeting held on 17 January 2024 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 17 January 2024, were held as a true and accurate record of the meeting.	
FPC 24/02/015	Actions following the Finance and Performance Committee meeting on 17 January 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

<p>FPC 24/02/016</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 24/02/017</p>	<p>Progress with development of IMTP (verbal)</p> <p>The verbal update on the progress with development of IMTP was received.</p> <p>The Executive Director of Strategic Planning (EDSP) advised the Committee that everything was on track with the plan and noted that the Board Development members would be discussing the plan in detail at their next meeting the following week and would then be submitted to the Board for approval in March 2024.</p> <p>She added that the plan was being developed in alignment with the service, workforce, and financial planning, and the ministerial priorities and planning guidance.</p> <p>It was noted that the plan would include some difficult choices around priorities and the business cases for investment in key aspects of service delivery.</p> <p>The EDSP advised the Committee that the health board had submitted an accountability letter to Welsh Government, confirming that it would meet the control total of £16.460 million deficit by the end of the year.</p> <p>She added that in terms of development of the plan, the Chief Operating Officer's (COO) team colleagues the planning team had been working very closely to bring together the details of the plan that integrated the service planning, the workforce planning and the financial planning.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The Progress with development of IMTP was noted.</p>	
<p>FPC 24/02/018</p>	<p>Financial Report – Month 10</p> <p>The Financial Report – Month 10 was received.</p> <p>A summary was provided to the Committee which stated:</p> <p><i>At month 10, the UHB was reporting an overspend of £17.394m. This is comprised of £3.677m unidentified savings/operational overspend and the revised planned deficit of £13.717m (10 twelfths of the revised forecast year end deficit of £16.460m).</i></p> <p>The Deputy Director of Finance advised the Committee that not a lot had changed in terms of the Health Board trajectory since the previous report in January 2024 and highlighted some key areas which included:</p> <ul style="list-style-type: none"> • The Health Boards performance against the control total of £16.460 million deficit set by Welsh Government. It was noted that the Health Board had overspent in previous months, but had started to turn the curve and reduce the overspend in month 10 and that the Health Board was on track to meet the control total by the end of the year, subject to some risks and uncertainties. <p>It was forecasted that there would be small underspends both in month 11 and 12, which help to get the Health Board back down to the £16.460 million target set by Welsh Government.</p> <ul style="list-style-type: none"> • Covid-19 Expenditure – it was noted that Local Response expenditure was no longer funded by Welsh Government and as such was included within the Health Boards Financial Plan. <p>It was noted that the forecast cost at Month 10 was a reduction of £3.2m against the £34.2m included within the Financial Plan and was included within the Health Boards savings plans.</p>	

	<ul style="list-style-type: none"> • Risks – The DDF presented the Committee with a table that summarised the Finance Department’s Risk Register and noted that the key risk which fed into the Health Boards Corporate Risk Register was the failure of the Health Board to deliver a breakeven position by 2023-24-year end with a current planned deficit of £16.46m. <p>He added that the financial impact of the maintaining clinical safety during the Junior Doctors’ industrial action had caused an increase in department register score for delegated positions to adequately manage budget pressures.</p> <ul style="list-style-type: none"> • Savings Programme. The Committee were presented with 2 graphs that showed the progress of the savings program for the Health Board. <p>It was noted that enough green and amber schemes had been identified to deliver the £32 million savings target by year end and that some of the schemes were non-recurrent and would impact the financial plan for next year.</p> <p>The Committee received the progress of the “going further 10%” savings, which were over and above the £32 million savings target for the Health Board.</p> <p>The Chief Operating Officer (COO) advised the Committee that there was still some way to go in identifying the final schemes to meet the £8.8 million target, but noted that they had more confidence since the paper was issues.</p> <ul style="list-style-type: none"> • Cash Flow Forecast – it was noted that cash had been tight due to late and delayed allocations by the Welsh Government and was likely due to difficulties between Welsh Government departments and the need to find additional funding for the NHS. <p>The DDF advised the Committee that despite those challenges, the Welsh Government had provided additional support to the NHS and the Health Board, which was appreciated, however due to the delays noted, had caused issues with cash and allocation confirmations.</p> <p>He added that more recently, there had been greater confidence as more allocations were confirmed and partial cash drawdowns had been allowed, easing the cash squeeze but nevertheless, the situation remained tight and would require careful management in the last six weeks of the financial year to maintain cash flows and creditor payments.</p> <ul style="list-style-type: none"> • Public Sector Payment Compliance – the Committee was advised that the public sector compliance had gone down a little in the previous month but still sat above the statutory target set by Welsh Government. • Capital – it was noted that 22% of the Health Boards approved Capital Resource Limit, was expended at the end of January 2024 and assurance was provided that there were firm plans in place to expand all of the capital resource limit by year end. <p>The DDF concluded that the overall message was that with the growing confirmation of allocations by Welsh Government, improving forecasts in a number of positions, the cost reduction programs that had been put in place early in the year were starting to see some of the benefits appearing in the in the latter half of the year.</p> <p>He added that there was a growing confidence that the Health Board would hit the £16.460 million control total whilst noting that it was subject to some of the uncertainty around the costs which related to the industrial action.</p> <p>The CC asked where the industrial action costs would sit within the Health Board.</p> <p>The DDF responded that they would sit with one or two of the key Clinical Boards.</p> <p>The Finance and Performance Committee resolved that at Month 10:</p> <ul style="list-style-type: none"> 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. 	
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	<p>b) The reported year to date overspend of £17.394m and the forecast deficit of £16.460m was noted.</p> <p>c) The financial impact of forecast COVID 19 costs which was assessed at £44.064m was noted.</p> <p>d) The month 10 operational overspend against plan of £2.606m with a further £1.071m savings gap was noted.</p> <p>e) The progress against the savings target, with £32.590m (102%) of schemes identified at Month 10 against the £32m target with year to date deficit were noted.</p> <p>f) The delivery of the forecast which was also dependant on the confirmation of all outstanding income streams was noted.</p>	
FPC 24/02/019	<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"> Urgent Care – it was noted that the Health Board had continued to deliver and had actually exceeded commitments on the IMTP in terms of lost hours from ambulance handovers with around 80% of patients being handed over within 60 minutes and 100% within 120 minutes. <p>It was noted that 12 hour waits in the Emergency Department was still difficult but the Health Board had been seen an improvement compared to previous years.</p> <p>The COO added that there was a zero-tolerance approach to people waiting in ED more than 24 hours.</p> <ul style="list-style-type: none"> Stroke – it was noted that December 2023 saw a deterioration in compliance against some key SSNAP measures for the Stroke Pathway but did remain significantly above the all Wales average and was a much-improved compliance for the same period in 2022/23. <p>It was noted that December 202 saw the thrombolysis rate reduced to 15.2% from 21.8% in November 2023 but remained above the Wales average.</p> <p>The COO added that at the recent Integrated Quality, Planning and Delivery (IQPD) meeting with Welsh Government the Health Board presented actions against the key recommendations from a HEIW review into the stroke pathway, including work on stroke/prevention awareness, the emergency pathway, implementation of AI software improving thrombolysis and thrombectomy rates and improvements to the rehabilitation provision.</p> <p>It was noted that there was a business case being received by the Investment Group in March 2023 to discuss improvements and investment into the stroke service which would help to make stroke performance much most consistent.</p> <ul style="list-style-type: none"> Length of Stay (Los) – it was noted that over the last four months, a reduction in the 21-day length of stay was observed, although it had started to creep up again in January and February 2024. <p>The COO advised the Committee that he now held a “top 20” delay meeting that met with local authority partners and the integrated discharge team to discuss patients LoS and noted that it was a 3-year project to move the issues forward.</p> <ul style="list-style-type: none"> Cancer performance – it was noted that compliance with the 62-day single cancer pathway standard had improved in December to 70.2% which was the highest compliance achieved since the launch of the Single Cancer Pathway standard. <p>The COO added that the 75% compliance standard was achieved for Haematology, Skin and Head & Neck tumour sites and that the Health Board had continued to treat the longest waiting patients as a priority and continued the pathway work to improve times to</p>	

	<p>first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment.</p> <p>He added that there some risk to the compliance around industrial action.</p> <ul style="list-style-type: none"> Planned Care – it was noted that the numbers of patients waiting on an Referral to Treatment (RTT) waiting list had increased in February 2024 and that the teams had continued to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. <p>The COO added that the Health Board had eliminated 3-year Outpatient waits in September 2023 and had maintained that position.</p> <ul style="list-style-type: none"> Diagnostics – it was noted that the waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy and that it was anticipated that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs. <p>The COO added that a separate deep dive into diagnostics was being presented to Committee at the meeting.</p> <ul style="list-style-type: none"> Mental Health – it was noted that demand for adult and children’s Mental Health services remained significantly above pre-Covid levels, which included an increased presentation of patients with complex mental health and behavioural needs. <p>It was noted that Part 1a compliance for adults fell to below 50% in April 2023 following an exceptionally high number of referrals in March 2023 however the teams had managed to recover their waiting list position and June’s reported compliance with the 28-day standard returned to 100%, and had remained at over the 80% standard each month since.</p> <p>The COO added that the teams would be looking at benchmarking against other Health Boards and a deep dive on Mental Health services would be received by the Committee at its March meeting.</p> <ul style="list-style-type: none"> Industrial Action – it was noted that there were mixed views about primary care following the recent announcement about the GPs negotiations. <p>It was noted that some GPs were relieved that an outcome had been reached, while the Local Medical Committee (LMC) and the Medical Advisory group were more concerned about the future of primary care.</p> <p>The COO advised the Committee that the Health Board had offered support and explained that the industrial action by junior doctors could affect patients and the services commissioned.</p> <p>He added that the second round of junior doctor industrial action had started that day for a 72-hour period and that about 1000 shifts needed to be filled, and almost all of them had been and so the service was safe at the moment but noted his concern about the industrial action planned for March 2024, which was a four-day period that would run into the first week of Easter.</p> <p>Deep Dive on Diagnostics:</p> <p>The COO advised the Committee that he would take the detailed paper as read and reminded the Committee that a deep dive on diagnostics had been requested by the Committee and noted that the purpose of the paper received was to provide an update on current performance in diagnostics and the approach to its improvement as it was clear that improvement in diagnostic services, in terms of productivity, efficiency and meeting standards for patients, needed an enhanced focus.</p>	
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	<p>He added that the operational team overlooked diagnostics for quite some time and that the waiting list had grown by over 8000 patients since April 2023 due to a number of factors such as:</p> <ul style="list-style-type: none"> • The stopping of outsourcing contracts, • Shifting capacity to inpatients and cancer • Delays in recurrent solutions and community hubs • Procurement challenges. <p>The Committee was advised that multiple outsourcing contracts were in place last financial year, but proper demand and capacity work was not done before they were switched off.</p> <p>It was noted that there had also been delays in recurrent solutions, such as the opening of two new rooms for endoscopy at University Hospital Llandough (UHL) and the recruitment of overseas nursing to support that.</p> <p>The COO advised the Committee that there were 8 key hotspots which included cardiac CT and MRI.</p> <p>He added that previously, data had not been received in a timely way and that now, a weekly report was received and reviewed by the relevant teams.</p> <p>It was noted that improvements would be made on Diagnostics but that it would take some time.</p> <p>The COO concluded that he would bring more detail back the Committee once trajectories had been calculated.</p> <p>The CC asked if the Diagnostics data could be highlighted within the Integrated Performance Report for future meetings.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes were noted. b) The current and projected performance for diagnostic modalities was noted. c) The requirement for further improvement against a number of key specialties was noted. 	
FPC 24/02/020	<p>Monthly Monitoring Returns – Month 10</p> <p>The month 10 monitoring returns were received.</p> <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> a) The month 10 monitoring returns were noted. 	
FPC 24/02/021	<p>Any Other Business</p> <p>No other business was raised.</p>	
	<p>Date & time of next Meeting</p> <p>Wednesday 20 March 2024 via Teams</p>	

Public Action Log

Following Finance and Performance Committee Meeting
21 February 2024
(For the Meeting 20 March 2024)

Completed actions					
REF	SUBJECT	AGREED ACTION	ACTIONED TO	DATE	STATUS/COMMENTS
FPC 24/02/019	Operational Performance – Deep Dive on Mental Health	Deep Dive to be received by Committee in March meeting	Paul Bostock	20.03.2024	COMPLETED On Forward Plan for March meeting 20.03.2024
FPC 24/02/019	Operational Performance	Industrial Action verbal update to be received at March meeting	Paul Bostock	20.03.2024	COMPLETED Update to be provided at March meeting 20.03.2024
FPC 24/02/019	Operational Performance - Diagnostics	Diagnostics update to be received by the Committee at its April meeting.	Paul Bostock	17.04.2024	COMPLETED On Forward Plan for April meeting 17.04.2024
Actions referred to Board/Committees					

Report Title:	Finance Report for the Period Ended 29 th February 2024			Agenda Item no.	2.1	
Meeting:	Finance Committee	Public	x	Meeting Date:	20 th March 2024	
		Private				
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of Finance					
Report Author (Title):	Deputy Director of Finance (Operational)					

Main Report
Background and current situation:

Summary

At month 11, the UHB is reporting an overspend of £16.818m. This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (11 twelfths of the revised forecast year end deficit of £16.460m).

Table 1: Month 11 Financial Position 2023/24

	Month 11 Position £m	Forecast Year- End Position £m
Planned deficit	15.088	16.460
Savings Programme	1.082	0.000
Operational position (Surplus) / Deficit	0.648	0.000
Financial Position £m (Surplus) / Deficit £m	16.818	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 based on the receipt of an additional £63.100m funding from Welsh Government (detailed above) and the delivery of additional savings (above those already included in the UHB Financial Plan) of £8.840m.

Core Financial Plan – Month 11 Position

The UHB is reporting a month 11 overspend of £16.818m, £15.088m of this being eleven months of the revised forecast deficit of £16.460m. In addition to this there is a £1.082m deficit on the UHB’s original Savings Programme, being the shortfall in delivery against the month 11 profile and a £0.648m operational deficit in delegated and central positions.

Summary Financial Table

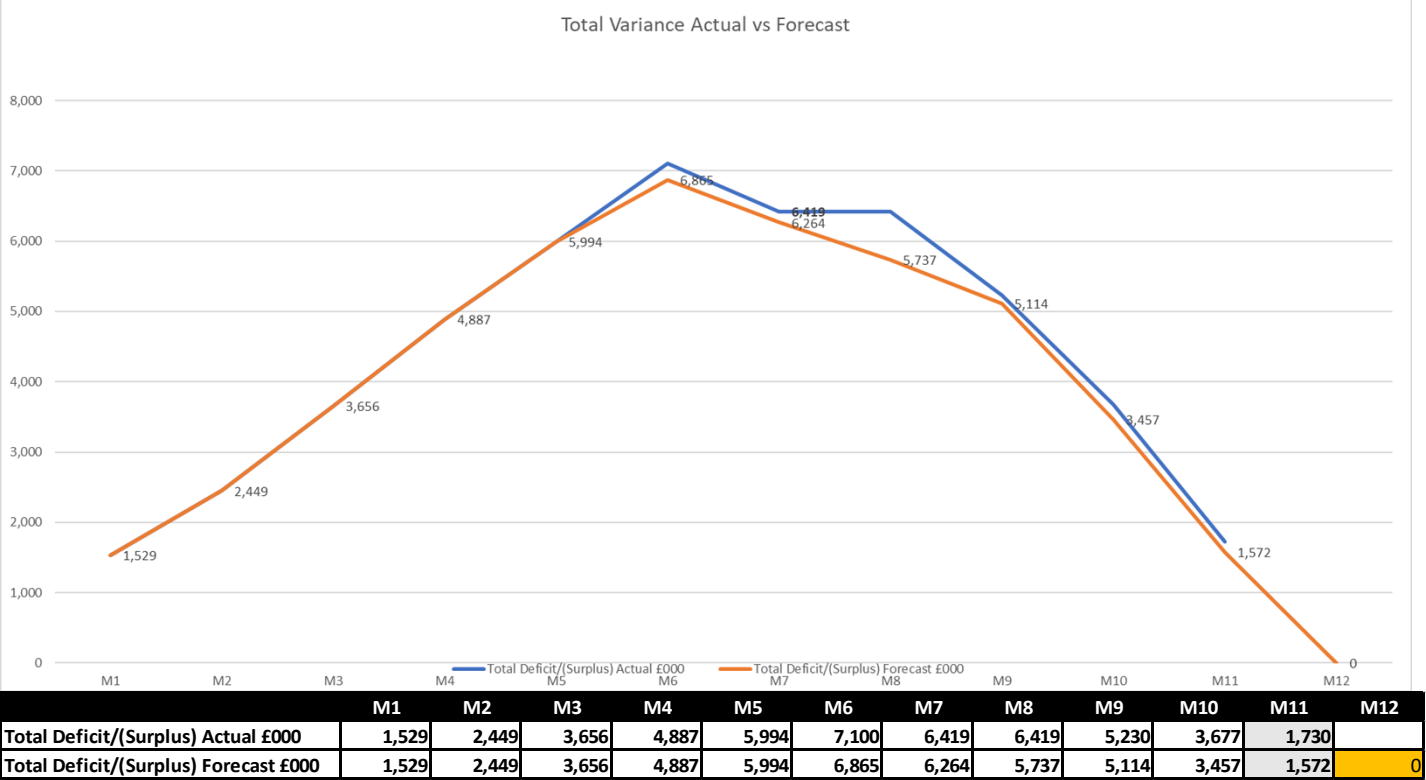
The following table analyses the £16.818m overspend at Month 11, between Income, Pay and Non-Pay.

Table 2: Summary Financial Position for the period ended 29th February 2024

Income/Pay/Non Pay	Memorandum Annual Budget £m	Current Period Actual £m	Total Variance (Fav)/Adv £m
In Month			
Income	(1,912.623)	(167.207)	(1.225)
Pay	904.976	76.162	0.072
Non Pay	1,007.646	89.098	(0.795)
Sub Total £m	0.000	(1.947)	(1.947)
2023/24 Planned Deficit	16.460	1.372	1.372
Variance to Plan £m	16.460	(0.576)	(0.576)
Cumulative			
Income	(1,912.623)	(1,765.680)	(5.879)
Pay	904.976	837.172	1.001
Non Pay	1,007.646	930.238	6.608
Sub Total £m	0.000	1.730	1.730
2023/24 Planned Deficit	16.460	15.088	15.088
Variance to Plan £m	16.460	16.818	16.818

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

Graph 1– Total Variance Forecast



Graph 1 shows the total operational and savings programme deficits and the impact of the additional savings actions on the total variance. After peaking at month 6, delivery in line with the profile will enable the UHB to hit the £16.460m revised forecast deficit.

The additional 10% Improvement required has been achieved through the review, management and scheduling of specific expenditure programmes. Schemes are now in place to fully meet £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

The operational position in February improved with the position broadly in line with the required cost trend. Further reductions in the operational overspend are required in the remaining month of the year to allow the UHB to meet its target deficit.

The Junior Doctors strike in January, February and planned for March is expected to result in net additional costs of circa £1.750m primarily as result of the additional cover provided by consultants and locums to maintain safe clinical environments across the UHB. In addition, there will be a marginal cost of lost activity income from other Commissioners. The value of this cannot yet be quantified.

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 11 by Clinical Board is shown in Table 3.

Table 3: Financial Performance for the period ended 29th February 2024

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	(323)	556	233	269
Children & Women	771	662	1,433	1,473
Capital Estates and Facilities	(153)	1,053	900	1,165
Executives	(980)	(109)	(1,089)	(1,160)
Genomics	(46)	0	(46)	(42)
Medicine	5,884	1,621	7,505	6,549
Mental Health	188	73	261	188
PCIC	3,397	(396)	3,001	2,409
Specialist	925	109	1,034	1,208
Surgery	(30)	973	943	1,450
Sub-Total Delegated Position	9,633	4,542	14,175	13,510
Central Budgets	(6,964)	(2,404)	(9,368)	(6,926)
Commissioning	(2,022)	(1,056)	(3,078)	(2,907)
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	648	1,082	1,730	3,678
Planned Deficit			15,088	13,717
Total Operational (Surplus)/Deficit	648	1,082	16,818	17,394

The UHB operational position improved in Month, falling from an overspend of £3.678m at month 10 to an overspend of £1.730m at month 11, primarily due to the recognition of non recurrent gains and slippage in the Central position as follows:

- Covid national programmes including Health Protection
- Pay Award Funding Assumptions
- A forecast reduction in the Annual Leave Provision

The additional costs of industrial action were transferred from delegated positions and reported in Central budgets in month.

The in month improvement in the Capital Estates position follows the receipt of a non recurrent rebate from NHS Wales Shared Services.

Month 8 saw a -re-calibration of the Medicine Clinical Board forecast out-turn that deteriorated the UHB position. The revised forecast for Medicine Clinical Board remains stable at Month 11 whilst ongoing enhanced support is being provided with an emphasis on actions which will enable the service to reduce its expenditure run rate in the approach to year end and into the 2024-25 financial year.

Exceptional levels of agency nursing care required to maintain a complex learning disability/CAMHS patient admitted to the UHB in December 2023 have continued to place pressure on the Women and Childrens Clinical Board. The level of nursing cover required has reduced in month and the UHB is continuing to work to secure a more appropriate and sustainable placement for the patient.

Pressures persist against medical staff budgets primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels and the provision of cover for the junior doctors strike.

COVID 19 Expenditure

The expenditure for Month 11 is summarised in Table 4 below.

Table 4: Summary of Month 11 COVID 19 Net Expenditure

	Month 11 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	7.969	8.800	8.800	0.000
PPE	2.254	2.500	2.500	0.000
Long Covid	1.049	1.144	1.144	0.000
Nosocomial	0.477	0.520	0.520	0.000
Anti-Viral	0.092	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	11.840	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	28.417	31.000	34.200	(3.200)
Total COVID Expenditure £m	40.257	44.064	47.264	(3.200)

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 11 is a reduction of £3.2m 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 £16.460m.

The financial impact of the maintaining clinical safety during the Junior Doctors' industrial action caused an increase in department register score for delegated positions to adequately manage budget pressures in January. The risk has been revised down in February in recognition of the reduced exposure to additional operational pressures and savings delivery approaching year end.

The risk of failing to deliver the Welsh Government 10% Improvement Target has also been revised down following confirmation of further programme slippage to fully deliver the target.

The UHB's savings target of £32m is expected to be achieved by year end albeit a high proportion (circa £11m) is non recurrent in nature.

Table 5: Risk Register at February 2024

	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	10	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. In addition there is an additional financial risk in maintaining safe levels of cover during the Junior doctors strikes where gaps will be covered by additional consultants and locum sessions. Further to this, an impact on activity and associated income recovery is also expected. A number of additional actions are progressing to recover the month 11 operational & CRP overspend to enable the UHB to deliver the revised forecast £16.460m deficit.
	Failure to deliver 2023-24 Savings Programme	8	At month 11 the UHB has identified £32.590m green and amber schemes against the £32m savings target. The delivery of savings against individual schemes will continue to be measured and reported in the final quarter. However there is still a gap of circa 11.3m against the recurrent savings target
	Failure to deliver the Welsh Government 10% Improvement Target Savings Programme	8	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. An extra £1.7m opportunities are being worked on. 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.	12	All Covid funding is now allocated to delegated positions, Further action will be focussed on reducing Covid response costs further in 2024/25.
	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

Savings Programme

At month 11, the UHB has identified £32.590m of green and amber against the £32m savings target.

The month 11 position includes a Savings Programme variance of £1.082 due to the shortfall in delivery against some schemes.

The progress of the agreed additional actions and focus on operational pressures is expected to cover the month 11 Savings Programme variance by year end, 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 will continue to recover the month 11 operational & CRP deficit to enable the UHB to deliver the revised forecast £16.460m deficit:

Table 6: Additional Actions

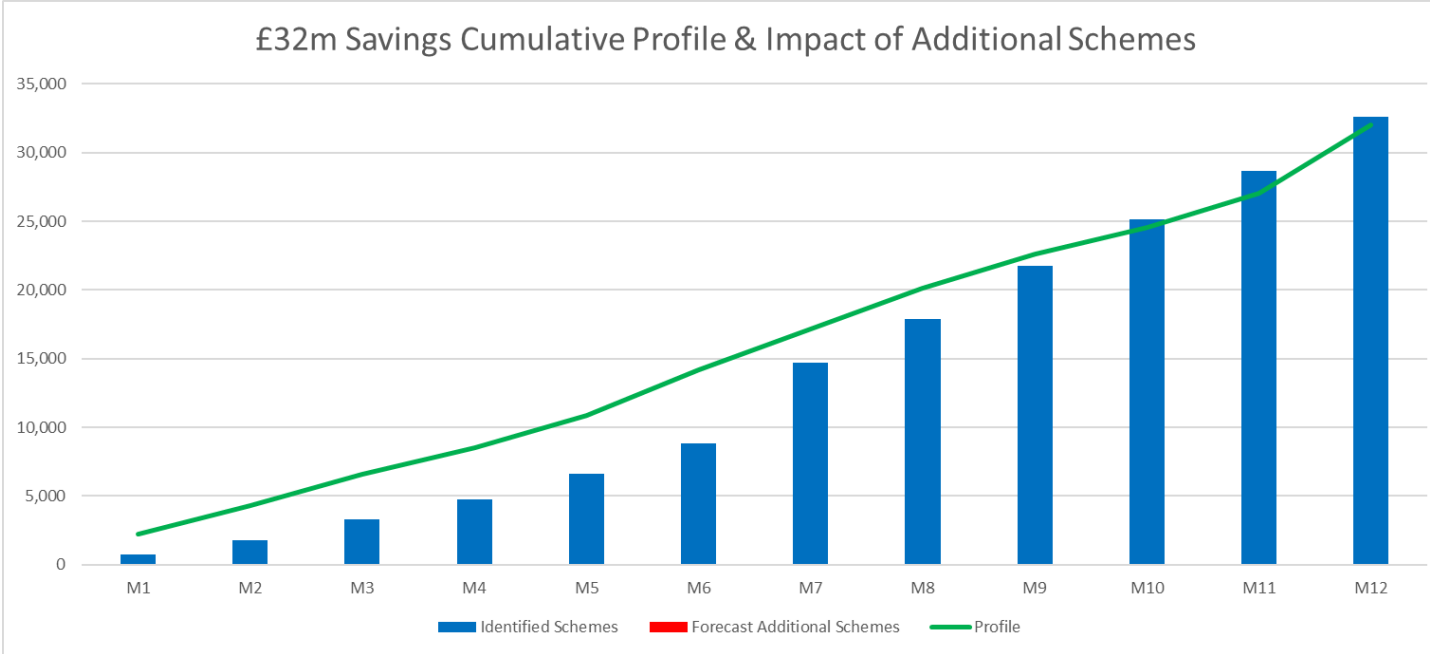
Scheme	Theme	£000 Opportunity
Limit catalogue for non clinical non pay expenditure	Procurement	1,000
Eliminate non clinical agency with exception process	Workforce	1,000
Eliminate non clinical overtime	Workforce	1,000
Enhanced vacancy review through Vacancy Scrutiny Panel/Workforce reshaping	Workforce	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.

In addition to nursing improvements, the UHB 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. Since January, all vacancies approved by the corporate vacancy Scrutiny Panel are subject to further review from the management executive team.

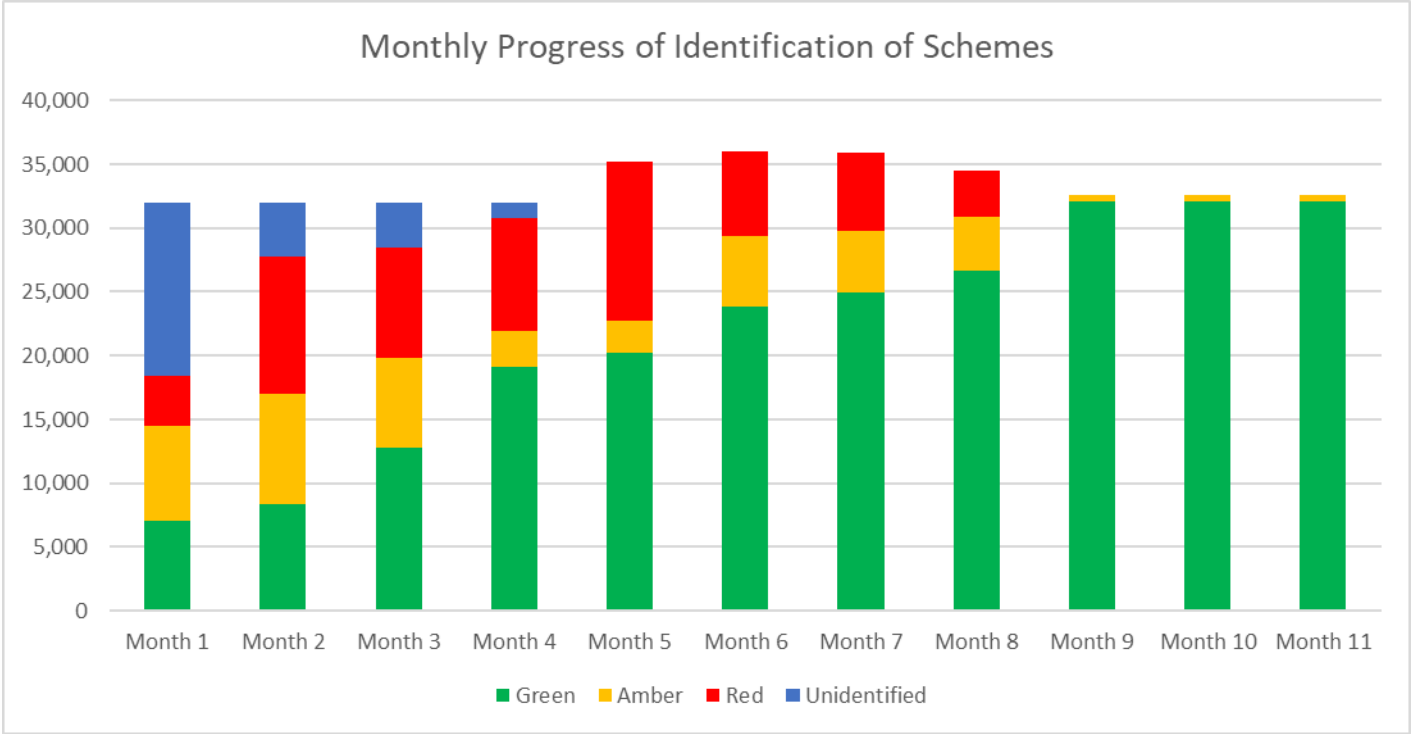
Graph 2 shows the cumulative forecast impact of the additional actions and Graph 3 shows the monthly impact. Progress is being monitored through the Sustainability Board.

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



Graph 3 shows the current cumulative profile of identified schemes up to the savings target of £32m.

Further schemes identified in 2023/24 are not expected to deliver savings in year and will be considered as part of the process to identify savings schemes for the 2024/25 Financial Plan
Overall progress in the identification of savings schemes is outlined in table 7 below:

Table 7: Savings Schemes
2023-24 Savings Summary
2023-24 in-year plans

Clinical/Service Board	23-24 Target	Green	Amber	Red	Total Savings Identified	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	631	669	0	0	669	(38)
Children and Women	869	869	0	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	1,924	0	0	1,924	(309)
Specialist Services	988	988	0	0	988	0
Surgical Services	1,126	1,097	0	0	1,097	29
Subtotal - Grip and Control	8,000	8,310	0	0	8,310	(310)
Length of Stay	3,000	1,101	0	0	1,101	1,899
Theatres Productivity	500	358	0	0	358	142
Income Generation	500	200	0	0	200	300
Medicines Management	2,000	1,221	200	0	1,421	579
Continuing Healthcare	1,500	313	20	0	333	1,167
Facilities and Estates	500	707	0	0	707	(207)
Procurement	5,000	3,110	26	0	3,136	1,864
Workforce Efficiencies	8,000	9,377	0	0	9,377	(1,377)
COVID Consequentials	3,000	3,200	0	0	3,200	(200)
Review of Investments		680	0	0	680	(680)
Commissioning		479	252	0	731	(731)
Non-Recurrent Opportunities		3,037	0	0	3,037	(3,037)
Subtotal Cost Improvement Themes	24,000	23,782	498	0	24,280	(280)
Total Savings Position	32,000	32,093	498	0	32,590	(590)

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 reduce 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 has been met through the review, management and scheduling of specific expenditure programmes. Schemes are now in place to fully meet £8.8m target.

Table 8: 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	8,800	0	0	8,800	0

Cash Flow Forecast

The cash balance at the end of February was £3.881m 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 Welsh Government monthly monitoring returns since the beginning of the year.

The UHB reviewed its working capital requirement at month 10 and indicated to Welsh Government colleagues that working cash of £34m is required in respect of revenue and £7m in respect of capital. Following a review of the likely timing of payments related to the 2023/24 capital programme the UHB has confirmed that the £7m working cash support in relation to capital payments is no longer required.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £46m.

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

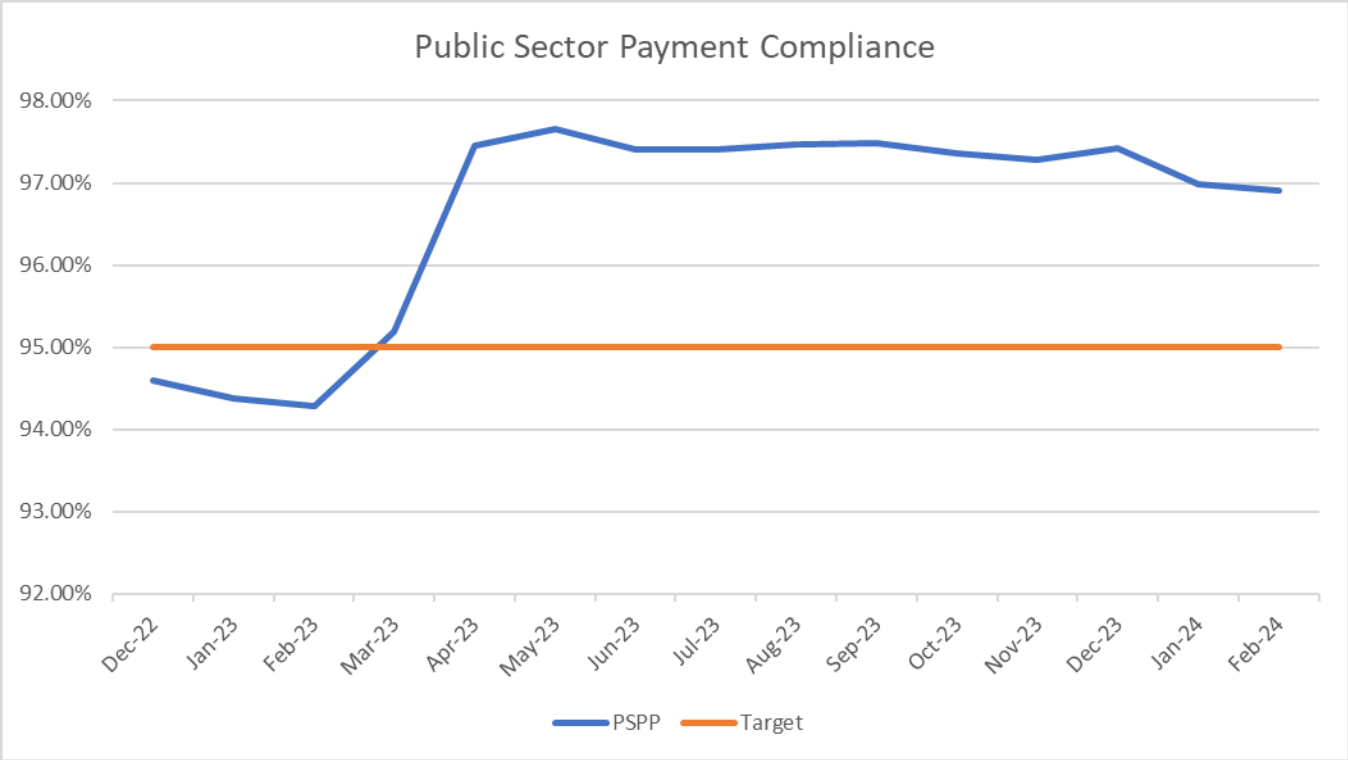
- Strategic Cash support for the £16.460m deficit in the UHB 2023-24 Financial Plan. The UHB gained approval for its application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit at its Finance Committee of the 18th October. Chairs action was taken in lieu of Board 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 with the associated cash payment being made in 2023-24.
- Movements in Revenue and Capital working capital from the 2022-23 Balance Sheet. This includes an estimated £21.5m forecast balance sheet movements.
- In addition to the UHBs strategic and working cash requirements, there are £12m of anticipated allocations as per table E, which are yet to be confirmed.

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 February was 96.90% which is a drop in performance compared to the previous month but remains above the target level as illustrated in Graph 4 below.

Graph 4 – 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

Table 9: Capital Allocation 2023/24

£18.68m additional capital schemes have been approved by Welsh Government during 2023/24, increasing the CRL from the original allocation of £20.102m to £38.784m (29th February CRL).

£9.6m of new schemes have been approved since December 2023, weighting the delivery of the 23/24 capital programme heavily to the last quarter.

	£m	
Original Allocation 2023/24	20.10	
DPIF - Eye Care - e-referral system (funded through DPIF)	(0.16)	Approved
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	7.20	Approved
IRCF - Well Being Hub, Park View	2.47	Approved
Electrical Infrastructure, Tertiary Tower Block at UHW	0.67	Approved
Rookwood	(0.75)	Approved
Maelfa	(0.20)	Approved
Interventional Neuroradiology Equipment	(2.98)	Approved
IRCF - Well Being Hub, Park View	(1.17)	Approved
Lift Refurbishment and Upgrade, UHW	1.19	Approved
Mortuary Refurbishment, UHW	0.25	Approved
Cyber Security	2.01	Approved
Emergency Department and Minor Injury Unit Improvements	0.53	Approved
Diagnostic Equipment	3.00	Approved
Electronic Switchgear, UHW	0.65	Approved
Replacement Boiler, UHL	0.65	Approved
Mobile MRI Scanner Upgrades	0.26	Approved
Redlands Surgery, Penarth	0.76	Approved
Penttyrch Surgery – Fees	0.41	Approved
Year End funding - January 2024	0.22	Approved
Year End funding - February 2024 Phase 1	0.87	Approved
Year End funding - February 2024 Phase 2	0.61	Approved
DPIF - WNCR Paediatrics	0.07	Approved
EPMA (Pharmacy)	0.40	Approved
Digital Year End Funding - January 2024	0.52	Approved
CRI Car Park Enabling	0.58	Unapproved
DPIF Phase 2	0.66	Unapproved
Total Additional Allocation	18.68	
Capital Allocation (15th February 2024)	38.78	

To ensure the delivery of the 23/24 capital programme, all schemes were reviewed as at February and potential slippage identified. Alternative scheme spend for 23/24 was identified bringing forward, where possible, specific capital scheme requirements for 24/25 to ensure minimal pressure on next year's discretionary programme.

Table 10 – Capital Scheme Slippage 2023/24

Schemes	£m	Comments
Geonomics (Construction)	(0.30)	
Endoscopy Expansion (Construction)	(0.20)	
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	(0.80)	
Waste Tugs UHW	(0.10)	
Wellbeing Hub Park View (FBC)	(0.06)	
UHB Revenue to Capital	(0.43)	
Year End funding - February 2024 Phase 1	(0.12)	
Year End funding - February 2024 Phase 2	(0.06)	
CRI Car Park Enabling	(0.25)	
Total Scheme Slippage	(2.31)	

Table 11 – Capital Scheme Slippage Reallocation 2023/24

Schemes	£m	Comments
EFAB (Decarbonisation)	0.10	
EFAB (Fire)	0.30	
EFAB (Infrastructure)	0.21	
Refurbishment of Mortuary UHW (BJC)	0.12	
Medical Records Flooring	0.18	
Maternity Software	0.08	
Cystic Fibrosis Unit Showers	0.02	
Power tool UHL & UHW	0.53	
Theatres 3, 4 & 8 UHW	0.45	
CCTV St Mary's Pharmacy	0.02	
Mortuary electric van	0.06	
Rev to Cap Genomics	0.26	
Total Spend	2.31	
Total Slippage	(2.31)	

Table 12 – Capital Scheme Re-provision 23/24 to 24/25

The below table highlights the major schemes from table 11 which have brought forward spend from 24/25 to support the 23/24 slippage.

Schemes	£m	Comments
Re-provide 2024/25		
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	(0.80)	Slippage 2023/24
CRI Car Park Enabling	(0.25)	Slippage 2023/24
Total Re-provide	(1.05)	
EFAB (Decarbonisation)	0.10	B/F Spend from 2024/25
EFAB (Fire)	0.30	B/F Spend from 2024/25
EFAB (Infrastructure)	0.21	B/F Spend from 2024/25
Refurbishment of Mortuary UHW (BJC)	0.12	B/F Spend from 2024/25
Medical Equipment Allocation Reduction	0.05	B/F Spend from 2024/25
Rev to Cap reduction	0.28	Allocation Reduction
Total Spend	1.05	

37% of the UHB's approved Capital Resource Limit was expended at the end of February. This low percentage reflects the capital programme being heavily weighted to a March delivery. This is due to the high number/value of schemes approved in the last two quarters of 2023/24.

As at 12th March 97% of orders had been raised and 55% receipted. These percentages are increasing on a daily basis and all schemes are expected to deliver by the year end in line with the tables above and below:

Table 13 – Capital Orders raised and receipted as at 12th March 2024

2023/24 Capital Programme (£m)	M11 Ytd			Orders Raised	Orders Receipted	29th Feb
	Actual	Revised Plan	Variance	@12th March 2023		CRL
All Wales Schemes						
Efab - Infrastructure	1.822	3.033	(1.211)	3.505	2.213	3.234
Efab - Fire	0.000	0.940	(0.940)	1.196	0.121	0.950
Efab - Decarbonisation	0.002	0.041	(0.039)	0.003	0.002	0.051
UHL Electrical Infrastructure	0.481	0.594	(0.113)	0.601	0.596	0.594
DPIF - Eye Care - e-referral system (funded through DPIF)	(0.035)	0.048	(0.084)	0.058	0.058	0.058
Endoscopy Unit UHL	1.790	2.275	(0.485)	2.013	2.012	2.275
Rookwood reprovision at Llandough	(0.006)	(0.006)	0.000	0.004	0.004	0.000
Maelfa	0.122	0.135	(0.013)	0.130	0.122	0.135
Genomics	0.727	1.104	(0.376)	0.733	0.677	0.259
Emergency Department Waiting Area Improvements	0.154	0.154	0.000	0.180	0.175	0.154
Year End Funding - November 2022	0.240	0.240	(0.000)	0.276	0.262	0.240
Urgent Replacement of Interventional Neuroradiology Equipment at UHW	3.215	4.218	(1.003)	3.379	3.215	4.218
IRCF - Well Being Hub, Park View	0.000	0.400	(0.400)	0.791	0.355	1.300
Electrical Infrastructure, Tertiary Tower Block at UHW	0.369	0.505	(0.136)	0.673	0.443	0.673
Lift Refurbishment and Upgrade, UHW	0.000	0.000	0.000	0.009	0.008	1.189
Mortuary Refurbishment, UHW	0.250	0.188	0.062	0.406	0.266	0.250
Cyber Security	0.778	0.000	0.778	2.031	0.778	2.012
Emergency Department and Minor Injury Unit Improvements	0.000	0.264	(0.264)	0.434	0.006	0.528
Diagnostic Equipment	0.536	3.000	(2.464)	2.759	0.536	3.000
Electronic Switchgear, UHW	0.157	0.000	0.157	0.650	0.479	0.650
Replacement Boiler, University Hosptial Llandough	0.000	0.000	0.000	0.650	0.149	0.650
Mobile MRI Scanner Upgrades	0.000	0.000	0.000	0.257	0.000	0.257
Acquisition of Redlands Surgery, Penarth	0.000	0.000	0.000	0.755	0.755	0.755
Pentyrch Surgery - Fees	0.006	0.000	0.006	0.341	0.025	0.408
Year End Funding - January 2024	0.014	0.000	0.014	0.256	0.055	0.220
Year End Funding - February 2024	0.012	0.000	0.012	0.771	0.213	0.867
DPIF - WNCR Paediatrics	0.000	0.000	0.000	0.000	0.000	0.073
DPIF - Digital Medicines Transformation Implementation	0.050	0.000	0.050	0.399	0.050	0.400
Additional Year End Funding - February 2024	0.000	0.000	0.000	0.358	0.000	0.608
Digital Year End Funding - January 2024	0.000	0.000	0.000	0.518	0.418	0.518
Demolition of Links Building at Cardiff Royal Infirmary (CRI)	0.000	0.000	0.000	0.154	0.000	0.577
Digital Year End Funding - February 2024	0.000	0.000	0.000	0.667	0.000	0.661
Discretionary						
IT	0.528	0.432	0.096	0.786	0.417	0.500
Medical Equipment	0.947	0.707	0.239	2.462	1.116	1.000
Statutory Compliance	1.231	1.525	(0.293)	2.237	1.418	2.800
Estates	3.444	2.233	1.211	6.161	3.908	6.720
IFRS 16	0.000	0.000	0.000	0.000	0.000	6.774
Total	16.836	22.030	(5.194)	36.600	20.852	45.558

37%

(24%)

97%

55%

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £0.847m overspend. This is to be managed through the discretionary programme. The overspend is due to a number of factors including inflation, IT spec and the rerouting of drainage
- Eye Care – discussions are ongoing with DCHW in relation to the future of this asset and the ongoing service provision.

Whitchurch hospital transfer to Velindre is progressing with documents now submitted to Welsh Government for approval, this is expected to complete in 2023/2024. The value of the asset being transferred is £7.804m

Planned expenditure for the year reflects the CRL received from Welsh Government dated 29th February 2024 - £45.558mm (£38.784m Major and discretionary schemes, £6.774m IFRS Leases).

Table 14: Finance - Key Performance Indicator Dashboard at February 2024

STATUS REPORT					
Measure	February 2024	RAG Rating	Latest Trend	Target	Time Period
Deliver 2023/24 Draft Financial Plan	£16.818m deficit at month 11 being £15.088m forecast deficit (11/12ths of the £16.460m year end forecast), £1.081m savings gap and £0.648m operational deficit.	R	⚡	Deliver 2023/24 £88.4m Planned Deficit	M11 2023-24
Remain within capital resource limits.	The UHB expects to remain within it's Capital Resource Limit which was £45.558m at month 11.	G	⚡	Remain within approved planned expenditure	M11 2023-24
Delivery of recurrent £32m savings target	£32.590m Green and Amber schemes identified at month 11 of which £21.266m were recurrent.	R	⚡	£32m	M11 2023-24
Creditor payments compliance 30 day Non NHS	96.90% at the end of February	A	⚡	95% of invoices paid within 30 days	M11 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	M11 2023-24
Maintain Positive Cash Balance	Cash balance = £3.881m	G	⚡	To Maintain Positive Cash Balance	End of Feb 2024

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 11, £32.590m green and amber savings were identified, representing 102% of the target.

The UHB also needs to manage its operational position and mitigate any emerging pressures as its Covid response costs are collapsed. The operational overspend is 1.730m at month 11. 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 11 operational & savings deficits.

The UHB also requires confirmation of strategic cash support and outstanding allocations to maintain its cash position and PSPP performance.

