








Finance Committee

29 July 2020, 14:00 to 16:00
Cefn Mably, Woodland House / Via Skype

Agenda

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|-------------|--|-------------------|
| 1. | Preliminaries | |
| 1.1. | Welcome & Introductions | Rhian Thomas |
| 1.2. | Apologies for Absence | Rhian Thomas |
| 1.3. | Declarations of Interest | Rhian Thomas |
| 1.4. | Minutes of the Committee Meeting held on 27th May 2020 | Rhian Thomas |
| |  1.4 UNCONFIRMED MINUTES OF THE FINANCE COMMITTEE JUNE 2020.pdf | (3 pages) |
| 1.5. | Action Log | Rhian Thomas |
| |  1.5. Action Log For July 2020 Finance Committee Meeting.pdf | (1 pages) |
| 1.6. | Chairs Action taken since last meeting | Rhian Thomas |
| 2. | Items for Review and Assurance | |
| 2.1. | Financial Performance Month 3 | |
| | a. Financial Position Report | Christopher Lewis |
| |  2.1a Finance Position Report for Month 3.pdf | (20 pages) |
| 2.2. | Finance Risk Register 2020/21 | |
| | a. Main Risk Register | Andrew Gough |
| | b. Dragon's Heart Hospital | |
| |  2.2 Finance Risk Register 2020-21 July 2020.pdf | (2 pages) |
| |  2.2a Finance Risk Register 2020-21 - Appendix 1.pdf | (6 pages) |
| |  2.2b Dragons Heart Hospital (DHH) Finance Risk Register 2020-21 - Appendix 2.pdf | (5 pages) |
| 2.3. | NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery | Christopher Lewis |
| |  2.3 NHS Wales organisations debt rite off to prepare for COVID 19 Recovery.pdf | (5 pages) |
| 3. | Items for Noting and Information | |

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3.1. Month 3 Financial Monitoring Returns



3.1a CV Financial Monitoring Returns 2020-21 -
Month 3.pdf

(8 pages)



3.1b Month 03 - Cardiff & Vale ULHB - Monitoring
Return Tables - Day 9 - Revised Template
Returned.pdf

(5 pages)

4. Items to bring to the attention of the Board

Rhian Thomas

5. Date and time of next Meeting

Wednesday 26th August 2020 at 2pm, Cefn Mably Meeting Room, Woodland House

**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 24th JUNE 2020
CEFN MABLY MEETING ROOM/SKYPE , WOODLAND HOUSE**

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
Charles Janczewski	CJ	Interim Board Chair
John Union	JU	Independent Member - Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Len Richards	LR	Chief Executive
Ruth Walker	RW	Executive Nurse Director

FC 20/044	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
FC 20/045	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
FC 20/046	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 20/047	MINUTES OF THE COMMITTEE MEETING HELD ON 27TH MAY 2020	
	The minutes of the meeting held on 27 th May 2020 were reviewed for accuracy and were agreed as a true and accurate record.	

	<p>Resolved – that:</p> <p>The minutes of the meeting held on 27th May 2020 were approved by the Committee as an accurate record.</p>	
FC 20/048	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>FC 20/032– FINANCE RISK REGISTER - The Risk Register would be subject to substantive review as the circumstances around risks changed and that further detail would be provided on specific actions to mitigate some of the current risks.</p> <p>It was confirmed that the Risk Register had been reviewed with further detail added in respect of mitigating actions on the Risk Register included in June 2020 papers</p> <p>Action complete.</p> <p>Resolved – that:</p> <p>The Finance Committee received the Action Log.</p>	
FC 20/049	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 20/050	<p>FINANCE RISK REGISTER</p> <p>The Assistant Director of Finance (AG) presented the Finance Risk register.</p> <p>The extreme risks were noted as being:</p> <p>Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission. Fin02/20 – Management of budget pressures. Fin03/20 – Delivery of £29.0m (3.5%) CIP Fin10/20 – COVID-19 impact on financial plan</p> <p>The Finance Committee was asked to note that the COVID-19 financial plan risk (FIN10/20) was shown at appendix 2 as a sub-set to the main risk register. There was one extreme risk on the Dragon’s Heart Hospital (DHH) sub set risk register and this was noted as being:</p> <p>Fin03/20 DHH - Damage and alteration to the stadium driving reinstatement costs above the current projected provision.</p> <p>The UHB Chair (CJ) queried whether the assumptions underlying Risk Fin07/20 - Delivery of RTT within resources available had been confirmed. In response the Chief Operating Officer indicated that the assumptions underlying RTT had changed and that the UHB was</p>	

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	<p>looking at using risk based measurement from quarter 2 onwards and amending its assumptions in line with the national operating framework.</p> <p>In respect of Fin 03/20 DHH and reinstatement required in respect of the Principality Stadium the UHB Chair asked whether the UHB had identified any damage to WRU estate. In response the Deputy Director of Finance indicated that an estimate of cost had been included in forecasts and that the estimate was expected to evolve as further information became available.</p> <p>The Finance Committee Chair (RT) queried the level of consequential losses included in the forecast in relation to Fin 04/20 DHH - for the Cost of delays in vacating the stadium leading to consequential claim by the WRU and Cardiff Blues. It was confirmed that a figure c £0.7m was currently included and this assumed that the Stadium would be vacated by the end of October.</p> <p>Resolved - that:</p> <p>The Finance Committee noted the risks highlighted in the 2020/21 risk register.</p> <p>The Finance Committee noted the risks highlighted in the Dragon's Heart Hospital sub set risk register.</p>	
<p>FC 20/051</p>	<p>ITEMS TO BEING TO THE ATTENTION OF THE BOARD</p> <p>There were no items to being to the attention of the Board.</p>	
<p>FC 20/052</p>	<p>DATE OF THE NEXT MEETING OF THE COMMITTEE</p> <p>Wednesday 29th July; 2.00pm; Skype / Cefn Mably Meeting Room, Ground Floor, HQ, Woodland House</p>	

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FINANCE COMMITTEE – PUBLIC MEETING

ACTION LOG

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
			No Outstanding Actions		

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Report Title:	Finance Report for the Period Ended 30 th June 2020				
Meeting:	Finance Committee			Meeting Date:	29 th July 2020
Status:	For Discussion	x	For Assurance	x	For Approval
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				

Background and current situation:

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government by the end of January 2020 for its consideration. The Welsh Government wrote to the UHB on 19th March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. Welsh Government however are still monitoring the UHB against its submitted plan with a focus on the financial impact of COVID 19. A summary of this plan is provided in Table 1.

Table 1: 2020/21 IMTP

	2020/21 IMTP £m
Prior Year Plan	(4.0)
Adjustment for non recurrent items in previous year	(7.5)
b/f underlying deficit	(11.5)
Net Allocation Uplift (including LTA inflation)	36.2
Cost Pressures	(50.7)
Investments	(3.0)
Recurrent Cost Improvement Plans 3%	25.0
Non Recurrent Cost Improvement Plans 0.5%	4.0
Planned Surplus/(Deficit) 2020/21	0.0

At month 3, the UHB is reporting an overspend of £45.774m against this plan due to net expenditure of £56.850m arising from the management of COVID 19 which is offset by Welsh Government COVID 19 funding of £11.016m and an operating surplus of £0.061m.

The UHB continues to progress its plans to manage the pandemic at risk pending the agreement of further additional funding to fully cover additional costs arising from the management of COVID 19.

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

The main focus of the UHB is managing the impact of COVID 19, which will inevitably come with a significant cost.

With the operation imperative being managing the impact of COVID 19, for the time being the main financial focus will be on justifying additional expenditure incurred in dealing with COVID 19 and assessing its impact on the reported financial position. The UHB will however also need to keep in check its non COVID operational position to ensure that financial control is maintained.

What is key for the Board is how it recovers from this period. It needs to avoid adding recurrent expenditure to its underlying position and to embed the many transformation changes that have been delivered at pace due to necessity. This is a period of both significant financial risk and opportunity for the UHB.

Assessment and Risk Implications

The Finance Dashboard outlined in Table 2 reports actual financial performance against key financial performance measures.

Table 2: Finance Dashboard @ June 2020

Measure	n	STATUS REPORT				
		June 2020	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£45.774m deficit at month 3.	R	↓	2020/21 Break-Even	M3 2020-21
Remain within capital resource limits.	37	Expenditure at the end of the June was £16.078m against a plan of £16.204m.	G	⊕	Approved planned expenditure £41.736m	M3 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.7m	R	⊕	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M3 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.328m forecast at month 3. Performance impaired by response to COVID- 19	R	⊕	£25.000m	M3 2020-21
Delivery of £4m non recurrent devolved target	36c	£0.801m forecast at month 3. Performance impaired by response to COVID- 19	R	↑	£4.000m	M3 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 94.1 % at the end of June	R	↑	95% of invoices paid within 30 days	M3 2020-21
Remain within Cash Limit	37b	Forecast cash deficit of £139.438m	R	↑	To remain within Cash Limit	M3 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £4.051m	G	⊕	To Maintain Positive Cash Balance	End of June 2020

Month 3 Cumulative Financial Position

The UHB has developed plans at pace for managing COVID 19. This includes deferring elective work and increasing its available bed capacity to manage surges in activity.

