

Stakeholder Reference Group

Tue 26 January 2021, 11:00 - 13:30

Via Teams

Agenda

11:00 - 11:02 **1. Welcome and Introductions**
2 min

Chair

11:02 - 11:03 **2. Apologies for Absence**
1 min

Chair

11:03 - 11:05 **3. Declarations of Interest**
2 min

Chair

11:05 - 11:10 **4. Minutes & Matters Arising from the SRG meeting on 24 November 2020**
5 min

Chair

 Unconfirmed Minutes of SRG Meeting 24 November 2020.pdf (6 pages)

11:10 - 11:15 **5. Feedback from Board**
5 min

To highlight key issues from the Board meetings held on 26 November and 17 December 2020.

Nicola Foreman

11:15 - 11:30 **6. Update on UHB's Quarters 3 and 4 Service Delivery Plan**
15 min

To provide the SRG with an update on the UHB's Quarters 3 and 4 Service Delivery Plan

Abigail Harris

11:30 - 12:00 **7. UHB Sustainability Action Plan**
30 min

To receive a presentation on the UHB's Sustainability Action Plan

Ed Hunt

 Item 7 Stakeholder engagement final doc.pdf (21 pages)

12:00 - 12:40 **8. Shaping Our Clinical Services**
40 min

To present and seek feedback on the key questions being posed during the engagement process

Vicky LeGrys

12:40 - 13:20 **9. Keeping Me Well Website**
40 min

To seek the SRG's views on the UHB's new digital rehabilitation resource

Rachel Wallbank/ Luke Fox

Bricknell Helen
01/12/2021 16:55:16

13:20 - 13:20
0 min

10. Next Meeting of SRG

9.30am-12pm Tuesday 23 March 2021

Bricknell Helen
01/12/2021 16:55:19

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 24 NOVEMBER 2020
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Mark Cadman	WAST
Sarah Capstick	Cardiff Third Sector Council
Janice Charles	Vale of Glamorgan Council
Amy Faulkner	Carers Trust
Zoe King	Diverse Cymru
Jason Evans	South Wales Fire and Rescue
Paula Martyn	Independent Care Sector
Tim Morgan	South Wales Police
Lani Tucker	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons

In Attendance:

Cath Doman	Director for Health and Social Care Integration, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB

Apologies:

Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Linda Pritchard	Glamorgan Voluntary Services

Secretariat:

Gareth Lloyd, UHB

SRG 20/32 WELCOME AND INTRODUCTIONS

Abigail Harris thanked Sam Austin for agreeing to become the SRG Chair. It was anticipated that her appointment would be ratified by the UHB Board on 26 November.

The Chair thanked Geoffrey Simpson for chairing the Group on an interim basis and welcomed Cllr Janice Charles, Amy Faulkner and Siva Sivapalan to the SRG. All members then introduced themselves to the Group.

SRG 20/33 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Angela Hughes and Wendy Orrey.

SRG 20/34 DECLARATIONS OF INTEREST

There were no declarations of interest.

**SRG 20/35 MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING
HELD ON 23 SEPTEMBER 2020**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 23 September 2020.

UHB Strategic Equality Plan 2020/24

The UHB Strategic Equality Plan 2020/24 had been published on the UHB's website and a link circulated to SRG members.

Clinical Services Plan

Anne Wei reported that the UHB's Clinical Services Plan had been branded 'Shaping Our Clinical Services'. The engagement process would commence during early 2021 and SRG members would be asked for their support in publicising via their networks and encouraging people to get involved. The aim would be to bring it to SRG in January as part of the engagement.

SRG 20/36 FEEDBACK FROM BOARD

The draft minutes of the UHB Board meeting held on 24 September 2020 had been circulated to the SRG for information.

It was agreed that SRG members should address any questions relating to them to Anne Wei or Gareth Lloyd.

**SRG 20/37 UPDATE ON UHB'S QUARTERS 3 AND 4 SERVICE
DELIVERY PLAN**

Abigail Harris provided the SRG with an update on the UHB's Quarters 3 and 4 Service Delivery Plan, a link to which had been circulated in advance of the meeting.

The SRG was reminded that the usual NHW Wales planning process had been suspended at the start of the COVID-19 pandemic. Health Boards were normally required to submit a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) before the start of each fiscal year for approval by the Minister for Health and Social Services. The Minister had approved the UHBs IMTP but due to the pandemic WG had quickly introduced a quarterly planning cycle. WG had informed the UHB that it would not require a three year IMTP in 2021 but that UHBs would be asked to produce a one year annual plan. The plan would set the UHB's proposals in the context of its overall strategy.

Abigail Harris explained that it had not been possible to set out a fixed plan for the quarter 3 and 4 period due to the unpredictable nature of the pandemic. Three broad scenarios had therefore been developed: C-19 'worst case'; C-19 'best case'; and C-19 'central'. For the purpose of the Plan, the UHB has adopted the C-19 'central' as its triangulation point. The UHB has used these scenarios to shape the description of our response around the 'four harms' association with C-19 i.e. harm from C-19 itself, the indirect harm of C-19, harm from an overwhelmed NHS and social care system and harm from wider societal actions.

The SRG was informed that at present, Wales was tracking against the 'worst case scenario' in terms of the overall incidence of C-19 in the population however the numbers requiring admission to intensive care were more encouraging.