Recommendation:

At Month 11 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 £16.818m and the forecast deficit of £16.460m.
- **NOTE** the financial impact of forecast COVID 19 costs which is assessed at £44.064m.
- **NOTE** the month 11 operational overspend against plan of £0.648m with a further £1.082m savings gap.
- **NOTE** the progress against the savings target, with £32.590m (102%) of schemes identified at Month 11 against the £32m target with year to date deficit.
- **NOTE** that delivery of the forecast is also dependant 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: 20 th March 2024

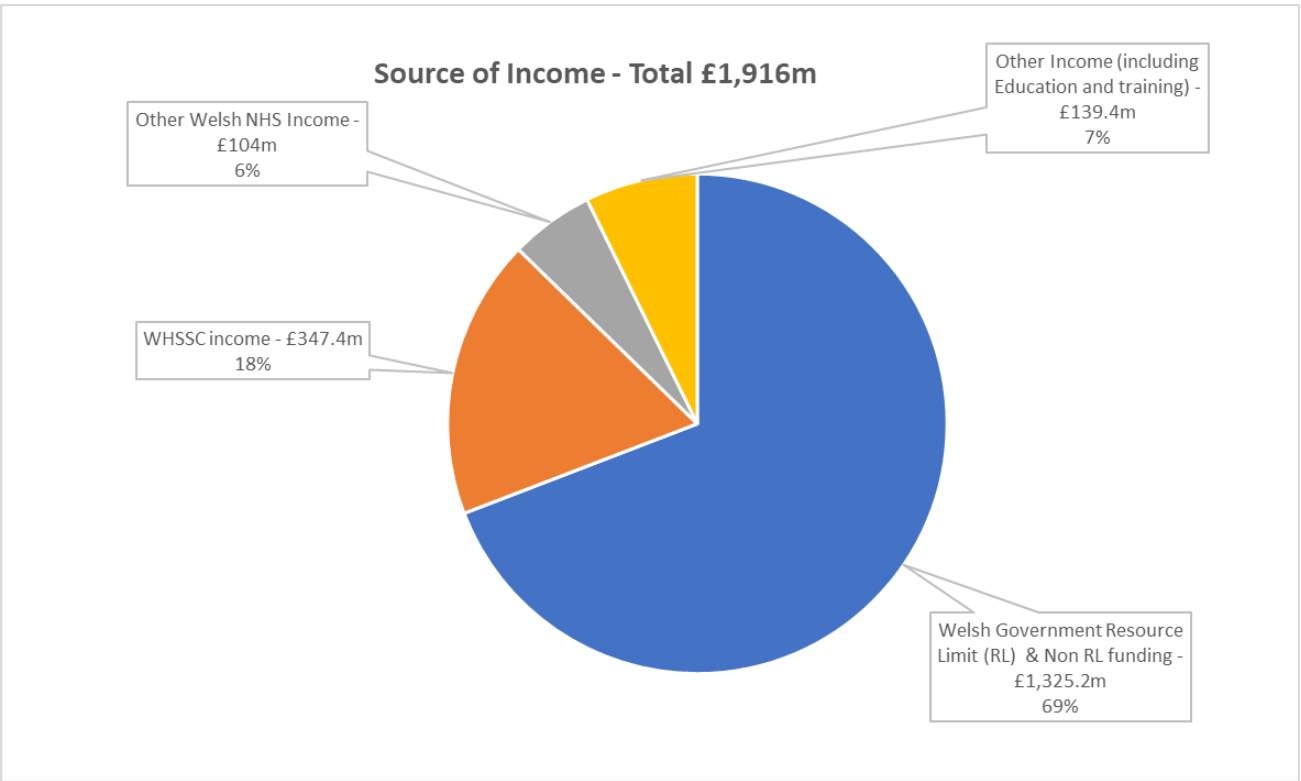
Our Finance Plan

Introduction and Background

Cardiff and Vale University Health Board (UHB) provides healthcare services for circa half a million people living in Cardiff and the Vale of Glamorgan.

In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South, West and Mid Wales and for some services, the wider UK. This is reflected in the sources of funding that the UHB receives for providing services as illustrated in the graph below:

Cardiff & Vale UHB 2023/24 Forecast Income by Source



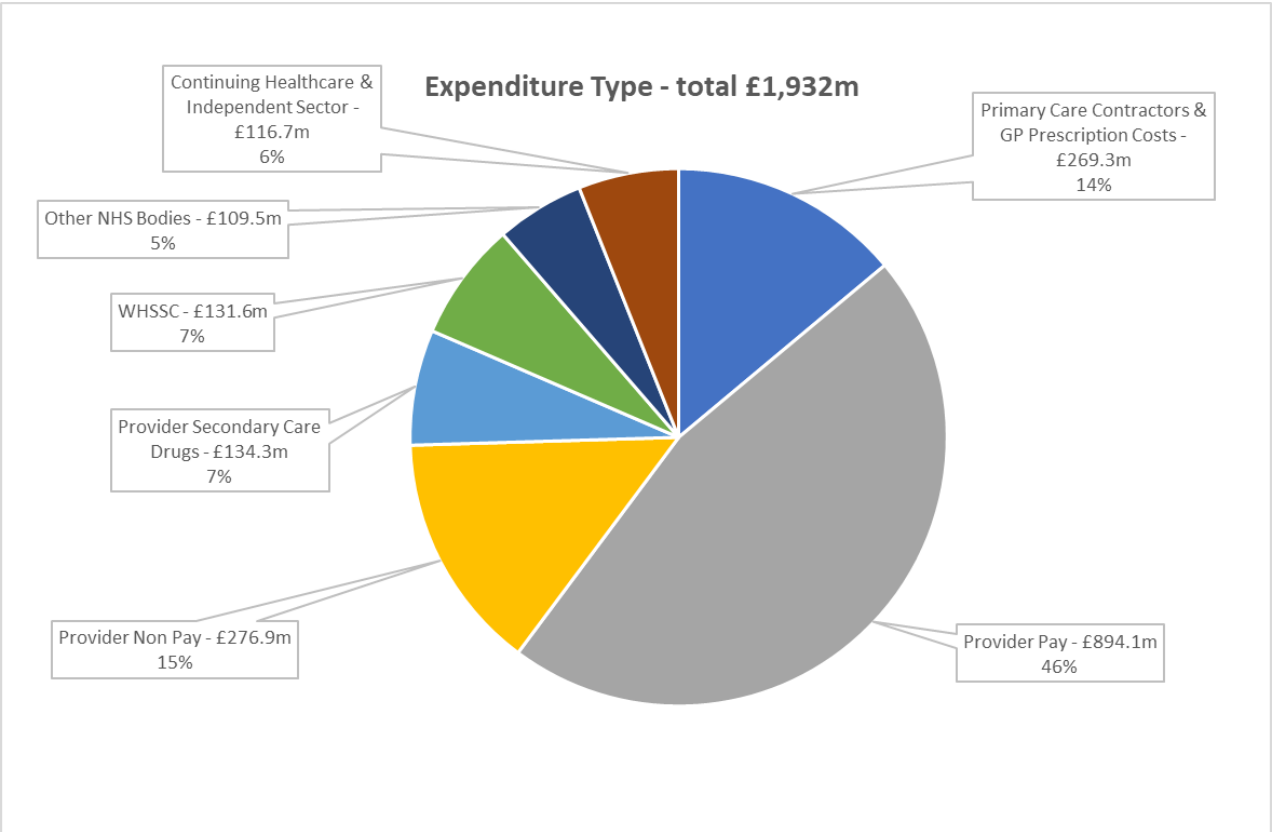
Source: December 2023 Welsh Government monitoring returns

In addition to the core 1.5% allocation uplift received in 2023/24, further Welsh Government allocations totalling £63.1m were received in support of COVID legacy costs and exceptional inflationary pressures including energy price inflation totalling £63.1m.

The proportion of UHB income which is provided by the Welsh Health Specialised Services Committee (WHSSC) reflects the UHB’s significant responsibility for the provision of specialist and tertiary services to the wider population across South Wales.

The majority of the UHB’s budget supports the provision of healthcare services provided directly by the UHB. In addition, the UHB commissions services for the population of Cardiff and the Vale of Glamorgan from primary care contractors, continuing healthcare providers and via WHSCC, other NHS bodies, such as Velindre University NHS Trust, and independent sector providers as illustrated below:

Cardiff & Vale UHB 2023/24 Forecast Expenditure by Description



Source: December 2023 Welsh Government monitoring returns

Historic Financial Position

The Health Board achieved financial balance in 2019/20 and had an approvable IMTP to achieve financial balance recurrently in 2020/21 and subsequently over the 3 year planning period, 2020/21 to 2022/23. Therefore, it went into the pandemic with an ambition to achieve financial sustainability following a period of escalated intervention.

The underlying deficit entering 2023/24 had increased to £40.3m excluding COVID legacy costs and exceptional energy pressures. This compares to a pre-pandemic underlying deficit of £11.5m. This is the cumulative impact of the investment in tertiary & regional services, new technologies and local services; and cost pressures & services growth in excess of funding allocations for inflation and growth.

The following table provides insight on the range of cost pressures and service developments, which have contributed to the increase in the underlying deficit during this period:

	£m					
Unmitigated cost pressures	2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
NICE & New High Cost Drugs	2.0	1.7	0.6	1.4	4.2	9.9
Commissioning & contracting	4.6	5.2	1.2	2.4	6.3	19.6
Local investments	2.3	1.5	0.8	1.4	3.7	9.6
<i>Subtotal investments</i>	8.8	8.3	2.6	5.1	14.2	39.0
Cost pressures & services growth						
Non-pay inflation pressures	0.5	1.1	0.3	1.3	0.0	3.2
Continuing Health Care	0.7	1.2	0.5	2.0	3.4	7.9
Prescribing	0.0	1.2	0.6	1.4	3.0	6.1
Welsh Risk Pool	0.0	0.7	0.2	0.5	0.0	1.4
Local pressures	1.4	1.3	0.2	0.3	0.0	3.2
<i>Subtotal cost pressures & growth</i>	2.7	5.5	1.8	5.5	6.4	21.9
TOTAL	11.5	13.8	4.4	10.6	20.6	60.9
			29.7	40.3	60.9	

This increased underlying position of £60.9m entering 2024/25 is driven by non-recurrent savings delivery, recurrent operational pressures, the Real living Wage and non-recurrent funding streams.

It should be noted that the underlying position of £40.3m entering 2023/24 did not include COVID consequential costs totalling £34.2m.

The 2024/25 plan assumes the retention of £45.4m conditionally recurrent funding. This funding is supporting both inflationary pressures incurred in 2023/24 (£21.2m) and COVID consequential costs of £24.2m predominately relating to an increased bed base including Lakeside Wing.

A number of the UHB's high impact saving schemes were based on reducing bed capacity, improving flow, coupled with workforce efficiencies and modernisation. Solid progress had been made in 2023/24 and all areas are being revisited now as the Health Board seeks to address the underlying deficit.

The largest of the cost pressures listed above is the commissioning and contracting heading. This covers unavoidable growth and a range of investments in national and regional services, for example, WHSSC tertiary services, such as specialist services for children, and essential investment in Velindre services, including innovative new cancer drugs.

All of the areas in the table above are being revisited now as the Health Board seeks to address the underlying deficit and are outlined further in this Plan.

Overview of the draft Financial Plan

The 2024/25 annual financial plan aims to stabilise the financial position with an ambition to deliver a £15.9m deficit position.

Delivery of the 2023/24 financial plan has been challenging. The Health Board is on track to deliver against the revised planned deficit position of £16.5m that includes savings delivery totalling £40.8m. It is anticipated that 2024/25 will provide both challenges and opportunities as the Health Board continues to drive a robust financial sustainability programme in what continues to be a very difficult operational and financial environment.

The Health Board sees its responsibilities for its population and patients as core to its service improvement and delivery and as such wants to recover the financial performance by ensuring it is driving improved quality and outcomes for our patients. We want to take a

Value in Health and prevention approach to drive the services that our population need and this will be a more sustainable model of healthcare for our population which will take longer than a more traditional financial recovery programme. In doing this we want to achieve the best quality and access within the resources available to our health system. We will also need the help and support of our local authorities and other partners in order to deliver change on the scale required.

The 2024/25 financial settlement provides a Health & Social Care budget 3.67% core allocation uplift in funding with pay awards to be separately funded.

The plan is based on retaining the conditionally recurrent funding allocations received in 2023/24 support both COVID legacy costs and exceptional inflationary pressures.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months. Whilst inflationary pressures are stabilising, they continue to impact both directly on the Health Board and our supply chain partners.

It is assumed in the plan that the commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB.

The UHB has received an allocation of £16.0m to continue to accelerate planned care recovery in 2024/25 plus a further £6.9m to support regional priorities. We will continue to aspire towards the achievement of ministerial priorities.

Progressing regional solutions and accessing funding whilst plans are developed will continue to be key to driving performance in 2024/25.

COVID local response costs and National Programmes

The pandemic has changed service provision with a consequence of increasing the cost base. Local COVID consequential costs total £33.8m entering 2024/25. Over 70% of these costs relate to both additional bed capacity and change in footprint including Lakeside Wing. The majority of these costs (£24.2m) are supported by conditionally recurrent funding received in 2023/24.

There is clarity on local COVID response cost drivers and the Health Board is reviewing its operational arrangements, with the intention of reducing the costs associated with them. The Health Board has a range of quality improvement, effectiveness and efficiency interventions to challenge the service provision and find new ways of working, however, system pressures remain and pace of change continues to be a challenge.

Funding for National Programmes has been agreed supporting the regional health protection system. This is based on 80% of the 2023/24 allocation £3.2m has been allocated to Testing and Training and £5.6m for COVID mass vaccination. Services and structures are being reviewed and put in place by regional partners to manage the pandemic are scaled back, and we continue to build on the experience of the pandemic response to establish a more resilient system for managing 'all-hazard' health protection risks.

There has been an increase of 103 Beds/Assessment areas excluding critical care compared to pre pandemic number.

	Pre-pandemic	Jan-24	
Adult Beds UHW	765	769	
Adult Beds UHL	414	425	
Community Beds	90	94	
Transitional Care Beds		67	
Assessment Areas	27	44	
Total	1296	1399	103

POCD Patients	147	160	13
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Clearly working closely with our partner organisations will be fundamental in addressing the current system challenges enabling both improved outcomes and resource release.

The pandemic coupled with prioritised service developments had a significant impact on our workforce requirement with our staff in post increasing from 13,271wte in February 2020 to 15,047wte in January 2024, along with increases in our use of agency and locum staff. Significant progress has been made in 2023/24 in reducing reliance on high cost agency staff. However, clearly, this is an area of focus as we look to build a more sustainable workforce for the future.

	FTE		Change
	Feb-20	Jan-24	
Add Prof Scientific and Technical	421	559	139
Additional Clinical Services	2603	2829	226
Administrative and Clerical	2163	2569	406
Allied Health Professionals	1177	1292	115
Estates and Ancillary	1053	1192	140
Healthcare Scientists	482	576	94
Medical and Dental	1377	1607	230
Nursing and Midwifery Registered	3965	4385	420
Students	31	38	7
Total	13271	15047	1776

Energy

There remains significant volatility in energy prices. Funding was received non-recurrently in 2023/24 to support exceptional energy price inflation.

Funding for energy price inflation has been agreed totalling £8.1m for 2024/25 on a recurrent basis in 2024/25 over and above historic baseline levels

A consistent basis will be agreed across NHS Wales to inform the energy forecast through 2024/25 through the Energy Price Risk Management Group and Crown Commercial Service (CCS).

Cost Improvement

Welsh Government has set a 2% cost improvement challenge against total baseline expenditure in 2024/25 equating to c£40m. The Health Board has a financial plan ambition to deliver a £47.2m savings programme that includes the recovery of non-recurrent savings delivery in 2023/24.

The Health Board has concentrated on developing a programme of both core efficiency and transformational savings, using a quality improvement and Value in Health approach. Key areas of focus are aligned to the National Value & Sustainability Board themes that have been in place within the Health board throughout 2023/24:

- Length of stay in acute beds
- Operational efficiencies and productivity
- Continuing Healthcare
- Medicines Management
- Procurement
- Workforce
- Clinical Variation / Serviced Configuration

Delivery of a number of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value working with our partners.

Six key areas of focus in driving further opportunities and improvement will be:

- Continued progress in reducing the reliance on high-cost agency
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital
- Maximising opportunities for regional working
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster
- Reducing unwarranted variation and low value interventions
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base

Each theme has an Executive lead, supported by senior multi-disciplinary teams across the Health Board driving a collaborative approach to delivery.

Financial Plan

The following table sets out the annual financial plan for 2024/25. It shows a planned deficit of £15.9m including the delivery of a £47.2m cost improvement programme.

	2024/25 Draft Plan £m
2023/24 Forecast Outturn (including remaining COVID leagacy)	(16.5)
Non Recurrent WG Funding 2023/24	(10.1)
RLW policy confirmation	(7.1)
Non Delivery of recurrent savings 2023/24	(11.3)
Non Recurrent Achievement of 10% Go Further	(3.9)
DRAFT recurrent Operational Pressures	(12.0)
DRAFT b/f underlying deficit	(60.9)
DRAFT 2024/25 growth and cost pressure assessment	(40.4)
Unavoidable Investments	(5.0)
DRAFT 2024/25 Demand / Cost growth	(45.4)
Total Deficit before allocations	(106.3)
2024/25 Allocations confirmed:	
Net allocation uplift 3.67%	37.3
LTA pass through 3.67%	5.9
Total 24/25 Allocations	43.2
DRAFT Gross Planning Deficit	(63.1)
2024/25 savings requirement:	
Recurrent cost improvement plans 2% minimum requirement	20.0
Additional Recurrent 1.5% cost improvement plan ambition	12.0
B/f savings shortfall from 23/24	15.2
DRAFT Savings to be delivered	47.2
DRAFT Planned Deficit	(15.9)

Financial risks

The key financial risks for the health board within this financial plan are set out below:

- **Achievement of the Cost Improvement Ambition** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering £47.2m need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.

- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them.
- **Inflationary pressures** – There remains considerable inflationary pressures across the health board. We will monitor this closely and work with our partners to find a system wide approach to manage the risk.
- **Develop and deliver a programme of transformational savings** – Delivering a programme of the scale needed to financial sustainability in the short, medium and long term.

The Health Board recognises the risks in the plan and is taking actions in order to ensure that they are appropriately managed and that financial opportunities to support mitigation are fully explored.

Financial Sustainability

The Health Board has an ambition to achieve financial sustainability and recurrent financial balance by the end of 2025/26. This will require full recurrent delivery of the 2024/25 financial plan.

	£m	
	2024/25	2025/26
Planned Opening Deficit	16.5	15.9
Non WG Recurrent Funding 2023/24	17.2	
Forecast Shortfall on 2023/24 recurrent savings	15.2	
Recurrent operational pressures	12.0	
Estimated Demand growth / inflationary pressures	40.4	40.0
Essential service investments*	5.0	5.0
Gross Deficit	106.3	60.9
Estimated WG Core Uplift	(43.2)	(24.0)
Savings Ambition	(47.2)	(36.9)
Planned Financial Position	15.9	0.0

Operational pressures will need to be managed alongside a further £36.9m savings requirement in 2025/26 assuming a 2% Welsh Government core uplift in funding.

Summary

The focus of our Financial Plan will be to:

- Deliver a planned £15.9m deficit in 2024/25, including the delivery of a £47.2m recurrent cost improvement ambition.
- Continue to drive financial sustainability through value and service transformation with an ambition to return to recurrent financial balance by the end of 2025/26.

2024-25 in-year plans

Clinical/Service Board	24-25 Opportunities	Green	Amber	Red	Total Savings Identified	Savings Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	947	0	686	100	786	161
Children and Women	1 304	57	0	10	67	1 237
Clinical Diagnostics and Therapeutics	1 199	0	92	0	92	1 106
Corporate Executives	501	0	0	0	0	501
Medicine	1 379	126	0	0	126	1 253
Mental Health	1 079	0	340	50	390	689
Primary, Community and Intermediate Care	2 423	413	0	350	763	1 660
Specialist Services	1 482	0	13	400	413	1 069
Surgical Services	1 689	0	217	0	217	1 472
Subtotal - Grip and Control	12 000	596	1 348	910	2 854	9 146
Medicines Management	4 530	0	0	1 237	1 237	3 293
Reducing Length of Stay	3 500	1 375	64	1 535	2 974	526
Optimising Planned Care	1 000	271	470	259	1 000	0
Income Generation	1 000	259	0	156	415	585
Continuing Healthcare	2 500	0	200	0	200	2 300
Facilities and Estates / Service Reconfiguration	500	422	0	256	678	(178)
Value/Clinical Variation	0	0	0	0	0	0
Procurement	5 000	21	0	516	537	4 463
Recording Patient Care	1 500	0	0	840	840	660
Other Digital Benefits	0	0	0	0	0	0
Workforce - Temporary Pay	7 403	0	0	5 672	5 672	1 731
Workforce Reshaping	8 268	0	0	30	30	8 238
Subtotal Cost Improvement Themes	35 201	2 348	734	10 501	13 583	21 618
Total Savings Position	47 201	2 944	2 082	11 411	16 437	30 764

Report Title:	Operational Performance Report			Agenda Item no.	2.3
Meeting:	Finance and Performance Committee	Public	✓	Meeting Date:	20/03/24
		Private			
Status <i>(please tick one only):</i>	Assurance	✓	Approval		Information
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Head of Performance				

Main Report

Background and current situation:

Background and current situation:

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

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

Section 1: Ministerial Priorities

Section 2: Quadruple Aim 2

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

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

As we work through the winter period we continue our focus on ambulance handovers, in particular reducing the number of patients waiting over 1 hour before handover. January and February saw a notable increase in operational pressures across Wales and we saw the average ambulance handover time remain higher than in December 2023, despite this we continue to meet our commitment on reducing the number of lost hours. The number of 1-hour ambulance handovers reduced in November (306) and December (172) from the number reported in October (516), but increased in January (379). In February the number of 1-hour ambulance handovers reduced to 323. 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 compared to last winter, in the context of a very challenging national picture.

Over past months considerable improvement has been made on patients waiting 12-hours in the EU. After increases reported in December and January we saw a modest reduction in February and our performance remains improved from the same period last year. 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. Reducing the number of patients waiting 12 and 24-hours in the EU remains a priority and has been an area of specific focus for the EU and patient flow teams through some very challenging weeks in January and February.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement against our historic trends. 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. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Using the annualised NHFD data, the UHB are above the national average for 7 of the 8 KPIs. While we are below the average using annualized data for KPI5 (Not Delirious Post-op),

compliance has improved from March this year with August and September and November's performance well above the national average.

January saw deterioration 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 48.2%, but does remain significantly above the all Wales average and much improved from the compliance last January. Our percentage compliance and median time to ward and CT scan remains improved from our performance in 2022, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. Our SSNAP grade has improved to A for the period July-September 2023, this is a significant improvement from the previous quarters 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.

January saw our thrombolysis rate reduced to 10.9% from 21.8% in November but remain above the Wales average. At our recent IQPD meeting with Welsh Government the Health Board presented our actions against the key recommendations from an HEIW review into the stroke pathway, including work on stroke/prevention awareness, the emergency pathway, implementation of AI software improving thrombolysis and thrombectomy rates and improvements to our rehabilitation provision. There is work to do to be able to maintain the A grade standard and consistently meet the standards across the whole stroke pathway.

Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%, our highest performance since the development of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January, as a result of the Junior Doctors Industrial Action, where we lost 121 cancer appointments and treatment slots, and patients who chose to start their definitive cancer treatment after the Christmas and New Year period. We continue to treat our longest waiting patients as a priority and continue our pathway work to improve times to first outpatient appointment, diagnostic and diagnosis reporting, as well as definitive treatment. As a result we have seen a sustained reduction in the number of patients waiting over 62 and 104 days for their definitive treatment.

Challenges within endoscopy are being addressed with improvements noted in the endoscopy backlog and the SCP compliance for upper and lower GI cancers. 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 Q2 where we have seen improvements in the monthly compliance for July and September.

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	42.6%	54.8%	57.8%	58.5%	55.1%	61.5%	62.2%	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%
Compliance following quaterly refresh	50.3%	56.9%	60.0%	62.8%	57.5%	62.9%	63.5%	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%

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 have maintained this since then. In December the Health Board delivered on our commitment to reduce the number of patients waiting 2 years for treatment to <3% of the waiting list.

At the end of January there were 3943 patients waiting 2 years for treatment, which represents 2.77% of patients on a waiting list. This highlights our commitment to reducing the number of long waiting patients, while balancing urgent, emergency and cancer demands. We are now working towards the March ambition for no more than 1% of the waiting list to have waited over 2 years with a particular focus on key specialties with the highest volumes of long waiting patients. However, due to a number

of compounding factors in Q4 we are unlikely to achieve 1%, but are working to ensure the fewest possible number of breaches at the end of March.

We are currently behind 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. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. From April 2024 we will only be reporting the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 58,800 patients who are past their target date for a follow-up appointment, of these c600 are over 2 years past their target date as shown below:

Overdue Follow-up Outpatients						
Clinical Board	Months past target date	07/02/2024	13/02/2024	20/02/2024	27/02/2024	05/03/2024
Total	Total overdue	61658	61415	60280	59542	58800
	Over 18 months	2948	2867	2355	1994	1572
	Over 24 months	1271	1258	1022	843	616
Surgery	Over 18 months	1523	1475	1118	897	642
	Over 24 months	643	628	479	402	267
Children & Women	Over 18 months	500	438	518	486	341
	Over 24 months	173	201	174	154	90
Specialist	Over 18 months	464	507	348	271	281
	Over 24 months	196	173	134	72	70
Medicine	Over 18 months	455	441	365	334	302
	Over 24 months	257	254	233	213	187

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work 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 number of patients overdue for follow-up appointments will be an area of significant focus in the coming months.

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 and November saw improvements for MRI and CT, however, the 8-week breach position deteriorated in December, with only a small improvement in January. 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. A separate deep dive into diagnostics was presented to Finance and Performance Committee last month.

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. The last 4 months have seen a reduction in the percentage of our acute beds occupied by patients with a >21-day length of stay, although the number of patients with long lengths of stay has begun to increase as we move into the new year with a small increase noted in January 2024. Reducing the time patients spend in hospital is a current operational focus. 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 2023 following an exceptionally high number of referrals in March 2023. However, the teams have managed to recover their waiting list position and June’s reported compliance with the 28-day standard returned to 100%, and has remained at over the 80% standard each month until January. October 2023 saw the highest recorded number of referrals and Part 1a performance was expected to deteriorate from January 2024. As forecasted, In January we reported 37.5% compliance with the 28-day standard and expect this performance to fluctuate in the coming months as the service work through the referrals to recover the position. 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 dropped below the 80% standard at 78% in January as a result of a number of factors including workforce challenges and the number of complex cases. 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 which acknowledges the services reduced capacity to deliver interventions within 28 days due to vacancies and sickness. The team are developing a psychoeducation resource and looking to recruit additional support workers to deliver this. A recovery plan will be presented as part of the next round of Executive led Clinical Board Review sessions.

As we move into the new year we currently have a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required and work has been ongoing at a national level to negotiate changes to the GMS contract for 2023-24. Despite a lack of consensus, there has been a mutual decision to conclude negotiations for this year’s settlement which will see a £20m financial investment into GMS across Wales.

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:

Committee/Group/Exec	Date:

Cardiff and Vale Integrated Performance Report

March 2024



Report Contents

1. [Ministerial Priorities](#)

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

Click on a hyperlink to navigate directly to the section required



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	238 February	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% December	Hyperlink to section
	Increased access to dental services Measure: 50% of expected new patient target Reporting: monthly	50%	Yes	June 2023	139% December	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% December	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	656 December	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	1641 February	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 February	Hyperlink to section

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 Measure 2: 104 week treatment target by December 2023 Reporting: monthly		8999	No	Mar 2024	11993 January	Hyperlink to section
			3788	Yes	Dec 2023	3943 January	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	29865 February	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	14329 January	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	70.2% December	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	37.5% Jan	Hyperlink to section
		Measure 2: Part 1b (adults)	80%	Yes	June 2023	100% Jan	
		Measure 3: Part 2 (adults)	80%	Yes	June 2023	54.0% Jan	
		Measure 4: Part 1a (children)	80%	Yes	June 2023	78% Jan	
		Measure 5: Part 1b (children)	80%	Yes	June 2023	14% Jan	
		Measure 6: Part 2 (children)	80%	Yes	June 2023	85% Jan	
	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

Section 2: Cardiff and Vale Performance Report

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

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

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

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Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	<div>Urgent and Emergency Care</div> <div>Inpatient Flow, Discharge and Front Door</div> <div>Alternatives to Admission</div> <div>Community and Urgent Primary Care</div> <div>Priority Services</div> <div>RTT Waiting Times</div> <div>Planned Care</div> <div>Cancer, Diagnostics and Therapies</div> <div>Primary and Community Care</div> <div>Whole System Evaluation and Supporting Patients Whilst Waiting</div> <div>Mental Health</div>
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.	<div>Quality, Safety and Experience</div> <div>Financial Performance</div>



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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none">Eligible cohorts have been receiving the COVID-19 Autumn/Winter Booster, with 102,189 doses given in Cardiff and Vale as of the 22nd of February 2024, and 55.63% uptake to date (Wales average 54.02% uptake).As of the 26th of February 2024 UHB COVID-19 Staff vaccination uptake reached 41% with 37% uptake of influenza vaccination. (Target is 75% and the Welsh nationally reported average for this same period with regards to health and social workers uptake of COVID vaccination is 34% vs a performance for Cardiff and the Vale of 43% for the same cohort). A comparator for Influenza vaccination in this cohort is not available.This is delivered as part of the Staff Winter Respiratory Vaccination campaign which has utilised co-administration of Covid-19 and Influenza vaccinations via appointments at Mass Vaccination Centres and with opportunistic vaccination through vaccination champions. <p>Surveillance</p> <ul style="list-style-type: none">Influenza activity is currently decliningHospital admissions for COVID-19 have been stable in the past week after declining following a rise in cases in the second half of January; prevalence on lateral flow test/PCR has been declining since the last week of JanuaryThere are currently 0 (zero) Covid-19 outbreaks in hospital, and 2 outbreaks due to flu.1 bed is currently closed due to an incident involving flu; and 2 bed days have been lost due to current outbreaks and incidents16% of C&V UHB staff sickness during January 2024 was due to influenza/COVID-19/respiratory conditions (data for Feb 2024 awaited)Omicron sub-variant JN.1 is now the most prevalent variant in Wales and globallyRSV activity in under 5s remains at low intensity	Week 7	Below target	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>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</p> <p>Source: PHW weekly flu/ARI report</p>



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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<div>Routine childhood immunisation<ul style="list-style-type: none">80.01% of children are up to date with vaccination at age 4, which is below the target of 95% and a Welsh average of 84.7%</div>	Q2 2023/24 Jul 2023 – Sept 2023	Below target	<div><div><div>Cardiff & Vale UHB quarterly COVER trends</div><div><div>Cardiff and Vale UHB</div><div><div><div>100.0%</div><div>95.0%</div><div>90.0%</div><div>85.0%</div><div>80.0%</div><div>75.0%</div><div>70.0%</div><div>65.0%</div><div>60.0%</div><div>55.0%</div><div>50.0%</div></div><div><div>95%</div></div><div><div>2018q2</div><div>2018q4</div><div>2019q2</div><div>2019q4</div><div>2020q2</div><div>2020q4</div><div>2021q2</div><div>2021q4</div><div>2022q2</div><div>2022q4</div><div>2023q2</div></div><div><div>Uptake (%)</div><div>Up to date* (4 years)</div></div></div><div><div>Choose Area</div><div><div><input checked="" type="radio"/> Cardiff and Vale UHB</div><div><input type="radio"/> Cardiff</div><div><input type="radio"/> Vale of Glamorgan</div></div><div><div>Choose Vaccine (Age)</div><div><div><input type="checkbox"/> (All)</div><div><input type="checkbox"/> 5 in 1 primary (1 year)*</div><div><input type="checkbox"/> PCV primary (1 year)</div><div><input type="checkbox"/> MenB (2 doses, 1 year)</div><div><input type="checkbox"/> Rotavirus (2 doses, 1 year)</div><div><input type="checkbox"/> Hib/MenC booster (2 years)</div><div><input type="checkbox"/> PCV final (2 years)</div><div><input type="checkbox"/> MMR (1 dose, 2 years)</div><div><input type="checkbox"/> MenB (Complete course, 2 years)</div><div><input checked="" type="checkbox"/> Up to date* (4 years)</div><div><input type="checkbox"/> 4 in 1 pre-school booster (5 years)</div><div><input type="checkbox"/> MMR (2 doses, 5 years)</div><div><input type="checkbox"/> 3 in 1 teenage booster (16 years)</div><div><input type="checkbox"/> MMR (1 dose, 16 years)</div><div><input type="checkbox"/> MMR (2 doses, 16 years)</div></div></div></div><div><div>Data quality improvements from</div><div>2018q4</div></div><div><div>Vaccine (age)</div><div>Up to date* (4 years)</div></div></div><div>Source quarterly COVER data</div></div></div>
Health Protection	<div>Health Protection System<ul style="list-style-type: none">Planning for a regional, all hazards Integrated Health Protection Partnership is well advanced, with full implementation by the end of Q4. The Cardiff and Vale Health Protection Plan was approved by QSE on 13th Feb and is being taken through partnership governance processes for final sign off by April 2024.A debrief has taken place following the measles table top exercise held on 19/12/23, and relevant actions identified.</div>	Q4 2023/24	On target	n/a

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Priority	Performance Summary	Reported Period	On target?	Data																																																												
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none">74.6% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 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 (only six Health Board's participated so no Welsh average; however, the English average for 2021/22 was 76.5%). The healthy weight target for 2022/23 is 75%, data awaited. Data produced annually.40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.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>Weight management services</p> <ul style="list-style-type: none">% people with body mass index (BMI)>30 who can be treated through:<ul style="list-style-type: none">Level 2 services: 1.6% (target: 1.5%)Level 3 services: 0.2% (target: 0.5%)	Q3 2023/24	<p>Healthy weight:</p> <p>Below target</p> <p>Weight management services:</p> <p>Level 2 above target Level 3 below target</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>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2012/13</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2013/14</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2014/15</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2015/16</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2016/17</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2017/18</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2018/19</td><td>74.6</td><td>74.6</td><td>74.6</td><td>74.6</td></tr><tr><td>2019/20</td><td></td><td></td><td></td><td></td></tr><tr><td>2020/21</td><td></td><td></td><td></td><td></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	74.6	74.6	74.6	74.6	2012/13	74.6	74.6	74.6	74.6	2013/14	74.6	74.6	74.6	74.6	2014/15	74.6	74.6	74.6	74.6	2015/16	74.6	74.6	74.6	74.6	2016/17	74.6	74.6	74.6	74.6	2017/18	74.6	74.6	74.6	74.6	2018/19	74.6	74.6	74.6	74.6	2019/20					2020/21					2021/22	74.6	74.6	74.6	74.6
Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales																																																												
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2015/16	74.6	74.6	74.6	74.6																																																												
2016/17	74.6	74.6	74.6	74.6																																																												
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Priority	Performance Summary	Reported Period	On target?	Data																																																																																																						
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none">13% of Cardiff and Vale of Glamorgan smoke, one of the lowest prevalence rates in WalesNHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - 5% annually.In Quarter 2 - 0.59% of smokers set a firm quit date. 68% of these quit smoking at 4 weeks (Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) HMQ community – 76% of Treated Smokers had quit smoking at 4 weeks. Quarter 3 data not available – Welsh Gov Q3 reporting due March 24.Level 3 Pharmacy –25% of Treated Smokers had quit smoking at 4 weeks.Hospital Service - 85% of Treated Smokers had quit smoking at 4 weeks.	Quarter 3 2023/24	Smokers setting quit date: Below target	<table><caption>Smokers setting quit date (%)</caption><tr><th>Year</th><th>HMQ</th><th>Hospital</th><th>L3</th><th>Tier 1 Target</th><th>C&V UHB</th></tr><tr><td>2006-2007</td><td>42.20%</td><td>61.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2007-2008</td><td>42.20%</td><td>52.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2008-2009</td><td>42.20%</td><td>35.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2009-2010</td><td>42.20%</td><td>33.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2010-2011</td><td>41.40%</td><td>31.50%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2011-2012</td><td>51.00%</td><td>41.40%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2012-2013</td><td>45.10%</td><td>48.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2013-2014</td><td>48.00%</td><td>31.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2014-2015</td><td>37.00%</td><td>59.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2015-2016</td><td>46.00%</td><td>63.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2016-2017</td><td>49.0%</td><td>63.0%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2017-2018</td><td>56.00%</td><td>71%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2018-2019</td><td>57.00%</td><td>65%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2019-2020</td><td>68%</td><td>73%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2020-2021</td><td>56.00%</td><td>77.00%</td><td></td><td>40.00%</td><td></td></tr><tr><td>2021-2022</td><td>74%</td><td>75%</td><td></td><td>40.00%</td><td></td></tr></table>	Year	HMQ	Hospital	L3	Tier 1 Target	C&V UHB	2006-2007	42.20%	61.00%		40.00%		2007-2008	42.20%	52.00%		40.00%		2008-2009	42.20%	35.00%		40.00%		2009-2010	42.20%	33.00%		40.00%		2010-2011	41.40%	31.50%		40.00%		2011-2012	51.00%	41.40%		40.00%		2012-2013	45.10%	48.00%		40.00%		2013-2014	48.00%	31.00%		40.00%		2014-2015	37.00%	59.00%		40.00%		2015-2016	46.00%	63.00%		40.00%		2016-2017	49.0%	63.0%		40.00%		2017-2018	56.00%	71%		40.00%		2018-2019	57.00%	65%		40.00%		2019-2020	68%	73%		40.00%		2020-2021	56.00%	77.00%		40.00%		2021-2022	74%	75%		40.00%	
Year	HMQ	Hospital	L3	Tier 1 Target	C&V UHB																																																																																																					
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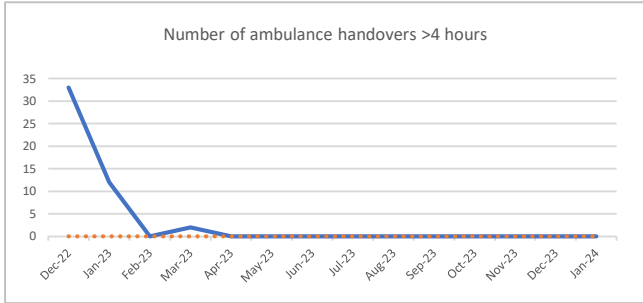
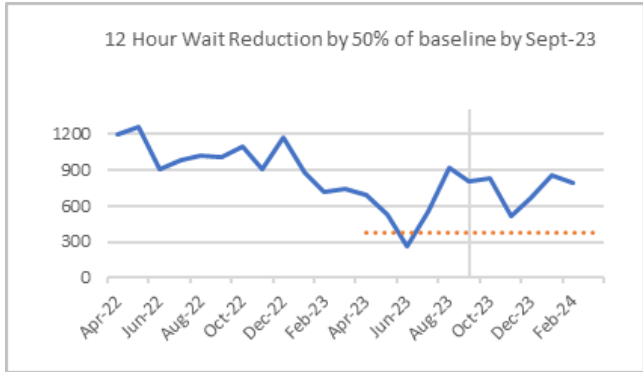
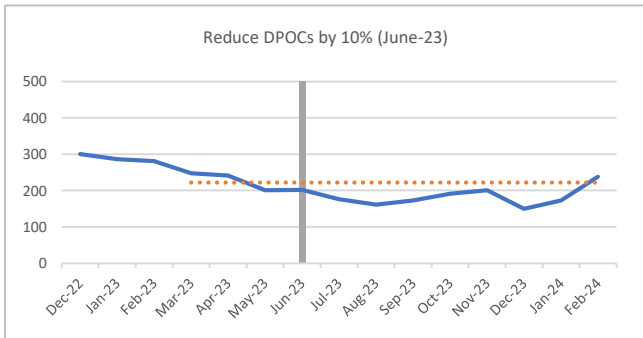
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	1 Apr 23 to 31 Mar 23	0.8% per quarter	0.6% Below Target	<table><tr><td>Q2</td><td>Q3</td><td>Q4</td><td>Q1</td></tr><tr><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 Jul 23 to 30 Sep 23	95%	83.7% Below Target	<table><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 30 Jun 23	90%	74.4% Below Target	<table><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 Sep 23 to 31 Mar 24	75%	72.6% Below Target	<table><tr><td>01/03</td><td>21/11</td><td>27/12</td><td>16/02</td></tr><tr><td>72.80%</td><td>65.10%</td><td>70.90%</td><td>72.60%</td></tr></table>	01/03	21/11	27/12	16/02	72.80%	65.10%	70.90%	72.60%
01/03	21/11	27/12	16/02										
72.80%	65.10%	70.90%	72.60%										
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%	55.5% Below Target	<table><tr><td>Feb-24</td><td>Nov-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>55.50%</td><td>30.96%</td><td>44.20%</td><td>53.19%</td></tr></table>	Feb-24	Nov-23	Nov-23	Dec-23	55.50%	30.96%	44.20%	53.19%
Feb-24	Nov-23	Nov-23	Dec-23										
55.50%	30.96%	44.20%	53.19%										
7.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Nov-23	90%	19.0%	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>20.60%</td><td>20.80%</td><td>28.30%</td><td>19.00%</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	20.60%	20.80%	28.30%	19.00%
Aug-23	Sep-23	Oct-23	Nov-23										
20.60%	20.80%	28.30%	19.00%										
8.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Oct-23	90%	97.3%	<table><tr><td>Jul-23</td><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td></tr><tr><td>96.40%</td><td>97.50%</td><td>98.10%</td><td>97.30%</td></tr></table>	Jul-23	Aug-23	Sep-23	Oct-23	96.40%	97.50%	98.10%	97.30%
Jul-23	Aug-23	Sep-23	Oct-23										
96.40%	97.50%	98.10%	97.30%										
9.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Dec-23	95%	96.0%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>96.80%</td><td>95.50%</td><td>95.30%</td><td>96.00%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	96.80%	95.50%	95.30%	96.00%
Sep-23	Oct-23	Nov-23	Dec-23										
96.80%	95.50%	95.30%	96.00%										

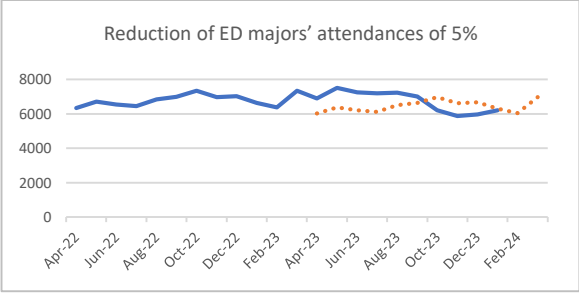
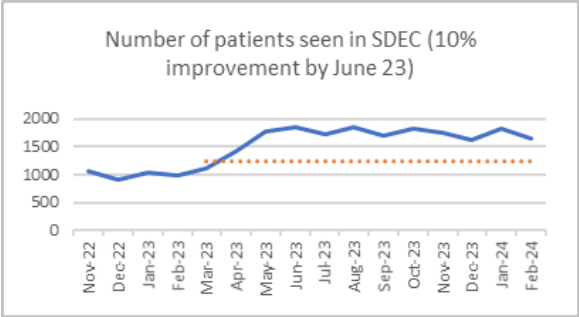


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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reporting Period	Data																																
Ambulance Handover Annual Plan Commitments: <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 November 2022 to zero since April 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, in September 27, October 10, November 14, 9 in December. This increased to 15 in January but has decreased to 11 in February.Average lost minutes per arrival at UHW remains has increased slightly to 22 minutes in January from 17 in December. Average lost minutes per arrival for the Health Board was 19. This performance remains better than our annual plan commitment.	Feb-24	 <table><caption>Number of ambulance handovers >4 hours</caption><tr><th>Month</th><th>Count</th></tr><tr><td>Dec-22</td><td>35</td></tr><tr><td>Jan-23</td><td>15</td></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>2</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>0</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr></table>	Month	Count	Dec-22	35	Jan-23	15	Feb-23	0	Mar-23	2	Apr-23	0	May-23	0	Jun-23	0	Jul-23	0	Aug-23	0	Sep-23	0	Oct-23	0	Nov-23	0	Dec-23	0	Jan-24	0		
Month	Count																																		
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Jan-24	0																																		
Emergency Department Annual Plan Commitments: <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 February, 23 patients waited 24-hours in the EU footprint without a stop-clock, an increase from the 17 patients in January12-hour ED waits decreased from 861 in January to 792 in February but remains above our IMTP ambition.	Feb-24	 <table><caption>12 Hour Wait Reduction by 50% of baseline by Sept-23</caption><tr><th>Month</th><th>Count</th></tr><tr><td>Apr-22</td><td>1200</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>800</td></tr><tr><td>Dec-23</td><td>500</td></tr><tr><td>Feb-24</td><td>800</td></tr></table>	Month	Count	Apr-22	1200	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	800	Dec-23	500	Feb-24	800						
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Delayed Pathways of Care, LOS and Beds Annual Plan Commitments: <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 February 2024 census reported 238 delayed pathways, an increase from January and above our commitment of 217, which we have previously metWe 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 30% and 57% 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.	Feb-24	 <table><caption>Reduce DPOCs by 10% (June-23)</caption><tr><th>Month</th><th>Count</th></tr><tr><td>Dec-22</td><td>300</td></tr><tr><td>Jan-23</td><td>280</td></tr><tr><td>Feb-23</td><td>280</td></tr><tr><td>Mar-23</td><td>250</td></tr><tr><td>Apr-23</td><td>220</td></tr><tr><td>May-23</td><td>200</td></tr><tr><td>Jun-23</td><td>200</td></tr><tr><td>Jul-23</td><td>180</td></tr><tr><td>Aug-23</td><td>180</td></tr><tr><td>Sep-23</td><td>180</td></tr><tr><td>Oct-23</td><td>200</td></tr><tr><td>Nov-23</td><td>200</td></tr><tr><td>Dec-23</td><td>150</td></tr><tr><td>Jan-24</td><td>180</td></tr><tr><td>Feb-24</td><td>230</td></tr></table>	Month	Count	Dec-22	300	Jan-23	280	Feb-23	280	Mar-23	250	Apr-23	220	May-23	200	Jun-23	200	Jul-23	180	Aug-23	180	Sep-23	180	Oct-23	200	Nov-23	200	Dec-23	150	Jan-24	180	Feb-24	230
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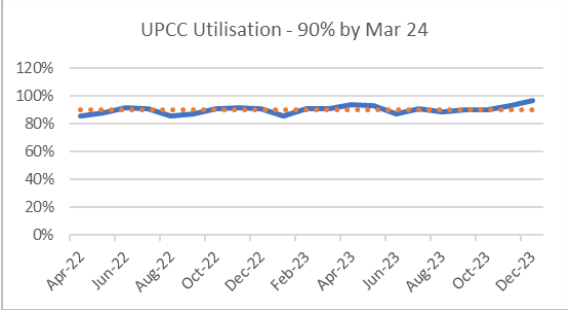
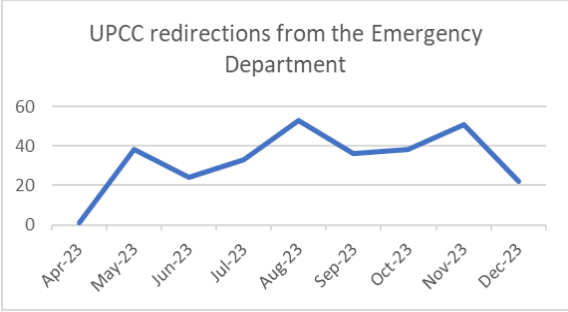
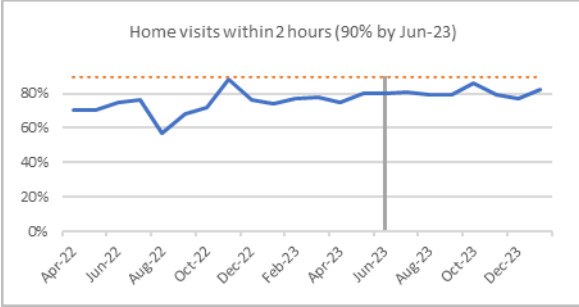
Priority	Performance Summary	Reporting Period	Data
<div>ED Attendances</div> <div>Annual Plan Commitment</div> <div><ul style="list-style-type: none">Reduction of ED majors' attendances of 5% compared to same period 2022/23 (every quarter)</div>	<div><ul style="list-style-type: none">In February 2024 we reported 10,598 EU attendances, a decrease from the 11,105 reported in JanuaryThe number of EU Majors attendances in February 2024 was 5933 a decrease from January and below our ambition of 6507.</div>	Feb-24	<div><p>Reduction of ED majors' attendances of 5%</p></div>
<div>Same Day Emergency Care</div> <div>Annual Plan Commitment</div> <div><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</div>	<div><ul style="list-style-type: none">In February 2024 we saw 1,119 patients seen via surgical SDEC and 552 via the medical SDEC. In total 1,641 patients were seen, above our commitment of a 10% increase by the end of Q1A new process for national submissions has been undertaken and we hope to report on the other measures once complete. We are reviewing our SDEC reporting in line with next year's national performance framework.</div>	Feb-24	<div><p>Number of patients seen in SDEC (10% improvement by June 23)</p></div>