The Welsh Government has made amendments to the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 3 is a deficit of £45.774m and this is summarised in Table 3.

Table 3: Month 3 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.332	61.060
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.052	6.320
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.919)	(9.683)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.847)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	56.850
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	(0.061)
COVID - 19 Funding Pay Costs Quarter 1			(11.016)	(11.016)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	45.774

This shows that the key driver of the month 3 financial position is the impact of COVID 19.

The additional COVID 19 expenditure in the 3 months to the end of June was £61.060m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. At month 3 additional costs of £39.994m related to the Dragon's Heart Hospital (DHH). The expenditure reported against the DHH fell by £2.378m in month following the confirmation and re-evaluation of a number of key contractual liabilities and their phasing.

There was also £21.066m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £6.320m against the month 3 target of £7.196m. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes.

Elective work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has seen a £9.683m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £0.847m on its commissioning plans due to impact of COVID 19.

The net expenditure due to COVID 19 is £56.850m. The UHB also has a small operating underspend of £0.061m and the UHB has received additional Welsh Government funding of £11.016m to cover COVID related Quarter 1 pay costs resulting in a Month 3 deficit of £45.774m.

Table 4 analyses the reported position between income, pay and non pay.

Table 4: Summary Financial Position for the period ended 30th June 2020

Income/Pay/Non Pay	Budget	Actual	Net Expenditure Due To COVID 19	COVID 19 Funding Pay Costs Quarter 1	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m
In Month						
Income	(115.273)	(114.162)	1.111	0.000	(0.001)	1.110
Income - COVID 19 Funding Pay Costs Quarter 1	0.000	(11.016)	0.000	(11.016)	0.000	(11.016)
Pay	54.937	58.119	4.199	0.000	(1.018)	3.181
Non Pay	60.336	59.627	(1.524)	0.000	0.814	(0.710)
Variance to Plan £m	(0.000)	(7.432)	3.786	(11.016)	(0.204)	(7.434)
Cumulative						
Income	(349.787)	(346.378)	3.314	0.000	0.094	3.409
Income - COVID 19 Funding Pay Costs Quarter 1	0.000	(11.016)	0.000	(11.016)	0.000	(11.016)
Pay	165.237	172.829	10.208	0.000	(2.615)	7.592
Non Pay	184.551	230.340	43.328	0.000	2.460	45.788
Variance to Plan £m	0.000	45.774	56.850	(11.016)	(0.061)	45.774

Income

The year to date and in month financial position for income is shown in Table 5:

Table 5: Income Variance @ June 2020

Income	COVID 19 Additional Expenditure	COVID 19 Non Delivery of Planned Savings	COVID 19 Reductions In Planned Expenditure	Net Expenditure Due to COVID 19	COVID 19 Funding Pay Costs Quarter 1	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m	£m
In Month							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL COVID 19 Q 1 Pay Costs	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.062	0.000	0.000	0.062	0.000	(0.009)	0.053
Education & Training	0.006	0.000	0.000	0.006	0.000	0.005	0.011
Injury Cost Recovery Scheme (CRU) Income	0.143	0.000	0.000	0.143	0.000	(0.010)	0.133
NHS Patient Related Income	0.164	0.000	0.000	0.164	0.000	(0.017)	0.147
Other Operating Income	0.647	0.000	0.000	0.647	0.000	0.052	0.698
Overseas Patient Income	0.000	0.000	0.000	0.000	0.000	(0.016)	(0.015)
Private Patient Income	0.070	0.000	0.000	0.070	0.000	(0.007)	0.063
Research & Development	0.019	0.000	0.000	0.019	0.000	0.002	0.021
Variance to Plan £m	1.111	0.000	0.000	1.111	(11.016)	(0.001)	(9.906)
Cumulative							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL COVID 19 Q 1 Pay Costs	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.422	0.000	0.000	0.422	0.000	(0.014)	0.408
Education & Training	0.006	0.000	0.000	0.006	0.000	0.048	0.054
Injury Cost Recovery Scheme (CRU) Income	0.342	0.000	0.000	0.342	0.000	(0.029)	0.313
NHS Patient Related Income	0.470	0.000	0.000	0.470	0.000	(0.049)	0.421
Other Operating Income	1.804	0.002	0.000	1.806	0.000	0.166	1.972
Overseas Patient Income	0.002	0.000	0.000	0.002	0.000	0.001	0.003
Private Patient Income	0.236	0.000	0.000	0.236	0.000	0.003	0.239
Research & Development	0.030	0.000	0.000	0.030	0.000	(0.031)	(0.001)
Variance to Plan £m	3.313	0.002	0.000	3.314	(11.016)	0.094	(7.602)

The month 3 income position is a surplus of £7.607m comprising net COVID 19 expenditure of £3.314m, additional Welsh Government finding of £11.016m for COVID 19 quarter 1 pay costs and an operational overspend of £0.094m.

The key COVID 19 costs related to income reductions are as follows:

- £0.408m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.313m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims in the first 3 months alongside a number of withdrawn claims in June.
- £0.421m adverse variance in NHS Patient related income following the continuation of the reduction in English non-contracted income due to COVID-19.
- £1.972m deficit against Other Operating Income primarily as a result of the loss of Dental Patient Charges income due to the COVID closure of dental practices alongside reduced activity in laboratories and Radiopharmacy.
- £0.239m adverse variance against private patient income following the re-planning of non COVID activity.

£0.144m of the £0.166m operational overspend (non Covid) deficit against related Other Operating Income relates to diagnostic services.

Pay

The year to date and in month financial position for pay is shown in Table 6.

Table 6: Analysis of pay expenditure by staff group @ June 2020

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Medical and Dental	1.703	0.001	0.000	1.704	(0.438)	1.266
Nursing (registered)	0.627	0.016	(0.667)	(0.024)	0.239	0.214
Nursing (unregistered)	0.576	0.000	0.283	0.859	(0.123)	0.735
Scientific, prof & technical	0.038	0.000	0.000	0.038	(0.058)	(0.020)
Additional clinical services	0.035	0.000	0.000	0.035	(0.101)	(0.066)
Management, admin & clerical	0.259	0.009	0.000	0.268	(0.335)	(0.067)
Other staff groups	1.319	0.001	0.000	1.320	(0.201)	1.118
Total £m	4.556	0.027	(0.384)	4.199	(1.018)	3.181
Cumulative						
Medical and Dental	3.635	0.004	0.000	3.639	(0.620)	3.019
Nursing (registered)	2.202	0.027	(0.968)	1.261	(0.524)	0.737
Nursing (unregistered)	1.330	0.000	0.000	1.330	0.337	1.667
Scientific, prof & technical	0.117	0.001	0.000	0.118	(0.380)	(0.262)
Additional clinical services	0.109	0.000	0.000	0.109	(0.228)	(0.119)
Management, admin & clerical	0.552	0.011	0.000	0.562	(0.561)	0.001
Other staff groups	3.186	0.002	0.000	3.188	(0.639)	2.549
Total £m	11.131	0.045	(0.968)	10.208	(2.615)	7.592

The pay position at month 3 is a deficit of £7.592m made up of a net COVID 19 expenditure of

£10.208m and an operational underspend of £2.615m.

The main additional COVID 19 pay costs are for medical, nursing and ancillary staff in the Medicine Clinical Board and in Facilities. Some of these costs are netted down by nursing staff savings in the specialist and surgical clinical boards.

The largest operational pay underspends are on medical and nursing staff in the Mental Health, and Surgical Clinical Boards alongside underspends against technical and therapies staff in the CD&T Clinical Board. The in month adverse variance reported against registered nursing is partly the result of a retrospective reclassification of month 1 & 2 operational underspends to COVID 19 reductions in planned expenditure.

Non Pay

The year to date and in month financial position for non pay is shown in Table 7.