At the beginning of the pandemic the UHB had suspended all elective activity except life-saving interventions. During quarter 2 the UHB began to recommence elective activity. The UHB has now created 'green' (C-19 free) and 'red' (C-19) zones within its hospitals to enable it undertake more elective activity. Elective activity was currently approximately 65% of its pre-pandemic levels. This figure was higher for outpatients but only around 50% efficiency is being achieved in theatres due to the need to introduce far more rigorous cleaning regimes. The UHB is using theatre capacity in Spire Hospital and is looking to see if it could utilise further additional capacity in other independent hospitals.

The UHB's bed capacity has been increased and it is not currently utilising all of its C-19 capacity. In addition, a temporary modular build known as the Lakeside Wing was being constructed on the UHW site. The first phase of 166 beds would become available later that week and a further circa 230 beds would become available at the end of January 2021 when the second phase

is due for completion Staffing levels rather than infrastructure are the biggest constraint on activity and the UHB is undertaking a large recruitment drive.

Abigail Harris informed the SRG that plans for a mass C-19 vaccination programme were being refined. It was anticipated that the vaccination of priority groups would commence prior to Christmas and it could be as soon as week commencing 30 November. The vaccination programme would be another draw on staffing resources. People must have received the flu vaccination before they receive the C-19 vaccination. There is no problem with the supply of the flu vaccination at present. The uptake amongst the over 65s in Wales is around 65% against a target of 75%. SRG members were asked to use their networks to encourage people to have the flu vaccination.

Action: All

The UHB is providing the Test Trace Protect service for Cardiff and the Vale of Glamorgan in partnership with Cardiff and Vale of Glamorgan local authorities. The service has a very good trace rate and provides extremely good data on which to make decisions.

The SRG enquired how staff were coping and how the UHB was looking to increase its staffing numbers. Abigail Harris explained that the past few months had been challenging for everyone and particularly traumatic for UHB colleagues. Staff had adapted incredibly well to the changing practices but they were now understandably tired. The challenges facing the NHS during December and January were likely to be more severe than during the first wave of the pandemic due to a combination of all the other usual winter pressures and the need to maintain elective services. The Health Board's Management Executives had received a presentation on staff wellbeing and were keen to ensure staff are given appropriate support, adequate breaks and refreshments and receive mental health support. Consideration may have to be given to reviewing the qualified/non-qualified staff ratios but this would be in extremis. It was agreed that the slides from the wellbeing presentation to Management Executives be shared with the SRG and consideration should be given to SRG receiving a presentation at a future meeting.

Action: Gareth Lloyd

The SRG enquired whether the UHB had any proposals to address the elective backlog, for example, will non-NHS resources be used under the guidance of the NHS. Abigail Harris explained that the UHB was working with WG and looking at all potential options including potential regional solutions and further outsourcing and in-sourcing. Cases will have to be prioritised according to clinical need and it could take 2-3 years to clear the backlog. It was likely to be several months before plans to address the backlog are confirmed. Additional WG funding would be required but it was encouraging

that WG had hitherto made quick decisions on the release of funding to address the pandemic.

Abigail Harris explained that it was imperative that anyone worried about their health sought appropriate medical advice and did not put off contacting their GP due to concerns about C-19. She asked for the SRG's support in getting this message out to the public.

In response to an enquiry, Abigail Harris confirmed that the UHB wanted to retain some of the changes that had been introduced in response to the pandemic where these changes had resulted in patient benefits. On 1 December the UHB and Community Health Council would be discussing engagement for three or four service changes that the UHB would like to make permanent. Engagement and Equality Health Impact Assessments would be required for any permanent service changes.

The UHB had introduced CAV24/7 and it was interesting to note that WG wanted to roll out the model across the whole of Wales.

Mark Cadman informed the SRG that Welsh Ambulance Services NHS Trust had been required to implement some significant savings plans.

Concern was raised about the closure of the X-ray Department in Barry Hospital and the impact on elderly people who had to travel to Llandough Hospital. Anne Wei agreed to find out more and share the position with SRG.

Action: Anne Wei

SRG 20/38 REGIONAL PARTNERSHIP BOARD WINTER PROTECTION PLAN

The SRG received a presentation from Cath Doman on the Regional Partnership Board's Winter Protection Plan, a link to which had been circulated to members in advance of the meeting.

The Plan reflects the increased demand during the winter months and the continued circulation of C-19 which make the winter period even more challenging than usual. The focus of the Plan is on increasing capacity to ensure effective and timely discharge from hospital when individuals are ready to the most appropriate location and with proactive support to reduce the chance of readmission. All partners should contribute and support delivery of the Plan and ensure alignment of their own organisational plans and resources.

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The cost of the proposals contained in the Plan is £2.77m against approved funding of £1.35m. The funding received will only take the region through to January therefore a further £1.42 m has been requested from WG.

The SRG noted that the number of carers had increased during the pandemic and it was increasingly difficult for them to fulfil their carers' roles. Cath Doman confirmed that the crucial role of carers is acknowledged in the Plan indeed the timely discharge of people from hospital necessitates very close liaison with carers.

Following an enquiry, Cath Doman agreed to provide the SRG with details of the UHB's re-admission rates.

Action: Cath Doman

SRG 20/39 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm, Tuesday 26 January 2021.

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SUSTAINABILITY ACTION PLAN

SUBJECT TO ENGAGEMENT



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GIG
CYMRU
NHS
WALES

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

Foreword

Climate Change is the single biggest issue facing humanity. With a warming earth, rising water levels and increased incidence of extreme weather events leading to flooding, Cardiff is predicted to be impacted heavily as we move towards the end of the century. With the certain health impacts of a more extreme climate, the time to act has run out.