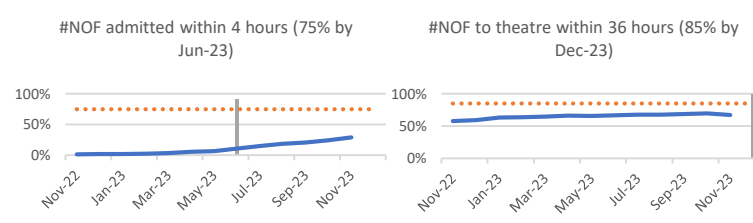
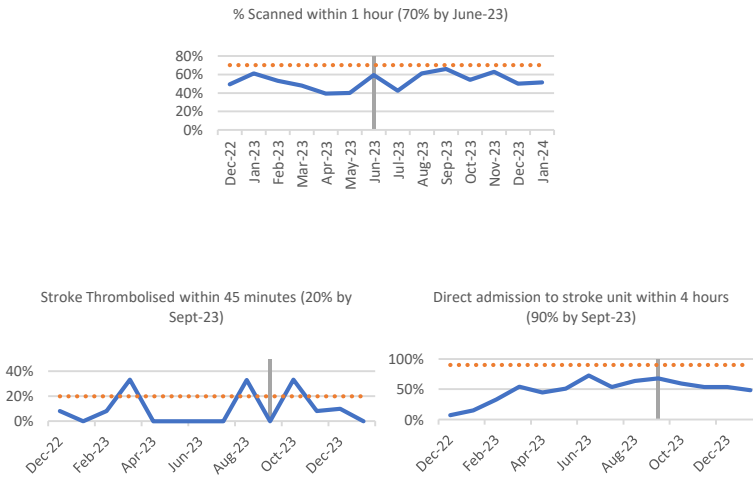
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C&V Priorities and Annual Plan Commitments

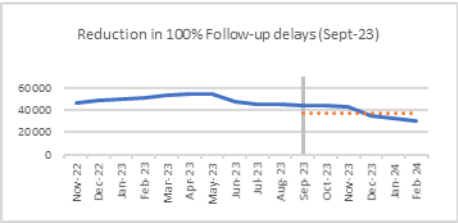
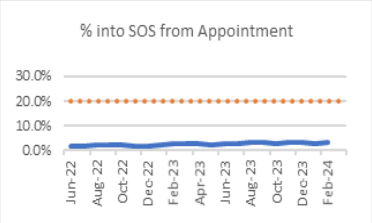
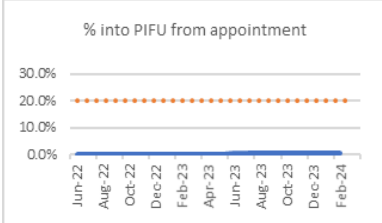
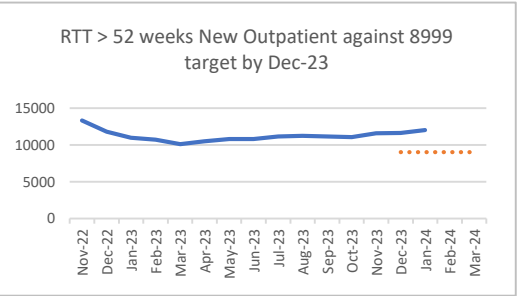
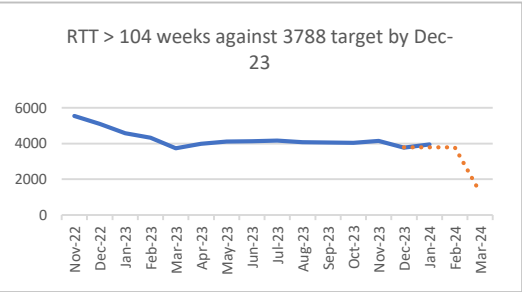
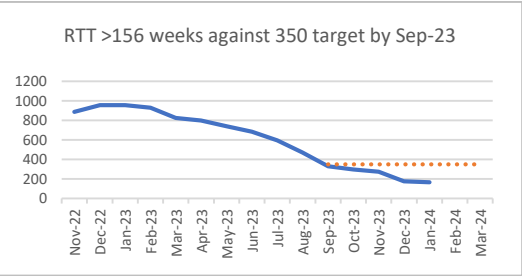
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Priority	Performance Summary	Reporting Period	Data
Urgent Primary Care Annual Plan Commitments: <ul style="list-style-type: none">80% appointment utilisation in UPCCs (June 2023), 85% (September 2023), 90% (March 2024)All clusters to have adequate 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 >90% achieved across Cardiff and Vale from September, increasing to 97% in December and remaining high at 96% in JanuaryDelivery plan in place to develop Urgent Care Centers as part of the 6 Goals Programme, to achieve full and equitable access across Cardiff and Vale currently at 86% coverage of the C&V populationCalls to CAV247/OOH service - Q1 = 93%, Q2 = 87%, Q3 = 88Work 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 Q3 = 112	<div>Jan-24</div> <div>Q3- Dec 23</div>	<div><p>UPCC Utilisation - 90% by Mar 24</p></div> <div><p>UPCC redirections from the Emergency Department</p></div>
Community Services <ul style="list-style-type: none">Home Visit (P2) f2f in 2 hrs >90% (June 2023)	<ul style="list-style-type: none">The Health Board was 100% compliant in January 2024 against the standard of 100% for ‘Emergency’ GP OOH patients requiring a home visit within one hour, with 2 of 2 patients receiving their visit with one hour.For patients that required an ‘Emergency’ appointment at a primary care center in January the Health Board was 100% compliant, with 4 of 4 patients receiving an appointment within 1 hourThe Health Board was 82% compliant against the commitment of 90% for 'Urgent' GP OOH patients requiring a home visit within 2 hours, with 98 of 119 patients receiving their visit within 2 hours	<div>Jan-24</div>	<div><p>Home visits within 2 hours (90% by Jun-23)</p></div>

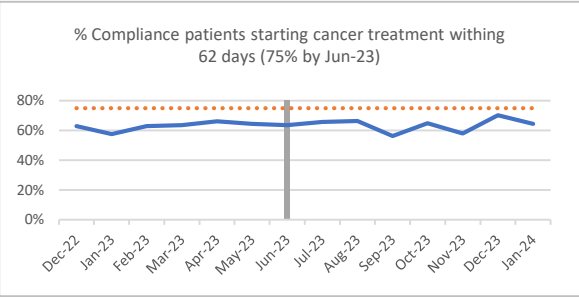
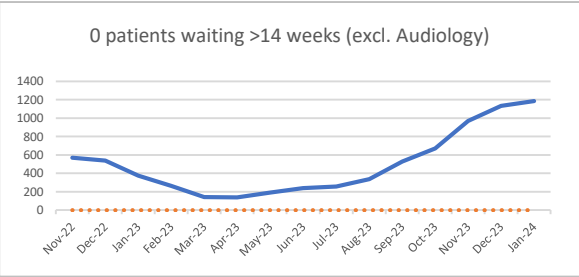
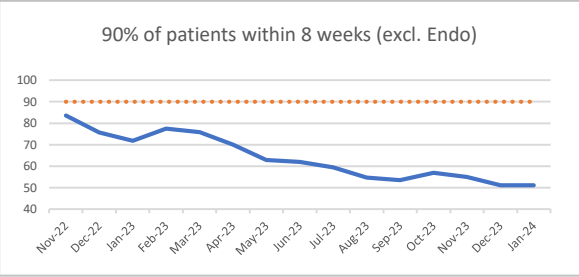


Priority	Performance Summary	Reporting Period	Data
Fracture Neck of Femur IMTP Commitments: <ul style="list-style-type: none">75% admitted within 4 hours (June-23)85% to theatre within 36 hours (December-23)	<p>Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown some improvement. In December 2023 the annualised data shows 33.7% of patients were admitted to a specialist ward with a nerve block within 4 hours.</p> <p>In December, 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.</p>	Dec-23	
Stroke IMTP Commitments: <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 from our historic trends. In January:</p> <ul style="list-style-type: none">0% of patients were thrombolysed within 45 minutes of arrival, the All-Wales average was 11.1%The percentage of CT scans that were started within 1 hour in January was 51.6%, the All-Wales average was 60.0%The percentage of patients who were admitted directly to a stroke unit within 4 hours was 48.2% in January, the All-Wales average was 22.9% <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.</p>	Jan-24	
Intensive Care Unit IMTP Commitments: <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 now a 24/7 service. This expansion is important for 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 was resourced from September 2023 following successful recruitment of staff	Dec-23	



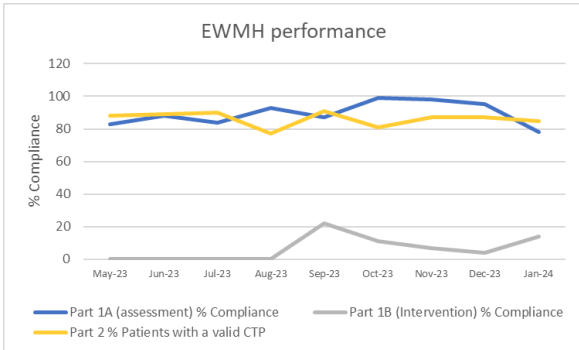
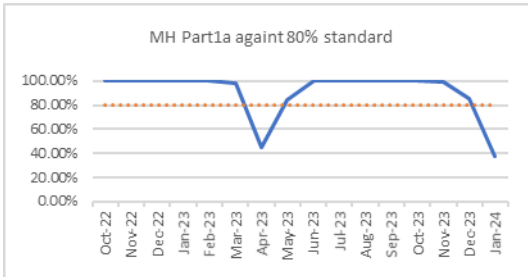
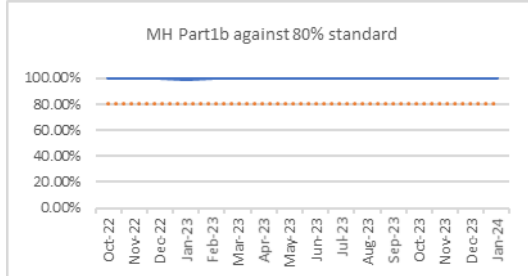
Priority	Performance Summary	Reporting Period	Data
Outpatient Follow-up Management Annual Plan Commitment <ul style="list-style-type: none">Follow up outpatients–reduce 100% delayed follow up by 25% on Jan'23 baseline of 50163 (September 2023)SOS and PIFU –10% of appropriate outpatient appointments (September 2023); 20% (March 2024)SOS and PIFU –20% of appropriate outpatient appointments	<ul style="list-style-type: none">In total there were 177,929 patients awaiting a follow-up outpatient appointment at the end of FebruaryOf these, there were 29,865 patients who were 100% delayed for their follow-up outpatient appointment, a significant decrease noted from December2.9% of outpatient appointments saw patients moving into a See on Symptoms pathway0.8% of outpatient appointments saw patients moving into Patient Initiated Follow-up pathway	<div>Feb-24</div> <div>Feb-24</div>	<div><p>Reduction in 100% Follow-up delays (Sept-23)</p></div> <div><p>% into SOS from Appointment</p></div> <div><p>% into PIFU from appointment</p></div>
52 Week New Outpatient Annual Plan Commitment <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 for all long waiting patient groups.In January, 11993 patients had waited 52 weeks for their outpatient appointment, an increase from December and still above our ambition for March 24. We are working with our high volume specialties to reduce this as we move through Q4.	<div>Jan-24</div>	<div><p>RTT > 52 weeks New Outpatient against 8999 target by Dec-23</p></div>
104 Week Treatment Annual Plan Commitment <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">In January the Health Board met its commitment to have no more than 3% of patients waiting more than 104 weeks for treatment. We closed January with 3943 patients waiting longer than 104 weeks which accounts for 2.76% of the total waiting list.Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 2 year waits for treatment as we work towards the March ambition.	<div>Jan-24</div>	<div><p>RTT > 104 weeks against 3788 target by Dec-23</p></div>
156 Week Waits Annual Plan Commitment <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 167 in January. Focussed work is ongoing to support key specialties reduce continue to reduce the number of patients with 3 year waits for treatment.	<div>Jan-24</div>	<div><p>RTT >156 weeks against 350 target by Sep-23</p></div>

Priority	Performance Summary	Reporting Period	Data																														
Community Pharmacy Annual Plan Commitment: <ul style="list-style-type: none">>90% of all eligible community pharmacies providing CCPS (June 2023)10% increase in pharmacy independent provider access (December 2023)	98% of all eligible community pharmacies providing CCPS <ul style="list-style-type: none">100 Community Pharmacies currently eligible to provide CCPS100/103 Community Pharmacies signed up to deliver CCPS. 3537 PIP consultations undertaken in Q3, increased from 2395 in Q1 and 3502 in Q2. There has been an increase to 32% of pharmacies providing PIP services.	Q3-December 2023	<table><tr><td rowspan="2">PIP consultations</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>1361</td><td>1348</td><td>926</td><td>1263</td></tr></table>	PIP consultations	Sep-23	Oct-23	Nov-23	Dec-23	1361	1348	926	1263																					
PIP consultations	Sep-23	Oct-23	Nov-23		Dec-23																												
	1361	1348	926	1263																													
GMS Escalation Annual Plan Commitment: <ul style="list-style-type: none">>95% of practices reporting escalation levels (June 2023)>95% achievement of core access to in-hours GMS Services (September 2023)	<ul style="list-style-type: none">Average of 92% of Practices reporting escalation levels (Average for Q1 and Q2 88%) – Increase in number of practices at level 3 or above (36 practices as at December 23 = 64%)98% achievement of core access standards to in hours GMS	Q3-Dec 2023	<table><tr><td rowspan="2">Escalation reporting</td><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>88.0%</td><td>88.0%</td><td>92.0%</td></tr><tr><td rowspan="2">Access Standards</td><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>98.0%</td><td>98.0%</td><td>98%</td></tr></table>	Escalation reporting	Q1	Q2	Q3	88.0%	88.0%	92.0%	Access Standards	Q1	Q2	Q3	98.0%	98.0%	98%																
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Access Standards	Q1	Q2	Q3																														
	98.0%	98.0%	98%																														
Dental Annual Plan Commitment: <ul style="list-style-type: none">50% of expected target for new patients, urgent and historic (June 2023); 90% (March 2024)	<ul style="list-style-type: none">% of Primary Care Dental Services Contract value (GDS) delivered for new patients seen – 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% 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.	Q3-Dec 2023	<table><tr><td></td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>New</td><td>99.80%</td><td>113.90%</td><td>130.33%</td><td>139.27%</td></tr><tr><td>New Urgent</td><td>45.10%</td><td>52.80%</td><td>57.00%</td><td>63.25%</td></tr><tr><td>Historic</td><td>43.80%</td><td>51.20%</td><td>59.58%</td><td>64.69%</td></tr><tr><td></td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>CDWL volume</td><td>21,836</td><td>22,975</td><td>23,892</td><td>24,636</td></tr></table>		Sep-23	Oct-23	Nov-23	Dec-23	New	99.80%	113.90%	130.33%	139.27%	New Urgent	45.10%	52.80%	57.00%	63.25%	Historic	43.80%	51.20%	59.58%	64.69%		Sep-23	Oct-23	Nov-23	Dec-23	CDWL volume	21,836	22,975	23,892	24,636
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CDWL volume	21,836	22,975	23,892	24,636																													
Optometry Annual Plan Commitment <ul style="list-style-type: none">>90% of eligible practices offering Clinical Community Optometry Services (CCOS) (June 2023); 95% (December 2023)	<ul style="list-style-type: none">Contract reform and implementation still in progress, currently 12 practices offer and Optometry Independent Prescribing service (18.75%)	Q3-Dec 2023																															
Respiratory Annual Plan Commitment <ul style="list-style-type: none">50% of backlog of suspected COPD patients receive spirometry (June 2023); 100% March 2024)	<ul style="list-style-type: none">Community Spirometry service available in both Cardiff and Vale regions.1,269 Patients appointed (81%), current waiting list of 251.Phase 2 service implemented from November to include post bronchodilator spirometry and reversibility/FeNO testing for patients who are suspected of having asthma. Increased number of clinics in Community from January 2024.	Q3-Dec 2023																															

Priority	Performance Summary	Reporting Period	Data
<div>Cancer Annual Plan Commitment</div> <div><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)</div>	<div><ul style="list-style-type: none">Our compliance with the 62-day single cancer pathway standard improved in December to 70.2%, our highest performance since the introduction of the Single Cancer Pathway. As forecasted we saw a drop in compliance to 64.4% in January. We continue to address the backlog of long waiting patients. At the time of writing there are a total of 1905 suspected cancer patient on the SCP. 203 have waited over 62 days, of which 70 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</div>	<div>Jan-24</div> <div>No date</div>	<div></div>
<div>Therapies Annual Plan Commitment</div> <div><ul style="list-style-type: none">0 patients waiting over 14 weeks (excluding audiology) (June 2023)</div>	<div><ul style="list-style-type: none">Excluding Audiology there were 1184 patients waiting over 14-weeks for Therapy in at the end of January. In total there were 1591 patients waiting longer 14 weeks for Therapy, a decrease from November and December due to a reduction in Audiology breaches.</div>	<div>Jan-24</div>	<div></div>
<div>Diagnostics Annual Plan Commitment</div> <div><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)</div>	<div><ul style="list-style-type: none">Excluding endoscopy there were 9197 diagnostic patients waiting longer than 8 weeks for a Diagnostic at the end of January. In total there were 14329 patients waiting longer than 8 weeks for a diagnostic test, a decrease from December.51% of patients seen within 8 weeks in January (excluding Endoscopy), remaining the same from December.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.</div>	<div>Jan-24</div> <div>No date</div>	<div></div>

Priority	Performance Summary	Reporting Period	Data
Whole System Evaluation Annual Plan Commitment: <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)	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 specialties and we are refining how we approach this across the UHB, working with colleagues from the NHS Executive.	Jan-24	
Supporting Patients Whilst Waiting Annual Plan Commitment: <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>This workstream has been realigned with a national focus the 3 Ps programme and delivery of Single Point of Access from Q1 24/25:</p> <ul style="list-style-type: none">Promoting healthy behavioursPreventing deconditioning whilst waitingPreparing for treatment and recovery	Jan-24	



Priority	Performance Summary	Reporting Period	Data																																																																				
Children’s Mental Health Annual Plan Commitments: <ul style="list-style-type: none">>80% Part 1a performance – SCAMHSPart 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 dropped below the 80% standard at 78% in January 2024.</p> <p>Part 1b performance increased to 14% but remains low due to additional assessments undertaken to meet Part 1a, high referral levels in June and July 23 and continued workforce challenges. The number waiting continues to increase but the longest wait reduced in January. The number waiting over 16 weeks remains low.</p> <p>There have been data quality issues and a thorough improvement in the capture of data which has further impacted reported performance. The implementation of a new PARIS module has improved data capture.</p>	Jan-24	 <table border="1"><caption>EWMH performance</caption><thead><tr><th>Month</th><th>Part 1A (assessment) % Compliance</th><th>Part 1B (Intervention) % Compliance</th><th>Part 2 % Patients with a valid CTP</th></tr></thead><tbody><tr><td>May-23</td><td>85</td><td>0</td><td>88</td></tr><tr><td>Jun-23</td><td>88</td><td>0</td><td>88</td></tr><tr><td>Jul-23</td><td>85</td><td>0</td><td>90</td></tr><tr><td>Aug-23</td><td>95</td><td>0</td><td>78</td></tr><tr><td>Sep-23</td><td>90</td><td>22</td><td>90</td></tr><tr><td>Oct-23</td><td>100</td><td>10</td><td>82</td></tr><tr><td>Nov-23</td><td>98</td><td>5</td><td>88</td></tr><tr><td>Dec-23</td><td>95</td><td>5</td><td>85</td></tr><tr><td>Jan-24</td><td>78</td><td>14</td><td>85</td></tr></tbody></table>	Month	Part 1A (assessment) % Compliance	Part 1B (Intervention) % Compliance	Part 2 % Patients with a valid CTP	May-23	85	0	88	Jun-23	88	0	88	Jul-23	85	0	90	Aug-23	95	0	78	Sep-23	90	22	90	Oct-23	100	10	82	Nov-23	98	5	88	Dec-23	95	5	85	Jan-24	78	14	85																												
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Dec-23	95	5	85																																																																				
Jan-24	78	14	85																																																																				
Adult Mental Health Annual Plan Commitments: <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 1335 referrals in January 2024. 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: as forecasted. in January the percentage of Mental Health assessments undertaken within 28 days reduced to 37.5%Part 1b compliance remains at 100%	Jan-24	 <table border="1"><caption>MH Part1a against 80% standard</caption><thead><tr><th>Month</th><th>% Compliance</th></tr></thead><tbody><tr><td>Oct-22</td><td>100.00%</td></tr><tr><td>Nov-22</td><td>100.00%</td></tr><tr><td>Dec-22</td><td>100.00%</td></tr><tr><td>Jan-23</td><td>100.00%</td></tr><tr><td>Feb-23</td><td>100.00%</td></tr><tr><td>Mar-23</td><td>47.50%</td></tr><tr><td>Apr-23</td><td>87.50%</td></tr><tr><td>May-23</td><td>100.00%</td></tr><tr><td>Jun-23</td><td>100.00%</td></tr><tr><td>Jul-23</td><td>100.00%</td></tr><tr><td>Aug-23</td><td>100.00%</td></tr><tr><td>Sep-23</td><td>100.00%</td></tr><tr><td>Oct-23</td><td>100.00%</td></tr><tr><td>Nov-23</td><td>100.00%</td></tr><tr><td>Dec-23</td><td>100.00%</td></tr><tr><td>Jan-24</td><td>37.50%</td></tr></tbody></table>  <table border="1"><caption>MH Part1b against 80% standard</caption><thead><tr><th>Month</th><th>% Compliance</th></tr></thead><tbody><tr><td>Oct-22</td><td>100.00%</td></tr><tr><td>Nov-22</td><td>100.00%</td></tr><tr><td>Dec-22</td><td>100.00%</td></tr><tr><td>Jan-23</td><td>100.00%</td></tr><tr><td>Feb-23</td><td>100.00%</td></tr><tr><td>Mar-23</td><td>100.00%</td></tr><tr><td>Apr-23</td><td>100.00%</td></tr><tr><td>May-23</td><td>100.00%</td></tr><tr><td>Jun-23</td><td>100.00%</td></tr><tr><td>Jul-23</td><td>100.00%</td></tr><tr><td>Aug-23</td><td>100.00%</td></tr><tr><td>Sep-23</td><td>100.00%</td></tr><tr><td>Oct-23</td><td>100.00%</td></tr><tr><td>Nov-23</td><td>100.00%</td></tr><tr><td>Dec-23</td><td>100.00%</td></tr><tr><td>Jan-24</td><td>100.00%</td></tr></tbody></table>	Month	% Compliance	Oct-22	100.00%	Nov-22	100.00%	Dec-22	100.00%	Jan-23	100.00%	Feb-23	100.00%	Mar-23	47.50%	Apr-23	87.50%	May-23	100.00%	Jun-23	100.00%	Jul-23	100.00%	Aug-23	100.00%	Sep-23	100.00%	Oct-23	100.00%	Nov-23	100.00%	Dec-23	100.00%	Jan-24	37.50%	Month	% Compliance	Oct-22	100.00%	Nov-22	100.00%	Dec-22	100.00%	Jan-23	100.00%	Feb-23	100.00%	Mar-23	100.00%	Apr-23	100.00%	May-23	100.00%	Jun-23	100.00%	Jul-23	100.00%	Aug-23	100.00%	Sep-23	100.00%	Oct-23	100.00%	Nov-23	100.00%	Dec-23	100.00%	Jan-24	100.00%
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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	Dec-23	100%	98%	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td></tr><tr><td>98.0%</td><td>98.0%</td><td>98.0%</td></tr></table>	Q1	Q2	Q3	98.0%	98.0%	98.0%										
Q1	Q2	Q3																			
98.0%	98.0%	98.0%																			
11.	Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Dec-23	30% (Sept 23) 100% (Mar 24)	New 139.3% New Urgent 63.3% Historic 64.7%	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>99.80%</td><td>113.90%</td><td>130.33%</td><td>139.27%</td></tr><tr><td>45.10%</td><td>52.80%</td><td>57.00%</td><td>63.25%</td></tr><tr><td>43.80%</td><td>51.20%</td><td>59.58%</td><td>64.69%</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	99.80%	113.90%	130.33%	139.27%	45.10%	52.80%	57.00%	63.25%	43.80%	51.20%	59.58%	64.69%
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12.	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Dec-23	Reduction by Mar 24	656	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>860</td><td>943</td><td>740</td><td>656</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	860	943	740	656								
Sep-23	Oct-23	Nov-23	Dec-23																		
860	943	740	656																		
13.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-23	Increase against 22/23	1263	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>1361</td><td>1348</td><td>926</td><td>1263</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	1361	1348	926	1263								
Sep-23	Oct-23	Nov-23	Dec-23																		
1361	1348	926	1263																		
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	Jan-24	80%	78%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>99%</td><td>98%</td><td>95%</td><td>78%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	99%	98%	95%	78%								
Oct-23	Nov-23	Dec-23	Jan-24																		
99%	98%	95%	78%																		
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	Jan-24	80%	14%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>11%</td><td>7%</td><td>4%</td><td>14%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	11%	7%	4%	14%								
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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	Jan-24	80%	37.5%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>100.0%</td><td>99.6%</td><td>85.6%</td><td>37.5%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	100.0%	99.6%	85.6%	37.5%								
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17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jan-24	80%	100%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	100.0%	100.0%	100.0%	100.0%								
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100.0%	100.0%	100.0%	100.0%																		



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	Feb-24	65%	44%	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>52%</td><td>56%</td><td>48%</td><td>44%</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	52%	56%	48%	44%
Nov-23	Dec-23	Jan-24	Feb-24										
52%	56%	48%	44%										
19.	Median emergency response time to amber calls	Dec-23	12m improvement trend	01:38:43	<table><tr><td>Aug-23</td><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td></tr><tr><td>01:21:44</td><td>01:12:07</td><td>01:13:33</td><td>01:05:54</td></tr></table>	Aug-23	Sep-23	Oct-23	Nov-23	01:21:44	01:12:07	01:13:33	01:05:54
Aug-23	Sep-23	Oct-23	Nov-23										
01:21:44	01:12:07	01:13:33	01:05:54										
20.	Median time from arrival at an emergency department to triage by a clinician (minutes)	Dec-23	12m reduction trend	19	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>19</td><td>20</td><td>18</td><td>19</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	19	20	18	19
Sep-23	Oct-23	Nov-23	Dec-23										
19	20	18	19										
21.	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Dec-23	12m reduction trend	59	<table><tr><td>Sep-23</td><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td></tr><tr><td>72</td><td>64</td><td>61</td><td>59</td></tr></table>	Sep-23	Oct-23	Nov-23	Dec-23	72	64	61	59
Sep-23	Oct-23	Nov-23	Dec-23										
72	64	61	59										
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	Feb-24	95%	64.5%	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>66.6%</td><td>63.9%</td><td>63.6%</td><td>64.5%</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	66.6%	63.9%	63.6%	64.5%
Nov-23	Dec-23	Jan-24	Feb-24										
66.6%	63.9%	63.6%	64.5%										
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	Feb-24	0 (Mar 2024)	792	<table><tr><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td><td>Feb-24</td></tr><tr><td>518</td><td>665</td><td>861</td><td>792</td></tr></table>	Nov-23	Dec-23	Jan-24	Feb-24	518	665	861	792
Nov-23	Dec-23	Jan-24	Feb-24										
518	665	861	792										
24.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-24	80% (Mar 2026)	64.4%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>64.7%</td><td>58.0%</td><td>70.2%</td><td>64.4%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	64.7%	58.0%	70.2%	64.4%
Oct-23	Nov-23	Dec-23	Jan-24										
64.7%	58.0%	70.2%	64.4%										
25.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-24	0 (Mar 2024)	14329	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>12230</td><td>13198</td><td>14572</td><td>14329</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	12230	13198	14572	14329
Oct-23	Nov-23	Dec-23	Jan-24										
12230	13198	14572	14329										
26.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Jan-24	Improvement trend	79.74%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>80.03%</td><td>81.40%</td><td>81.59%</td><td>79.74%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	80.03%	81.40%	81.59%	79.74%
Oct-23	Nov-23	Dec-23	Jan-24										
80.03%	81.40%	81.59%	79.74%										
27.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jan-24	0 (Mar 2024)	1591	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>1823</td><td>1906</td><td>1804</td><td>1591</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	1823	1906	1804	1591
Oct-23	Nov-23	Dec-23	Jan-24										
1823	1906	1804	1591										





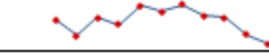
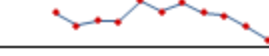
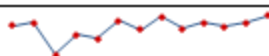


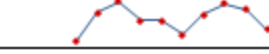

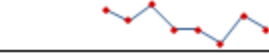
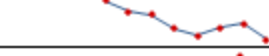
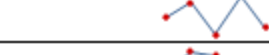
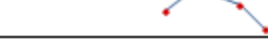
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
28.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jan-24	Improvement trajectory towards 0	11993	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>11044</td><td>11561</td><td>11617</td><td>11993</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	11044	11561	11617	11993
Oct-23	Nov-23	Dec-23	Jan-24										
11044	11561	11617	11993										
29.	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jan-24	Improvement trajectory towards 0	21866	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>20577</td><td>20758</td><td>21353</td><td>21866</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	20577	20758	21353	21866
Oct-23	Nov-23	Dec-23	Jan-24										
20577	20758	21353	21866										
30.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-24	Improvement trajectory towards 0	34817	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>44166</td><td>42904</td><td>34737</td><td>34817</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	44166	42904	34737	34817
Oct-23	Nov-23	Dec-23	Jan-24										
44166	42904	34737	34817										
31	Number of patients waiting more than 104 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	3943	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>4045</td><td>4142</td><td>3780</td><td>3943</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	4045	4142	3780	3943
Oct-23	Nov-23	Dec-23	Jan-24										
4045	4142	3780	3943										
32.	Number of patients waiting more than 52 weeks for referral to treatment	Jan-24	Improvement trajectory towards 0	29854	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>26471</td><td>28054</td><td>28842</td><td>29854</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	26471	28054	28842	29854
Oct-23	Nov-23	Dec-23	Jan-24										
26471	28054	28842	29854										
33.	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS) – now EWMHS	Jan-24	80%	78%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>99%</td><td>98%</td><td>95%</td><td>78%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	99%	98%	95%	78%
Oct-23	Nov-23	Dec-23	Jan-24										
99%	98%	95%	78%										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-24	80%	19%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>30%</td><td>28%</td><td>22%</td><td>19%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	30%	28%	22%	19%
Oct-23	Nov-23	Dec-23	Jan-24										
30%	28%	22%	19%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-24	80%	62%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>66%</td><td>68%</td><td>63%</td><td>62%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	66%	68%	63%	62%
Oct-23	Nov-23	Dec-23	Jan-24										
66%	68%	63%	62%										



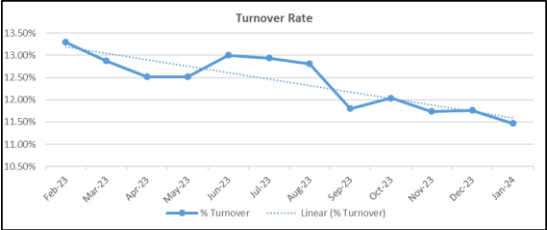

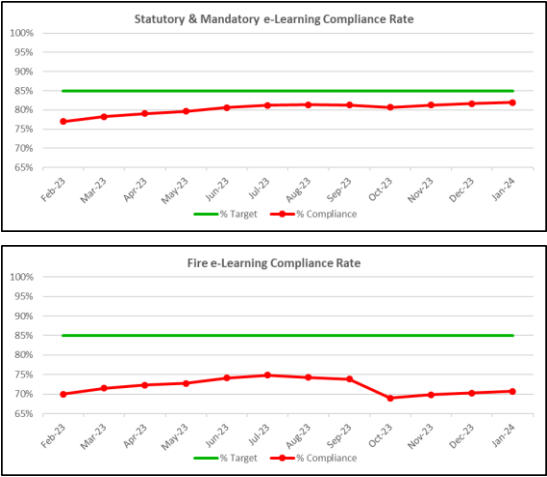
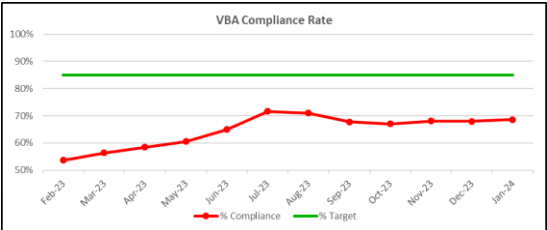
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Productivity and Efficiency measures

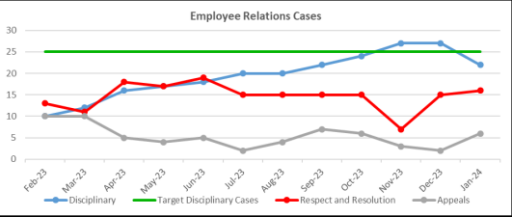

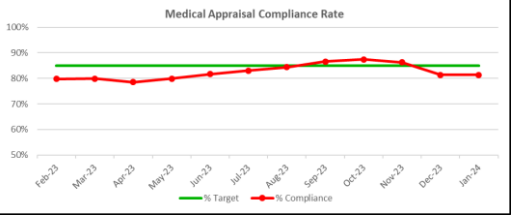
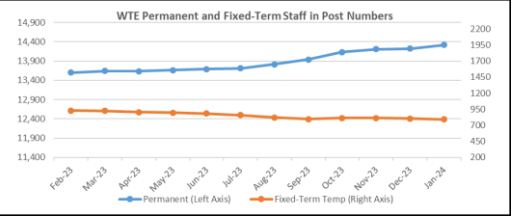
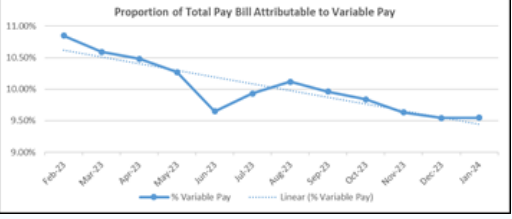
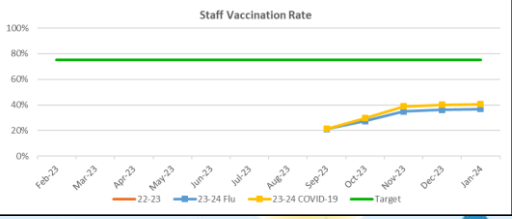
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Measure		Internal standard	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Outpatients	% DNAs - New appointments	5%	12.1%	12.1%	13.5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.8%	10.6%	10.3%	10.4%	
	% DNAs - Follow-up appointments	5%	13.5%	12.7%	13.4%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.3%	
Endoscopy	% room utilisation	90%			86%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	
	% utilisation (activity points available)	95%			81%	71%	75%	74%	93%	83%	90%	82%	79%	69%	58%	
Theatres	Average turnaround time (minutes)	10	16.7	17.2	11.8	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.4	
	% of theatre session utilisation	95%	93%	85%	89%	87%	90%	81%	81%	81%	83%	84%	88%	80%	76%	
	% in session utilisation	85%	78%	77%	76%	77%	78%	77%	79%	78%	78%	80%	77%	77%	78%	
	<24 hour cancellations					238	314	344	293	292	255	308	338	322	267	
	% 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	141684	141828	142758	
Inpatient	Delayed pathways of Care - Mental Health	217					43	39	45	36	36	31	41	36	37	
	Delayed Pathways of Care - non-Mental Health						204	178	171	140	124	142	150	114	173	
	7 day LOS on Acute Wards (snapshot)	<40%							58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	
	21 day LOS on Acute Wards (snapshot)	<20%							31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	



Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Feb-23; the rates have fallen from 13.29% to 11.47% in Jan-24 UHB wide. This is a net 1.82% decrease, which represents 255 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>	Jan-2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more ‘normal’ levels. The monthly sickness rate for Jan-24 was 6.22. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.23% (by comparison with Jan-23, which was 7.10%).</p>	Jan-2024	
Statutory and Mandatory Training	<p>The overall compliance rates rose for Jan-24 to 81.93%, 3.07% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services and Clinical Diagnostics & Therapeutics are above the 85% target, and PCIC, Corporate Executives and Children & Women’s are above 80% compliance.</p> <p>The compliance with Fire training was 70.75% for Jan-24. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	Jan-2024	
Values Based Appraisal	<p>VBA compliance was to 68.59% for Jan-24. Capital, Estates & Facilities (84.80%) are the only Clinical Board to have exceeded the 85% target, between May and August, but their compliance has subsequently fallen, and was 79.00% for Jan-24.</p>	Jan-2024	



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 12 months and for 2 months exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	Jan-2024	
Job Plans	91.98% of clinicians have engagement with job planning and have a job plan in the system, however only 51.56% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	Jan-2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 3 months. At Jan-24 the compliance was 81.39% and has now fallen below the 85% target.	Jan-2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 575 WTE, to 15,109 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	Jan-2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. It has been as high as 10.85% of the total spend on pay, but in Jan-24 was 9.55%. It must however be borne in mind that the total pay bill is increasing.	Jan-2024	
Staff Influenza Vaccination Programme	<p>The 2023-24 winter vaccination programme commenced in Sep-23. So far 36.86% of staff have received the flu vaccine and 40.64% have received the COVID-19 vaccine, by comparison with a target of 75% vaccination.</p> <p>The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.</p>	Jan-2024	

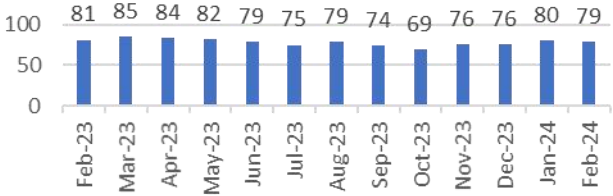
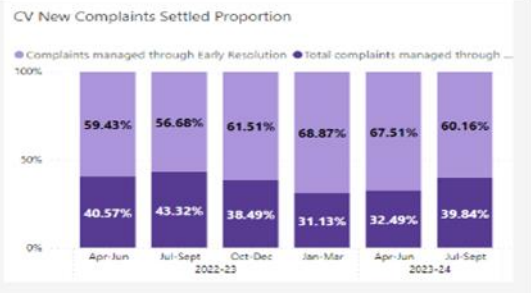
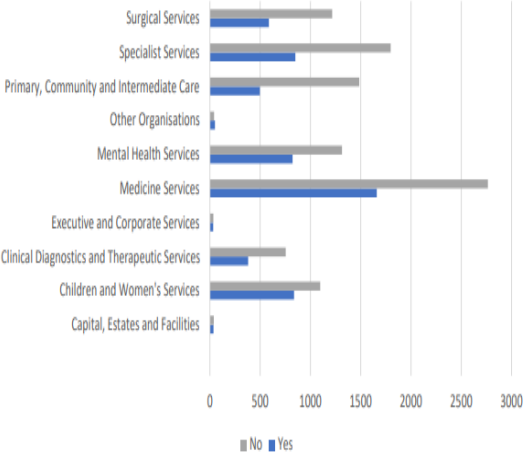
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NHS Wales Performance Framework Measures

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	Jan-24	6%	6.22%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>6.46%</td><td>5.76%</td><td>6.65%</td><td>6.22%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	6.46%	5.76%	6.65%	6.22%
Oct-23	Nov-23	Dec-23	Jan-24										
6.46%	5.76%	6.65%	6.22%										
37.	Staff turnover measure tbc starters and leavers and/or vacancies?	Jan-24	7%-9%	11.47%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>12.03%</td><td>11.74%</td><td>11.76%</td><td>11.47%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	12.03%	11.74%	11.76%	11.47%
Oct-23	Nov-23	Dec-23	Jan-24										
12.03%	11.74%	11.76%	11.47%										
38.	Agency spend as a percentage of the total pay bill	Jan-24	12 month reduction trend	1.16%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>1.35%</td><td>1.28%</td><td>1.33%</td><td>1.16%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	1.35%	1.28%	1.33%	1.16%
Oct-23	Nov-23	Dec-23	Jan-24										
1.35%	1.28%	1.33%	1.16%										
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)	Jan-24	85%	69.41%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>68.29%</td><td>69.20%</td><td>68.86%</td><td>69.41%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	68.29%	69.20%	68.86%	69.41%
Oct-23	Nov-23	Dec-23	Jan-24										
68.29%	69.20%	68.86%	69.41%										



Priority	Performance Summary	Reported Period	Data
Concerns 30 day performance	<ul style="list-style-type: none">Welsh Government target for responding to concerns is 75% within 30 working days <p>During January and February 24, the Health Board received :</p> <ol style="list-style-type: none">687 ConcernsClosed 642 concerns80% closed within 30 working days (including Early Resolution)35 % closed under Early Resolution (within 2 days including day of receipt)266 Enquiries86 ComplimentsWe currently have 283 active concerns <p>Top 3 themes and trends</p> <ol style="list-style-type: none">Concerns around appointments (waiting times/cancellations)CommunicationClinical Treatment and Assessment	January February 2024	<p>% of concerns closed within 30 working days (including Early Resolution)</p>  <p>CV New Complaints Settled Proportion</p> 
Duty of Candour	<p>Since April 1st 2023, 21,422 incidents have been reported by staff across the Health Board</p> <p>Approximately 33% incidents regraded by the Patient Experience team working with the Clinical Boards and feeding back to the incident reporter.</p> <p>Approximately 65 incidents reviewed per day by the Patient Experience Team</p> <p>We continue to support DOC awareness sessions across Primary and Secondary care</p> <p>Since December we have triggered the DOC on 20 occasions (<i>Ophthalmology incidents accounted for the increased number</i>)</p> <p>We have internally audited the process and compliance</p>		<p>Incident grading changed following review</p> 

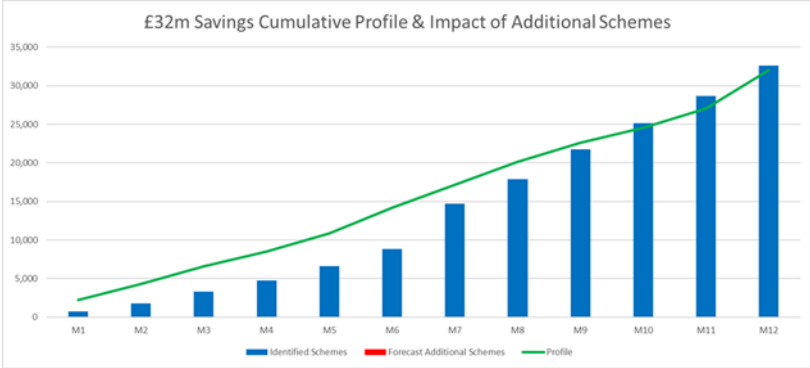
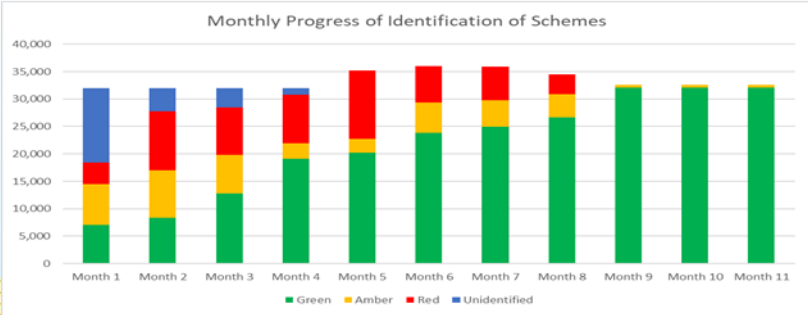


Priority	Performance Summary	Reported Period	Data
Patient Feedback – Civica	<ul style="list-style-type: none">From 28th October 2022 and we are surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. Over the past 12 months, we have sent 154,384 texts and are seeing a response of 17%.In January, we sent 15,389 texts and had 2561 completions (17% response).In February, we sent 11,052 texts and had 1832 completions (17% response).Of those respondents who were discharged during January/February and answered the rating question, 85% were satisfied with our service.Currently, our response rate is 17% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year.	<div>Jan/Feb-24 (Random)</div> <div>Jan/Feb-24 (MH)</div> <div>Jan/Feb-24 (EU)</div>	<div></div>
Patient Safety	<p>During January 2024, 1817 patient safety incidents were reported, 77% were reported as <i>no</i> or <i>low</i> harm. Falls were the highest reported patient safety incident category, followed by pressure damage (this was the reverse in December).</p> <p><u>NRI performance January 2024</u></p> <ul style="list-style-type: none">Number of open NRIs – 93 (Dec. 95 were open)Number of NRIs reported – 12 (Dec. 24 were reported)Number of outcomes forms submitted – 12 (Dec. 7 submitted)Number of overdue NRIs – 33 (Dec. 34 overdue) <p>November and December had seen particularly high numbers of NRIs being reported, January was back to the expected average. Of the 12 reported, 5 were reported by Children and Women and 3 of those were due to the addition of MBRRACE criteria to NRI reporting. Surgery reported 4, of these, 1 was a never event – wrong site surgery (wrong site block). We are looking at introducing After Action Reviews as a method to provide more timely review and closure of NRIs, helping to reduce the number that are overdue.</p> <p>There are 4 open Never Events reported between June 2023 and January 2024; these are Administration of Medication via wrong route (1), wrong site surgery (2) and retained foreign object post procedure (1).</p> <p><u>Incident Queues</u></p> <p>There are 5399 incidents which have been open for more than 90 days which does not reflect a timely incident management process. This figure is steadily rising and was 5153 in December and in November was 4832. Work underway with Clinical Boards to reduce this. Raised by WRP and Internal Audit as an area to improve.</p>		<div><div>NRI outcomes completed on time</div><div>Cardiff and Vale UHB Reportable incident outcomes received on time (excluding pressure ulcers) as of 06/02/2024</div><div>Completed after deadline Completed on time Outcome forms received on time (%)</div><div></div><div><div>CVU UHB Rate of NRIs occurring (by incident date) per 100,000 population as of 06/02/2024 - All incident types</div><div>All Wales Rate of NRIs ... Rate of NRIs repor... Average Rate ... 95% Outlier</div><div></div></div></div>

Priority	Performance Summary	Reported Period	Data
Tier 1 Mortality	<p><u>Inpatient Mortality</u></p> <p>The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>Close to 100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner who then refer cases back to the UHB where further consideration of any elements of care is required. Approximately 33% of ME cases in UHW and 38% of cases in UHL are referred back to the UHB. This compares to national rates of between 16%- 64% from hospital sites across Wales and an average referral rate of 46.6% in quarter 1 of this financial year</p> <p><u>All Cause Mortality</u></p> <p>Excess deaths have been observed across Wales and UK since late 2022. Work undertaken by Public Health Wales demonstrates the relative excess mortality by disease, where there is any mention of the disease on the death certificate as opposed to being the underlying cause of death.</p> <ul style="list-style-type: none">.		