Table 7: Non Pay Variance @ June 2020

Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Drugs / Prescribing	0.906	0.014	(0.778)	0.142	0.438	0.580
Clinical services & supplies	(0.264)	(0.009)	(1.171)	(1.444)	(0.018)	(1.462)
General supplies & services	0.636	0.001	(0.011)	0.626	0.031	0.656
Establishment expenses	0.051	0.000	0.000	0.051	(0.162)	(0.111)
Premises & fixed plant	(1.711)	0.000	0.000	(1.711)	0.305	(1.405)
Continuing healthcare	0.020	0.000	(0.003)	0.017	0.090	0.107
Commissioned Services	0.035	0.000	(0.786)	(0.751)	(0.173)	(0.924)
Primary Care Contractors	0.031	0.000	(0.465)	(0.434)	0.029	(0.405)
Other non pay	(0.040)	2.020	0.000	1.980	0.274	2.254
Total £m	(0.335)	2.026	(3.214)	(1.524)	0.814	(0.710)
Cumulative						
Drugs / Prescribing	2.092	0.031	(1.425)	0.697	0.773	1.471
Clinical services & supplies	3.722	(0.006)	(5.392)	(1.676)	0.140	(1.535)
General supplies & services	1.533	0.001	(0.201)	1.332	0.005	1.337
Establishment expenses	0.094	0.000	0.000	0.094	(0.425)	(0.331)
Premises & fixed plant	38.374	0.000	0.000	38.374	0.861	39.234
Continuing healthcare	0.060	0.000	(0.010)	0.050	0.545	0.596
Commissioned Services	0.075	0.000	(1.168)	(1.093)	(0.249)	(1.341)
Primary Care Contractors	0.251	0.000	(1.366)	(1.115)	(0.002)	(1.117)
Other non pay	0.415	6.248	0.000	6.663	0.812	7.475
Total £m	46.616	6.274	(9.562)	43.328	2.460	45.788

The largest deficit is in non pay budgets. The month 3 position is a deficit of £45.788m comprising net COVID 19 expenditure of £43.328m and an operational overspend of £2.460m.

The key COVID 19 costs related to non pay are as follows:

- £0.697m adverse variance drugs and prescribing as a result of increased costs in primary care arising from an increase in NCSOs since COVID restrictions, patient switches from

Warfarin to DOACs to avoid GP reviews & COVID 19 risk and prescribing price increases, offset by a reduction in vaccinations.

- £1.332m overspend on general supplies and services primarily relating to PPE.
- £38.374m overspend on Premises and Fixed Plant including £37.390m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning, waste management, IT and overnight accommodation. A retrospective reduction to COVID 19 premises and plant costs at the DHH was actioned in month following the confirmation of a number of contractual commitments.
- £6.663m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £9.562m mainly for reductions in non pay costs due to reduced levels of elective activity and an adjustment to dental contracts whilst dental practices remain closed.

The main issues driving the £2.460m operational overspend (non Covid) deficit against non pay were as follows;

- £0.773m overspend against drugs and prescribing primarily due to an increase in Category M Prices; a general increase in the volume of drugs prescribed; growth in NICE drugs and growth in HIV prescribing.
- £0.861m adverse variance against premises and fixed plant due to additional IT spend, security costs, community equipment including beds and a number of overspends across Clinical Boards.
- £0.545m overspend against continuing healthcare arising from the full year effect of the growth in cases during 2019/20.
- £0.812m adverse variance against other non-pay mainly due to non COVID related savings slippage and pressures against research and development.

Net Expenditure Due to COVID 19

Whilst the UHB expects the non COVID related operational position to remain broadly balanced as the year progresses, the additional costs arising from plans to manage COVID 19 are expected to continue. The latest forecast of net expenditure due to COVID 19 in 2020/21 is £150.454m. This is offset by the additional £11.016m COVID 19 Funding received for quarter 1 pay costs as summarised in table 8.

Table 8: Summary of Forecast COVID 19 Net Expenditure

Expenditure	Cumulative Month 3 £m	Forecast Year End position £m
Total Additional Operational Expenditure (related to Covid 19)	61.060	145.636
Total Non Delivery of Savings (related to Covid 19)	6.320	24.915
Total Expenditure Reduction (related to Covid 19)	(9.683)	(19.201)
Total Release of Planned Investments/Development Initiatives (related to Covid 19)	(0.847)	(0.896)
NET EXPENDITURE due to COVID- 19 £m	56.850	150.454
Operational Position (Surplus) / Deficit	(0.061)	0.000
Covid 19 Funding Pay Costs Quarter 1	(11.016)	(11.016)
FINANCIAL POSITION / FORECAST Deficit £m	45.774	139.438

This forecast is however not fixed and is based on a number of volatile and variable assumptions and takes no account of any further Welsh Government funding to help

meet these costs.

The key financial planning assumptions are:

- It is assumed that COVID 19 will impact throughout 2020/21;
- Within this forecast the Dragon's Heart Hospital costs are assessed at £67.830m with a further £2.822m capital costs. This is based upon the DHH going on stand by from 5th June and retention until 31st October 2020.
- Dragons Heart Hospital compensation costs for the WRU and Cardiff Blues of £1.687m are included in the 2020/21 forecast. These costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be held due to the continued occupancy of the Dragon's Heart Hospital to 31 October 2020. The realised losses total may decrease for successful mitigation actions being explored with the WRU or increase if government restrictions are relaxed allowing the attendance of crowds within stadia.
- The forecast includes £9.730m of decommissioning costs for the DHH including reinstatement of the stadium.
- The forecast does not include any additional potential surge capacity requirements post 31st October 2020.
- The costs of additional bed capacity available at Spire is included in the forecast up until 31st March at a cost of £7.875m. Costs up until 2nd week of July are funded via WHSSC.
- There is assessed slippage against the UHB £29m savings plan of £24.915m. A number of the UHBs high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities available.
- The reductions in planned expenditure is mainly due to reduced elective capacity and is assessed to be £19.201m over the year. This is a moving piece and will be constantly reviewed as the planned care workstream comes back on line through the use of established green zones at UHW and UHL.
- It should be noted that the forecast assumes that a second / third peak is not experienced but that there is steady pressure throughout the year.

With regard to the significant items of expenditure the following should be noted:

- 1178 staff have been on-boarded. 461 had commenced employment as at 11th May (225 of these were on the bank). In addition the UHB has taken on 437 nursing students and 97 medical students on fixed term contracts. The UHB has interviewed 30 GPs for fixed term contracts. 34 contracts have been issued by the UHB for OOH/urgent primary care services
- The additional costs of the Dragon's Heart Hospital are detailed in the field hospital template which is attached as **Appendix 4**.
- Testing is now supported by 3 testing Hubs including Cardiff City Stadium with the forecast cost of £3.517m running to 31st March 2020.
- PPE costs and MSE consumable are estimated to cost £7.4m. The spikes in expenditure in PPE in months 1 and 2 are due to items purchased locally which includes some initial stocking up.
- The key driver to the drugs costs are NCSO in primary care and drugs expenditure in critical care. It also includes an assessment for increased prescriptions in the early part of

the year which then tails off.

These costs will be continually reviewed as plans to manage the impact of COVID-19 develop in the face of the emerging treatment pathways and government advice.

It is not clear at this stage how much Welsh Government intend to fund the UHB for the financial impact of managing COVID 19

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for month 3 by Clinical Board is shown in Table 9.

Table 9: Financial Performance for the period ended 30th June 2020

Clinical Board	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions in Planned Expenditure £m	COVID 19 Net Expenditure £m	COVID 19 Funding Pay Costs Quarter 1 £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
In Month							
All Wales Genomics Service	0.015	0.000	0.000	0.015	0.000	(0.030)	(0.014)
Capital Estates & Facilities	0.605	0.191	(0.011)	0.784	0.000	0.066	0.850
Children & Women	0.539	0.227	0.000	0.766	0.000	(0.186)	0.580
Clinical Diagnostics & Therapies	0.396	0.163	(0.049)	0.511	0.000	0.056	0.567
Dragon's Heart Hospital	(2.378)	0.000	0.000	(2.378)	0.000	0.000	(2.378)
Executives	0.293	0.097	0.000	0.390	0.000	(0.065)	0.325
Medicine	1.609	0.221	0.000	1.829	0.000	0.266	2.095
Mental Health	0.350	0.215	0.000	0.565	0.000	(0.091)	0.475
PCIC	1.554	0.419	(0.493)	1.480	0.000	0.188	1.668
Specialist	0.384	0.233	(0.877)	(0.260)	0.000	0.227	(0.033)
Surgery	0.836	0.287	(1.382)	(0.259)	0.000	(0.410)	(0.669)
SubTotal Delegated Position £m	4.203	2.053	(2.812)	3.443	0.000	0.022	3.465
Central Budgets	1.129	0.000	(0.786)	0.343	0.000	(0.225)	0.118
Total Variance pre COVID -19 Funding	5.332	2.053	(3.598)	3.786	0.000	(0.203)	3.583
COVID - 19 Funding Pay Costs Q1	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Total Variance £m	5.332	2.053	(3.598)	3.786	(11.016)	(0.203)	(7.433)
Cumulative							
All Wales Genomics Service	0.036	0.000	0.000	0.036	0.000	(0.108)	(0.072)
Capital Estates & Facilities	2.332	0.572	(0.091)	2.813	0.000	0.042	2.855
Children & Women	1.119	0.667	0.000	1.786	0.000	0.273	2.059
Clinical Diagnostics & Therapies	1.025	0.507	(0.226)	1.306	0.000	0.021	1.327
Dragon's Heart Hospital	39.994	0.000	0.000	39.994	0.000	0.000	39.994
Executives	1.090	0.292	0.000	1.383	0.000	(0.287)	1.096
Medicine	4.538	0.662	(0.081)	5.118	0.000	0.498	5.616
Mental Health	0.674	0.645	0.000	1.319	0.000	0.004	1.323
PCIC	3.774	1.257	(1.451)	3.581	0.000	0.765	4.346
Specialist	1.815	0.844	(2.713)	(0.054)	0.000	0.087	0.032
Surgery	1.743	0.875	(4.800)	(2.182)	0.000	(0.824)	(3.006)
SubTotal Delegated Position £m	58.140	6.320	(9.362)	55.098	0.000	0.470	55.569
Central Budgets	2.920	0.000	(1.168)	1.752	0.000	(0.531)	1.221
Total	61.060	6.320	(10.530)	56.850	0.000	(0.061)	56.790
COVID - 19 Funding Pay Costs Q1	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Total Variance £m	61.060	6.320	(10.530)	56.850	(11.016)	(0.061)	45.774