We're pleased that Cardiff & Vale UHB has had a strong track record of reducing our environmental footprint and thanks to Welsh Government funding through the Re:Fit programme, have a pipeline of projects planned to make further improvements. We need to build on this and do more however.

It is estimated that 4% of all the UK's greenhouse gases are as a result of healthcare. Whilst we have passionate people who have been pioneering in the adoption of sustainable healthcare practices, we must look at all aspects of our operation as a health system and deliver improvements, whether that is in reducing single use plastics used in clinical care or re-imagining our services in ways that positively impact our patients as well as the environment.

This Sustainability Action Plan sets out what we'd like to achieve in the short term and act as a springboard to going further and faster as we develop our plans to realise our Shaping Our Future Wellbeing aims and re-provide University Hospital Wales. The action plan is necessarily broad and seeks to prove concepts in clinical care in particular which can act as pathfinders for further advancement.

Our Cardiff & Vale UHB colleagues and Board are passionate about our improving our impact on the environment so this plan builds on what has been achieved and we look forward to future iterations which sets the goals and ambitions ever higher.



Charles Janczewski

Chair, Cardiff and Vale University Health Board



Abi Harris

Executive Director of Strategy and Planning

What is sustainability?

Sustainability and sustainable development is most commonly described as 'development that meets the needs and aspirations of the present without compromising the ability of future generations to meet their own needs' (World Commission on Environment and Development 1987).

Why take action now?

There is incontrovertible evidence from scientific community that climate change is taking place due to man-made emissions of green house gases. The impact of climate change is visible already –



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extreme weather, rising sea levels, mass species loss and extinction – and is impacting on our daily lives.

Like many countries around the world, the Welsh Government has declared a climate emergency and has been taking action as a globally responsible Wales for many years.

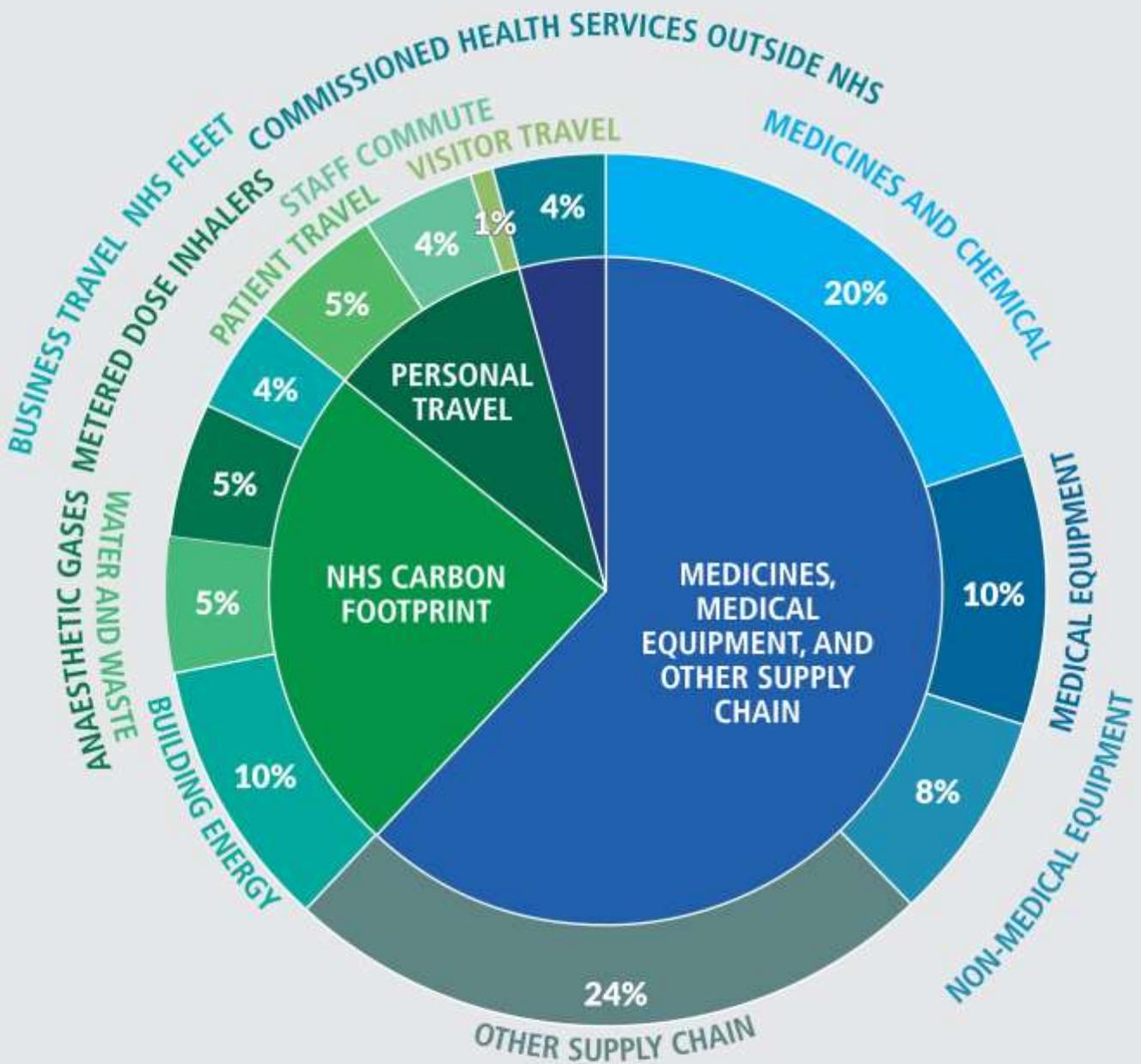
In an emergency, we have to behave and act differently and swiftly. Therefore if the Health Board is to meet and exceed the existing requirements, we need to take action urgently to accelerate reduction in our carbon impact, and take other action to embed sustainable development into everything that we do.