Infection Control	<ul style="list-style-type: none">Between April 23 and January 23, there were 87 cases of C. difficile. The current rate is 20.58 cases per 100,000 population which is 31.5% 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 19.4% below the RE. CAV is on trajectory to achieve the RE rate while also having the lowest rate across the 6 UHBs.There were 137 cases of S. aureus bacteraemia. The current rate is 32.41 cases per 100,000 population which is 12.9% higher than the equivalent period in 2022/23. The RE rate is 20 cases per 100,000 population, the CAV rate is 47.35% over the RE. CAV is not on trajectory to achieve the RE rate and has the 2nd highest rate across the 6 UHBs.There were 294 cases of E. coli bacteraemia. The current rate is 69.55 cases per 100,000 population which is 11.6% higher than the equivalent period in 2022/23. The RE rate is 67 cases per 100,000 population, the CAV rate is 3.7% over the RE. CAV is not on trajectory to achieve the reduction RE rate and we have the 2nd lowest rate across the 6 UHBs.There were 103 cases of Klebsiella spp bacteraemia which is 10.1% 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 55.9% 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 17 cases of P. aeruginosa bacteraemia which is 38.1% lower than the equivalent period in 2022/23. The current maximum number to achieve the RE is 18 cases, thus CAV is 5.7% 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.	Apr 23 – Nov 23	
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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 11, the UHB is reporting an overspend of £16.818m . This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (eleven twelfths of the revised forecast year end deficit of £16.460m).</p>	Feb-24	<table><tr><th></th><th>Month 11 Position £m</th><th>Forecast Year-End Position £m</th></tr><tr><td>Planned deficit</td><td>15.088</td><td>16.460</td></tr><tr><td>Savings Programme</td><td>1.082</td><td>0.000</td></tr><tr><td>Operational position (Surplus) / Deficit</td><td>0.648</td><td>0.000</td></tr><tr><td>Financial Position £m (Surplus) / Deficit £m</td><td>16.818</td><td>16.460</td></tr></table>		Month 11 Position £m	Forecast Year-End Position £m	Planned deficit	15.088	16.460	Savings Programme	1.082	0.000	Operational position (Surplus) / Deficit	0.648	0.000	Financial Position £m (Surplus) / Deficit £m	16.818	16.460
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Financial Position £m (Surplus) / Deficit £m	16.818	16.460																

Delivery of recurrent £32m savings target	<p>At month 11, the UHB has identified £32.590m of green and amber savings against the £32m savings target.</p> <p>The month 11 position includes a Savings Programme variance of £1.082 due to the shortfall in delivery against some schemes. This is expected to be recovered, supported by 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 deliver the £32m 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>	Feb-24	<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																																																			
Remain within capital resource limits	The UHB forecasts to deliver within it's Capital Resource Limit.	Jan-24	<div><p>Performance against Capital Resource Limit £m</p><table><tr><th>Month</th><th>Annual Capital Resource Limit (CRL) £m</th><th>Cumulative Charge against CRL to Date £m</th></tr><tr><td>May-23</td><td>20</td><td>0</td></tr><tr><td>Jun-23</td><td>30</td><td>0</td></tr><tr><td>Jul-23</td><td>30</td><td>0</td></tr><tr><td>Aug-23</td><td>30</td><td>0</td></tr><tr><td>Sep-23</td><td>30</td><td>0</td></tr><tr><td>Oct-23</td><td>35</td><td>0</td></tr><tr><td>Nov-23</td><td>35</td><td>0</td></tr><tr><td>Dec-23</td><td>35</td><td>0</td></tr><tr><td>Jan-24</td><td>40</td><td>10</td></tr></table></div>	Month	Annual Capital Resource Limit (CRL) £m	Cumulative Charge against CRL to Date £m	May-23	20	0	Jun-23	30	0	Jul-23	30	0	Aug-23	30	0	Sep-23	30	0	Oct-23	35	0	Nov-23	35	0	Dec-23	35	0	Jan-24	40	10																					
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Dec-23	35	0																																																				
Jan-24	40	10																																																				
Creditor payments compliance 30 day Non-NHS	The UHB's public sector payment compliance performance is above the target of 95%. Performance for the month to the end of February was 96.90% as illustrated in the graph to the right.	Feb-24	<div><p>Public Sector Payment Compliance</p><table><tr><th>Month</th><th>PSPP %</th><th>Target %</th></tr><tr><td>Dec-22</td><td>94.5</td><td>95</td></tr><tr><td>Jan-23</td><td>94.2</td><td>95</td></tr><tr><td>Feb-23</td><td>94.0</td><td>95</td></tr><tr><td>Mar-23</td><td>95.0</td><td>95</td></tr><tr><td>Apr-23</td><td>97.5</td><td>95</td></tr><tr><td>May-23</td><td>97.8</td><td>95</td></tr><tr><td>Jun-23</td><td>97.5</td><td>95</td></tr><tr><td>Jul-23</td><td>97.5</td><td>95</td></tr><tr><td>Aug-23</td><td>97.5</td><td>95</td></tr><tr><td>Sep-23</td><td>97.5</td><td>95</td></tr><tr><td>Oct-23</td><td>97.5</td><td>95</td></tr><tr><td>Nov-23</td><td>97.2</td><td>95</td></tr><tr><td>Dec-23</td><td>97.5</td><td>95</td></tr><tr><td>Jan-24</td><td>97.0</td><td>95</td></tr><tr><td>Feb-24</td><td>96.9</td><td>95</td></tr></table></div>	Month	PSPP %	Target %	Dec-22	94.5	95	Jan-23	94.2	95	Feb-23	94.0	95	Mar-23	95.0	95	Apr-23	97.5	95	May-23	97.8	95	Jun-23	97.5	95	Jul-23	97.5	95	Aug-23	97.5	95	Sep-23	97.5	95	Oct-23	97.5	95	Nov-23	97.2	95	Dec-23	97.5	95	Jan-24	97.0	95	Feb-24	96.9	95			
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Feb-24	96.9	95																																																				
Remain within Cash Limit	<p>The UHB's working capital requirement assumes that Welsh Government will provide support to movements in working capital from the 2022-23 Balance Sheet and for the £16.460m revised 2023/24 forecast deficit.</p> <p>Dialogue with Welsh Government around the confirmation and timing of cash support for these areas and anticipated additional allocations is continuing.</p>	Feb-24																																																				
Maintain Positive Cash Balance	<p>The closing cash balance at the end of February 2024, was £3.881m.</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.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 £12m @ month 11.	Feb-24	<div><p>Cash Balance £m</p><table><tr><th>Month</th><th>Cash Balance £m</th><th>Target £m</th></tr><tr><td>Nov-22</td><td>5.5</td><td>0</td></tr><tr><td>Dec-22</td><td>9.5</td><td>0</td></tr><tr><td>Jan-23</td><td>6.0</td><td>0</td></tr><tr><td>Feb-23</td><td>2.0</td><td>0</td></tr><tr><td>Mar-23</td><td>2.5</td><td>0</td></tr><tr><td>Apr-23</td><td>2.2</td><td>0</td></tr><tr><td>May-23</td><td>2.8</td><td>0</td></tr><tr><td>Jun-23</td><td>4.0</td><td>0</td></tr><tr><td>Jul-23</td><td>3.5</td><td>0</td></tr><tr><td>Aug-23</td><td>8.5</td><td>0</td></tr><tr><td>Sep-23</td><td>5.0</td><td>0</td></tr><tr><td>Oct-23</td><td>5.2</td><td>0</td></tr><tr><td>Nov-23</td><td>6.5</td><td>0</td></tr><tr><td>Dec-23</td><td>6.5</td><td>0</td></tr><tr><td>Jan-24</td><td>5.5</td><td>0</td></tr><tr><td>Feb-24</td><td>3.9</td><td>0</td></tr></table></div>	Month	Cash Balance £m	Target £m	Nov-22	5.5	0	Dec-22	9.5	0	Jan-23	6.0	0	Feb-23	2.0	0	Mar-23	2.5	0	Apr-23	2.2	0	May-23	2.8	0	Jun-23	4.0	0	Jul-23	3.5	0	Aug-23	8.5	0	Sep-23	5.0	0	Oct-23	5.2	0	Nov-23	6.5	0	Dec-23	6.5	0	Jan-24	5.5	0	Feb-24	3.9	0
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	Improvement trend	70%	<table><tr><td>Jan-23</td><td>Feb-23</td><td>Mar-23</td><td>Apr-23</td></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	Dec-23	90%	85.3%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>80.5%</td><td>86.5%</td><td>86.5%</td><td>85.3%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	80.5%	86.5%	86.5%	85.3%
Oct-23	Nov-23	Dec-23	Jan-24										
80.5%	86.5%	86.5%	85.3%										
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	Dec-23	90%	54.4%	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>46.3%</td><td>49.6%</td><td>52.0%</td><td>54.4%</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	46.3%	49.6%	52.0%	54.4%
Oct-23	Nov-23	Dec-23	Jan-24										
46.3%	49.6%	52.0%	54.4%										
46.	Number of patient experience surveys completed and recorded on CIVICA <i>(Total partial/full survey completions, including SMS, Bedside and bespoke)</i>	Jan/Feb-24	Month on month improvement	<div><div></div>4232</div>	As noted IT issue is affecting returns-being addressed								



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>	Jan-24	<i>Klebsiella</i> sp - 58 <i>P. aeruginosa</i> – 18	103 17	Not on trajectory to achieve the reduction expectation number, however less cases compared to the same time 2022/23 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)	Jan-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.55 cases per 100,000 population 32.41 cases per 100,000 population	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate. Focusing on further rollout of ANTT and the Exec review of HAI cases								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jan-24	25 cases per 100,000 population	20.58 cases per 100,000 population	CAVUHB is the only HB 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><tr><td>Apr-23</td><td>May-23</td><td>Jun-23</td><td>Jul-23</td></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	Jan-24	0 (Mar 24)	1805	<table><tr><td>Oct-23</td><td>Nov-23</td><td>Dec-23</td><td>Jan-24</td></tr><tr><td>1853</td><td>1740</td><td>1737</td><td>1805</td></tr></table>	Oct-23	Nov-23	Dec-23	Jan-24	1853	1740	1737	1805
Oct-23	Nov-23	Dec-23	Jan-24										
1853	1740	1737	1805										
53.	Number of patient safety incidents that remain open 90 days or more	Jan-24	12-month reduction trend	 5,399	Work in progress – number of open over 90 days is increasing month on month								



Deep Dive - Mental Health Performance

Finance and Performance Committee – 20th March 2024

Paul Bostock, Chief Operating Officer

Mental Health Measure - Background

The Mental Health (Wales) Measure (MHM) is a law passed by the National Assembly for Wales in 2010 and is intended to ensure that where mental health services are delivered, they focus more appropriately on people's individual needs. It has four main parts and each places legal duties on Local Health Boards and Local Authorities to improve service delivery.

- Part 1 seeks to ensure more mental health services are available within primary care.
- Part 2 gives all people who receive secondary mental health services the right to have a Care and Treatment Plan
- Part 3 gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services
- Part 4 offers every in-patient access to the help of an independent mental health advocate

Part 1 and 2 both feature as part of the NHS Performance Framework – these are the two measures we are most closely monitored on.

Adults

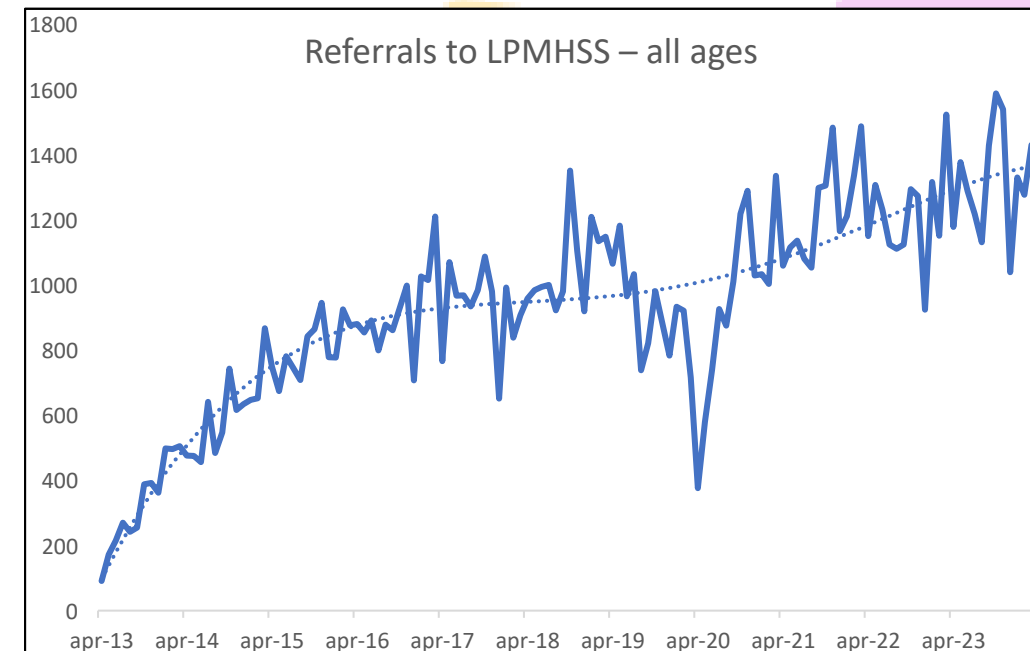
Part 1

Part 1 places statutory duties on Health Boards to provide Local Primary Mental Health Support Services (LPMHSS) to all ages.

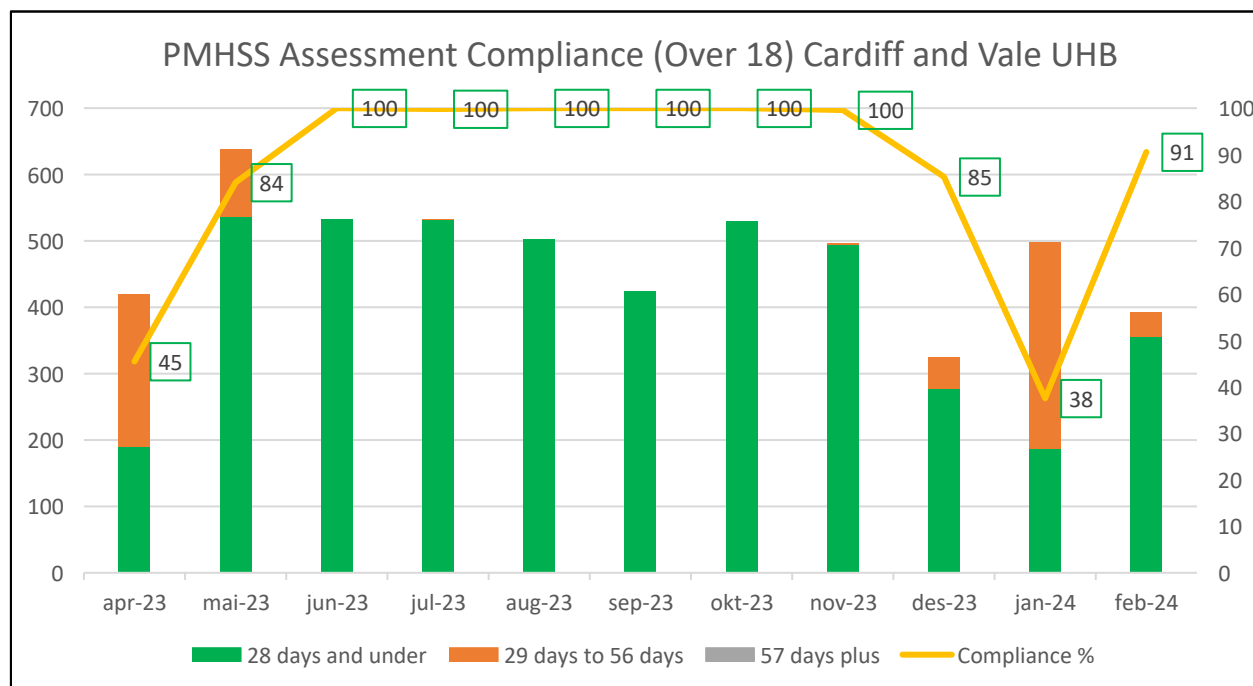
LPMHSS provide support for individuals who are experiencing mild to moderate, or stable but severe and enduring, mental health problems.

Services provided by LPMHSS include:

- Comprehensive Mental Health Assessment
- Treatment by way of short term interventions
- Provision of information and advice to individuals and their careers
- Provision of support and advice to GPs and primary care
- Support the onward referral and coordination to secondary mental health services

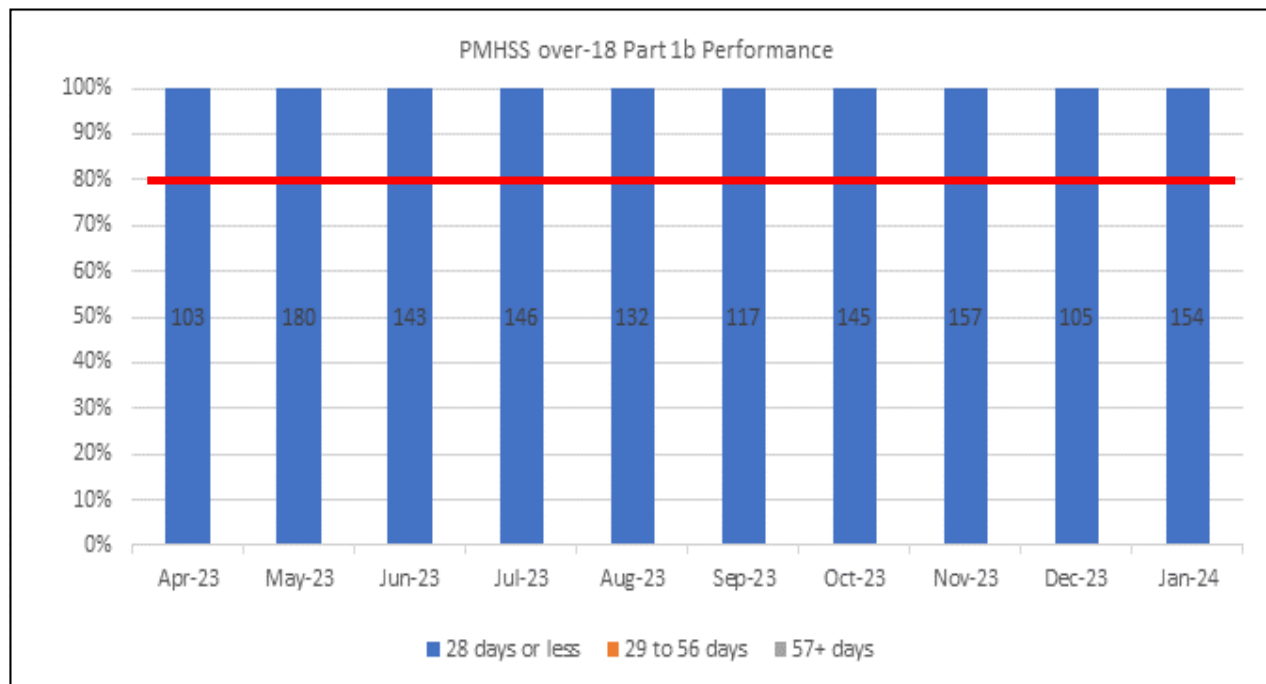


Part 1a - 80% assessments within 28 days of referral (adult)



- Performance for Part 1a in adults has been above the 80% standard for 9 of the last 11 months
- Performance is above the All Wales Average
- Performance recently dropped due to a spike in referrals
- There is a 10.5% increase in referrals year on year
- Demand and capacity planning shows a gap of 3 WTE clinician shortage to achieve balance (25 WTE establishment – team also deliver interventions)
- Fluctuation in performance predicted for next 3-6 months whilst plans are implemented

Part 1b - 80% interventions (treatments) within 28 days of assessment (adult)



- Performance for Part 1b in adults is consistently at 100%
- Evidence based interventions include:
 - 1:1 treatment
 - Group sessions (CBT; anger and frustration; ACT; emotional distress; depression; PTSD)
 - Self help materials
 - Open access courses
 - Online CBT

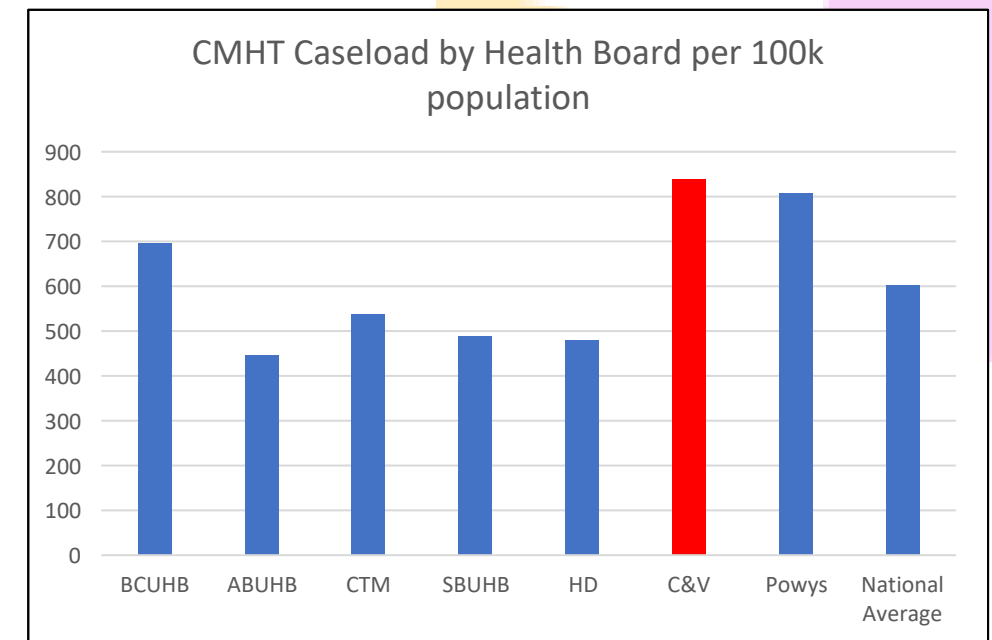
Part 2

Part 2 places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan (CTP). A care plan, providing a range of support, is crucial to improving mental health and to assist recovery and reablement.

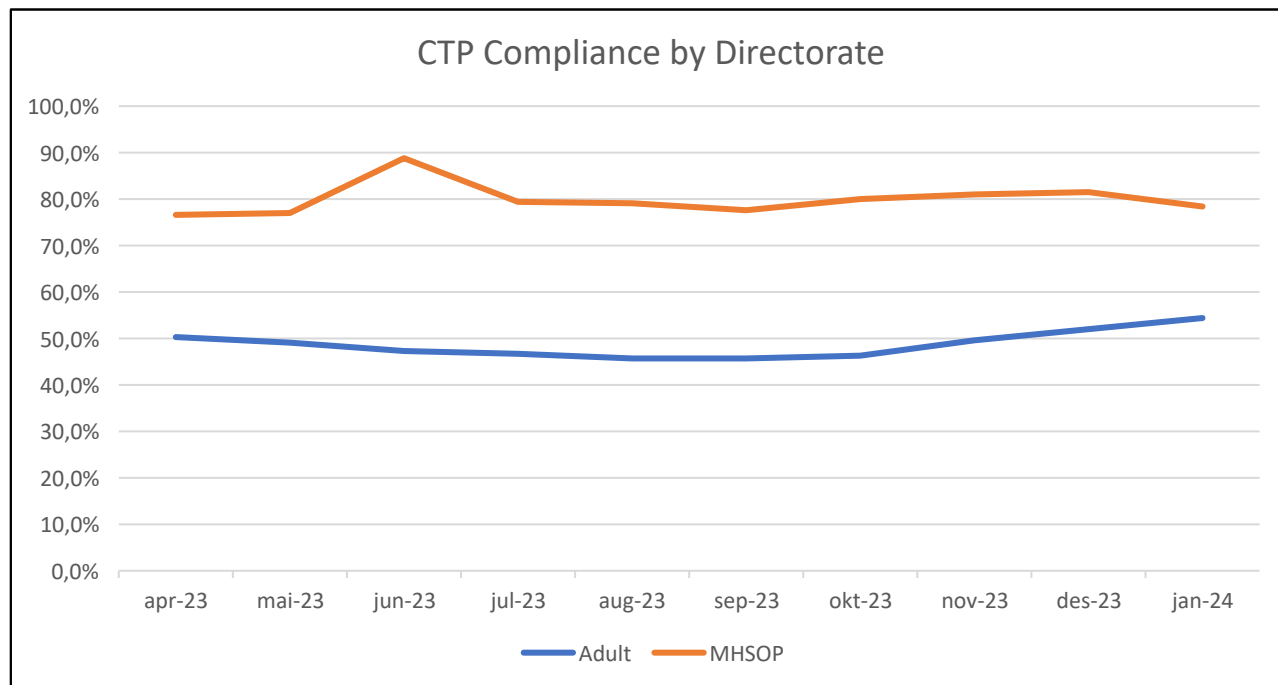
Our Community Mental Health Team have the highest caseload by population nationally.

The formula used to calculate CTP compliance is inconsistent across Wales. The Health Board this year sought to address poor data reporting by removing multiple CTPs per patient, removing duplicate CTPs, removing CTPs for closed patients.

This resulted in a reduction in our CTP compliance but we are now more confident in our reported figures.



Part 2 - 90% in receipt of secondary mental health services who have a valid care and treatment plan (adult)



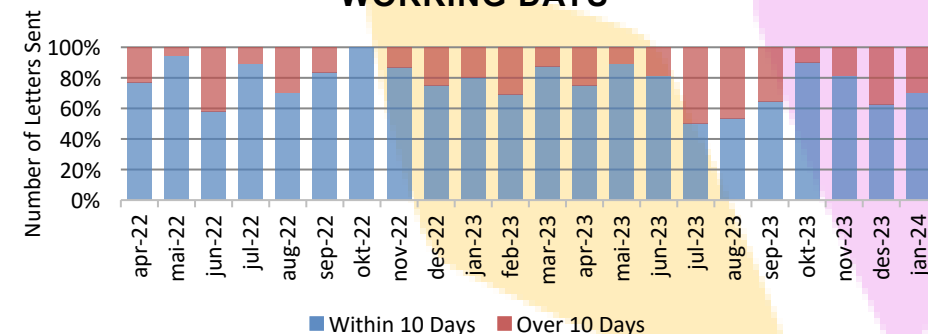
- Performance reduced following recalculation from 80.2% in March 23 to 50.3% in April 23
- Recovery and Maintenance Programme (RAMP) is awaiting ratification at Mental Health Act Legislation Committee which aims to adjust the coding of 'stable severe' patients within CMHT caseloads as Part 1.
- This is an approach advised by NHS Executive and will help achieve compliance

Part 3 and 4

Part 3 enables eligible adults who have been discharged from secondary mental health services - but who subsequently believe their mental health is becoming worse - to self-refer directly back to secondary services. The standard measured relates to the % of outcome letters sent within 10 working days – 90% standard.

Part 4 ensures all inpatients in Wales who are receiving assessment or treatment for a mental disorder are entitled to request support from an Independent Mental Health Advocate (IMHA). This extends the Independent Mental Health Advocacy scheme. It covers patients subject to compulsion under the Mental Health Act 1983, and those in hospital voluntarily

PART 3 OUTCOME LETTERS SENT WITHIN 10 WORKING DAYS



100% of Cardiff and Vale of eligible residents meet the standard of having an Independent Mental Health Advocate offered within 5 working days

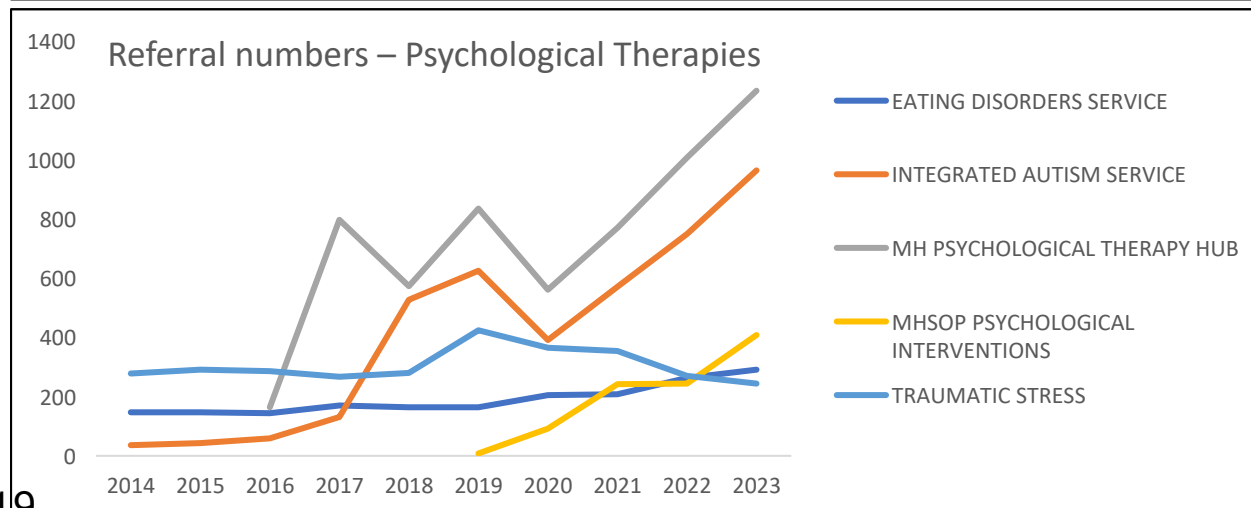
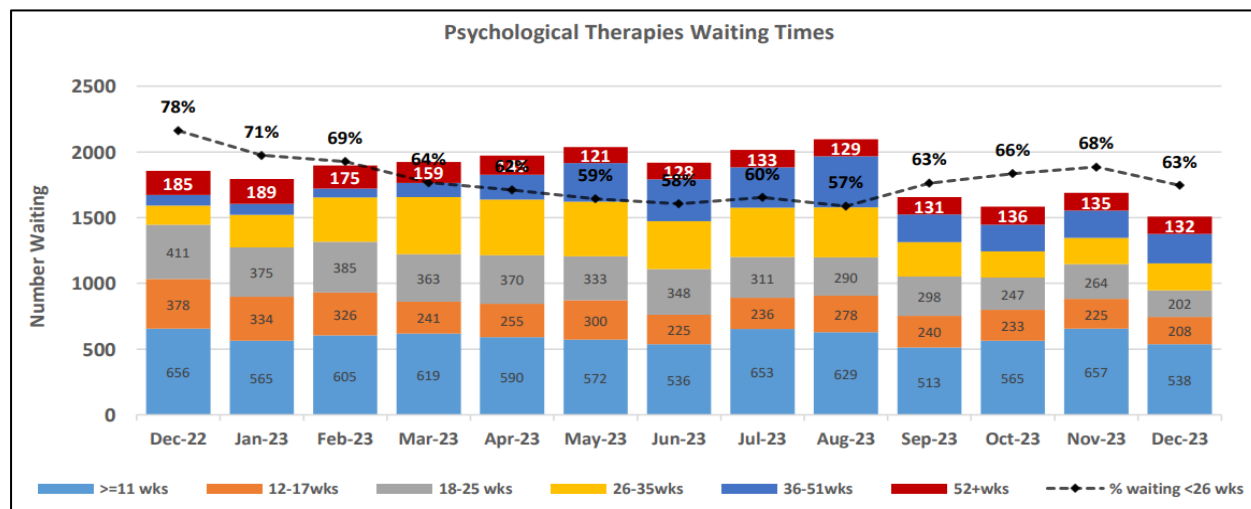
Psychological Therapies

Providing timely access to specialist psychological therapies in Adult Mental Health is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.

The standard relates to 'High Intensity' Psychological Therapies and has a standard of 80% Assessment to Treatment in under 26 weeks. High intensity interventions include a range of clinical specialties and treatments including:

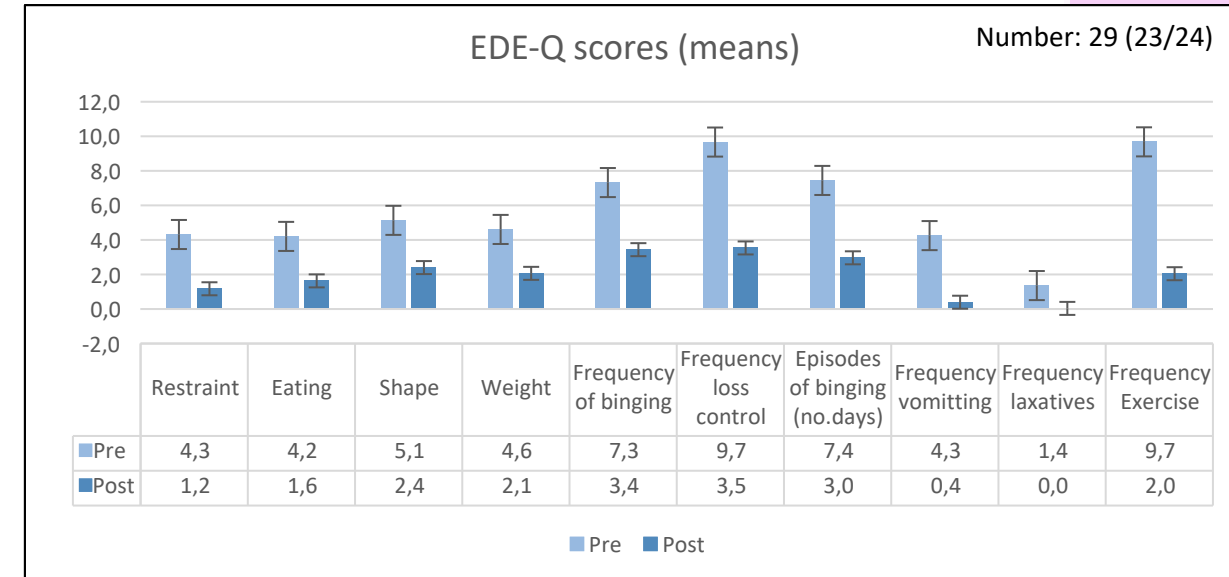
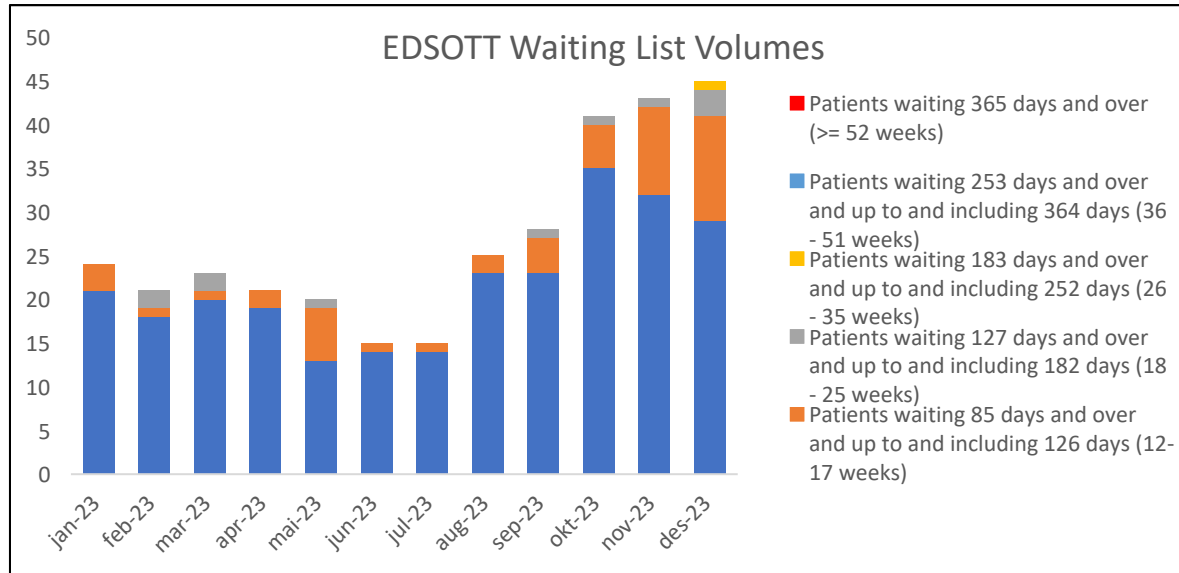
- 1:1 and group psychological therapies for anxiety disorders (Social Phobia, OCD, Health Anxiety etc) and depression, such as CBT, Interpersonal Therapy (IPT), Counselling interventions
- Traumatic stress interventions including Eye Movement Desensitisation and Reprocessing and other high intensity treatment modalities
- Dialectical Behavioural Therapy (DBT), DBTi and ERST (Emotional Regulation Skills Training) (for people with complex and prolonged exposure to trauma and emotional dysregulation)
- CBT(E) (eating disorders), CBT(P) (psychosis).

Psychological Therapies - 80% waiting less than 26 weeks to start a psychological therapy



- December 2023 - 63% compliance with 26-week assessment to treatment standard
- Patients over 26 weeks reduced from 898 in August to 561 in December
- The volume of referrals was cut significantly in September 2023 following a dedicated focus on reducing counselling referrals through the single point of access in PMHSS
- Longest wait – 28 months for the Traumatic Stress Service but this service have reduced overall waiting list volume
- Increasing numbers in Eating Disorder Specialist Outpatient Treatment Team (EDSOTT)

Psychological Therapies – Eating Disorders



- Two Eating Disorder services - Eating Disorder Specialist Outpatient Treatment Team (EDSOTT) and Severe High Risk Eating Disorders Team (SHED).
- EDSOTT work across Part 1 & 2 and offer high intensity treatment for a range of eating disorder presentations
- Referrals increased by 42% in 2022
- Investment through Service Improvement Funding and work with Children's services for transition – challenges expected to continue
- Good outcomes reported following treatment

Neurodevelopment - adults (focus on ADHD)

National

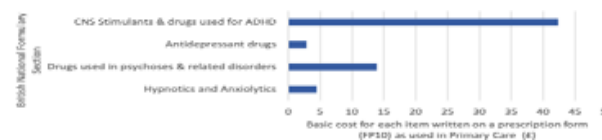
Trends

400% increase in referrals
32% increase in prescribing since 2015
Adults > children for the first time

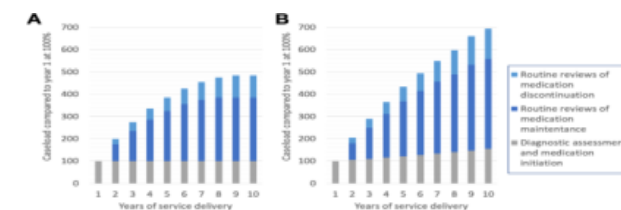
Very high profile in popular media
diagnostic and treatment response difficulties

Services in crisis

<https://doi.org/10.1192/bjb.2023.88>
<https://doi.org/10.1186/s12888-022-04290-7>



Treatment is long term



Local

CMHT referrals increase year on year
Comprise 50% or more referrals

Obscured waits (not counted in outpatient waits). 509 waiting for assessments.

Compromised other CMHT 'business'

(CMHT prescribing 2017-23)



TUE
30
JAN
2024

SEED TALKS: THE SCIENCE
OF ADHD: NAVIGATING
NEURODIVERSITY IN A
NEUROTYPICAL WORLD
(16+)

Glee Club Cardiff

BOOK TICKETS

TIMES & PRICES

With Dr James Brown

Join us for this engaging talk about ADHD, exploring the neuroscience, symptoms, followed by Q+A.

Future

Continue as we are.....



Clinical prioritisation – very difficult. Transition
between children and adults pivotal.

QB test – small roll out – may help a little



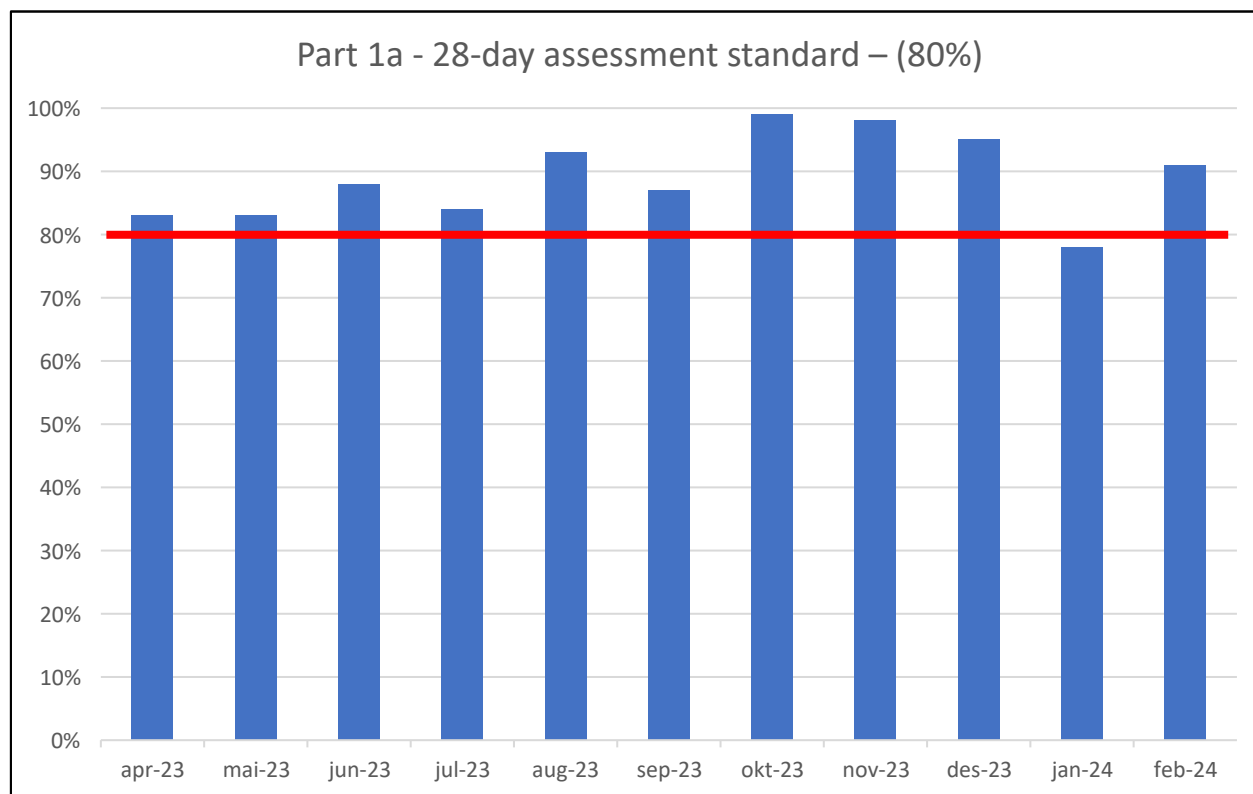
Co-ordinated action required

MH team engaged in national work

Financial challenges will require investment

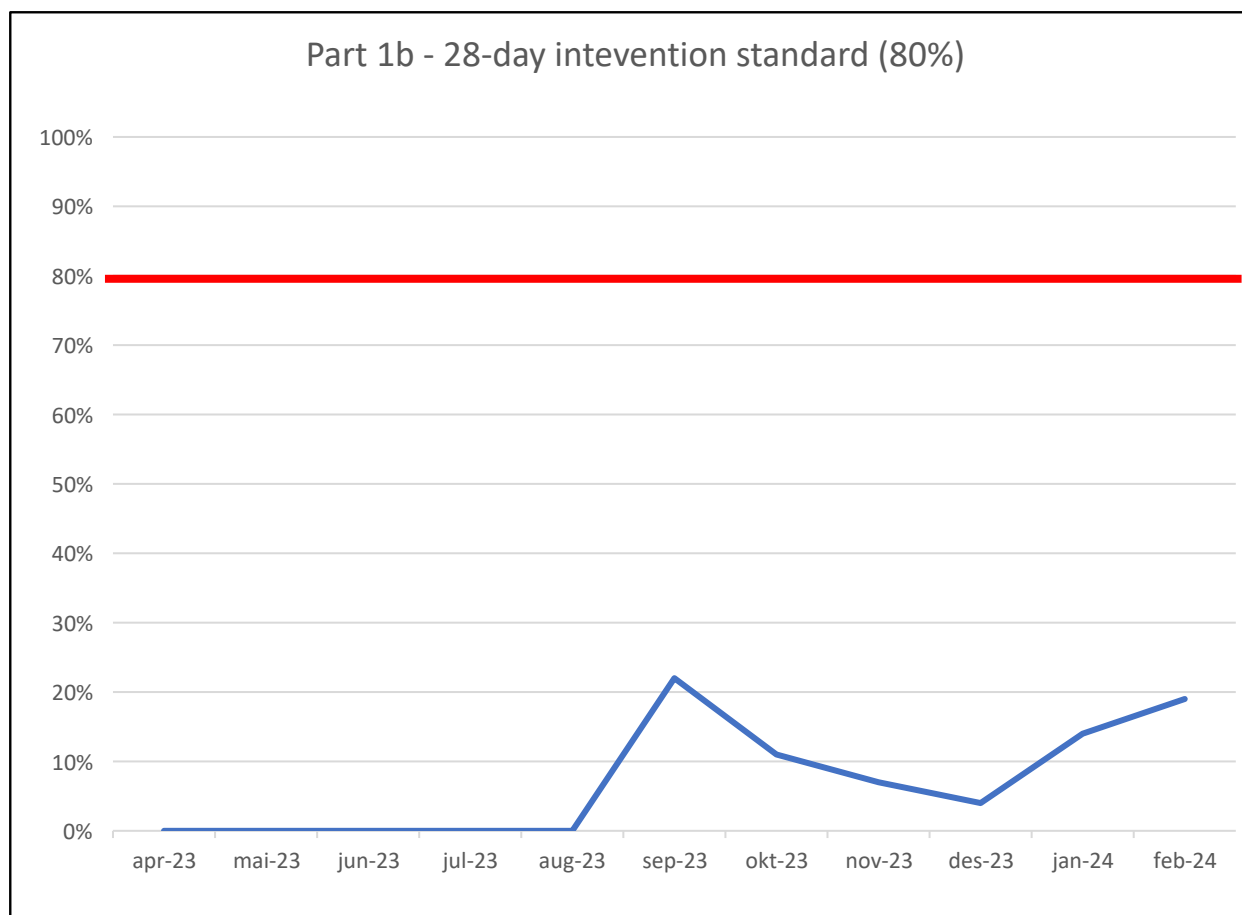
Children

Part 1a - 80% assessments within 28 days of referral (children)



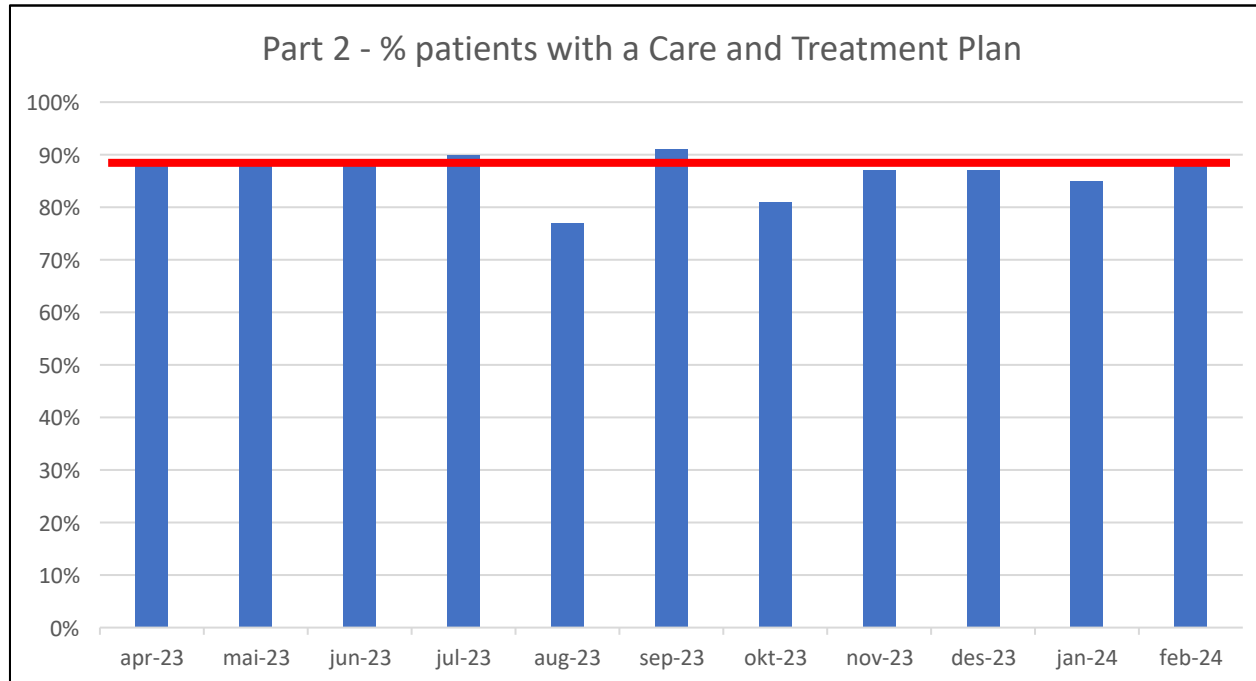
- Performance for Part 1a in children has been above the 80% standard for 10 of the last 11 months
- Performance is above the All Wales Average
- Performance recently dropped to 78% due to sickness, complex cases and cancellations over Christmas

Part 1b - 80% interventions (treatments) within 28 days of assessment (children)



- Performance against the Part 1b standard reduced to 0% in April 24 following a re-calculation of the standard and integration of IT systems (previously above standard).
- Underachievement since this time is largely due to a backlog following previous increases in assessments, staff sickness and vacancies within the service.
- The median wait for an intervention appointment is now approximately 10-weeks
- A trajectory is being developed which aims to return to standard by Q3 2024/25 through recruitment, job planning, agency use and outsourcing

Part 2 - 90% in receipt of secondary mental health services who have a valid care and treatment plan (children)



- Part 2 compliance is generally above or extremely close to standard.
- Seasonal variation and prioritisation of intervention can impact performance.
- Part 2 training has been provided to the intervention team alongside the launch of the new clinical pathways.