Delegated budgets are £55.569m overspent for the 3 months to the end of June. £55.098m of this overspend relates to additional expenditure generated in response to COVID 19. There is an operational overspend of £0.470m against delegated budgets which is offset by a £0.531m underspend against central budgets leaving a total operational underspend excluding the net costs of COVID 19 of £0.061m. The largest operational pressures are reported in PCIC

(£0.765m deficit) where there are pressures against GP prescribing and CHC and Medicine (£0.498m deficit) where there are pressures against nursing, clinical services and supplies and other areas of non pay.

The operational position has improved this month and will need to be carefully monitored to ensure that risks are being managed, especially within those clinical boards with material overspends.

Savings Programme

The UHBs 2020/21 IMTP included a £29.000m savings target.

At month 3 the UHB has identified green and amber savings schemes totalling £4.129m to deliver against the £29.000m savings target as summarised in Table 10.

Table 10: Progress against the 2020/21 Savings Programme at Month 3

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	4.129	(24.871)

Further analysis of the June position is shown in **Appendix 1**.

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The UHB's accumulated underlying deficit brought forward into 2020/21 is £11.5m which reflects a reduction of £24.8m during 2019/20

Successful delivery of the 2020/21 plan would have reduced this to £4m by the year end. The achievement of this is dependent upon delivering the £25.0m 2020/21 recurrent savings schemes. The latest assessment is that this will be circa £21.7m less than planned and this will increase the underlying deficit to £25.7m. This is shown in Table 11.

Table 11: Summary of Underlying Financial Position

	Submitted IMTP £m	Forecast Position @Month 3	
		Non Recurrent £m	Recurrent Position £m
b/f underlying deficit	(11.5)	0.000	(11.500)
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
<u>In Year Movements</u>			
Non Delivery of Planned Savings (due to COVID- 19)	(24.9)	(3.2)	(21.7)
Revenue cost DHH	(67.8)	(67.8)	
Operational Expenditure Cost Increase Due To Covid-19	(77.8)	(77.8)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	19.2	19.2	
Slippage on Planned Investments Due To Covid-19	0.9	0.9	
COVID 19 Welsh Government Funding Received Quarter 1 Pay Costs	11.0	11.0	
Revised Forecast Surplus/(Deficit) 2020/21	(139.5)	(113.8)	(25.7)

Balance Sheet

Following the completion of the 2019/20 financial accounts and determination of brought forward balances the balance sheet is expected to be provided at month 4 in line with the Welsh Government monthly monitoring returns requirements.

Cash Flow Forecast

The closing cash balance at the end of June was £4.051m

The UHB is currently predicting a cash shortfall in 2020/21 in line with the forecast deficit as shown at Appendix 2.

Public Sector Payment Compliance

The UHB's performance improved in month from 93.0% to 94.1% at the end of June. Notwithstanding the improvement the performance is below the 95% target level partly as a result of an All Wales initiative to help suppliers through the introduction of a two way matching process whereby payment would be made for invoices with a value of less than £500 (excluding VAT) and where a matching PO had been received. The initiative came into effect from 6th April 2020 and was applied to all invoices including those that were on hold in April. Performance is expected to continue to improve as the year progresses.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of June 2020 is summarised in Table 12 and detailed in **Appendix 3**.

Table 12: Progress against Capital Resource Limit @ June 2020

	£m
Planned Capital Expenditure at month 3	16.055
Actual net expenditure against CRL at month	15.929
Variance against planned Capital Expenditure at month	0.126

Capital progress for the year to date is satisfactory with net expenditure to the end of June being 38% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £41.736m at the end of June 2020 comprising of £14.548m discretionary funding and £27.188m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

Key Risks

At month 3, the key financial risk is managing the impact of COVID 19 without knowing the total amount of additional resources that are available to cover it.

Recommendation:

The Finance Committee is asked to:

- **NOTE** the pausing of the IMTP process for 2020/21;
- **NOTE** the month 3 financial impact of COVID 19 which is assessed at £56.850m;
- **NOTE** the additional Welsh Government funding of £11.016m received in respect of COVID 19 additional pay costs - Quarter 1.
- **NOTE** the month 3 reported financial position being a deficit of £45.774m;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit is £25.7m due to the impact of COVID 19;
- **NOTE** that the UHB does not yet know the level of additional funding which is available from Welsh Government to help support the financial costs of managing COVID 19.

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Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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, click [here](#) for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,855	839	0	839	10	5,016
Surgery	4,081	606	63	670	0	3,411
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	714	191	906	0	1,991
Children & Women	3,149	629	35	663	933	2,486
Medicine	3,330	678	0	678	0	2,652
Capital Estates and Facilities	2,289	0	0	0	143	2,289
Corporate Executives	1,209	40	0	40	99	1,169
SubTotal Clinical Boards	29,000	3,839	289	4,129	1,186	24,871

2020-21 Full Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,047	442	0	442	10	4,605
Surgery	3,518	650	90	740	22	2,778
Specialist Services	3,088	0	0	0	0	3,088
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	607	319	926	0	1,572
Children & Women	2,715	683	35	717	960	1,998
Medicine	2,871	452	0	452	0	2,419
Capital Estates and Facilities	1,973	0	0	0	243	1,973
Corporate Executives	1,042	30	0	30	57	1,012
Total	25,000	2,884	444	3,328	1,292	21,672

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APPENDIX 2

CASHFLOW FORECAST AT THE END OF JUNE 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	126,700	99,200	101,500	91,800	82,920	87,686	93,401	80,771	99,801	77,971	13,270	10,320	965,340
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	1,155	1,440	1,440	1,440	1,440	1,440	1,440	3,539	19,379
WG Revenue Funding - Other (e.g. invoices)	9,228	1,271	2,919	1,263	1,512	1,271	1,512	1,271	1,271	1,512	4,160	4,401	31,592
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,000	2,640	1,300	1,035	2,000	814	847	41,736
Sale of Assets	0	0	0	0	0	0	0	0	386	0	0	0	386
Income from other Welsh NHS Organisations	54,611	45,256	47,524	46,534	31,835	37,021	28,987	27,960	27,094	29,987	26,960	30,507	434,274
Other - (Specify in narrative)	11,911	3,736	4,851	12,819	5,235	7,035	13,418	5,429	5,815	13,029	5,235	10,815	99,329
TOTAL RECEIPTS	217,150	154,963	162,229	157,927	128,656	136,454	141,398	118,171	136,843	125,939	51,879	60,428	1,592,035
PAYMENTS													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,550	4,528	7,483	4,528	4,528	7,483	4,528	4,528	7,483	68,730
Primary Care Services : Pharmacy Services	219	189	115	87	150	150	150	150	300	600	300	300	2,710
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	15,431	0	7,815	15,630	0	15,630	0	7,815	7,815	100,664
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	1,970	1,970	1,970	1,970	1,970	1,970	1,970	1,970	23,633
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,990	1,990	1,990	1,990	1,990	1,990	1,990	1,990	23,798
Salaries and Wages	53,294	55,612	56,237	55,109	54,393	54,825	55,156	54,943	54,996	54,811	55,431	55,147	659,954
Non Pay Expenditure	103,118	63,632	60,123	63,052	54,830	52,553	59,148	53,249	53,153	59,953	53,699	53,688	730,198
Capital Payment	9,740	6,975	6,191	2,000	6,000	2,000	2,800	1,300	1,400	2,000	850	865	42,122
Other items (Specify in narrative)	21,838	15,111	17,641	13,958	4,875	7,653	0	0	0	0	0	0	81,076
TOTAL PAYMENTS	211,756	158,821	161,123	157,888	128,737	136,438	141,373	118,130	136,923	125,853	126,583	129,259	1,732,883
Net cash inflow/outflow	5,393	(3,858)	1,106	39	(81)	16	25	41	(80)	86	(74,704)	(68,831)	
Balance b/f	1,410	6,803	2,945	4,051	4,089	4,009	4,024	4,049	4,091	4,011	4,097	(70,607)	
Balance c/f	6,803	2,945	4,051	4,089	4,009	4,024	4,049	4,091	4,011	4,097	(70,607)	(139,438)	

