

Public Finance & Performance Committee

Wed 17 July 2024, 14:00 - 15:30

Virtual - MS Teams

Agenda

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

1.1. Welcome & Introductions

John Union

1.2. Apologies for Absence


John Union

1.3. Declarations of Interest

John Union

1.4. Minutes from the Finance & Performance Committee meeting - 19 June 2024

John Union

 1.4 Draft Finance and Performance Minutes 19.06.24.pdf (5 pages)

1.5. Actions following the Finance & Performance Committee meeting - 19 June 2024

1.6. Chairs Actions since previous meeting

John Union

14:10 - 14:50 **2. Items for Review and Assurance** 40 min

2.1. Finance Position Update - Month 3 Position & Savings Plan Progress

Catherine Phillips / Robert Mahoney / Andrew Gough

20 Minutes

 2.1 Public Finance Committee SUMMARY Finance Position Report for Month 3.pdf (13 pages)

2.2. Operational Performance (including Diagnostics Update & Workforce Reshaping)

Paul Bostock

20 Minutes

 2.2 Operational Performance report cover paper - Finance and Performance Committee July 24.pdf (6 pages)

 2.2a Integrated Performance Report.pdf (38 pages)

 2.2b Appendix 1.pdf (1 pages)

 2.2c Appendix 2.pdf (3 pages)

14:50 - 15:15 **3. Items for Approval / Ratification**

Regan, Nikki
09/07/2024 16:13:38

25 min

3.1. Business Cases

Sarah Lloyd

15 Minutes

3.1.1. Transforming Access to Medicine Business (TRAMS) Justification Case (Radiopharmacy)

Sarah Lloyd

📄 3.1.1 TRAMS - Radio-Pharmaceutical Business Justification Case.pdf (3 pages)

📄 3.1.1a Radiopharmacy BJC.pdf (39 pages)

3.1.2. Pentyrch Business Justification Case

Sarah Lloyd

📄 3.1.2 Pentyrch Branch Surgery Development BJC.pdf (6 pages)

3.2. Draft Capital Plan

Geoff Walsh

10 Minutes

📄 3.2 Annual Capital Plan 2024-25.pdf (7 pages)

15:15 - 15:15 4. Items for Noting & Information

0 min

No Items

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

0 min

John Union

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

0 min

John Union

6.1. Items to be deferred to Board / Committee

John Union

6.2. The date and time of the next Committee meeting: Wednesday 21st August 2024 via MS Teams

Regan, Nikki
09/07/2024 16:13:38

**Unconfirmed Minutes of the Public Finance and Performance Committee Meeting
Held on 19 June 2024
Via MS Teams**

Link to YouTube recording – [Click Here](#)

(If the link doesn't work, please copy & paste the link into your browser)

Chair:		
John Union	JU	Independent Member – Finance (Committee Chair – CC)
Present:		
David Edwards	DE	Independent Member – Information Communication & Technology (IM-ICT)
Ceri Phillips	CP	UHB Vice Chair (VC)
In Attendance:		
Andrew Gough	AG	Strategic Deputy Director of Finance (SDDF)
Robert Mahoney	RM	Operational Deputy Director of Finance (ODDF)
Suzanne Rankin	SR	Chief Executive Officer (CEO)
Matt Phillips	CP	Director of Corporate Governance
Jane Murphy	JM	Director of Nursing – Medicine Clinical Board (DNMCB)
Victoria Le Grys	VL	Programme Director – Shaping Our Future (PDSOF)
Catherine Wood	CW	Director of Operations – Children & Women (DOCW)
Adam Wright	AW	Director of Operational Planning and Performance (DOPP)
Urvisha Perez	UP	Wales Audit Office (WAO)
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	UHB Chair
Marie Davies	MD	Executive Director of Strategic Planning
Jason Roberts	JR	Executive Nurse Director
Paul Bostock	PB	Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance

Item No	Agenda Item	Action
FPC 19/06/001	Welcome & Introduction The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 19/06/002	Apologies for Absence Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 19/06/003	Declarations of Interest No Declarations of Interest were noted.	
FPC 19/06/004	Minutes of the Finance and Performance Meeting held on 22 May 2024 The minutes of the meeting held on 22 May 2024 were received. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 22 May 2024, were held as a true and accurate record of the meeting.	
FPC 19/06/005	Actions following the Finance and Performance Committee meeting on 22 May 2024 The Action log was received.	

	<p>The Finance and Performance Committee resolved that:</p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p>FPC 19/06/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 19/06/007</p>	<p>Finance Position Update – Month 2 Position & Savings Plan Progress</p> <p>The Finance Position Update – Month 2 Position & Savings Plan Progress was received.</p> <p>The ODDF advised the Committee that month 2 had seen a disappointing financial performance and had built on the trend of month 1.</p> <p>He added that at month 2, it had been expected that there would be a planned deficit of £2.650m (two twelfths of the annual planned deficit of £15.9m) but noted that the Health Board were £4.614m off the savings programme that would be needed by the current stage of the financial year and £1.557m off the operational position.</p> <p>It was noted that there was an ambition to recover that which was why the forecast deficit remained at £15.9m.</p> <p>The Committee were presented with the month 2 summary financial table which analysed the £8.821m overspend between income, pay and non-pay.</p> <p>A graph was also presented which Graph 1 showed the reported position at month 2 compared to the planned deficit and showed the actual position was £6.171m above the planned deficit because of the combined operational deficit and savings gap.</p> <p>It was noted that the forecast position assumed that it would be recovered over the course of the year through management action to ensure that services operated within delegated budgets.</p> <p>The ODDF noted that there was a key risk to bring to the attention of the Committee on Long Term Agreements (LTAs) and reminded the Committee that there had been an uplift of 3.67% in the allocation for 2023/24 and that the Financial Plan was based on the clear planning instructions from Welsh Government (WG) that all LTAs and SLAs should reflect uplifts in line with the general 2024-25 funding uplift provided in the 2024-25 Allocation Letter of that 3.67%.</p> <p>He added that unfortunately, colleagues in neighbouring Health Boards and other NHS Wales organisations had elected not to pass the 3.67% onto Cardiff and Vale UHB which caused a potential risk to the plan of a £5.274m shortfall in the income anticipated in the Financial Plan approved by the Board.</p> <p>The CEO noted that at a previous Board Development meeting the LTA uplift had been highlighted as a risk due to the mechanisms for agreeing the contractual arrangements. She planned to discuss with Chief Executive colleagues to reach an agreement prior to arbitration and highlighted the need to be consistent with the approach.</p> <p>The IM-ICT asked if there was a sense that the system with the financial pressures was working. The SDDF agreed the system required revision and noted there were only 2 net service providers in NHS Wales with the other 5 Health Boards being net commissioners (CAV UHB & SBUHB).</p> <p>The CEO explained that a review of the Joint Commissioning Committee (JCC) was recently undertaken and the issue was that the Health Board were a net provider when the majority of LHBs were commissioners.</p> <p>The ODDF noted the allocation uplift from Welsh Government had always previously been automatically added to LTAs and SLAs each year.</p> <p>The ODDF highlighted the key factors contributing to the financial pressures in each Clinical Board :-</p>	

Regan, Nikki
09/07/2024 16:13:38

	<ul style="list-style-type: none"> • Children & Women overspend was increased by increases in medical staff variable pay and lower anticipated performance income • Mental Health clinical board reported an improved position due to the repatriation of out of area patients • Primary care – the revised Optometry Contract negotiated with the profession by Welsh Government was causing an overspend. Ongoing discussion are being held with Welsh Government. • COVID expenditure is forecast to be in line with funding received from Welsh Government (WG) • Whilst there is pressure on the UHB capital plan, expenditure is forecast to remain within funding limits. • The savings programme has made reasonable progress to date. However, this should be assessed within the context of the challenging £47.2m target that the UHB had set itself. • Enhanced monitoring meetings were planned with all clinical boards to monitor and action savings where possible <p>It was noted that the Health Board would utilise the improvements in temporary pay trends and enhanced recruitment controls provided by the Corporate Vacancy Scrutiny Panel to provide some time for additional cost savings schemes to be identified and to be in.</p> <p>The Finance and Performance Committee resolved that:</p> <ol style="list-style-type: none"> a) The reported year to date overspend of £8.821m and the forecast deficit of £15.900m was noted b) The month 2 operational overspend against plan of £1.557m with a further £4.614m savings gap was noted c) The progress against the savings target, with £20.989m (44%) of green and amber schemes identified at Month 2 against the £47.2m target was noted d) That delivery of the forecast is predicated on the confirmation of all expected income streams was noted. 	
<p>FPC 19/06/008</p>	<p>Operational Performance</p> <p>The DOPP highlighted the following points on Operational Performance:</p> <ul style="list-style-type: none"> • The Urgent & Emergency Care performance remained strong on ambulance handovers but there were challenges with waiting times in ED • 898 patients waited more than 12 hours in ED during May 2024 • 22 Primary Care Practises reported high escalation levels with PCIC supporting these practises • Compliance for Stroke pathways reduced in April but remained above the all Wales average • An increase in the single cancer pathway performance to 63.7% for April 2024 • Long waiting elective patients - 12,300 patients waiting more than 12 months for an initial appointment/ 2816 patients waiting more than 2 years and 113 patients waiting more than 3 years overall • The 8 weeks waits for diagnostics had worsened and trajectories being finalised with diagnostics teams • WG requested CAV to submit trajectories around Planned Care, Mental Health and Ambulance rates • Mental Health demand had increased and noted the assessment waits had increased and have agreed a trajectory with NHS Wales <p>The VC noted the pressures in primary care were well documented and the level of activity that took place was monumental to the Health Board. He asked to what extent was needed to give more thought to reduce pressures elsewhere. He attended a workshop on the primary care model, and it was suggested more work was required to alleviate pressures.</p> <p>The DOPP explained that through the 2023/24 annual planning process there were a small number of proposals which had been prioritised for investment, the majority of these were focused on Primary and Community Care. It was confirmed that the Health Board would be part of the cluster planning group, where there would be a huge organisational focus on that work.</p>	

Regan, Nikki
09/07/2024 16:13:33

	<p>The VC noted that the Health Board were measured and assessed on the number of people waiting for secondary care / A&E but suggested to look at the people that the Health Board were helping keep safe at home.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The year-to-date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 19/06/009</p>	<p>Decarbonisation Update</p> <p>The PD -SOF highlighted the following on the Decarbonisation Update:</p> <ul style="list-style-type: none"> • Q4 update outlined the 2023-24 plan with 47 of 54 actions being achieved • 3% of our carbon footprint had been avoided this year <p>The Finance and Performance Committee resolved:</p> <p>a) The content of the Decarbonisation Report was noted.</p>	
<p>FPC 19/06/010</p>	<p>Business Cases:</p> <p>Stroke Improvement</p> <p>The DOPP highlighted the following on the Stroke Improvement Business Case:</p> <ul style="list-style-type: none"> • This was previously highlighted for an area that was to be focused on • The Stroke rating for the Health Board was currently at B (A being the highest) • Support at Investment Group and SLB was confirmed on the agreement that the spend would begin predominantly in Q4 <p>The VC welcomed the business case and added that it would be an investment that would generate returns. He suggested to spend wisely to put effective services in place.</p> <p>CAVHIS</p> <p>The DOPP noted the following on the CAVHIS Business Case:</p> <ul style="list-style-type: none"> • The inclusion service would help 5 vulnerable areas which included: • homeless • sex workers • traveller communities • migrants • people in contact with the criminal justice service • £1.4mil was requested for a range of staff members • Support at Investment Group and SLB was confirmed on the agreement that the spend would begin in Q4 <p>The Finance and Performance Committee resolved:</p> <ul style="list-style-type: none"> • The Stroke Business Case was approved and; • The business case for the expansion of the Cardiff and Vale Health Inclusion Case 	
<p>FPC 19/06/010</p>	<p>End of Year Financial Report for the Regional Partnership Board</p> <p>This report was noted.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The end of year financial report for the Regional Partnership Board was noted.</p>	
<p>FPC 19/06/010</p>	<p>Monthly Monitoring Return – Month 2</p> <p>The Monthly Monitoring Return for month 2 was for information and noting.</p>	

Regan, Nikki
09/07/2024 16:33:38

	The Finance and Performance Committee resolved: a) The monthly monitoring return for month 2 was noted.	
FPC 19/06/011	Any Other Business No other business was raised.	
	Date & time of next Meeting Wednesday 17 th July 2024 via Teams	

Regan Nikki
09/07/2024 16:13:38

Report Title:	Finance Report for the Period Ended 30 th June 2024			Agenda Item no.	2.1
Meeting:	Finance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	17 th July 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				

Main Report
Background and current situation:

Summary

At Month 3 the UHB is reporting an overspend of £11.564m.

This is comprised of £5.151m unidentified savings, £2.438m of operational overspend and the planned deficit of £3.975m (three twelfths of the annual planned deficit of £15.9m set out in 2024-25 financial plan approved by the UHB Board and submitted to Welsh Government).

The UHB is working to recover the month 3 operational and savings overspend to deliver the £15.900m planned deficit.

Table 1: Month 3 Financial Position 2024/25

	Month 3 Position £m	Forecast Year-End Position £m
Planned deficit	3.975	15.900
Savings Programme	5.151	0.000
Operational position (Surplus) / Deficit	2.438	0.000
Financial Position £m (Surplus) / Deficit £m	11.564	15.900

Financial Plan Approved by Board and submitted to Welsh Government

The UHB's Financial Plan in 2024-25 reflected the following key components:

- Brought forward underlying deficit of £60.9m
- 2024-25 Demand and cost growth and unavoidable investments of £45.4m

This brought the UHB's draft 2024-25 position to £106.3m deficit before the following new funding and savings programmes:

- Additional Allocations of £37.3m
- Anticipated pass-through funding on Long Term Agreements of £5.9m (3.67%)
- Savings plans to reduce expenditure by £47.2m

This resulted in a 2024-25 planning deficit of £15.9m that was approved by the UHB Board for submission to Welsh Government.

Discussions continue between the UHB and Welsh Government over the acceptability of this Financial Plan.

The submitted 2024-25 plan represents a failure of the UHB's statutory requirement to deliver a balanced financial plan over a three-year rolling period. The submitted Financial Plan has not been approved by Ministers and this will also represent the failure of a statutory financial duty if this situation remains.

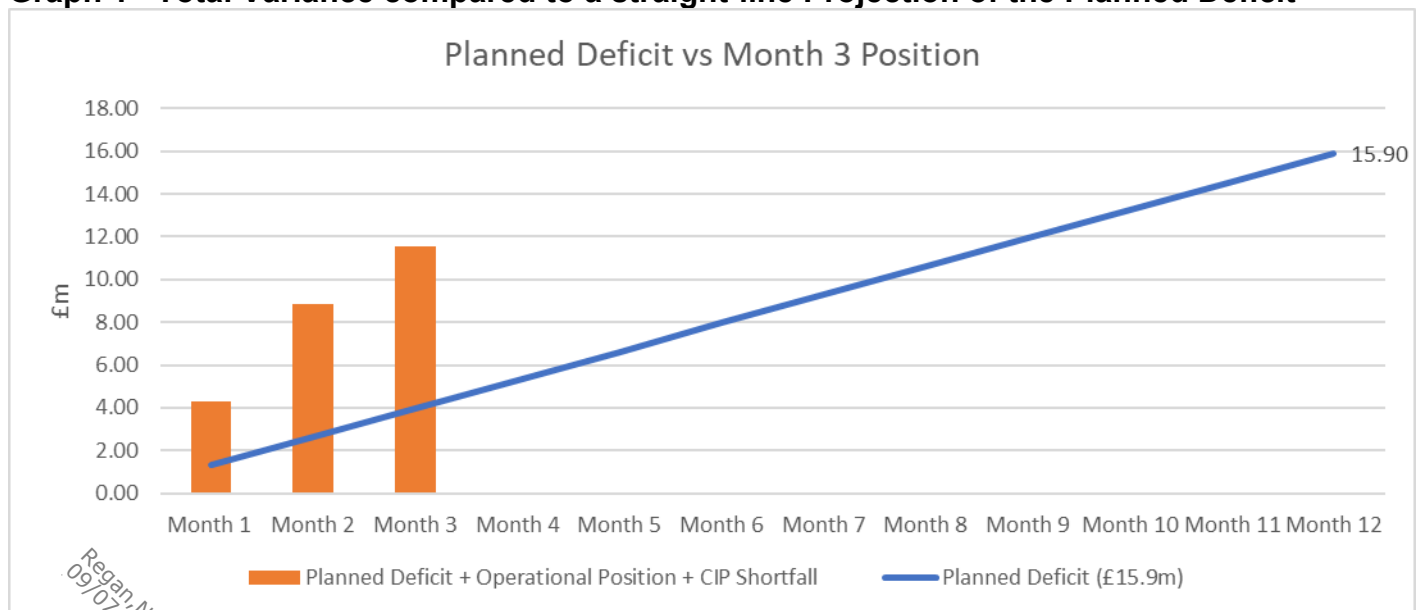
Summary Financial Table

The following table analyses the £11.564m overspend at Month 3, between Income, Pay and Non-Pay.

Table 2: Summary Financial Position for the period ended 30th June 2024

Income/Pay/Non Pay	Memorandum	Current	Total
	Annual	Period	Variance
	Budget	Actual	(Fav)/Adv
	£m	£m	£m
In Month			
Income	(478.120)	(157.445)	(0.097)
Pay	225.364	75.314	0.472
Non Pay	252.756	83.549	1.044
Sub Total £m	0.000	1.418	1.418
2024/25 Planned Deficit	15.900	1.325	1.325
Variance to Plan £m	15.900	2.743	2.743
Cumulative			
Income	(478.120)	(479.053)	(0.933)
Pay	225.364	226.437	1.073
Non Pay	252.756	260.204	7.449
Sub Total £m	0.000	7.589	7.589
2024/25 Planned Deficit	15.900	3.975	3.975
Variance to Plan £m	15.900	11.564	11.564

Graph 1– Total Variance compared to a straight-line Projection of the Planned Deficit



Graph 1 shows the reported position at month 3 compared to the planned deficit. The actual position is £7.589m above the planned deficit because of the combined operational deficit and savings gap. The forecast position assumes that this will be recovered over the course of the year through management action to ensure that services operate within delegated budgets.

Long Term Agreements

NHS organisations are expected to have concluded discussions and signed contracts (Long Term Agreements and Service Level Agreements) between each other by the end of June 2024. Failure to do so obliges parties to submit arbitration briefs to Welsh Government to deliberate on and make a ruling.

The UHB's Financial Plan was based on the clear planning instructions from Welsh Government that all LTAs and SLAs should reflect uplifts in line with the general 2024-25 funding uplift provided in the 2024-25 Allocation Letter of 3.67%. This uplift was reflective of the increased cost of providing healthcare and delivering services by provider organisations.

The UHB has received and agreed offers, from a number of commissioners, which offered a range of percentage uplifts some of which were lower than 3.67% and proposed additional delivery of services from C&V UHB.

Discussions were concluded without the need to resort to arbitration and with most LTAs being uplifted in line with the Welsh Government guidelines. Some settlements will recover the necessary income to support the anticipated plan position with improved output and productivity.

Financial Performance of Clinical Boards

Budgets were set to include £12m of operational pressures in addition to recognising non recurrent savings. Financial performance for Month 3 by Clinical Board is shown in Table 3.

Table 3: Financial Performance for the period ended 30th June 2024

Clinical Board	Operational Position (Surplus) / Deficit	Savings Position (Surplus) / Deficit	Total (Surplus) / Deficit	Prior Month (Surplus) / Deficit
Cumulative	Variance £m	Variance £m	Variance £m	Variance £m
Clinical Diagnostics & Therapeutics	3	577	580	417
Children & Women	959	660	1,619	883
Capital Estates and Facilities	(67)	396	330	347
Executives	(623)	139	(484)	83
Genomics	(13)	0	(13)	(12)
Medicine	1,644	846	2,490	1,442
Mental Health	135	519	654	623
PCIC	1,552	606	2,158	1,754
Specialist	8	564	572	547
Surgery	529	1,098	1,627	750
Clinical Board budgets to be delegated	(1,325)		(1,325)	(883)
Sub-Total Delegated Position	2,803	5,406	8,209	5,950
Central Budgets	(363)	(630)	(992)	(30)
Commissioning	(3)	375	372	250
Cost Improvement Themes	0	0	0	0
Total (Surplus)/Deficit	2,438	5,151	7,589	6,171
Planned Deficit	3,975	0	3,975	2,650
Total Operational (Surplus)/Deficit	6,413	5,151	11,564	8,821

The UHB reported an overspend of £7.589m against the draft financial plan for the year to date.

The £5.151m deficit against the £47.2m savings plan is due to the straight-line phasing of the gap against the target over months 1 to 12. The position is expected to be recovered as further schemes develop and mature during the financial year.

The pressures on operational positions, reported across delegated clinical boards, have been partially offset in Month 3 by a release of remaining plan provision to support known brought forward operational pressures. £5.3 million remains un-allocated at present, pending the agreement of recovery actions, most notably in the Medicine Clinical Board. The year to date impact of this reserve has been brought into the Month 3 position (This is included in Table 3 in the row 'Clinical Board budgets to be delegated').

Clinical Boards are anticipating managing the operational financial risks that they face within their delegated budgets. The most significant of these risks are outlined below:

C&W: Driven by increased variable medical pay spend (£0.390m) combined with lower than expected income from Joint Committee (£0.235m formerly WHSSC). It is early in the financial year and contract performance may correct itself as the year progresses.

Medicine: Driven by medical staff and registered nursing, where there is continuing scrutiny of temporary expenditure and a drive to recruit to substantive posts. It is anticipated that the focus on job planning, rota and sickness management will also reduce reliance on agency clinicians and that the benefits of bio-similar drugs switches will be realised in the latter half of the financial year.

Surgery: Significant costs have been incurred in the first quarter in respect of planned care initiatives where costs have exceeded available funding. The UHB's forecast position assumes that the cost profile will reduce as the year progresses and work is underway with the Chief Operating Officer to deliver on this basis. In addition, pressures are reported due to continuing costs arising from GP Interface sessions where non recurrent Welsh Government support has now ended.

PCIC: A new Optometry contract agreed between Welsh Government and community opticians in Wales has seen increased costs (£0.576m YTD) arising during implementation in 2024-25 without funding. The UHB is continuing to engage with Welsh Government to explore potential options to work within available funding. The UHB's financial plan reshaped the funding framework for some PCIC urgent care initiatives which included the filling of community nursing posts. The savings to right-size the remaining urgent care programmes will be delivered in the second half of the financial year.

There have also been high costs associated with additional mental health support needed in respect of complex behavioural patients on a number of medical wards across UHW and UHL. These variable costs are borne by the Medicine and Children and Women's Clinical Boards.

Review meetings are scheduled with the Clinical Boards to assess their Month 3 positions and the robustness of actions to improve the financial outlook.

Welsh Government COVID 19 Allocations & Expenditure

The expenditure for Month 3 is summarised in Table 4 below.

Table 4: Summary of Month 3 COVID 19 Net Expenditure

	Month 3 £m	Forecast £m	Funded by WG £m	Variance to Plan/Funding £m
Health Protection/Vaccination & PPE	2.260	9.040	9.040	0.000
Long Covid	0.286	1.144	1.144	0.000
Sub Total WG Funded Covid Expenditure £m	2.546	10.184	10.184	0.000

Funding for local response costs is allocated to Clinical Boards through the UHB's Financial Plan. However, local response expenditure is no longer funded directly by Welsh Government and residual costs are reported within delegated clinical board positions and not included in table 4 above.

The Business Plan for the continuing Covid Programmes remains subject to review and the UHB expects to revise the profile of expenditure in due course. The UHB plan assumes that any underspends against Covid funding will be retained by the UHB.

Regan, Nikki
09/07/2024 16:13:38

Financial 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 2024-25 year end with a current planned deficit of £15.9m.

Table 5: Risk Register at June 2024

Finance Risk	Rating	Comment
The submitted Financial Plan has a planned deficit of £15.9m for 2024/25. This does not allow the Minister to approve the an IMTP due to the lack of financial balance over a three year rolling period. However the 2024-25 Financial plan does require support from Welsh Government even in the absence of Ministerial approval.	15	The UHB has developed a plan which has a deficit of £15.9m in 2024-25 and break even positions in FY 2026 and FY 2027 which the Minister is not able to approve. Support for the one year 2024-25 financial plan will be required. Welsh Government has not confirmed its support at the present time. Enhanced Monitoring meetings with Welsh Government at Executive level continue to discuss this issue.
Due to a planned deficit of £15.9m for 2024/25 the UHB is unable to achieve financial balance over a three year rolling period. This does not allow the Minister to approve the UHB IMTP (Three year plan) and has contributed to the UHB following Enhanced Monitoring arrangements by Welsh Government.	15	The failure to submit a balance plan for 2024-25 means that the UHB cannot achieve its statutory duty to balance over a three year rolling period. The UHB has plans to return the UHB to financial balance in FY 2025 and 2026. Progress is monitored internally through established governance reporting and monitoring arrangements through operational teams, Finance Committee and Board. Internal Audit provides assurance that controls are in place. Enhanced Monitoring meetings and Joint Executive meetings with Welsh Government maintain discussions over progress towards a financially balanced three year IMTP.
Achievement of Capital statutory breakeven duty The Health Board has a capital allocation, which it should not exceed on a three year rolling basis.	8	The current 2024-25 UHB Capital Plan is structured to remain within the Capital Resource Limit. Capital Management Group manages the capital programme and reports into the Management Executive. Governance reporting and monitoring arrangements through the Finance Committee, Board and WG. Internal Audit provides assurance that controls are in place.
Failure to adequately manage budget pressures in line with the submitted £15.9m deficit plan for 2024-25	20	The period to Month 3 has reported financial pressures against the £47.2m savings target and operational pressures within delegated positions. The requirement to manage budget pressures is clearly communicated to primary budget holders. Enhanced monitoring of delegated financial positions is exercised through monthly meetings including Executive Performance Reviews with each Clinical Board; Monthly Finance meetings with all Clinical Boards and COOs Office; weekly Savings meetings of delegated budget holders; and bi weekly multi leadership Sustainability Board meetings chaired by the CEO.
A recurrent Cost Improvement Programme target of £47.2m has been set for 2024/25. Failure to deliver this level of saving in 2024-25 impacts the ability of the UHB to meet its planned 2024/25 deficit of £15.9m. This combined with any savings which are achieved but non recurrently impacts the ability of the UHB to deliver financial balance in future financial years	20	The CIP savings target has been clearly communicated and delegated to budget holders. At Month 2, only £25.8m of Green and Amber schemes against the £47.2m target have been identified as recurrent in nature. A CIP pipeline tracker is in place with a weekly monitoring progress across the organisation. Monthly Financial Clearance Meeting include specific focus on CIPs. Further focus is provided in Executive / Clinical Board Performance Reviews, bi weekly Sustainability Boards and weekly Savings meetings. Governance reporting and monitoring arrangements through the Finance Committee and Board.
2024-25 LTA framework in NHS Wales.	15	LTAS have now been agreed with Commissioners, generally in line with the guideline 3.67% uplift recommended by Welsh Government. Elements of income will be contingent on improved LTA outturn performance and this remains a risk for the UHB.
Remain within Cash limit	15	The UHB will require cash support from WG for the 24/25 planned deficit of £15.9m alongside working capital for any movements from the 2023/24 balance sheet. In addition outstanding allocations from previous financial years to be confirmed by WG in 2024-25 may bring forward the point of the year when cash controls will require consideration. Cash controls will include the careful management of creditor payment feeds and potential compromise the achievement of the UHB's payment performance targets.

Savings Programme Update

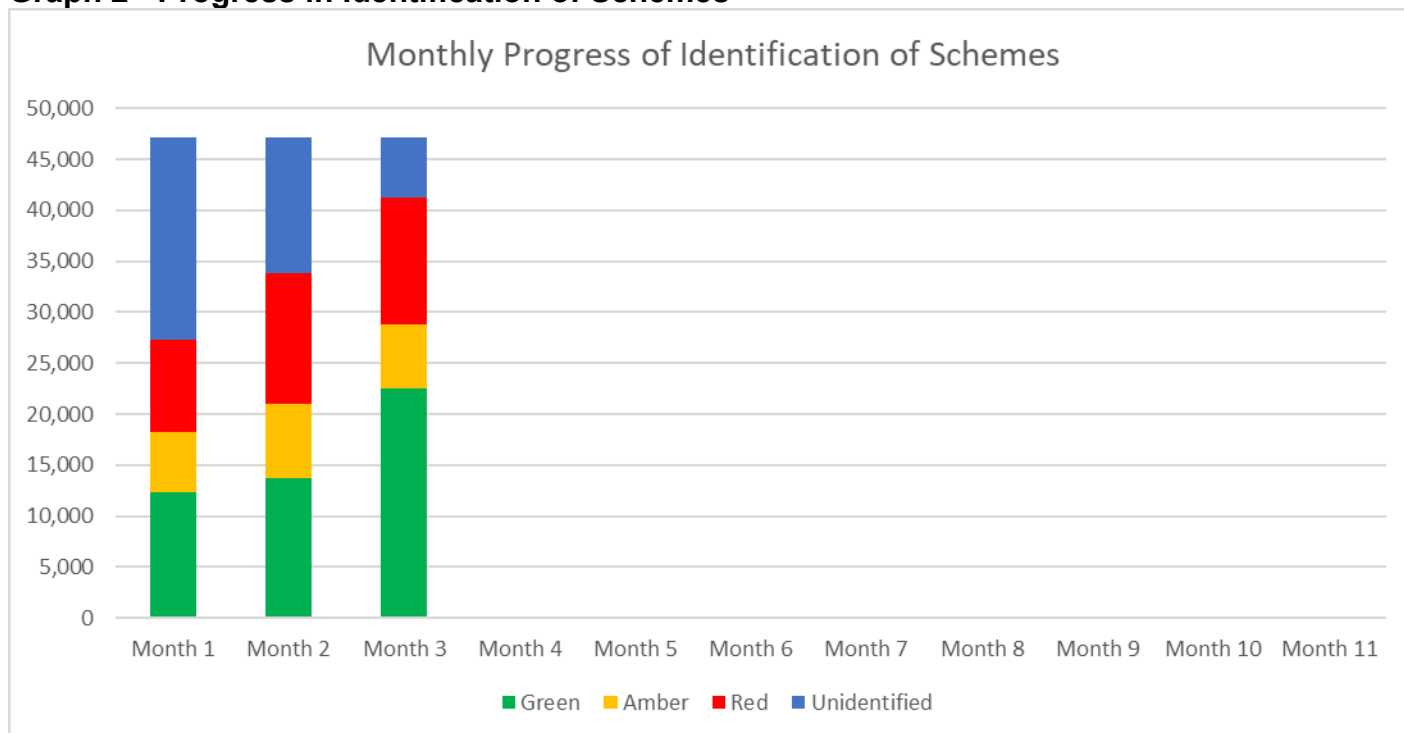
At month 3, £28.750m of green and amber savings had been identified towards the £47.2m savings target. £15.199m of these schemes are recurrent. This represents an increase of £7.761m from Month1 and identifies 61% of the annual target.