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In lieu of expected data from NHS Wales, the following diagram depicts the sources of NHS England's carbon emissions to illustrate the extent of the challenge.



NHS England's Sources of Carbon Emissions by Proportion of NHS Carbon Footprint
 (Source: "Delivering a Net Zero National Health Service")

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What has been done so far in Wales?

In 2015 the Welsh Government enacted the Wellbeing of Future Generations (Wales) Act (2015) – world-leading landmark legislation now being replicated in other countries across the world. This is followed by a number of other important legal requirements agreed by the Welsh Government including the Environment (Wales) Act (2016) which requires the Welsh Government to reduce emissions of greenhouse gases (GHGs) in Wales by at least 80% for the year 2050.

In 2019, the Welsh Government published Prosperity For Wales: A Low Carbon Plan for Wales – public sector to be carbon neutral by 2030. The plan is very detailed and sets out the actions required across all sectors in Wales to deliver on the targets set.

What Have We Done So Far

The Health Board is already taking action in a number of areas and benchmarks well on a number of key measures.

External review has confirmed that we are progressing well with embedding the Wellbeing of Future Generations requirements, having adopted the strategic objectives in our ten year strategy (Shaping our Future Wellbeing) as our wellbeing objectives.

In January 2020, Board committed to responding urgently to the climate emergency, confirming a desire to be an exemplar organisation. The Board also agreed the Biodiversity Action Plan at its meeting in January 2020 which commits us to taking action to promote biodiversity on our extensive estate. Some examples of the actions we are already taking are set out below.

- Environment (Wales) Act (2016) requires Welsh Government to reduce emissions of greenhouse gases (GHGs) in Wales by at least 80% for the year 2050
- Welsh Government's Prosperity For Wales: A Low Carbon Plan for Wales (2019)
- The health care sector is a significant consumer of energy and as one of the biggest NHS organisations in the UK, this is true of our Health Board. However we have a proactive energy group and we have already taken significant action to reduce our energy use and we are now the lowest energy usage in Wales.
- Carbon reduction programme in place (Re:fit programme etc.) – although this will not take us the carbon reduction targets set by Welsh Government. This includes participation in the EU Carbon Credit Scheme.
- The NHS is typically a high producer of waste but we have taken a significant amount of action to date to reduce the amount of waste we produce and to eliminate waste going into landfill. To date our Health Board achieves the highest levels of waste reduction of any health board in Wales.
- We are also a big consumer of water, and our ageing estate results in a higher usage of water compared to modern facilities. However, we have taken actions to reduce water usage overall, with the introduction of initiative such as waterless urinals.

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- Theatres are a big consumer of energy and potential waste creation. We are leading a Green theatres innovation project looking at how theatres of the future can be designed and run in ways that are carbon neutral and sustainable.
- We are ensure that we are building sustainability the design and build of new infrastructure. We have secured extra capital funding for decarbonisation of Maelfa Wellbeing Hub development.
- We know that promoting active travel is good for the environment and good for our health. We have an Active Travel commitment with PSB partners and active travel plans in place but we are not yet on track to deliver the commitments we have made.
- We have a significant amount of estate we can use for promoting sustainability and biodiversity. Orchard at UHL is one of our biggest initiatives in this area.

What is Happening Elsewhere

Within The UK

Within the UK, many NHS organisations are committing formally to take action to respond to the climate emergency. The Centre for Sustainable Healthcare was set up a number of years ago and is providing advice and evidence to support healthcare organisations respond to the need for urgent action to ensure services are more sustainable in the future.

Much of the evidence relates to sustainable models of healthcare which focus on prevention illness and disease, and delivering lean and efficient health care. The Cochrane also references the impact of harm caused by excess medical interventions to patients. This is very much in line with Prudent Healthcare Principles and the objectives we have set out in Shaping Our Future Wellbeing.

The Newcastle Upon Tyne Hospitals NHS Trust stands out as a leading the way in England, with a Director of Sustainability charged with overseeing the delivery of an ambitious sustainability improvement programme called SHINE (Sustainable Healthcare in Newcastle).

They have created an ambitious action plan which articulates how they're going to make a difference. We have referenced what others including Newcastle are doing as inspiration for setting Cardiff and Vale UHB's direction of travel.

Learning from The USA

There is a very proactive approach to delivering sustainable healthcare in the USA with some specific examples set out below.

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Go local with food choices

Cafeterias in hospitals serve hundreds of people per day, and the source of their food can have a dramatic effect on a hospital's environmental impact. By contracting with vendors that rely on locally grown fresh produce, hospitals can minimize gasoline consumption required to ship and refrigerate fruits and veggies from distant locations. Hospitals can also work with local composting companies to haul away food waste that can be used as fertilizer in sustainable farming.



Look into ways to conserve water.

One hospital, Virginia Mason Medical Centre in Seattle, saved over 6 million gallons of water per year by replacing a linear accelerator (used in radiation therapy) with a better model; replacing washroom toilets, faucets and showers with water-efficient alternatives; and purchasing high-efficiency dishwashers. On a large scale, less water per flush or shower can make a big difference in water consumption.