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Appendix 3

PROGRESS AGAINST CRL AS AT 30th JUNE 2020

Approved CRL issued July 8th 2020 £'000s

41,736

Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Reprovision of Rookwood Hospital	2,119	1,664	(455)	4,662	6,888	2,226
MRI Scanner 19/20 Slippage	250	255	5	250	255	5
Cystic Fibrosis Service	1,006	675	(331)	3,604	3,224	(380)
Well Being Hub - Maelfa	164	137	(27)	245	245	0
Well Being Hub - Penarth	158	97	(62)	224	224	0
CT Scanner- Emergency Unit	0	0	0	427	427	0
CT Scanner- Emergency Unit	0	0	0	600	600	0
ICF-CRI Chapel	496	290	(205)	511	2,460	1,949
Major Trauma Centre	12	25	13	605	605	0
Pharmacy equipment	0	0	0	28	28	0
CRI Links	0	0	0	0	0	0
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	612	612	0	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	307	307	0	742	742	0
Covid 19 oxygen infrastructure works at uhw	97	150	53	350	350	0
Covid 19-HCID Development uhw	5,376	5,376	0	6,750	6,750	0
Covid 19-digital devices	341	341	0	589	589	0
COVID 19 - Works to St David's Hospital	125	17	(108)	136	136	0
	23	127	104	239	239	0
	199	199	0	1,027	1,027	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	11,886	10,874	(1,012)	22,660	26,460	3,800
Discretionary:						
I.T.	19	9	(10)	1,250	1,250	0
Equipment	108	109	1	2,467	2,467	0
Statutory Compliance	155	188	33	2,800	2,800	0
Estates	3,888	4,750	862	8,884	5,084	(3,800)
Sub Total	4,169	5,055	886	15,401	11,601	(3,800)
Donations:						
Charitable Funds Equipment	0	0	0	467	467	0
Sub Total	0	0	0	467	467	0
Asset Disposals:						
Broad Street Clininc	0	0	0	236	236	0
Radyr Health Centre	0	0	0	150	150	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	0	0	0	386	386	0
CHARGE AGAINST CRL	16,055	15,929	(126)	37,208	37,208	0
PERFORMANCE AGAINST CRL (Under)/Over £'000s		(25,807)			(4,528)	

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DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 3

Organisation:	Cardiff and Vale
Proposed site:	Principality Stadium
Additional capacity required (no. of beds):	1500
Period of requirement:	Assumed 31 Oct 2020
Estimated Costs	£
Set up costs - capital	2822
Set up costs - revenue	65366
Running costs - pay	308
Running costs - non pay	2156
Total estimated costs	70652

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Costing of surge capacity / field hospitals

Organisation:	Cardiff and Vale
Proposed site:	Principality Stadium
Additional capacity required (no. of beds):	1500
Period of requirement:	Assumed 31 Oct 2020 +

	Estimate	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable	Notes
Average Bed Numbers	up to 50	10	40	10	0	0	0	0	0	0	0	0	0	0			Average bed numbers. Please see 'Bed opening' tab for further detail.
Set up costs - capital																	
Fit out costs (specify below) eg. Beds, infrastructure																	
Medical equipment costs - deemed as being capital (specify below) eg. Ventilators	1677	1677	0											1677			Removable capital equipment assessment. May column corrects April column
IT costs (capital)	1145	886	259											1145			Removable IT kit for incorporation and capitalisation within C&V UHB estate. May column corrects April column.
Oxygen costs (Infrastructure only)																	
Fees (specify below) eg. Health Board, External contractors																	
Other (specify below)																	
Total set up costs - capital	2822	2563	259	0	0	0	0	0	0	0	0	0	0	2822	2822	0	
Set up costs - revenue																	
Fit out costs (specify below) eg. Beds, infrastructure - not deemed to be capital	50738	24000	8098	-4144	2824	2631	2681	2731	5830	4487	1600	0	0	50738	45588	5150	Main contractors - Includes monthly rental of plant, stadium costs, removal, WRU stadium reinstatement and Cardiff City Council bollard reinstatement. Also removal cost of UHB kit & equipment from
Medical equipment costs that are not deemed capital (specify below)	4995	4757	305	-67										4995	0		Balance of equipment procurement schedule. May column corrects April column
Consequential Loss Compensation	1687	0	0	204	-87	52	78	613	624	153	50	0	0	1687	1580	107	Various compensation scenarios for WRU and Blues availability of the stadium. Includes cost of rapid access new pitch at £500k
Commissioning costs	5776	1922	558	212	477	734	352	352	352	374	443	0	0	5776	4962	814	
Other professional fees	60	10	10	10	5	5	0	5	5	10	0	0	0	60	60	0	Gleeds cost advisors to C&V UHB
Legal fees	64	50	-36	7	23	10	10	0	0	0	0	0	0	64	64	0	Welsh Health Legal & Risk
Insurance																	
Project management costs	1724	905	256	180	110	39	39	39	39	39	39	39	0	1724	1610	114	Mott McDonalds. Initial(Construction) and closing (Removals and Reinstatement) surges
IT costs (revenue)	322	780	-458											322	227	95	Sunk IT investment in stadium
Equipment costs - (specify below)																	
Total set up costs - revenue	65366	32424	8733	-3598	3352	3471	3160	3740	6850	5063	2132	39	0	65366	59086	6280	

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Running costs - pay (additional costs only)																	
Medical and Dental - establishment	30	10	22	-2	0	0	0	0	0	0	0	0	0	30			Possible high range of estimate (see Note 1 below schedule)
Medical and Dental - agency / locum														0			
Nursing - establishment	111	12	65	34	0	0	0	0	0	0	0	0	0	111			Possible high range of estimate (see Note 1 below schedule). The estimate figures for nursing include registered nurses and HCSWs, patient access team and nursing leadership.
Nursing - bank														0			
Nursing - agency														0			
Prof Scientific and Technical - establishment	19	1	5	13	0	0	0	0	0	0	0	0	0	19			Estimate associated with Pharmacists
Prof Scientific and Technical - agency														0			
AHP - establishment	45	7	22	16	0	0	0	0	0	0	0	0	0	45			Estimate associated with Radiology and Therapists
AHP - agency														0			
Healthcare Scientists - establishment	20	2	18	0	0	0	0	0	0	0	0	0	0	20			Estimate associated with Laboratories (haematology, biochemistry, microbiology and POCT) and the mortuary
Healthcare Scientists - agency														0			
Estates / Ancillary staff - establishment	83	0	56	27	0	0	0	0	0	0	0	0	0	83			Estimate for the firefighters
Estates / Ancillary staff - agency														0			
Admin and Clerical - establishment	0	0	0	0	0	0	0	0	0	0	0	0	0	0			It is assumed that Management and Administration roles are filled by NHS staff redeployment and do not attract an additional cost.
Admin and Clerical - agency														0			
Students														0			
Total running costs - pay (additional costs only)	308	32	188	88	0	0	0	0	0	0	0	0	0	308	0	308	
Running costs - non pay																	
Rent														0			Included in 'Set up costs' part of the schedule
Business rates														0			Included in 'Set up costs' part of the schedule
Utility costs														0			Included in 'Set up costs' part of the schedule
Laundry costs																	The Facilities Management services are predominantly provided by Mitie. This estimate includes costs for Mitie to mobilise and assumes that Mitie will continue to provide the service throughout the duration of the period.
Catering costs																	The sunk costs are assumed to be the estimate of costs in April + estimate for ending the service (week of costs).
Cleaning costs																	Assumed that there is no charge to the Health Board, as per the CASC's Estimate to be updated based upon experience in May
Waste disposal costs																	The estimate had been based on 2019/20 expenditure on a respiratory ward. These are actuals.
Security costs																	Currently, oxygen concentrator machines are being used, rather than liquid oxygen from a cylinder or the VIEs. For the projected number of patients this is assumed to continue.
Total Soft FM	1150	194	206	750	0	0	0	0	0	0	0	0	0	1150	300	850	The costs continuing throughout relate to the hire of cylinders.
Transport costs														0			The estimate had been based on 2019/20 expenditure on a respiratory ward. These are actuals.
Personal Protective Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0			Assumed that the first 3 months are committed to and, therefore, sunk
Drugs	23	14	8	1	0	0	0	0	0	0	0	0	0	23			This line is to cover any other costs incurred and not specifically identified against other lines of the schedule. This sunk costs relate to
Medical gases	73	0	17	28	7	7	7	7	0	0	0	0	0	73			
M&SE - consumables	229	86	98	45	0	0	0	0	0	0	0	0	0	229			
Stationery														0			
Telephony costs														0			
CHC costs														0			
Discharge to assess/recover costs														0			
Other costs (specify below)														0			
Hard FM, e.g electrical contractors	364	130	122	112	0	0	0	0	0	0	0	0	0	364	364	0	
Other ward costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Other costs	317	120	0	197	0	0	0	0	0	0	0	0	0	317	120	197	
Total running costs - non pay	2156	544	451	1133	7	7	7	7	0	0	0	0	0	2156	784	1372	
Total running costs	2464	576	639	1221	7	7	7	7	0	0	0	0	0	2464	784	1680	