The reported gap in identified savings incorporates red schemes and the unidentified balance. Red schemes are not included in accordance with the instruction from Welsh Government that red schemes are excluded from the Monthly Monitoring Returns savings tables. However, a proportion of red schemes are expected to deliver in 2024/25. At a 50% delivery level an additional £6.243m of savings schemes for 2024-25 would be reported as identified at Month 3.

The total of green, amber and red schemes (£41.247m) represents 87% of the annual target.

The progress in the identification of schemes during the year is shown in the graph below:

Graph 2 - Progress in Identification of Schemes



Further detail of the progress by Clinical Boards and Improvement Themes is provided in Table 6.

Regan, Nikki
09/07/2024 16:13:38

Table 6: Savings Schemes

Clinical/Service Board	24-25 Target	Green	Amber	Sub Total Green & Amber	Red	Total Savings Identified
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	947	698	262	960	100	1,060
Children and Women	1,304	685	349	1,034	271	1,305
Clinical Diagnostics and Therapeutics	1,199	632	92	724	109	833
Corporate Executives	501	949	0	949	503	1,452
Medicine	1,379	134	150	284	150	434
Mental Health	1,079	58	343	401	56	457
Primary, Community and Intermediate Care	2,423	1,259	260	1,519	999	2,518
Specialist Services	1,482	811	601	1,411	125	1,536
Surgical Services	1,689	433	556	989	242	1,231
Subtotal - Grip and Control	12,000	5,659	2,613	8,272	2,554	10,826
Medicines Management	4,530	2,733	1,595	4,328	248	4,576
Reducing Length of Stay	3,500	2,856	0	2,856	1,250	4,106
Optimising Planned Care	1,000	0	0	0	897	897
Income Generation	1,000	426	173	599	273	871
Continuing Healthcare	2,500	135	763	898	1,099	1,997
Facilities and Estates / Service Reconfiguration	500	0	0	0	606	606
Value/Clinical Variation	0	0	0	0	0	0
Procurement	5,000	3,297	436	3,734	507	4,241
Recording Patient Care	1,500	0	0	0	150	150
Other Digital Benefits	0	0	0	0	50	50
Workforce - Temporary Pay	7,403	3,370	400	3,770	4,145	7,916
Workforce Reshaping	8,268	1,018	275	1,293	717	2,010
Corporate Opportunities	0	3,000	0	3,000	0	3,000
Subtotal Cost Improvement Themes	35,200	16,836	3,642	20,478	9,942	30,420
Total Savings Position	47,200	22,495	6,255	28,750	12,497	41,246

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.

At month 3, £15.199m of the identified green and amber schemes and £5.141m of red schemes were recurrent.

Regan, Nikki
09/07/2024 16:13:38

Achievement of financial sustainability and recurrent financial balance by the end of 2025/26

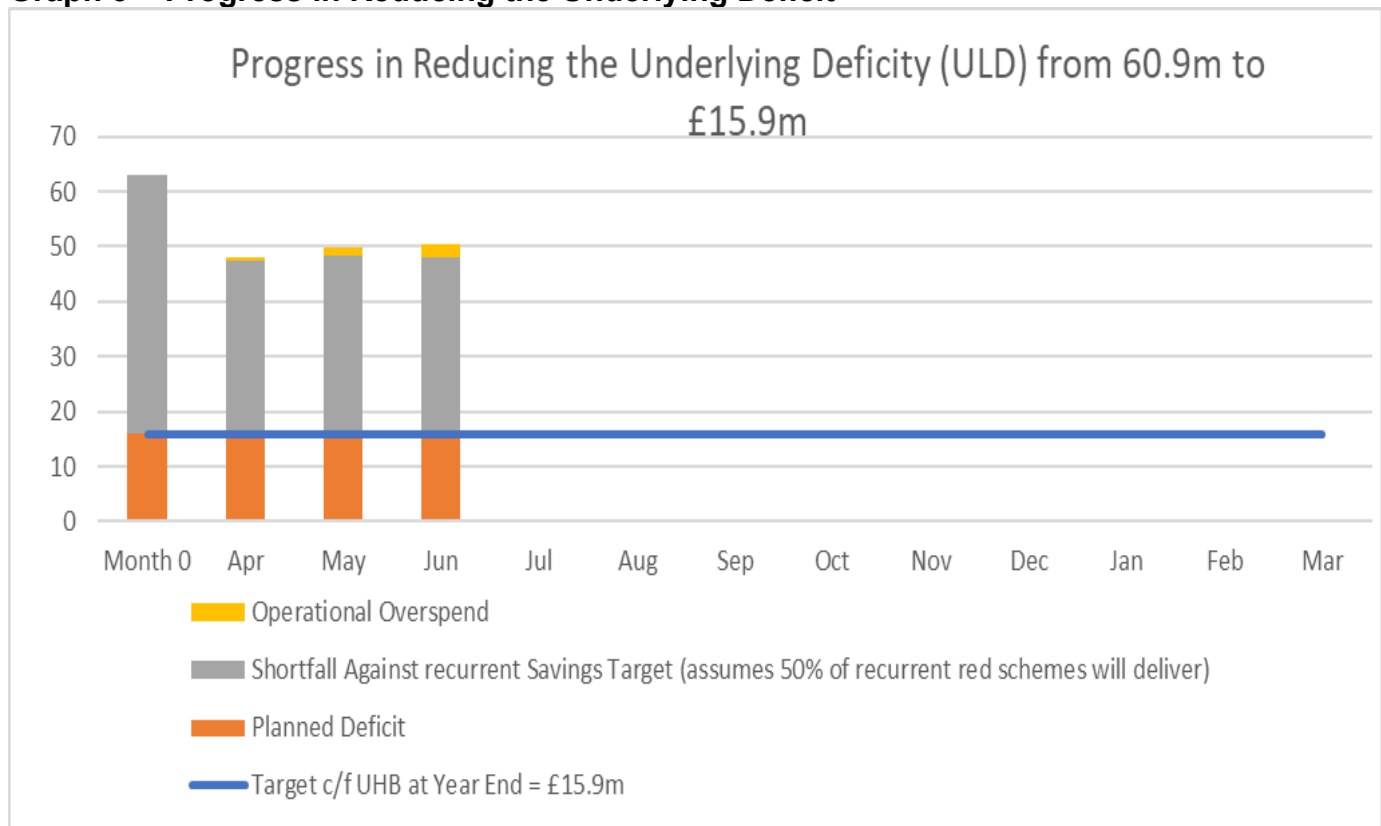
The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.

At month 3, the UHB had identified £15.199m of recurrent green and amber savings. In addition, it is assumed that 50% of the £5.141m of red schemes would be achieved recurrently.

A £2.438m operational overspend was reported at month 3 and this will also need to be managed to a balanced position at year end to meet the target ULD.

In summary, a further £32.001m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March as illustrated by Graph 3

Graph 3 – Progress in Reducing the Underlying Deficit



Cash Flow Forecast

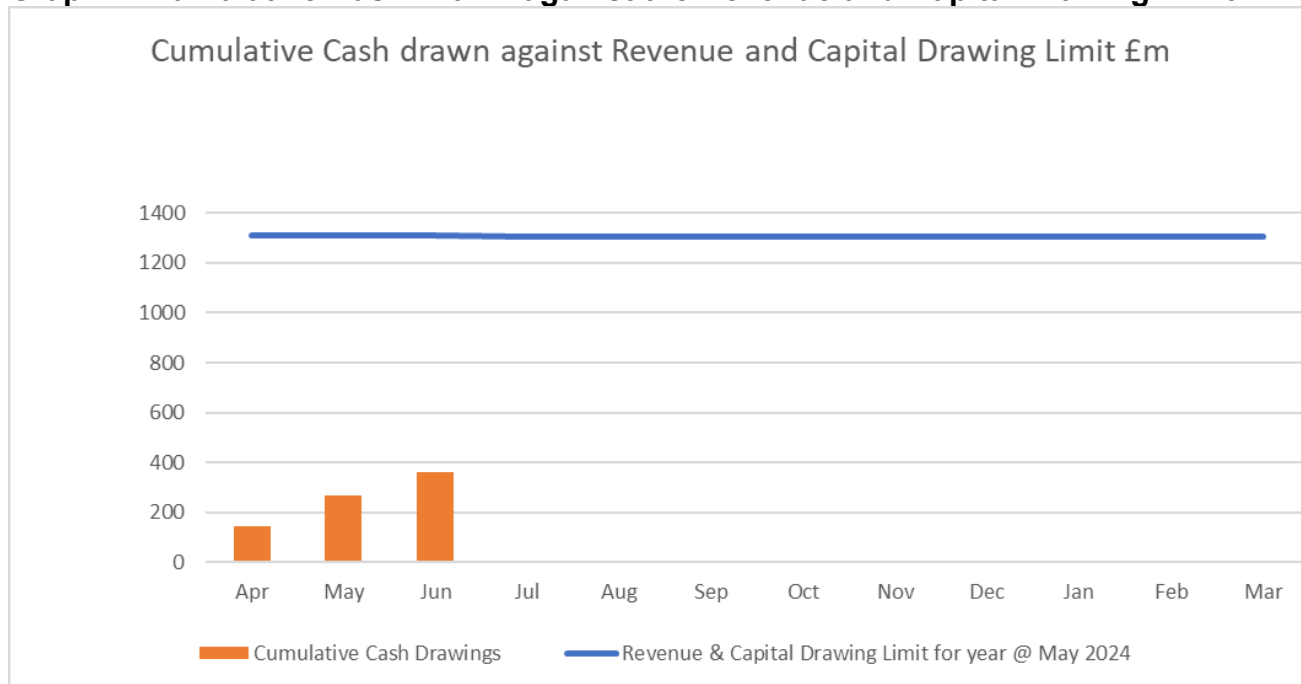
The closing cash balance at the end of June, was £2.181m.

In due course, the UHB expects to seek Finance Committee and Board approval to request £15.900m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

Graph 4 below outlines Cumulative Cash Drawn against the Revenue and Capital Drawing Limit

In addition to cash drawn from Welsh Government, the UHB cashflow will depend on the recovery of a circa £615m additional income through LTA and other income agreements.

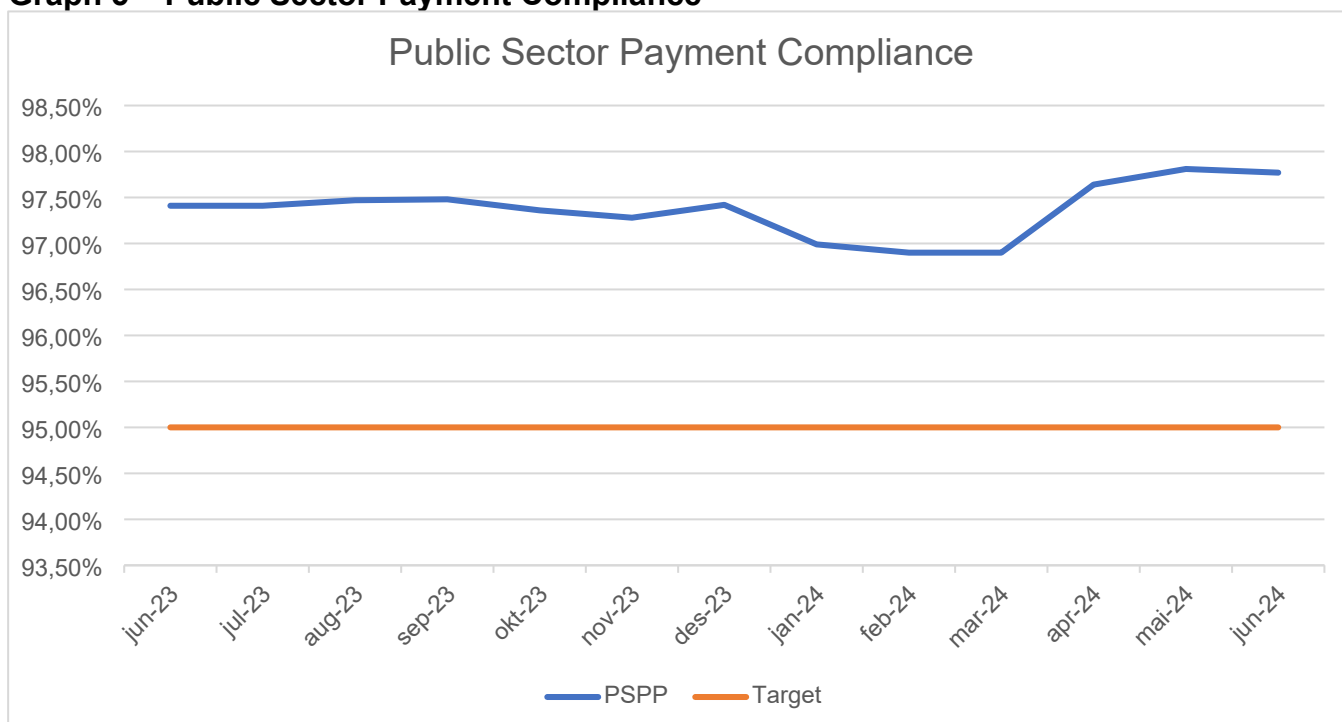
Graph 4 Cumulative Cash Drawn against the Revenue and Capital Drawing Limit



Public Sector Payment Compliance

The UHB’s public sector payment compliance performance is above the target of 95%. Performance for the month to the end of June was 97.8% for the year to date as illustrated in Graph 5 below.

Graph 5 – Public Sector Payment Compliance



Regan Nikki
09/07/2024 16:13:38

Capital

The UHBs approved capital resource limit is £33.942m in line with the latest CRL received from Welsh Government on the 20th of June 2024. This comprises of £13.564m discretionary funding and £20.288m towards specific projects (including Efab, Interventional Neuroradiology Equipment, Mortuary, UHW Lift Refurb and upgrade).

The capital programme is planned and monitored through the UHBs Capital Management Group (CMG) and the UHB forecasts that it will remain within its CRL in 2024-25.

Table 7: Finance - Key Performance Indicator Dashboard at June 2024

Measure	STATUS REPORT				
	June 2024	RAG Rating	Latest Trend	Target	Time Period
Deliver 2024/25 Draft Financial Plan	£11.564m deficit at month 3, being £3.975m forecast deficit, £5.151m savings gap and a £2.438m operational overspend.	R	↓	Deliver 2023/24 £15.900m Revised Planned Deficit	M3 2024-25
Return to Financial Balance and approved IMTP status	Achieve financial sustainability and recurrent financial balance by the end of 2025/26. At month 3, the UHB is reporting a £2.438m operational overspend and a £32.001m shortfall against the £47.2m recurrent savings target.	R	↓	Reduce c/f underlying deficit to £15.900m at year end	M3 2024-25
Management of operational budget pressures	The UHB reported a £2.438m operational overspend at month 3.	R	↓	Operational Spend to be maintained within Budgets	M3 2024-25
Delivery of recurrent £47.2m savings target	£28.750m Green and Amber schemes identified at month 3, of which £15.199m were recurrent.	R	⊕	£47.2m	M3 2024-25
Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that strategic cash support is provided for the forecast deficit.	A	⊕	To remain within Cash Limit	M3 2024-25

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

The UHB 2024-25 Financial Plan is based on a forecast deficit of £15.900m. The month 3 position is a reported overspend of £11.564m, which is £7.589m above the £3.975m straight line profile of the planned deficit.

As at month 3 £28.750m of green and amber savings schemes were identified against the £47.2m savings target. Further work, focus and resolve is required to identify sufficient schemes to deliver this target.

Public Sector Payments are above the 95% target and the UHB forecast that it will remain within its Capital Resource Limit.

09/07/2024 16:13:38
Elegan, M

Recommendation:

At Month 3 the Committee are requested to:

- **NOTE** the reported year to date overspend of £11.564m and the forecast deficit of £15.900m.
- **NOTE** the month 3 operational overspend against plan of £2.438m with a further £5.151m savings gap.
- **NOTE** the progress against the savings target, with £28.750m (61%) of green and amber schemes identified at Month 3 against the £47.2m target.
- **NOTE** that delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered.

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

Yes, if forecast financial position is not delivered.

Socio Economic: Yes/No

No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Finance Committee	Date: 17 th July 2024

Regan, Nikki
09/07/2024 16:13:38

Report Title:	Operational Performance Report		Agenda Item no.	
Meeting:	Finance and Performance Committee	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	Meeting Date:	17/07/24
Status <i>(please tick one only):</i>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	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 Cabinet Secretary's priorities and our performance ambitions/IMTP priorities. It also includes performance against the updated NHS Performance Framework for 24/25.

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

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

Urgent and Emergency Care

Delays to ambulance handovers and patient waiting times in Emergency Units markedly improved through 23/24 – the UHB eliminated 4-hour delays and significantly reduced 3, 2 and 1 hours delays at UHW. Recent performance has been affected by unseasonal operational pressures through May and June which has impacted both ambulance handover times and the length of time patients some patients are waiting in the Emergency Unit before admission, transfer or discharge. Since December 2023, where the number of 1-hour ambulance delays reduced to 167, the number has risen to 343 in May and is above our trajectory. We have seen a similar picture for 12-hour EU waits where reductions through Q3 have not been sustained during 2024. Despite these challenges, the UHB is still the best performing Health Board in Wales and we have outlined an improvement trajectory to meet our own, and the Cabinet Secretary's, ambitions.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown 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 – this reduction has been maintained though some very challenging weeks through the whole winter period and beyond. 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 at or 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 last year. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward breaches which can impact our performance as these times are still recorded in our compliance data.

April saw a drop 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 43.5% but remains significantly above the All Wales average. Our percentage compliance and median time to ward and

CT scan remains improved from our performance in 2022, we continue to work across Clinical Boards to progress the Stroke Service Improvement Plan. April saw a high number of stroke patients admitted to UHW with a higher number of hemorrhagic stroke patients who are non-suitable for thrombolysis/thrombectomy. As a result, April saw our thrombolysis rate drop to 14.5% following consecutive months at over 20%. This does, however, remain above the Wales average.

Our SSNAP grade improved to A for the period July-September 2023, this was a significant improvement from the previous quarters and a reflection of the work undertaken by the teams. Our most recent review saw a drop to Grade B but performance remains improved from last year. The challenges in delivering consistent performance in Stroke pathways have been well documented, particularly out of hours. A plan for investing in the front end of our stroke pathway has received endorsement at Finance and Performance Committee and will progress for consideration at Board in July.

Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with the winter plan. The number of delayed pathways of care reduced in March, April and May 2024 and we continue to work with colleagues across the health and social care system to reduce delays in patient’s care pathways. 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. Delayed pathways of Care remain an area of national focus and our monthly delays are highlighted in Section 1 of the accompanying IPR – we are currently delivering our commitment to reduce against the same period in 23/24.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly ‘hot’ reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through Q1, however, the most recently reported weekly snapshot has shown a reduction from the end of Q4. Our nationally submitted data on emergency admissions with a 21-day length of stay shows also a reduction from March to April.

Cancer

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 and 60.8% in February, with continued Junior Doctor industrial action a factor through Q4. In March our SCP performance improved to 62.3%, with a further increase to 63.7% in April. The pathology delays experienced in March mean that our May performance is forecast to reduce as patients treated in May were potentially impacted by delays in this part of their pathway.

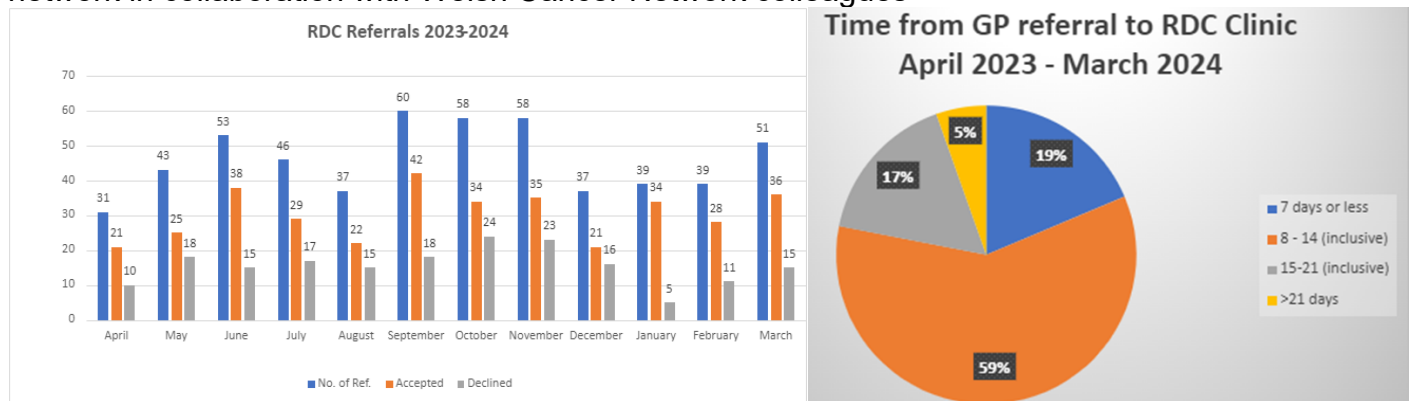
Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh for Q3 where we have seen improvements in the monthly compliance for October and November.

SCP compliance	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Original submission	58.5%	55.1%	61.5%	62.2%	64.2%	61.7%	62.0%	65.6%	66.4%	56.6%	64.7%	58.0%	70.2%
Compliance following quarterly refresh	62.8%	57.5%	62.9%	63.5%	66.0%	64.5%	63.6%	67.5%	65.9%	57.8%	66.3%	62.4%	70.2%

In April 2023 the UHB formally launched our Rapid Diagnostics Centre (RDC) as part of the National Programme, driven by the Wales Cancer Network and Welsh Government. RDCs provide an accelerated diagnostic pathway for patients who present to primary care with vague, but concerning, symptoms which may be indicative of cancer. Research has shown that up to 50% of patients

diagnosed with cancer present to their GP with vague, non-specific symptoms that do not fit the site-specific referral criteria set out in NICE guidance. Traditional referral systems often lead to delays and unnecessary investigations for these patients. The UHB's clinic follows a 2-stop model offering radiology appointment in advance of an outpatient review. In the first year of operation 552 referrals were made to the RDC with a total of 22 cancers, across 14 different tumour groups, diagnosed as a result of the investigations. The majority of patients attended the RDC in under 14 days. In addition to cancer diagnoses made, 178 patients received a non-cancer diagnosis across a number of physical and mental health conditions.

This year will see increased work with Primary Care, though educational sessions and embedding lessons from patient and clinician feedback gathered through PROMS and PREMS across the RDC network in collaboration with Welsh Cancer Network colleagues



Planned Care

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.

At the end of April there were 2,816 patients waiting 2 years for treatment, which represents 1.88% of patients on a waiting list. This remains a considerable improvement from previous months but there are still too many patients waiting too long for treatment across a number of key services. We continue to focus on the small number of spinal patients who are waiting over 4-years for treatment, in addition to continuing to reduce the number of patients waiting over 3-years which are mainly concentrated in spines and urology.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. 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. April saw an increase in the number of patients waiting over 52 weeks for their first outpatient appointment, with the number of breaches forecast to increase as we move through Q1. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work 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 over the last year. 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 are only 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 54,153 patients who are past their target date for a follow-up appointment, of these 20 were over 2 years past their target date as shown below:

Overdue Follow-up Outpatients							
Clinical Board	Months past target date	22/04/2024	30/04/2024	07/05/2024	13/05/2024	20/05/2024	28/05/2024
Total	Total overdue	56473	55457	55429	55316	54641	54153
	Over 18 months	498	267	231	236	165	175
	Over 24 months	108	66	39	23	17	20
Surgery	Over 18 months	125	56	55	53	41	47
	Over 24 months	30	13	12	8	7	7
Children & Women	Over 18 months	88	87	53	62	13	23
	Over 24 months	23	20	5	5	4	4
Specialist	Over 18 months	187	71	69	54	46	44
	Over 24 months	47	27	17	5	2	5
Medicine	Over 18 months	86	40	41	54	51	47
	Over 24 months	4	2	1	1	0	0

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. there are a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. 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 through this year.

Diagnosics

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. From December we have seen sustained improvements for MRI and CT, however, the number of patients waiting 8 weeks for a non-obstetric Ultrasound continues to grow. Improvement trajectories will have been finalised with the Chief Operating Officer, with a separate update being brought to this Board Development session.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has 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. The number of 8-week waits has continued to increase through Q4 and into Q1, albeit at a slower rate than through the rest of the year.

Mental Health




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 in January 2024 and we reported 37.5% compliance with the 28-day standard, while this improved to 90% in February, the team expected this performance to fluctuate in Q1 as the service work through the referrals to recover the position. In March 2024 we reported 54% compliance, with a further reduction in April reported. Performance is expected to remain low through this year and recover to compliance in Q4. Part 1b compliance remains strong with >99% of patients receiving interventions within 28 months on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

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 1a compliance improved to 91% in February, remaining high in March (92%) and April (91%). 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 was presented as part of the Executive led Clinical Board Review sessions which sees recovery of compliance by the end of Q2.

Primary and Community Care

We continue to see 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.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and community care services. GMS saw an increase in calls, appointments and items issued via prescription from the previous month.

GMS activity		April 2024
	Calls to GP surgeries	404,932
	GP appointments offered	269,319
	Items issued via prescription	778,026

Source: Primary Care Information Portal. Note: The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed.

We continue to see high utilisation of our Urgent Primary Care Centers across Cardiff and the Vale. Overall utilisation remained above 90% in May 2024, with total utilisation across all 6 sites at 94%, with c5700 appointment booked in month.