Save energy

Reducing energy use and carbon output is particularly tricky for hospitals, but not impossible. Connecticut's Greenwich Hospital saved over [1.7 million kWh](#) and \$303,000 of electricity per year, and reduced its overall energy consumption by 35%. How? The hospital reprogrammed its heating and cooling plants, re-engineered its air handling systems and upgraded its light bulbs, among other changes. And this investment paid for itself – Greenwich Hospital made back its money within six months.

Change waste disposal protocols

Because hospitals produce so much waste, disposing of it in an environmentally friendly way can be challenging. For example, regulated medical waste has to be disinfected before going to the landfill. Disinfection methods like incineration are both energy intensive and known to release noxious fumes. But processes like autoclaving, chemical treatment and microwaving can be more eco-friendly. Ask the company behind your disinfection process about its energy and chemical use, and consider switching if you can find a greener provider.

Practice chemical safety

Dozens of chemicals used in a hospital can be dangerous under the right conditions, but there are some surprising culprits. LCD displays, fluorescent lamps, CRT monitors, flameretardant mattresses, wheelchair cushions and even baby bottles can contain hazardous chemicals if you buy them from the wrong manufacturer. For your hospital, you can improve

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chemical safety by making conscious purchasing decisions and recycling toxic goods, like batteries, properly.

Revamp entire supply chain to be more sustainable

Work with vendors to ensure that all products your hospital purchases are as environmentally friendly as possible, from medical supplies to printer paper.

Making renovations and upgrades greener

There are national [Leadership in Energy and Environmental Design \(LEED\)](#) standards.

Change landscaping techniques

Switching to green landscaping techniques using native plants can help your hospital better manage storm water drainage, reducing waste. Also, incorporating more green space into your hospital's campus is a sustainability practice that can also improve its appearance.



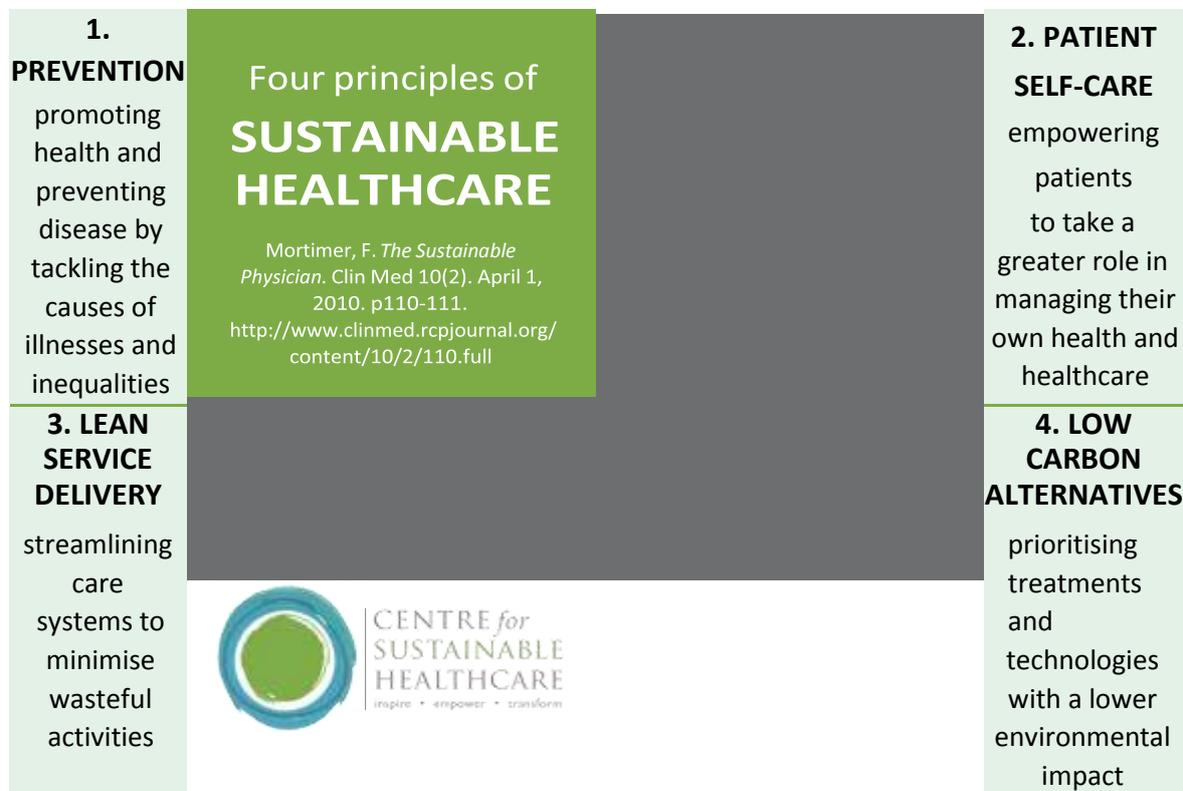
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Develop our Sustainability Action Plan (SAP)

Our Sustainability Model

In order to develop our sustainability action plan, a working party was established, sponsored by the Executive Director of Strategic Planning, which looked at the evidence from around the world and identified the areas we should focus our actions. Membership of the Sustainability Action Plan Working Group is set out in Annex 1 – the working group was drawn from people across corporate departments and in clinical areas already acting as champions for climate change and proactively working to deliver sustainable health care.

The group decided to adopt the four pillars advocated by the Centre for Sustainable Development. Linking to these pillars we have aligned our strategic objectives (or wellbeing objectives) and have developed a proposed set of actions against eight themes using some of the learning from Newcastle’s SHINE Programme.