NOTES

- 1 For estimated staff costs the distinction between whether staff are deployed from within an existing NHS Wales establishment, newly recruited or from locum, bank and agency creates a wide potential range of costs.
- 2 The staffing model is constantly under review. This return has been completed on the basis of version 12.
- 3 The model for clinical support services, such as radiology, pharmacy etc, is being revised, given the experience to date and projected patient numbers.
- 4 The Running costs part of the schedule excludes costs, which are included in LR letter to AG on 8 April, such as for WRU and Cardiff Blues. These are included in the Set up costs part of the schedule.
- 5 Similarly, costs associated with setting up the Soft FM services have been included in the Running costs part of the schedule.
- 6 An estimate for potential consequential losses for the WRU and the Cardiff Blues is included above. There are a range of scenarios under which the estimates vary considerably.

Phasing of opening beds														
The Health Board is currently determining how to restart some of the range of healthcare services, which were paused as part of the initial response to COVID19.														
The preparation of these plans involves consideration of all hospital beds available within the Health Board, including those at the Dragon's Heart Hospital.														
This return assumes that 40 beds are open in Q1 (from w/c 26 April to w/c 1 June) and no beds in Q2, Q3 and Q4. All beds within one zone.														
Whilst those plans are being developed and are not yet finalised, it was decided to estimate the running costs of the DHH based on a prudent profile of opening beds.														

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Report Title:	Finance Risk Register				
Meeting:	Finance Committee			Meeting Date:	29 th July 2020
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Background and current situation:

This report highlights the 2020/21 Finance Risk Register risk categorisation by severity of risk as at 29th July 2020. The detailed 2020/21 risk register is shown in Appendix 1.

Following the most recent review the number of risks identified in each category is shown below:

2020/21 UHB Financial Risks at 29th July 2020

Risk Category	Risk Score	Number of Risks as at 29 July 2020
Extreme Risk	20 - 25	4
High Risk	12 - 16	4
Moderate Risk	4 - 10	2
Low Risk	1 - 3	0

A summary of the **Extreme Risks** are shown below:

Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.

Fin02/20 – Management of budget pressures.

Fin03/20 – Delivery of £29.0m (3.5%) CIP

Fin10/20 – COVID-19 impact on financial plan

The Finance Committee is asked to note the COVID-19 financial plan risk (FIN10/20). The Dragons Heart Hospital (DHH) COVID-19 is shown in appendix 2 as a sub-set to the main risk register.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The Finance Committee will be kept up to date regarding any additions to the Risk Registers or any change in risk assessment.

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Recommendation:

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2020/21 risk register
- **NOTE** the risks highlighted in the Dragons Heart Hospital (DHH) sub set-risk register

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report

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, click [here](#) for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								



CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Initial Risk Rating			Existing Controls	Assurance	Current Risk Rating			Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Target Risk Rating if Controls in Place			Date of Next Review	Level of assurance required	
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						Impact / Consequence	Likelihood	Score			
Fin01/20	Finance	Jan-20	The opening underlying deficit in 20/21 is planned to be £11.5m. The IMTP planned c/f underlying deficit in 2021/22 is £4m.	Director of Finance	5	4	20	Governance reporting and monitoring arrangements through the Finance Committee and Board	Limited Assurance	5	4	20	Adequate but more Action Required	Identification of 3.5% savings plan whilst managing and addressing budget pressures.	Progress against the underlying deficit is to be managed by Management Executive.	Assistant Director of Finance	Mar-21	5	4	20	Aug-20	Management	
Fin02/20	Finance	Jan-20	Manage Budget pressures	Director of Finance	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Break even plans have been requested from all Clinical Boards. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	Limited Assurance	5	4	20	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21.	Progress to be monitored and managed by Management Executive.	Assistant Director of Finance	Mar-21	5	4	20	Aug-20	Management	
Fin03/20	Finance	Jan-20	Deliver 3.5% CIP (£29m)	Director of Finance	5	4	20	3.5% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Health Board Wide Schemes being led by Executive Directors Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews.	Limited Assurance	5	4	20	Adequate but more Action Required	£11.330m savings identified as green or amber against target of £29m as at w/c 17th February 2020. Following COVID-19 impact, £4.129m savings are currently identified as green or amber	Savings tracker updated weekly with WG being kept informed of our progress against savings target through monthly monitoring returns.	Assistant Director of Finance	Mar-21	5	4	20	Aug-20	Management	
Fin04/20	Finance	Jan-20	Manage internal investments within £3m envelope	Director of Finance	4	4	16	Internal investment plan agreed - business cases continue to be approved through the Business Case Approval Group (BCAG)	Reasonable assurance	4	4	16	Adequate but more Action Required	None	No new revenue or capital business investments should be progressed unless related to the response to COVID-19 or otherwise expressly approved by Welsh Government.	Assistant Director of Finance	Mar-21	4	4	16	Aug-20	Management	
Fin05/20	Finance	Jan-20	Commissioning Risks	Director of Finance	3	3	9	Regular performance/LTA meetings with other providers/WHSSC and internal commissioning group.	Reasonable assurance	3	3	9	Adequate but more Action Required	IMTP commissioner / provider sign off and agreement	None		Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management
Fin06/20	Finance	Feb-20	Management of Nursing overspend	Director of Finance	4	4	16	Progress to be monitored through Nursing Productivity Group and Executive / Clinical Board Performance Reviews.	Limited Assurance	4	4	16	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21.	Progress on delivery against nursing budgets is to be managed by Management Executive.	Assistant Director of Finance	Mar-21	4	4	16	Aug-20	Management	
Fin07/20	Finance	Feb-20	Deliver RTT within resources available	Director of Finance	4	4	16	The UHB will continue to work closely with WG to ensure appropriate resources are made available to maintain progress against the national operating framework.	Limited Assurance	4	4	16	Adequate but more Action Required	None	Position will need to be assessed as planned care workstreams come back online.	Assistant Director of Finance	Mar-21	4	4	16	Aug-20	Management	
Fin08/20	Finance	Feb-20	Winter pressures managed within available resources	Director of Finance	4	4	16	Winter plan for 2020/21 to be developed in partnership with Local Authorities and signed off by Management Executive	Limited Assurance	4	4	16	Adequate but more Action Required	None	WG do not require a separate winter plan in 2020/21.	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management	
Fin09/20	Finance	Feb-20	Cardiac outsourcing	Director of Finance	3	3	9	Potential to need to outsource up to 50 patients at an estimated cost of £0.020m per patient	Reasonable assurance	3	3	9	Adequate but more Action Required	None	None	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management	
Fin10/20	Finance	Feb-20	COVID-19 financial plan impact	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Directors of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	5	4	20	Adequate but more Action Required	Agreement of plan and funding with WG. WG Funding totalling £11.016m was received in month 3 relating to qtr1 COVID workforce costs.	1. Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command; 2. Financial modelling and forecasting is co-ordinated on a regular basis; 3. Financial reporting to WG on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision making.	Assistant Director of Finance	Mar-21	5	4	20	Aug-20	Management	