Recommendation:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Regan, Nikki
09/07/2024 16:13:38

Cardiff and Vale Integrated Performance Report

2024/25

June 2024

Regan, Nikki
09/07/2024 16:13:38

Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

Regan, Nikki
09/07/2024 16:13:38

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

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

Regan, Nikki
09/07/2024 16:13:38

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	Reduction against 23/24	Yes	Mar-25	179 May-24	Hyperlink to section
Primary and Community Care	Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	Mar-25	100% Apr-24	Hyperlink to section
	Measure: General Dental Services - % of contract value fulfilled National standard: 30% of contract value by end Q2, 100% Q4 Reporting period: Monthly	25% Q1 50% Q2 75% Q3 100% Q4	Yes	Mar-25	13.7% May-24 (incomplete for Q1)	Hyperlink to section
Urgent and Emergency Care	Measure: Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: 20% reduction by September 2024, further 20% reduction by March 2025 Reporting period: Monthly	670 Sept-24 532 Mar-25	Yes	Mar-25	847 April-24	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour National standard/ambition: 30% reduction by December 2024 Reporting period: Monthly	232	Yes	Dec-25	343 April-24	Hyperlink to section

Regan, Nikki
09/07/2024 16:13:38

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	80%	Yes	Dec-24	20% Apr-24	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p>National standard/ambition: 80% by end of December 2024</p> <p>Reporting period: Monthly</p>	99%	Yes	Dec-24	100% Apr-24	Hyperlink to section

Regan, Nikki
09/07/2024 16:13:38

Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	<p>Measure: Number of patients waiting more than 52 weeks for a new outpatient appointment</p> <p>National standard/ambition: 40% reduction by end of September 2024, 0 by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>10,825 Sep-24</p> <p>9,823 Mar-25</p>	No		<p>13,285 May-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 104 weeks for referral to treatment</p> <p>National standard/ambition: 0 by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>1,989 Dec-25</p>	No		<p>3,018 May-24</p>	Hyperlink to section
	<p>Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>National standard/ambition: 60% by end of December 2024, 70% by end of March 2025</p> <p>Reporting period: Monthly</p>	<p>70% Dec-25</p>	Yes	Dec-25	<p>63.7% Apr-24</p>	Hyperlink to section
	<p>Measure: Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p>National standard/ambition: 95% of patients waiting less than 8 weeks by end of December 2024</p> <p>Reporting period: Monthly</p>	<p>11,908 Dec-25</p>	No		<p>15,425 May-25</p>	Hyperlink to section

Regan, Nikki
09/07/2024 16:13:38



Performance Key: Meeting standard / trajectory off target/trajectory

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.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

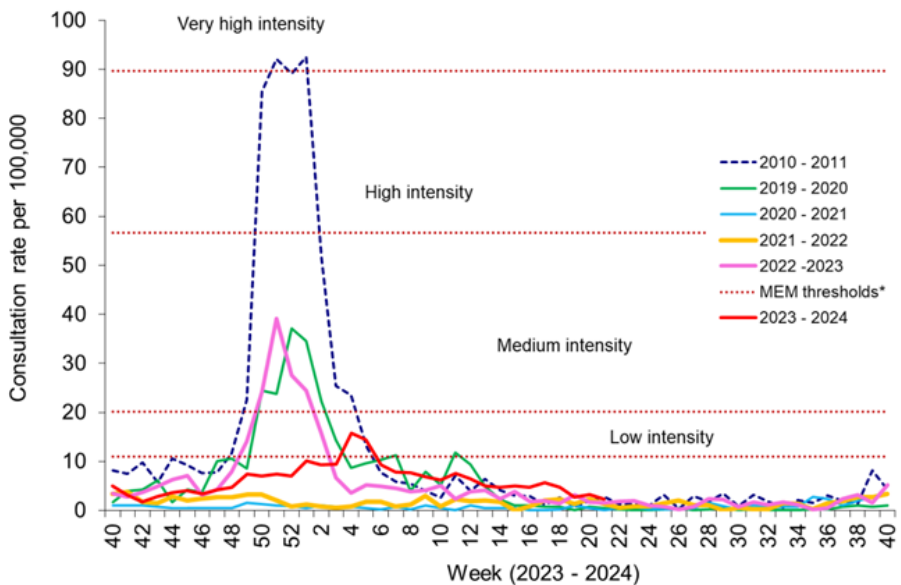
[Return to Main Menu](#)

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

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Performance against standard	Data
<p>Health Protection</p>	<p>Seasonal respiratory infections</p> <p>Immunisation – COVID-19 and influenza</p> <ul style="list-style-type: none"> The Covid-19 vaccine spring booster campaign is now underway and it has delivered 28,657 vaccines since the 2nd of April when the campaign started. Eligibility groups are individuals aged 6 months and over who are immunosuppressed, residents in a care home for older adults, adults aged 75 years and over. This amounts to an eligible population of 55,751 in Cardiff and the Vale and the current vaccine coverage is therefore 51.70%. <p>Surveillance</p> <ul style="list-style-type: none"> Influenza activity is low and continuing to decrease Hospital admissions for Covid-19 increased from mid April, peaking in early May; since the second week of May the trend is unclear but remains elevated. PCR incidence and positivity peaked mid May and are both now declining Omicron sub-variant JN.1 remains the most prevalent variant in Wales There are currently 3 Covid-19 outbreaks and zero incidents in hospital; and zero influenza incidents or outbreaks. Since the start of April 2024, 143 bed days have been lost due to Covid-19 incidents or outbreaks, and 7 bed days have been lost due to influenza incidents or outbreaks 16% of C&V UHB staff sickness during April 2024 was due to influenza/COVID-19/respiratory conditions (data for May awaited). RSV activity in under 5s remains at low intensity Whooping cough notification levels across Wales remain high overall, though confirmed cases peaked mid/end April and are now declining 	<p>Week 21</p>	<p>Below standard</p>	<p>Wales COVID-19 vaccination surveillance weekly report.pdf</p> <p>Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination</p> <p>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>

Regan, Nikki
09/07/2024 16:13:38



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Performance against standard	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> 79.1% 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%, uptake of all childhood vaccinations at age 5 is 85.7% which is still below the Welsh average of 88%. 	Q2 2023/24 Oct 2023 – Dec 2023	Below standard	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Cardiff and Vale UHB</p> <p>Choose Area</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Cardiff and Vale UHB <input type="radio"/> Cardiff <input type="radio"/> Vale of Glamorgan <p>Choose Vaccine (Age)</p> <ul style="list-style-type: none"> <input type="checkbox"/> (All) <input type="checkbox"/> 5 in 1 primary (1 year)* <input type="checkbox"/> PCV primary (1 year) <input type="checkbox"/> MenB (2 doses, 1 year) <input type="checkbox"/> Rotavirus (2 doses, 1 year) <input type="checkbox"/> Hib/MenC booster (2 years) <input type="checkbox"/> PCV final (2 years) <input type="checkbox"/> MMR (1 dose, 2 years) <input type="checkbox"/> MenB (Complete course, 2 years) <input checked="" type="checkbox"/> Up to date* (4 years) <input type="checkbox"/> 4 in 1 pre-school booster (5 years) <input type="checkbox"/> MMR (2 doses, 5 years) <input type="checkbox"/> 3 in 1 teenage booster (16 years) <input type="checkbox"/> MMR (1 dose, 16 years) <input type="checkbox"/> MMR (2 doses, 16 years) <p>Vaccine (age)</p> <ul style="list-style-type: none"> Up to date* (4 years) <p>Source quarterly COVER data</p>
Health Protection	<p>Health Protection System</p> <ul style="list-style-type: none"> The Cardiff and Vale Health Protection Plan has been fully signed off via partnership governance processes (completed April 2024) An action plan for 2024/25 is being developed, following a partnership workshop in May 2024, to further strengthen the agreed approach. A measles action plan is under development. 	Q4 2024/25	Meeting standard	n/a

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reported Period	Performance against standard	Data																																																			
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> 13% of Cardiff and Vale of Glamorgan smoke. NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually. <ul style="list-style-type: none"> In Quarter 3 (the most up to date data received) 0.6 % of smokers set a firm quit date (this is below target). 68% of these quit smoking at 4 weeks (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) This breaks down by service as follows: <ul style="list-style-type: none"> HMQ community – 79% of Treated Smokers had quit smoking at 4 weeks. Level 3 Pharmacy –39% of Treated Smokers had quit smoking at 4 weeks. Hospital Service - 74% of Treated Smokers had quit smoking at 4 weeks. 	Quarter 3 2023/24	<p>Smokers setting quit date:</p> <p>Below standard for percentage of adult smokers who make a quit attempt</p> <p>Meeting or exceeding standard for 4 week quits</p>	<p>Graph showing 4 week quit rates by service, in percentages</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hospital (%)</th> <th>QTR TOTALS (%)</th> <th>Tier 1 Target (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2022-2023</td> <td>Quarter 1</td> <td>78</td> <td>30</td> <td>78</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>80</td> <td>82</td> <td>75</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>72</td> <td>35</td> <td>85</td> <td>65</td> <td>40</td> </tr> <tr> <td>Quarter 4</td> <td>78</td> <td>35</td> <td>82</td> <td>72</td> <td>40</td> </tr> <tr> <td rowspan="3">2023/24</td> <td>Quarter 1</td> <td>70</td> <td>25</td> <td>45</td> <td>60</td> <td>40</td> </tr> <tr> <td>Quarter 2</td> <td>75</td> <td>25</td> <td>85</td> <td>68</td> <td>40</td> </tr> <tr> <td>Quarter 3</td> <td>78</td> <td>38</td> <td>78</td> <td>70</td> <td>40</td> </tr> </tbody> </table>	Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)	2022-2023	Quarter 1	78	30	78	65	40	Quarter 2	75	80	82	75	40	Quarter 3	72	35	85	65	40	Quarter 4	78	35	82	72	40	2023/24	Quarter 1	70	25	45	60	40	Quarter 2	75	25	85	68	40	Quarter 3	78	38	78	70	40
Year	Quarter	HMQ (%)	L3 (%)	Hospital (%)	QTR TOTALS (%)	Tier 1 Target (%)																																																	
2022-2023	Quarter 1	78	30	78	65	40																																																	
	Quarter 2	75	80	82	75	40																																																	
	Quarter 3	72	35	85	65	40																																																	
	Quarter 4	78	35	82	72	40																																																	
2023/24	Quarter 1	70	25	45	60	40																																																	
	Quarter 2	75	25	85	68	40																																																	
	Quarter 3	78	38	78	70	40																																																	

Regan, Nikki
09/07/2024 16:13:38

Smoking and substance misuse

NHS Wales Performance Framework measures

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 April 23 2023 to 31 March 2023	0.8% (per quarter)	0.6% Below standard	Q1	Q2	Q3	Q4
					0.6%	0.6%	0.6%	TBC
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.	1 April 23 2023 to 31 March 2023	40%	68% Exceeding standard	Q1	Q2	Q3	Q4
					59%	68%	68%	TBC
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	No data yet available. Data to be supplied by substance misuse team and updated by UHB analysis team						

Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q4	100%	96.51% Below standard	Q1	Q2	Q3	Q4
					86%	85.7%	93%	96.1%
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q4	100%	36% Below standard	Q1	Q2	Q3	Q4
					49%	49%	50%	36%

Regan, Nikki
09/07/2024 16:13:38



Immunisation and vaccination

NHS Wales Performance Framework measures and Chair’s objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
4.	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 October 2023 to 30 December 2023	95%	85.7% Below standard	83.7	83.5	85.7	84.8
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)</i>	1 January 2023 to 30 June 2023	90%	74.4% Below standard	74.4	72.6	70.3	71.3
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	72.8% Below standard	01/03/24	26/03/24	27/12/23	16/02/24
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024 (autumn booster campaign concluded)</i>	1 September 2023 to 31 March 2024	75%	51.7% Below standard	25/04/24	04/06/24		
					20.8%	51.7%		

Regan, Nikki
09/07/2024 16:13:38

Weight Management Services

Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of people with BMI > 30 that can be treated through Level 2 Weight Management Services	May 2024	1.5%	1.6% Above standard				
n/a	% of people with BMI > 30 that can be treated through Level 3 Weight Management Services	May 2024	0.5%	0.2% Below standard				

Regan, Nikki
09/07/2024 16:13:38



Screening

NHS Wales Performance Framework measures

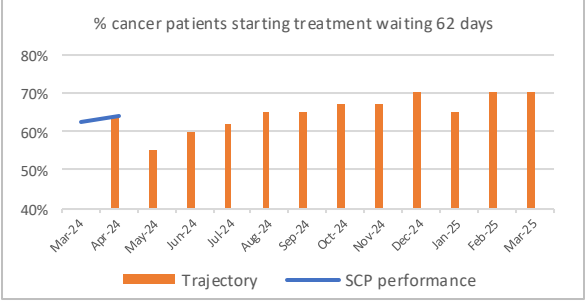
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Mar-24	90%	31.1% Below standard	<table border="1"> <tr> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> </tr> <tr> <td>22.90%</td> <td>22.50%</td> <td>25.20%</td> <td>31.10%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	22.90%	22.50%	25.20%	31.10%
Dec-23	Jan-24	Feb-24	Mar-24										
22.90%	22.50%	25.20%	31.10%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-24	90%	96.4% Above standard	<table border="1"> <tr> <td>Dec-23</td> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> </tr> <tr> <td>91.20%</td> <td>94.50%</td> <td>97.70%</td> <td>96.40%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	91.20%	94.50%	97.70%	96.40%
Dec-23	Jan-24	Feb-24	Mar-24										
91.20%	94.50%	97.70%	96.40%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-24	95%	96.2% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>95.10%</td> <td>95.90%</td> <td>96.10%</td> <td>96.20%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	95.10%	95.90%	96.10%	96.20%
Jan-24	Feb-24	Mar-24	Apr-24										
95.10%	95.90%	96.10%	96.20%										

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In May utilisation was 94% and remains above our commitment</p> <p>Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4 Q1 to date 160 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 96% compliance with 8-hour standard</p>	<p>May-24</p>	<p>94% utilisation Above standard</p> <p>To date 160 accepted referrals Below standard</p> <p>96% Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December In May we reported 23 2-hour ambulance delays, above our ambition of 0 In May we reported 342 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In May we reported lost minutes per arrival had reduced to 20</p> <p>ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4) In May we reported an increase in patients waiting 12-hours in EU compared to April. This equates to 92.5% of attendances waiting less than 12-hours and below our ambition for Q1</p> <p>SDEC units – Increase attendances compared to the same period 23/24 In May we reported an increase in activity compared to April, however this is slightly below our May 2023 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase in June,</p>	<p>May-24</p>	<p>23 2-hour delays Above standard</p> <p>342 1-hour delays Above standard</p> <p>20 minutes lost/arrival Above standard</p> <p>92.% patients <12h Below standard</p> <p>1700 SDEC attends Below standard</p>	
<p>Reducing time in hospital and Continuity of Care</p>	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end off May 29.3% of patients in acute beds had a LOS of >7 days, 55.2% >21 days – reduced from April's snapshot but above out ambition</p> <p>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24 In April 2024 the number of POCDs was 179 – this is below the number of delays reported in April 2023 in line with our ambition</p>	<p>May-24</p> <p>Apr-24</p>	<p>29.3% >7d Above standard</p> <p>55.2% >21d Above standard</p> <p>179 Below standard</p>	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In April 49.4% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition.</p> <p>Thrombolysis – 20% thrombolysis rate In April 14.5% of stroke patients were thrombolysed. April saw a high number of patients presenting with haemorrhagic strokes, which are not suitable for thrombolysis. The thrombolysis rate is forecast to improve in May,</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In April 43.5% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit</p> <p>All our Stoke performance measures are below our ambitions for performance through the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service is being presented this month which will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B.</p>	<p>Apr-24</p>	<p>49.4% Below standard</p> <p>14.5% Thrombolysis Below standard</p> <p>43.5% Door-to-ward Below standard</p>	<p>The data section for the stroke pathways includes three line charts comparing performance (blue line) against a standard (orange line) from March 2024 to March 2025. The first chart, 'CT Scan within 1 hour', shows a performance of 49.4% in April 2024, which is below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows a performance of 14.5% in April 2024, below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows a performance of 43.5% in April 2024, below the 80% standard.</p>
<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4 Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In April 32% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national annualised average of 8.3%.</p>	<p>Apr-24</p>	<p>32% Below standard</p>	<p>The data section for the hip fracture pathway includes a line chart comparing performance (blue line) against a standard (orange line) from March 2024 to March 2025. The chart, titled 'Admitted within 4 hours', shows a performance of 32% in April 2024, which is below the 60% standard.</p>

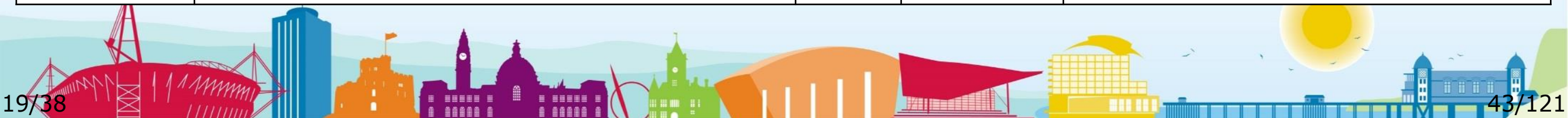
Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reporting Period	Performance against standard	Data																																										
Primary and Community Care	<p>GMS access – 100% of practices achieving core access standards In April 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of May 13.7% of the contract value had been delivered. Q1 data will be available next month</p> <p>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter In May 99% of practices were providing CCPS services</p> <p>Optometry – 95% of practices providing WGOS1+2 Reporting from Q2</p>	<p>Apr-24</p> <p>May-24</p>	<p>100% Meeting standard</p> <p>13.7% Below standard (end Q1)</p> <p>99% Above standard</p>	<p>Trending available from end of Q1</p>																																										
Cancer	<p>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory In April 63.7% of patients received their first definitive treatment within 62 days. This was 0.3% below our trajectory. We have forecast a drop in compliance with the SCP in May, due to pathology delays experienced through March, but aim to remain on trajectory to meet the Welsh Government ambition of 60% by December and 70% by March 2025.</p>	<p>Apr-24</p>	<p>63.7% Below standard</p>	 <table border="1"> <caption>% cancer patients starting treatment waiting 62 days</caption> <thead> <tr> <th>Month</th> <th>Trajectory (%)</th> <th>SCP performance (%)</th> </tr> </thead> <tbody> <tr><td>Mar-24</td><td>70</td><td>63.7</td></tr> <tr><td>Apr-24</td><td>70</td><td>63.7</td></tr> <tr><td>May-24</td><td>70</td><td>63.7</td></tr> <tr><td>Jun-24</td><td>70</td><td>63.7</td></tr> <tr><td>Jul-24</td><td>70</td><td>63.7</td></tr> <tr><td>Aug-24</td><td>70</td><td>63.7</td></tr> <tr><td>Sep-24</td><td>70</td><td>63.7</td></tr> <tr><td>Oct-24</td><td>70</td><td>63.7</td></tr> <tr><td>Nov-24</td><td>70</td><td>63.7</td></tr> <tr><td>Dec-24</td><td>70</td><td>63.7</td></tr> <tr><td>Jan-25</td><td>70</td><td>63.7</td></tr> <tr><td>Feb-25</td><td>70</td><td>63.7</td></tr> <tr><td>Mar-25</td><td>70</td><td>63.7</td></tr> </tbody> </table>	Month	Trajectory (%)	SCP performance (%)	Mar-24	70	63.7	Apr-24	70	63.7	May-24	70	63.7	Jun-24	70	63.7	Jul-24	70	63.7	Aug-24	70	63.7	Sep-24	70	63.7	Oct-24	70	63.7	Nov-24	70	63.7	Dec-24	70	63.7	Jan-25	70	63.7	Feb-25	70	63.7	Mar-25	70	63.7
Month	Trajectory (%)	SCP performance (%)																																												
Mar-24	70	63.7																																												
Apr-24	70	63.7																																												
May-24	70	63.7																																												
Jun-24	70	63.7																																												
Jul-24	70	63.7																																												
Aug-24	70	63.7																																												
Sep-24	70	63.7																																												
Oct-24	70	63.7																																												
Nov-24	70	63.7																																												
Dec-24	70	63.7																																												
Jan-25	70	63.7																																												
Feb-25	70	63.7																																												
Mar-25	70	63.7																																												

Regan, Nikki
09/07/2024 16:13:38

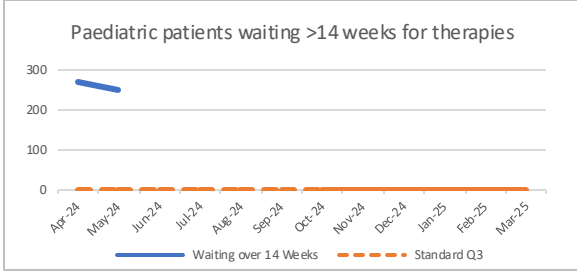
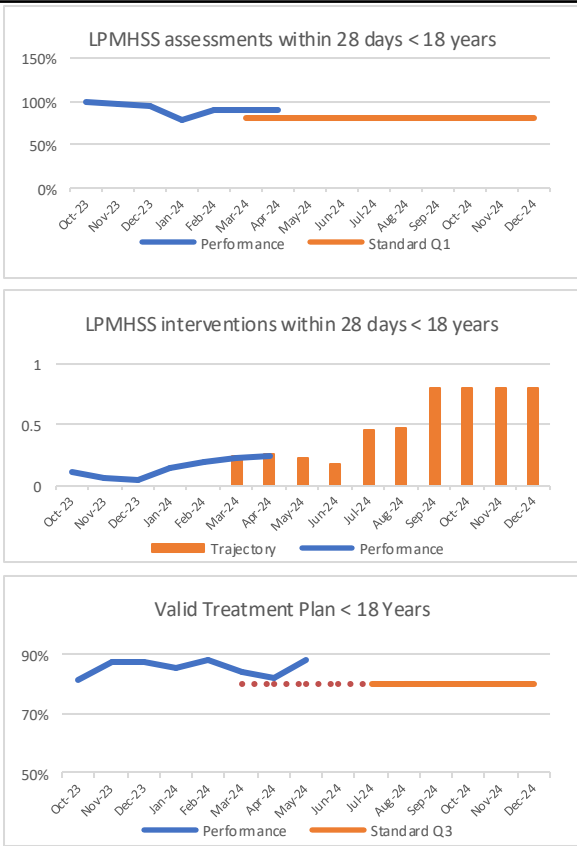
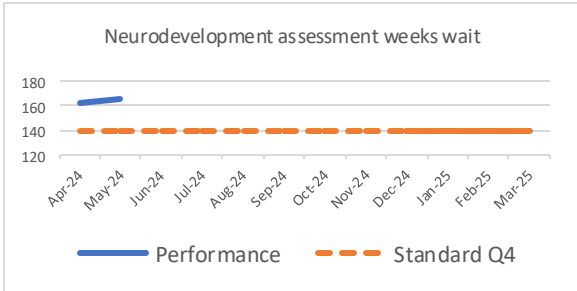
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In April there were 12,695 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition but as per our trajectory to reduce the number of breaches by March 2025.</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In April there were 2,816 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition but as per our trajectory to reduce the number of breaches by March 2025.</p>	<p>April-24</p>	<p>12,695 patients Above standard</p> <p>2,816 patients Above standard</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In May 15,245 patients were waiting over 8 weeks for a specified diagnostic, an increase from April and above our trajectory agreed with Welsh Government. Narrative</p> <p>Therapies – No patients waiting over 14 weeks for Therapy – Q3 In May 491 patients were waiting over 14 weeks for therapies, a small increase from April and above our commitment for Q3.</p>	<p>May-24</p>	<p>15,245 patients Diagnostics Above trajectory</p> <p>491 patients Therapies Above standard (Q3)</p>	

Regan, Nikki
09/07/2024 16:13:38



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Waiting times</p>	<p>Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2 In May there were 20 patients waiting over 16 weeks for a new outpatient appointment and 10 patients waiting over 52 weeks for surgery</p> <p>Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4 In May there were 12 patients waiting over 18 weeks for a new outpatient appointment and 3 patients waiting over 40 weeks for surgery</p>	<p>May-24</p>	<p>20 Patients Above standard (Q2)</p> <p>12 patients Outpatients Above standard (Q3)</p> <p>3 patients Treatment Above standard (Q4)</p>	
<p>Intensive Care Unit</p>	<p>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24 April saw a reduction in ITU DTOCs compared to March. However, this remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month.</p>	<p>Apr-24</p>	<p>9.4% Above standard</p>	

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In May there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3 In May there were 252 paediatric patients waiting over 14 weeks for Therapies (123 in Dietetics and 129 in Occupational Therapy)</p>	<p>May-24</p>	<p>0 Meeting standard</p> <p>252 Above standard (Q3)</p>	
<p>Emotional Health and Wellbeing</p>	<p>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 under 18s – 80% compliance with the Standard of <28 days in Q1 In May 95% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3 In May 14% of interventions were started within 28 days, this is below the standard for Q3 but in line with our improvement trajectory</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3 In May 88% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>May-24</p>	<p>95% Part 1a Above standard</p> <p>14% Part 1b Below standard</p> <p>88% Part 2 Above standard</p>	
<p>Neurodevelopment</p>	<p>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4 In May the longest wait for a neurodevelopment assessment was 166 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24</p>	<p>May-24</p>	<p>166 Above standard (Q4)</p>	

99/07/2024 16:13:38

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	<p>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 adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2</p> <p>In April 16% of patients received their assessment within 28 days – this is in line with our forecast position but below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p>	Apr-24	16% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	<p>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 – 80% compliance with standard in Q1</p> <p>In April 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Apr-24	100% Part 1b Above standard	
Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</p> <p>In April 61% of patients had a valid Care and Treatment plan, an improvement from March following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the MH Liason Committee to support longer term improvements in compliance</p>	Apr-24	61% Part 2 Below standard (Q3)	

Report Nikki
09/07/2024 16:13:38



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2022/23	100%	98.2% Below standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Apr-24	Improvement compared to the same month in the previous year	47.5% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>45.20%</td> <td>46.10%</td> <td>46.90%</td> <td>47.50%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	45.20%	46.10%	46.90%	47.50%
Jan-24	Feb-24	Mar-24	Apr-24										
45.20%	46.10%	46.90%	47.50%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-May 24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	13.7% Below standard	<table border="1"> <tr> <td></td> <td></td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td></td> <td></td> <td>4.90%</td> <td>13.70%</td> </tr> </table>			Apr-24	May-24			4.90%	13.70%
		Apr-24	May-24										
		4.90%	13.70%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-24	Increase compared to the same month in the previous year	1,628 Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>1452</td> <td>1724</td> <td>1649</td> <td>1628</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1452	1724	1649	1628
Jan-24	Feb-24	Mar-24	Apr-24										
1452	1724	1649	1628										
15.	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 people aged under 18 years	Apr-24	80%	91% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>78%</td> <td>91%</td> <td>91%</td> <td>91%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	78%	91%	91%	91%
Jan-24	Feb-24	Mar-24	Apr-24										
78%	91%	91%	91%										
16.	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	Apr-24	80%	24% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>14%</td> <td>19%</td> <td>23%</td> <td>24%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	14%	19%	23%	24%
Jan-24	Feb-24	Mar-24	Apr-24										
14%	19%	23%	24%										
17.	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 adults aged 18 years and over	Apr-24	80%	16.1% Below standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>37.5%</td> <td>91.0%</td> <td>53.9%</td> <td>16.1%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	37.5%	91.0%	53.9%	16.1%
Jan-24	Feb-24	Mar-24	Apr-24										
37.5%	91.0%	53.9%	16.1%										
18.	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	Apr-24	80%	100% Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	100.0%	100.0%	100.0%	100.0%
Jan-24	Feb-24	Mar-24	Apr-24										
100.0%	100.0%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	May-24	65%	52% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>44%</td> <td>54%</td> <td>51%</td> <td>52%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	44%	54%	51%	52%
Feb-24	Mar-24	Apr-24	May-24										
44%	54%	51%	52%										
20.	Median emergency response time to amber calls	Apr-24	12 month reduction trend	01:07:22 Above standard	<table border="1"> <tr> <td>Jan-24</td> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> </tr> <tr> <td>01:16:33</td> <td>01:17:05</td> <td>01:14:44</td> <td>01:07:22</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	01:16:33	01:17:05	01:14:44	01:07:22
Jan-24	Feb-24	Mar-24	Apr-24										
01:16:33	01:17:05	01:14:44	01:07:22										

Regan, Nikki
09/07/2024 16:13:38



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Apr-24	15 minutes or less	20 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>20</td> <td>21</td> <td>20</td> <td>20</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	20	21	20	20
Jan-24	Feb-24	Mar-24	Apr-24										
20	21	20	20										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Apr-24	60 minutes or less	64 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>53</td> <td>61</td> <td>63</td> <td>64</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	53	61	63	64
Jan-24	Feb-24	Mar-24	Apr-24										
53	61	63	64										
23.	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	May-24	Improvement compared to the same month in the previous year, towards the national target of 95%	63.7% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>Apr-24</th> </tr> <tr> <td>64.4%</td> <td>64.5%</td> <td>64.7%</td> <td>63.7%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	Apr-24	64.4%	64.5%	64.7%	63.7%
Feb-24	Mar-24	Apr-24	Apr-24										
64.4%	64.5%	64.7%	63.7%										
24.	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	May-24	Reduction compared to the same month in the previous year, towards the national target of zero	898 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>Apr-24</th> </tr> <tr> <td>792</td> <td>814</td> <td>829</td> <td>898</td> </tr> </table>	Feb-24	Mar-24	Apr-24	Apr-24	792	814	829	898
Feb-24	Mar-24	Apr-24	Apr-24										
792	814	829	898										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Apr-24	12 month improvement trend towards a national target of 80% by 31 March 2026	63.7% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>64.4%</td> <td>60.8%</td> <td>62.3%</td> <td>63.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	64.4%	60.8%	62.3%	63.7%
Jan-24	Feb-24	Mar-24	Apr-24										
64.4%	60.8%	62.3%	63.7%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-24	0	14,835 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>14329</td> <td>13908</td> <td>14454</td> <td>14835</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	14329	13908	14454	14835
Jan-24	Feb-24	Mar-24	Apr-24										
14329	13908	14454	14835										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-24	100%	81.45% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>79.74%</td> <td>77.94%</td> <td>77.99%</td> <td>81.45%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	79.74%	77.94%	77.99%	81.45%
Jan-24	Feb-24	Mar-24	Apr-24										
79.74%	77.94%	77.99%	81.45%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Apr-24	0	485 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>1591</td> <td>1405</td> <td>1337</td> <td>485</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	1591	1405	1337	485
Jan-24	Feb-24	Mar-24	Apr-24										
1591	1405	1337	485										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	May-24	0	50 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>206</td> <td>0</td> <td>13</td> <td>50</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	206	0	13	50
Feb-24	Mar-24	Apr-24	May-24										
206	0	13	50										

Regan, Nikki
09/07/2024 16:13:38



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-24	0	12,695 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>11993</td> <td>12310</td> <td>11759</td> <td>12695</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	11993	12310	11759	12695
Jan-24	Feb-24	Mar-24	Apr-24										
11993	12310	11759	12695										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-24	Reduction compared to the same month in the previous year	26,338 Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>32644</td> <td>29685</td> <td>28020</td> <td>26338</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	32644	29685	28020	26338
Jan-24	Feb-24	Mar-24	Apr-24										
32644	29685	28020	26338										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Apr-24	0	2,816 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>3943</td> <td>3764</td> <td>2681</td> <td>2816</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	3943	3764	2681	2816
Jan-24	Feb-24	Mar-24	Apr-24										
3943	3764	2681	2816										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Apr-24	Month on month reduction towards the national target of zero by 30 June 2025	32,436 Above standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>29854</td> <td>30757</td> <td>31124</td> <td>32436</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	29854	30757	31124	32436
Jan-24	Feb-24	Mar-24	Apr-24										
29854	30757	31124	32436										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Apr-24	80%	20% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>22%</td> <td>22%</td> <td>19%</td> <td>20%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	22%	22%	19%	20%
Jan-24	Feb-24	Mar-24	Apr-24										
22%	22%	19%	20%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Apr-24	80%	62% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>62%</td> <td>63%</td> <td>56%</td> <td>62%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	62%	63%	56%	62%
Jan-24	Feb-24	Mar-24	Apr-24										
62%	63%	56%	62%										

Regan, Nikki
09/07/2024 16:13:38



[Return to Main Menu](#)

Productivity and Efficiency measures

[Return to Section Menu](#)