Centre for Sustainable Healthcare 4 Pillars

Our Sustainability Action Plan

For each theme, a series of commitments have been set out, with ambitious targets for the level of improvement we aspire to deliver, and confirmation of where the leadership for the action sits within the organisation.

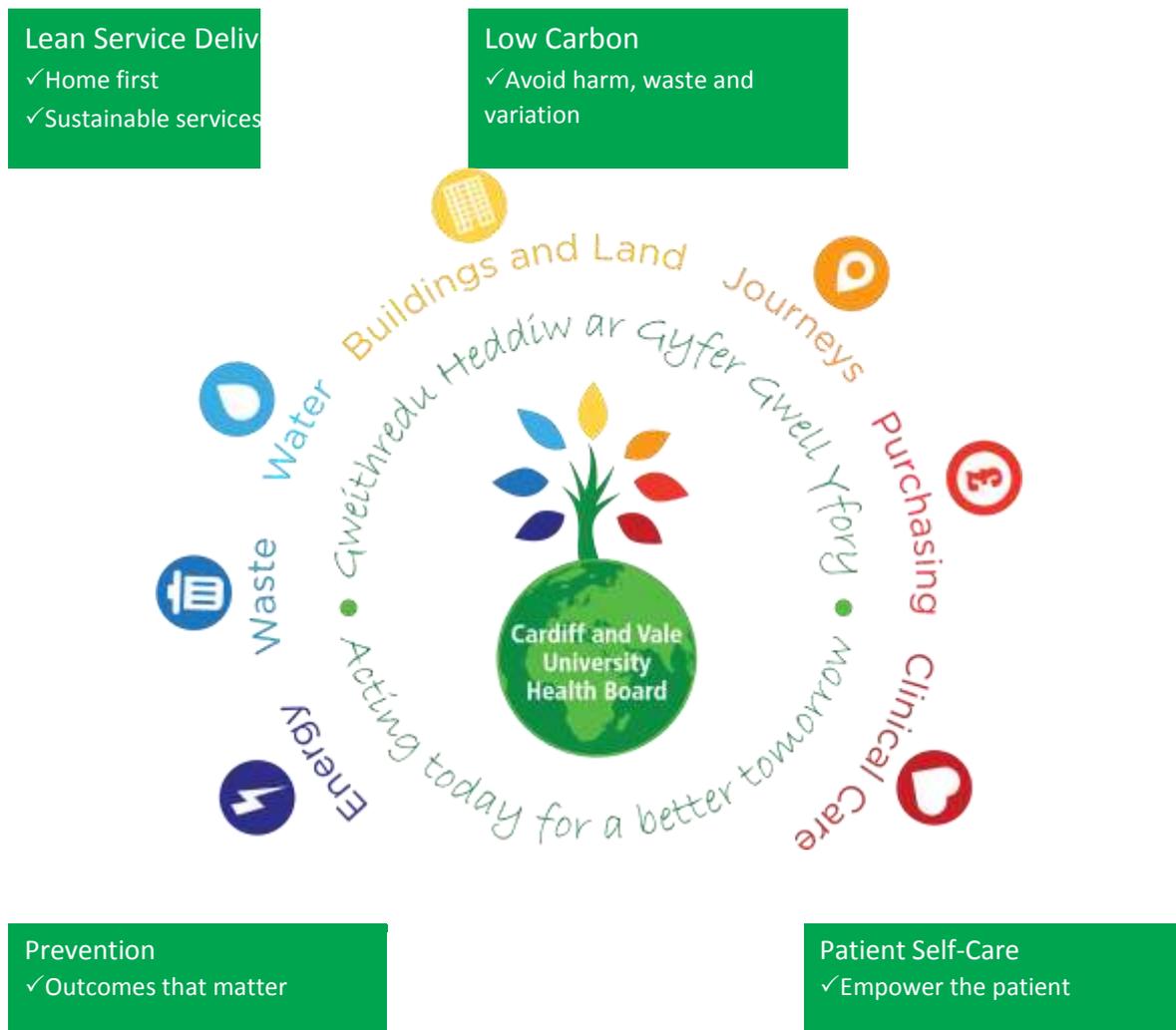
Both Public Service Boards have identified climate change/sustainability as a priority. Cardiff and Vale have signed up to the Vale of Glamorgan’s Climate Emergency Charter, which is set out in Annex 2. Cardiff Council has just launched consultation on its response to the Climate Emergency -

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The One Planet Strategy Consultation (<https://www.oneplanetcardiff.co.uk/>). Members of the SAP Working Party are attending the launch event.

The Working Party has recognised the opportunities presented by the Covid19 crisis to do things differently as we reset a new normal post C19 and there is a real opportunity to embed sustainability into our 'recovery', reflecting the Welsh Government's signal around a 'green recovery' approach to the reconstruction work.



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Proposed Targets

Theme	Objective	Key Success Measures	Actions	Lead	Date	Metrics
Energy	Use less energy year on year increase use of renewable to maintain ISO14001 accreditation	Carbon emissions reduction 3% y/y	Implement our pipeline of phase 1a Re:Fit energy saving projects	CEF	31/3/21	tCo2e ISO14001 recertification
		Maintain consumption 100% renewable electricity.	Develop proposal for a combined heat and power plant at UHL by 31/3/21			
Waste Food	Reduce waste through our operations	Zero waste to landfill	Maintain zero waste to landfill	CEF	31/3/21	Total waste in tonnes segregated Tonnes waste incinerated with energy recovery % waste recycled as proportion of total
		Reduction in waste generated	Halve food waste by 2025 from a 2007 baseline Maximise waste incinerated with energy recovery Encourage recycling amongst staff and patients/visitors			
Water	Reduce water usage, promote the importance of keeping hydrated	To accurately measure water usage and seek reduction strategies	Increase number of water refill stations across our estate by 5, funded by Health Charity.	CEF	31/3/21	Num new water fountains - 31/3/20 and 31/3/21 Water use m3
			Update water/sewage reporting to reflect use/costs as part of EFPMS returns. Encourage service improvement programmes related to waster/sewage.			