Neurodevelopment

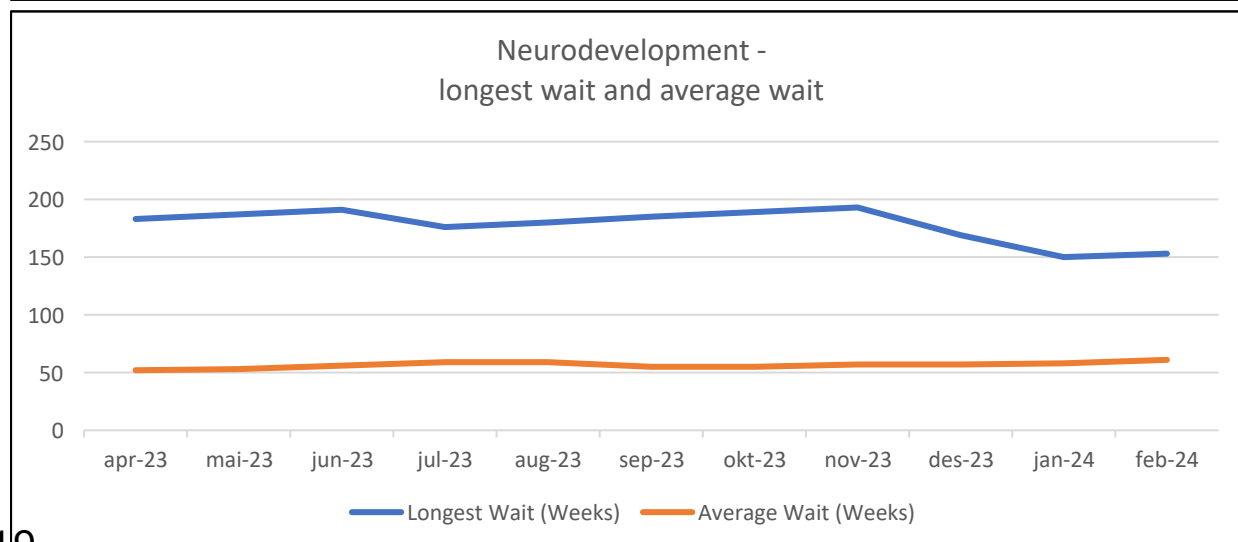
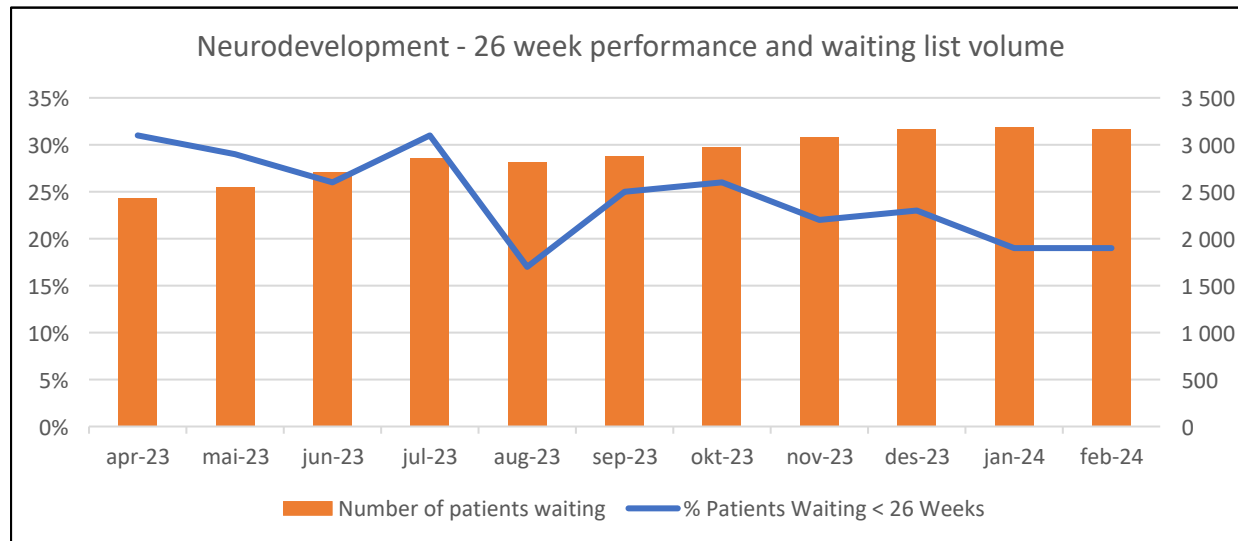
The Children and Young People's Neurodevelopment Service provides multidisciplinary assessment, intervention, information and advice for children and young people who may have a neurodevelopmental disorder, and their families.

Neurodevelopmental disorders include Autistic Spectrum Disorder and Attention Deficit and Hyperactivity Disorder.

The standard set is for 80% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment. Welsh Government position on national neurodevelopment performance:

“There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic. A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services and to identify options for improvement. Building on these results and the work of the Together for Children and Young People Programme (which closed in September 2022), a wider neurodevelopment approach is being developed looking at building sustainable neurodevelopmental services across Wales”

Neurodevelopment - children



- Waiting list continues to grow as a result of a continued demand and capacity mismatch - demand outstripping capacity by approximately 350%.
- Longest wait reduced down to 150 weeks but 81% children and young people are waiting over the expected 26 weeks. Our performance is broadly in line with the rest of Wales.
- Continued work underway as part of the WG Improvement Programme, the 3 main areas of focus are:
 - Triage and referral - SPOA now live
 - Joint assessments and fast track triage assessment clinic
 - ADHD medication follow up
- Improvements in triage in Feb – down to 3 weeks
- Working with partners to look at earlier support
 - 50% conversion – referral to assessment then 50% diagnosis rate.
- Aim to reduce longest wait to < 139 weeks over next year

Report Title:	2023/24 Decarbonisation Action Plan			Agenda Item no.	3.1.1	
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	20 th March 2024	
		Private				
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information	
Lead Executive :	Abigail Harris, Executive Director for Strategic Planning					
Report Author (Title):	Ed Hunt, Programme Director, SOFH					
Main Report						
Background and current situation:						
<p>The purpose of this paper is to present Finance and Performance Committee with the 2024/25 Decarbonisation Action Plan. The full action plan is provided to Committee Members along with this paper. Note that it is being graphically designed into a pdf document suitable for publication.</p> <p>In preparation for presentation to the Finance and Performance Committee, this plan has been taken through the Decarbonisation Delivery Group and Senior Leadership Board. Their feedback has been reflected in the plan provided.</p> <p>This report asks Finance and Performance Committee to:</p> <ul style="list-style-type: none">• Approve the 2024/25 Decarbonisation Action Plan. <p>Background</p> <p>Wales along with the rest of the world is continuing to feel the pressures of climate change, with increased adverse weather events now becoming the norm. In the UK, last September we saw the longest run of consecutive days (7 days) in excess of 30 °C, ever recorded. February 2024 is the wettest February ever recorded in the UK. We know that through the impact of climate change we will see a change in the nature and incidence of diseases in our population, such as more heat-related illnesses and psychological impacts from flooding and displacement, and worsening health inequalities. These impacts pose a risk to the Health Board and our residents. Without mitigation we will see increased demand for services. Our infrastructure will also require significant investment and adaptation to deal with increasingly extreme and volatile weather events including extreme heat and flooding. Cardiff and Vale UHB therefore needs to play its part in mitigating its impact on the climate.</p> <p>Cardiff and Vale UHB declared a climate emergency in January 2020, with a first ‘Sustainability Action Plan’ published later that year. In March 2023, the Board approved the third and current Action Plan that defined a series of actions, owned across the UHB. A fourth action plan for year 24/25 described in this paper builds upon the learning of the last four years and seeks to further mature the carbon literacy of the organisation. It is to be submitted to Welsh Government alongside the IMTP in April 2024.</p> <p>We have made good progress with delivering the actions set out in our previous sustainability plans and are leading the way in Wales in many areas of carbon reduction thinking and activity. We have a group of passionate clinicians leading new approaches to delivery of healthcare which avoids/reduces carbon emissions, and our estates teams are delivering renewable energy and energy efficiency schemes. More colleagues than ever are participating in improvement activity, however, to achieve meaningful carbon savings will require the organisation valuing and prioritising the time of people to support this agenda making it a core part of peoples’ jobs.</p> <p>CVUHB Emissions</p> <p>Despite this, it was reported to Finance and Performance Committee in September 2023 that our carbon emissions for 2022/23 rose by 7% to c217,000 tonnes CO2e compared to 2021/22. The rise is due in the main to our supply chain, the goods and services we purchase, increasing along with the reporting of new emissions categories requested by Welsh Government. Of the emissions we control (gas, electricity, oil, petrol, diesel, etc) our emissions have reduced by c7% since 2018 thanks to energy efficiency schemes implemented by our Capital, Estates and Facilities team, but also it must be said because of two consecutive mild winters.</p>						

Targets

Welsh Government has set NHS Wales a target of a 16% reduction in emissions by 2025 and a 34% reduction by 2030, from a 2018/19 baseline. Welsh Government have been reviewing the continued appropriateness of these targets and CVUHB are awaiting the results of their considerations. It had been previously reported to the Board that we, like others in NHS Wales do not yet have a line of sight to these targets.

Welsh Government have previously said that it is expected that public sector organisations should manage the transition within their own budgets. Where investment is required, business cases will be presented through the standard channels for consideration and identify how we prioritise using our resources differently.

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

This section summarises the Decarbonisation Action Plan. The full plan accompanies this paper.

New Approach for 24/25

During 2023, work was undertaken to understand how WG targets might be achieved by simulating scenarios. Building upon work being undertaken already against our estate for example, it was concluded that two new avenues need to be part of our decarbonisation journey:

- 1) Through **preventing demand** you could reduce the amount of healthcare delivered and thus reduce the carbon we emit.
- 2) Through **delivering against our operational priorities** of 6 Goals, Planned Care, Financial Sustainability, Value Based Healthcare, delivering quality healthcare - carbon can be avoided and saved.

As a result the 24/25 action plan contain actions around prevention and operational excellence. These are in addition to actions around communications/people, delivering quality clinical services and estates. It also for the first time contains an action to come up with a plan to establish what we need to do to counter the warmer summers and damper winters as a result of climate change – **an Adaptation plan**. Our knowledge is new so the Carbon team have been sharing this knowledge with Welsh Government and the rest of the Welsh NHS to help accelerate understanding and action.

Shaping Our Future Wellbeing Alignment

During 2023, the Shaping Our Future Wellbeing (SOFW) strategy was refreshed which contained specific ambitions under the Acting For The Future theme relating to decarbonisation, namely that **by 2027 the emissions that we control should reduce by 40% and by 68% by 2035**. SOFW also contains ambitions around prevention and delivering quality clinical services which align with the decarbonization agenda and our ne plan. The plan has been written as an annual plan in a three year context and is aligned to the 2027 ambitions of SOFW.

Ambition

Why is this plan ambitious?

- A 40% reduction in the emissions we control by 2027 requires a major transformation of our estate in particular. To provide a sense of scale, the gas and electricity used to power UHL is around 25% of the emissions we control.
- Making progress against the prevention agenda and the shifting of resources from acute care upstream will be challenging. Diabetes prevention work being undertaken in 24/25 provides a proof of concept opportunity.
- In 2022, Audit Wales asked public sector organisations to build low carbon behaviours into their day to day activity. Progress has been made, but there is more to be done. Also, we need to do more to activate our workforce to play their part.
- Finally, with demand for our services rising, the need to think differently about how we address and stem demand.

Measurement

The full action plan has been developed through the work of the Decarbonisation Delivery Group and the supporting Working Group. It contains over 50 actions. The actions are grouped in themes. Each of them introduces sub themes and sets out what actions should be taken at Board/leadership, clinical board/department and individual level. The actions have been mapped against the Audit Wales recommendations and SOFW. Furthermore, the actions that have been described generally do not seek to target particular carbon savings up front, rather focus on the right things to do to set and create momentum. What is the point of having an action if you can't

describe its impact however? The actions therefore are categorised into five criteria each of which have benefit:

- Direct Saving – where the carbon benefit of an action can be quantified up front
- Direct Saving Non-Quantifiable – where carbon can be saved, but it can't be quantified prior to actioning
- Climate Conscious Leadership – where the action is demonstrating emissions reduction leadership
- Carbon Literacy – where the education of our colleagues has been improved
- Supporting Transition – where the action transitions towards low carbon solutions

Impact

The impact of this plan if executed could see up to 3% or c8,000 tonnes of our carbon footprint avoided.

Costs

Conscious of the current financial situation, in making decarbonisation activities part of our everyday work, most of the actions can be delivered without additional resources but with our current resources. That mean organisational commitment. There are a small number of the actions which would require support through grants or cases into WG.

Call to Arms

Our people, all 16,000 of them have the ability to make a difference to our carbon footprint. The plan sets out 4 simple things that we'd like our people to do:

- Switch off lights and equipment when not in use – to save money and energy
- Dispose of waste correctly – to allow maximum recycling and avoid any financial penalty for incorrect waste stream processing by our waste processors
- Use sustainable modes of transport – to reduce traffic at our sites, improve air quality and promote exercise (walking, cycling)
- Think about how you can deliver your work in a way which limits your impact on the environment – with saving, throwing away properly and travelling in mind, can you apply any of these principles into your day to day work?

These will be launched at an 'Ask Suzanne' session in April 2024.

Conclusion

The 24/25 action plan asks the Health Board to further embrace the decarbonisation agenda and act with the urgency that the climate emergency requires. It asks our leaders to own the problem and make decisions with carbon in mind. For the first time, it recognises that to reduce our footprint, we need to help people stay healthy and deliver our services with efficiency - in line with our existing Shaping Our Future Wellbeing strategy and operational priorities. Equally, we will need to continue to educate and motivate our 16,000 colleagues to adapt their actions and behaviour to be lower carbon including in the way they work and the way they travel to and from work. Finally, with the climate changing, it requires CVUHB to consider how it needs to adapt to meet these additional challenges.

This is an ambitious plan because change is being asked for throughout the organisation with time prioritised for people to deliver carbon saving activity.

Recommendation:

This report asks Finance and Performance Committee to:

- **Approve the 2024/25 Decarbonisation Action Plan.**

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	x	7. Be a great place to work and learn	X

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	X
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

Pre ntic	x	Long term	x	Integration		Collabora tion	x	Involvem ent		
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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

Financial: ~~Yes~~/No

To meet the actions in the audit report there is likely to be some financial budget required. This has not yet been defined.

Workforce: ~~Yes~~/No

The current workforce is not set up to deliver significant decarbonisation requirements over the period required. Meeting these requirements is likely to need additional posts but also give time to all staff to contribute towards the agenda.

Legal: ~~Yes~~/No

Reputational: ~~Yes~~/No

There is a risk that as a public body, not showing leadership on decarbonisation will cause reputational damage amongst our colleagues, Welsh Government, public sector bodies and our population. The mitigation is to demonstrate results and share these successes through internal and external channels.

Socio Economic: ~~Yes~~/No

Equality and Health: ~~Yes~~/No

There is a risk that not adapting to the impacts of a changing climate, the health of the most vulnerable in society could decrease. The mitigation is to consider widespread adoption of adaption strategies.

Decarbonisation: ~~Yes~~/No

There is a risk that NHS Wales carbon saving targets of 16% by 2025 and 34% by 2030 are not met. Whilst these targets are being reviewed by Welsh Government, the need to make progress against our emissions is still required. The mitigation is to increase and accelerate participation and ownership of decarbonisation across the UHB through this Decarbonisation Action Plan.



Llunio ein
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i'r Dyfodol
Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Decarbonisation Action Plan 2024



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Acting for the
Future

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1.Foreword

Wales along with the rest of the world is continuing to feel the pressures of climate change, with increased adverse weather events now becoming the norm. In the UK, last September we saw the longest run of consecutive days (7 days) in excess of 30 °C ever recorded. The changes to our climate will have a major impact for our population, and this impact will be felt more severely by those most disadvantaged by deprivation or ill health.

We know that through the impact of climate change we will see continued evolution in the nature and incidence of diseases in our population, such as more heat-related illnesses and psychological impacts from flooding and displacement, and worsening health inequalities. These impacts pose a risk to the Health Board and our residents.

Without mitigation we will see increased demand for services. Our infrastructure will also require significant investment and adaptation to deal with increasingly extreme and volatile weather events including heat and flooding.

We are not just seeing impacts on our climate, but also on our biodiversity and oceans. The most recent Cardiff and Vale UHB Director of Public Health Annual Report said that, “We are in a nature emergency. Since 1970, there has been a 69% decline in biodiversity globally, with 1 in 6 species in Wales now facing extinction”¹. The Met Office has recently reported that sea surface temperatures have reached “record breaking” levels in 2023². **We need to do more to reduce our impact on the planet, because the health sector is responsible for a significant proportion of carbon emissions, even more than the aviation sector.**

This is our fourth action plan. The Health Board is going further than ever. We have committed to reducing our impact on the environment by setting a challenging ambition in our refreshed strategy, Shaping Our Future Wellbeing – to reduce the emissions we control by 40% by 2027. It’s not going to be easy and we need all of our colleagues to play a part and put time into reducing our impact on the environment. This plan reflects that need. It recognises that our emissions occur because people need healthcare, therefore we need to tackle demand. It recognises that delivering better quality health services tends to result in carbon emissions being avoided. It also recognises that we need to adapt to the changing climate.

We also identify that action taken to address climate change will lead to many benefits to our residents including cleaner air, a more physically active population and improved mental well-being.

¹<https://cavuhb.nhs.wales/files/board-and-committees/board-2023-24/7-6a-recall-of-the-wild-dph-annual-report-2022-published-2023-compressed-pdf/>

² [Sea surface temperatures breaking records | Official blog of the Met Office news team](#)

We have a significant workforce with more of them than ever performing an active role in reducing our emissions. Though to achieve our ambitions and targets we will need to do 4more to galvanise everyone into playing their part.

The Welsh Government's Net Zero Public Sector ambition by 2030 is approaching quickly. We recognise that we cannot tackle this alone. A collective response to this mammoth challenge is required so we can deliver benefits more quickly and more efficiently. We are working with all our stakeholders including partners across the region, PSB colleagues, Welsh Government, other Health Boards and with our suppliers to find solutions to reduce our emissions and environmental impact.

As an organisation we recognise that unless we make changes to how we deliver care, climate change will continue to exacerbate our ability to delivery services. This is not just a climate emergency, it's a health emergency.

2. Executive Summary

2.1 Performance

In our 2022-23 report our carbon emissions were estimated at 217,000 tCO₂e. That is equivalent to all of our 16,000 staff flying around the world 3 times each. Our emissions are a by-product of delivering healthcare services. **217,000 tonnes is an increase of 7% in the last year.** The increase is down to increased supply chain emissions and the reporting of new emissions categories identified by Welsh Government. As the maturity of the carbon reporting Welsh Government ask Cardiff and Vale University Health Board to provide has increased thus our footprint is becoming more akin to the real picture of our carbon footprint. **We have seen the emissions we control (gas, electricity, petrol, diesel, etc) continue to reduce, however. Since 18/19, a reduction of 7% has been seen.** This has been achieved through energy efficiency measures, but also two recent mild winters have seen energy consumption rates reduce.

With demand for health services rising and our population growing, reducing our total emissions will be extremely challenging.

2.2 A New Approach Is Needed

Despite the challenge, we have committed to further reduce our emissions in our refreshed Shaping our Future Well-Being strategy, which sets out our vision for improving the health and wellbeing of the populations we serve by 2035.

This plan has built on the previous plans but has evolved further over the past year. It is set out over a 3-year context, aligning with our 2027 ambition. The evolution can be described in the following three ways:

1. Even though the plan is focused on mitigating our emissions we have set out an action to begin to tackle the **climate adaptation** challenge, and will publishing an adaptation plan within the next year..
2. Being explicit about the role **preventing ill health** has to play in reducing our emissions. A new Prevention theme is presented with a specific intent to understand the carbon impact of prevention in the diabetes pathway initially. The final new introduction this year is the recognition that our efforts to be more **operationally efficient**, through our response to Welsh Government's '6 Goals of Urgent and Emergency Care' for example, are having an impact upon our emissions.

This Plan has three major themes, each with sub themes and actions sitting underneath:-

- **Sustainable and Climate Conscious Healthcare**
- **Sustainable and Climate Conscious Leadership and Culture**
- **Sustainable and Climate Conscious Estates**

By delivering on these themes, we will ensure that what we do today does not compromise the wellbeing of our future generations.

3. Achievements so far

Each year, decarbonisation is more integrated into our organisation, however, there is still much more to be done. We want to build on what has been achieved so far and create an environment where colleagues can act to reduce our environmental impact and are encouraged to do so.

Highlights of what has been achieved over the past year include:

- A study on what activity needs to take place to hit NHS Wales 16% emissions reduction target was completed and has inspired this action plan by linking carbon to prevention and our operational priorities in particular.
- Identifying that between the 6 Goals of Urgent and Emergency Care and Planned Care Programmes, around 1% of our carbon footprint has been avoided due to operational improvements made that benefit patients, our colleagues and our carbon impact.
- Our initiatives to remain financially sustainable this year have the potential to avoid up to 2% of our carbon footprint at the time of writing.
- Many 'green groups' within Cardiff and Vale have emerged, within various departments. All are looking at ways in which they can improve their carbon footprint based on the way they operate.
- Implementation of Re:Fit Phase 2 is concluding and will deliver a c300 tonne carbon saving (c0.25% carbon footprint improvement).
- The UHB formally signed up to the Level 2 Healthy Travel Charter in Q3 23/24.
- Our therapies team signed off their own decarbonisation action plan aimed at their professions.

3.1 Measurement and Impact

Measurement of the overall macro impact of this plan will come through the annual emissions reporting that gets delivered to Welsh Government in September each year.

Most of the actions in this plan do not have an estimated carbon impact, therefore the overall reduction impact of the plan cannot be estimated. **Estimates have been made however for the impact of some avoidance activity which could amount to 2 – 4% of our carbon footprint. Up to c8,000 tonnes CO2e.**

3.2 Resource to Deliver

Given the current financial outlook in the Welsh NHS, this action plan has been written in the knowledge that much can be achieved with existing resources, therefore the emphasis is on **prioritising and aligning our existing resource to support the decarbonisation agenda and at the same time, our operational priorities which are so often related.**

4. Vision

Cardiff and Vale UHB will be an exemplar in the delivery of sustainable healthcare, setting the pace that others will follow and learn from. Low environmental impact will be a business-as-usual consideration where all our colleagues will be encouraged to make changes to working practices that will see our carbon emissions reduce initiative by initiative.

5. Why we need to act

5.1 The Climate Emergency

In 2019, Welsh Government became the first government in the world to declare a climate emergency. Highlighting that “Tackling climate change is not an issue which can be left to individuals or to the free market. It requires collective action and the government has a central role to making collective action possible.” With 52 countries now making such declarations.

Cardiff and Vale UHB declared in 2020, but recognised that commitments do not mean anything without significant action. As a Health Board, through our Decarbonisation Action Plans we looked to set aims and ambitions to deliver change as quickly as possible. We take our declaration seriously and through new ambitions hope to continue to demonstrate leadership in what low carbon healthcare of the future could look like.

5.2 Shaping Our Future Wellbeing

The Shaping our Future Well-being strategy sets out the Health Board’s Vision for improving the health and wellbeing of the populations we serve by 2035. It commits to taking the actions necessary to respond to these challenges as well as to adapt quickly and take new opportunities to improve the wellbeing of generations to come.

This plan has been written with the Health Board's corporate strategy, Shaping Our Future Wellbeing³ front and centre. We have already referenced the ambition to reduce the emissions we control by 40% by 2027.

The strategy sets out 4 strategic priorities which play into the decarbonisation agenda and are:

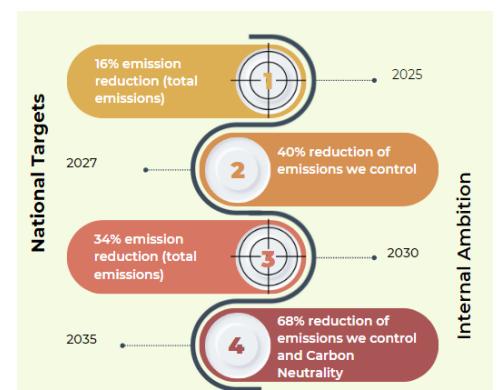
- Putting people first
- Providing outstanding quality
- Delivering in the right places
- Acting for the future

Under acting for the future in particular, the health board will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. Setting out high standards for reducing emissions within our control.

5.3 Targets

The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) was published in March 2021, acknowledging the role the NHS in Wales has to play in contributing towards Welsh Government's Net Zero ambition. It recognises that low carbon actions must be core to decision making and embedded into day to day work. **This plan also set out a target for NHS Wales of achieving 16% and 34% emissions saving from a 2018/19 baseline by 2025 and 2030 respectively.** The SDP is described further down in this document.

The UHB in 2023 set out to Board that it does not have line of sight to the 16% target and that the SDP, plus available support (financial for example) does not provide a route map to get there. Welsh Government are reviewing targets at the time of writing. As the climate emergency is here, we have however recognised the need for a challenging ambition and through our Shaping our Future Wellbeing strategic plan, **to reduce emissions that are within our control by 40% by 2027 and 68% by 2035.** This is with the overall aim of achieving carbon neutrality by 2035. A demonstration of how committed we are to reducing our impact.



³ <https://shapingourfuturewellbeing.com/>

6. Cardiff and Vale UHB's Progress to Date

6.1 Achievements to date

Despite the actions taken over the past three years, our emissions continue to rise. That said, much has been achieved in the past year which includes:

Delivery of an Energy Reduction programme	Over 200 Green Group members	Appointment of Nursing, Therapies and Clinical Leads
Renewable energy schemes delivering – 300,000 kwh	Active cycle to work scheme	4 th Sustainability fellow appointed
Therapies Action Plan produced and approved	Digital consultations saved 67 tonnes CO ₂ e in 2023	Walking aid Recycling scheme saving £47,000 and over 4,200 items being reused.
PC Switch off programme has been established	ITU green improvement programme in progress	SOFW strategy approved containing a challenging carbon reduction ambition
Clearer understanding of our emissions profile	Sustainability Pledge introduction	Fellows working on Sustainability within depts (ED, etc)
Committed to achieve the Level 2 – Healthy Travel Charter	Climate risk raised on risk register	Monitoring Air Quality at UHW and UHL
Pre-reviewing business cases prior to Investment group decision making	Embedded into Value based healthcare programme	Kidz Meds – aiming to reduce liquid medicine by 20%
Decarbonisation is part of corporate induction events	Toothbrush recycling scheme in our dental hospital	Completion of N2O manifold closure in the Dental Hospital
Intermediate Oral Surgery Services providing care more locally	6 Goals and Planned Care estimated to have avoided over 1,200 tonnes CO ₂ e since 1 st April 2023	Between 2,600 and 4,700 tonnes CO ₂ e could have been avoided through our financial sustainability initiatives

It is estimated at the time of writing that around 5,000 tonnes of carbon could be avoided in 2023/24. Equivalent to over 2% of our carbon footprint.

6.2 Our Environmental Impact 2022-23

Cardiff and Vale UHB have been reporting emissions to Welsh Government using a method common to all public sector bodies since 2021 for financial year 2020/21. For 2022-23, there has been an increase in reported emissions to 217,690 tonnes CO2e compared to 202,149 tonnes CO2e in 2021/22. An increase of c15,500 tonnes.

	2021-22	2022-23	
Sector	Emissions (tonnes CO2e)	Emissions (tonnes CO2e)	Difference
Buildings	36,871	34,751	-2,120
Streetlighting	Not reported	76	76
Fleet and equipment	457	415	-42
Commuting	Not reported	5,664	5,664
Business travel	589	675	86
Waste	1,690	1,789	99
Supply Chain	162,541	173,412	10,871
F-gases and anaesthetic gases	Not reported	908	908
Total	202,149	217,690	15,541

Emissions from our buildings and fleet have reduced, providing relatively significant savings. Limiting our overall increase. It should be noted however that the last two winters have been mild and so decreases in emissions still need to be worked upon.

The main reason for the overall increase is due to supply chain emissions rising. This has accounted for over 70% of our annual increase. There have also been minor increases in Business Travel and Waste of 185 tonnes collectively.

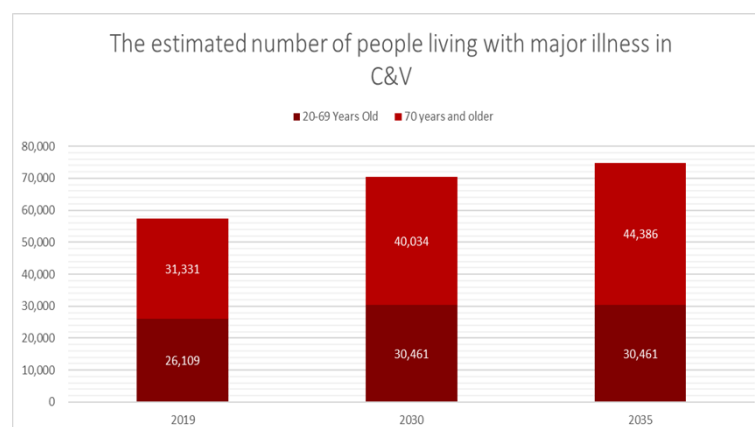
The Health Board has not previously reported commuting emissions data, which has added 5,664 tonnes to our footprint. This has been produced using a standard calculation based upon employee numbers providing a good high-level estimate. There has also been additional reporting requirements for streetlighting and Anaesthetic gases, adding 983 tonnes, collectively.

On a like for like basis, emissions which are within our control, such as our buildings and fleet have reduced by 5.7% in the last year. Since 2018, in total we estimate the reduction to be c7% (equivalent of 2,200 tonnes) against comparable internal estates data. Supply chain remains our major challenge.

6.3 Red Flags

The increase in emissions seen year on year illustrates the size of the challenge. Last year's action plan referenced 'red flags' that are hindering progress generally. It is felt that they are still true in 2024 and are highlighted below:

- The current financial landscape doesn't allow Cardiff and Vale UHB to meaningfully develop plans to hit NHS Wales targets.
- The supply chain business model is largely based upon the consumption of single use/disposable products.
- The existing method for calculating supply chain emissions is immature, being based upon spend rather than a true reflection of carbon contained with products.
- Sustainability is not embedded throughout decision making (operational, clinical, corporate).
- COVID-19 recovery focusses on increasing the amount of clinical activity to address the backlog.
- Sustainable healthcare is not a mature discipline.
- Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to existing work and priorities.
- Even if all energy consumption could come from renewable sources so that gas and grid electricity were eradicated, the NHS Wales 34% target by 2030 would not be met.
- Low carbon heat technologies run on electricity rather than gas. Through feasibility studies, there is no financial case to switch to these technologies that would be acceptable in the current NHS Wales financial environment.
- Finally, our population is growing and demand for health services is forecast to increase as can be seen in the following projection prepared by Cardiff and Vale UHB's Finance colleagues:



Despite these, this plan endeavours to make progress managing our emissions by committing to actioning the right things: progressing the shift upstream in our care pathways; supporting operational efficiency and throughput; increasing active travel; changing the way services are delivered to name a few.

6.4 Cardiff and Vale Green Groups

Over the last year in particular, a swell of interest and activity has emerged from our colleagues across the health board. Departmental 'Green Groups' have formed. Mostly informal in nature, they nevertheless are pursuing small and incremental change at a working level. Groups have formed in areas including:

- Intensive Care
- Emergency Unit
- Department of Sexual Health
- Dental Hospital
- Therapies
- Clinical Diagnostics and Therapies
- Anaesthetics
- Ophthalmology

The kind of change implemented at a working level have tended to be small in benefit but are encouraging. To illustrate one example of change, colleagues in Intensive Care have sought agreement to stop providing a certain cohort of patients with sterile water as good quality tap water can equally meet their needs. Purchasing sterile water comes with a carbon footprint. As a result, an annual carbon saving of 600kg is estimated to have been avoided along with a cash saving of around £11,000.

Additionally, there is a Cardiff and Vale Green Group with over 200 members, offering a monthly hour-long event to report on change with respect to decarbonisation that's happening within the Health Board in order to inform and inspire others. Recent presentation topics to the group have included Emergency Department colleagues describing their journey to accrediting themselves against their Royal College's sustainability framework; our energy manager presenting on ways our building/energy efficiency is being improved; our Therapies colleagues describing their decarbonisation action plan; our Digital and Information Intelligence team presenting their initiative to automatically power down PCs overnight in order to save energy.

7.2024-2027 Ambition

7.1 Cardiff and Vale UHB Evolution

In the previous action plan, we set out to achieve 54 actions, in addition to those set out in the NWSSP SDP.

[Info Graphic] - Summary of actions

Vast experience has been gained through delivery of our three previous action plans. The last year has seen a step change in our understanding of what needs to be done and how to model the carbon impact of change initiatives. This has happened through the greater understanding of our emissions profile and running simulations against the component parts of our carbon footprint in order to see movements. Additionally, the results being seen from important initiatives such as the 6 Goals of Urgent and Emergency care can have carbon avoidance benefits, calculated from operational work that on the face of it has no relation to classic carbon footprint improvement. The key conclusions which have influenced this plan therefore are:

7.2 Operational Improvement yields carbon benefits:

The post-pandemic pressures on the Welsh NHS have seen policies such as the 6 Goals of Urgent and Emergency Care introduced. This policy is seeking to ensure that our patients are promptly treated in the most suitable place, that if they need hospital treatment are seen and treated by the right skillset and discharged safely as soon as they're well enough. Thinking about just two of the outcomes the '6 Goals' policy is trying to achieve, treating people in community settings and reducing length of stay means you can reduce carbon, in this case by a patient avoiding a long drive to A&E and a right sized stay in hospital meaning a bed is available sooner for a deserving patient in need of treatment - it is possible to calculate a carbon impact for both.

Cardiff and Vale UHB has made enormous improvements in ambulance wait times outside A&E. Waits of over four hours were common. Through the efforts of colleagues taking a zero-tolerance approach to long waits, those ambulances are not sat outside UHW with their engines running for prolonged periods. They can be more quickly made available to service the next patient.

7.3 Financial Prudence

With our local population growing and the demand for health services consequently increasing, the financial allocations to health boards have also grown over the years but

cannot grow indefinitely. Over the last year, Cardiff and Vale UHB have been running initiatives aimed at ensuring what we spend on care is in line with the allocations received. Demand for our services is high so smarter ways of doing things have needed to be found. Through the introduction of improved stock management of medicines for example, less medicines need to be purchased and these cost avoidances can be traced back to a carbon avoidance benefit.

7.4 Prevention

The most sustainable form of healthcare is healthcare that doesn't need to be delivered because our population is healthy.

It is estimated that [over a fifth of deaths in England and Wales are avoidable](#), due to preventable or treatable conditions.

By shifting our care pathways to focus more on preventing ill health, and the deterioration of people who already have disease, we can reduce the demand on acute care which has a higher carbon footprint than prevention and primary care.

During 2024/25 we will seek to better understand the contribution of prevention to the reduction in carbon footprint, through analysis of the diabetes pathway. This should generate insights and an approach to calculating potential reductions in carbon emissions through a focus on prevention, which can be applied to our other care pathways.

7.5 Value Based Healthcare

Finally, the growth of Value Based Healthcare projects in Cardiff and Vale UHB are yielding actual carbon benefits. Value based healthcare is a way of looking at care through the lens of what is most valuable to a patient. To exemplify, many patients receiving palliative care prefer to be at home with their families, rather than being in a hospital bed. By safely changing the way such patients are cared for (for a limited number of conditions), i.e. away from the hospital, it has been found that patients and families prefer it, plus for the health board a bed is available for another deserving patient. A carbon impact can be attached to this.

7.6 Maturing of Themes

Our action plan recognises that our carbon footprint is influenced by the above findings and contains specific sub-themes around them. The themes have matured in the last year to both consolidate and see new ones added. Here is a comparison between 23/24 and 24/25.

2023/24 THEMES	2024/25 THEMES & SUB-THEMES
<ul style="list-style-type: none"> Clinical 	Sustainable and Climate Conscious Healthcare <ul style="list-style-type: none"> Prevention Clinical Quality Operational Excellence
<ul style="list-style-type: none"> Leadership People 	Sustainable and Climate conscious leadership and cultures <ul style="list-style-type: none"> Leadership Communication and engagement
<ul style="list-style-type: none"> Estates Travel 	Sustainable and Climate Conscious Estates <ul style="list-style-type: none"> Buildings, Land, Waste and Transport Adaptation

The maturity we have gained have therefore played into the actions in our 24/25 plan. Few of the actions in our plan last year have been dropped because we think we can for the most part, carry actions forward and go further. Some have been merged as experience showed they were duplicates.

8. Cardiff and Vale UHB Actions

There are three tiers of actions that we are advocating in this plan. The things everyone can do no matter where you sit in the organisation, the things departments or Clinical Boards (CB) can do and the things the leadership of the organisation needs to do.



8.1 Individual Pledges/ Values

This plan cannot be delivered without the involvement and buy in from everyone within the organisation. All 16,000 colleagues. It will take a concerted effort from us all to produce a robust and efficient service which is sustainable. We are asking staff to “sign up” to 4 Values which we would like you to consider while you are on our sites.

I will commit to:-

- Switch off lights and equipment when not in use
- Dispose of waste correctly
- Use sustainable modes of transport
- Think about how I can deliver my work in a way which limits my impact on the environment.

Will this make a difference?.....Although these seem small, we have seen instances of large savings being derived from seemingly benign actions.

Switching off one medical device in our dental hospital out of hours has avoided over £15,000 per year in energy costs.

- Incorrectly segregated waste attracts a financial penalty compelling us to treat waste appropriately, there will also be new legislation coming into force which we will be required to comply with.
- Our Lift share programme has avoided over 50,000 miles, saving 11 tonnes of CO₂e.
- The walking aids recycling programme has estimated to have saved over £47,000 in one year.

8.2 Department Level Actions

At a department level, actions have been defined that can be introduced and managed locally, such as introducing Value Based Healthcare projects against particular services or allocating time to champion roles as colleagues in Therapies and our Dental hospital have done during 2023/24.

8.3 Board/Executive Level Actions

Finally, there are actions that need to be led from the top of the organisation, such as sponsoring a prevention stream of work and value the outputs of work to baseline our biodiversity and how a 40% reduction in emissions could be achieved.

8.4 Measurement and Impact

Measurement of the overall macro impact of this plan will come through the annual emissions reporting that gets delivered to Welsh Government in September each year. For year 23/24, this reporting is compiled and delivered in September 2024. With this information, a year on year comparison can be made.

Most of the actions in this plan do not have an estimated carbon impact, therefore the overall reduction impact of the plan cannot be estimated. **Estimates have been made however for the impact of some avoidance activity which could amount to 2 – 4% of our carbon footprint. Up to c8,000 tonnes CO2e.** This avoidance comes from work to be more financially sustainable and operationally efficient.

8.5 Governance

Over the next year, we will look to review and if necessary, improve our governance structures and we look forward to an internal audit report expected to be published in Q1 24/25. Currently an executive led Decarbonisation Delivery Group reports into our Finance and Performance Committee. A cross health board Working Group delivers our action plan and reports into Delivery Group. We will continue working with PSB colleagues, both of whom have prioritised taking urgent action on climate change.

9. 2024/25 Actions

We estimate from this year's action plan 2-4% or up to 8,000 tonnes of our carbon footprint could be avoided.

9.1 Sustainable/ Climate Conscious Healthcare

9.11 Prevention

The most sustainable form of healthcare is healthcare that doesn't have to be delivered. A preventative approach to avoid ill health and medical treatment in the first place where this is possible is most optimal. Our strategic direction is to focus more of our resources over time on health improvement and disease prevention interventions, but we will also continue to have a major role in delivering acute and community health services because of an ageing population, genetic and hereditary conditions and disease-causing lifestyle choices.

Actions

- Calculate reductions in carbon emissions through preventing ill health, using diabetes as a starting study.

By 2027

As set out in Shaping Our Future Wellbeing, this preventative theme intersects two of its themes:

Putting People First. One of its aims is that, “Life expectancy for men will rise to 79.6 years and for women to 84 years “

And

Providing Outstanding Quality, “We will increase the proportion of the Health Board’s resources to support people to live healthy lives, to reduce risk of ill health...”

9.12 Clinical Excellence

We cannot underestimate the impact our operations and clinical services have on our carbon emissions. Everything we do and deliver is with the aim of delivering outstanding patient care, however, we do not currently consider enough the impact this has on the environment. In this plan we have aimed to establish, through these actions, the further integration of decarbonisation into clinical practice.

Actions

- Align with the Value Based Healthcare programme to ensure carbon benefits of their work are captured.
- Nursing, Therapies and Clinical professions driving sustainable change
- Therapies delivering against their Decarbonisation Action Plan
- Nursing to take forward Welsh Governments recommendations in the Sustainability in Nursing documentation.
- Nursing to develop a Decarbonisation Plan
- Through our Shaping Our Future Clinical Services programme develop a clinical service plan with lean and green design principles built in
- Establish the feasibility of decarbonisation included in the Quality Excellence programme
- Establish the feasibility of appointing 5th Sustainability fellow
- Obtain SusQi Beacon site status
- Work with staff to understand the barriers for delivery of decarbonisation action,
- Seek opportunities to reduce carbon impact of F-gases across the site

Establish the most viable options to embed the decarb agenda into clinical boards along with the ability to regularly monitor progress

By 2027

Aligning with the Providing Outstanding Quality theme of Shaping Our Future Wellbeing, these actions contribute to the ambition of, “We intend to be in the top 25%

of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.”

Additionally, aligning against the Putting People First theme the actions form part of the ambition that, “Life expectancy for men will rise to 79.6 years and for women to 84 years”.

CASE STUDY

Our digital team, DH&I, have implemented a Digital Energy Saving Configurations (DESC) initiative which saves energy by deploying scripts that automatically switch computers off when they are left idle and not logged in.

A single desktop computer left idle overnight can, over the course of a year, emit around 185kg of CO2 and waste £210 in energy costs.

D&HI suggest that through this programme a 60% reduction would have net CO2e emission savings of 314 tons and energy costs savings of c£300,000 per year.

9.13 Operational Excellence

The way in which we operate as an organisation has a direct impact on the emissions we produce. We have set out in this plan how delivery of programmes such as financial sustainability, has a large and positive impact on our carbon profile. Through ongoing Operational Excellence, we are aiming to take account of carbon saved or avoided.

Actions

- Financial Sustainability, 6 Goals, Planned Care programmes are operational priorities and their carbon impact will be tracked.
- Increase and Maximise circular economy opportunities
- Increase and Maximise foundational economy opportunities
- Review opportunities for large suppliers to reduce our emissions
- Develop a guide for request to consider low carbon good and service.
- Low carbon alternatives must be considered when creating purchase specifications.
- Consider ways that procurement engage with clinical boards, and vice versa, to review spend and trends, and how this can provide efficiencies.
- Measure the decarbonisation impacts from implementation of the Welsh Nursing Care record
- Digital will implement a Digital Foundations programme, seeking to create the conditions and increase the digital maturity
- Implementation of DESC programme
- DH&I will implement systems in 2024 which will reduce paper usage. such as Badgernet and Pacemaker Monitoring.

By 2027

Aligning with the Delivering in The Right Places theme of Shaping Our Future Wellbeing, “We will have in place a digitised health and care system..., having delivered 50% of the roadmap (level 3 of the digital maturity model)” by 2027. Our operational teams will be designing ways of maximising the efficiency of Cardiff and Vale UHB for the benefit of our population and routinely identifying ways initiatives can impact upon our carbon footprint.

We will be procuring the most environmentally friendly clinical products and services that meet our defined functional specifications.

9.2 Sustainable / Climate Conscious Leadership and culture

We aim to ensure the UHB show leadership in decarbonising its operations and explain the importance of doing so. We want everyone to be aware and involved in the path to net zero. Our decision making needs to take into consideration the carbon impact of initiatives. Most of the actions are top down but we are asking all our staff to be champions of the agenda and hold others to account.

Actions

- Ensure the UHB show leadership in decarbonising
- Executives to take an annual decarbonisation objective
- Include decarbonisation in clinical services redesign
- Through the review of our Board Assurance Framework, create an appropriate profile for climate and biodiversity risk and risk management.
- Comply with NWSSP’s SDP actions and influencing any new plan
- Consider how decarbonisation behaviour change can be implemented through the Quality Excellence programme.
- Track sustainability pledges programme across 2024
- Communications messaging to include decarbonisation benefits where possible.
- Work with Education leads from each speciality to commence incorporating decarbonisation messaging into courses.
- Track “climate awareness” courses attended
- Consider introducing mandatory Decarbonisation training
- Annual Sustainability Staff award presented
- Values Based Appraisals to include decarbonisation

Publicise travel discounts schemes

By 2027

We will be at the Achieving our Goal stage of the WG routemap, “Where choosing zero carbon has become routine, culturally embedded and self-regulating.”

CASE STUDY

Our Emergency Unit have looked to reduce their impact on the planet by undertaking actions through the Green ED Framework, Developed by the Royal College of Emergency Medicine.

The framework sets out a series of actions which improve the environmental and financial sustainability while maintaining or improving patient care.