Measure		Internal standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Outpatients	% DNAs - New appointments	5%	12.5%	11.2%	11.1%	9.9%	10.2%	11.2%	10.9%	10.6%	10.3%	10.3%	10.1%	11.4%	9.7%	
	% DNAs - Follow-up appointments	5%	13.0%	13.0%	12.7%	12.1%	12.2%	12.3%	12.1%	12.2%	13.2%	13.0%	12.4%	14.3%	12.3%	
Endoscopy	% room utilisation	90%	75%	87%	82%	95%	91%	95%	88%	87%	76%	70%	73%	83%	72%	
	% utilisation (activity points available)	95%	71%	75%	74%	93%	83%	90%	82%	79%	69%	84%	94%	83%	83%	
Theatres	Average turnaround time (minutes)	10	15.2	14.5	17.5	16.0	18.2	16.1	17.2	16.5	17.1	18.3	16.4	16.7	17.1	
	% of theatre session utilisation	95%	87%	90%	81%	81%	81%	83%	84%	88%	80%	75%	77%	73%	86%	
	% in session utilisation	85%	77%	78%	77%	79%	78%	78%	80%	77%	77%	77%	80%	78%	79%	
	<24 hour elective cancellations		238	314	344	293	292	255	308	338	322	267	289	209	296	
	% 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	126262	128670	131664	134603	135686	136185	140725	141684	141828	142758	145810	147620	149805	
Inpatient	Delayed pathways of Care - Mental Health	217		43	39	45	36	36	31	41	36	37	38	41	38	
	Delayed Pathways of Care - non-Mental Health			204	178	171	140	124	142	150	114	173	200	170	145	
	7 day LOS on Acute Wards (snapshot)	<40%				58.1%	58.9%	57.2%	59.3%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	
	21 day LOS on Acute Wards (snapshot)	<20%				31.3%	34.4%	33.7%	32.2%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reported Period	Performance against standard	Data																																																																														
Turnover	<p>The overall trend is downwards since Jun-23; the rates have fallen from 13.00% at Jun-23 to 11.26% in May-24 UHB wide. This is a net 1.74% decrease, which represents 249 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Work Life Balance', 'Voluntary Resignation - To undertake further education or training', 'Voluntary Resignation – Relocation'. 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Other/Not Known'.</p>	May-24		<table border="1"> <caption>Turnover Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Turnover</th> <th>Linear (% Turnover)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>13.00%</td><td>13.00%</td></tr> <tr><td>Jul-23</td><td>12.80%</td><td>12.80%</td></tr> <tr><td>Aug-23</td><td>12.60%</td><td>12.60%</td></tr> <tr><td>Sep-23</td><td>11.80%</td><td>12.40%</td></tr> <tr><td>Oct-23</td><td>12.00%</td><td>12.20%</td></tr> <tr><td>Nov-23</td><td>11.70%</td><td>12.00%</td></tr> <tr><td>Dec-23</td><td>11.80%</td><td>11.80%</td></tr> <tr><td>Jan-24</td><td>11.60%</td><td>11.60%</td></tr> <tr><td>Feb-24</td><td>11.50%</td><td>11.40%</td></tr> <tr><td>Mar-24</td><td>11.40%</td><td>11.20%</td></tr> <tr><td>Apr-24</td><td>11.30%</td><td>11.00%</td></tr> <tr><td>May-24</td><td>11.26%</td><td>10.80%</td></tr> </tbody> </table>	Month	% Turnover	Linear (% Turnover)	Jun-23	13.00%	13.00%	Jul-23	12.80%	12.80%	Aug-23	12.60%	12.60%	Sep-23	11.80%	12.40%	Oct-23	12.00%	12.20%	Nov-23	11.70%	12.00%	Dec-23	11.80%	11.80%	Jan-24	11.60%	11.60%	Feb-24	11.50%	11.40%	Mar-24	11.40%	11.20%	Apr-24	11.30%	11.00%	May-24	11.26%	10.80%																																							
Month	% Turnover	Linear (% Turnover)																																																																																
Jun-23	13.00%	13.00%																																																																																
Jul-23	12.80%	12.80%																																																																																
Aug-23	12.60%	12.60%																																																																																
Sep-23	11.80%	12.40%																																																																																
Oct-23	12.00%	12.20%																																																																																
Nov-23	11.70%	12.00%																																																																																
Dec-23	11.80%	11.80%																																																																																
Jan-24	11.60%	11.60%																																																																																
Feb-24	11.50%	11.40%																																																																																
Mar-24	11.40%	11.20%																																																																																
Apr-24	11.30%	11.00%																																																																																
May-24	11.26%	10.80%																																																																																
Sickness Absence	<p>Rates remain high; although the rates appear to be the falling towards more 'normal' levels. The monthly sickness rate for May-24 was 5.16%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.21% (by comparison with May-23, which was 6.84%).</p>	May-24		<table border="1"> <caption>In-Month and Year to Date Sickness Rates Data</caption> <thead> <tr> <th>Month</th> <th>YTD (%)</th> <th>In-Month (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Jul-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Aug-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Sep-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Oct-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Nov-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Dec-23</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Jan-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Feb-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Mar-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>Apr-24</td><td>6.50</td><td>6.50</td><td>6.00</td></tr> <tr><td>May-24</td><td>6.21</td><td>5.16</td><td>6.00</td></tr> </tbody> </table>	Month	YTD (%)	In-Month (%)	Target (%)	Jun-23	6.50	6.50	6.00	Jul-23	6.50	6.50	6.00	Aug-23	6.50	6.50	6.00	Sep-23	6.50	6.50	6.00	Oct-23	6.50	6.50	6.00	Nov-23	6.50	6.50	6.00	Dec-23	6.50	6.50	6.00	Jan-24	6.50	6.50	6.00	Feb-24	6.50	6.50	6.00	Mar-24	6.50	6.50	6.00	Apr-24	6.50	6.50	6.00	May-24	6.21	5.16	6.00																										
Month	YTD (%)	In-Month (%)	Target (%)																																																																															
Jun-23	6.50	6.50	6.00																																																																															
Jul-23	6.50	6.50	6.00																																																																															
Aug-23	6.50	6.50	6.00																																																																															
Sep-23	6.50	6.50	6.00																																																																															
Oct-23	6.50	6.50	6.00																																																																															
Nov-23	6.50	6.50	6.00																																																																															
Dec-23	6.50	6.50	6.00																																																																															
Jan-24	6.50	6.50	6.00																																																																															
Feb-24	6.50	6.50	6.00																																																																															
Mar-24	6.50	6.50	6.00																																																																															
Apr-24	6.50	6.50	6.00																																																																															
May-24	6.21	5.16	6.00																																																																															
Statutory and Mandatory Training	<p>The overall compliance rates rose for May-24 to 83.61%, 1.39% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, Children & Women's and PCIC are above the 85% target, and Corporate Executives, Mental Health and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training was 73.41% for May-23. All Wales Genomics Service have reached 86.57%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	May-24		<table border="1"> <caption>Statutory & Mandatory e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Target</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>85%</td><td>80%</td></tr> <tr><td>Jul-23</td><td>85%</td><td>81%</td></tr> <tr><td>Aug-23</td><td>85%</td><td>81%</td></tr> <tr><td>Sep-23</td><td>85%</td><td>81%</td></tr> <tr><td>Oct-23</td><td>85%</td><td>80%</td></tr> <tr><td>Nov-23</td><td>85%</td><td>81%</td></tr> <tr><td>Dec-23</td><td>85%</td><td>81%</td></tr> <tr><td>Jan-24</td><td>85%</td><td>81%</td></tr> <tr><td>Feb-24</td><td>85%</td><td>82%</td></tr> <tr><td>Mar-24</td><td>85%</td><td>82%</td></tr> <tr><td>Apr-24</td><td>85%</td><td>83%</td></tr> <tr><td>May-24</td><td>85%</td><td>83.61%</td></tr> </tbody> </table> <table border="1"> <caption>Fire e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Target</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>85%</td><td>73%</td></tr> <tr><td>Jul-23</td><td>85%</td><td>74%</td></tr> <tr><td>Aug-23</td><td>85%</td><td>73%</td></tr> <tr><td>Sep-23</td><td>85%</td><td>73%</td></tr> <tr><td>Oct-23</td><td>85%</td><td>68%</td></tr> <tr><td>Nov-23</td><td>85%</td><td>69%</td></tr> <tr><td>Dec-23</td><td>85%</td><td>69%</td></tr> <tr><td>Jan-24</td><td>85%</td><td>70%</td></tr> <tr><td>Feb-24</td><td>85%</td><td>72%</td></tr> <tr><td>Mar-24</td><td>85%</td><td>72%</td></tr> <tr><td>Apr-24</td><td>85%</td><td>73%</td></tr> <tr><td>May-24</td><td>85%</td><td>73.41%</td></tr> </tbody> </table>	Month	% Target	% Compliance	Jun-23	85%	80%	Jul-23	85%	81%	Aug-23	85%	81%	Sep-23	85%	81%	Oct-23	85%	80%	Nov-23	85%	81%	Dec-23	85%	81%	Jan-24	85%	81%	Feb-24	85%	82%	Mar-24	85%	82%	Apr-24	85%	83%	May-24	85%	83.61%	Month	% Target	% Compliance	Jun-23	85%	73%	Jul-23	85%	74%	Aug-23	85%	73%	Sep-23	85%	73%	Oct-23	85%	68%	Nov-23	85%	69%	Dec-23	85%	69%	Jan-24	85%	70%	Feb-24	85%	72%	Mar-24	85%	72%	Apr-24	85%	73%	May-24	85%	73.41%
Month	% Target	% Compliance																																																																																
Jun-23	85%	80%																																																																																
Jul-23	85%	81%																																																																																
Aug-23	85%	81%																																																																																
Sep-23	85%	81%																																																																																
Oct-23	85%	80%																																																																																
Nov-23	85%	81%																																																																																
Dec-23	85%	81%																																																																																
Jan-24	85%	81%																																																																																
Feb-24	85%	82%																																																																																
Mar-24	85%	82%																																																																																
Apr-24	85%	83%																																																																																
May-24	85%	83.61%																																																																																
Month	% Target	% Compliance																																																																																
Jun-23	85%	73%																																																																																
Jul-23	85%	74%																																																																																
Aug-23	85%	73%																																																																																
Sep-23	85%	73%																																																																																
Oct-23	85%	68%																																																																																
Nov-23	85%	69%																																																																																
Dec-23	85%	69%																																																																																
Jan-24	85%	70%																																																																																
Feb-24	85%	72%																																																																																
Mar-24	85%	72%																																																																																
Apr-24	85%	73%																																																																																
May-24	85%	73.41%																																																																																
Values Based Appraisal	<p>VBA compliance fell marginally during May-24 to 81.85%. All Wales Genomics Service, Capital, Estates & Facilities and Children & Women's have exceeded the 85% target. PCIC, Surgical Services, Medicine and Corporate are over 80%.</p>	May-24		<table border="1"> <caption>VBA Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Target</th> <th>% Compliance</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>85%</td><td>65%</td></tr> <tr><td>Jul-23</td><td>85%</td><td>71%</td></tr> <tr><td>Aug-23</td><td>85%</td><td>70%</td></tr> <tr><td>Sep-23</td><td>85%</td><td>68%</td></tr> <tr><td>Oct-23</td><td>85%</td><td>67%</td></tr> <tr><td>Nov-23</td><td>85%</td><td>68%</td></tr> <tr><td>Dec-23</td><td>85%</td><td>68%</td></tr> <tr><td>Jan-24</td><td>85%</td><td>68%</td></tr> <tr><td>Feb-24</td><td>85%</td><td>73%</td></tr> <tr><td>Mar-24</td><td>85%</td><td>80%</td></tr> <tr><td>Apr-24</td><td>85%</td><td>81%</td></tr> <tr><td>May-24</td><td>85%</td><td>81.85%</td></tr> </tbody> </table>	Month	% Target	% Compliance	Jun-23	85%	65%	Jul-23	85%	71%	Aug-23	85%	70%	Sep-23	85%	68%	Oct-23	85%	67%	Nov-23	85%	68%	Dec-23	85%	68%	Jan-24	85%	68%	Feb-24	85%	73%	Mar-24	85%	80%	Apr-24	85%	81%	May-24	85%	81.85%																																							
Month	% Target	% Compliance																																																																																
Jun-23	85%	65%																																																																																
Jul-23	85%	71%																																																																																
Aug-23	85%	70%																																																																																
Sep-23	85%	68%																																																																																
Oct-23	85%	67%																																																																																
Nov-23	85%	68%																																																																																
Dec-23	85%	68%																																																																																
Jan-24	85%	68%																																																																																
Feb-24	85%	73%																																																																																
Mar-24	85%	80%																																																																																
Apr-24	85%	81%																																																																																
May-24	85%	81.85%																																																																																

Priority	Performance Summary	Reported Period	Performance against standard	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 the number of disciplinary cases is at 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.	May-24		<p>The graph shows monthly trends for four categories: Disciplinary (blue), Target Disciplinary Cases (green), Respect and Resolution (red), and Appeals (grey). The Y-axis ranges from 0 to 30. The green line (Target) is constant at 25. The blue line (Disciplinary) fluctuates around the target, ending at 25 in May-24. The red line (Respect and Resolution) fluctuates between 10 and 20. The grey line (Appeals) fluctuates between 2 and 10.</p>
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 32.12% have an agreed job plan that has been signed off within the past 12 months. A further 27.32% have an agreed job plan that was last reviewed and signed off before Jun-23.	May-24		<p>The graph shows monthly percentages for three categories: % Target (green), % Compliance (red), and % Job Plan Agreed (blue). The Y-axis ranges from 0% to 100%. The green line (% Target) is constant at approximately 85%. The blue line (% Job Plan Agreed) fluctuates between 45% and 60%. The red line (% Compliance) fluctuates between 25% and 35%.</p>
Medical Appraisals	The rate of compliance with Medical Appraisal has risen slightly for May-24, to 81.11%, but remains below the 85% target.	May-24		<p>The graph shows monthly percentages for two categories: % Target (green) and % Compliance (red). The Y-axis ranges from 50% to 100%. The green line (% Target) is constant at 85%. The red line (% Compliance) fluctuates between 80% and 88%, ending at 81.11% in May-24.</p>

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reported Period	Performance against standard	Data
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 436 WTE, to 15,013.01 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.	May-24		
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jun-23 the percentage was 9.65% of the total spend on pay, but in May-24 had fallen to 8.26%. It must however be borne in mind that the total pay bill is increasing.	May-24		
Monthly agency spend as % of total pay bill	The proportion of the total pay bill attributed to Agency continues to fall. At Jun-23 the percentage was 1.99% of the total spend on pay, but in May-24 had fallen to 0.93%. It must however be borne in mind that the total pay bill is increasing.	May-24		

Regan, Nikki
09/07/2024 16:13:38



Priority	Performance Summary	Reported Period	Performance against standard	Data																										
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 61 days. The figure for Cardiff & Vale uHB for May-24 was 84 days.	May-24		<table border="1"> <caption>Time to Hire Data</caption> <thead> <tr> <th>Month</th> <th>Time to Hire (Days)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>81</td></tr> <tr><td>Jul-23</td><td>86</td></tr> <tr><td>Aug-23</td><td>88</td></tr> <tr><td>Sep-23</td><td>97</td></tr> <tr><td>Oct-23</td><td>95</td></tr> <tr><td>Nov-23</td><td>88</td></tr> <tr><td>Dec-23</td><td>94</td></tr> <tr><td>Jan-24</td><td>93</td></tr> <tr><td>Feb-24</td><td>84</td></tr> <tr><td>Mar-24</td><td>89</td></tr> <tr><td>Apr-24</td><td>86</td></tr> <tr><td>May-24</td><td>84</td></tr> </tbody> </table>	Month	Time to Hire (Days)	Jun-23	81	Jul-23	86	Aug-23	88	Sep-23	97	Oct-23	95	Nov-23	88	Dec-23	94	Jan-24	93	Feb-24	84	Mar-24	89	Apr-24	86	May-24	84
Month	Time to Hire (Days)																													
Jun-23	81																													
Jul-23	86																													
Aug-23	88																													
Sep-23	97																													
Oct-23	95																													
Nov-23	88																													
Dec-23	94																													
Jan-24	93																													
Feb-24	84																													
Mar-24	89																													
Apr-24	86																													
May-24	84																													
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7 days. The figure for Cardiff & Vale uHB for May-24 was 6 days.	May-24		<table border="1"> <caption>Time to Shortlist Data</caption> <thead> <tr> <th>Month</th> <th>Time to Shortlist (Days)</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>9</td></tr> <tr><td>Jul-23</td><td>7</td></tr> <tr><td>Aug-23</td><td>10</td></tr> <tr><td>Sep-23</td><td>9</td></tr> <tr><td>Oct-23</td><td>15</td></tr> <tr><td>Nov-23</td><td>9</td></tr> <tr><td>Dec-23</td><td>8</td></tr> <tr><td>Jan-24</td><td>12</td></tr> <tr><td>Feb-24</td><td>6</td></tr> <tr><td>Mar-24</td><td>10</td></tr> <tr><td>Apr-24</td><td>6</td></tr> <tr><td>May-24</td><td>6</td></tr> </tbody> </table>	Month	Time to Shortlist (Days)	Jun-23	9	Jul-23	7	Aug-23	10	Sep-23	9	Oct-23	15	Nov-23	9	Dec-23	8	Jan-24	12	Feb-24	6	Mar-24	10	Apr-24	6	May-24	6
Month	Time to Shortlist (Days)																													
Jun-23	9																													
Jul-23	7																													
Aug-23	10																													
Sep-23	9																													
Oct-23	15																													
Nov-23	9																													
Dec-23	8																													
Jan-24	12																													
Feb-24	6																													
Mar-24	10																													
Apr-24	6																													
May-24	6																													

Regan, Nikki
09/07/2024 16:13:38

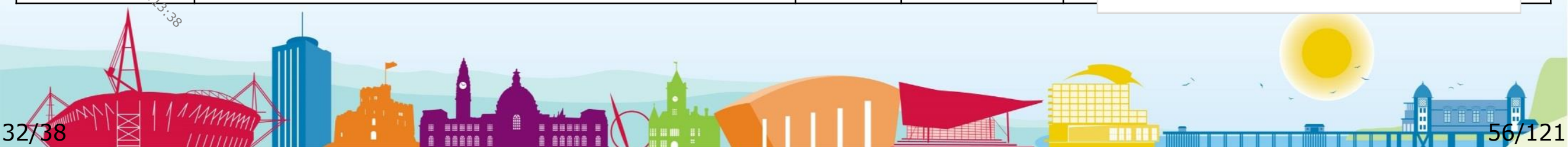
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
36.	Percentage of sickness absence rate of staff	May-24	12 month reduction trend (6%)	5.16% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>6.41%</td> <td>5.90%</td> <td>5.79%</td> <td>5.16%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	6.41%	5.90%	5.79%	5.16%
Feb-24	Mar-24	Apr-24	May-24										
6.41%	5.90%	5.79%	5.16%										
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	May-24	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	11.26% Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>11.47%</td> <td>11.41%</td> <td>11.39%</td> <td>11.26%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	11.47%	11.41%	11.39%	11.26%
Feb-24	Mar-24	Apr-24	May-24										
11.47%	11.41%	11.39%	11.26%										
38.	Agency spend as a percentage of the total pay bill	May-24	12 month reduction trend	0.93% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>1.39%</td> <td>0.60%</td> <td>0.91%</td> <td>0.93%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1.39%	0.60%	0.91%	0.93%
Feb-24	Mar-24	Apr-24	May-24										
1.39%	0.60%	0.91%	0.93%										
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	May-24	85%	81.80% Below standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>74.52%</td> <td>80.36%</td> <td>81.98%</td> <td>81.80%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	74.52%	80.36%	81.98%	81.80%
Feb-24	Mar-24	Apr-24	May-24										
74.52%	80.36%	81.98%	81.80%										

Regan, Nikki
09/07/2024 16:13:38



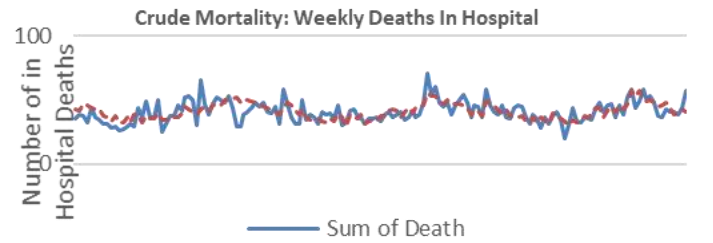
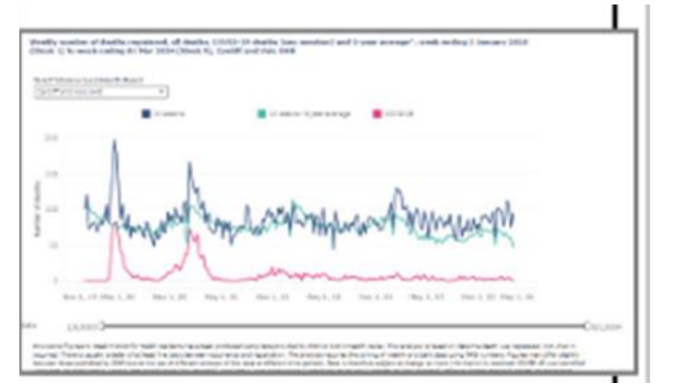
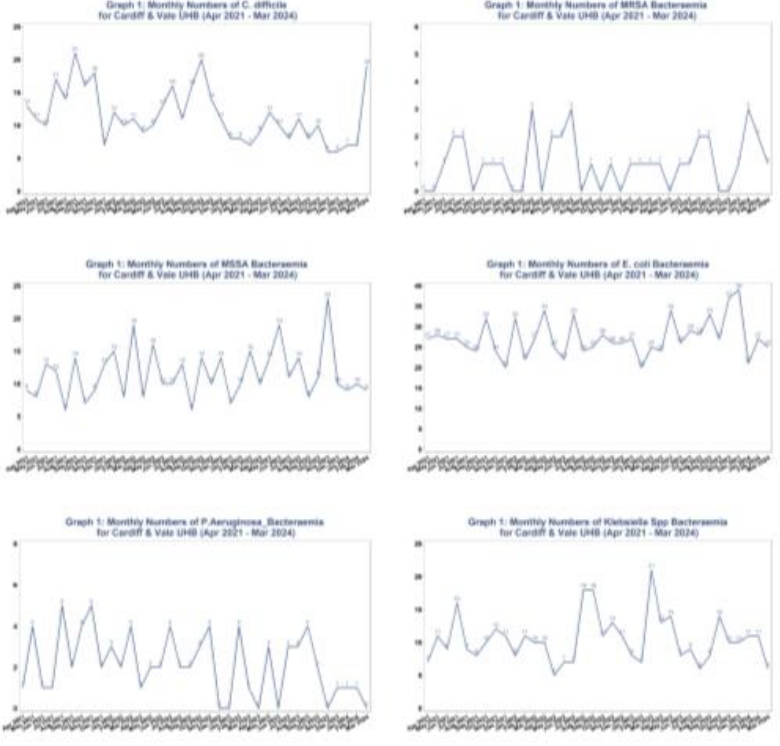
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Concerns 30 day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During April and May 24, the Health Board received :</p> <ul style="list-style-type: none"> Received 718 Concerns Closed 723 concerns 80% closed within 30 working days (including Early Resolution) 33 % closed under Early Resolution (within 2 days including day of receipt) Received 238 Enquiries Received 54 Compliments We currently have 287 active concerns <ul style="list-style-type: none"> Top 3 themes and trends Concerns around appointments (waiting times/cancellations) Communication Clinical Treatment and Assessment 	<p>April and May 2024</p>	<p>80%</p> <p>Exceeding the 75% standard</p>	<p>% of concerns closed within 30 working days (including Early Resolution)</p>
<p>Duty of Candour</p>	<ul style="list-style-type: none"> Since April 1st 2023, 29,259 incidents have been reported by staff across the Health Board Approximately 33% incidents regraded with clinical input and feedback to the reporter Approximately 65 incidents reviewed per day by the Patient Experience Team We continue to support DOC awareness sessions across Primary and Secondary care Since April 1st 2023, we have triggered the DOC on 145 occasions We have internally audited the process and compliance 	<p>To end of May-24</p>	<p>n/a</p>	<p>Incident grading changed following review</p>

Regan, Nikki
09/07/2024 16:13:38



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Patient Feedback – Civica</p>	<p>The system went live on Friday 28th October 2022 and we are currently 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 over 170,000 texts and are seeing a response of 17%.</p> <p>In May, we sent 15,140 texts and had 2421 completions (16% response).</p> <p>Of those respondents who were discharged during April/May and answered the rating question using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service.</p> <p>Currently, our response rate overall 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.</p>	<p>Mar/Apr-24 (Random)</p> <p>Mar/Apr-24 (MH)</p> <p>Mar/Apr-24 (EU)</p>		
<p>Patient Safety</p>	<p>Cardiff and Vale reported 7 NRIs to NHS Executive in May 2024 (by incident date).</p> <p>13 closure forms were submitted to NHS Executive leaving us with 103 open NRIs (92 open in April) and 46 overdue (45 in April).</p> <p>Children and Women have the highest number of open NRIs due to the MBRRACE NRI reporting requirement, followed by Medicine and Mental Health Clinical Boards (see chart opposite). Medicine and Mental Health also have the highest number of overdue NRIs. See top chart opposite for a break down of overdue NRIs per Clinical Board.</p> <p>The chart below shows that on average, 50% of C&V NRIs closures are completed on time.</p> <p>The above shows how Cardiff is positioned against other Health Boards for length of time NRIs remain open (more than 90 working days)</p>			

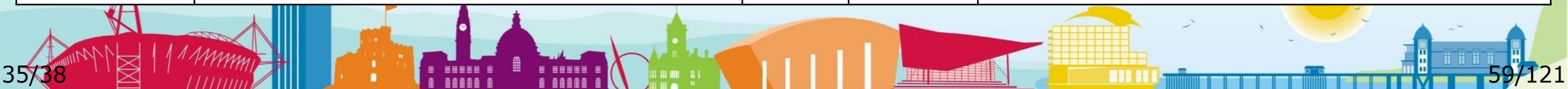
Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p><u>Inpatient Mortality</u> The Crude Inpatient Mortality chart demonstrates continued inpatient mortality in line with the five year average for the same reporting period.</p> <p>100% of patients that die as an inpatient now receive independent scrutiny from the medical examiner and plans are in place to start to review community deaths.</p> <p><u>All Cause Mortality</u> 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> <p>94 deaths were recorded for Cardiff and the vale in week 9 compared 46.8 for the five year average for the same reporting week. This increase above the five year average has been consistent since January 2023</p>	<p>Mar-20 to Mar-24</p>		 
<p>Infection Control</p>	<ul style="list-style-type: none"> In April 24, there were 22 cases of C. difficile. The current rate is 52.94 cases per 100,000 population which is 139% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 25 cases per 100,000 population, the current CAV rate is 111.76% below the RE. CAV is currently the 4th across the 6 UHBS. There were 15 cases of S. aureus bacteraemia. The current rate is 36.1 cases per 100,000 population which is 36% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 20 cases per 100,000 population, the CAV rate is 80.5% over the RE. CAV is currently joint 1st across the 6 UHBS. There were 29 cases of E. coli bacteraemia. The current rate is 69.79 cases per 100,000 population which is 20.5% higher than the equivalent period in 2023/24. The reduction expectation (RE) rate is unknown currently but based on previous 67 cases per 100,000 population, the CAV rate is 4.16% over the RE. CAV is currently joint 3rd across the 6 UHBS. There were 14 cases of Klebsiella spp bacteraemia which is 7.6% lower than the equivalent period last in 2023/24. The current maximum number is unknown but based on previous reduction expectation of 58 cases, thus CAV is 75.86% under the RE. CAV current has the highest rate across the 6 UHBS. There were 2 cases of P. aeruginosa bacteraemia which is higher than the equivalent period in 2024/25 with 0 cases. The current maximum number is unknown but based on previous reduction expectation of 18 cases, thus CAV is 88.9% under the RE. CAV current has 3rd highest rate across the 6 UHBS. 	<p>Apr-24</p>		

Regan, Nikki
09/07/2024 16:13:38

Priority	Performance Summary	Reporting Period	Performance against standard	Data																
Deliver 2024/25 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 £60.9m 2024/25 Demand and cost growth and unavoidable investments of £45.4m Allocations and inflationary uplifts of £37.3m Anticipated pass through funding on Long Term Agreements of £5.9m (3.67%) A £47.2m Savings programme <p>This results in a 2024-25 planning deficit of £15.9m.</p> <p>At month 2, the UHB is reporting an overspend of £8.821m. This is comprised of £1.557m operational overspend, a savings gap of £4.614m and the planned deficit of £2.650m (2 twelfths of the planned forecast year end deficit of £15.900m).</p> <p>The UHB expects to recover the month 2 operational & savings overspend to deliver the £15.900m planned deficit.</p>	May-24	n/a	<table border="1"> <thead> <tr> <th></th> <th>Month 2 Position £m</th> <th>Forecast Year-End Position £m</th> </tr> </thead> <tbody> <tr> <td>Planned deficit</td> <td>2.650</td> <td>15.900</td> </tr> <tr> <td>Savings Programme</td> <td>4.614</td> <td>0.000</td> </tr> <tr> <td>Operational position (Surplus) / Deficit</td> <td>1.557</td> <td>0.000</td> </tr> <tr> <td>Financial Position £m (Surplus) / Deficit £m</td> <td>8.821</td> <td>15.900</td> </tr> </tbody> </table>		Month 2 Position £m	Forecast Year-End Position £m	Planned deficit	2.650	15.900	Savings Programme	4.614	0.000	Operational position (Surplus) / Deficit	1.557	0.000	Financial Position £m (Surplus) / Deficit £m	8.821	15.900	
	Month 2 Position £m	Forecast Year-End Position £m																		
Planned deficit	2.650	15.900																		
Savings Programme	4.614	0.000																		
Operational position (Surplus) / Deficit	1.557	0.000																		
Financial Position £m (Surplus) / Deficit £m	8.821	15.900																		
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	<p>The draft financial plan requires the UHB to meet its £47.2m Recurrent Savings target and deliver a balanced recurrent operational position to reduce the brought forward underlying deficit (ULD) from £60.9m to £15.9m at the end of 2024/25.</p> <p>At month 2, the UHB had identified £12.257m of recurrent green and amber savings and reported a £1.557m operational overspend.</p> <p>It is assumed that action to address the operational position will enable the UHB to report a balanced recurrent operational position at year end. In addition, it is assumed that 50% of the £5.134m of recurrent red schemes identified at month 2 will be delivered in year.</p> <p>Based on these assumptions, a further £32.376m of recurrent savings and a balanced operational position are required to enable the UHB to reduce its ULD to £15.9m at the end of March.</p>	May-24	n/a	<p>Progress in Reducing the Underlying Deficity (ULD) from 60.9m to £15.9m</p> <table border="1"> <caption>Chart Data: Progress in Reducing the Underlying Deficity (ULD)</caption> <thead> <tr> <th>Month</th> <th>Shortfall Against recurrent Savings Target (assumes 50% of recurrent red schemes will deliver)</th> <th>Planned Deficit</th> <th>Target c/f UHB at Year End = £15.9m</th> </tr> </thead> <tbody> <tr> <td>Month 0</td> <td>~48</td> <td>~15</td> <td>15.9</td> </tr> <tr> <td>Apr</td> <td>~33</td> <td>~15</td> <td>15.9</td> </tr> <tr> <td>May</td> <td>~34</td> <td>~15</td> <td>15.9</td> </tr> </tbody> </table>	Month	Shortfall Against recurrent Savings Target (assumes 50% of recurrent red schemes will deliver)	Planned Deficit	Target c/f UHB at Year End = £15.9m	Month 0	~48	~15	15.9	Apr	~33	~15	15.9	May	~34	~15	15.9
Month	Shortfall Against recurrent Savings Target (assumes 50% of recurrent red schemes will deliver)	Planned Deficit	Target c/f UHB at Year End = £15.9m																	
Month 0	~48	~15	15.9																	
Apr	~33	~15	15.9																	
May	~34	~15	15.9																	