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Procurement	Integrate sustainable ethical procurement practices into policy	All CV controlled procurement activity > £25k carries out an NHS SS sustainability risk assessment	Apply NHS SS risk assessment to all upcoming new and contract tenders, to ensure all opportunities for maximising sustainability/carbon reduction are included/prioritised	Head Procurement	31/3/21	Number sustainability assessments carried out
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Theme	Objective	Key Success Measures	Actions	Lead	Date	Metrics
People	Staff patients aware of commitment to sustainability Eco-literate org	Staff recognise our commitment to sustainable healthcare service delivery and have a role to play	Communicate successes and plans	Sustainability Action Group	31/3/21	Impact measures through staff surveys
Built Environment, Green Infrastructure Biodiversity	Increase sustainable healthcare building design and healthy, green, bio-diverse external spaces	All new builds and major refurbishments include sustainable design features as standard and our external space is healthy, green and biodiverse.	BREEAM Excellent EPC Rating of A for all new builds. Built using 15% of recycled materials.	CEF	31/3/21	Business cases signed off.
			Express the UHW2 opportunity before the end March 2021 with an aspirational set of sustainability characteristics.	PD UHW2	31/3/21	UHW2 Programme Business Case signed off by Management Exec

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Theme	Objective	Key Success Measures	Actions	Lead	Date	Metrics
Transport	Reduce the number of cars brought to our sites, encourage active travel and homeworking	Increased use of active travel	Comply with the Cardiff Vale Healthy Travel Charter: reduced car usage to commute, more cycle usage to commute, more staff using ULEVs during the day, increased bus usage.	Dr Tom Porter	31/3/21	Healthy Travel Survey
		Increased number of ULEVs in our fleet	Promote home working to reduce commuting journeys in aggregate	ALL CV UHB	31/3/21	
			Consider ULEVs when fleet vehicles need replacing	CEF	2025	All light vehicles to be ULEV
			Increase bike locking facilities across our sites and provide bike maintenance help across our sites.	CEF/Health Charity	31/3/22	Number new bike locking schemes

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Clinical	Develop low carbon/ low waste care for our patients. Sustainability embedded in CV strategy investments Promote: Prudent health care/ self care/ prevent-prehab-rehab/	To be recognised as a benchmark/case study health system for sustainable health policy and practice Sustainability is embedded into our service planning arrangements.	50% of non f2f consultations by 31/3/21 (using digital platforms) Test lean, green pathways as part of the UHW2 PBC and Clinical Services Plan. Address metered dose inhaler (MDI) use by using low carbon inhalers Searching for further opportunities transforming anaesthetic practices. To advocate the work of the Centre for Sustainable Healthcare Gather together a community of interested clinicians who are promoting sustainable healthcare and understand their impact. Climate Smart Clinician Network. Explore opportunities to use more sustainable devices and create a framework for further schemes.	COO Hunt/Le G/ Masani Clinical Fellow (CF) Clinical CF CF Dr Fiona Brennan CF Sustainability Action Group	31/3/22 31/3/21 30/9/21 30/9/21 30/9/21 30/9/21 31/3/21	% of total consultations in March 2022 Developed Clinical Services Plan Mt CO2e Mt CO2e Evidence engagement cut through. Community practicing sustainability improvement. At least 2 business cases created.

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Progress Highlights

Since the working group has been meeting the following initiatives have come forward:

• Net Zero

WG and NHS Wales to set new targets to enable to net zero by 2030 to be realised, promote a circular economy and improve air quality– expected in early 2021.

• Water

New water fountain in Barry. Health Charity agreed to fund five more: 1 x Rookwood, 1 x Breast Centre, 1 x CRI, 2 x St Davids. Request from clinicians in UHW to be considered on application.

• Journeys

Application to Health Charity to fund bike maintenance mornings at our sites: basic safety checks and repairs advice

It is estimated that 85,000 journey miles have been saved as a result of patients receiving video consultations rather than unnecessary face to face visits.

• Clinical

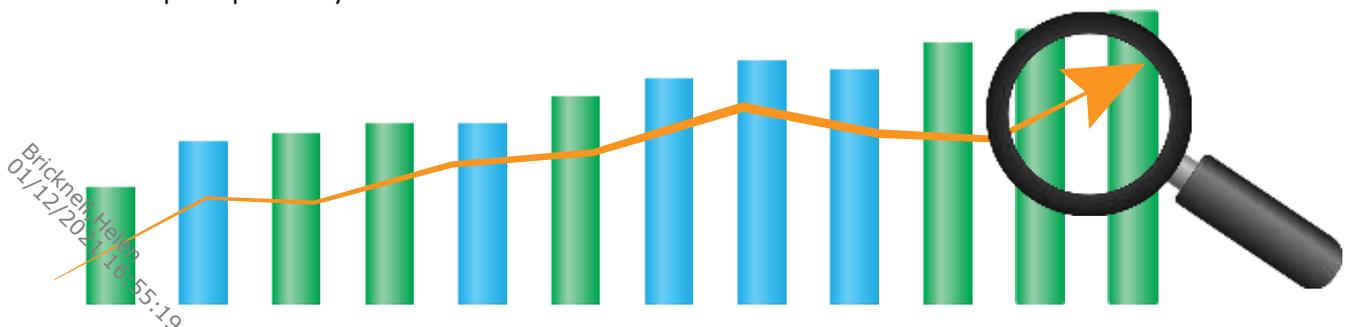
Reusable device pilot. Video laryngoscope. A study where trade offs between costs and lifecycle value need to be assessed. Dr Fiona Brennan