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Guidance Notes to assist completing the risk register
Remember all risks must have undergone a risk assessment, prior to them being added to the Risk Register
UHB Reference No:- This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.
Divisional / Directorate Reference No:- Each Division / Directorate should have a unique numbering system for the risks that they enter onto the register. It should contain the initials of the Division, a consecutive number and the year e.g. Mental Health = MH, Children's and Women's = CW, Primary, Community & Intermediate & Older Persons = PCIO, Dental = Den, Diagnostics & Therapeutics = DT, Medicine = M, Surgical Services = SS, Specialist Services = SpS. MH 01/10, SPS 01/10 etc. (Note - as this register is in the developmental stage please advise Melanie Westlake if their are alternative initials to be used).
Previous Reference No:- Whilst the UHB is in the process of consolidating and updating registers it will be necessary to include the previous reference number for audit purposes. This will be populated by the Risk Management Department.
Date entered onto original Register:- as above
Risk / Issue (Including Impact):- The Risk or Issue is the event that could cause an incident or hinder the achievement of objectives. A risk is something that may happen. An issue is already occurring. The impact is the effect that the Risk or Issue will have on the UHB.
Link to UHB Core Objectives:- List here, the main Strategic Goal that links to the risk being assessed.
Existing Controls:- Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.
Current Risk Rating:- Assess the current impact on the UHB using Tables 1,2 & 3.
Ranking:- This is the ranking of the risk e.g. The highest risk will score 25 and be ranked at 1, those that score 20 will be ranked at 2 etc.
Adequacy of existing controls:- Indicate how well controlled you feel the risk / issue is i.e. No control, Inadequate controls, Adequate but more action required and Optimum / NFA required.
Summary of Additional Controls Required:- Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
Target Risk Rating if Controls in Place:- What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
Date of Last Review:- When was the Risk Assessment / Control measures last reviewed.
Review completed by:- This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.
Risk Owner:- Who is the lead for taking the actions proposed relating to this risk . This should be Divisional Director, Board Secretary, Assistant Director etc.
Director Lead:- Who is the lead Director for this risk.
Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint/ Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint / Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Critical report	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key professional training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key professional training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement prohibition notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report

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Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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Table 3 - Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 - 10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 - 16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

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CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Initial Risk Rating			Existing Controls	Assurance	Current Risk Rating			Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Target Risk Rating if Controls in Place			Date of Next Review	Level of assurance required
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						Impact / Consequence	Likelihood	Score		
Fin01/20 DHH	Finance	Apr-20	COVID-19 financial plan impact Dragons Heart Hospital(DHH)	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	4	4	16	Adequate but more Action Required	Agreement of plan and funding with WG	1. Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command; 2. Financial modelling and forecasting is co-ordinated on a regular basis; 3. Financial reporting to WG on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision making. 4. Fundamental assurance will only be secured on final confirmation of Welsh Government Funding. Despite comprehensive monitoring process for DHH by WG final confirmation of funding has not been received to date.	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management
Fin02/20 DHH	Finance	Apr-20	Costs exceeding forecast ranges due to unforeseen technical and/or market forces factors	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	3	3	9	Adequate but more Action Required	Agreement of plan and funding with WG	Most initial build costs are now known reducing the risk for this material phase of the project. There is an improved understanding of the ongoing rental components of the project to inform option appraisals for extended stay. Maintenance regimes for stand by and occupational phases are better understood and have been refined in agreement between contractors and UHB Capital & Estates. Uncertainty remains concerning the cost of decommissioning the DHH although this is a far smaller component of the project cost than the initial build	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management
Fin03/20 DHH	Finance	Apr-20	Damage and alteration to the stadium driving reinstatement cost above current project provision	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	4	4	16	Adequate but more Action Required	Agreement of plan and funding with WG	Exit Strategy Planning is an ongoing key phase of the DHH project overseen by Mott McDonalds. Reinstatement process is a key component of plan. A Reinstatement Steering group has been established between Mott McDonald, WRU and UHB and its arrangements are incorporated in the contract to be signed with the WRU. There is an obligation for the WRU to work within a 'fair and reasonable' cost base for reinstatement. There is damage to WRU estate as a result of the pace of build.	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management
Fin04/20 DHH	Finance	Apr-20	Cost of delays in vacating the stadium leading to consequential claim by the WRU and Cardiff Blues	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	4	4	16	Adequate but more Action Required	Agreement of plan and funding with WG	There are multiple variables at play in assessing this risk including the period of DHH tenure within the stadium and the nature of tenure (ie. partial or full). Tenure considerations potentially allow for earlier reinstatement and reduction in consequential loss exposure. The other key variable concern government lockdown policy affecting matches, spectators, conferences and stadium tours. Scenario planning and mitigation strategies are being developed in conjunction with the WRU and the sensitivities and significant financial variables impacting this remain the main complication in finalising the WRU contract.	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management
Fin05/20 DHH	Finance	May-20	In many instances there is only a letter of intent in place with contractors as opposed to a formal contract	Director of Finance	4	4	16	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	4	4	16	Adequate but more Action Required	Agreement of plan and funding with WG	Contract negotiations are underway for each of the 4 main contracts (Mott McDonald, ESG, WRU and Blues). Each offers a different set of complications which have prevented successful finalisation to date. It is still the UHB intention to successfully conclude all 4 contracts.	Assistant Director of Finance	Mar-21	3	3	9	Aug-20	Management

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Ranking:- This is the ranking of the risk e.g. The highest risk will score 25 and be ranked at 1, those that score 20 will be ranked at 2 etc.
Adequacy of existing controls:- Indicate how well controlled you feel the risk / issue is i.e. No control, Inadequate controls, Adequate but more action required and Optimum / NFA required.
Summary of Additional Controls Required:- Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
Target Risk Rating if Controls in Place:- What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
Date of Last Review:- When was the Risk Assessment / Control measures last reviewed.
Review completed by:- This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.
Risk Owner:- Who is the lead for taking the actions proposed relating to this risk . This should be Divisional Director, Board Secretary, Assistant Director etc.
Director Lead:- Who is the lead Director for this risk.
Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint/ Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint / Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Critical report	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources/organisational development/staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key professional training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key professional training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement prohibition notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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Table 3 - Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 - 10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 - 16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

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Report Title:	NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery				
Meeting:	Finance Committee			Meeting Date:	29 th July 2020
Status:	For Discussion	For Assurance	For Approval	For Information	x
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				

Background and current situation:

This report considers the impact on the UHB of the press release which announced “**NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery**”. The press release was issued on behalf of the Welsh Government Health Minister on the 7th July 2020.

As at the 21st July 2020 the press was available at the web address below:

<https://gov.wales/nhs-wales-organisations-ps470m-debt-written-help-prepare-covid-19-recovery>

The text of the press release is detailed at Appendix 1.

The NHS Finance Act 2014 introduced the duty to break even over a three-year period. The press releases confirms there had been an **expectation** that NHS organisations would repay any deficit and cash support that had accumulated over the 6 years since the introduction of the NHS Finance Act 2014.

The press release confirms that cash support received will not need to be repaid and that when an organisation achieves its three-year break-even duty, it will not be required to repay any historic deficits.

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

This announcement is helpful and provides clarity over the expectation to repay previously received cash support and historic deficits. The Finance Committee will be kept up to date regarding any further information and guidance issued in respect of the treatment of historic deficits.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The performance against the 3 year break even duty on revenue since the Introduction of the Finance Act 2014 is shown in Table 1 below.

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Table 1: Performance against 3 year financial break even duty

	Year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass of fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.058	(36.667)	Fail
Cumulative Total £m	(87.206)	n/a	n/a

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18, 2018/19 and 2019/20. The cumulative deficit over the 6 year period is £87.206m.

The press release indicates that the historic cumulative deficit which the UHB has reported since the beginning of 2014 will not be required to be repaid once the UHB achieves its three-year break-even duty. In addition any strategic cash support provided over the same period will not be required to be repaid.

Recommendation:

The Finance Committee is asked to:

- **NOTE** the proposals to write off historic debt once the UHB meets its three-year break-even duty.

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Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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, click [here](#) for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

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PRESS RELEASE

NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery

Since 2014 the Welsh Government has provided strategic cash support of £470m for historic debt and this will now not have to be repaid.

Mr Gething said:

It is now six years since the NHS Finance Act 2014 introduced the duty to break even over a three-year period. This year's accounts show four health boards haven't been able to operate within their budgets since 2014 and together have amassed deficits of more than £600m. We have provided strategic cash support of almost £470m to these health boards over this period.

This level of historic deficit is clearly a barrier to the NHS as it starts to plan for the long-term recovery from the coronavirus pandemic and it holds these health boards back from achieving financial balance.

Until now, there has been an expectation NHS organisations would repay this deficit and the cash support. To do this, they would need to generate underspends. I have decided the £470m of cash support will not need to be repaid and when an organisation achieves its three-year break-even duty, it will not be required to repay any historic deficits.

This will provide certainty to these organisations, helping them to focus on the immediate recovery from coronavirus, while also planning for the future and striving for financial balance.

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07/23/2020 12:22:18

A summarised account of the Health Boards, NHS Trusts and Health Education and Improvement Wales, will be published in August following sign-off by the Auditor General for Wales.

First published

7 July 2020

Last updated

7 July 2020

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07/23/2020 12:22:18



THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE THREE MONTH PERIOD ENDED 30th JUNE 2020

INTRODUCTION

The Welsh Government wrote to the UHB on 19th March 2020 to confirm that whilst the UHB had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19.