Regan, Nikki
09/07/2024 16:13:38



Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																												
Management of operational budget pressures	The UHB reported a £1.557m operational overspend at month 2, which is a deterioration of £1.060m from the £0.497m reported at month 1.	May-24	n/a	 <table border="1"> <caption>Planned Operational Position vs Month 1 Position</caption> <thead> <tr> <th>Month</th> <th>Reported Operational Position (£m)</th> <th>Planned Operational Position (£m)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>0.497</td><td>0.00</td></tr> <tr><td>May</td><td>1.557</td><td>0.00</td></tr> <tr><td>Jun</td><td>0.00</td><td>0.00</td></tr> <tr><td>Jul</td><td>0.00</td><td>0.00</td></tr> <tr><td>Aug</td><td>0.00</td><td>0.00</td></tr> <tr><td>Sep</td><td>0.00</td><td>0.00</td></tr> <tr><td>Oct</td><td>0.00</td><td>0.00</td></tr> <tr><td>Nov</td><td>0.00</td><td>0.00</td></tr> <tr><td>Dec</td><td>0.00</td><td>0.00</td></tr> <tr><td>Jan</td><td>0.00</td><td>0.00</td></tr> <tr><td>Feb</td><td>0.00</td><td>0.00</td></tr> <tr><td>Mar</td><td>0.00</td><td>0.00</td></tr> </tbody> </table>	Month	Reported Operational Position (£m)	Planned Operational Position (£m)	Apr	0.497	0.00	May	1.557	0.00	Jun	0.00	0.00	Jul	0.00	0.00	Aug	0.00	0.00	Sep	0.00	0.00	Oct	0.00	0.00	Nov	0.00	0.00	Dec	0.00	0.00	Jan	0.00	0.00	Feb	0.00	0.00	Mar	0.00	0.00																					
Month	Reported Operational Position (£m)	Planned Operational Position (£m)																																																														
Apr	0.497	0.00																																																														
May	1.557	0.00																																																														
Jun	0.00	0.00																																																														
Jul	0.00	0.00																																																														
Aug	0.00	0.00																																																														
Sep	0.00	0.00																																																														
Oct	0.00	0.00																																																														
Nov	0.00	0.00																																																														
Dec	0.00	0.00																																																														
Jan	0.00	0.00																																																														
Feb	0.00	0.00																																																														
Mar	0.00	0.00																																																														
Delivery of recurrent £47.2m savings target	£20.989m Green and Amber schemes identified at month 2 of which £12.257m were recurrent.	May-24	n/a	 <table border="1"> <caption>Monthly Progress of Identification of Schemes</caption> <thead> <tr> <th>Month</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Unidentified</th> </tr> </thead> <tbody> <tr><td>Month 1</td><td>12,000</td><td>5,000</td><td>8,000</td><td>20,000</td></tr> <tr><td>Month 2</td><td>12,000</td><td>5,000</td><td>8,000</td><td>20,000</td></tr> <tr><td>Month 3</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 4</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 5</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 6</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 7</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 8</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 9</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 10</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Month 11</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Green	Amber	Red	Unidentified	Month 1	12,000	5,000	8,000	20,000	Month 2	12,000	5,000	8,000	20,000	Month 3	0	0	0	0	Month 4	0	0	0	0	Month 5	0	0	0	0	Month 6	0	0	0	0	Month 7	0	0	0	0	Month 8	0	0	0	0	Month 9	0	0	0	0	Month 10	0	0	0	0	Month 11	0	0	0	0
Month	Green	Amber	Red	Unidentified																																																												
Month 1	12,000	5,000	8,000	20,000																																																												
Month 2	12,000	5,000	8,000	20,000																																																												
Month 3	0	0	0	0																																																												
Month 4	0	0	0	0																																																												
Month 5	0	0	0	0																																																												
Month 6	0	0	0	0																																																												
Month 7	0	0	0	0																																																												
Month 8	0	0	0	0																																																												
Month 9	0	0	0	0																																																												
Month 10	0	0	0	0																																																												
Month 11	0	0	0	0																																																												
Remain within cash limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that £15.900m of strategic cash support is provided for the forecast deficit.	May-24	n/a	 <table border="1"> <caption>Cumulative Cash drawn against Revenue and Capital Drawing Limit</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cash Drawings</th> <th>Revenue & Capital Drawing Limit for year @ May 2024</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>~100</td><td>1300</td></tr> <tr><td>May</td><td>~250</td><td>1300</td></tr> <tr><td>Jun</td><td>0</td><td>1300</td></tr> <tr><td>Jul</td><td>0</td><td>1300</td></tr> <tr><td>Aug</td><td>0</td><td>1300</td></tr> <tr><td>Sep</td><td>0</td><td>1300</td></tr> <tr><td>Oct</td><td>0</td><td>1300</td></tr> <tr><td>Nov</td><td>0</td><td>1300</td></tr> <tr><td>Dec</td><td>0</td><td>1300</td></tr> <tr><td>Jan</td><td>0</td><td>1300</td></tr> <tr><td>Feb</td><td>0</td><td>1300</td></tr> <tr><td>Mar</td><td>0</td><td>1300</td></tr> </tbody> </table>	Month	Cumulative Cash Drawings	Revenue & Capital Drawing Limit for year @ May 2024	Apr	~100	1300	May	~250	1300	Jun	0	1300	Jul	0	1300	Aug	0	1300	Sep	0	1300	Oct	0	1300	Nov	0	1300	Dec	0	1300	Jan	0	1300	Feb	0	1300	Mar	0	1300																					
Month	Cumulative Cash Drawings	Revenue & Capital Drawing Limit for year @ May 2024																																																														
Apr	~100	1300																																																														
May	~250	1300																																																														
Jun	0	1300																																																														
Jul	0	1300																																																														
Aug	0	1300																																																														
Sep	0	1300																																																														
Oct	0	1300																																																														
Nov	0	1300																																																														
Dec	0	1300																																																														
Jan	0	1300																																																														
Feb	0	1300																																																														
Mar	0	1300																																																														

Regan, Nikki
09/07/2024 16:13:38

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	12 month improvement trend	70% Above standard	<table border="1"> <tr> <th>Jan-23</th> <th>Feb-23</th> <th>Mar-23</th> <th>Apr-23</th> </tr> <tr> <td>59%</td> <td>56%</td> <td>44%</td> <td>70%</td> </tr> </table>	Jan-23	Feb-23	Mar-23	Apr-23	59%	56%	44%	70%
Jan-23	Feb-23	Mar-23	Apr-23										
59%	56%	44%	70%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-24	90%	0.7% Below standard	<table border="1"> <tr> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> <tr> <td>30.60%</td> <td>11.40%</td> <td>4.80%</td> <td>0.70%</td> </tr> </table>	Dec-23	Jan-24	Feb-24	Mar-24	30.60%	11.40%	4.80%	0.70%
Dec-23	Jan-24	Feb-24	Mar-24										
30.60%	11.40%	4.80%	0.70%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	16.1% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	May-24	12 month reduction trend	179 Above standard	<table border="1"> <tr> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> <th>May-24</th> </tr> <tr> <td>238</td> <td>211</td> <td>183</td> <td>179</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	238	211	183	179
Feb-24	Mar-24	Apr-24	May-24										
238	211	183	179										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Apr-24	90%	81.7% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>85.3%</td> <td>88.0%</td> <td>83.6%</td> <td>81.7%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	85.3%	88.0%	83.6%	81.7%
Jan-24	Feb-24	Mar-24	Apr-24										
85.3%	88.0%	83.6%	81.7%										
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Apr-24	90%	61.2% Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>54.4%</td> <td>54.0%</td> <td>55.2%</td> <td>61.2%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	54.4%	54.0%	55.2%	61.2%
Jan-24	Feb-24	Mar-24	Apr-24										
54.4%	54.0%	55.2%	61.2%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA	May-24	Month on month improvement	4681	In May 2,000 more sms texts were sent and we send over 15,000 per month								

Regan, Nikki
09/07/2024 16:13:38



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella sp</i> and; <i>Pseudomonas aeruginosa</i>	Apr-24	<i>Klebsiella sp</i> - 100 <i>P. aeruginosa</i> – 31	14 2 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Apr-24	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	69.79 cases per 100,000 population 36.1 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-24	25 cases per 100,000 population	52.94 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Apr-24	Reduction compared to the same month in the previous year	30% On standard	<table border="1"> <tr> <td>Ap-23</td> <td>Apr-24</td> </tr> <tr> <td>30.90%</td> <td>30.00%</td> </tr> </table>	Ap-23	Apr-24	30.90%	30.00%				
Ap-23	Apr-24												
30.90%	30.00%												
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Feb-24	12 month improvement trend towards national target of 95%	56.23% Below standard	<table border="1"> <tr> <td>Nov-23</td> <td>Dec-23</td> <td>Feb-24</td> <td>Feb-24</td> </tr> <tr> <td>55.21%</td> <td>55.50%</td> <td>56.26%</td> <td>56.23%</td> </tr> </table>	Nov-23	Dec-23	Feb-24	Feb-24	55.21%	55.50%	56.26%	56.23%
Nov-23	Dec-23	Feb-24	Feb-24										
55.21%	55.50%	56.26%	56.23%										
52.	Number of ambulance patient handovers over one hour	May-24	0	1705 Over standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>1648</td> <td>1797</td> <td>1704</td> <td>1705</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	1648	1797	1704	1705
Feb-24	Mar-24	Apr-24	May-24										
1648	1797	1704	1705										
53.	Percentage of ambulance patient handovers within 15 minutes	May-24	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	16.25% Below standard	<table border="1"> <tr> <td>Feb-24</td> <td>Mar-24</td> <td>Apr-24</td> <td>May-24</td> </tr> <tr> <td>17.41%</td> <td>16.53%</td> <td>15.90%</td> <td>16.25%</td> </tr> </table>	Feb-24	Mar-24	Apr-24	May-24	17.41%	16.53%	15.90%	16.25%
Feb-24	Mar-24	Apr-24	May-24										
17.41%	16.53%	15.90%	16.25%										
54.	Number of National Reportable incidents that remain open 90 days or more	May-24	12 month reduction trend	↓ 5,649	Second month reporting a reduction in this figure (March figure was 5,869, April 5,695 – 4% reduction since March).								

Regan, Nikki
09/07/2024 16:13:38



Appendix 1

Digital spend intentions from backlog allocation

Outlined below is the Digital Discretionary spend plan for Capital spend 2024/25

Allocation £500k		
1.	WiFi Installation	£50k
2.	WiFi Professional Services	£50k
3.	WiFi Cabling	£50k
4.	Data Storage	£150k
5.	Devices	£50k
6.	Networking	£100k
7.	Contingency	£50k

Digital will work with Procurement on a plan as follows:

- Planned spend quarter 2 – 25%
- Planned spend quarter 3 – 50%
- Planned spend quarter 4 – 25%

Regan, Nikki
09/07/2024 16:13:38

Capital Bids for Medical Equipment sorted by risk, year of planned spend and if replacement or additional

Total for lines >=12 risk rating £ 1,238,280.94 Current approvals to date = £127.2k

Year spend is planned	Replacement/Additional	Title	Qty	Total Cost inc VAT	Risk rating 1-25	Created	Comments	Comments on Status	Clinical Board	Paperwork status	Signed off by Clinical Board?	Unit Cost inc VAT	Person submitting bid	Additional People to keep informed	LEAD TIME	Year of Submission	Column1	
							Exiting Central out support											
24/25	Replacement	B1 Philips central station replacement	1	£ 90,000.00	20	11/06/2024 18:03		Currently being discussed as will need expanding to cater for Cardiac return	Specialist		yes	£90,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		
24/25	Replacement	T4 Neuro HDU Philips central station replacement	1	£ 25,000.00	20	11/06/2024 18:08	Exiting Central out support	Estimated costs	Specialist		yes	£25,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		
24/25	Replacement	Replacement 2 / 1 porous load sterilisers	1	£ 86,236.08	16	29/04/2024 11:05	<p>Porous load sterilisers are used to sterilise reusable medical devices making them safe for patient use. The current machines are now 10 years old and are regularly breaking down and steriliser 2 has been decommissioned due to an unrepairable steam leak to the jacket, leaving the department with only three usable units. The sterilisers are governed by WHM 01-01 and it is imperative that we ensure devices remain fit for purpose. As the largest SSD in Wales and with recent uplift in activity (COVID Recovery) it is important we have reliable consistent devices to effectively decontaminate reusable medical devices.</p> <p>The current Ro system is in excess of 20 years old and is regularly failing with high levels of contaminate being held in the system, failing on both total viable count and high conductivity. In addition, the current system is not a duplex system, so if there is a failure on the system the department lose RO water and cannot reprocess devices that require RO water as per the manufacturers IFU's (davinci robotics is an example of equipment requiring RO water). The new system will be a duplex Ro system, which mean if there is a failure on one of the systems, there is a back-up system working alongside which the department can swap to. In addition, the current RO system is not a medical grade RO system, with many dead legs on the system and plastic piping in place instead of the recommended stainless-steel pipework.</p>	Plan to buy one now one in 25/26	Surgery		no	£ 86,236.08	Mark Campbell (Cardiff and Vale UH: mark.campbell@wales.nhs.uk)			2023/24		
24/25	Replacement	Replacement RO System HSDU UHW	1	£ 168,220.18	16	30/04/2024 12:38			Surgery		no	£168,220.18	Mark Campbell (Cardiff and Vale UH: clare.jacobs@wales.nhs.uk)			2023/24		
24/25	Replacement	Replacement of Theatre Lights x 5	5	£ 115,000.00	16	05/06/2024 16:08		5 Lights are of an unknown age (>15y) are out of support and in poor condition. More detailed assessments are in progress, but these are priority replacements. SEE OTHER SHEETS	Surgery		No	£23,000.00	Nikki Rabone (Cardiff and Vale UHB: nikki.rabone@wales.nhs.uk)			2023/24		
24/25	Replacement	Defibrillators for the Emergency Unit	2	£ 42,326.40	15	23/05/2024 16:17	This expansion of equipment will allow the Resus area within Emergency Unit have a safe number of adequately functioning defibrillators to provide lifesaving interventions such as pacing in addition to supporting timely and safe critical transfers in unstable patients and ultimately maximising patient safety. National targets such as 'time to CT' in trauma (TARN data) can be affected due to lack of adequate equipment and associated delays.		Medicine		No	£21,163.20	Anthony Cusack (Cardiff and Vale U: Emma Keen)			2023/24		
24/25	Replacement	Pelican Philips central station replacement	1	£ 17,000.00	15	11/06/2024 18:05	Exiting Central out support	Estimated costs	Children and Women		yes	£17,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		
24/25	Replacement	R5-10replacemei ECU UHL Philips central station replacement	1	£ 27,000.00	15	11/06/2024 18:05	Exiting Central out support	Estimated costs	Specialist		yes	£27,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		
24/25	Replacement	Karl Storz Bugatti Shaver, one stop hysteroscopy	1	£ 123,272.00	15	20/05/2024 00:00	Gynae OPD need this kit to support their one stop hysteroscopy service, they have been using loan kit till now. This is a see and treat service that significantly reduces operating time, and hospital visits. It also reduces diagnostic burden. Currently the directorate is reporting 5 patients over 62 days, the lowest reported number over the last two years.		Childrens and Women		yes	£123,272.00	Rhodri John			2024/25		
24/25	Replacement	Small Power Tools	1	£ 236,281.27	12		Surgical Drills and tools that are old and need replacing, see other sheet	Currently going through trials	Surgery		no	Various	Nikki Rabone (Cardiff and Vale UHB - Peri Operative Care Directorate.)			2024/25		
24/25	Replacement	Dental treatment cart for treating patients for oral health care CLESTA CART	3	£ 35,652.00	12	28/11/2022 14:12	The Dental treatment cart is an essential piece of equipment required to carry out various dental procedures to the patients' needs. The current equipment is 20+ years old and is regularly failing, requiring repair and impacting on patient treatment. The E+E department regularly treat between 100-150 patients per week This bid supports the fundamental objectives of the organisation by improving the standard of work to a specialist level, improve patient outcomes including patient satisfaction and oral health.		Dental, UHW	CMG Form;#Quote;#DoI			£11,884.00	Paul Bayliss (Cardiff and Vale UHB - Daniel Lewis)			2022/23	
24/25	Replacement	Sonosite Ultrasound Equipment x2	2	£ 91,402.95	12	14/04/2024 18:11	Anaesthesia has evolved to encompass expansion of techniques to augment general anaesthesia. Often these strategies use ultrasound technology to accurately place local anaesthesia or catheters. The cohort of equipment we own at present simply is not enough to cover the varies demands of the service across both sites of the UHB. Hence, an expansion of our stock is required.	Additional units	Surgery		Yes	£45,701.47	Nikki Rabone (Cardiff and Vale UHB: k richard.hughes3@wales.nhs.u			2022/23		
24/25	Replacement	Water Unit for Metals	1	£ 13,681.00	12	25/04/2024 07:07	This bid is to replace the aging pure water supply - if it fails we would need to purchase high grade water at a significant cost		CD&T		Yes	£13,681.00	Nigel Roberts (Cardiff and Vale UHB - Medical Biochemistry)			2023/24		
24/25	Replacement	Mettler Toledo Balance XPR226DR	1	£ 58,500.00	12	25/04/2024 07:11	This bid will replace the ageing micro balance and give enhanced capability to weight tissue samples		CD&T		Yes	£58,500.00	Nigel Roberts (Cardiff and Vale UHB - Medical Biochemistry)			2023/24		
24/25	Replacement	Department Ducted Fume hood	1	£ 61,816.00	12	25/04/2024 07:37	The existing fume hoods are becoming difficult to obtain parts for and two are not currently operational which limits our back up		CD&T		Yes	£61,816.00	Nigel Roberts (Cardiff and Vale UHB - Medical Biochemistry)			2023/24		
24/25	Replacement	Ultrasound Machine for EU	1	£ 46,893.06	12	23/05/2024 16:24	The Emergency Unit currently requires a new ultrasound machine as we are using one which is over demand and results in the machine breaking due to over usage. This results in periods of time without access to an ultrasound machine, delaying diagnosis, and increasing length of stay in the Emergency Unit. This reduces our 4 hour completion rates and increases the risk to the patients.		Medicine		No	£46,893.06	Anthony Cusack (Cardiff and Vale U: carolyn.lewis4@wales.nhs.uk)			2023/24		
24/25	Replacement	Rainbow Philips central station replacement	1	£ 15,000.00	10	11/06/2024 18:05	Exiting Central out support	Estimated costs	Children and Women		yes	£15,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		
24/25	Replacement	Island Philips central station replacement	1	£ 15,000.00	10	11/06/2024 18:05	Exiting Central out support	Estimated costs	Children and Women		yes	£15,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)		10-12 weeks	2023/24		

Regin, Nikki
05/07/2024 16:13:38

								Phosphor plate intra oral scanners are used for the processing of dental intra oral films and transferring these images to a dedicated PC for viewing at chair side by the clinician. The images are used for diagnosing a range of dental intra oral problems, like cavities, tooth decay, periodontal condition, endodontic treatment, dental implant, tooth morphology, root morphology, trauma, cysts, foreign body, tooth anomalies, supernumerary teeth, relationship of impacted teeth, dental diseases, preoperative assessment as well as postoperative assessment. The current equipment is 15 years old and has been well used and will soon be obsolete with no support from the manufacturers. The benefits to the new equipment will mean faster scan times and better image quality, better reliability meaning a better outcome for the patient.											
24/25	Replacement	Dental intra oral x-ray phosphor plate scanner	4	£	31,447.20	9	28/11/2022 14:17		Dental, UHW	CMG Form;#Quote;#DoI	£7,861.80	Paul Bayliss (Cardiff and Vale UHB - Dental Technical Services)	2022/23						
								Ultrasound is an essential diagnostic investigation performed on Critical Care. It is vital to have working machines to perform said investigations; be it U/S guided central line or lung drain insertion to detailed heart assessments. We have had to condemn 2 of our U/S machines due to being electrically unsafe. A QA assessment found that both machines were passing electricity into patients therefore posing an electrocution risk to both patient and operator As both of the affected machines are over 9 yrs old; probe/part replacement is not possible as they are not manufactured anymore. Therefore, the U/S machines need replacing to enable U/S investigations to continue safely on the unit. We have 4 working machines on the unit however 2 of these are on loan from another department and could be re-called at any time – if this happens it would leave 2 fully working machine on critical care which is not enough for the number of patients on the unit.											
24/25	Replacement	GE Venue R2 US machine for use on Critical Care	2	£	78,410.35	9	15/12/2023 11:05	These bucket need replacing every 5 years	Specialist Services	CMG Form;#Quote;#Yes	£39,205.18	Ian Sidney (Cardiff and Vale UHB - C.ian.sidney@wales.nhs.uk)	2023/24						
24/25	Replacement	Medical Biochemistry and Immunology - A3600 Centrifuge Buckets	1	£	14,199.60	9	25/04/2024 07:26	Existing unit out of support and replacement needed to cool patients on PICU	CD&T	Yes	£14,199.60	Nigel Roberts (Cardiff and Vale UHB - Medical Biochemistry)	2023/24						
24/25	Replacement	Belmont Criticool Patient warmer	1	£	19,346.40	9	23/02/2024 14:41	These Dental treatment chairs are used to position the patient for intra-oral radiographs, the chairs are height adjustable and are able to recline. They are over 20+ years old and the internal pipework is failing spilling hydraulic oil over the floor. The benefits would come through less down time of the equipment, improving patient treatment and the whole patient experience. Also, the new chairs are able to lift up to a weight of 30 stone rather than the 21 stone currently. The x-ray department see on average 80 to 100 patients per day	Children and Women	Yes	£19,346.40	Ryan Thomas (Cardiff and Vale UHB alison.oliver@wales.nhs.uk)	2023/24						
24/25	Replacement	Standalone Dental treatment chairs	3	£	27,543.00	8	06/02/2023 14:33	Existing Central out support	Dental, UHW	CMG Form;#Quote	£9,181.00	Paul Bayliss (Cardiff and Vale UHB - Dental Technical Services)	2022/23						
24/25	Replacement	Owl/Gwdhiw Philips central station replacement	1	£	17,000.00	5	11/06/2024 18:05	Existing laser is out of support already, previous CMG bid did not make the cut last year	Childrens and Women	yes	£17,000.00	Edward Chapman (Cardiff and Vale UHB - Clinical Engineering)	10-12 weeks	2023/24					
24/25	Replacement	V-Beam Laser Dermatology	1	£	69,600.00		28/11/2022 14:01	Hoping to be REV	Medicine	Quote;#CMG Form	£69,600.00	Hannah Mastafa (Cardiff and Vale U Rebecca David)	2022/23						
24/25	Replacement	Leica Stainer ST4020	1	£	5,500.00		28/11/2022 14:01	As well as replacing aged unit this offers some cost savings on Revenue. The new generator comes with a 2 year warranty and no longer needs to have a yearly service contract (£3,000) because the machine self-calibrates every time it's switched on. All consumables remain the same except for the grounding pads which are slightly cheaper than the ones we currently order.	Medicine/Dermatology		£5,500.00	Lydia Sexton	2022/23						
24/25	Replacement	Ionic Radiofrequency Generator	1	£	34,200.00		28/11/2022 14:12	Replacing existing old (2012, 2015) kit, previous CMG bid not make the cut last year	Medicine		£34,200.00	Lauren Sivyour (La257588)	Lauren Sivyour	2022/23					
24/25	Replacement	MPCE DXA Scanners	1	£	220,000.00		28/11/2022 14:17	Current Cyrostat is over 10 years old	CD&T		£220,000.00	Rhys Morris	2022/23						
24/25	Replacement	Eprelia NX70 cryostat cryostat	1	£	35,622.00		28/11/2022 14:17	Ultrasound is a vital diagnostic test used widely within critical care. It is non-invasive, relatively quick to perform and enables vital information to be conveyed accurately and efficiently when required, to aid the management of critically ill patients. To comply with national guidelines regarding Covid-19, some new cardiac ultrasound machines were purchased in the 2020/2021 financial year. The numbers purchased were reliant on our continued use of existing cardiac ultrasound machines, one of which now needs replacement. This machine needs replacement for the following reasons: 1.It is over 10 years old, and the BSE recommendations state machines should be replaced every 10 years (used to be 7 years). 2.In Feb 2022, the ultrasound probe failed its QA assessment from both an electrical safety and infection control basis. The machine was immediately withdrawn from clinical use. 3.At the end of 2022, the service support for this machine, from Philips, will end.	Medicine/Dermatology	CMG Form	£35,622.00	Lydia Sexton (Cardiff and Vale UHB - Dermatology)	2022/23						
24/25	Additional	Echocardiography machine for critical care	1	£	36,304.68	12	03/02/2023 08:15	Needed to support MCB footprint.	Specialist Services	Yes	£36,304.68	Kevin Nicholls (Cardiff and Vale UHB Gough)	Anne-Marie Morgan Chris	2022/23					
24/25	Additional	MUSE ECGs for Medicine	5	£	47,550.00	9	03/06/2024 18:11	This is a specialist equipment for the skull base service, to ensure pin point accuracy during surgery.	Medicine	CMG Form;#Quote	£9,510.00	Craig Davies (Cardiff and Vale UHB - Barbara Davies; Craig Davies)	2023/24						
24/25	Additional	Skull base Navigation equipment	1	£	92,294.94	9	04/01/2024 16:41	Replacements for ICU ventilators that had their end of life date extended in COVID to 2025. This is a phased replacement, 11 needed in total.	Surgery	CMG Form;#Quote	£92,294.94	Michelle Harding (Cardiff and Vale U k)	michelle.harding@wales.nhs.u	2023/24					
24/25	Replacement	Adult ITU Drager Ventilators phase 1	5	£	198,308.45	12	28/11/2022 14:12	Needs a risk score and is additionality evidence needed for spend on rentals	Specialist Services	Quote	£39,661.69	Ed Chapman	2023/24						

Regrin, Nikki
25/07/2024 16:13:38

Report Title:	TRAMS- Radiopharmaceutical Business Justification Case – NHS Wales Shared Services Partnership			Agenda Item no.	
Meeting:	Finance & Performance Committee	Public	X	Meeting Date:	17 July 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive:	CD&T Director of Operations/Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance (Operational)				
Main Report					
Background and current situation:					

Background

The Radio-pharmacy at UHW ceased operations in 2023. It was the main provider of radiopharmaceuticals to facilitate Gamma camera scans at UHW and UHL. Since its closure C&V UHB has procured limited supply from Swansea and Bristol. The reduced supply has impacted patient treatment capacity and throughput. NHS Wales Shared Services has developed a revenue and capital Business Justification Case (BJC) for submission to Welsh Government under the banner of its TRAMS (Transforming Access to Medicines) programme.

Shared Services Partnership (SSP) are seeking support from NHS Wales stakeholders for the business model underpinning their BJC.

Proposal

The impending obsolescence of equipment in the UHW Radio-pharmacy prompted the development of plans by C&V UHB for a capital bid to Welsh Government in 2020. At this time Welsh Government expressed its preference that a revised radiopharmaceutical service be developed under the strategic umbrella of the TRAMS programme being led by SSP. The C&V business case development was stood down.

The interim period has seen delays in the development of a revised service model, impacted by Covid. Consequently, the UHW service ceased operations before the re-establishment of a replacement in house NHS Wales service. During this period C&V UHB has been sourcing limited supply from Swansea and Bristol.

NHS Wales Shared Services Partnership has developed a Business Justification Case to submit to Welsh Government which seeks support from stakeholder NHS Wales organisations for its submission process. Working groups involving stakeholders have contributed to the attached BJC.

The proposed unit would be located within the IP5 (Imperial Park) facility in Newport, South Wales.

The BJC provides a realistic profile of likely costs and profiles the recharge of costs across customer organisations based on current regulations, specifications and recent, relative consumption patterns of products. The cost sharing profile broadly returns C&V to a financial position it would have been in before the cessation of the C&V service although the financial recharge to C&V UHB will vary in the future according to absolute and respective demand patterns.

There are also two financial risks associated with transition :-

- A number of C&V UHB staff who previously worked in the Radio-pharmacy may not transfer to the new service for a number of employment contractual and service reasons. Mitigation for this risk (estimated at circa £0.150m to £0.250m) would be alternative employment opportunities within vacancies that emerge within C&V UHB over the period.
- Velindre NHS Trust is a stakeholder organisation for Radio-pharmacy services and will see an increase in recharged costs arising from the BJC funding shares proposal. Velindre in turn will seek to recover the increase in cost from the health boards that commission oncology services from Velindre, including C&V UHB. This cost pressure presentation is anticipated from 2025-26 onwards and estimated at £0.040m

These are reasonable risks to manage within the overall proposed financial framework for the new service.

Governance Framework for support and approval by C&V UHB

The value of the commitment towards the BJC of £0.643m requires approval by the UHB governance assurance framework.

The profiled share of costs for C&V UHB within the BJC presents an increase in C&V costs of £0.354m. This BJC presentation of costs does not take into account the reduction in the costs of previous provision of the radio-pharmacy which were not fully recovered by C&V UHB from purchasing organisations. Taking these into account means that the proposed costs of the new service for C&V UHB broadly match the financial liability that was previously borne.