The team in Cardiff and Vale have been successful implementing a number of the projects which include:-

- Job Plans include time for project
- Appointment of a Sustainability fellow
- Reduction on Entonox by 60%
- Radiology reports to be signed off electronically
- Ensured that their waste layout/signage is fit for purpose

9.3 Sustainable / Climate Conscious Estates

Although our estates make up less than 20% of our emissions, it is within this area we have the most control. Our new strategic ambition highlights the need to act urgently and with pace, where we have influence. We need to ensure that our estate and environment meets our needs now and within a Net Zero future. We will need to transition our buildings, transport and waste to produce less carbon. Adapt our estate and clinical services to combat the impacts of climate change and improve environments to make them more biodiverse*⁴.

Actions

- Establish what would be required to achieve 40% -reduction in emissions we control by 2027
- Decarb a central pillar of new buildings and refurb
- Decarbonisation included in UHW masterplan (final output expected in f/y 25/26 at least)
- Run a programme of installing and monitoring Metering (electricity, gas and water)
- Consider district heating opportunities should they arise.
- Consider more renewable/ energy efficiency schemes through feasibility studies.
- Seek to reduce waste and comply with waste legislation
- Biodiversity audit (inc sequestration opportunities) undertaken and action plan produced.
- Continue to review air quality at UHL and UHW

⁴ Will require Welsh Government Capital investment

- All new vehicles to be EV
- Level 2 Healthy Travel Charter implementation and make demonstrable progress

Develop a Health Board climate adaptation plan using WG commissioned toolkit

By 2027

- The Delivering in The Right Places theme of Shaping Our Future Wellbeing says, “Plans to replace or redevelop UHW and UHL will be well advanced...”
- The Acting for Our Future theme says “For the emissions we control directly, our ambition is to reach 40% reduction.”
- Given an action is being laid out to develop a climate adaptation plan, it is expected that before 2027, we will be delivering against that plan.

CASE STUDY

The Critical Care team in Cardiff and Vale are providing an exemplary approach to tackling sustainability. The team have set aside time to review high usage and high value products to assess whether there are alternatives to reduce emissions, such as reducing the use of non-sterile gloves. The team work with staff within the department and across the organisation through their green group meetings to enable delivery of the initiatives.

One project reviewed the waste generated from 1 patient in multiple organ failure, for a 24 hour period and is pictured here



10. Resource to Deliver

There can be significant costs associated with the delivery of decarbonisation of our estate. It is recognised that the majority of costs, especially those delivering improvement will save carbon over the long term. At the present time, the financial

environment does not allow for large scale capital investment and revenue uplifts to pay for carbon reducing schemes. We are therefore unlikely to achieve substantial building improvements and renewable energy schemes through existing grants and funding mechanisms.

This plan has been written understanding that new money is unlikely to be available, but also our growing knowledge is telling us that it is the time and effort of our existing colleagues that needs to be invested. For this plan to be successful, this plan requires the Health Board to use peoples' time too.

The prevention agenda will need to be supported to reduce the upstream costs to the service. By people being responsible for their own health and intervening as early as possible with only the medical intervention that's needed, it should make delivering healthcare lower carbon.

11. Conclusion

The understanding of the things Cardiff and Vale UHB need to do to mitigate against carbon emissions has been largely acquired: prevent ill health, be prudent and efficient in the delivery of health services, educate colleagues; encourage small ground-up change. The challenge is that in a sector where demand is increasing, change needs to be implemented in the face of our operational pressures and unprecedented pressure upon our colleagues.

We know delivering more energy efficiency against our estates and transport alone are not going to allow us to meet our commitments. Our carbon footprint is a function of our delivery of health services, therefore the whole organisation needs to play a part in reducing it and mitigating climate change.

The actions we would like to deliver on with respect to prevention and operational efficiency are new and have been shared with colleagues across Wales. We feel we are moving in the right direction, but more needs to be done to make a real and tangible difference and arrest our ever-increasing carbon emissions.

Annex 1 – Detailed Actions

/Theme	Action	Owner	Team	Delivery by 2027	New, carry forward	Benefits	Measure	By when	Cost Request to deliver plan where not BAU	Cost to the UHB	NWSSP SDP Alignment	Audit Wales Alignment
Sustainable and Climate Conscious Healthcare												
Prevention of Ill Health Is the Most Sustainable Form of Healthcare	Calculate reductions in carbon emissions through preventing ill health (such as primary and secondary prevention of diabetes)	Director of Public Health	PH & cross UHB colleagues	Clear understanding of carbon savings associated with specific prevention interventions in our care pathways, to guide and promote further reductions in carbon when reviewing pathways	New	Direct Saving Non Quantifiable /Supporting transition / Climate Conscious Leadership	Establish carbon impact of the diabetes prevention programme as at 31/3/25, linking with value programme (below)	March 2025	N/A	staff time (PH)	39,42	Strategic Direction Pace of Implementation
Delivering Excellent Clinical Quality Delivers Lower Carbon Emissions	Value programme to ensure carbon benefits of work are captured from their projects.	Director of Operations	Value Team	"We intend to be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality."	New	Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Carbon avoided calculated from Value projects against: Diabetes Heart Failure PIC Supportive care – Day case IV Pre-op anaemia HHP PROM Variation programme	March 2025	N/A – Led by Value Programme	Staff time	NA	Pace, Skills
	Nursing profession driving sustainable change	Deputy Executive of Nursing	Nursing		New	Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Impact of nursing initiatives – gloves, uniforms and continence pants, plus others.	March 2025	N/A	Staff time	N/A	Pace, Skills
	Nursing to take forward recommendations presented in Welsh Governments, Sustainability in Nursing: Maximising the nursing contribution to the public sector aim of net-zero by 2030	Deputy Executive of Nursing	Nursing		New	Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Operational Benefits / Patient Benefits	Implementation of actions	March 2025		Staff time		
	Deliver against Therapies decarbonisation action plan	Deputy Director of Therapies & Health Science	Therapies			Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership/ Financial Savings / Operational Benefits / Patient Benefits	Meeting targets set out in Therapies' decarbonisation action plan	March 2025	N/A	Staff time	N/A	Pace, Skills

	Develop a Nursing decarbonisation action plan	Deputy Executive of Nursing	Nursing			Direct Saving Non Quantifiable /Carbon Literacy / Supporting transition / Climate Conscious Leadership	Action plan in place	TBC				
	Develop a clinical service plan with lean and green design principles built in	Programme Director, Strategic Clinical Redesign	Strategy		CF	Supporting transition	Pre-engagement SOFCS Clinical Service Plan developed with a focus upon sustainable delivery models.	March 2025	N/A	Staff time	N/A	Leadership
	Establish the feasibility of decarbonisation being included in the emerging Quality Excellence Programme.	Prog Director, SoFQE (to be appointed)	Clinical colleagues		CF	Carbon Literacy / Supporting transition / Climate Conscious Leadership	Is decarbonisation embedded Evidence of benefit	TBC (aiming for Q2 2024)	N/A	Staff time	39,44, 45,46	Leadership
	Establish the feasibility of appointing a 5 th Sustainability Clinical fellow for 2025	Clinical Sustainability lead	N/A		CF	Carbon Conscious Leadership	Business case for consideration in place. Agreement in place. Fellow in the pipeline to start in 2025	March 2025	£20k pa (currently managed by medicine/Surgery)	Staff time	39,44, 45,46	Skills
	Obtain SusQI Beacon site status	Assistant Director Improvement and Implementation	I&I		CF	Carbon literacy / Direct saving non quantifiable	Beacon site status achieved Tangible evidence of carbon saved.	March 2025	N/A	Staff time	NA	Leadership/ Skills
	Through the convening of departmental green groups, establish any barriers to decarbonisation and establish with operational colleagues their removal	Clinical Sustainability lead	N/A		New	Direct saving non quantifiable	Tangible evidence of carbon saved.	March 2025	N/A	Staff time	NA	Leadership /Pace
	Seek Opportunities to reduce f-gases.	Clinical Sustainability lead	Anaesthetists, Pharmacy and medical gas committee		New	Supporting Transition	Lower emissions recorded from f-gasses	March 2025	N/A	Staff time	?	Leadership/ Pace
	Establish the most viable options to embed the decarb agenda into clinical boards along with the ability to regularly monitor progress	Director of Operations			New	Carbon Literacy / Supporting Transition /	Baseline assessment carried out to understand readiness Clinical Boards issued with a plan to bring them up to a minimum level of awareness and practice.	March 2025	N/A	Staff time		Leadership / Pace
Operational Excellence Driving Carbon Reduction	Deliver against Finance and Operations priorities ensuring carbon benefits of work are captured.	Executive Director of Finance/ Director of Operations	All UHB	Financial break even Operational aspiration – Proportion of	New	Carbon Literacy/ Supporting transition / Financial Benefits / Operational Benefits	Carbon avoided calculated through operational and financial efficiency schemes.	March 2025	N/A	Staff time	NA	Strengthen Leadership Pace Finance

	6 Goals, Planned Care programmes are operational priorities. Additionally, prevention, Value based healthcare and Quality Excellence will emerge as important programmes. Through efficiency (inc Digital), financial prudence and good patient care, carbon reduction can be achieved.			100,000 bed day saving. “We will have in place a digitised health and care system..., having delivered 50% of the roadmap”			A £50m savings programme translated into carbon benefit (TBC exact level of savings). At a 0.21 carbon factor, 10,500t CO2e could be avoided – c4-5%. If 50% of £50m was addressable, a saving of c5,000t could be possible. Achieve theatre utilisation targets defined by ops Help Me Get Home Targets defined in carbon terms and record of progress.					
	Increase and Maximise Circular economy opportunities	Head of Procurement	Procurement		CF	Leadership / Supporting transition	£ Value	Ongoing	N/A	Staff time	25,26,27,29,30,31,32	Leadership
	Increase and Maximise Foundation economy opportunities	Head of Procurement	Procurement		CF	Leadership / Supporting transition	£ Value	Ongoing	N/A	Staff time – funding from WG has been cut (NWSSP funding)	25,26,27,29,30,31,32	Leadership
	Review opportunities for large suppliers to reduce our emissions	Head of Procurement	Procurement		CF	Direct Saving Non Quantifiable / Carbon Literacy/ Supporting transition	Number of suppliers reviewed, and issues/ opportunities fed back Carbon impact of work (KG/tCO2e	Ongoing	N/A	Staff time	25, 26, 27, 29, 31, 32	Pace/ Leadership
	Low carbon alternatives must be considered when creating purchase specifications	Head of Procurement	Procurement		CF	Supporting transition	Products reviewed/ sustainable items purchased	Ongoing	N/A but potential for increased cost in order to buy greener	Staff time	27,30,31	Leadership / Skills
	Consider ways that procurement engage with clinical boards, and vice versa, to review spend and trends, and how this can provide efficiencies.	Head of Procurement	Procurement	Projects identified to reduce emissions from purchases, deliveries, packaging. £/ carbon saved.	New	Direct Saving Non Quantifiable / Carbon Literacy/ Supporting transition		By March 2025 and ongoing		Staff time		Leadership / Skills
	Measure the decarbonisation impact of the Welsh Nursing care record	Deputy Executive Nursing Director	Nursing/ Digital/ Sustainability team		New	Leadership/ Supporting transition			Staff time	Staff time		
	Our Digital team will implement a Digital Foundations programme, seeking to create the conditions and increase the	Director of Digital & Health Intelligence	Digital		New	Leadership/ Supporting transition				Staff time		Leadership

	digital maturity of Cardiff and Vale UHB.											
	Implementation of DESC which will save energy by turning off PCs/Laptops left on overnight	Director of Digital & Health Intelligence	Digital		New	Direct Saving Non Quantifiable / Leadership Carbon Literacy/ Supporting transition		Q1 2024 and ongoing	Staff time	Staff time		Leadership Pace
	Our DH&I team will implement systems in 2024 which will reduce paper usage. Such as Badgernet and Pacemaker Monitoring.	Director of Digital & Health Intelligence	Digital		New	Direct Saving Non Quantifiable / Leadership Carbon Literacy/ Supporting transition				Staff time		Leadership
Sustainable / Climate Conscious Leadership and culture												
Setting CVUHB as leaders in low carbon healthcare delivery	Ensure the UHB show leadership in decarbonising	Executive Director of Planning	Decarb Team	Routinely embedded in our way of working	CF	Leadership / Supporting transition	Receive internal audit report on sustainability. Implement audit actions. Improve decarb prominence in redesign, IMTP and investment decisions where applicable. Implement improvements to governance with the intent of raising the profile of decarbonisation.	March 2025	N/A	Staff time	NA	Strengthen Leadership
	Executive team to continue to have an annual decarbonisation objective as part of objective setting for 2024/25	CEO			CF	Direct Saving Non Quantifiable / Leadership / Supporting transition / Carbon Literacy /	Impact as a result of taking an objective. Carbon impact of work (KG/tCO2e)	Ongoing	£0	N/A	3	Strengthen Leadership Pace
	Decarbonisation included in any clinical service redesign	Executive Director of Planning	Strat planning		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Decarbonisation is included.	31/3/25	N/A	Staff time	NA	Leadership
	Through the review of our Board Assurance Framework in 2024, create an appropriate profile for climate and biodiversity risk and risk management.	Director of Corporate Governance	Corp Gov		CF	Leadership/ Carbon Literacy / Supporting Transition	Risk is actively monitored and improved	Ongoing	N/A	Staff time	3	Management Action
	Compliance with NWSSP Strategic Delivery Plan actions and Influencing Any New Plan	Executive Director of Planning	Decarb Delivery Group		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Supplying on time reporting to NWSSP, raising any risks or issues. CVUHB influence on new SDP.	Ongoing	TBC - Grant funding, EFAB and other schemes may be available for exploitation.	Staff time	2	Strengthen Leadership Pace Management Action
Engaging and Communicating with Colleagues	Consider how decarbonisation behaviour change can be implemented	TBC	Comms	Culturally embedded into our	New	Leadership/ Carbon literacy	Plan created and delivered	Q3 2024	N/A	Staff time	NA	Skills gap Increase capacity

	through the Quality Excellence programme.			quality ways of working								
	Track the voluntary sustainability pledges advertised across the UHB in Jan '24.	Environmental Sustainability Manager	Decarb Team			Supporting Transition						
	Communication messaging to include decarbonisation benefits where possible.	Director of Communications and Engagement	Comms		CF	Leadership/ Carbon Literacy/ Supporting Transition	Messaging including decarbonisation	Ongoing	N/A	Staff time	2,3	Leadership
	Work with Education leads from each speciality to commence incorporating decarbonisation messaging into courses. Seek involvement from staff in line with strategy.	Executive Director of People and Culture	Education		CF	Leadership/ Carbon Literacy/ Supporting Transition	Information on courses and material provided.		TBC	Staff time	2,3	Skills
	Track progress including decarb courses attended and the integration of messaging	Sustainability Manager	Sustainability team		New	Leadership/ Carbon Literacy/ Supporting Transition	Track courses and inductions attended, green groups held.	Ongoing	N/A	Staff time	2,3	Skills
	Consider development of range of bite-size decarbonisation training to be promoted and available via e-learning	Executive Director of People and Culture	Workforce		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Review take up of the courses offered.		Development costs - TBC	Staff time	2,3	Skills
	Annual Sustainability– Staff award presented	CEO/ Executive Director of People and Culture	Workforce		CF	Climate conscious Leadership	Award event held	Annual ongoing	N/A	Staff time	2,3	Pace/ Skills
	E Establish how decarb can be included in regular 1:1 manager and employee conversations and team meetings'	Executive Director of People and Culture	Workforce		CF	Direct Saving Non-Quantifiable / Leadership/ Carbon Literacy/ Supporting Transition	Included on appraisals or guide notes	Q1 24/25	N/A	Staff time	2,3	Skills
	Publicise travel discounts schemes	Executive Director of People and Culture/ Director of Communications and Engagement/ Director of Estates	Transport and Comms		CF	Supporting Transition	Messaging distributed. Discounts available	Ongoing	N/A	Staff time	2,3	Pace
Sustainable / Climate Conscious Estates												
Lowering the footprint of Buildings, Land, Waste and Transport	Establish what would be required to achieve 40% - reduction in emissions we control by 2027	Executive Director of Finance		"Plans to replace or redevelop UHW and UHL will be well advanced..." as NZC	New	Direct savings/ Supporting transition	Create a plan to achieve a pathway to a 40% reduction for presentation to Decarb Delivery Group to	Q2 2024	Delivery will require capital investment	Staff time	NA	Finance needed, Pace

				Reduce emissions we control by 40%”			establish the possibilities, constraints and next steps.					
	Decarb a central pillar of new buildings and refurb	Executive Director of Finance	Estates		CF	Direct saving/ Leadership/ Supporting transition	Definition or implementation of projects with measures included. Carbon impact of work (KG/tCO2e	31/3/25	N/A – subject to WG business cases	Staff time	4/ 5/ 6/ 7/8/9/10/11/ 12/13/ 16/ 28	Leadership, Pace
	Decarbonisation included in UHW masterplan (final output expected in f/y 25/26 at least)	Executive Director of Finance/ Director of Operations	Strat planning		CF	Supporting Transition	Carbon options specified as an output	31/3/25	N/A – Cost of masterplan sought from WG	Staff time	11/ 12/13/ 16/36	Pace
	Run a programme of installing and monitoring Metering (electricity, gas and water)	Executive Director of Finance	Energy		CF	Direct saving non-quantifiable / Supporting transition	Closing off identified anomalies. Carbon impact of work (KG/tCO2e	March 2025 – ongoing	N/A	Staff time	4, 28	Pace
	Consider district heating opportunities should they arise.	Executive Director of Finance	Energy		CF	Supporting Transition	Assessment of viability of any proposed schemes	Ongoing	N/A	Staff time	7	Pace
	Consider more renewable/ energy efficiency schemes through feasibility studies, plan for feasible renewables to be implemented as and when resources & funding are available	Executive Director of Finance	Energy		CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Feasibility studies delivered Carbon impact of work (KG/tCO2e)	March 2025	Will require capital investment	Staff time	7/ 8/ 9/ 10/15/ 35	Pace, Finances
	Seek to reduce waste and comply with waste legislation	Executive Director of Finance	Energy		CF/New	Direct Saving Non-Quantifiable / Carbon Literacy	Maintenance of compliance	Ongoing	N/A	Staff time	2, 44	Pace, Leadership
	Biodiversity audit (inc sequestration opportunities) undertaken, and action plan produced. Confirm ownership in CVUHB.	Executive Director of Finance/ Director of Public Health			CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Complete baseline, ecological survey action plan adopted, and delivery commenced. CVUHB owner confirmed	Q2 24/25	TBC – to meet Section 6 obligations.	Staff time, cost of ecological survey	34	Pace
	Continue to review air quality at UHL and UHW through routine SRS NO ₂ reporting	Director of Public Health			CF	Carbon Literacy / Supporting Transition	Annual NO ₂ readings specific to UHW and UHL, for comparison with 2023/24 baseline, to assess impact of sustainable transport initiatives	Ongoing	N/A	Staff time (PH)	16, 17 21,39	Pace
	All new vehicles EV	Executive Director of Finance	Transport		CF	Direct savings/ Leadership	All new cars and light goods fleet vehicles procured across NHS' Wales after April 2022 will be battery-electric wherever practically possible Carbon impact of work (KG/tCO2e		N/A		19	Pace

	Level 2 Healthy Travel Charter implementation and make demonstrable progress	Executive Director of Finance/ Director of Public Health	PH/Transport		CF	Direct saving Non-Quantifiable/ Leadership/ Supporting transition	Actions implemented Commitments scoped with costs	March 2026	TBC	Staff time, potential costs associated with some commitments – to be scoped as part of delivery	14	Pace, Leadership
Adaptation Planning	Develop a UHB climate adaptation plan using WG commissioned toolkit	Executive Director of Strategic Planning/ Executive Director of Finance/ Director of Public Health	PH Lead	Delivering against Adaptation plan	CF	Direct saving Non Quantifiable/ Leadership/ Supporting transition	Adaptation plan developed and agreed for UHB, clear action owners and timescales	March 2025	TBC	Staff time, Potential costs associated with delivering some elements, to be scoped as plan put together	NA	Pace of Implementation Finance Needed

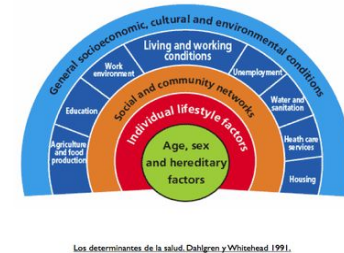
Equality & Health Impact Assessment (EHIA)





Equality & Health Impact Assessment for

{insert title of strategy/ policy/ plan/ procedure/ service}



Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHA for help and support in completing this document.

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Decarbonisation Action Plan 2024-2026
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategy – SRO Abigail Harris
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	Decarbonisation Action Plan attached.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the design and development stages <p>Public Health Wales Observatory Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsoc.co.uk)</p> <p>CAVUHB - Home (sharepoint.com)</p>	<p>Welsh Government has set out the ambition for the Public Sector in Wales to meet Net Zero emissions by 2030. Cardiff and Vale UHB are required to submit a Decarbonisation Action Plan (DAP) to support delivery of the NWSSP Strategic Delivery Plan and the Net Zero ambition. The targets set out in the Strategic Delivery Plan are 16% emission reduction by 2025 and 34% by 2030.</p> <p>The Shaping our Future well-being strategy also set out 3 additional ambitions:-</p> <ul style="list-style-type: none"> - 40% reduction in emissions we control by 2027 - 68% reduction in emissions we control by 2035 - Carbon Neutrality by 2035 <p>The team has established a robust governance structure which is made up of an Executive led Delivery Group and Environmental managerial Working group. It has also worked with members of staff across the organisation to understand what they would like to see implemented.</p> <p>Work has been undertaken to gather best practice, other organisations ambitions and actions, and working with Government to understand policy and direction.</p>

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All staff, patients and populations.
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> under 18; between 18 and 65; and over 65 	The impacts of climate change adversely impact the youngest and oldest across our society. The aim of the document is to have a positive impact by reducing emissions and improving air quality, which should result in positive outcomes for our population.	NA	Implementation of actions in the DAP.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes	the environment for all. The actions contained should not directly impact anyone with a disability.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.4 People who are married or who have a civil partner.	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	discriminate but aims to improve the environment for all.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.	The aim of the document is to have a positive impact on all citizens and does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) Stonewal	<p>The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.</p>	NA	Implementation of actions in the DAP.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<p>The document will be published bilingually in Welsh and English. There is no expected impacts to the Welsh language.</p>	Publication of the documentation in Welsh	Publication of the document bilingually.
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<p>The aim of the document is to have a positive impact on our staff, patients and communities by reducing emissions and improving air quality. The plan does not discriminate but aims to improve the environment for all.</p> <p>The impacts of climate change and pollution are disproportionately felt by those on low incomes. Through the plan we</p>	NA	Implementation of actions in the DAP.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	aim to reduce emissions and improve the impacts on our local communities.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	People living in poorer communities are often exposed to more emissions and worse air. Through the actions contained in the plan we are monitoring the air quality and aim to improve local emissions.	Deliver on actions (e.g. improved active travel) to support better air quality.	A full list of actions is contained in the Plan.
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	NA	NA	NA

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	The plan supports access to the service through:- <ul style="list-style-type: none"> - Improving the ease of access to sites using public transport and active travel - Using digital technology - There is no expected negative impacts on access to services. 	Embracing opportunities to support low carbon solutions.	Actions in the Plan include:- <ul style="list-style-type: none"> - Better digital services - Signing the Healthy Travel Charter 2
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation	The objectives of the DAP aim to:- <ul style="list-style-type: none"> - Keep people well and aims to support the prevention agenda. - Develop more efficient and low carbon buildings, which are fit for purpose. - Encourages active travel - Increases green spaces 	Further work can be done across the Health Board to support the actions and opportunities to improve healthy lifestyles. Increase the healthy food provisions across site for staff and patients. Increase active travel routes and localised facilities. Improve access to green spaces.	The Plan has actions to:- <ul style="list-style-type: none"> - Travel routes and facilities - Encourage healthy lifestyles.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>services, weight management services etc.</p> <p>Creating healthier places spaces.pdf (wales.nhs.uk)</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>Actions in the plan will require the organisation to seek low carbon skills (i.e. installation of solar PV etc).</p>	<p>Ensure when tenders are awarded that local job opportunities, with long term futures and skills are built in.</p>	<p>Follow actions in the plan to ensure decarbonisation is a central pillar of decision making.</p>
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>The Plan aims to support the increased availability of green spaces and good working environments, which will support the physical and mental health of staff and patients. It also looks to measure and if required, reduced exposure to air pollution on our sites.</p>	<p>More can be done to improve our physical environment.</p> <p>A long term plan for the whole estate will need to be developed. Which includes improvement to staff, patient, social and green spaces.</p>	<p>The plan holds a number of actions to take account of our physical environment and how to improve it. Including:-</p> <ul style="list-style-type: none"> - Increased sequestration - Increase energy efficiency - Improve air quality - Access to green spaces

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	The Plan will not necessarily improve social or community health directly. By changing the way we operate and design our services could encourage positive behaviours towards people's health.	Create an environment both at sites and within the community which to improve access and inclusivity.	NA
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	The Plan will positively impact on both sustainability and our environment. The economics for delivery has a mixed impact. We aim to have increased FE bringing money into our communities, however, this could result in potentially higher local emissions and increased costs for the service.	<p>There is more work to do on the plan around building links with our local communities and businesses, to create the supportive environment required.</p> <p>Variations with costs can be managed against expended social and local value. This would need to be considered within decision making. Action needs to build over the coming years to ensure a transition towards a low carbon organisation.</p>	All of the actions contained in the Plan aim to have a positive environmental and decarbonisation outcome.

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	<p>The Decarbonisation Action Plan has overwhelming positive impacts for the organisation, particularly around the environment and sustainability. The actions, if fully embraced, can also have social economic value and provide a robust and cohesive service. There are of course challenges linked to the plan and behaviour change will likely come with resistance. The team aims to bring everyone on the journey to support us achieve a better service for everyone.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<ul style="list-style-type: none"> - Cardiff and Vale UHB embrace the decarbonisation agenda and ensuring its part of decision making. - Build relationship with local businesses and communities to support the transition to low carbon. 	CS	March 2024	
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	<p>There are no required changes to the document as there not likely be any negative impacts. However, in future iterations of the plan we will liaise with underrepresented group in the design of the document and ensure the environmental health impacts are incorporated fully.</p> <p>A review of the actions will be done to ensure no negative impacts are highlighted in delivery.</p>	CS	April 2025	Work with the sustainability team on the development of next plan.

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). Several statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation;
- advance equality of opportunity between diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on their 'protected characteristics' (i.e., Their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex, or sexual orientation) and if it will affect their human rights. It also takes account of care responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure, or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently based on where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure, or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact equityand.inclusion@wales.nhs.uk or kate.roberts6@wales.nhs.uk

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools, and templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](http://phwwhocc.co.uk)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](http://instituteofhealthequity.org)

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

[Protected characteristics | Equality and Human Rights Commission](https://www.equalityhumanrights.com/en/protected-characteristics)
([equalityhumanrights.com](https://www.equalityhumanrights.com))

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Report Title:	Progress against Decarbonisation Action Plan – Q3			Agenda Item no.	3.1.2
Meeting:	Finance and Performance Committee	Public	X	Meeting Date:	20 th March 2024
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Abigail Harris, Executive Director for Strategic Planning				
Report Author (Title):	Calum Shaw, Environmental Sustainability Project/Planning Manager				
Main Report					
Background and current situation:					
The purpose of this paper is to update the Finance and Performance Committee on 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 our 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 progress to date can be found in the document attached.					
This report asks the Finance and Performance Committee to:					
<ul style="list-style-type: none">• Approve content of this report• Note progress document					
Executive Director Opinion and Key Issues to bring to the attention of the group:					
The table below shows the summary action RAG status to date against actions contained in the DAP.					
Of the actions required for delivery in the first three quarters 12 are Blue (complete), 6 Green 4 Amber and 1 Red. A full list of project RAG ratings are below.					
RAG	Actions to date		Number of Actions		Finance and Performance

			Committee intervention required
Blue/Complete	12	16	
Green	6	23	No
Amber	4	11	No
Red	1	4	No
Total	23	54	

Q2 Action Progress

There were 7 actions which were required for completion in Q2, 3 are Blue, 0 are Green with 2 Ambers and 2 Reds.

Q3 progress

There is one red action relate to a Biodiversity audit across our sites. A proposal on the audit is in progress and it is still the aim for work to be complete by the end of the year. **Positive Q3 highlights include:**

- Decarbonisation now a slot presented at corporate inductions
- Woodland House closed over Xmas saving £35k in energy costs.
- Therapies action plan is underway and will report on progress for Q4
- Work underway to switch off idle PC's overnight, being led by D&HI. 60 x PC pilot group identified. 60% reduction has the potential annual saving of up to £300k.
- Further energy meters installed across estate to provide more granular data.
- Gloves off campaign commenced in Critical Care, with a wider UHB wider programme under development.
- ICU and the water safety team have agreed to stop using medical grade sterile water. Saving an estimated £11k and an estimated 6 tonnes of carbon p/a.
- 6-month review of air quality was undertaken at UHW with indicative levels within safe limits.
- 50% increase in the sign up of our carshare scheme.
- Board development session on Decarbonisation set up for April.
- Sustainability pledge calendar created. Over 80 people have signed up.
- Estimate that through the 6 Goals programme, 551 tonnes of CO2e have been avoided since 1/4/23
- Estimate that through the Planned Care programme, 700 tonnes CO2e have been avoided since 1/4/23
- Estimate that green and amber financial sustainability schemes could contribute between 2,600 and 4,700 tonnes of CO2e avoidance this year.
- Selection of comms provided to UHB colleagues for Welsh Climate Week in December

In summary, carbon avoided could be between c3,800 and c5,000 tonnes for the year which could be just over 2% of our carbon footprint.

Next steps

An update for Q4 will be provided to this Finance and Performance Committee in June

By the end of Q4, the 2024/25 action plan will be written and approved by Board.

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: <ul style="list-style-type: none"> • Approve content of this report • Note progress document 									
Link to Strategic Objectives of Shaping our Future Wellbeing: <i>Please tick as relevant</i>									
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 <i>Please tick as relevant</i>									
Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes/No									
Safety: Yes/No									
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.

Actions						Reporting update				
Sector	Action	Owner	Measure	By when	Quarter	Q1 - June	Q2 - Sept	Q3 - December	Current RAG	End of year RAG
Leadership	Decarbonisation to be an agenda item of all relevant executive meetings (with any ToRs amended).	Director of Corporate Governance	Audit of Exec and Department meetings. Carbon impact of work (KG/tCO2e)	2023	Q3	Finance & Performance Cttee has had its ToR amended to include, "provide assurance to the Board that all Health Board plans consider decarbonisation impact". F&P Committee reports to the Board. Papers for committees contains a risk assessment section that includes Decarbonisation. With the agreement of Corp Governance, updated guidance is being provided so that that section of the paper can be well considered by authors, providing simple guidance as to what decarbonisation is.	Reported on Q1 performance to F&P Committee on 19/7/23 and 20/9/23. Q2 to be reported on during December. Guidance for Board papers around what decarbonisation is to better inform people what could impact carbon was updated in Q1 and incorporated by Aaron and Nathan.	Paper went to Finance & Performance committee with progress in 12/23.		
Leadership	Develop an estimate of what 2025 16% reduction would take – effort and money.	Sustainability Manager	Estimate produced of cost and transformation to achieve a 16% saving.	Autumn 2023	Q2	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 34% 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 or re-prioritised existing funding would be required to fund demand reduction activity with an ROI that varies between 5:1 and 14:1 according to studies. The findings have and are being socialised around colleagues to determine their onward use. Feedback from colleagues 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 Welsh Health Boards.	The previous work has been used to inform the next action plan which is being developed during Q3 and Q4. Actions that focus upon prevention and operational efficiency are candidates to be included. Finding the operational programmes that are avoiding carbon is stimulating ways in which carbon benefits can be tagged onto these work items.		
Leadership	Decarbonisation to form a part of the SOFW strategy refresh.	Executive Director of Strategy and Planning	Included in refreshed strategy having completed public engagement.	Aug-23	Q2	Decarbonisation has been included. SOFW strategy refresh is currently out for public engagement. It is a theme under Acting for the Future: "Be the exemplar organisation in NHS Wales for delivering our carbon emissions targets and fully supporting active and sustainable travel for staff and visitors to patients"	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.	Work in Q3 entailed following through clinical board plans to ensure they have decarb built in. Seeing the candidate initiatives for the IMTP early is allowing the decarb team to identify what will deliver carbon savings on top of any operational/financial/patient benefits. The 100k day bed opportunity is a large carbon avoidance opportunity for example. Discussions have been held with Operations about aligning their intentions for 24/25 with carbon impact. These discussions are positive and a contact has been provided to liaise with the carbon team - the Value Programme Manager. The 24/25 decarb action plan is being developed with alignment to SOFW's 2027 ambitions.		
Leadership	Executive colleagues to continue to take annual objective to impact carbon emissions.	Executives	Impact as a result of taking an objective.	Ongoing	Q4	Due to be implemented.		Chair's objectives passed down from Minister, allowing executive objectives to be set. They will include carbon.		
Leadership	Decarbonisation Identified as a risk on the corporate risk register	Sustainability manager	Board assess the risks of mitigation and adaptation to the Health Board	2023- Ongoing	Q3	A draft strategic risk has been produced for the UHB. Once the draft has been agreed it will go through the corporate approval process.	Following corporate governance comments a revised version of the document has been drafted for approval. Risk will need to sit with Strategic planning prior to being escalated to corporate risk team.	Additional advice has been sought from Director of Corporate Governance. A final risk will be in place within Q4.		
Leadership	Decarbonisation to be a central pillar of decision making across all leadership functions from Board through to at least department/clinical board.	Executives	Evidence of decisions made taking decarbonisation into account	2023	Q3	Investment Group consider carbon impact as part of its evaluation criteria. Finance & Performance Cttee provides assurance to the Board that all health board plans consider decarbonisation". Further work is required to understand effectiveness.	Will review upcoming cases for IG so that decarb questions can be raised to the case owners. Ashleigh will include Ed in the planning for 24/25 cases this autumn so that opportunities are having decarb built in. After Ash sent the list of business cases, all seem on the face of it to have carbon impact that could be articulated. Ed has contacted some of the owners. As of 29/8 no replies yet apart from Public Health. Sustainability team have been asked to review the regional diagnostic centre tender. Many comments have been provided in an attempt to improve the requirement.	It cannot be said that decision making is yet taking carbon into account, though progress is being made with Value and Ed has agreed with Adam to embed into the Ops programme of work the carbon by-product benefits coming from their projects and programmes.		

Leadership	Investigate how to measure emissions at a departmental level with the aim of monitoring savings and actions for decarbonisation	Sustainability manager	A means to track changes in financial and/or carbon using Health Board data.	March 2024 - ongoing	Q4	<p>A plan is being drafted to set out how this project will move forward. Emissions against Waste, energy and procurement are the predominant focus, however this can be expanded to cover transport commuting emissions. Initial engagement has taken place with procurement to understand the emissions profile for individual departments. Data has been provided for a trial department and an assessment of emissions is in progress. We are also looking at opportunities for assessing energy usage per department across sites.</p>	<p>Data has been provided for a number of areas including departmental glove usage and to Therapies for a pilot. Gloves is progressing through a centrally supported programme. Therapies data has been used to identify the top 5 items each of the 5 therapies use/buy in order to run improvement projects to find better alternatives. Actions are going to be developed alongside sustainability champions. Financial sustainability actions have been assessed against the decarbonisation potential/ carbon avoidance. For data cut at the end of September, a possible estimated 4,000t of carbon avoidance benefit is up for grabs.</p>	<p>The Gloves off projects will commence in ICU in Q4 in pilot form. Reductions in usage will be reviewed against current baseline. This is in advance of a wider campaign supported by I&I.</p> <p>ICU team have a view of their energy use and the products used to treat a patient with multiple organ failure over 24 hours.</p> <p>ICU team are systematically reviewing high usage items to assess potential reductions. Efficiencies have been made.</p> <p>The Energy team through the Enica programme are planning to install more localised metering which will provide departments with a more accurate picture of reductions in energy usage.</p>		
Leadership	Sponsorship of Climate Champions across the organisation with either dedicated time allocated to research and recommend change or to drive change that is known to have worked elsewhere.	Executives	Each champion to keep a record of delivery against their champion assignment specification. - Carbon impact of work (KG/tCO2e)	2023 – Ongoing	Q3	<p>Therapies have their own decarbonisation action plan. This includes the creation of champion roles within each services with dedicated time. The plan goes further also, considering products used, promoting virtual consultations, incorporating in service redesign to name a few.</p> <p>In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and qualify quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum.</p> <p>In the clinical community, championing further carbon improvements could be done through projects approved by the Value programme.</p>	<p>Rebecca Hanmer is the lead for Therapies and each off the 5 therapies have a nominated champion to work on improvement projects. Rebecca A has established 3 priority programmes (gloves, continence pads and nurses uniforms) and set up groups to support delivery. Clinical Champion in post 8th Sept - update Q3. Roles have been established within ED and critical care which will support sustainability within those specialities. Need to find out from Sophia the plan for Value projects are being taken through for approval.</p>	<p>Therapies actions:</p> <ul style="list-style-type: none"> Ensure recruitment of champions for each area within therapies. From baseline Maturity Matrix data collected in Q2 by each of the champions, match areas that have achieved against the plan to those where improvements need to support learning. Action Plan Spreadsheet set up for each of the champions to collect the detail against the plan of current progress. SharePoint page set up to share information on progress and house current maturity matrixes for each area and Action Plan Spreadsheet. <p>Clinical</p> <ul style="list-style-type: none"> Working with 3 clinicians - CD (surgical clinical board), CA (Palliative/supportive care) & CD (peri-op & diabetes) to retrospectively & prospectively measure the carbon savings & carbon avoidance of their value work. Numbers will be available for Q4. We have supported Revolution-ZERO with a Welsh SBRI circular economy bid focused on how we could establish Revolution-ZERO reusable sterile surgical textiles into Wales, starting with 6/52 trial across 3 HBS. (CAV, ABUHB & Swansea Bay) A communications piece around spinal gowns will be drafted, which are now not required. Will require full integration into the UHB. Many projects have been supported and a number were published at the recent Anaesthetists Winter Scientific meeting. <p>Nursing</p> <p>3 priority programs are progressing.</p> <p>There are key Nurse champions identified within each Clinical Board, however, there is limited impact as there is no protected time allocation.</p>		
Leadership	Propose Board level training on Decarbonisation to increase awareness and be able to be seen as evangelists to the rest of the organisation.	Sustainability manager	TBC	2023	Q3	<p>The options for a board level training courses are being researched with an options paper being drafted. A proposal paper will be set to the Decarbonisation SRO, Abi Harris, prior to submission to the Chair for consideration.</p>	<p>Document has been highlighted but there is no availability of funding to support delivery. Provisionally scheduled for Feb Board development and seeking alternative funding opportunities</p>	<p>A session has been booked in April to present during Board Development. The session will run for 90 minutes and will raise awareness of Climate change and actions to decarbonise. A draft structure and storyboard to be developed shortly. Completion by end of Q4.</p>		
Leadership	Sponsor a decarbonisation behaviour change programme with an associated communications campaign to encourage self participation and increase skills.	Senior Leadership Board	Audit and assessment of delivery Carbon Impact of work (KG/tCO2e)	2023-2025	2023-2025	<p>There is agreement that the emerging Quality programme can include carbon reduction. A programme will be set up this summer and this will be the vehicle to promote quality of which carbon reduction is an element. The 6 Goals also contain principles that would see reduced carbon. It has been agreed with Operations that Admissions, Healthy Days At Home, LoS and Ambulance conveyances are relevant metrics that they are capturing and from which shifts can have carbon values attached. Candidate measures are also being considered with the planned care programme - through the running of this improvement programme, carbon savings should fall out. Ways to assist are being sought. Operations have commenced consideration of a decarbonisation campaign with the subject to be raised at fora including Decarb Group on how it could be framed. Suggestions include getting behind existing initiatives such as 6 Goals and Cost Improvement. Further work to be undertaken.</p>	<p>Mike Bond wants to run a campaign. Zoe Hilton has a campaign template to consider. Will likely be aimed at cost/waste reduction with knock on of carbon savings. Meeting to be held w/c 31/7.</p> <p>31/7 - Workshop on 2/8 organised by Jo Brandon on the back of cost saving.</p> <p>The cost improvement programme will save carbon and is where the UHB's priority is. Comms will be supporting the people leading workstreams tasked with making savings. Messages can be complimentary to decarb. EH has contacted Mike Bond about how to activate.</p>	<p>Regular heartbeat of communications, including Welsh Climate Week in December.</p> <p>A sustainability pledge calendar for 2024 has been created for rolling out in 2024.</p>		

Leadership	Leaders are prominent in sharing, promoting, valuing and reinforcing decarbonisation actions to all staff	Executives	TBC	March 2024 - ongoing	Q4	<p>On 20/9, the green and amber cost savings from the financial sustainability work indicate a potential carbon avoidance for 23/24 of approx 4,000 tonnes.</p> <p>Further work is going to be going into disinvestment and productivity improvements for the rest of this year and next.</p> <p>Safer @ Home estimates 1,200 - 1,800 bed days per month being saved. This equates to 542-819 tonnes of carbon potentially to be saved per annum (even as high as 1,404t based on Chris' latest figures 5/9). This is using CSH's estimate of 37.9kg of carbon per day of a low intensity inpatient bed. This is being built into their business case.</p> <p>Planned Care programme measures as at 30/9 show: No major gains in theatre utilisation over the first 6 months. Use of consultant connect having saved 7 - 11 tonnes of carbon in 6 months. Note that there seems to be incomplete data which is hampering measurement. Use of SoS and PIFU are estimated to have avoided 589 and 59 tonnes of carbon respectively. This figure will be added to when harmonising with work shaping change have done on mileage avoided. The LoS associated with the Prepare Well Orthopaedics is showing a 0.3d LoS benefit. 648 tonnes in total</p> <p>6 Goals measures as at 30/9 show: Virtual wards - 1,434 bed days saved for Apr to Sept. 37.9kgs of carbon per bed day. 1434 x 37.9 = 54 tonnes avoided SDEC: 6,394 patients between Apr and Sept. Assume 1 night's accommodation saved at 37.9kg carbon (CSH). Therefore 242 tonnes avoided MSDEC: 3,949 patients between Apr and Sept. Assume 1 night's accommodation saved at 37.9kg carbon. Therefore 150 tonnes avoided 446 tonnes in total</p> <p>In addition, there have been LoS shifts for people who stay > 21 days. The impact will be calculated when further data has been gathered. There is a potential project to help high risk patients from being admitted. It has the potential to save 41 beds (closure of beds). A low end estimate of the carbon saving would be 41 x 365 days x 37.9kgs = 567 tonnes p/a</p> <p>Decarbonisation team have worked with comms to develop the engagement strategy. A plan is being developed to support leaders share information with their stakeholders and be kept abreast of emerging decarbonisation news. The need to save money, push on quality and deliver against agendas such as the 6 Goals will see carbon savings. Further work required to understand how leaders need to be equipped.</p>	<p>6 Goals measures as at 31/12/23 MSDEC = 5766 patients seen minus 644 patients admitted. 5122 patients net x 37.9kg = 194t SDEC = 9959 patients seen minus 2529 admitted. 7430 patients net x 37.9kg = 282t</p> <p>Virtual ward. Ops report estimated bed days saved as 1989. Therefore 1989 x 37.9kg = 75t</p> <p>A total of 551 tonnes of carbon avoided since 1/4/23. Length of stays for patients over 21 days have been trending downward at UHW for the last year and recently too at UHL. The sum of the whole suite of operational improvements are helping with this improvement. Getting patients home means a bed is free for the next deserving patient and doesn't defer heating, lighting, medicines, etc to another point in the future for that deserving patient. The percentage of patients discharged within 7 days is improving. The UHB has a 76% target and it has been trending upward to the current spot figure of 73.8%. The benefits coming from Safer @ Home will come through during Q4.</p> <p>Planned Care measures at 31/12/23 SOS has avoided 608 tonnes of CO2e since 1/4/23 PIFU has avoided 74t since 1/4/23 Theatre utilisation is being monitored and greater throughput indicated better 'bang for buck' on the fixed costs required to run them. Utilisation is broadly flat for the year. Prepare Well Orthopaedics - figures to be confirmed.</p>		
Leadership	Decarbonisation is included in all clinical service redesign	Executives	Audit and assessment of delivery	March 2024 - ongoing	Q4	<p>Met with Ashleigh on 26/7. Guidance on what decarb is sent for consideration by Ash. Agreed to trial carbon as a factor in service redesign for the emerging regional cataracts service. Engagement this autumn and business case around December 2023.</p> <p>Ashleigh thinks we need design principles that fall out of the Strategy Refresh. Carbon to be in these design principles, but to be further worked upon.</p> <p>Clinical Board 'needs' for inclusion in the IMTP were laid out on 6/9. Potential carbon impact was described. As the IMTP development progresses, Ashleigh has developed a prioritisation matrix aligned to the strategy refresh themes with decarb included.</p> <p>Work is underway to embed decarbonisation in clinical services redesign. To be integrated into IMTP planning, therefore working alongside Marie Davies and Ashleigh O'Callaghan. The Tertiary Services Strategic team are using carbon impact as part of their consideration, for example in their future of HPV work and how travel might impact location consideration.</p>			

Sector	Action	Owner	Measure	By when	By when	Q1	Q2	Q3	Current RAG	End of year RAG
Estates	Decisions on estate and new buildings made with decarbonisation as a central pillar	Executives	Implementation of projects with measures included.	Ongoing	Q4	A process in place to support the delivery of new low carbon buildings. Updates will be provided as new projects come online	No new building to include action	No new building to include action		
Estates	Assess the future of UHW and UHL through a Strategic Outline Case for Shaping Our Future Hospitals to inform long term decarbonisation investment bids.	Programme Director Shaping our future hospitals	Complete pending approval	TBC	TBC	The SOC for SOFH is not yet being funded by WG. Options work is not forecast to take place until 2024. This action is unlikely to be delivered by 3/24.		Presented to IIB on 13/11 and a proposal to develop a masterplan was a		

Estates	Commit to undertaking a programme of feasibility studies to decarbonise our estate to understand the potential projects, the costs and carbon benefits.	Director of Estates	Feasibility studies delivered	March 2024	Q4	As the UHB has implemented energy conservation and decarbonisation measures via the Refit program. Studies to identify opportunities at specific sites have been undertaken and presented in an Investment Grade Proposal.	As Q1	There is limited funding available through the WGES Grant - Aiming to apply for additional funding which needs to be submitted by the end of January. If approved work will likely commence in March. On site works not until June. £6.9m investment completed during 2025. The project will include Solar PV roof UHW, PV on multi-story UHW, solar car ports outside UHL, UHL replacing 200 single glazed windows, pipe lagging(insulation) and LED lighting. Solar PV and LED at community sites - sites identified, ALAC, Fieldview and Riverside. Low carbon heat at community sites has stalled. UHL is being reviewed for heat pumps. £3.2 million low carbon heat project assessed for Barry Hospital and was not seen as feasible.		
Estates	Consider external opportunities such as district heating to reduce estate emissions. An early stage proposal has been developed for Barry.	Director of Estates	Assessment of viability of proposed Barry scheme	TBC	Q4	Discussions are in progress to assess the feasibility of Barry and Cardiff District heating networks. NOTE THE INITIATIVES BY CARDIFF AND VALE OF GLAM FOR LOCAL AREA ENERGY PLANNING.	Whilst the study had positive potential opportunities, it was to be undertaken as a collaborative district heating partnership program. Unfortunately the district heating program has not been implemented.	Project has stalled due to other organisations pulling out and there is no further update. CVUHB are ready to co-operate with feasible proposals around such schemes.		
Estates	Implementation of RE-FIT/ EFAB and other energy conservation and decarbonisation scheme planned for 2023/24 and 24/25.	Director of Estates	Delivery of milestones over 2023/24.	March 2025	March 2025	Projects are in place for REFIT and EFAB and will be complete in August/ September - REFIT 2023/24 scheme is in the feasibility phase which is likely to conclude in August.	Current Refit project will be concluded in November 2023. The next Phase is in the feasibility IGP stage to be concluded in October/November 2023.	Refit phase 2 has almost complete - 95% complete. Aiming to apply for additional funding which needs to be completed by the end of January. Should be approved with Vital, likely to commence in March. On site works not until June. £6.9m investment completed during 2025. Solar PV roof UHW multi-story, solar car ports outside UHL, UHL replacing 200 single glazed windows, pipe lagging(insulation) and LED lighting. Solar PV and LED at community sites, sites identified, ALAC, Fieldview and Riverside.		
Estates	Investigate options to increase sequestration as much as possible across the estate	Sustainability Manager	Proposal developed	01/12/2025	Q3	A plan is being drafted to understand the opportunities for sequestration across the UHB estate. Initial discussion have been held with the estates team on current land use across sites.	Information is being gathered on projects which have been undertaken and the additional opportunities across the site. Initial findings are there are limited opportunities to significantly improve sequestration	unding across the UHB is limited. There has been no additional support through the Health Charity during this period and there are no projects underway. Although there is capacity to extend planting, it is unlikely it will be done this year.		
Estates	Commission a specialist Biodiversity audit across our estates	Director of Estates	Complete and action plan adopted	30/09/2023	Q2		Ownership of biodiversity in the health board isn't clear. A call was held with execs to discuss and an action agreed to find out how other health boards manage their obligations under Section 6. AB have been contacted and so has Swansea Bay. It is becoming clear that other Health Boards will need to be asked as a clear answer has not yet emerged. 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 volunteers/NRW could help. To be progressed when ownership is resolved and models of governance established.	Public Health investigating how a baseline assessment could be commissioned.		
Estates	Allocation of champions and staff training and support to reduce waste and energy usage.	Director of Estates	Record of champions and actions taken - Carbon impact of work (KG/tCO2e)	6 monthly	6 monthly		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.	There are no current plans to implement this action. Although, work will be required to improve waste management over the coming year, to bring us in line with Waste legislation. Support has been provided by Estates and Waste to departments to improve carbon efficiency, however, this is on request. Waste have supported EU in putting general waste and recycling in clinical areas. Energy team are supporting departments with localised metering.		
Estates	Search for savings opportunities as a result of a developing electricity metering programme	Energy Manager	Closing off of identified opportunities - Carbon impact of work (KG/tCO2e)	Quarterly	Quarterly		UHB Energy/Estates teams implement metering where it is highlighted additional monitoring may yield benefits. This includes electricity, gas, heat and steam metering. Metering of certain theatre areas is being proposed in addition to gas and steam metering of specific areas/plant and equipment.	Woodland closed over Xmas. Saved £35k. Work underway on the switching off of idle PC's overnight, being led by D&H. 60 x PC pilot group identified Further meters installed across estate to provide more granular data.		
Estates	Water conservation – Across large estate, work with Welsh Water to identify/avoid/address any instances of leakage.	Energy Manager	Rectifying any identified leaks.	March 2024	Q4		Water study currently being undertaken at UHL to assess consumptions and opportunities. External resource engaged to complete the study and provide analysis of water usage and identification of potential conservation opportunities.			