Inhalers. Project setting up to investigate the prescribing of more environmentally friendly inhalers. Simon Barry

New Clinical Fellow started with remit for progressing 3 sustainability projects: Inhalers, further transforming anaesthetic practices, educating colleagues (and med school) on Sustainable QI: Amarantha Fennell-Wells (supervised by Dan Morris and Fiona Brennan).

• Partnership

Since producing our action plan, Cardiff Council have commenced a consultation on their One Planet Cardiff vision for a carbon neutral city by 2030. There are ways emerging for the UHB to work with Cardiff council on their ambitious plans. The UHB will respond positively to the consultation.



Implementation

A lot has been achieved so far with robust management of our energy, waste and water through our ISO 14001 accreditation, having been embedded into business as usual practice for a considerable period of time.

It is recognised that opportunities exist to make sustainability gains in the products we use to provide care. To help achieve this, Cardiff and Vale will fund a Sustainability Project officer to lead on trail blazing schemes to question why we use certain products and whether kinder alternatives are holistically better, not just cheaper. £150k p/a of capital and revenue (combined) will be allocated for project delivery.

In addition, Cardiff and Vale in partnership with HEIW have agreed to fund a Clinical Fellow in Sustainable Healthcare between 2020 and 2023. Projects have been allocated for delivery that make inroads into metered dose inhalers, finding further gains in anaesthetic gasses and educating the next generation of clinicians.

The Sustainability Action Group will monitor and control delivery of our action plan and report to The Board progress.



Bridgnell Helen
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Annex 1 - Sustainability Action Plan Working Party

Abigail Harris

Executive Director of Strategic Planning

Jared Torkington

*Consultant Colorectal Surgeon and
Associate Medical Director for Clinical Innovation*

Fiona Brennan

Consultant Anaesthetist

Dan Morris

Consultant Ophthalmologist

Jon McGarrigle

Head of Energy

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Simon Barry

Respiratory Consultant



Simone Joslyn

Head of Arts and Health Charity

Brianne Helen
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Mike Jones

Unison Trade Union Conveyor

Ed Hunt

UHW2 Programme Lead

Jonathon Watts

Head of Strategic Planning

Claire Salisbury

Head of Procurement

Tom Porter

Public Health Consultant and Active Travel Lead

Amarantha Fennell-Wells

Clinical Leadership Fellow (Sustainable Healthcare)

Nadia DeLonghi

Natural Resources Wales

Stephen Allen

South Glamorgan CHC

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Annex 2

Vale of Glamorgan PSB Climate Emergency Charter

Working together across the Vale of Glamorgan we commit to:

Lead by example

- Promote a wider understanding of climate change and how our actions impact on the environment – listen, learn and act
- Embed sustainability within our procurement policies and practices – buy less and buy local
- Value, protect and enhance our biodiversity and the natural environment
- Divest from fossil fuel related industries
- Take action ourselves as local citizens

Take positive action

- ▲ Promote walking, cycling and the use of public transport
- ▲ Plant more trees and create more woodland and hedgerows
- ▲ Increase the number of electric/ low carbon vehicles in our fleet and create a network of EV charging points across the Vale
- ▲ Make our buildings more energy and water efficient and explore opportunities for renewable energy
- ▲ Increase the network of water refill stations
- ▲ Manage peatland and soils to reduce emissions and improve carbon storage
- ▲ Work towards new buildings within our estate being net zero carbon

Reduce our impact

- ▼ Reduce the need to travel
- ▼ Reduce the amount of paper and single use plastics we use
- ▼ Reduce the amount of office space we need
- ▼ Reduce the amount of waste we produce and improve our recycling

By our actions we will:

- Reduce our emissions to mitigate the effects of climate change whilst adapting to its impacts.
- Be kinder to our environment
- Be healthier
- Become a Carbon Neutral Public Sector by 2030



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GIG
CYMRU
NHS
WALES

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

'Keeping Me Well' Website

Background

The site was developed as a rehabilitation, therapist led, first-line intervention to support self-management/recovery strategies for the identified 4 populations of those affected by the COVID pandemic:

- 1) those individuals recovering from COVID;
- 2) those awaiting paused care who may as a consequence have a deterioration in their functioning;
- 3) those individuals who haven't accessed care and maybe at risk of deterioration of function; and
- 4) those individuals who are vulnerable and may be shielding, where isolation may cause increased risk of reduced activity/deconditioning and significant risk of reduction in mental and physical wellbeing.

The suggested approach by Psychology was one of treating the individual accessing the site as we would do if we saw the individual in person, as a multi-disciplinary team and seeing the patient central to that intervention and holistically.

The site also offers information regarding the pandemics effect on Children/young people's health/wellbeing.

Questions for the SRG

Q1) Do you think we have covered those populations mentioned? What have we missed?

Q2) We are aware that the site needs to be accessible to all and are concerned about it not being accessible to those marginalised by difficulties accessing digital resources. Any suggestions on how we tackle this?

Q3) Usability of the site: is it easy to navigate? Are the pages easy to read? Is the language accessible?

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