The governance assurance pathway will be :-

- Investment Group – 3rd July 2024 - Approved
- Senior Leadership Board – 4th July 2024 - Approved
- Finance & Performance Committee – 17th July 2024
- Board Meeting consideration – 25th July 2024

If the case is approved through the C&V UHB governance assurance framework, confirmation of support will be given to NHS Wales Shared Services Partnership after the Board meeting on 25th July 2024.

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

Following the cessation of internal supply, future access to adequate and timely supply of Radiopharmaceutical products is a key service consideration for the UHB. The TRAMS model provides longer term stability of supply and, financially, broadly fits within the cost quantum prior to the cessation of the C&V UHB service.

Recommendation:

The Committee are requested to:

- **NOTE** the business model presented in the Business Justification Case prepared by Shared Services Partnership for the future provision of Radiopharmaceutical products to NHS Wales organisations including C&V UHB.
- **NOTE** the fair shares financial risk share principle that underpins the funding model
- **RECOMMEND** to the Board that it **APPROVES** support for the BJC

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Access to stable Radiopharmaceutical supply for patient services

Safety: Yes/No

Access to stable Radiopharmaceutical supply for patient services

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:

Senior leadership Board Date: 19th June 2024

Finance Committee Date : 17th July 2024

Board Date : 25th July 2024

Business Justification Case

South East Wales Radiopharmacy

Status	Issued for approvals
Version	2.2
Date	3 July 2024

Version	Date	Changes to content
1.0	17/11/23	First submission to Welsh Government
1.1	10/06/24	Re-drafted for second submission
1.2	11/06/24	Circulated for review, to become v2.0 once finalised
2.0	28/06/24	Updated explanatory text, and preferred funding option. Case now issued for approvals
2.1	01/07/24	Additions requested as per Programme Board minutes 1/7/24
2.2	03/07/24	Future year cost profile added as requested by Programme Board FD rep

Approvals	Version	Date	Decision
TrAMs SE Hub Project Board	1.0	17/11/23	Approved
TrAMs Programme Board (SRO)	1.0	17/11/23	Approved by SRO Action
Shared Services Partnership Committee	1.0	23/11/23	Approved
TrAMs SE Hub Project Board	2.0	27/06/24	Approved
TrAMs Programme Board	2.0	01/07/24	Planned
Shared Services Partnership Committee	2.0	18/07/24	Planned
TrAMs Programme Board	2.1	01/07/24	Approved

Regan
09/07/2024

--	--	--	--

Contents

	Chapter	Page
	Executive Summary	3
1	Strategic Case	4
2	Economic Case	13
3	Commercial Case	27
4	Financial Case	29
5	Management Case	35
	Appendix – Estates Cost Forms for Preferred Option	
	Appendix – Drawings of the proposed facility	

Regan, Nikki
09/07/2024 16:13:38

Executive Summary

This Business Justification Case (BJC) seeks approval for capital investment in preparative Radiopharmacy facilities in the South East Wales region.

The case is prepared in the context of:

- The urgent clinical need resulting from the forced closure of the old legacy Radiopharmacy facility.
- The provision of a safe and regulatory compliant facility of sufficient size to meet the expected future demand.
- Meeting the overarching Transforming Access to Medicines Programme (TrAMs), requirements outlined in the current endorsed TrAMs Programme Business Case.

Due to the points above it has been agreed with Welsh Government to submit a BJC with costs to the maturity of a Full Business Case (FBC) rather than an Outline Business Case (OBC) followed by an FBC.

The case recommends a total capital investment of £9.2m to be made through the TrAMs Programme, under the governance of the Shared Services Partnership Committee. The preferred option site is Imperial Park Building No.5, Newport.

Of this sum, £2.3m has already been funded in the development of the BJC together with the purchase of the key equipment requirements which have significant lead in times, so the net capital funding commitment requested from Welsh Government is **circa £6.9m to complete the project**. No capital funding is being sought from Health Boards and Trusts.

Contracts are in place to support delivery of the project, so the remaining expenditure is expected to be incurred within 6 months of the Investment Decision. Therefore, if the decision is taken by 1 Sept 2024, then the whole remaining balance is expected to be committed during the financial year 2024/25.

The revenue commitment to operate the service is also set out in this case.

Shared Services Partnership Committee is invited to **Approve the Business Justification Case together with the expected revenue consequences of the new service model.**

Regan, Nikki
09/07/2024 16:13:38

1. Strategic Case

1.1 Strategic Context

Radiopharmacy is a service that prepares radioactive injectables for patients, mostly for diagnostic purposes in support of Gamma Camera scans, but also a small number of therapeutic injections. Within South East Wales the service is currently managed by Cardiff and Vale University Health Board (CAVUHB) Nuclear Medicine department, with professional oversight and Quality Assurance support from the Health Board's Pharmacy department

The short shelf life of the product means that the injections take place on the same day as the medicine is prepared, usually within 1 to 4 hours

A number of regulators are involved in overseeing the preparative service including:

- Medicines Health Regulatory Authority (MHRA)
- Natural Resources Wales (NRW)
- Health and Safety Executive (HSE)
- Office of Nuclear Regulation (ONR)

The service is also supported by a contracted Radiation Protection Advisor (RPA) and Radioactive Waste Advisor (RWA). These are required by legislation.

The Transforming Access to Medicines (TrAMs) Programme Business Case which was endorsed by the Minister for Health and Social Care in March 2021 determined that the future reprovision of Radiopharmacy services would be in an All-Wales service, hosted within NHS Wales Shared Services Partnership (NWSSP) and delivered through 3 regional hubs. As at June 2024, the Outline Business Case for the first of these hubs, in South East Wales, is in preparation. Outline design work has been undertaken to test the fit of this Radiopharmacy development alongside the larger Hub investment in the Imperial Park 5 (IP5) building in Newport, owned and operated by NWSSP. A good fit has been established and the two developments aligned and deconflicted. It has been established by outline concept design that there is sufficient power for both.

Open issues within the TrAMs SE Wales Hub Project which have not yet been completed include:

- Planning Permission
 - A Planning Pre-Engagement process has been carried out based on the design concepts for the IP5 site.
 - It is intended to submit a planning application covering both the Radiopharmacy and the Hub in July 2024.
- Equipment Procurement including isolators
 - Pre-tender engagement was carried out in Oct 2021.
 - A further round to update costings was carried out in Nov 2023.
 - The tender for 15 Hub isolators is expected to be offered in Autumn 2024, aligned with the detailed design phase of this project.
- An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.
 - Planning for this is underway within the TrAMS Programme, working in partnership with Staff Side representatives, Health Boards and Trusts.

Regan, Nikki
09/07/2024 16:13:38

1.2 Strategic Case for Change

Radiopharmacy services in South East Wales have, until October 2023, been provided on a regional basis by CAVUHB, supporting patients in Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), and Velindre University NHS Trust (VELUNHST). The legacy unit is located within the University Hospital Wales and daily deliveries are made to nuclear medicine departments at the following sites:

- University Hospital Wales
- University Hospital Llandough
- Royal Glamorgan Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Velindre Cancer Centre

Deliveries are time critical and two dedicated vans and specially trained drivers are used for deliveries. This transport service is proposed to transfer to provision by NWSSP Health Courier Service in the near future.

9,028 individual patient doses were produced for the SE region in this period from October 2022 to September 2023 was:

- 230 for lung indications
- 875 for renal indications
- 1468 for cardiac indications
- 2014 for bone indications
- 2279 for cancer indications
- 2162 for other indications

Organisationally the split of patient doses for this period is:

- 3350 for CAVUHB
- 3380 for ABUHB
- 1028 for CTMUHB
- 1270 for VELUNHST

Patient doses are first prepared in multi dose vials, before being drawn up into individual syringes. The total demand for 9,028 doses is supplied by 4,012 vials, so on average 2.25 doses per vial. This ratio varies considerably depending on how many patients are booked into each clinic, giving both an efficiency challenge, and an opportunity for the service.

The existing service was staffed by 19 individuals, 18.2 WTE, but with a number of split role posts undertaking both technical and clinical work. Disaggregating the split roles, the work content for the existing CAVUHB Radiopharmacy unit standing alone is estimated at 13.2 WTE.

The legacy unit has been known to be at the end of its life for some time. Following an MHRA inspection in 2019, CAVUHB produced a Business Case in 2020 for a replacement, but this investment was deferred in favour of the TrAMs Programme alternative.

In October 2023 a further MHRA inspection took place, which identified a significant number of defects in the service which required immediate action. Following this inspection CAVUHB made the decision to close the legacy unit and examine alternative options.

Time limited service continuity measures have been put in place involving supply from outside the region, including by Swansea Bay University Health Board (SBUHB), Birmingham and Bristol NHS Trusts. These arrangements are temporary in nature and are not currently meeting the whole clinical demand.

On 24 October 2023 Paul Bostock, Chief Operating Officer, wrote on behalf of CAVUHB to Welsh Government and NWSSP, stating that CAVUHB’s preference was for NWSSP to expedite the replacement service by means of the TrAMs programme.

On 25 October 2023 the government’s Chief Pharmaceutical Officer Andrew Evans requested NWSSP to formulate an Option Appraisal to support an immediate investment in Radiopharmacy facilities under the TrAMs programme.

1.2.1 Impacts during the interim Service since shutdown

Analysis of the current interim service from SBUHB operating from one isolator, in one cleanroom, covering the whole of South and West Wales (12 major hospitals and cancer centres) has shown that while at this point the most harmful impacts on patient care have been successfully mitigated, there is still significant adverse impact:

- The last period for which CAVUHB was able to offer full uninterrupted service was May and June 2023, during which there were patient numbers of 1,371 and 1,374 respectively. It is noteworthy that even at full capacity the demands across the South East Wales region are not met. This is noted in the ABUHB impact section below.
- Service pattern from July-December 2023 was very unstable, with a number of shutdowns in CAVUHB culminating in closure, heavy rescheduling of patients, and short-term service support from a variety of providers including SBUHB, Birmingham and Bristol Trusts.
- Months January, February and March 2024 are reflective of the total capacity from Swansea with a shortfall of capacity of approximately 300 patient treatments per month compared to full production months in May and June 2023. This shortfall is reflected in the considerable increases in patient waiting times and 8-week breaches at individual health board nuclear medicine sites in “site impacts” sections below.
- April 2024 is significantly impacted by the SBUHB Radiopharmacy “firebreak” where there were a number of significantly reduced capacity days from 22nd April to 3rd May. The reduction in capacity was considered essential to ensure that quality and capacity aspects of the service were maintained particularly related to the greater than 100% increase in throughput through the SBUHB Radiopharmacy unit.

Month	Swansea hospitals					Cardiff & Vale hospitals								Monthly Total				
	SING	MTON	POW	NPTH	WBUSH	RGWENT	RGLAM	LLAN	UHW	VELINDRE	NEVH	UHW Pts	Swa Pts		UHW Pts	Swa Pts	UHW Pts	Swa Pts
Apr-23	184	49	60	9	75	123	0	58	0	58	0	154	0	103	0	114	0	987
May-23	300	79	77	15	142	134	0	84	0	76	0	197	0	101	0	166	0	1371
Jun-23	311	77	66	24	139	135	0	66	0	66	0	218	0	147	0	125	0	1374
Jul-23	262	40	82	9	147	57	14	15	26	14	36	38	4	20	100	19	0	883
Aug-23	286	0	99	17	136	73	0	34	11	37	23	109	6	84	57	58	0	1030
Sep-23	294	0	75	12	159	134	0	97	0	73	0	183	0	101	0	110	0	1238
Oct-23	324	0	118	12	164	45	23	15	29	20	33	35	7	24	0	19	0	868
Nov-23	311	2	116	7	170	11	46	0	2	0	74	0	41	0	0	0	1	781
Dec-23	250	61	129	10	143	0	39	0	0	0	56	0	61	0	0	0	12	761
Jan-24	254	81	105	7	180	0	43	0	34	0	80	0	148	0	98	0	110	1140
Feb-24	241	86	55	6	176	0	63	0	41	0	88	0	135	0	117	0	87	1095
Mar-24	219	66	34	14	140	0	49	0	27	0	75	0	113	0	89	0	92	918
Apr-24	170	62	80	2	156	0	0	0	47	0	57	0	65	0	102	0	111	852

Regan M 09/07/2024

Table: patient doses achieved per clinical site in South and West Wales across the last 12 months, source: Health Board records.

1.2.2 Individual Nuclear Medicine site impacts

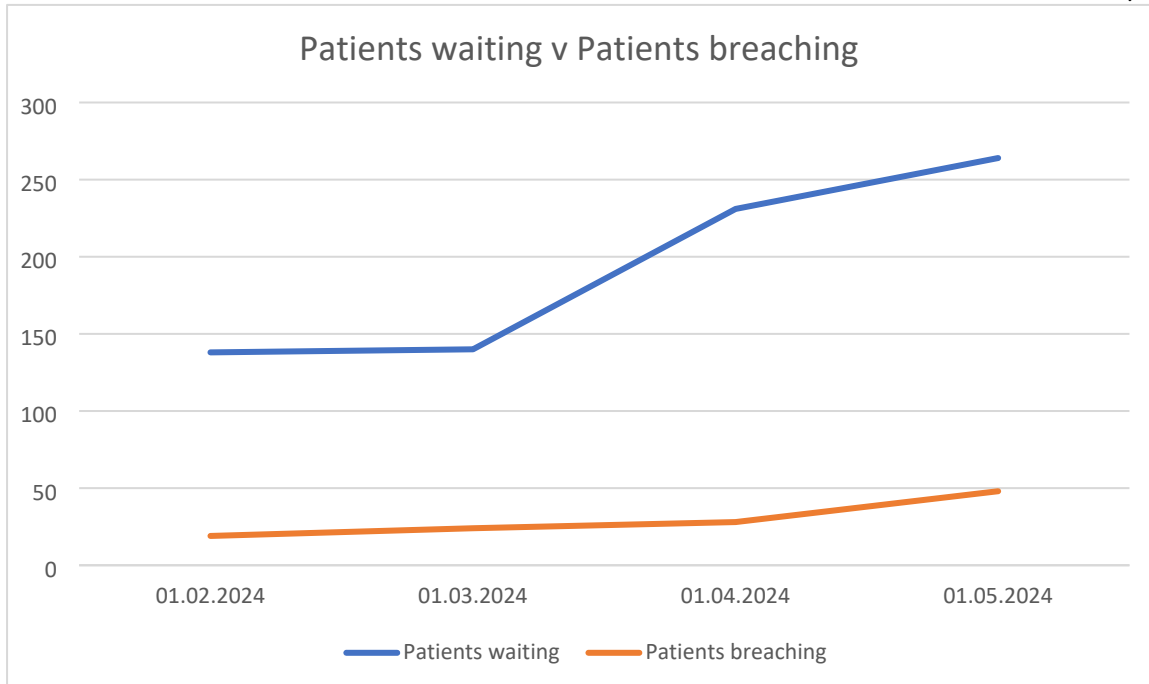
The following section has been prepared by the CAVUHB Head of Radiopharmacy, and TrAMs national lead for Radiopharmacy. The data in the tables have been assembled from Health Board Nuclear Medicine department records.

Cardiff and Vale UHB impact

CAVUHB University Hospital Wales is the largest hospital in Wales with numerous specialities as well as being a major trauma centre and centre for kidney transplantation. There is therefore a significant demand for Nuclear Medicine scans. Nuclear Medicine scanning is carried out at the Llandough (UHL) and University Hospital of Wales (UHW) sites with the UHW site having two gamma cameras compared to one at UHL. The scanning capacity at UHW has been significantly impacted since the CAVUHB radiopharmacy closure with previous patient capacity at around 75 patients per week reduced to 25 patients per week. This means the numbers of patients waiting for treatment has climbed rapidly since the radiopharmacy closure. There is a time lag for the numbers of patients breaching the 8 weeks cut off starting from a position of zero in January that has now climbed to 50 patients. The numbers of patients breaching and waiting times for CAVUHB is shown below. Furthermore, the current waiting times broken down into scan time indicate around 41 days of scanning time to clear the back log. CAVUHB prioritise urgent and cancer pathways but as a result see patients for other studies waiting much longer meaning routine scans become much more urgent the longer they are left.

Much of the impact on capacity is based on the impact of delivery times to the CAVUHB sites. Typically, UHW received all their radiopharmaceuticals before 9am from the CAVUHB radiopharmacy but now receive radiopharmaceuticals from SBUHB at around 12 noon each day. The ability to extend scanning days is limited by the short shelf life of radiopharmaceuticals and the skill mix of the radiographer team who have multiple responsibilities across CAVUHB radiology as well as Nuclear Medicine.

Regan, Nikki
09/07/2024 16:13:38



Senior clinicians at CAVUHB have indicated their concerns at the significant drop in morale within the Nuclear Medicine team with fears of losing radiographer staff to other modalities. One Consultant Radiologist indicated their concerns via an e-mail on 21/05/2024.

"We had requests for 4 urgent transplant renograms yesterday, normally expected on the day or next day depending on clinical severity. The earliest date we could find was 5th June without cancelling other patients already booked and been waiting months! It's a dreadful situation at the moment, the team are really stretched trying to accommodate these emergencies."

Aneurin Bevan UHB impact

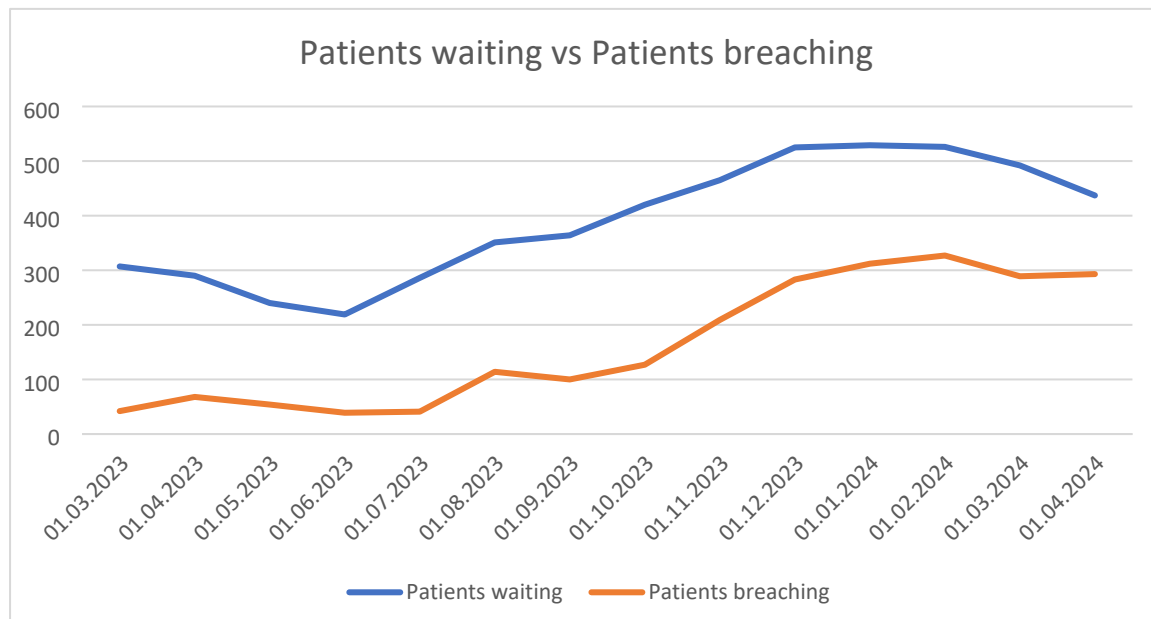
ABUHB has two sites that carry out Nuclear Medicine scanning at Royal Gwent and Nevill Hall hospitals with each having one gamma camera for scanning. The two graphical presentations below indicate a considerable increase in patients waiting and breaching at 8 weeks post the CAVUHB radiopharmacy closure in October 2023. It is noticeable that there is some reduction in waiting and breach times in April 2024 which is in part due to improvement around delivery and hours worked from 9am-5pm to 10am-6pm. It is not expected that the waiting lists/breach times will decrease much more significantly due to later delivery times and limited capacity of supply from SBUHB radiopharmacy. The activity graph shows a clear downward trend in activity post closure of CAVUHB radiopharmacy.

Prior to the closure there is evidence that full demand was not being met via supply directly from CAVUHB. This is for a number of reasons:

1. The closure of the CAVUHB facility due to environmental control issues in July/August 2023.
2. The limitations on capacity at CAVUHB due to the small physical size of the radiopharmacy facilities / equipment and ongoing environmental control issues due to the condition of the aging facilities e.g. consistently requests were received from ABUHB for cardiac scanning clinics for which capacity did not exist.

Regan, Nikki
09/07/2024 16:13:38

The new radiopharmacy facility at IP5 in Newport will have state of the art isolator and gassing technology which will meet future MHRA requirements as well as having increased efficiency and capacity to meet all of the South East Wales demand. Delivery times will also be considerably improved for ABUHB and all South East Wales sites.



An e-mail from a Consultant Radiologist at ABUHB raised particular concerns around the current limitations on their service and impact on patients and staff.

“Disruption to front line services is very significant and I’ve described it as feeling like a constant struggle at the moment. I’m changing requests for radionuclide studies to other modalities (against our previous practice) as much as possible. I have had to respond to a number of understandably concerned/disgruntled clinicians. Our staff have agreed to some changes to their working patterns to try to compensate for the later delivery times but staff are understandably opposed to some of the proposals which have included even more unfavourable hours of working. I’m concerned that we could lose good members of staff to other modalities. Morale is generally low.”

Hywel Dda UHB impact

Hywel Dda UHB has one Nuclear Medicine site based at Withybush General hospital. This is a comparatively small service and forms part of the Swansea Radiopharmacy’s usual service delivery arrangements after the closure of the Withybush radiopharmacy in October 2022.

The Nuclear Medicine team indicated that there had been a significant impact on their services during the SBUHB “firebreak” period which ran 22nd April to 3rd May 2024. This was a period of significantly reduced volume of production to enable rectification of quality issues exacerbated by the significant increase in required capacity at a greater than 100% increase. The firebreak disruption resulted in 64 patients being rescheduled. Prior to the firebreak there were 3 occasions where an order was unable to be fulfilled or was reduced due to the Swansea Radiopharmacy exceeding capacity. The bone cancer scan waiting list has now exceeded 4 weeks post fire break.

Regan
09/07/2024 11:13

There are also significantly more occasions where receipt of radiopharmaceuticals has exceeded being 1 hour late since the closure of CAVUHB radiopharmacy.

Cwm Taf Morgannwg UHB impact

Following the closure of the CAVUHB radiopharmacy UUnit all patients were moved to Princess of Wales (POW) hospital site which meant demand was not met with a focus on bone cancer scans and urgent scan patients. The Royal Glamorgan (RGH) has since re-opened and capacity is now split again between the two sites.

Bone cancer scan patients waiting times have increased to 4 weeks and urgent scans increased to 8 weeks. Routines scans were placed on hold and the current longest wait for a routine scan is 48 weeks. For RGH there are currently 43 patients waiting over 8 weeks and for POW 24 patients waiting over 8 weeks. The delivery times for POW have not been significantly impacted but RGH delivery times have been much more unpredictable significantly impacting scanning days.

Impact on Clinically Urgent/Cancer patients

Initially the time increased for USC referrals from 10 days to 4 weeks. Urgents increased to 8 weeks and routines were placed on hold, but the waiting lists have decreased apart from routine patients.

Velindre Cancer Centre impact

The throughput of diagnostic radiopharmaceuticals for Velindre Cancer Centre is stable and relatively low in comparison to some other centres. The closure of the CAVUHB radiopharmacy has disrupted start and finish times which has caused issues in the workforce for those with longstanding commitments such as childcare. Whilst Velindre do not currently have a waiting list, they are having to inform referrers of delays in imaging / GFRs. The GFRs are probably the most impacted as they now group them, to prevent single dose requests. This might mean that ideal 'need by' dates are missed for this patient group.

Conclusions

- The closure of the CAVUHB radiopharmacy has put significant pressure on the remaining SBUHB Radiopharmacy requiring significant increase in staffing whilst supplying all of South Wales Nuclear Medicine sites via one production cabinet as opposed to the previous three cabinets. This means there is no contingency support in case of failure of the remaining production cabinet.
- Due to increased throughput, there is greater risk of environmental failure within the production facility and has resulted in very strict capacity controls to ensure sterility assurance of final products and patient safety.
- Due to capacity restrictions, it is estimated that the numbers of patients scanned in South Wales has reduced by at least 30% which equates to around 300 patients per month. This has impacted different sites to varying degrees with for example University Hospital of Wales having capacity reduced most significantly even though it is the largest Nuclear Medicine site, with often the most urgent and complex patients due to its patient specialities. Since the CAVUHB closure throughput of patients has reduced in the region of 66%.

Across South Wales the numbers of patients awaiting Nuclear Medicine scans has increased significantly with 8-week limits being breached increasingly after an initial lag as the time since closure of the CAVUHB radiopharmacy extends. This is significantly impacting patients but also

Regan, Nikita
09/07/2024 16:13:38

Nuclear Medicine staffing morale and longer-term departmental resilience as the times since CAVUHB radiopharmacy closure extends.

- To meet capacity and provide resilience for Nuclear Medicine across South Wales it is vitally important that a new Radiopharmacy service is built at Imperial Park Newport. The new site will ensure sufficient operational cabinet support for South Wales as well as providing contingency capacity in case of failure of the Swansea Radiopharmacy. It is notable that Radiopharmacy resilience across the UK is stretched with many older and failing facilities as well as services that have been impacted by MHRA inspections including reductions in capacity or even closure.

1.3 Service Model

A future service model has been agreed in line with the recommended best practice whereby the new regional Radiopharmacy units will manufacture the medicine in ready to use vial kits. These will be delivered to Nuclear Medicine departments where the patient injections will be drawn up from the vials. Typically, around two to three injections are drawn up from each vial. This is also the service model being used during the current Service Continuity arrangements within SBUHB, Birmingham and Bristol NHS Trusts.

This approach gives maximum flexibility to the Nuclear Medicine department to ensure that the right level of radioactivity is injected to each patient, from the level available in the vial immediately prior to the injection being given. It also maximises Radiopharmacy operator safety by limiting their time exposure to the radioactive product during manufacture. Nuclear Medicine departments that have not previously utilised this service model are being supported with training and equipment to ensure safe and effective drawing up.

The service model will be underpinned by new Service Level Agreements and Technical Agreements between the respective organisations.

The service will operate on the basis of a core staff and non-pay budget allocated to NWSSP at the time of service transfer. The variable costs of the medicine will be recharged on a wholesale basis, with an equitable charge to all users per unit of medicine supplied, inclusive of the medicine, consumables, and transport.

Overall financial and service governance will rest with the Health Boards and Trusts, exercised jointly through the mechanism of the Shared Services Partnership Committee. The financial impacts of this model are analysed in Chapter 4, the Financial Case.

Regan, Nikki
09/07/2024 16:13:38

2. Economic Case

The economic case in this document is focussed on site selection for the reinvested Radiopharmacy service. This chapter has been reviewed but is unchanged from version 1 of the case submitted in November 2023.

2.1 Success Criteria

Success Criteria for site selection for the new service are:

1. Strategic Criteria
 - a. The site should be available for development now
 - b. The site selection should if possible, align strategically with the TrAMs Programme
2. Meets the capacity demands for service to patients
 - a. Within the South East Wales region [9,000 doses p/a]
 - b. Also offers contingency to support South West Wales when required [6,000 doses p/a]
 - c. Also offers contingency to support other UK sites such as Birmingham and Bristol, when that capacity is not being required within Wales.
3. Meets all current and envisaged regulatory requirements
 - a. Layout including room segregations
 - b. Room air handling and filtration
 - c. Equipment including isolators with Hydrogen Peroxide based decontamination
4. Provides a pleasant and functional work environment including
 - a. Production clean rooms
 - b. Supporting office, laboratory, storage, and ancillary spaces
 - c. Staff facilities including toilets and mess rooms
5. Is accessible to current and future staff
 - a. Including access to public transport, walking, cycling, and
 - b. Car parking options
6. Facilitates reliable delivery to all major hospitals within the region within 60 minutes of setting out
 - a. Good access to the trunk road network
 - b. Limited exposure to known traffic bottlenecks
 - c. Alternative route options in the event of disruption

2.2 Investment options

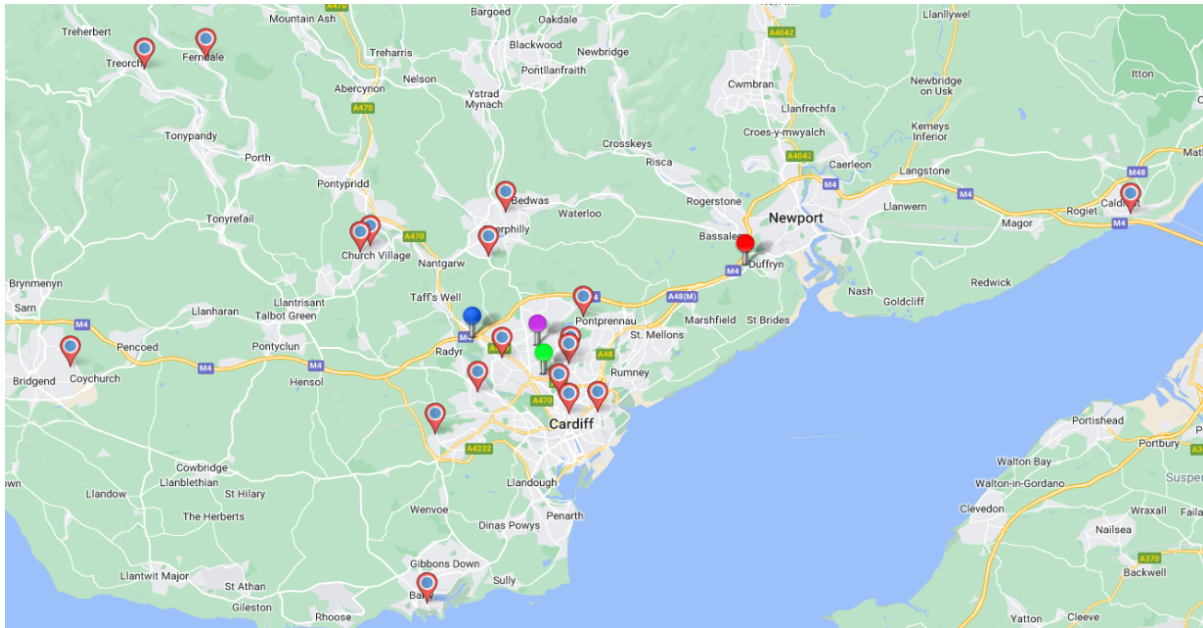
The following investment options have been identified:

1. Re-investment of the unit in its current location, within the Nuclear Medicine department of UHW
2. Replacement Unit elsewhere on the UHW campus
3. Replacement Unit within the site footprint of St Mary's Pharmaceutical Unit (SMPU). This was the preferred option of the 2020 Business Case
4. Replacement Unit within the footprint of Imperial Park building 5 (IP5), Newport
5. Replacement Unit as part of a deliberate investment in the TrAMs South East Wales Hub, at a site other than IP5. The other candidate site is in Coryton.
6. Augmentation of the existing SBUHB unit at Singleton to provide capacity to serve the whole of South Wales

Regan, Nikki
09/07/2024 16:13:38

2.3 Staff Locations

Home addresses of the staff who work some or all of their duties within the existing legacy unit have been anonymised and mapped against the candidate site locations:



Option	Site	Postcode
1	UHW Nuclear Medicine	CF14 4XW
2	UHW Other	CF14 4XW
3	SMPU	CF14 7HY
4	IP5	NP10 8BE
5	Coryton	CF14 7HY
6	Singleton (Not shown on map)	SA2 8 QA

As expected, there is a concentration of staff within Cardiff, with a number also coming down the Taf and Rhondda Valleys, with outliers in Barry, Caldicot, and Bridgend.