Sector	Action	Owner	Measure	By when	By when	Q1	Q2	Q3	Current RAG	End of year RAG
Transport	Recommend with a costed plan that our SLB formally sign Level 2 Healthy Travel Charter, with agreed capacity to implement.	Executive Team	Approved y/n - Carbon impact of work (KG/tCO2e)	30/06/2023	Q1	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.	The UHB agreed to sign up to the Level 2 Healthy Travel Charter in October.	Next HTC meeting will take place on the 8th February.		
Transport	Promotion campaign for new cycleway linking city centre to UHW when opens in 2023	Consultant in Public Health – Lead HTC	Promotion campaign - Number of interactions	30/06/2023	Q1	ACTION COMPLETE Initial 'soft launch' during Bike Week (w/c 5 Jun) with story on intranet; to follow up with further comms during June (discussing with Council if want to do jointly) and offer to cycle route with others to increase familiarity	As additional work, GoPro footage of cycleway recorded, CEO Connects session in early September to highlight cycle facilities at UHW site and proximity of new cycleway	No additional work on this in Q3. Cardiff Council still considering event though none confirmed yet.		

Transport	Review trend in air quality on UHW and UHL sites	Consultant in Public Health – Lead HTC	Measurement of trend	Quarterly	Quarterly		Data being received monthly, two months' worth of data currently received (6 Jun 2023). To provide interpretation and quarterly updates once 6 months' worth of data available (data is annual mean so cannot be reliably interpreted with few data points)	Monitors have been in place and data gathered since February 2023. A full report will be published after 12 months, however, NO2 levels are not currently breaching Welsh Government guidance. A summary of the initial findings for a 6 month period will be provided to SLB.	Through the installation of monitors airquality is being reviewed across the site. Welsh Government targets for Air Quality are - 40 µg/m3 - annual mean - 200 µg/m3 1 hour mean. The first 6 month period is as follows: •BHW: 17.6 mcg/m3 (range 12.2 to 23.2 across different locations at UHW) •BHL: 10 mcg/m3 mean NO2 (range 6.9 to 15.1 across different locations at UHL) While these data is annualised and bias adjusted (corrected to enable like-for-like comparison between different equipment and locations), they remain incomplete and should therefore be interpreted with caution. Currently levels above are well within the target levels set by Welsh Government.		
Transport	Fleet transitioning to EV as a preference and where practical.	Transport Manager	All new cars and light goods fleet vehicles procured across NHS Wales after - April 2022 will be battery-electric wherever practically possible - Carbon impact of work (KG/tCO2e)	March 2024	Q4		There has been engagement with transport groups who manage their fleet across the Health Board. Options are appraised as they become available to ensure compliance. To date we have 5 BEV and 1 LCEV. across the UHB. An all Wales approach to procuring EVs (pooling demand in the face of scarce supply) is being worked up by WG. C&V will be part of it.	There is national programme to support the delivery of the transition to EVs. Additional guidance has been provided for EV charging infrastructure in Wales.	Vehicles are being reviewed as they come up for renewal. A fund was made available to public sector organisation to support the uplift costs for EVs and charging infrastructure through WGES. Delivery is expected by the end of the financial year making realisation extremely challenging.		

Sector	Action	Owner	Measure	By when	By when		Q1	Q2	Q3	Current RAG	End of year RAG
Procurement	yes	Head of Procurement	Number of suppliers reviewed and issues/opportunities fed back	March 2024	Q4		<p>Grounds and Gardens Maintenance</p> <p>1. Decarbonisation travel efficiency (100% local workforce) - use of battery operated equipment - promote biodiversity - create and enhance wildlife, fruit and veg production & onsite recycling of leaves & creating compost area</p> <p>Non-Hazardous Waste Collection for CVUHB</p> <p>1. Decarbonisation: BIFFA will use Welsh disposal and processing for this contract - less vehicle mileage contributes to lower carbon emissions and keeps waste within the Welsh borders. General Waste will be sent to landfill diversion Trident EFW. Recycling will be processed at their Cardiff MRF, and Food will be anaerobically digested at Bryn Composting.</p> <p>Provision of Renal Dialysis Services in East and West Swansea and In Centre Equipment and Consumables</p> <p>Brief: Provision of community based dialysis units to ensure closer to home treatment which allows for decarbonisation benefits on reducing carbon emissions as well foundational economy benefits. The contract has just been awarded and the specification was upscaled to include two additional units, these will be built within East of Swansea and utilise local businesses for both the construction of the new buildings and continuation of three current units for support services such as cleaning services, provision of sandwiches and laboratory analysis of all water treatment samples. These services all use local suppliers or source local labour within the region and this will be increased when the new units are established.</p> <p>Fresenius (the winning bidder) recycles 790 tons of materials in the US and Canada, and 80 percent of their electricity use in the EU covered by renewable sources reducing their carbon footprint. Fresenius Medical Care have implemented the Stericycle recycling system provided by SRCL. The Stericycle system allows for the safe reuse of the rigid plastic sharps containers to reduce their air emissions significantly. On an annual basis, Fresenius save over 3500 single use containers from incineration, in excess of 5 tonnes</p>	<p>*Animal Bedding - Cardboard collection Carbon reduction Use of local workforce including supporting those with disabilities/challenging circumstances</p> <p>Cardiac Patient Transport Contract awarded to St John's Ambulance Cymru, a charity primarily staffed by volunteers to transport patients from any Welsh hospital site into University Hospital of Wales to be treated within the same day and then transferred back to their base site.</p> <p>PROMS Framework Continuing on from current work within the C&V UHB Digital and Health Intelligence team, Procurement Services are in the process of awarding an All Wales PROMS framework. This will allow all Health Boards in Wales to fully convert from paper or part paper collection and recording of PROM/PREM to a digital solution. The digital solution will enable NHS Wales to support the broader model of collecting outcomes across multidisciplinary clinical pathways – outpatient transformation, long term conditions management integrated across inpatient, outpatients, community, primary care and provide a seamless patient experience for equality of healthcare treatment and service from standard PROMS/PREMS across the whole of Wales. "</p>	<p>"Planning for a Local Consultancy framework for construction: putting in a place a local consultancy framework to cover architects, PM, CM, Healthcare planners, NEC supervisors..etc (100% based locally) - reduce travel time - Encourage commute through local transportation means to the UHB premises. - Appoint locally based consultants and support the foundational economy agenda.</p> <p>Planning Building Consumables Contract: - setup a contract for various building, Electrical, and Mechanical consumables with local suppliers. - local supply chain to reduce carbon emission and time on the road and support FE with an estimate annual saving of £30k.</p> <p>Rookwood Preliminary Ecological Survey: - Survey compromise a habitat survey of the site footprint to collect botanical data and assess the site for its sustainability to support protected and/or Notable species.</p> <p>Aroma re-useable cups: all members of staff across the Health Board are given a branded, re-useable cup that they can take to any Aroma location to have access to discounted pricing for coffee and other hot beverages. Two direct benefits of this will be to reduce the number of single-use cups that are purchased and in turn reduce the amount of waste that goes to landfill in disposing of them. "</p>		

Procurement	Clear process for clinical staff and procurement to engage with each other on the purchase and use of more sustainable products	Head of Procurement	Operating process and pipeline of opportunities - Number of interactions	30/09/2024	Q2	<p>Planning papers for procurements over £25K to be signed off by the Director of Operations and Finance Lead prior to Procurement sign off. The papers will include sustainable procurement considerations, including the Wellbeing of Future Generations Wales Act goals, ethical employment and community benefits.</p> <p>New Product Panels scheduled to be introduced across clinical boards for quarter 2. Clinical staff requesting to utilities new products will be required to consider the impacts of sustainability and the requesting documentation has been updated to reflect this.</p>	<p>"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.</p> <p>New product panels on pause due to current financial position."</p>	<p>New process in place no further update at this point</p>		
Procurement	Embed circular economy principles in our procurement.	Head of Procurement	£ Value	March 2024	Q4	<p>Procurement embed the principles and encourage suppliers to adopt and improve the circular economy in Wales through the specification of requirements.</p> <p>Example: In-House 3D Metal Printing, Dental Hospital UHW. Economic Benefit – currently we spend £70k per year outsourcing the 3D metal printing service, producing in-house will eliminate this cost. There is potential for an All Wales opportunity to print metal for other Welsh Health Boards, creating further savings on an All Wales basis.</p>	<p>"Continue to embed the principles and encourage suppliers to adopt and improve the circular economy in Wales through the specification of requirements.</p> <p>Animal Bedding - Cardboard collection Supplier collects cardboard from 3 separate C&V locations - University Hospital of Wales (UHW) are often five times a week, and collections at Cardiff Royal Infirmary (CRI) and Woodland House (WH) are 2-3 times a week. 48 tonnes of cardboard is collecting resulting in 19.36 tonnes of carbon emissions saved per annum. The cardboard is correctly sorted and reviewed to ensure it is free of impurities such as staples, toxins and other objects. The cardboard is then shredded by machines into animal bedding and packed ready for purchase</p> <p>Aroma Rice Husk Re-Usable Coffee Cups There are a lot of single use products being used by Catering within Cardiff & Vale UHB. CEF stakeholders and Procurement completed a project for the introduction of re-usable coffee mugs made from 100% recyclable material. Rice husk is the bi-product produced during the harvest of rice grain, and the husk is in so much excess that it is burnt to dispose of, resulting in thousands of tonnes of rice husk being burnt every year. The burning of wastage rice husk is a significant contributor to negative environmental pollutants. The awarded supplier specialises in recycling the waste rice husk into eco-friendly cups and packaging. In addition, the awarded supplier utilises local farmers, and doesn't use air freight for their logistics. "</p>	<p>The procurement team are continuing to embed the principles of circular economy and encouraging suppliers to adopt and improve the circular economy in Wales through the specification of requirements.</p> <p>Catering contract has been awarded during Q3 for Aroma Rice Husk Re-Usable Coffee Cups</p>		
Procurement	Embed foundation economy principles in our procurement	Head of Procurement	£ Value	March 2024	Q4	<p>£23m spent with Welsh suppliers in Q4.</p> <p>Examples: Grounds and Gardens Maintenance FE 100% contract value retained in Wales as the contract will be awarded to a Welsh based supplier with locally based workforce.</p> <p>Non-Hazardous Waste Collection for CVUHB FE: Hiring local – 95% of Biffa employees in Wales are living within 20 Miles of the place of employment.</p> <p>Resourcing local supply chains for sustainable produce, eg re-use networks for end-of-life furniture and using local SME for ancillary services such as printers for literature.</p> <p>BIFFA will engage with the Health Board on the work they already do for their staff on subjects like Menopause Awareness, healthy food choices, etc.</p> <p>An increase of employee programmes for Wales which will include: I. 1 armed forces veteran recruited. II. 1 formerly homeless person recruited. III. 21 NEET recruited (via Kickstart). IV. 3 x work assistance programmes to help people into employment.</p> <p>In-House 3D Metal Printing, Dental Hospital UHW Foundational economy – investment of £750k in local Welsh supplier for purchase of 3D metal printer, increased job opportunities for Dental technicians with CAD/CAM training utilising locally skilled staff rather than outsourcing with current supplier based in England.</p> <p>Decarbonisation – Producing in-house reduces transportation emissions as metal is printed locally at UHW, currently this is transported over from Bath. The lead time will be cut by 11 days reducing patient bed stay time and lowering the risk of infection for patients.</p> <p>Pre Vocational & Vocational Training Foundational Economy – Adferiad Recovery reflect the priorities of the Future Generations Wales Act by encouraging their staff, service users, carers and other partners to work together to</p>	<p>"£54,147,469.38 expenditure with Welsh providers in the first month of quarter two</p> <p>Animal Bedding Elite Paper Solutions is a supplier based in South Wales empowering local communities by providing employment opportunities and prospects to individuals with disabilities and those facing disadvantages. Working on case-by-case bases, they offer training and equip individuals with new work, life and social skills. The supplier provides a community for the long time unemployed and has created diverse and inclusive workforces.</p> <p>Construction Related Labour Framework The framework increases the opportunities for local, domestic sourcing and encourages SME tendering. Multiple suppliers will be awarded to the lots and at call off stage should two or more suppliers be able to provide the requirement, the awarded provider will be chosen on a rotational basis.</p> <p>Seren Diabetes Education Programme Seren Diabetes Education Programme uses a design company in Cardiff to help design education leaflets and workbooks for Diabetic Paeds Patients. The workbooks/leaflets are then sold to Paeds Diabetes units in Wales and England, which makes the scheme sustainable generating income for the Department.</p> <p>Transport for Dental Students Tender for the transportation for dental students is being awarded to a local Welsh supplier. The value of this contract is £171,000 over 3 years, supporting the Welsh Foundational Economy and decarbonisation due to reduced travel for the bus.</p> <p>Tender for the repair and maintenance of surgical equipment Supplier commitment towards the Welsh Foundational Economy through their supply chain via £100k investment for new Ultrasonic cleaning machines in their manufacturing facility which were purchased from a Welsh based provider, as well as commitment to tender further investment into the manufacturing facility of £150K."</p>	<p>"Local Frameworks part of the qualification for getting onto the framework is specifically related to the location of the bidder's branch from the main hospitals and how long they have operated from their local branch. This will support the local SMEs and give them better changes to score high on the quality aspect.</p> <p>Maintenance/Engineering Contracts For all engineering and Maintenance contracts, the suppliers are required to have Engineers based locally and available at short notice for emergency call outs in the UHB Premises</p> <p>Foundation economy spend Between April- December 2023 CAVUHB spent £215m (c38% of total spend) within Wales. £135m of our total spend was with Welsh SME's</p>		

Procurement	Instant fail on procurement assessment for any organisations who do not have a carbon reduction plan. For tenders > £5m.	Head of Procurement	Implementation y/n and evidence of operation - Carbon impact of work (KG/tCO2e)	March 2024	Q4	For contracts >5m we have included a mandatory pass/fail question to exclude any provider that does not have a carbon reduction plan. In quarter 1, no organisation was failed for not meeting this requirement. For any contracts <5m the standard process on Tenders is for bidders to provide confirmation of whether or not they have, or are working towards, a carbon reduction plan - this is currently an information only required response.	For the first two months of quarter 2, no organisation had failed due to this requirement.	For quarter 3, no organisation was failed for not meeting this requirement. - There are 15% of marks available in tenders based upon social value. This is a small part of the overall scoring, but its introduction has seen the difference between suppliers being awarded contracts and not. Procurement have, 'recently undertaken insourcing and outsourcing projects for the Children and Women Clinical Board and two providers scored full marks for the technical score (45%) and there was a percentage difference of less than 2% for the commercial score. The remaining percentage for social value therefore played a part in influencing the outcome of the award.'		
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Sector	Action	Owner	Measure	By when	By when	Q1	Q2	Q3	Current RAG	End of year RAG
Clinical	Decarbonisation embedded into Value Based Healthcare	Clinical Sustainability Lead	Embedded and carbon saved - Carbon impact of work (KG/tCO2e)	31/03/2024	Q4	Two leadership positions for VBH is being appointed to report into the AMD for Quality (for acute and primary care settings). Value work being led by Claire Dunstan is showing promising results which could result in carbon savings once the projects are formally reviewed in Q3.	Ed met with Sophia Jones (Prog Manager) for value. Carbon is in the proposal and highlight report template. Ed provided some criteria for people to think about when filling out a Value proposal. Also shared carbon values for clinical activity from CSH and criteria for consideration when redesigning services from the SE Clinical Senate. Agreed to embed in a pilot project - Heart Failure. Expected to start in early October. 2 x clinical leads appointed who will face into acute and primary care respectively.	Claire Dunstan has been running small Value based projects and tracking the various benefits including carbon which are expected to report in Q4. Paeds project to have carbon benefits built in, along with heart failure. Investigating patient stories being created to help communications.		
Clinical	We will bid for our 4 th HEIW Leadership Fellow in Sustainability	Clinical Sustainability Lead	In place y/n	30/09/2023	Q2	A bid was successfully completed, with a new Sustainability fellow starting in July 2023	Our 4th Sustainability fellow is now in post. There is an additional Sustainability Fellow within EU (2 sessions a week).	There are a number of initiatives under development:- - A bid is being developed through SBRI as a cluster approach to work with Revolution Zero - Working with Elis to trial reusable drapes in UHL - Working with procurement and Vanguard to set up a collection for devices which can be remanufactured and resold for a discounted price to the UHB.		
Clinical	Develop a Sustainable value working group to highlight high carbon areas and product switches (procurement/clinical interface)	Clinical Sustainability Lead	Implemented y/n - Carbon impact of work (KG/tCO2e)	30/09/2023	Q2	A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Procurement in NWSSP are separately considering the same problem and links are being sought to move any opportunity forward.	Clinical leader who will embed sustainability into Q&S was appointed on 5/9/23. This action will roll into Q3. Therapies leader and action plan reports into Quality & Safety.	Commenced. Looking at a small number of products, ligatures, harmonics and reusable drapes. Clinical and theatre management and procurement involvement. At the moment, it seems there is a need to walk through one product at a time. With the J&J Harmonic product, using reprocessed versions by Vanguard could save £££ and carbon. Clinical Fellow working with procurement on the opportunity. If 50% of the devices used by C&V could be remanufactured, a 90t and £63k saving opportunity is possible.		
Clinical	Decarbonisation embed into quality and safety (investigate/propose)	Clinical Sustainability Lead	Embedded y/n	30/06/2023	Q1	A clinical sustainability lead is being appointed. The position will report into the AMD for Quality. Therapies have committed to this. Therapies are going to create champion roles also. In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and qualify quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum. It is likely that time will be allocated from the clinical community for approved Value based projects.	As above for clinical. Therapies action plan reports into Quality & Safety.	Awaiting SOF Quality Excellence programme		

Clinical	Allocate time to staff to research and/or implement environmental improvement. This is a limited proposal for specific benefit and not universal to all staff.	Nursing, Clinical, Therapies, Clinical Boards	Body of work demonstrating education, adoption, direct improvement. - Carbon impact of work (KG/tCO2e)	31/03/2024	Q4	<p>Therapies are going to create champion roles.</p> <p>In nursing, a nursing decarbonisation forum will be set up by the lead decarbonisation nurse (Rebecca Aylward). This forum will consider and qualify quality improvement initiatives that have a carbon benefit, starting with non-sterile glove use reduction and continence pads. How champions work will be considered on a per project basis, but in the short term there is part time a role identified (for approval) to co-ordinate the projects qualified by the nursing forum.</p> <p>It is likely that time will be allocated from the clinical community for approved Value based projects.</p>	<p>Is this where the benefits from 6 Goals etc get reported? We have virtual wards, SoS and PIFU, etc.</p> <p>Projects have comenced within Nursing for both Gloves Off, burses unifroms and Incontinence pads - I&I are supporting Gloves off as a "spread and scale" opportunity.</p> <p>Therapies have integrated decarb into their governance and allocated a number of climate champions. They are starting to take forward their decarbonisation action plan.</p> <p>Crital care - are systimatically working through a list of high usage item to assess whether a reduction/ alternative products can be used.</p> <p>DOSH case studies - Rachel Drayton has provided a comms update on her reusable sceculums project.</p> <p>Medclair units - They have been returned due to cost - There is a project underway with SBRI to support the development of this tech "in house"</p> <p>SW Cluster and putting carbon metrics into Safe at Home and Crisis Response (Chris Ball)</p> <p>Aled's email of 25/7 too.</p>	<p>ICU hold a monthly green group. ICU and the water safety team have agreed to stop using medical grade sterile water and use tap water instead (from a specified tap). Saving an estimated £11k and an estimated 6 tonnes of carbon p/a. The initiative will be rolled out from 2/1/24.</p> <p>Therapies have allocated champions (see below).</p> <p>EU are following a Royal College green accreditation scheme and presented their findings to the C&V Green group.</p>		
Clinical	Embed sustainable principles into "Shaping our future Clinical services" programme.	Shaping our future Clinical Services lead	Clinical Services Plan complete y/n	31/12/2023	Q3	<p>Embedding decarbonisation has been agreed and a workshop is being set up to gather assumptions that can be made to contribute to the early clinical services plan. Value will also be built into the CSP.</p>	<p>Chapter written for CSP, authored by Flona Brennan, Tom Porter and Ed Hunt.</p>	<p>The CSP will not be complete in f/y 23/24 given the SOFH funding issues. A CSP is anticipated to be produced in autumn 2024. Sustainability is a pillar of the plan at this point however (Nov 23).</p>		
Clinical	Investigate becoming a Beacon site and implementing SusQI into Quality Improvement	Head of Improvement implementation	Implemented y/n	31/12/2023	Q3	<p>CAVUHB have signed up to become an aspiring SuSQI beacon site. Staff in I&I are being trained as trainer to support the implementation of the programme. Information has been put on the news pages and shared via the comms team to further promote.</p>	<p>Mark said, 'In a word, slowly. Nick had started his courses over the summer but Kate is only starting now so I have asked them to work together to develop our approach to incorporate susQI into our work programme. Nick has already started to include elements into our training. We also have Magda, our Value in Health post, who is contributing and helping us. I'll be meeting with them in the next couple of weeks to see where we are and I can let you know our intended timeline.'</p>	<p>Shaping change team have been liasing with the Centre for Sustainable Healthcare to review QI training content for implementation in the UHB.</p> <p>The UHB has aspiring Beacon site status and are working towards Beacon Site accreditation. The aim is to achieve full status early in the new year</p>		
Clinical	Create a Digital Strategic Outline Case for the modernisation of the Digital capability in C&V on the condition of WG funding in 23/24.	Director of Digital Transformation	Complete and approved y/n	31/03/2024	Q4	<p>WG have not funded this piece of work. A letter has been sent to WG asking for an urgent meeting to receive clarity on when it will be funded. This same meeting will seek clarity on the SOFH SOC as well. Delivery of a SOC by 3/24 is unlikely to be possible, however a Strategic Advisor is being sought to write the business case in anticipation of receiving the funds.</p>	<p>Angela Parratt is producing an invest case for internal purposes for digital transformation.</p>	<p>Pushing through the UHW2 IIB meetings with WG</p>		

Clinical	Commit to providing time to leaders in Nursing, Therapies and Clinical specialties at least on the scale of that committed to in 22/23.	Executive Medical Director/ Executive Nursing Director / Executive Director of Therapies & Health Science	Leaders appointed - Carbon impact of work (KG/tCO2e)	30/06/2023	Q1	<p>Therapies action plan created signed off. Rebecca Hamner is the leader. Champions being put in place.</p> <p>Nursing are running 3 improvement projects. Rebecca Aylward is the leader.</p> <p>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 likewise have a small set of projects they're working through. Primary Care are setting up an initiative.</p> <p>Sarah Williams (a GP) has been given time to promote the greener primary care framework within C&V.</p> <p>Nursing update</p> <p>1. Gloves & Aprons off Campaign – Shaping change team supporting to deliver using spread & scale methodology. Clinical areas of focus Critical care and surgery Project is in early scoping phase, with plan for spread in new year.</p> <p>2. Linked in with All Wales lead Sustainability Nurse. – participated in Sustainability feedback surveys</p> <p>3. Reduction use of continence products – Shaping change team supporting to deliver using spread & scale methodology. Identified high users Lakeside wing and St Davids Hospital.</p> <ul style="list-style-type: none">• Undertaking a pre staff questionnaire with regards to continence training to ascertain educational needs• Prior patient questionnaire with regards to patient experience of continence care provided• Look at current spend on pad products for these wards• Then introduce training and removal of all in ones• Repeat post questionnaires• Identify any potential spend savings & inform Carbon footprint savings• Spread & Scale across UHB. <p>Therapies</p> <p>-35 Champions have been identified and these cover all professional therapy groups for which there is an identified senior lead.</p> <p>-Meeting has been set up for the 30th November</p> <p>-First meeting with ask champions to take actions back to their teams, request individual pledges and complete a maturity matrix.</p> <p>A leader in Nursing is in place.</p> <p>A Clinical leader will be appointed reporting into the AMD for Quality. 2 sessions per week. Also two leaders for Value to be recruited.</p> <p>Therapies have agreed a leader position and the creation of champion roles.</p>	<p>Working with 3 clinicians - Claire Dunstan (surgical clinical board), Clea Atkinson (Palliative/supportive care) & Cath Doyle (peri-op & diabetes) to retrospectively & prospectively measure the carbon savings & carbon avoidance of their value work.</p> <p>We have supported Revolution-ZERO with a Welsh SBRI circular economy bid focused on how we could establish Revolution-ZERO reusable sterile surgical textiles into Wales, starting with 6/52 trial across 3 HBS. (CAV, ABUHB & Swansea Bay)</p> <p>Therapies Actions:</p> <ul style="list-style-type: none">• Champions forum run 6 weekly to support delivery of the action plan• Members at the forum include National Therapies Sustainability lead and Therapies Shaping Change Improvement manager.• Sharing of Sustainability Improvement Projects within the forum• Sustainability Improvement Projects are communicated and celebrated across Therapies at service meetings and learning is accessible to all on the Therapies SharePoint• Sustainability has been built into the induction programme for all therapies staff and all therapies staff are working towards achieving the plan. <p>Walking aid recycling has resulted in a £47.5k cost avoidance by recycling 3873 items with a carbon footprint estimate of 24t.</p> <p>Nursing</p> <ul style="list-style-type: none">- 3 priority programs are progressing.- There are key Nurse champions identified within each Clinical Board, however, there is limited impact as there is no protected time allocation.- Rebecca A exploring funding opportunities to enable protected time for nurse champions.- Working with Florence Nightingale Foundation to access sustainability Leadership programs.			
Clinical	Establish good linkages/ Robust relationship with PHW on with the impacts of Decarbonisation on public health	Sustainability Manager	Number of interactions	30/06/2023	Q1	<p>Discussion are underway with the PHW team to review the approach to assessing the impact of decarbonisation on Public Health. This will be with the aim of demonstrating how the UHB can support delivery of positive outcomes.</p> <p>The decarb team will work with the local PH team on the next Dir Public Health report centred upon biodiversity. There will also be a forthcoming opportunity to attend a PH team meeting to discuss how/whether value can be added into the PH team's portfolios.</p>	<p>Presented to and sought feedback from Tom Porter and Claire Beynon on the 16% work which intersects with their Value work. Interest has been shown and possibility to present to Board Development in Oct 2023.</p> <p>Tom Porter assisting with Travel reporting matters.</p>	<p>Carbon team have been working with a lead consultant in Public Health on a carbon risk being articulated for the UHB, transport, biodiversity and embedding into programmes.</p> <p>EH provided Claire Beynon/Sophia Jones with decarb content for a December SLB presentation about diabetes.</p>		
Clinical	Pharmacy – Commence a pilot medicines waste avoidance project, where pharmacy manage and rotate ward stock.	Pharmacy Sustainability Lead	Measure of waste avoided - Carbon impact of work (KG/tCO2e)	31/03/2024	Q4	<p>The project is across 6 wards and plan to be developed by October to take across other wards within the UHB. This is part of the Bevan Exemplar project which will conclude July 2024.</p>	<p>We have extended this to all medical wards at UHW and we are reviewing moving this forward in Q3 – this has meant a saving in nursing time and reduction in medicine waste.</p>	<p>We are formulating a plan for 2024/25 across all wards at UHW will Q4 into surgery as the next step</p>		
Clinical	Introduce Kidz Med Cymru – moving from liquid to tablet based products which are more sustainable. Testing in respiratory.	Pharmacy Sustainability Lead	Reduction in use of liquid based drugs across paediatric services - Carbon impact of work (KG/tCO2e)	31/03/2024	Q4	<p>A project plan has been developed with an aim of teaching 400 children to swallow tablets or capsules within 1 year and reduce liquid medicines by 20%. The pharmacy team has run an audit to review near misses and errors when prescription. The programme has been launched in paediatric, cystic fibrosis, nephrology and oncology.</p>	<p>This has been implemented in cystic fibrosis, gastro and nephrology with a plan for oncology is in conjunction with Latch. Identify other areas and put a plan in place. Currently gathering data also patient story has recently been published.</p>	<p>We are monitoring this and extending to Oncology and applied for additional funding. Currently working with comms on relevant patient stories</p>		

Sector	Action	Owner	Measure	By when	By when	Q1	Q2	Q3	Current RAG	End of year RAG
People and Comms	Incorporate Decarbonisation into a Culture Change Programme, considering an ERG (Employee Resource Group), proposing a programme if going beyond set aside budget.	Ass Director OD, well-being and culture	Survey results showing movement in level of awareness and ability to act - Number of responses	31/03/2024	Q4	<p>As noted above, sustainability will be incorporated into the emerging Quality programme. How this programme will be delivered will be determined over the summer of 2023. Meanwhile a communications heartbeat is being undertaken and leadership within our three main front-line functions are being put in place.</p>	<p>Awaiting quality programme. HB will be working with Ruth on its inception.</p> <p>16/8 - Awaiting feedback from Jo B on the outcome of Ask Suzanne and progressing ideas and comms around cost reduction. With I&L.</p> <p>Comms will be supporting the workstream leads running the cost savings initiatives.</p> <p>EH meeting Mike Bond on 1/9 to discuss getting comms going.</p> <p>11/9 - Claire Whiles has included 3 questions authored by Tom and Ed for the culture survey which is being piloted with Theatres on 11/9.</p> <p>22/11 - Claire Whiles has asked Ed to be on a Health & Wellbeing Steering Group to represent the decarb agenda.</p> <p>22/11 - Ed meeting Mike Bond on 24/11 about roadshows linking into Financial Sustainability. What can be planned in.</p>	<p>ICU have been rolling out a simple pledge aimed at making four simple changes. All people need to do is sign the pledge. It has proven successful with the majority of the 350 nurses having signed.</p> <p>Around the same time, the carbon team have developed a 12 month calendar of pledges that can be acted upon at home and in work. This has been rolled out across the health board though its original intent was for distribution to the Strategy team. Currently x have pledged.</p>		

People and Comms	Include decarbonisation in the induction material for all staff.	Sustainability manager/Clinical Leaders	Complete y/n - Number of interactions	30/06/2023	Q1	Discussion have commenced with the workforce team and a provisional agreement is in place to incorporate decarbonisation into induction material. From September, there is a possibility that an induction event will be held monthly to welcome new joiners. Decarb can have a seat at that table. Also, consideration is being given for a brochure/leaflet to give to new joiners at that event. Work will continue over the coming weeks.	Sessions in the diary to attend induction events starting in October. Content being produced.	Complete. First session run successfully to 20 people on 26/10/23. Second session held in November. Further sessions in the diary once a month moving forward.		
People and Comms	Feasibility for inclusion of decarbonisation into staff annual appraisals (for VBA community).	Ass Director OD, well-being and culture	Complete in appraisal y/n - Number of interactions	30/06/2023	Q1	This has been discussed with Workforce and consideration/feasibility is underway. The VBA process has seen low levels of compliance because of its length, so adding to it is a matter for careful consideration. Furthermore the document is about personal development. Final agreement of any changes would require approval of SLB.	Won't go into VBAs. Offered section in guidance notes that managers could pose to their people. A opportunity to follow up on travel planning for colleagues to seek active travel or public transport ways into work is appropriate. This will roll into Q3.	NA		
People and Comms	Decarbonisation to be included in job descriptions	Sustainability manager	Integration in template	30/06/2023	Q1	Discussion have been held with the workforce team and a provisional agreement is in place to incorporate decarbonisation into job descriptions. Draft text has been provided for inclusion into the template JD.	COMPLETE - The Job description template has now been updated (english and welsh) to include the statement on decarbonisation.	COMPLETE		
People and Comms	Encourage staff to undertake Decarbonisation training. This may include Welsh e training and other delivery methods including a Masterclass	Sustainability manager	Number of training courses accessed	Quarterly	Quarterly	Information has been distributed to staff, through existing sustainability networks, including the green group. There has been a number of decarbonisation and sustainability training courses run by various suppliers, including HEIW. There is work underway to gather and track information on staff attendance. Staff time has been noted as a concern, as courses are often within working hours. During this period 2 staff member undertook Env Sustainability in Q1 training	Courses have been promoted through Decarbonisation Networks. Cardiff and Vale UHB attends meeting to influence Climate training which includes HEIW and PHW. Output of this work are to be confirmed but its aims are to improve the level of training and national promotion of courses. Climate Smart Champions – 21 people have been trained with an additional 27 people signed up. ESR sustainability courses sign up (July-Sept) Environmental Sustainability in Quality Improvement – number of sign ups - 3 NHS Wales - Climate Change and Sustainability - number of sign ups - 4 Building a Net Zero NHS - number of sign ups - 2 NHS Wales - Achieving Net Zero in Wales - number of sign ups - 1	ESR Course - Between 1st October and 31st December - 3 people undertook SusQI training. Training will be promoted through additional communications and the sustainability pledge calendar.		
People and Comms	Leadership and Management - Review opportunities to influence internal course materials	Ass Director OD, well-being and culture	State where included	31/03/2024	Q4	Meeting have been held with workforce and OD colleagues to include decarbonisation in course materials. Initial plans are to develop a package of documentation, at various levels, which can be included into multiple course/programmes. There have been 20 people in CAVUHB who have successfully complete the Climate Smart Champions with a further 29 enrolled and 39 expressing an interest. Further conversation are required to map out where information can be included.	There is still some work to do around this. There are different opportunities to integrate into courses. SusQI will be a key opportunity to involve clinical staff within the climate agenda. Promotion of courses and materials are done frequently to increase awareness.	Claire Whiles has agreed that Decarbonisation can form part of the Leadership and Culture strategies.		
People and Comms	Communicate case studies, successes, energy saving opportunities, events, etc to UHB colleagues.	Sustainability manager	Number stories - Number of interactions	Monthly	Monthly	A comms plan is in place and a bi weekly meeting with comms held to ensure momentum is maintained - information has been scheduled for distribution. To date the Decarbonisation Action Plan has been published, SusQI Beacon site article published online, DOSH case study is scheduled for publication. The publication of the decarbonisation action plan received 4 likes, 14 retweets and 2,919 views on twitter. It had 48 views on CAV SharePoint.	Can get update from Mark. Need to know number of reads, i.e. metrics. Mark said he would summarise.	Across Wales Climate Week we published 6 different WCW-related stories on SharePoint, creating a total of 281 page views. 6 Green Group posts, include the H8 video from Abi, Jan and Fiona - 3 representatives from Cardiff and Vale UHB presented during the week including Fiona and Kathryn Speedy on GHW and Rob Skellett on the walking aids programme. We also promoted Frank Atherton's sessions AN X thread, which showcased some of the ways the health board is trying to reduce its carbon footprint, had 1,700 views, 8 likes and 4 retweets. Animal bedding - from waste cardboard The innovative way the Health Board is helping to improve circularity of cardboard for animal bedding - Facebook - 67 likes, 11 reposts, 8 comments (positive and engaging), 2,000 views		
People and Comms	Spread the word using existing leadership networks such as the alumni programme	Sustainability manager	Number presentations	30/6/23 & 31/3/24	30/6/23 & 31/3/24	Leadership networks are being identified. Calum - has contacted workforce for support. Calum is also working with the CAV Leadership and Management mapping group to further integrate decarbonisation to processes.	There was a review of leadership course which the Decarbonisation Team have actively participated in. The programme has stalled in the interim but this work will continue once the group is re-established. Also we've had offer of providing content on leadership courses.	Calum has provided text for the Learning and development newsletter to Rebecca Corbin. This covered information on how staff can participate in decarbonisation training such as, on ESR and HEIW climate smart champions. It also included links to the Green Group network to encourage staff to become more involved.		
People and Comms	Continue sustainability award at annual staff awards	Head of learning	Judged candidates and award made	31/03/2024	Q4	People & Culture team considering a recognition event for end of Sept 23. Categories being reworked and Claire Whiles has taken a proposal from EH on waste reduction which plays into many initiatives important to the UHB such as quality, 6 goals, decarb, cost improvement.	28/09 - Update from Claire W - Staff Awards in general are currently under review in light of the financial situation. The categories will be part of the discussion but I currently do not have any timeframes around this I'm afraid.	To be held in f/y 2024 with a decarbonisation award.		
People and Comms	Incorporate air quality and climate change impacts into sustainable travel messaging	Consultant in Public Health	At least four updates - Number of interactions	30/6/23 & 3/31/2024	30/6/23 & 3/31/2024	The comms plan contains information in relation to sustainable travel - information is scheduled for distribution inline with Clean Air Day on the 15th June. Plans are also in place for Cycle to work day in August. Messaging was put out as part of the cycleway communications on the 5th June. The sharepoint article received 536 views, 6 likes and 3 comments.	Messaging shared during cycle week incorporated clean air messaging. There are ongoing discussion with comms to ensure its included in future comms. Awaiting update from Tom on AQ data.	Through the installation of monitors, air quality is being reviewed across the UHW site. Welsh Government targets for Air Quality are - 40 µg/m3 - annual mean - 200 µg/m3 1 hour mean. The first 6 month period is as follows: •BHW: 17.6 mcg/m3 (range 12.2 to 23.2 across different locations at UHW) •BHL: 10 mcg/m3 mean NO2 (range 6.9 to 15.1 across different locations at UHL) While these data is annualised and bias adjusted (corrected to enable like-for-like comparison between different equipment and locations), they remain incomplete and should therefore be interpreted with caution. Currently levels above are well within the target levels set by Welsh Government.		

People and Comms	Regular cross-channel promotion of public transport discounts and options for reaching main sites, working with bus and train operators	Ass Director OD, well-being and culture	At least 4 quarterly updates - Number of interactions	31/03/2024	Q4		Messaging was scheduled into the comms plan and information was distributed in line with other messaging such as Cycle week and Clean Air Day to reinforce take up of actions.	During Cycle week and clean air day there were X messages put out. Promotion of salary sacrifice schemes for EVs across UHB through September (3 events).	There has been work undertaken with the Carshare providers which includes share point articles, engagement with the teams channel and session during the green group. Since then we have seen a 50% increase in the amount of members signed up to the platform from CAVUHB.		
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Report Title:	Provision of Water Safety Control Measures			Agenda Item no.	3.2
Meeting:	Finance & Performance	Public	X	Meeting Date:	20.03.2024
		Private			
Status (please tick one only):	Assurance	X	Approval	X	Information
Lead Executive Title:					
Report Author (Title):					
Main Report					
Background and current situation:					
<p>Cardiff and Vale University Health Board (CVUHB) requires a contract in place to ensure the day-to-day testing, control, and treatment of Legionnaire's disease across its estate.</p> <p>Legionella is a bacterium (legionella pneumophila) which causes legionnaires disease. It cultivates in air conditioning and central heating systems. Legionnaire's disease is a potentially fatal form of pneumonia, and everyone is susceptible to infection. Any water system that has the right environmental conditions could potentially be a source for Legionella bacteria growth. Control of microbiological (Legionella pneumophila, Pseudomonas) and scalding hazards associated with the supply and use of water are essential.</p> <p>Procurement Services issued an FTS/OJEU Tender via eTenderWales and advertised the opportunity via Sell2Wales. Upon the closing date, there were two reponses which were vigurously evaluated and the panel came to the conclusion of awarding the contract to Acorn Chemical Services Ltd.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>The risk of not renewing this contract and therefore putting a risk on the Health Board are as follows;</p> <p>Patients or staff exposure to waterborne microorganisms occurs through a variety of sources, including:</p> <ul style="list-style-type: none"> • Inhalation of aerosols and breathable water droplets • Drinking water • Ingestion of ice • Ingestion of food prepared using water. • Skin contacts through washing, bathing (inc use of pools) and showering □ Contact with endoscopes and medical instruments. • Contact with others (staff, visitors and other patients). <p>Any water system with the right environmental conditions could potentially be a source for Legionella bacteria growth. Cardiff and Vale UHB (C&V UHB) have a legal obligation to control Legionella bacteria in water systems. There are many guidelines from the Health and Safety Executive which must be complied with.</p> <ul style="list-style-type: none"> • ACOP L8 Legionnaires disease: The control of legionella bacteria in water systems; 4th Edition 2014 • HSG 274 Legionnaires disease: Technical guidance; Parts 1 to 3 • HTM 04-01: The control of legionella, hygiene, "safe" hot water, cold water and drinking water systems; Parts A & B 					

- NHS Model Engineering Specification D08 Thermostatic mixing valves: Healthcare premises
- Legionella control measures have many elements such as:
 - Hot & Cold-Water Outlet Temperature Testing
 - TMV In-service testing
 - Temperature testing water heaters and calorifiers.
 - Shower and spray head cleaning.
 - Cold water storage tank inspections & tank consumption assessment:
 - Expansion Vessel – flushing
 - Calorifier / water heater blow-down

Procedures and technical standards for ongoing water safety management for the above functions are controlled and issued by the AP (Water), and include the following as a minimum:

- Legionella risk assessments
- Monitoring of legionella controls;
- Cleaning & disinfection of shower heads and hoses and other spray devices
- Testing and maintenance of thermostatic mixing devices
- Maintenance, cleaning and disinfection of other water systems equipment
- Water sampling as directed by the WSG & IPC
- Responding to out of specification results and matters of evident concern
- Investigating and carrying out corrective actions;
- Maintenance of legionella control records;
- Cleaning procedures for clinical wash-hand basins;
- Capital design and project management procedures;
- Engineering technical standards;
- Auditing of water quality controls

Recommendation:

The Committee is requested to:

- a) **APPROVE** the award of this contract for Provision of Water Safety Control Measures and recommend to the Board for approval at its meeting held on 28.03.2024

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes 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	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term	X	Integration		Collaboration		Involvement	
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>									
Risk: Yes									
<i>Included in Report</i>									
Safety: Yes									
<i>Included in Report</i>									
Financial: No									
Workforce: No									
Legal: Yes									
<i>Included in Report</i>									
Reputational: Yes									
Socio Economic: No									
Equality and Health: Yes									
<i>Included in Report</i>									
Decarbonisation: No									
Approval/Scrutiny Route:									
Committee/Group/Exec					Date:				

PROCUREMENT REPORT

CONTRACT TITLE	PROVISION OF WATER SAFETY CONTROL MEASURES
CONTRACT REFERENCE	CAV-MIN-PROJECT_54909
PERIOD	1 ST MAY 2024 TO 30 TH APRIL 2027 (WITH AN OPTION TO EXTEND FOR A FURTHER TWO YEARS IN YEARLY INTERVALS AT THE SOLE DISCRETION OF THE HEALTH BOARD)
CLINICAL BOARD	CAPITAL, ESTATES AND FACILITIES
TENDER CLOSING DATE	12 TH JANUARY 2024 (MINI COMPETITION AGAINST WELSH PROCUREMENT ALLIANCE FRAMEWORK LOT 3 – WATER SAFETY)

1. INTRODUCTION

Cardiff and Vale University Health Board (CVUHB) has a contract in place to ensure the day-to-day testing, control, and treatment of Legionnaire’s disease across its estate.

Legionella is a bacterium (legionella pneumophila) which causes legionnaires disease. It cultivates in air conditioning and central heating systems. Legionnaire’s disease is a potentially fatal form of pneumonia, and everyone is susceptible to infection. Any water system that has the right environmental conditions could potentially be a source for Legionella bacteria growth. Control of microbiological (Legionella pneumophila, Pseudomonas) and scalding hazards associated with the supply and use of water are essential.

Patient exposure to waterborne microorganisms occurs through a variety of sources, including:

- Inhalation of aerosols and breathable water droplets
- Drinking water
- Ingestion of ice
- Ingestion of food prepared using water.
- Skin contacts through washing, bathing (inc use of pools) and showering
- Contact with endoscopes and medical instruments.
- Contact with others (staff, visitors and other patients).

Any water system with the right environmental conditions could potentially be a source for Legionella bacteria growth. Cardiff and Vale UHB (C&V UHB) have a legal obligation to control Legionella bacteria in water systems. There are many guidelines from the Health and Safety Executive which must be complied with.

- ACOP L8 Legionnaires disease: The control of legionella bacteria in water systems; 4th Edition 2014
- HSG 274 Legionnaires disease: Technical guidance; Parts 1 to 3
- HTM 04-01: The control of legionella, hygiene, “safe” hot water, cold water and drinking water systems; Parts A & B
- NHS Model Engineering Specification D08 Thermostatic mixing valves: Healthcare premises
- Legionella control measures have many elements such as:
 - Hot & Cold-Water Outlet Temperature Testing
 - TMV In-service testing
 - Temperature testing water heaters and calorifiers.
 - Shower and spray head cleaning.
 - Cold water storage tank inspections & tank consumption assessment:
 - Expansion Vessel – flushing
 - Calorifier / water heater blow-down

2. BACKGROUND

The current contract was awarded in 2018 for a period of 5 years following an open FTS/OJEU tender process and awarded to Acorn Chemical Services Ltd. In 2023, there had been some confusion over the correct end date of the current contract which resulted in the need to implement a 5-month interim compliant solution whilst the renewal exercise was being completed.

The contract will need to start on the 1st of April 2024 until the 31st March 2027 with an option to extend for another two years at yearly intervals (3+1+1).

After discussion and review of the requirements across the health board, between procurement and the Capital, Estates and Facilities (CEF) Team, it was decided that a contract for Water Safety for a 5 year period is tendered for in accordance with a restricted procedure through Framework under the public contracts Regulations 2015 allowing pre-vetted organisations to have the opportunity to submit a tender and increase the opportunity for a number of innovative proposals/solutions.

Additionally, due to TUPE implication, and the possibility that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI 2006/246) (TUPE) will apply to the re-tendering of the Contract, it was a legal requirement to allow the incumbent to submit a bid for the renewal contract considering they had one engineering working full time on the servicing.

After a discussion with the incumbent supplier, the procurement team was advised that Acorn is an approved supplier on the WPA framework. The Welsh Procurement Alliance (WPA) framework Lot 3 - Water Testing, Treatment and Management has five suppliers awarded onto who could submit a bid and provide the Health Board with this service. Procurement Services published a mini-competition via the eTenderWales portal for 8 weeks which closed on the 12th January 2024.

Tendering Methodology:

Upon the closing date, whilst all five suppliers accessed the project on the portal, one supplier declined to respond and only two responses were received, those suppliers were.

1. **Acorn Chemical Services Ltd**
2. **SMS Environmental Ltd**

Procurement Services completed the qualification stage of the evaluation and organised an evaluation meeting with the panel to complete the qualitative stage. The evaluation meeting took place on the 31st January 2024 with the following panel members.

- ✓ **Tony Ward - Head of Discretionary Capital & Compliance**
- ✓ **Richard Sheppard – Project Officer**
- ✓ **Gareth Mannings – Project Officer**
- ✓ **Iliass Dadda – Procurement Business Manager**
- ✓ **Lily Prance – Assistant Procurement Business Manager**

A comprehensive qualitative and Commercial Evaluation was undertaken of the tender submissions based on the following evaluation criteria:

- **Stage 1: Qualification – Pass/Fail**
- **Stage 2: Invitation to Tender (ITT)**
 - **Part 1: Technical and Qualitative – 60%**
 - **Part 2: Financial – 40%**

Stage 1: Qualification Question - pass/fail

The Qualification stage was based on pass/fail questions. Both bidders passed this stage and have been taken to the invitation to tender (ITT) Stage.

Stage 2: Invitation to Tender (ITT)

Part 1: Technical and Qualitative submission 60%

This section was broken down into weighted Qualitative and Technical questions all adding up to 60% of the overall score.

The agreed scores of the Qualitative Evaluation are outlined in the table below:

Supplier	Acorn	SMS	Integrated Water Services
Project approach	20%	18%	Declined to Bid
Previous Experience	8%	6%	Declined to Bid
Project Team	4%	4%	Declined to Bid
Health & Safety	3%	3%	Declined to Bid
FE	4%	4%	Declined to Bid
WBFGA	4%	4%	Declined to Bid
Carbon Footprint	4%	4%	Declined to Bid
Quality Score	47%	41%	Declined to Bid

Part 2: Commercial Evaluation 40%

Bidders submitted their pricing breakdown for the Water Safety Control Measure to cover the different premises as requested on the commercial tender return form.

The lowest priced tender was awarded a score of 40. While the other tenders were given a score on a pro rata basis of the value of the lowest cost bid to the price of the other tenders which equals:
the Lowest tender cost (A) /Tender cost (B) x 40.

Supplier	Acorn	SMS	Integrated Water Services
Submission	£1,664,802.75	£1,695,895.06	Declined to Bid
Lowest Bid gets 40	40%	39%	Declined to Bid
Commercial Score	40%	39%	Declined to Bid

Final Scoring table:

Both scores from the Qualitative and commercial stage are summed together to give us the winning bidder score as detailed in the table below:

Item	Stage	Score	Acorn	SMS	Integrated Water Services
1	Qualification	Pass/Fail	Pass	Pass	Declined to Bid
2	Technical	60%	47%	41%	Declined to Bid
3	Financial	40%	40%	39%	Declined to Bid
Total			86.50%	80.27%	Declined to Bid
Ranking			1	2	Declined to Bid

Based on the above information, it is therefore recommended that the Health Board awards to Acorn Chemical Services Ltd because their tender response demonstrated the best value for money.

3. CONTRACT FINANCIALS

a. CURRENT CONTRACT VALUE

	Excluding VAT	Including VAT
Annual Value	£279,560.55	£335,472.66
Primary Contract Value (3 Years)	£838,681.65	£1,006,417.98
Total Contract Value (5 years - Inc extension option)	£1,397,802.75	£1,677,363.30

b. NEW CONTRACT VALUE

	Excluding VAT	Including VAT
Annual Value	£332,600.55	£399,120.66
Primary Contract Value (3 Years)	£997,801.65	£1,197,361.98
Total Contract Value (5 Years - Inc extension option)	£1,664,802.75	£1,997,763.30

c. COST PRESSURE FOR THIS CONTRACT

	Excluding VAT	Including VAT
Current Annual Cost	£279,560.55	£335,472.66
New Annual Cost	£332,600.55	£399,120.66
Annual Cost Pressure	£53,040.00	£63,648.00

Reason for Cost Pressure

The main reason for the cost pressure is due to additional scope added to the requirement because the sites have expanded since 2018. Another reason for the cost pressure is due to the inflation rates increasing vigorously in the 6-year period since this contract was originally awarded.

Financial Notes

- Funded through Discretionary Capital code CED5
- VAT status is non-reclaimable.
- There are no IFRS16 implications

4. ANY OTHER RELEVANT INFORMATION

Capital, Estates and Facilities (CEF) will be monitoring activity the spend under this arrangement to ensure that the contract threshold is not breached. If any breach is foreseeable, the Procurement Department must be contacted to ensure provision is made for compliance to Procurement Regulations and Health Board Standing Financial Instructions.

TUPE was included in this contract renewal, however as the incumbent supplier was the most economically advantageous supplier, nothing further will be required in terms of TUPE.

The supplier included a schedule for the estimate of Carbon usage and potential carbon savings in delivery of this contract:

Main Sources of Carbon Generation	Notes	Metric	Volume	Estimates CO2 (Tonnes/Annum)
Vehicles	Peugeot 1.5tr Diesel	Miles/Annum	100,800	27.6
General Waste		Tonnes/Annum	1	0.5
Water Treatment Chemicals		Tonnes/Annum	3	2.1
Water Treatment	If bottles not recycled	Tonnes/Annum	0.15	0.1
Total CO2/Annum				30.2
After Carbon Saving Measures Applied				
Vehicles	Electric	Miles/Annum	100,800	8.9
General Waste	Cannot recycle	Tonnes/Annum	1	0.5
Water Treatment Chemicals		Tonnes/Annum	3	2.1
Water Treatment	Bottles recycled	Tonnes/Annum	0.15	0.00
Total CO2/Annum				11.5
Carbon Saving Per Annum				18.7

Emissions Factors Used (Covert to kgCO2e)				
Category	Item	Unit	Factor	Source
Business Travel – Land	Car Average (Diesel)	Miles	0.273316	Defra 2023
Business Travel – Land	Car Average (BEV)	Miles	0.088186	Defra 2023
Waste Disposal	Refuse (Landfilled Waste)	Tonnes	520.335	Defra 2023
Waste Disposal	Plastic (Landfilled Waste)	Tonnes	446.2041084	Defra 2023
Waste Disposal	Plastic (Recycled)	Tonnes	21.28	Defra 2023
Material Use	Cleaning Preparations	Tonnes	700	"What's your impact"

5. BENEFITS REALISED FROM AWARD

The benefits realised from award are as follows;

- Crucial contract in place
- Controlling the bacteria in water
- Prevention of legionella for the Health Board staff and patients
- Safer environment on the Hospital sites
- Complying to various Health and Safety guidelines
- Compliant route to Procurement

In addition, In Addition, Acorn are committed to achieving high standards of environmental performance in all aspects of its business activities, including complying with all relevant legislation and ISO standards. As part of this commitment, the contractor has focused on reducing key impacts in many significant areas such as waste management, energy reduction and carbon emissions. they will:

- Measure and, where possible, reduce their impact on the environment.
- Minimise the consumption of energy.
- Measure and reduce their carbon footprint as part of the carbon reduction commitment.
- Seek to reduce their waste and to recycle as much as possible.
- Ensure compliance with all relevant environmental legislation and ISO 50001 certification.

6. RECOMMENDATION

On the basis of the foregoing, it is recommended that the contract for **Water Safety Control Measures** should be awarded to **Acorn Chemical Services Ltd** for **£1,664,802.75 Exc VAT**.

Prepared By;	
Name:	Lily Prance
Contact Details:	02921500642
Date:	16 th February 2024
Procurement Business Manager Approval	
Approved By:	Iliass Dadda
Date:	20 th February 2024
Assistant Head of Operational Procurement Approval	
Approved By:	<i>Sarahy Hillen</i>
Date:	23-Feb-24

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

tony ward

TITLE

Head of Discretionary Capital

DATED

23-Feb-24

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

Geoff Walsh

TITLE

Director of Capital, Estates & Facilities

DATED

23-Feb-24

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED



PRINT NAME

Stuart Burn

TITLE

Finance Business Partner

DATED

27-Feb-24

Report Title:	2023-24 Month 11 Monthly Financial Monitoring Return				Agenda Item no.	4.1	
Meeting:	Finance Committee		Public	X	Meeting Date:	20 th March 2024	
Status (please tick one only):	Assurance	x	Approval		Information	x	
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Deputy Director of Finance						
Main Report							
Background and current situation:							
SITUATION WHC (2023) 012 - Welsh Government 2023/24 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance requires the UHB to provide a main Committee of the Board with copy of the monthly Financial Monitoring Return (consisting of the Narrative, Table A and Tables C to C4) in order to provide the Committee with transparency on the submission made to the Welsh Government. A copy of the February 2023/24 MMR is attached.							
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:							
The extract from the UHBs Monthly Financial Monitoring Return is provided for information and assurance.							
Recommendation: The Board / Committee are requested to: NOTE the extract from the UHBs Monthly Financial Monitoring Return.							
Link to Strategic Objectives of Shaping our Future Wellbeing:							
<i>Please tick as relevant</i>							
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.							
<i>Please tick as relevant</i>							
Prevention		Long term	x	Integration		Collaboration	
						Involvement	
Impact Assessment:							

Please state yes or no for each category. If yes please provide further details.	
Risk: No	
Safety: No	
Financial: Yes	
As detailed above.	
Workforce: No	
Legal: No	
Reputational: Yes	
Yes, if forecast financial position is not delivered.	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Finance Committee	Date: 20 th March 2024

THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE ELEVEN MONTH PERIOD ENDED 29th FEBRUARY 2024

INTRODUCTION

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

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

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

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

- 1) Health Protection including TTP and Immunisation costs of £8.8m
- 2) PPE cost of £2.9m.
- 3) The 2022/23 recurrent impact of paying Real Living Wage (RLW) for staff working within social care and Third Sector cost at £2.9m.

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

At month 11, the UHB is reporting an overspend of £16.818m. This is comprised of £1.730m unidentified savings/operational overspend and the revised planned deficit of £15.088m (eleven twelfths of the revised forecast year end deficit of £16.460m).

BACKGROUND

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

Table 1: 2023/24 Initial Core Draft Plan

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

This 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:

Table 2: Movement from 2023/24 initial Core Draft Plan to Forecast Outturn at Month 11

	Revised forecast £m
Planned Deficit @ month 6	88.400
Less:	
10% Improvement required	(8.840)
Recurrent Covid Legacy U/L Deficit Funding	(20.300)
Recurrent Inflationary Uplift	(25.100)
Non recurrent Inflation Uplift	(10.100)
Energy Funding	(7.600)
Revised Forecast Deficit £m	16.460

These financial monitoring returns have been prepared within the framework outlined by Welsh Government in the letter of October 20th, 2023, which includes a control deficit of £16.460m for 2023-24. This report details the financial position of the UHB for the period ended 29th February 2024.

The UHB separately identifies non COVID 19 and COVID 19 expenditure against its submitted plan to assess the financial impact of COVID 19.

A full commentary has been provided to cover the tables requested for the month 11 financial position.

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

Table A sets out the financial plan and latest position at month 11 for which the following should be noted:

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

The identification and delivery of the initial planned £32m recurrent savings target supported by additional recovery actions is key to delivery of the planned in year and underlying position.

The forecast in year and underlying position were amended in month 7 in line with the additional funding and 10% Improvement identified in table 2.

The additional 10% Improvement required will be met through the review, management and scheduling of specific expenditure programmes. A further £3.4m of opportunities were identified in month due to programme slippage. Schemes are now in place to fully meet £8.8m target. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

The Underlying Position was reviewed again at month 11 to reflect the initial assessment of pressures which will carry forward from 2023/24 to the 2024/25 IMTP. The assessment is an underlying deficit of £60.9m and this is outlined below at Table 3:

Table 3 Underlying Deficit Carried Forward to 2024/25

	£m					
Unmitigated cost pressures	2019/20	2020/21	2021/22	2022/23	2023/24	TOTAL
NICE & New High Cost Drugs	2.0	1.7	0.6	1.4	4.2	9.9
Commissioning & contracting	4.6	5.2	1.2	2.4	6.3	19.6
Local investments	2.3	1.5	0.8	1.4	3.7	9.6
<i>Subtotal investments</i>	8.8	8.3	2.6	5.1	14.2	39.0
Cost pressures & services growth						
Non-pay inflation pressures	0.5	1.1	0.3	1.3	0.0	3.2
Continuing Heath Care	0.7	1.2	0.5	2.0	3.4	7.9
Prescribing	0.0	1.2	0.6	1.4	3.0	6.1
Welsh Risk Pool	0.0	0.7	0.2	0.5	0.0	1.4
Local pressures	1.4	1.3	0.2	0.3	0.0	3.2
<i>Subtotal cost pressures & growth</i>	2.7	5.5	1.8	5.5	6.4	21.9
TOTAL	11.5	13.8	4.4	10.6	20.6	60.9
			29.7	40.3	60.9	

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the risks identified, these are reviewed on a monthly basis.

The UHBs operational position improved in February and is remain broadly in line the trajectory required to hit the £16.460m revised forecast deficit.

The Junior Doctors strike in January, February and planned for March is expected to result in net additional costs of circa £1.750m primarily as result of the additional cover provided by consultants and locums to maintain safe clinical environments across the UHB. In addition, there will be a marginal cost of lost activity income from other Commissioners. The value of this cannot yet be quantified.

The risks reported in Table A2 have again been amended in month to reflect the reduced exposure to additional operational pressures and savings delivery approaching year end.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit and reflects the analysis contained in the annual operating plan in Table A. The UHB is reporting a deficit of £16.818m for the year to date and a forecast deficit of £16.460m as shown in Table 4.

Table 4: Summary Financial Position for the period ended 29th February 2024

	Month 11 Position £m	Forecast Year- End Position £m
Planned deficit	15.088	16.460
Savings Programme	1.082	0.000
Operational position (Surplus) / Deficit	0.648	0.000
Financial Position £m (Surplus) / Deficit £m	16.818	16.460

The month 11 deficit of £16.818m comprised of the following:

- £15.088m planned deficit
- £1.082m savings gap
- £0.648m adverse variance against plan.

Pressure on Achievement of Savings

At month 11, the UHB has identified £32.590m of green and amber schemes against the £32m savings target. The progress of the agreed additional actions and focus on operational pressures is expected to cover the month 11 Savings Programme variance by year end, enabling the UHB to deliver its revised planned deficit position of £16.640m.

Executive Performance Reviews with the UHBs Clinical Boards focus 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 continue to recover the month 11 operational & CRP overspend to enable the UHB to deliver the revised forecast deficit:

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

Pressure on Operational Position

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 UHB operational position improved again in month, falling from an overspend of £3.677m at month 10 to an overspend of £1.730m at month 11. Improved positions were reported in a number of areas which are forecast to be maintained to year end.

Exceptional levels of agency nursing care required to maintain a complex patient admitted to the UHB in December 2023 have continued. The level of nursing cover reduced in month and the UHB is continuing to work to secure a more appropriate and sustainable placement for the patient.

Month 8 saw a -re-calibration of the Medicine Clinical Board forecast out-turn that deteriorated the UHB position. The revised forecast for Medicine Clinical Board remains stable at Month 11 whilst ongoing enhanced support is being provided with an emphasis on actions which will enable the service to reduce its expenditure run rate in the approach to year end and into the 2024-25 financial year.

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. The pressure was 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. The demand for out of area placements remains a risk which requires management within the overall Mental Health position.

Pressures persist against medical staff budgets primarily due to the use of locum, bank and agency cover at enhanced rates to maintain safe staffing levels and the provision of cover for the junior doctors strike.

The WHSCC 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 is assuming that it will settle with WHSCC based on month 10 outturn levels.

The UHB provider plan was based on the national Directors of Finance Agreement that allowed a level of contract under-performance to 5%, reflecting the ongoing restricted ability of post Covid service footprints to restore activity to full per Covid levels. 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.

PAY & AGENCY (TABLE B2)

The UHB recorded Agency costs of £1.057m in month primarily due to nursing and medical pressures. £0.771m of the costs recorded in February related to registered nursing and midwifery. **Average reported costs in the last 5 months are £0.712m less than the average reported in the first 5 months and this is also corroborated by workforce data used to monitor savings actions.**

COVID 19 ANALYSIS (TABLE B3)

Table B3 reports forecast outturn expenditure due to COVID-19 to be £13.064m. This includes expenditure related to the Covid funding for Health Protection (£8.800m), PPE (£2.500m) Long Covid (£1.144m), Anti-viral (£0.100m), and Nosocomial (£0.520m) allocations.

Year to date and forecast Covid Expenditure is summarised in Table 5 below.

Table 5: Summary of Forecast COVID 19 Net Expenditure

	Month 11 £m	Forecast £m	Funded by WG or Financial Plan £m	Variance to Plan/Funding £m
Health Protection	7.969	8.800	8.800	0.000
PPE	2.254	2.500	2.500	0.000
Long Covid	1.049	1.144	1.144	0.000
Nosocomial	0.477	0.520	0.520	0.000
Anti-Viral	0.092	0.100	0.100	0.000
Sub Total WG Funded Covid Expenditure £m	11.840	13.064	13.064	0.000
Included in Financial Plan - COVID Local Response	28.417	31.000	34.200	(3.200)
Total COVID Expenditure £m	40.257	44.064	47.264	(3.200)

The UHB forecast is in line with the anticipated Welsh Government COVID Funding totaling £13.064m.

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

At month 11, the UHB has identified £32.590m of green and amber against the £32m savings target.

The month 11 position includes a Savings Programme variance of £1.082m due to the shortfall in delivery against some schemes. The progress of the

agreed additional actions and focus on operational pressures is expected to cover the month 11 Savings Programme variance by year end, enabling the UHB to deliver its revised planned deficit position of £16.640m.

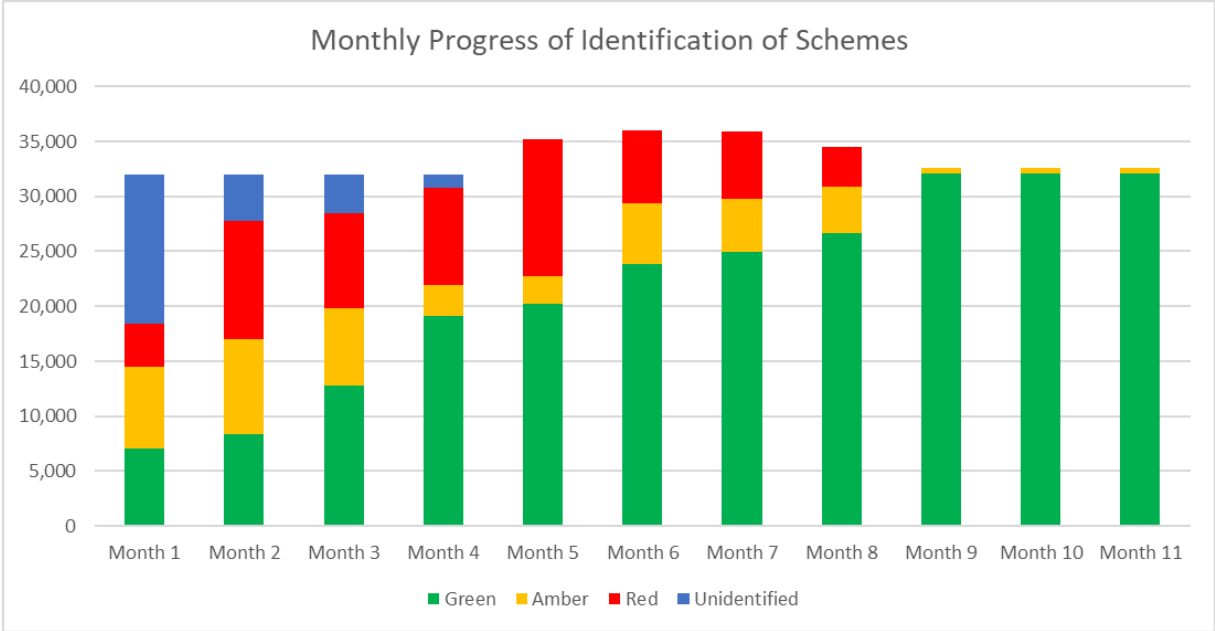
Overall performance in the identification of initial planned savings schemes is outlined in table 5 below:

Table 5: Savings Schemes

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	32.000	32.590	0.590

Progress on the identification of schemes can be found in Graph 1 below.

Graph 1 – Progress of Identification of Schemes



Further schemes identified in 2023/24 are not expected to deliver savings in year and will be considered as part of the process to identify savings schemes for the 2024/25 Financial Plan.

The additional 10% Improvement required has been met through the review management and scheduling of specific expenditure programmes. The £8.8m target has now been met. The majority of the opportunities are non recurrent in nature and do not reduce the underlying deficit.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

The Welsh LTAs listed below have now been agreed through the UHBs governance framework and signed off:

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

In addition to this, a covering letter was sent to WHSCC indicating that the UHB's plans to review the cost of delivery in respect of WHSCC services alongside the appropriateness of current currencies. This is aimed at ensuring the costs of delivery are appropriately recovered.

INCOME ASSUMPTIONS 2023/24 (TABLE E)

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

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

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

- 1.5% 2022/23 consolidated increase
- 5.0% 2023/24 Pay Uplift
- 2023/24 Medical and Dental Pay award

Circa £0.150m of the Medical and Dental Pay award additional costs relate to Cardiff University employees who hold honorary contracts with the UHB. The income assumption assumes that these costs will be recognised in the additional funding award.

BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)

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

Property, plant & equipment is in line with the start of the year. This is due to the combined impact of annual indexation and a decrease in the carrying value of the assets reflecting monthly depreciation charges.

Overall trade and other debtors decreased by £37m in Month 11, largely due to a decrease in the Welsh risk pool debtor (£23m) and a reduction in NHS manual accruals (£6m - WHSSC).

The carrying value of trade creditors increased by £10m in month predominately due to an increase in payables control account - reduced level of payments M11 (£15m), offset by a decrease in WGA Accruals c.£4m.

The forecast balance sheet reflects the UHB's latest non-cash estimates and its anticipated capital funding.

The forecast balance sheet reflects the UHB's latest non cash estimates and its anticipated capital funding.

MONTHLY CASHFLOW FORECAST (TABLE G)

The cash balance at the end of February was £3.881m 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.

The UHB reviewed its working capital requirement at month 10 and indicated to Welsh Government colleagues that working cash of £34m is required in respect of revenue and £7m in respect of capital. Following a review of the likely timing of payments related to the 2023/24 capital programme the UHB has confirmed that the £7m working cash support in relation to capital payments is no longer required.

The combination of strategic cash support, working cash support and outstanding allocations not confirmed is circa £46m.

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 in 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 with the associated cash payment in being made in 2023-24.
- Movements in Revenue and Capital working capital from the 2022-23 Balance Sheet. This includes an estimated £21.5m forecast balance sheet movements. This will continue to be assessed as the year progresses.
- In addition to the UHBs strategic and working cash requirements, there are £12m of anticipated allocations as per table E, which are yet to be confirmed.

Confirmation of outstanding allocations and the strategic and working cash support in 2023/24 is now imperative to allow the UHB to maintain its PSPP performance in the final month of the year.

CAPITAL SCHEMES (TABLES I, J & K)

Of the UHB's approved Capital Resource Limit, 37% has been expended to date.

Two capital schemes are currently classified as medium risk:

- Genomics - forecasting a potential £0.847m 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.

Efab Fire, Endoscopy, Genomics, UHL Electrical Infrastructure, Park View, Emergency Department and minor injury unit improvements, Diagnostic Equipment and Electronic Switchgear UHW are all slightly behind plan year to date, however overall, these are still expected to deliver in 23/24.

All other schemes are in line forecast.

Whitchurch hospital transfer to Velindre is progressing with documents now submitted to Welsh Government for approval, this is expected to complete in 2023/2024. The value of the asset being transferred is £7.804m

Planned expenditure for the year reflects the CRL received from Welsh Government dated 29th February 2024 - £45.558m

AGED WELSH NHS DEBTORS (TABLE M)

At the 29th February 2023 there were 2 invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. The 2 invoices have subsequently been paid.

PUBLIC SECTOR PAYMENT PERFORMANCE (TABLE H)

The UHB achieved its Public Sector Payment Performance target with 96.90% being achieved cumulatively to-date.

The UHB has included the improvement of high volume and low value NHS invoices into its modernisation programme to find system improvements to ensure all four PSPP targets are met.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to the 20th March 2024 meeting of the Finance Committee for information.

CONCLUSION

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

The forecast year end position has been amended in line with the additional funding and revised target control total confirmed by Welsh Government on the 20th October 2023.

The UHB is committed to achieving in year and recurrent financial balance as soon as possible.

At month 11, the UHB is reporting an overspend of £16.818m. This is comprised of £1.082m unidentified savings/operational overspend and the revised planned deficit of £15.088m (eleven twelfths of the revised forecast year end deficit of £16.460m).

The Health Board is committed to delivering the best possible financial position in 2023/24 and will take all reasonable steps to deliver the control total of £16.460m. Additional savings required when combined with the current operational pressures and pending industrial action are putting the delivery of this at risk. Further mitigations continue to be explored by the teams to endeavor to deliver the control total.

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



.....
SUZANNE RANKIN
CHIEF EXECUTIVE

13th March 2024



.....
CATHERINE PHILLIPS
EXECUTIVE DIRECTOR OF
FINANCE

13th March 2024

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

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

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-40,300	0	-40,300	-40,300
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-94,523	0	-94,523	-94,523
3 Planned Expenditure For Covid-19 (Negative Value)	-13,465	-13,465		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	12,305	0	12,305	12,305
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	13,465	13,465		
6 Planned Provider Income (Positive Value)	2,118	0	2,118	2,118
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	14,042	4,098	9,944	10,813
9 Planned (Finalised) Net Income Generation	454	124	330	357
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	17,505	0	17,505	20,830
14 Opening IMTP / Annual Operating Plan	-88,400	4,222	-92,622	-88,400
15 Reversal of Planning Assumptions still to be finalised at Month 1	-17,505	0	-17,505	-20,830
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18 Other Movement in Month 1 Planned & In Year Net Income Generation	323	150	173	290
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-747	-178	-569	-319
20 Additional In Year Identified Savings - Forecast	27,279	19,328	7,951	11,190
21 Variance to Planned RRL & Other Income	0	0		
22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-400	-400		
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	400	400		
25 In Year Accountancy Gains (Positive Value)	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	29	29		
27 Additional savings to be identified - In Year Pressures	-539	-539		-8,231
28 Roundings	0	0		
29 Additional Actions £16.020m Red Schemes in development	0	0		
30	0	0		
31 10% Improvement required - actions still required	0	0		
32 Recurrent Covid Legacy U/L Deficit Funding	20,300	0	20,300	20,300
33 Recurrent Inflationary Uplift	25,100	0	25,100	25,100
34 Non recurrent Inflation Uplift	10,100	10,100		
35 Energy Funding	7,600	7,600		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-16,460	40,712	-57,171	-60,900
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-16,460			

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-3,358	-36,942	-40,300
2	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-7,877	-86,646	-94,523
3	-521	-943	-1,235	-1,220	-1,194	-1,171	-1,146	-1,203	-1,208	-1,208	-1,167	-1,245	-12,219	-13,465
4	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	1,025	11,280	12,305
5	521	943	1,235	1,220	1,194	1,171	1,146	1,203	1,208	1,208	1,167	1,245	12,219	13,465
6	177	177	177	177	177	177	177	177	177	177	177	177	1,942	2,118
7	1,925	254	-61	97	-74	-6	-383	-358	-341	-341	-356	-355	355	0
8	665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	12,638	14,042
9	77	13	43	43	43	43	43	43	26	26	26	26	427	454
10													0	0
11													0	0
12													0	0
13		1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	1,591	15,914	17,505
14	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,367	-7,366	-81,033	-88,400
15	0	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-1,591	-15,914	-17,505
16													0	0
17													0	0
18	0	-3	7	13	13	63	13	13	38	38	63	63	260	323
19	0	0	-383	-232	314	-48	-7	-293	38	-47	-28	-62	-685	-747
20	0	219	188	355	574	1,016	4,717	3,227	2,464	2,946	2,765	8,809	18,470	27,279
21													0	0
22	0	-231	23	23	-83	-59	-16	-49	-16	6	17	-15	-385	-400
23													0	0
24	0	231	-23	-23	83	59	16	49	16	-6	-17	15	385	400
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	-83	158	-5	-5	-5	-5	-5	-5	-5	-5	-5	-5	34	29
27	-1,446	298	576	229	-413	-541	2,711	-1,299	982	49	3,962	-5,647	5,108	-539
28													0	0
29													0	0
30													0	0
31								684	0	899	-2,482	899	-899	0
32								11,842	1,692	1,692	1,692	1,692	18,608	20,300
33								14,642	2,092	2,092	2,092	2,092	23,008	25,100
34								5,892	842	842	842	842	9,258	10,100
35								4,433	633	633	633	633	6,967	7,600
36													0	0
37													0	0
38													0	0
39													0	0
40	-8,896	-8,287	-8,574	-8,597	-8,474	-8,473	35,279	-1,372	-182	181	576	358	-16,818	-16,460
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-8,896	-8,287	-8,574	-8,597	-8,474	-8,473	35,279	-1,372	-182	181	576	358	-16,818	-16,460

Period : Feb 24

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	8	8	8	8	8	8	8	8	8	8	8	8	92	100		100	0			
2		Actual/F'cast	8	27	30	53	68	86	103	124	129	142	147	147	920	1,067	86.19%	1,067	0	125	942	1,288
3		Variance	0	19	22	45	60	78	95	116	121	134	139	139	828	967	903.31%	967	0			
4	Commissioned Services	Budget/Plan	7	7	19	19	19	19	19	19	19	19	19	19	185	204		204	0			
5		Actual/F'cast	7	7	19	19	19	19	19	19	19	103	103	103	353	456	77.40%	456	0	125	331	1,249
6		Variance	0	0	0	0	0	0	0	0	0	84	84	84	168	252	90.71%	252	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	185	93	226	167	168	245	206	207	207	207	222	222	2,133	2,355		2,355	0			
8		Actual/F'cast	185	104	217	215	346	393	362	487	519	912	945	1,068	4,685	5,753	81.44%	5,753	0	899	4,854	6,390
9		Variance	0	11	(9)	48	178	148	156	280	313	705	723	846	2,552	3,398	119.62%	3,398	0			
10	Non Pay	Budget/Plan	214	226	383	283	428	283	268	268	268	268	268	268	3,158	3,425		3,425	0			
11		Actual/F'cast	214	257	344	344	589	354	3,431	768	541	707	696	6,420	8,245	14,665	56.22%	14,665	0	11,150	3,515	4,009
12		Variance	0	30	(39)	61	160	71	3,164	501	273	439	428	6,153	5,087	11,240	161.11%	11,240	0			
13	Pay	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	7,070	7,957		7,957	0			
14		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,249	2,410	16,197	18,607	87.05%	18,607	0	10,948	7,659	8,722
15		Variance	0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,360	1,523	9,127	10,650	129.10%	10,650	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	3	3	3	3	3	3	3	3	3	3	3	23	25	90.00%	25	0	0	25
18		Variance	0	0	3	3	3	3	3	3	3	3	3	3	3	23	25		25	0		
19	Total	Budget/Plan	665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	12,638	14,042		14,042	0			
20		Actual/F'cast	665	1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,142	10,151	30,423	40,574	74.98%	40,574	0	23,247	17,326	21,684
21		Variance	0	219	(195)	124	888	967	4,710	2,934	2,502	2,899	2,737	8,747	17,785	26,532	140.73%	26,532	0			
22	Variance in month		0.00%	27.05%	(17.79%)	13.22%	80.34%	93.16%	332.81%	211.01%	179.96%	208.52%	194.76%	623.03%	140.73%							
23	In month achievement against FY forecast		1.64%	2.53%	2.22%	2.61%	4.92%	4.94%	15.10%	10.66%	9.59%	10.57%	10.21%	25.02%								

Table C1- Savings Schemes Pay Analysis

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green	Amber	non recurring	recurring	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	245	92	195	195	195	195	626	626	626	626	626	625	4,249	4,873		4,873	0				
2		Actual/F'cast	245	237	181	196	280	284	656	493	919	706	706	705	4,904	5,608	87.44%	5,608	0	760	4,848	4,886	
3		Variance	0	145	(14)	1	85	89	30	(133)	293	80	80	80	655	735	15.42%	735	0				
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
5		Actual/F'cast	0	0	0	9	6	130	49	57	289	121	112	83	772	856	90.25%	856	0	856	0	0	
6		Variance	0	0	0	9	6	130	49	57	289	121	112	83	772	856		856	0				
7	Locum	Budget/Plan	0	0	0	0	25	25	25	0	0	0	0	0	75	75		75	0				
8		Actual/F'cast	0	0	8	21	41	46	12	53	(32)	11	11	11	169	180	94.09%	180	0	85	95	200	
9		Variance	0	0	8	21	16	21	(13)	53	(32)	11	11	11	94	105	125.88%	105	0				
10	Agency / Locum paid at a premium	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	2,509	2,746		2,746	0				
11		Actual/F'cast	0	376	66	165	595	492	1,412	690	687	876	712	824	6,071	6,895	88.04%	6,895	0	4,402	2,493	3,261	
12		Variance	0	0	(171)	(72)	358	255	1,175	453	450	639	475	587	3,562	4,149	141.96%	4,149	0				
13	Changes in Bank Staff	Budget/Plan	0	0	19	19	19	19	19	19	19	19	19	19	171	190		190	0				
14		Actual/F'cast	0	0	19	19	19	19	19	19	19	19	19	19	171	190	90.00%	190	0	0	190	190	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0				
16	Other (Please Specify)	Budget/Plan	6	6	6	6	6	6	6	6	6	6	6	6	66	72		72	0				
17		Actual/F'cast	6	20	12	16	29	179	58	1,610	800	690	690	768	4,110	4,878	84.26%	4,878	0	4,846	32	186	
18		Variance	0	14	6	10	22	173	52	1,604	794	684	684	762	4,044	4,806	6088.90%	4,806	0				
19	Total	Budget/Plan	251	474	457	457	482	482	913	888	888	888	888	887	7,070	7,957		7,957	0				
20		Actual/F'cast	251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,249	2,410	16,197	18,607	87.05%	18,607	0	10,948	7,659	8,722	
21		Variance	0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,360	1,523	9,127	10,650	129.10%	10,650	0				

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

			Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green £'000	Amber £'000	non recurring £'000	recurring £'000	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000								
1	Reduced usage of	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	237	2,509	2,746		2,746	0			
2	Agency/Locums paid at a	Actual/F'cast	0	376	66	165	595	492	1,379	660	665	790	694	794	5,881	6,675	88.11%	6,675	0	4,182	2,493	3,261	
3	premium	Variance	0	0	(171)	(72)	358	255	1,142	423	428	553	457	557	3,372	3,929	134.41%	3,929	0				
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	33	31	21	87	17	31	189	220	86.11%	220	0	220	0	0	
12		Variance	0	0	0	0	0	0	33	31	21	87	17	31	189	220		220	0				
13	Total	Budget/Plan	0	376	237	237	237	237	237	237	237	237	237	237	237	2,509	2,746		2,746	0			
14		Actual/F'cast	0	376	66	165	595	492	1,412	690	687	876	712	824	6,071	6,895	88.04%	6,895	0	4,402	2,493	3,261	
15		Variance	0	0	(171)	(72)	358	255	1,175	453	450	639	475	587	3,562	4,149	141.96%	4,149	0				

Table C3- Savings Schemes SoCNE/SCNI Analysis

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Pay	Budget/Plan		251	474	457	457	482	482	913	888	888	888	888	887	7,070	7,957
2		Actual/F'cast		251	633	287	425	970	1,150	2,206	2,923	2,681	2,423	2,249	2,410	16,197	18,607
3		Variance		0	159	(170)	(32)	487	668	1,293	2,035	1,793	1,535	1,360	1,523	9,127	10,650
4	Non Pay	Budget/Plan		214	226	396	296	441	296	280	280	280	280	280	280	3,270	3,551
5		Actual/F'cast		214	257	356	357	601	367	3,444	781	553	803	792	6,517	8,526	15,042
6		Variance		0	30	(39)	61	160	71	3,164	501	273	523	512	6,237	5,255	11,492
7	Primary Care Drugs	Budget/Plan		39	40	40	62	63	63	93	93	93	93	108	108	786	894
8		Actual/F'cast		39	40	78	92	240	219	262	336	374	416	431	585	2,528	3,113
9		Variance		0	0	38	30	177	156	169	243	281	323	323	477	1,742	2,219
7	Secondary Care Drugs	Budget/Plan		146	53	185	105	105	182	114	114	114	114	114	114	1,347	1,461
8		Actual/F'cast		146	64	138	123	106	174	100	150	145	496	514	483	2,157	2,640
9		Variance		0	11	(47)	17	1	(8)	(13)	36	31	382	400	369	810	1,179
10	CHC/FNC	Budget/Plan		8	8	8	8	8	8	8	8	8	8	8	8	92	100
11		Actual/F'cast		8	27	30	53	68	86	103	124	129	142	147	147	920	1,067
12		Variance		0	19	22	45	60	78	95	116	121	134	139	139	828	967
13	Primary Care Contractor	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14		Actual/F'cast		0	0	3	3	3	3	3	3	3	3	3	3	23	25
15		Variance		0	0	3	3	3	3	3	3	3	3	3	3	23	25
16	Healthcare Services Provided by Other NHS Bodies	Budget/Plan		7	7	7	7	7	7	7	7	7	7	7	7	72	79
17		Actual/F'cast		7	7	7	7	7	7	7	7	7	7	7	7	72	79
18		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Non Healthcare Services Provided by Other NHS Bodies	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
20		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
21		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Other Private & Voluntary Sector	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
23		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
24		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Joint Financing & Other	Budget/Plan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
26		Actual/F'cast		0	0	0	0	0	0	0	0	0	0	0	0	0	0
27		Variance		0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Total	Budget/Plan		665	808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,390	1,405	1,404	12,638	14,042
29		Actual/F'cast		665	1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,142	10,151	30,423	40,574
30		Variance		0	219	(195)	124	888	967	4,710	2,934	2,502	2,899	2,737	8,747	17,785	26,532

Table C4 - Tracker

This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect	
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	665		808	1,093	935	1,106	1,038	1,415	1,390	1,390	1,405	1,404	12,638	14,042	4,098	9,944	870	10,813	
	Month 1 - Actual/Forecast	665		808	711	704	1,420	990	1,408	1,097	1,429	1,343	1,378	11,953	13,295	3,919	9,375	1,119	10,494	
	Variance	0		0	(383)	(232)	314	(48)	(7)	(293)	38	(47)	(28)	(62)	(685)	(747)	(178)	(569)	250	(319)
	In Year - Plan	0		219	268	494	592	1,058	4,660	3,376	2,496	2,605	2,718	8,600	18,485	27,085	19,989	7,096	2,726	9,823
	In Year - Actual/Forecast	0		219	188	355	574	1,016	4,717	3,227	2,464	2,946	2,765	8,809	18,470	27,279	19,328	7,951	3,239	11,190
	Variance	0		0	(79)	(139)	(18)	(43)	57	(149)	(32)	341	47	209	(15)	194	(661)	855	512	1,367
	Total Plan	665		1,027	1,361	1,429	1,698	2,097	6,075	4,766	3,996	4,123	10,003	31,123	41,127	24,087	17,040	3,596	20,636	
	Total Actual/Forecast	665		1,027	899	1,059	1,994	2,006	6,125	4,324	3,892	4,289	4,142	10,151	30,423	40,574	23,247	17,326	4,358	21,684
	Total Variance	0		0	(462)	(370)	296	(91)	50	(442)	6	294	19	147	(700)	(553)	(839)	286	762	1,048
Net Income Generation	Month 1 - Plan	77		13	43	43	43	43	43	26	26	26	26	427	454	124	330	27	357	
	Month 1 - Actual/Forecast	77		(6)	34	40	38	38	38	46	46	46	46	435	482	224	258	99	357	
	Variance	0		(19)	(9)	(4)	(5)	(5)	(5)	20	20	20	20	8	28	100	(72)	72	0	0
	In Year - Plan	0		16	16	16	18	68	18	18	18	18	18	227	245	0	245	45	290	
	In Year - Actual/Forecast	0		16	16	16	18	68	18	18	18	43	43	252	295	50	245	45	290	
	Variance	0		0	0	0	0	0	(0)	0	0	25	25	25	50	50	0	(0)	0	0
	Total Plan	77		28	60	60	61	111	61	61	45	45	45	654	699	124	575	72	647	
	Total Actual/Forecast	77		10	50	56	56	106	56	56	65	65	90	687	777	274	503	144	647	
	Total Variance	0		(19)	(9)	(4)	(5)	(5)	(5)	(5)	20	20	45	45	33	78	150	(72)	72	0
Accountancy Gains	In Year - Plan	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	Month 1 - Plan	742		821	1,137	978	1,149	1,081	1,458	1,433	1,417	1,417	1,432	1,430	13,065	14,495	4,222	10,273	897	11,170
	Month 1 - Actual/Forecast	742		803	744	743	1,458	1,028	1,446	1,135	1,475	1,390	1,424	1,388	12,388	13,776	4,143	9,633	1,218	10,851
	Variance	0		(19)	(392)	(235)	309	(53)	(12)	(298)	58	(27)	(8)	(42)	(677)	(719)	(78)	(641)	322	(319)
	In Year - Plan	0		234	284	510	611	1,127	4,678	3,394	2,514	2,624	2,736	8,618	18,712	27,330	19,989	7,341	2,772	10,113
	In Year - Actual/Forecast	0		234	205	372	592	1,084	4,735	3,245	2,482	2,964	2,808	8,852	18,722	27,574	19,378	8,196	3,284	11,480
	Variance	0		0	(79)	(139)	(18)	(43)	57	(149)	(32)	341	72	234	10	244	(611)	855	512	1,367
	Total Plan	742		1,055	1,421	1,489	1,759	2,208	6,136	4,827	3,931	4,040	4,168	10,048	31,777	41,825	24,211	17,615	3,668	21,283
	Total Actual/Forecast	742		1,037	949	1,115	2,051	2,112	6,181	4,380	3,957	4,354	4,232	10,240	31,110	41,350	23,521	17,829	4,502	22,331
	Total Variance	0		(19)	(472)	(374)	291	(96)	45	(447)	26	314	64	192	(667)	(475)	(689)	214	834	1,048

Summary of Forecast Month 1 & In Year (£000's) - Green & Amber	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	979	986	5	1,970	115	0
Unscheduled Care	3,126	0	0	3,126	0	0
Primary and Community Care (Excl Prescribing)	293	627	0	920	0	0
Mental Health	65	227	0	292	0	0
Clinical Support	282	515	0	796	214	0
Non Clinical Support (Facilities/Estates/Corporate)	355	1,061	0	1,416	194	0
Commissioning	0	1,001	0	1,001	30	0
Across Service Areas	13,507	11,907	216	25,631	214	0
CHC	0	1,042	0	1,042	0	0
Prescribing	0	3,183	0	3,183	0	0
Medicines Management (Secondary Care)	0	1,195	0	1,195	10	0
Total	18,607	21,745	221	40,574	777	0

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	130,987	98,095	141,605	109,120	100,470	110,970	103,330	103,520	119,025	100,765	85,407	99,484	1,302,778
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	1,190	1,190	650	525	1,425	2,150	1,575	435	1,555	530	980	1,400	13,605
3	WG Revenue Funding - Other (e.g. invoices)	1,788	1,320	1,310	1,354	2,951	2,006	1,489	1,381	2,865	1,385	3,050	2,955	23,855
4	WG Capital Funding - Cash Limit - LHB & SHA only	10,000	2,500	0	943	(518)	1,985	1,995	965	1,470	2,505	0	22,567	44,412
5	Income from other Welsh NHS Organisations	40,222	35,616	39,767	40,658	45,593	37,762	36,735	46,972	39,020	47,067	60,046	48,737	518,195
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Other - (Specify in narrative)	4,032	13,939	6,310	11,994	8,870	5,253	7,654	13,294	5,480	4,749	15,845	7,560	104,980
11	TOTAL RECEIPTS	188,219	152,659	189,642	164,594	158,792	160,126	152,778	166,567	169,415	157,001	165,328	182,703	2,007,824
	PAYMENTS													
12	Primary Care Services : General Medical Services	6,777	6,107	7,281	5,773	5,947	6,024	6,261	6,300	6,806	6,225	8,628	6,803	78,930
13	Primary Care Services : Pharmacy Services	280	177	134	115	106	134	122	117	379	649	514	230	2,959
14	Primary Care Services : Prescribed Drugs & Appliances	18,097	0	18,283	0	9,279	17,876	0	9,284	18,736	0	9,215	9,661	110,430
15	Primary Care Services : General Dental Services	2,061	2,268	2,301	2,397	2,459	2,228	2,234	2,152	2,122	3,295	2,286	2,157	27,959
16	Non Cash Limited Payments	1,870	1,850	1,928	1,998	1,976	1,962	1,953	1,959	2,189	1,946	2,129	2,204	23,964
17	Salaries and Wages	65,920	69,595	79,720	74,501	70,537	66,932	68,310	70,285	68,262	68,825	69,322	69,789	841,999
18	Non Pay Expenditure	86,046	71,140	75,762	78,261	62,587	67,236	72,217	74,621	69,425	75,482	73,130	87,322	893,229
19	Short Term Loan Repayment - Trust only									0	0	0	0	0
20	PDC Repayment - Trust only									0	0	0	0	0
21	Capital Payment	7,201	852	2,602	1,990	486	863	1,379	287	861	1,680	1,746	24,880	44,825
22	Other items (Specify in narrative)	339	123	659	53	144	641	138	41	695	0	0	0	2,834
23	TOTAL PAYMENTS	188,592	152,112	188,671	165,086	153,522	163,896	152,614	165,046	169,475	158,102	166,969	203,044	2,027,130
24	Net cash inflow/outflow	(373)	547	971	(492)	5,270	(3,770)	164	1,521	(59)	(1,101)	(1,642)	(20,341)	
25	Balance b/f	2,846	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	6,624	5,523	3,881	
26	Balance c/f	2,473	3,019	3,990	3,498	8,768	4,998	5,162	6,683	6,624	5,523	3,881	(16,460)	