If the existing unit at UHW is taken as being the reference point, and using google maps functionality the travel to work implications can be assessed as follows:

- Sites 1 and 2 – No change
- Sites 3 and 5 – Some increases and some decreases, neutral overall
- Site 4 – Net additional journey time of approx. 17 mins by car.
- Site 6 – Net additional journey time of approx. 67 mins by car.

These assessments are used to contribute to the scoring of question 5 in the next section.

Regan, Nikki
09/07/2024 16:13:38

2.4 Assessment of Options

All options are devised to provide a permanent solution, with a lifetime in excess of 20 years. Temporary build options were discussed but have been discounted because:

- In order to pass regulatory inspection, the unit has to be robust and finished to a high standard. Having scoped the unit on this basis, it will by default produce a solution able to last many years in service. The quality of the NWSSP Medicines Unit is an example of this.
- Where “temporary” units have been built in the past, they have ended up exceeding their design life anyway (e.g. the Aseptic Unit at UHL). Therefore, it makes sense to specify the build for a long life from the outset.
- TrAMs principles are intended to break the cycle of temporary, poor value, investment choices.

The options can be assessed against the success criteria as follows. All Items are scored out of 3, with 3 being the best score and 1 the lowest compliant score.

Scores of 0 can also be given and are red rated, as having the potential to be exclusionary for the option, if the factor is deemed sufficiently critical.

Option 1	Existing CAVUHB Unit Refurbishment	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is available now. The site is however within a busy Medical Physics and Clinical Engineering (MPCE) department. Any development will therefore need to be carefully planned in collaboration with the Health Board to protect existing critical services.	2
1.b Alignment with TrAMs	This option for a regional preparative unit within a Clinical department is not aligned with the TrAMs Programme.	1
2.a Meets SE Wales Demand	The site has shown it can meet this level of demand based on past performance	3
2.b Contingency for SW Wales	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
2.c Contingency for UK sites	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
3.a Layout and Space	The square meterage available within the MPCE Department is not sufficient to achieve a compliant layout, ducted isolators, and air plant. This has been confirmed by external assessment. To create the floor space would require the decant of a number of other adjacent services.	0

Regan, Nikki
09/07/2024 16:13:38

3.b Room air handling	The height restriction within the building structure appears to preclude the installation of a compliant number of Fan Filter Units	0
3.c Gassing Isolators	The height restriction precludes the installation of ducted gassing isolators, as required to meet current regulatory needs	0
4.a Working Environment	Assessed as acceptable to the current staff	2
4.b Storage and Ancillary	Unlikely to be able to meet the full requirements within the available footprint	1
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		25

Regan, Nikki
09/07/2024 16:13:38

Option 2	New UHW site	
Criteria	Narrative	Score out of 3
1.a Site Available Now	No site has yet been identified on the UHW Campus that is available to develop now, and can be protected from future redevelopments on the site. CAVUHB Execs have excluded this option, and it is scored "0" in this analysis as a result.	0
1.b Alignment with TrAMs	This option to develop on a clinical campus is not aligned with TrAMs	1
2.a Meets SE Wales Demand	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	As a new build design, the unit would be expected to comply with all requirements	3
3.b Room air handling	As a new build design, the unit would be expected to comply with all requirements	3
3.c Gassing Isolators	As a new build design, the unit would be expected to comply with all requirements	3
4.a Working Environment	As a new build design, the unit would be expected to comply with all requirements	3
4.b Storage and Ancillary	As a new build design, the unit would be expected to comply with all requirements	3
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		39

Regan, Nikki
09/07/2024 16:13:38

Option 3	St Marys Pharmaceutical Unit	
Criteria	Narrative	Score out of 3
1.a Site Available Now	<p>Although the 2021 Business Case recommended this option, there are significant concerns about the impact of a major building project on the rest of SMPU, with the proposal being to build on stilts over the loading bay. This building delivers critical medical supplies to the region, and itself has identified risks and fragilities. As such the readiness of the site for development must be questioned.</p> <p>This option was costed at £12m in 2021, and costs have likely increased by around 30% since then.</p> <p>Planning permission will need to be sought.</p>	1
1.b Alignment with TrAMs	By co-locating the service with an existing Technical Services facility this option follows TrAMs principles to some extent. SMPU is however itself in need of re-investment, and has not been shortlisted for the TrAMs Hub, so this option is unlikely to remain aligned in the medium term.	2
2.a Meets SE Wales Demand	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.b Room air handling	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.c Gassing Isolators	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.a Working Environment	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.b Storage and Ancillary	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.c Staff facilities	Existing staff rooms at SMPU are at capacity, in particular there is a shortage of toilet	1

Regan Nikki
09/07/2024 16:53:38

	facilities for the number of staff employed. It might be possible to mitigate this by negotiating access to the adjacent café and toilets in Woodlands House, but these might not be available at the time when the Radiopharmacy Staff begin their shifts.	
5.a Accessibility Walk/Cycle/PT	The site has fair accessibility for current and future staff	3
5.b Car parking	Additional car parking on an adjacent lot could potentially be sourced, but this would be subject to a commercial negotiation and cannot currently be guaranteed.	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Can be an issue at peak times	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		39

Regan, Nikki
09/07/2024 16:13:38

Option 4	Imperial Park Building No 5 (IP5)	
Criteria	Narrative	Score out of 3
1.a Site Available Now	<p>The long lease to the site is owned, and an area of the warehouse has been identified as potentially suitable.</p> <p>Existing stock will need to be decanted to clear the area for development.</p> <p>Planning permission for change of use and modifications to the exterior elevation will need to be sought.</p>	2
1.b Alignment with TrAMs	<p>This site is one of the shortlisted proposals for the TrAMs SE Hub.</p> <p>Even if IP5 is not selected for the main hub investment, certain national functions such as Pharmacy Directorate and National Quality Team will remain based at the site, and so be able to contribute to the management and control of the radiopharmacy service.</p>	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	<p>Existing staff rooms and toilets allocated to CIVA@IP5 are large enough to absorb the expected increase of circa 10 staff. The opportunity would be taken to refurbish and upgrade the facility, as the finishes date from before NWSSP took possession of the building in 2019, and layouts could be improved with a view to further expansion in the future.</p> <p>There is currently no café for hot food on site.</p>	2
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus and cycle routes along the A48. Depending on where	2

Regan, NIKKI
09/07/2024 16:13:38

	staff currently live, this may be less accessible to them than the current site.	
5.b Car parking	Car parking at IP5 is good by comparison with hospital sites. Average journey time increase of 17 mins compared to UHW.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 28 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	Alternative routes do exist, via the A48 and A467.	3
Total Score		44

Regan, Nikki
09/07/2024 16:13:38

Option 5	Coryton site	
Criteria	Narrative	Score out of 3
1.a Site Available Now	<p>The site is not yet in NHS Wales ownership, and a three cornered negotiation with a leaseholder and a freeholder will be needed to secure the site.</p> <p>On 15 Nov 2023 the Project Team was advised that the leaseholder was no longer offering their interest for sale.</p>	0
1.b Alignment with TrAMs	This is one of the shortlisted sites for the TrAMs SE Hub. The investment in Radiopharmacy will only go ahead if the site is selected and purchased for the Hub. Alignment is therefore total.	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	Existing staff facilities are excellent	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle, and train routes.	3
5.b Car parking	Car parking is ample and segregated from the service yard.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 32 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	The site is on a cul-de-sac road accessed only from the Coryton gyratory. If that system is blocked then alternative access could be considered problematic. NWSSP HCS does have access in extremis to a blue light service in the event of threat to life.	2
Total Score		43

Regan, Nikki
09/07/2024 16:13:30

Option 6	Singleton Hospital site	
Criteria	Narrative	Score out of 3
1.a Site Available Now	<p>The site is available now, and development work could in theory start immediately.</p> <p>The site is a working regional medicines distribution unit, currently providing planned services to three Health Boards (CTMUHB, SBUHB, and HDUHB) and contingency radiopharmacy support to CAVUHB, and is located on a busy hospital site.</p> <p>Any development will therefore need to be very carefully planned in collaboration with the Health Board to protect existing critical services.</p>	2
1.b Alignment with TrAMs	<p>As a regional Technical Services facility, investment here has some alignment with TrAMs principles.</p> <p>The site is however on a busy clinical campus, in a locality not shortlisted for the South West Hub, so this alignment is unlikely to persist in the medium term.</p> <p>If investment in this site precludes a radiopharmacy investment in the South East, then that is not in alignment with the Programme.</p> <p>If this investment is seen as part of service continuity mitigation <u>while</u> the South East investment is delivered, then there is strategic alignment. Scored "2" overall for this reason.</p>	2
2.a Meets SE Wales Demand	The proposal is to convert the existing Blood Labelling room to prepare Technetium doses for South East Wales. Until this is scoped in detail, it is not possible to be certain that sufficient doses could be provided.	2
2.b Contingency for SW Wales	The unit cannot provide contingency for itself	0
2.c Contingency for UK sites	Probably too far away from Bristol or Birmingham to make any meaningful contribution	1
3.a Layout and Space	The "Blood suite" contains a layout dating from 2016, which is largely compliant, but would need careful planning to establish what the safe capacity for Technetium could be	2
3.b Room air handling	Designed for radioactive products and essentially compliant	3

Regan, Nikki
09/07/2024 16:13:38

3.c Gassing Isolators	Likely to be compliant, as a gassing isolator has been installed within the adjacent aseptic suite, of the same design	2
4.a Working Environment	No issues identified with the existing	3
4.b Storage and Ancillary	Potentially problematic as this would be shared with the other two existing suites, and has never been found fully sufficient by them since the site was developed	1
4.c Staff facilities	Fair for a hospital site, hot food canteen etc	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle routes, but is a long way away for existing Cardiff staff	1
5.b Car parking	Being a major regional hospital site, parking is problematic. Average staff journey time penalty of 67 mins compared to UHW.	1
6.a Deliveries – Trunk Network	Singleton hospital is on the wrong side of Swansea for access to the trunk network, and realistically will not be able to meet delivery times to the ABUHB hospitals. It is therefore a contingency for CTM, CAVUHB, and VELUNHST only.	1
6.b Congestion risk	Congestion on the waterfront road can be an issue at peak times	2
6.c Alternative Routes	It is possible to take alternative routes through Swansea if the waterfront road is blocked.	2
Total Score		28

Regan, Nikki
09/07/2024 16:13:38

Summary of Scores

Criterion	Site Investment Option					
	1 Existing	2 UHW	3 SPMU	4 IP5	5 Coryton	6 Singleton
1a	2	0	1	2	0	2
1b	1	1	2	3	3	2
2a	3	3	3	3	3	2
2b	1	3	3	3	3	0
2c	1	3	3	3	3	1
3a	0	3	3	3	3	2
3b	0	3	3	3	3	3
3c	0	3	3	3	3	2
4a	2	3	3	3	3	3
4b	1	3	3	3	3	1
4c	3	3	1	2	3	3
5a	3	3	3	2	3	1
5b	1	1	1	3	3	1
6a	2	2	2	3	3	1
6b	2	2	2	2	2	2
6c	3	3	3	3	2	2
Total	25	39	39	44	43	28

Evaluation of Preferred Way Forward

Options 1, 2, 5 and 6 are excluded as viable standalone investment options by having been scored “0” on key success factors.

Options 3 and 4 have been scored as viable, although some doubt remains about the practical viability of Option 3 for SPMU and the risk to the other services on the site of a major building project there. As the lower scoring of the compliant options, Option 3 is not taken forward in this case.

Option 5 scores higher than Option 3, and in the event that Option 5 were rescored as viable, the time risk of Coryton would need to be set against the Planning Permission risk of IP5. The investor needs to consider this also in the overall context of the TrAMs shortlist. If Coryton is not considered affordable as a Hub, then IP5 becomes the only investable option. If Coryton is affordable as the Hub, then it may still make sense to build the Radiopharmacy there too.

Option 6 in Swansea is not a viable long term option but could be considered as an interim contingency to boost supply while either Option 4 IP5 or Option 5 Coryton is built and commissioned. The staffing implication of this would need considerable further work, as only a small number of the existing staff may be able and willing to travel to Singleton, even on a temporary basis. Individual staff consultation would be needed to establish the viability of the option.

Regan, Nikki
09/07/2024 16:13:38

Preferred Way Forward

As of June 2024 the Coryton site is no longer being offered to the market.

The selected Preferred Way Forward based on the Economic Case is:

- Option 4 IP5

Regan, Nikki
09/07/2024 16:13:38

3. Commercial Case

3.1 Commercial Approach

The Commercial Case follows the procurement methodology developed to date for the TrAMs Programme. This can be summarised as follows:

- Utilise an existing building to minimise major construction works.
- Direct engagement of the **Clean Room contractor** by NWSSP, with the Clean Room contractor acting as Principal Contractor for their scope.
- Direct procurement of the major equipment (e.g. **Isolators**) by NWSSP capital teams, to avoid paying principal contractor's margin on these items.
- Any minor **building works** that are needed to be directly procured, segregated from the cleanroom works by either time or space, to maintain integrity of Construction Design and Management (CDM) and site management.
- Employer's side support to consist of
 - **Project Surveyor, Cost Advisor, and Principal Designer** - advisor to review contractor Risk Assessments and Method Statements, give advice, and maintain consistent approach to CDM.
 - **Specialist Validation** contractor to assist in drafting key pharmaceutical requirements documents and to support commissioning activity.
 - Specialist **Planning Advisor**, with supporting Transport Advisor and Environmental Advisor.
 - **Radiation Protection Advisor** and **Radioactive Waste Advisor**.
 - **Dangerous Goods Safety Advisor** to advise on delivery of the made product.
- Internal NWSSP support and resources not requiring to be contracted for consist of:
 - Project Management
 - Procurement Lead and resources
 - Finance Lead and resources
 - Legal Support if required during contract negotiations
 - Specialist Estates Services (SES) Surveyors and other resources including
 - Contract negotiations
 - Fire Advice
 - Specialist Mechanical & Electrical Advice
 - Health Courier Service for specialist transport of the medicines to hospital sites.

All contracts will be offered and awarded on a phased basis, giving contractual break points for 3 key project phases:

1. Outline Design Concepts to RIBA Stage 2
2. Detailed Design to RIBA Stage 4
3. Build, Validation, & Commissioning

The contracting authority will thus gain the benefit of having a warm supply chain ready to proceed, while not being committed to the delivery phase before funding is secured.

The contracts also include options for phases 4 and 5 related to the South East Hub Development, in the event that that case is funded.

Regan Wiki
09/07/2024 16:13:38

3.2 Procurement Status

During the period December 2023 – February 2024 procurement processes were carried out with the support of NWSSP Capital Procurement team.

The fees to fund contract stages 1 and 2 were awarded in Dec 2023, so these contract phases have been committed to.

- Phase 1 for outline design to RIBA Stage 2 has now been completed.
- Phase 2 for detailed design to RIBA Stage 4 is in progress, forecast to complete in July 2024.
- Phase 3 for construction will not be committed to until the Investment Decision is made.

The only exception to this is the isolator supplier, who has been given early commitment to the full contract value, owing to the long lead time on these items. This decision was ratified by the Cabinet Secretary for Health and Social Care in May 2024.

The current commercial status of each major work package is:

Work Package	Contractor	Route to Market	Status
Project Surveyor	Cooke & Arkwright	SEWTAPS Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Cleanroom Contractor	Angstrom Technology	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Isolator Supplier	Azbil Telstar	Open Tender	Early authorisation given to proceed with delivery due to long lead time.
Enabling building works	Tbc	SEWSCAP Framework	Currently in Procurement. Expected to be ready to proceed by Sept 2024
Validation Advisor	Scitech	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
RPA and RWA Advisor	RSK t/a Aurora	NOE Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Planning and Transport Advisor	Asbri Planning and Asbri Transport	Framework	Mobilised and working on Phases 1 & 2, ready to proceed with stage 3.

Out of the total Project Cost (excluding contingency), we estimate that by July 2024 75% of the Project costs will be secured by contract, rising to 85% by Sept 2024, once the enabling building works tender is awarded.

The remaining 15% represents movable fixtures and fittings, final utility connections, and modifications to the building security and fire alarms. These items will be contracted for during the remainder of the project. The price risk on these items is deemed low.

Regan, Nikki
09/07/2024 16:13:38

4. Financial Case

The financial case analyses the Preferred Option for an NWSSP operated service from a new unit in IP5, compared against Business As Usual scenarios based on a reinvestment of the legacy service model.

4.1 Capital Costs

The capital costs of the Preferred Option are as follows:

	Radiopharmacy		
	Phases 1 and 2	Phase 3	Phases 1 to 3
	Design £'000	Build & Validate £'000	Total £'000
Works Costs	215	3,257	3,472
Fees	55	75	129
NHS Resource & Validation	234	889	1,123
Non-Works Costs	17	63	81
Equipment Costs	0	2,838	2,838
Contingency	78	1,548	1,626
VAT recovery	-54	-47	-101
Total costs	545	8,622	9,168
Less funding received :			
Fees phase 1 & 2 allocated	-500	0	-500
Equipment end of year monies 2023/24	0	-333	-333
Radiopharmacy isolators	0	-1,500	-1,500
B.JC capital funding requirement	45	6,790	6,835

Note - all figures include VAT where relevant

Explanatory Notes

1. Works Cost

Design and build of the radiopharmacy cleanrooms and initial enabling works

2. Fees

Fees for cost advisor, building design and and validation supervisor

3. NHS Resource & validation

NHS salary costs for project management, validation and familiarisation. Also includes radiation protection advisor fees

4. Non-Works Costs

Local authority planning costs and carbon/environmental surveys

5. Equipment Costs

Radiopharmacy isolators (£1,504k) plus FMS and other radiopharmacy equipment

6. Contingency

Includes 15% contingency on costs plus provision for detailed design changes

7. VAT recovery

Expected VAT recovery on professional fees

Table 1 - Capital investment cost.

As a comparator, the proposed capital costs of CAVUHB's new Unit from their 2020 Outline Business Case were calculated at £12.8m.

The main differences are explained by the fact that the current preferred option is utilising an existing building that only requires minor renovations, and minimal external works, whereas the CAVUHB proposal included a whole new building shell and associated site development costs. It is also worth noting that the NWSSP proposal has been developed largely by an in-house team, with contractor input focussed on the technical design work and specialist advice only. Therefore, large fees for developing the supply chain and for external project management have been avoided. Significant NHS resources have been committed without additional charge in the areas of Procurement, Finance, and Project Management to develop the NWSSP case.

While the total project cost of £9.2m is shown, it is worth noting that investments of £2.3m have already been funded, therefore the remaining balance sought from Welsh Government to complete the project is only £6.9m. If committed by 1 Sept 2024, it is anticipated that the majority of these costs will be incurred in the financial year 2024/25, based on the supply chain already assembled by the project. If committed later than 1 September 2024, then elements of the spend will start to slip into the following financial year.

No capital funds are sought from the Health Boards and Trusts for this project. Any future significant capital for lifecycle requirements will be subject to further business cases from NWSSP to Welsh Government.

Regan, Nikki
09/07/2024 16:13:38

4.2 Revenue Commitments

The revenue costs of the new service, versus a baseline revenue costing provided by CAVUHB for the legacy service, are shown below:

Radiopharmacy operating costs					
	CVUHB	IP5 radio	Increase on baseline	IP5 post hub completion	Increase on baseline post hub
	£'000	£'000	£'000	£'000	£'000
Pay	636	700	64	572	-64
Drugs	211	220	9	220	9
Generator Teckis 20 & consumables	141	141		141	
Transport in and out	97	143	47	86	-10
Equipment	13	116	103	116	103
Regulatory fees	10	36	27	36	27
PPE	31	35	3	35	3
IT	19	28	10	28	10
Site Costs	46	233	187	124	78
Cleaning	22	65	43	65	43
Refuse/waste disposal	3	8	5	8	5
Other	8	27	18	27	18
Total costs	1,236	1,752	516	1,459	222

Notes

CVUHB baseline costs based on 2022/23 final year of operation, adjusted for Datscan removal

Pay, CVUHB and IP5 radiopharmacy shown at 2023/24 rates

IP5 radiopharmacy staff costs will reduce by c. £128k post the Trams hub completion

Drugs cost based on raw material cost and future demand assessment following dialogue with all nuclear medicine sites in SE Wales

Teckis 20 generator costs unchanged as the process for preparing vials as opposed to syringes requires less consumables despite an increase in the number of patients treated

Transport costs include the costs associated with the receipt of raw materials inwards and the delivery of the final product to customers and HCS efficiency savings is expected with the hub opening

IP5 equipment includes isolator and general equipment maintenance and annual cleanroom validation costs

IP5 Regulatory fees includes Radiation Protection Advice & Support (RPAS)

IP5 site costs includes £173k energy costs, £26k for back up power generator hire and £17k for Environmental Monitoring system

Post Trams hub opening the energy costs will reduce by an estimated £83k as a result of a solar panel farm and the £26k power generator hire

IP5 cleaning includes specialist cleaning of the units including the use of Steramist gassing

IP5 other includes staff training costs and office costs

No uplift for non pay inflation is included

Table 2 - Revenue cost of the new service

We have calculated two budgets for the future service. The initial budget of £1.752m is for a standalone Radiopharmacy service in IP5, which will be the position for at least the first 12-24 months of the new service. These costs are higher than the legacy CAVUHB cost because:

Significant regulatory changes were made in the new "Annexe 1" from MHRA, this has significantly increased the costs of running a compliant service.

- The new unit is significantly larger than the old one, to accommodate regulatory requirements on layout, separations, and adjacencies. Lack of space to optimise the layout of the old unit was one of the reasons why it had to close.
- Modern regulatory requirements for 100% fresh filtered and environmentally controlled air supply drive a requirement for a large air handling unit. This will require much more planned preventative maintenance and servicing than the ventilation in the old unit. Lack of space to install the ducting for a modern air plant was also one of the reasons why the old unit could not be cost effectively refurbished.
- Active air supply is now required to all transfer hatches, significantly increasing both plant costs and the costs of validation
- Two stage changing in separated rooms is also now required in all new units, driving an increase in classified clean room space
- The new unit will use Ionized Hydrogen Peroxide gassing for decontamination of both isolators and rooms. Gas decontamination is now the regulatory requirement for all new units. Again this technology has an annual servicing and maintenance requirement, and a consumable cost in purchasing the gas, which the legacy service did not.
- The new isolators costing around £0.5m each, required to provide a compliant service, compared to around £6,000 each for the old open fronted cabinets, generate a significant revenue tail of electricity, consumables, maintenance, and servicing costs.
- An additional transport cost is incurred because the unit is no longer co-located with the UHW Radiology service.
- In aggregate: the new service is planned to be compliant, reliable and sustainable, and the costs are calculated on that basis.

As a further comparator it is also worth noting that the 2020 CAVUHB Business case included revenue costs totalling £1.59m p/a offset by expected income of £1.18m p/a. So CAVUHB also anticipated that a modern and sustainable service would both cost more to run and would require an increase in cost to be passed on to customers.

An estimate of the recurrent costs of £1.459m has also been included showing the cost efficiencies that can be achieved once the South East Hub opens on the same site. These efficiencies include:

- Staffing – sharing senior management, Quality Assurance support, and staff absence cover in general across the whole hub. This process will be managed through the TRAMs Organisational Change Project, as described in the management case.
- Transport – the opportunity to share the cost of delivery drivers and vans (specified and approved for Radiopharmacy use) on a second daily run delivering other products.
- Power – the opportunity to deploy a more efficient backup power solution for the whole hub, and the planned solar photovoltaic (PV) installation at IP5.

We aim to achieve this long term recurring revenue position for the service from year 3 of operation onwards. The difference between the interim and recurrent annual cost of the service is £294k. The funding model proposed assumes that NWSSP will non-recurrently provide funding for this additional £294k until the recurrent operating solution can be implemented with the opening of the SE Wales hub.

Regan, Nikki
09/07/2024 16:13:38

Comparison of our identified service costs to assess value for money is difficult as there are no commercial suppliers operating in this market to provide any comparative costs. Product shelf life means that only nearby units can facilitate any supply. Cost comparisons were sought from both Bristol and Birmingham NHS Trusts, who have offered small scale incremental supply of between 2 and 6 vials per day at marginal cost prices over the past 2 years. Neither Trust was willing to commit to an enduring, supply at a robust level of reliability, at the scale requested of circa 20 vials per day, or to provide a full cost comparator.

University Hospital
Bristol NHS Foundation
Trust: *"We would not
be able to supply an
additional 20+ vials
every day for the next
few years."*

University Hospitals Birmingham NHS Foundation Trust:
*"I'm afraid we wouldn't be able to assist with that level
of service requirement. We are able to provide Welsh
Nuclear Medicine departments with urgent
contingency supplies only, so committing to such a
large workload over such a long timeframe is not going
to be possible."*

Regan, Nikki
09/07/2024 16:13:38

4.3 Funding Models

Discussions have been held with the 4 major customers in the South East Region: CAVUHB, ABUHB, CTMUHB, and VUNHST, and an equitable funding model identified:

Option 1a: Recover costs based on demand share only with NWSSP contribution			
Costs to be recovered		1,752,249	
NWSSP contribution		-294,000	
Net costs to recover		1,458,249	
	2022/23		
	Baseline	Trams radio	
	charge	costs	Increase
	£	£	£
ABUHB	226,273	503,004	276,731
CVUHB	289,386	643,304	353,918
CTMUHB	70,720	157,209	86,490
Velindre	69,605	154,732	85,127
Total	655,984	1,458,249	802,265

The NWSSP annual contribution of £294k is a non-recurrent investment in the new service to bridge the cost efficiency gap until the full South East Hub opens.

The net figure of £1,458,249 therefore represents the recurrent revenue commitment for the service based on today's prices, to be funded as shown above based on an apportionment using historic demand levels for the service. Any increased cost to Velindre should be included as part of the normal future commissioning process with the relevant health boards.

The advantage of the selected funding model is that products will be procured at the same price, following an established "fair shares" principle recognised by all the participating organisations.

Based on an indicative start date of 1st July 2025 the IP5 Radiopharmacy operating charges would be profiled as follows:

	2025/26	2026/27
	from 1st July	onwards
	£	£
ABUHB	377,253	503,004
CVUHB	482,478	643,304
CTMUHB	117,907	157,209
Velindre	116,049	154,732
Total	1,093,687	1,458,249

Regan, Nikki
09/07/2024 16:13:38

Note: This funding model is for the Radiopharmacy BJC only and recognises that the funding model for the rest of the TrAMs Service will be assessed at the time those Business Cases are developed. This particular model DOES NOT set a precedent for the rest of the TrAMs business cases.

This revenue funding model is **recommended to SSPC for approval for the recurrent service provision of radiopharmacy services in South East Wales.**

4.5 Charging mechanism

It is recommended that the annual funding contributions sought above, will be applied as a per product charge, invoiced (or in the case of VELNHST recharged) monthly on the basis of actual usage.

The per unit price will be set on the baseline of demand from the 2022/23 financial year. At the time of writing this is assessed as being 3,633 vials p/a, leading to an average unit cost of:

$$£1,458,249 / 3,633 = £401 \text{ per vial}$$

This business case is based on the historic level of demand. The total number of vials required to be manufactured needs to be kept under regular review, as efforts to improve the efficiency of the number of doses achieved from each vial are still underway. While it is likely that currently suppressed demand will increase once the full capacity of the new unit comes online, this may also result in an increase in vial to dose efficiency, as more patients can be booked into existing clinics.

The demand forecast will therefore continue to be refined and a detailed pricing model for the various different kinds of vial kit will be created over the next 12 months. This will be submitted for approval as part of Service Business Plan v2.0 which is due in May 2025, prior to the new service opening. The pricing will be calculated to achieve the approved levels of annual contribution from this case.

The unit prices will be kept under regular review thereafter and will be varied in future in order that:

- Costs incurred from any rise or fall in demand continue to be met.
- Any efficiencies in production that reduce costs are passed on equitably.
- Any unexpected cost pressures are also met equitably.
- As a guiding principle the service will continue to break even and will aim to run neither a deficit nor a surplus.

The detailed price model will be open book and will be shared with all participating organisations, as will the overall financial performance of the service.

As a participating element of the NWSSP financial operating model, any deficit or surplus that arises from the service will be owned jointly by the members of SSPC and will be handled under established NWSSP risk sharing arrangements.

4.6 Financial Summary

Capital costs have now reached a level of maturity where they can be proposed with confidence. The key cost lines are now supported by contracts, and the design concepts to support them have

been reviewed by specialist advisors. Progress with detailed design is underway. While the costs are stable, the project has made a modest provision to cover any further cost growth that may arise during the remainder of detailed design. It is anticipated that detailed design will be completed by August 2024, so a final assurance on this point can be given to the Welsh Government before the Investment Decision is made.

The proposed project cost is lower than that for the CAVUHB New Build option. This reflects a site that is already in NHS ownership and operational management, with an existing building shell, car parking, and support facilities that require only minor remediation works.

The proposed operating costs of the new service are higher than the costs of the legacy service for the reasons explained above. Ultimately this is the price for a compliant, reliable and sustainable service, which is what our patients need and expect from NHS Wales. The proposed funding and charging mechanism is equitable, robust, and flexible to meet future as well as current need.

Regan, Nikki
09/07/2024 16:13:38

5. Management Case

5.1 Project Management Arrangements

It is proposed to manage the investment as a project within the TrAMs Programme.

A single Project Board was established to manage the South East Wales Hub within the Programme in July 2021. This Project Board is now managing both the Radiopharmacy investment and the closely related SE Hub investment. The project board reports to the TrAMs Programme Board, under the overall governance of the Shared Services Partnership Committee.

Project Management support will be provided by NWSSP Project Management Office (PMO), mobilising other resources from within NWSSP as may be required.

Key resource will be provided by the TrAMs Programme Workforce and Organisational Change Project, which will support the transfer and mobilisation of staff for the service, working in partnership with the current employer, CAVUHB.

The project is working to a multi-phase Business Case approach:

- An initial draft BJC for Radiopharmacy was submitted in Nov 2023 which secured the fees to develop the case to maturity, and to test the fit of the Radiopharmacy and SE Hub on the IP5 site.
- This second iteration of the Radiopharmacy BJC will be submitted in July 2024 for an Investment Decision.
- The Hub OBC is being targeted for submission in Sept 2024 to secure fees for hub detailed design.
- The Hub FBC is targeted for submission in March 2025 to secure funds to develop the hub in the financial year 2025/26.

5.2 Radiopharmacy Project Timeline

Provided an investment decision for the Radiopharmacy is made in Summer 2024, then the following timeline is proposed:

- Purchase Orders issued and contractors notified to proceed Sept 2024.
- Cleanroom contractor ordering materials and preparation Oct-Dec 2024.
- Enabling building works on site Oct-Dec 2024:
 - Removal of racking
 - Rectification of partition to become a fire wall
 - Roof repairs
 - External drainage and surfacing works
- Cleanroom build on site Jan-March 2025.
- Testing, commissioning, and seeking regulatory licenses April-June 2025.
- Service Go Live end of June 2025.

Throughout this process there will be a parallel development of documented processes, procedures, and documentation, all of which will support the final regulatory approvals and give assurance to the

Regan Nikki
09/07/2024 16:19:38

accountable directors that the site is both safe to operate for staff and safe to supply medicine to patients.

Supporting digital infrastructure will need to be selected and deployed. It has been determined that the Radiopharmacy can be opened making selective use of existing digital systems, with any significant investment in new systems aligned with the main TrAMs Digital Project at a later date.

5.3 Staff Transfer

The staff from the legacy service have currently been seconded into a variety of roles supporting service delivery in CAVUHB, SBUHB, and NWSSP. They remain substantively employed by CAVUHB in the Nuclear Medicine department at University Hospital Wales. An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.

Once the revenue and capital funding arrangements are both confirmed by approval of this case, it is proposed that CAVUHB will consult the members of staff impacted by the change of location and employer. It is anticipated that where TUPE applies, they will transfer into directly comparable roles in the new service in NWSSP based at IP5. Any roles at IP5 not filled by this process will then be advertised and recruited by NWSSP on a timeline matched to completion of the build, to ensure sufficient staff are in place to validate and open the new service.

It is expected that all staff will remain with their substantive employer or take up a role within NWSSP, no financial provision for redundancy has been made. Given current vacancy rates, no cost pressure from displacement is anticipated and again no provision has been made.

When the TRAMs South East Hub investment decision has been made, a wider Organisational Change Project 2 will take place to fill the new hub structure.

Depending on the time between the two investment decisions, this may lead to a small number of the Radiopharmacy staff changing role twice in quick succession. This is an unavoidable consequence of splitting the business cases to meet the most urgent service need first. Relevant staff side representatives in both organisations are sighted on the process and staff will be supported throughout this change.

Regan, Nikki
09/07/2024 16:13:38

5.4 Risk Management

The Project will adopt the Risk Management Approach of the TrAMs Programme, this being directly applicable to the proposed investment and transfer of service.

Key risks and mitigations identified to date are:

Risk	Impact	Mitigation	Comment
Planning Permission at IP5	If not granted, would result in failure to bring the facility into use	Pre engagement letter with outline drawings and project description has been submitted (23 May 2024). Planning application will be submitted in July 2024, prior to the investment decision being sought. The project will submit timely updates to the investor on progress with Planning Permission.	Investment on the site should not be approved until a positive initial engagement with the Planning Authority has been conducted (due late June 2024). In the best case scenario, a positive response to the planning application will also have been received before Notice to Proceed with construction is given in Sept 2024.
Definition of costs at IP5	Detail design work is still ongoing, concurrent with the Business Case entering approvals.	The project will submit timely updates to the Investor on progress with detailed design, to give comfort that the project remains on track with the costings submitted in the case.	Costs are expected to be at full maturity before the Investment Decision is made.
Power at IP5	Concept design work has indicated that sufficient power is available at IP5. Work is still ongoing to confirm this by detailed design, and to determine the power resilience needs.	The project will hire a small temporary backup generator for the Radiopharmacy unit. A comprehensive backup power proposal will be submitted in the SE Hub Business Case.	We are now confident that there is sufficient power, it is just a question of managing the resilience aspect in partnership with other investments at IP5 e.g. Solar PV.
Service Risk at Singleton	Investments in Radiopharmacy compromise the viability of the existing	Proceed cautiously and with close engagement with the accountable	Singleton can only ever be a temporary contingency for South East Wales, and any

Regan/MK
09/07/2024 16:13:38

	Pharmacy Technical Services delivered on the site.	management of SBUHB, in particular the Clinical Director for Medicine and the Nuclear Medicine Lead.	investment must be evaluated in that context.
Delivery time for key equipment	Isolator delivery times being quoted at 8 – 12 months.	Isolator Award Letter was issued on 20th June 2024. Delivery on site expected March 2025.	Manageable risk, but needs careful handling to ensure the isolators arrive in the right place at the right time.
Staffing transfer	Any change of location and employer generates a staffing risk, that the existing staff may either decline the transfer for leave to seek other employment.	Engage actively with Workforce and Trades Unions to support the transfer process. Be prepared to go to open recruitment for unfilled roles.	Probably the biggest time risk on the project is having a workforce of the correct skills mobilised and ready to bring the new unit into use, wherever it is built, and however quickly.
Clinical Engagement	Nuclear Medicine departments may not have the skills to utilise multi dose vials to best effect.	Ensure clinicians understand and accept the proposed service model, and the right facilities and skills are in place within Nuclear Medicine departments to maximise utilisation of multi-dose vials.	Ongoing requirement for structured clinical liaison by the preparative service.

Estates Appendices will be added in Sept 2024, prior to the final Investment Decision by Welsh Government.

Regan, Nikki
09/07/2024 16:13:38

Report Title:	Pentyrch Branch Surgery - Submission of Business Justification Case			Agenda Item no.	
Meeting:	Finance & Performance Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	17 th July 2024
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	Approval	<input checked="" type="checkbox"/>	Information	
Lead Executive Title:	Executive Director of Finance				
Report Author (Title):	Director of Capital Estates and Facilities				

Main Report

Background and current situation:

The purpose of this report is to request that Finance and Performance Committee support the submission of the Pentyrch Branch Surgery Business Justification Case and submit a recommendation to the UHB Board for approval to submit to Welsh Government to seek £5.3m of All Wales Capital Investment.

The attached document, Executive Summary, describes the rationale for constructing a new build facility at Rhydlafor Drive, Rhydlafor.

The development of a replacement Pentyrch Branch Surgery has been a priority for a significant period of time and is a key component in supporting the primary care agenda of enhancing community infrastructure and the Health Board's overarching *Shaping our Future Wellbeing Strategy to 2035* which aims to provide high quality primary care in fit-for-purpose accommodation.

For the past 10 years, General Medical Services in Pentyrch have been provided, by the Practice, out of a temporary portacabin which provides only two clinical rooms with limited ancillary provision. This is unsuitable and unsustainable for the delivery of healthcare services and is not compliant with minimum standards for GP premises.

The aim of the business justification case is to seek investment in future proofing the GP services within the area, along with the ability:

- To deliver a permanent solution for the delivery of General Medical Services to the residents of Pentyrch and surrounding areas and support the transformation agenda for primary care;
- To provide for increased General Medical Services capacity locally therefore addressing the need for additional space to respond to existing needs as well some of the significant increase in the population planned under Cardiff Council's Local Development Plan (LDP);
- To increase the scope and range of services provided in primary care e.g. minor surgery and increased sexual health service provision e.g. Nexplanon and possibly an extended sexual health clinic for neighbouring practices, in line with national direction and refocusing services to be provided in the community;
- To provide modern purpose-built facilities to allow services to be provided appropriately in a modern, well designed physical environment suitable for the delivery of 21st Century healthcare;

Strategic Alignment

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

- Refocusing services to be provided locally / in the community;
- Increasing the range of service delivery in general practice / primary care;
- Providing clinical care in facilities which are fit for purpose in the 21st century, whilst being as adaptable as possible for further future change as demand grows;
- Utilising new technology and systems to advance the way services are delivered and improve access to care;
- Provision of more integrated working across professions leading to more seamless co-ordination;
- Improvements in patient safety to reduce avoidable harm;

- Modern ways of working through new approaches to delivery of care, including enhancing and delivering clinical roles, supporting staff to work to the top of their skill set;
- Ensuring the local community are involved in any development of proposals and the needs, aspirations, health and wellbeing of all people are considered at the outset;
- Providing sustainable buildings and infrastructure;

This business case contributes to delivering a key number of Local strategies and policies through:

- Eradicating poor infrastructure that is no longer suitable for current and future use and is not conducive to the best patient outcomes and experience, nor staff wellbeing
- Contributing to the future sustainability of General Medical Services (GMS)
- Working with local communities and primary care networks to reduce health inequalities and provide improved support in relation to preventative action/ self-care
- To increase multi-disciplinary working and service integration in line with cluster priorities
- Providing sessional use of multi-functional, generic room types rather than service specific areas that will create a flexible approach that will also create efficiencies in utilisation across assets
- Assistance in meeting the themes set out in the Workforce Strategy for Health and Social Care in relation to the CVUHB People and Culture Plan by improving the experience of staff working across services as well as supporting further education and training where possible to attract, recruit and retain the right staff with the right skills
- Providing a means to reduce the Health Boards carbon footprint by providing sustainable healthcare
- Providing settings that enable engaged, motivated and a healthy workforce - to have a workforce that feels valued and supported wherever they work.

Benefits Criteria

The Business Justification Case has outlined the following main benefits:

- Improve the Sustainability of General Medical Services
- Increase Capacity to support Future Demand
- Increase Access to a Range of Locally Delivered Services
- Provide a High Quality and Compliant Environment
- to provide a conducive working environment for staff and support training opportunities and collaborative communication links

Options Appraisal

As part of the development of the business justification case, after consultation with key stakeholders, the following list of options were identified and assessed:

- Option 1 - Business as usual (for comparative purposes)
- Option 2 - Do Minimum (Core Scope/ Refurbish Existing Building)
Retain temporary accommodation with internal modifications to create a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements
- Option 3 - Do Intermediate (Desirable Scope / Extend Existing Building)
Provide a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known current capacity issues whilst providing an opportunity for expansion to support LDP growth and include other health care services at a future date
- Option 4 - Do Intermediate Plus (Desirable Scope / New Build Solution)
Provide a facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known current capacity issues whilst providing an opportunity for expansion to support LDP growth and include other health care services at a future date.
- Option 5 - Do Maximum (Optional Scope / New Build Solution)
A facility for Pentyrch and the surrounding areas that meets minimum statutory requirements, supports GMS sustainability, best practice models and addresses known capacity issues whilst providing accommodation to support future long term LDP growth and include other health care services at a future date.

An economic analysis was undertaken along with a detailed assessment of benefits, the outputs confirmed;

Regan Nikki
09/07/2024 16:13:38

- Option 4 – was the preferred option.

Having identified the requirement of a new purpose-built development, was the preferred option, with the other options being deemed unviable, it was therefore necessary to identify a suitable site for the development.

Twenty-five sites were originally identified, these were reduced to six, these were;

- Land between Bronllwy & Heol-Y-Bryn Roads
- Land between A4119 & Rhydlafor Drive
- Land off Fairmeadow
- 'Commercially sensitive site'
- Rugby Club
- Squash Courts

The six were then subject to further assessment, this assessment was undertaken by the then Pentyrch Project Team against standard criteria which has been applied previously to other primary care schemes locally, the criteria being;

- Size
- Accessibility
- Affordability
- Deliverability
- Acceptability

Based on the above conclusion of the assessment, the land between A4119 & Rhydlafor Drive was the chosen site.

The land sale has since been discussed with Cardiff Council. The Council has advertised the land as pending sale, in relation to its current open space categorisation. Heads of Terms have been agreed in principle between the UHB and the Council for its purchase in conjunction with colleagues from NWSSP Shared Services, Legal and Risk.

Preferred Way Forward

The preferred way forward has been identified as a new purpose built development on the Council-owned Land between A4119 & Rhydlafor Drive which will provide a 21st century healthcare solution for the current patients of the Pentyrch Branch Surgery, support a medium term solution in relation to uplifting capacity and providing continued sustainable delivery of General Medical Services to the residents of Pentyrch and local surrounding areas whilst also offering an opportunity to expand service delivery in the longer term future to meet further capacity requirements as the population increases in the wider locality due to the planned Cardiff Council Local Development Plan.

Procurement Route

Previously submitted reports have confirmed that the Health Board were previously procuring the new Pentyrch facility via a third-party developer. This, however failed, due to the inability to reach an acceptable deal with the third-party developer, which could be supported by the District Valuer and Welsh Government.

The decision was made in consultation with the Welsh Government, to procure this scheme via Welsh Government funded capital.

To maintain the intellectual property rights of the design and thus the already approved planning permission, the Health Board, in complete consultation with colleagues from shared services, Legal and Risk and Specialist Estates Services, appointed the original design team under a direct award, in conjunction with procurement services. This award was via the NHS SBS Framework for Healthcare Planner, Construction Consultancy, and Ancillary Services (HPCCAS). The Design team was led by Corstorphine & Wright.

Upon completion of the design, the scheme was tendered through the Cardiff and Vale UHB Building Framework Lot 2, under the contract terms and conditions, NEC 4 option B. The procurement was issued and administered via procurement services.

The tenders received were competitive with the two lowest tenders very close. Tender analysis was completed by the Design team and the most economically viable tender cost was used in the costings within the Business Justification Case.

Capital Costs

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

Capital Costs	Option 4 £m
Works Cost	3.908
Fees	0.826
Non-Works	0.410
Equipment	0.036
Planning contingency	0.270
VAT Recovery	(0.107)
Total Capital Cost/ Cost Forms	5.344

Affordability

It is assumed that the impairment and recurrent charges for depreciation will be funded by the Welsh Government.

Revenue Implications

This cost assessment relates to the service wholly provided by the Practice and excludes any further services that may be delivered by the Health Board or other partners in the future.

The summary of revenue costs is as follows:

Costs	Current UHB Expenditure £'000	Estimated UHB Expenditure £'000
Rent (Portacabins)	21	0
Rent (Site)	2	0
Rates	1	21
Office Equipment (incl. IT equipment)	0	29
Electricity/Gas	0	0
Cleaning	0	0
Security	0	0
Water	0	2
Decommissioning of Existing Site	0	19
Legal Fees	0	5
Waste	1	2
Maintenance	0	0
Service Charge	0	0
Total	25	78

A breakdown of the estimated Health Board expenditure split by recurrent/non-recurrent is provided below:

Costs	Recurrent £'000	Non- Recurrent £'000
Rates	21	0
Office Equipment (incl. IT equipment)	0	29
Water	2	0
Decommissioning of Existing Site	0	19
Legal Fees	0	5
Waste	2	0
Total	25	53

The following assumptions have been made in respect of the revenue case:

- The lease is assumed to be for 20 years

Outline Project Programme

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

BJC Submission to CMG	June 2024
Submission of BJC to the Welsh Government	July 2024
Commence construction	September 2024
Construction completion	September 2025
Facility operational	4Q 2025

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

- The cost for the preferred way forward has a capital requirement of £5.344m inclusive of VAT
- Welsh Government have agreed to the submission of a Business Justification Case which was initially being progressed via a third-party developer.
- The Investment Group approved the revenue consequences at their meeting held on the 3rd July 2024

Recommendation:

The Committee is requested to:

- 1. SUPPORT:** the Pentyrch Branch Surgery Development - Business Justification Case
- 2. RECOMMEND that the BOARD;**
 - a) APPROVE** the submission of the Pentyrch Branch Surgery Development – Business Justification Case to Welsh Government for capital funding support
 - b) APPROVE** the awarding of the construction contract, subject to Welsh Government approval of the BJC, at the cost of £3.908m (inclusive of VAT) under the terms and conditions of the NEC 4, Option B contract
 - c) NOTE** the appointment of the Health Board's Project Manager and Cost Advisor will be undertaken at a later date and that there is a fee allowance in the overall Business Case

Regina Williams
09/07/2024 16:13:38

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 place an "X" in the below boxes as relevant

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

Impact Assessment:

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

Risk: No

Safety: Yes

The capital design incorporates statutory health and safety requirements.

Financial: Yes

Capital funding for this project is anticipated to come from the All Wales Capital Programme. The BJC sets out the rationale and capital costs along with the recurring revenue consequences.

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: Yes

The capital design incorporates required elements of decarbonisation measures.

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Capital Management Group	Date: 17 th June 2024
Investment Group	Date: 3 rd July 2024
Senior Leadership Board	Date: 4 th July 2024

Regan, Nikki
09/07/2024 16:13:38

Report Title:	Capital Plan 2024-25		Agenda Item no.	
Meeting:	Finance & Performance Committee	Public	√	Meeting Date: 17 th July 2024
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	√	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Director of Capital, Estates and Facilities			

Main Report

Background and current situation:

The purpose of this report is to provide the Finance and Performance Committee (the committee) with details of the Health Board's proposed Capital Programme for the financial year 2024/25 and to request that the committee support the plan, endorsed by Capital Management Group (CMG) and Senior Leadership Board, for submission to the UHB Board with a recommendation for approval.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via their Capital Resource Limit (CRL). The 2024/25 CRL, issued by WG allocates £33.942m in total, with £20.288m allocated to Major Capital schemes and £13.654m Discretionary Capital, there is a variance of £0.566m against the CRL and Planned spend due to RISP funding of £0.566m which has not yet been included on the CRL.

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB CMG at their monthly meeting.

It should be noted that the UHB have previously funded the development of a number of Business Cases which have been submitted to WG for approval. Should these Business Cases be approved then the UHB will be able to draw down the expenditure which would be reimbursed to the discretionary capital budget. WG are in the process of undertaking a pan Wales capital prioritisation review and until this exercise is concluded it is not known when the UHB will receive approval of the Business cases and have access to the additional funding.

Business Case Development Expenditure

Scheme	Amount £m
CRI Wellbeing Centre (OBC)	2.301
CRI MEP (FBC)	0.662
Haematology Ward & Day Unit (BJC)	0.090
Total	3.053

Table 1 below, indicates the income identified on the CRL for 2024/25, which includes the funding allocated for the approved All Wales Capital schemes in addition to the Discretionary capital allocation. The table currently indicates no receipts from the sale of properties, however, CEF are currently considering options for the rationalization of the estates which may generate some income later in the year.

Table 1 – Capital Funding

Description	Funding		
	Major Capital	Discretionary Capital	O'Turn
	£k	£k	£k
Major Capital			
Rookwood reprovion at Llandough	(750)		(750)
EFAB	(3,390)		(3,390)
Park View WBH	(1,174)		(1,174)
Tertiary Tower Infrastructure (BJC)	(1,765)		(1,765)
Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	(2,870)		(2,870)
Mortuary (BJC)	(2,993)		(2,993)
Lift Upgrade (BJC)	(4,487)		(4,487)
Electronic Switchgear, UHW	(1,286)		(1,286)
Replacement Boiler, University Hosptial Llandough	(637)		(637)
Diagnostic Equipment	(540)		(540)
Sanctuary Provision for Children and Young People	(10)		(10)
DPIF			
DPIF - Digital Medicines Transformation Portfolio	(386)		(386)
Unapproved			
RISP Programme (Funding letter signed)	(566)		(566)
National Imaging Programme			0
Major Capital Total	(20,854)	0	(20,854)
Discretionary Capital & Sale of Properties			
Discretionary Capital Allocation		(14,871)	(14,871)
EFAB 30% Contribution		1,217	1,217
Discretionary Capital & Sale of Properties Total	0	(13,654)	(13,654)
Total Funding	(20,854)	(13,654)	(34,508)

Discretionary Capital Prioritisation Process

As part of the UHB annual planning process Clinical and Service Boards submitted schemes for funding support against the available unallocated budget. The unallocated budget is, determined after the annual commitments and 'roll over' schemes are taken into consideration.

Given the limited availability of both 'All Wales' Capital and Discretionary Capital the UHB undertook a prioritization exercise using agreed criteria. The schemes identified were then scored independently by strategic service planning, operational planning and Capital Planning (CEF). The initial draft prioritization schedule was presented to SLB in January 2024 to ensure that the logic applied and the direction of travel was supported by the group.

The table below (3) identifies the schemes which scored highest following a final review and taken forward into consideration against the available funding.

09/07/2024 16:13:38
Elegan, M

Table 3 – UHB Wide Priority Schemes

Rank	Scheme	Current Status	Estimated Capital (£m)	Spend Plan 2024-2025 (£m)
1	Cardiology relocation – critical enabler for the cardio-thoracic and ITU expansion schemes & Separation of planned and emergency Gynae – critical enabler for Cardiology relocation)	Included in Draft Plan	3.500	3.500
2	Combined Heat & Power – new contract to protect against obsolescence	Removed	0.500	0.000
3	Medical Gas – Pressure Reducing Sets	Completed 2023/24	0.040	0.000
4	Urgent Roof Repairs – A Block Plant Room	Potential Welsh Government funding	0.150	0.000
5	Main Chiller – theatres UHW	Potential Welsh Government funding	0.600	0.000
6	Statutory Fire (mainly doors)	Potential Welsh Government funding	0.200	0.200
7	UHL – Amulatory Theatres (High Vol/Low complexity)	Feasibility work underway	TBD	TBD
8	Air Handling Unit HSSD – replacement	Potential Welsh Government funding	0.650	0.000
9	Emergency Community Dental Service (interim replacement capacity – from Roath Park to CRI)	Feasibility work required	1.900	0.000
10	CRI/Clinical Addictions Unit – interim works	Included in Draft Plan	0.100	0.100
11	Welsh Clinical Intensive Care Information System (Deferred to 2025-26)	Deferred until 2025-26	0.950	0.000
Grand Total			8.590	3.800

Draft Capital Programme 2024/25

At their meeting held on the 20th May 2024, the Capital Management Group (CMG) considered the limited unallocated budget of which equated to circa £2.5m and the significant priority schemes that need to be addressed. The relocation of cardiology from C3 to C1, which principally provides opportunity to increase ITU capacity to support the demands of winter was supported by CMG as being the most urgent priority.

Budget costs for the scheme, which requires a series of moves have been prepared with an anticipated outcome of £3.5m and the only option to bridge the gap between unallocated funding and the budget costs is to commit the Discretionary programme contingency of £1m.

In addition, the CMG were presented with a paper relating to the mortuary refurbishment scheme which requested additional funding of £330k to support the additional structural works that had been identified during construction and the extension required for the temporary body store at Rookwood Hospital.

CEF agreed the draft programme as shown in Table 4 below which is currently forecasting an overcommitment of £0.375m against current available allocation. However, 2 actions were agreed to reduce the anticipated overcommitment:

1. Approach WG for additional support for the Mortuary Refurbishment
2. Undertake the design and tendering of the Cardiology scheme to establish the actual cost as the Budget was based on limited information

The committee should be aware however that there is no contingency remaining and this carries a significant risk given the position in the year.

Table 4 – Draft Expenditure Programme

Description	Expenditure		
	Major Capital	Discretionary Capital	Total
Major Capital Construction			
Rookwood reprovision at Llandough	750		750
EFAB	3,390		3,390
Tertiary Tower Infrastructure (BJC)	1,765		1,765
Urgent Replacement of Interventional Neuroradiology Equipment at University Hospital of Wales	2,870		2,870
Refurbishment of Mortuary UHW (BJC)	2,993	330	3,323
Lift Upgrade (BJC)	4,487		4,487
Electronic Switchgear, UHW	1,286		1,286
Replacement Boiler, University Hosptial Llandough	637		637
Diagnostic Equipment	540		540
Sanctuary Provision for Children and Young People	10		10
DPIF - Digital Medicines Transformation Portfolio	386		386
RISP Programme (Funding letter signed)	566		566
National Imaging Programme			
Relocation of Cardiothoracic Unit from UHL to UHW		1,920	1,920
Car Park Enabling CRI		300	300
Cardiology Relocation		3,500	3,500
Major Capital Business Cases			
Park View Wellbeing Hub (FBC)	1,174	230	1,404
	20,854	6,280	27,134
Annual Commitments:			
UHB Capitalisation of Salaries		700	700
UHB Director of Planning Staff		165	165
UHB Revenue to Capital		1,015	1,015
Business Cases funded via Discretionary Capital			
ITU Refurbishment (SOC)		180	180
Pentyrch Surgery - Fees			0
Statutory Compliance:			
Fire Risk Works		200	200
Asbestos		400	400
Gas infrastructure Upgrade		300	300
Legionella		450	450
Electrical Infrastructure Upgrade		150	150
Ventilation Upgrade		500	500
Electrical Backup Systems		250	250
Upgrade Patient Facilities		350	350
Dedicated Team		200	200
Other:			
Backlog Estates		598	598
Lift 8 & 9 UHW		156	156
Biochemistry Cooling UHW completion of project from 23/24		385	385
CFPU Chiller Upgrade completion of project from 23/24		50	50
UHW Tunnels Phase 2		50	50
Community Addiction Unit at CRI		100	100
Backlog IM&T		500	500
Backlog Medical Equipment		950	950
Contingency			0
PIE Requests		100	100
Unallocated funding			0
	0	7,749	7,749
Total Commitment	20,854	14,029	34,883
Over / Under Commitment	0	375	375

Regan, Nikki
09/07/2024 16:13:08

Backlog Maintenance & Patient Safety Funds 2024/25

NWSSP Specialist Estate Services requested that the UHB submit bids relating to backlog maintenance and patient safety to be funded from a £30m capital budget identified by WG. The UHB provided the information which amounted to £11.5m, a number of the schemes are included in table 2 above, which were considered priority by the UHB but could not be funded from the Discretionary Capital Budget. Correspondence has been received from NWSSP SES to advise that a recommendation is being submitted to the Minister for approval. Items 4,5,6&8 in the table above are amongst other schemes shortlisted within the funding.

For completeness, the Major Capital Schemes slippage against IR Suites £0.885m has been managed by bringing forward schemes from 2024/25 as shown in the table below

Scheme	£m
IR Suites	0.887
Efab - Fire	(0.299)
Efab - Decarbonisation	(0.295)
UHL Electrical Infrastructure	(0.072)
Electrical Infrastructure, Tertiary Tower Block at UHW	(0.036)
Lift Refurbishment and Upgrade, UHW	(0.013)
Mortuary Refurbishment, UHW	(0.142)
Electronic Switchgear, UHW	(0.007)
Replacement Boiler, University Hospital Llandough	(0.023)
Balance	0.000

Medical Equipment Backlog and IM&T Backlog

Discretionary Capital backlog allocation is provided to Medical Equipment and IM&T for expenditure in their areas to address urgent replacement. Appendix 1 & 2 of the report sets out their intentions of spend against the available funding.

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

- The capital plan 2024/25 has been endorsed by Capital Management Group at their meeting held 20th May 2024 and supported by Senior Leadership Group at their meeting held 20th June 2024
- The draft capital programme identifies, **Overcommitment £0.375m**
- Contingency in programme has been fully utilised
- NWSSP Specialist Estate Services have issued a recommendation to the Minister for funding allocation of £4.334m against £30m capital budget to address backlog maintenance and patient safety schemes.

Recommendation:

Finance & Performance Committee are requested to:

1. **NOTE:** the content of the paper and in particular the prioritisation process undertaken.
2. **SUPPORT:** the draft capital plan 2024/25 and **RECOMMEND** that the Board approve the plan, recognising the reported overcommitment and risk associated with the unavailability of contingency.
3. **NOTE:** the potential additional Welsh Government funding allocation to support items 4,5,6&8 in table 3 of the report

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

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

Impact Assessment:

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

Risk: Yes

Lack of capital funding to deliver the scheme has implications on clinical service delivery.

Safety: No

Financial: No

Workforce: No

Legal: Yes

Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.

Reputational: Yes

The UHB's ability to reduce waiting times and deliver services in an appropriate setting being cognisant of patient's privacy and dignity.

Socio Economic: No

Equality and Health: Yes

Increasing the overall reliability of the Lifts will ensure clinical staff are able to appropriately perform intensive clinical activities.

Decarbonisation: Yes

Although not been specifically, new equipment installed will be more energy efficient.

Approval/Scrutiny Route:

Capital Management Group

Date: 20/05/2024

Senior Leadership Group

Date: 20/06/2024

Regan, Nikki
09/07/2024 16:13:38