At month 3, the UHB is reporting an overspend of £45.774m against this plan due to net expenditure of £56.850m arising from the management of COVID 19 which is offset by Welsh Government COVID 19 funding of £11.016m and an operating surplus of £0.061m.

The UHB continues to progress its plans at risk pending the agreement of further additional funding to fully cover additional costs arising from the management of COVID 19.

BACKGROUND

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government at the end of January 2020 for its consideration. A summary of the submitted plan is provided in Table 1.

Table 1: 2020/21 IMTP

	2020/21 IMTP £m
Prior Year Plan	(4.0)
Adjustment for non recurrent items in previous year	(7.5)
b/f underlying deficit	(11.5)
Net Allocation Uplift (including LTA inflation)	36.2
Cost Pressures	(50.7)
Investments	(3.0)
Recurrent Cost Improvement Plans 3%	25.0
Non Recurrent Cost Improvement Plans 0.5%	4.0
Planned Surplus/(Deficit) 2020/21	0.0

These financial monitoring returns have been prepared against the UHB's submitted IMTP which includes a balanced position for 2020/21. This report details the financial position of the UHB for the period ended 30th June 2020. The UHB has separately identified non COVID 19 and COVID 19 expenditure against its submitted plan in order to assess the financial impact of COVID 19.

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

The response to the queries raised in the month 2 financial monitoring returns is set out in an attachment to this commentary.

MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN (TABLE A)

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

- Assumed LTA inflation that was passed to the UHB from other Health Boards;
- The UHBs £29m 2020/21 savings target was established before the implications of managing COVID 19 were worked through. COVID 19 is adversely impacting on the UHB savings programme with substantial underachievement against the annual savings plan. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes;
- The forecast position reflects the assessed COVID 19 costs in Table B3;
- Some of the identified savings schemes have a larger full year impact;
- The forecast underlying deficit has moved from a planned £4m as per the IMTP to £25.7m due to slippage against the recurrent saving target.

OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the forecast contained in Table B3. Additional risks and opportunities have been identified, and given the volatility in the forecast these will be reviewed on a monthly basis.

ACTUAL YEAR TO DATE (TABLE B AND B2)

Table B confirms the year to date deficit of £45.774m and reflects the analysis contained in the annual operating plan in Table A. A Summary of the deficit of £45.774m for the year to date is shown in Table 2.

Table 2: Summary Financial Position for the period ended 30th June 2020

	Month 1 £m	Month 2 £m	Month 3 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.332	61.060
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.052	6.320
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.919)	(9.683)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.847)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	56.850
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	(0.061)
COVID - 19 Funding Pay Costs Quarter 1			(11.016)	(11.016)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	45.774

This shows that the key driver of the month 3 financial position is the impact of COVID 19.

The additional COVID 19 expenditure in the 3 months to the end of June was £61.060m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. At month 3 additional costs of £39.994m related to the Dragon's Heart Hospital (DHH). The expenditure reported against the DHH fell by £2.378m in month following the confirmation and re-evaluation of a number of key contractual liabilities and their phasing.

There was also £21.066m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £4.268m against the month 2 target of £4.837m—of £6.320m against the month 3 target of £7.196m. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes.

Elective work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has seen a £9.683m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £0.647m £0.847m on the WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 is £56.850m. The UHB also has a small operating underspend of £0.061m and has received additional Welsh Government funding of £11.016m to cover COVID related Quarter 1 pay costs resulting in a Month 3 deficit of £53.207m.

PAY AND AGENCY (TABLE B2)

The UHB has recorded agency expenditure of £2.875m for the 3 months to the end of June 2020. The majority of agency expenditure relates to nursing where expenditure of £2.141m is reported. £1.111m of the cumulative agency

expenditure has been incurred to provide cover in respect of COVID-19. It is assumed that agency cost will broadly continue at the level established at month 3 for the remainder of the year.

COVID 19 ANALYSIS (TABLE B3)

At month 3 Table B3 is projecting net expenditure due to COVID 19 to be £150.454m. The COVID year-end forecast position is £139.438m following receipt of £11.016m WG funding in the month. This is summarised in the following table.

Table 3: Summary of Forecast COVID 19 Net Expenditure

	Forecast Year-End Position £m
Total Additional Operational Expenditure	145.637
Total Non Delivery Of Planned Savings	24.915
Total Expenditure Reduction	(19.201)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(0.896)
NET EXPENDITURE DUE TO Covid-19 £m	150.454
Covid-19 WG Funding received	(11.016)
Net Covid-19 Forecast position	139.438

The key financial planning assumptions are:

- It is assumed that COVID 19 will impact throughout 2020/21;
- Within this forecast the Dragon's Heart Hospital costs are assessed at £67.830m with a further £2.822m capital costs. This is based upon the DHH going on stand by from 5th June and retention until 31st October 2020.
- Dragons Heart Hospital compensation costs for the WRU and Cardiff Blues of £1.687m are included in the 2020/21 forecast. These costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 31 October 2020. The realised losses total may decrease for successful mitigation actions being explored with the WRU or increase if government restrictions are relaxed allowing the attendance of crowds within stadia.
- The forecast includes £9.730m of decommissioning costs for the DHH including reinstatement of the stadium.
- The forecast does not include any additional potential surge capacity requirements post 31st October 2020.

- The costs of additional bed capacity available at Spire is included in the forecast up until 31st March at a cost of £7.875m. Costs up until 2nd week of July are funded via WHSSC.
- There is assessed slippage against the UHB £29m savings plan of £24.915m. A number of the UHBs high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities available.
- The reductions in non pay costs due to reduced elective capacity is assessed to be £19.201m over the year. This is a moving piece and will be constantly reviewed as the planned care workstream comes back on line through the use of established green zones at UHW and UHL.
- It should be noted that the forecast assumes that a second / third peak is not experienced but that there is steady pressure throughout the year.

With regard to the significant items of expenditure the following should be noted:

- 1178 staff have been on-boarded. 461 had commenced employment as at 11th May (225 of these were on the bank). In addition the UHB has taken on 437 nursing students and 97 medical students on fixed term contracts. The UHB has interviewed 30 GPs for fixed term contracts. 34 contracts have been issued by the UHB for OOH/urgent primary care services
- The additional costs of the Dragon's Heart Hospital are detailed in the field hospital template.
- TTP with 3 testing Hubs including Cardiff City Stadium forecast cost of £3.517m running to 31st March 2020.
- The forecast does not include any costs relating to anti-body testing kits.
- PPE costs and MSE consumable are estimated to cost £7.4m. The spikes in expenditure in PPE in months 1 and 2 are due to items purchased locally which includes some initial stocking up.
- The key driver to the drugs costs are NCSO in primary care and drugs expenditure in critical care. It also includes an assessment for increased prescriptions in the early part of the year which then tails off.

These costs will be continually reviewed as plans to manage the impact of COVID-19 develop in the face of the emerging treatment pathways and government advice.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

LTA Heads of Agreements have been agreed and signed with the five Health Boards (Swansea Bay University, Cwm Taf Morgannwg, Powys, Hywel Dda, Aneurin Bevan) with which the UHB holds contracts. In addition, LTA Heads of Agreements have been agreed and signed off with WHSSC and Velindre.

INCOME ASSUMPTIONS 2019/20 (TABLE E)

Table E outlines the UHB's 2020/21 resource limit.

Similar to practice in previous years, the UHB forecast continues to exclude £1.028m of recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this.

CASH FLOW (TABLE G)

The closing cash balance at the end of June was £4.051m.

The UHB is currently predicting a cash shortfall in 2020/21 in line with the forecast deficit.

PUBLIC SECTOR PAYMENT COMPLIANCE (TABLE H)

The UHB's cumulative performance to the end of June is 96.5%. The rate achieved exceeds the 95% target and is better than the cumulative rate achieved in 2019/20 (94.3%).

During the same period, the UHB paid 74.3% of its NHS invoices by number within 30 days which reduced by 2.4% compared with 76.7% achieved for the same period in 2019/20. The largest area of underperformance remains genetics invoices received from English & Scottish NHS bodies.

CAPITAL SCHEMES (TABLE I)

Capital progress for the year to date was satisfactory with net expenditure to the end of June being 39% of the UHB's approved Capital Resource Limit.

Planned expenditure for the year reflect the latest CRL received from Welsh Government dated 8th July, 2020.

Attention is drawn to the following figures shown in Table J:

1. The forecast overspend ascribed to the Rookwood Hospital Replacement Scheme repays funding drawn down but not spent in previous years, this is managed within the discretionary forecast.
2. The Cystic Fibrosis forecast overspend relates to 19/20 funding drawn down but not spent, this is being managed within the discretionary forecast.
3. The ICF – CRI 20/21 funding has been queried with Welsh Government. £511k relates to the agreed 19/20 delayed spend, however a further £1.9m has previously been approved for 20/21 but is not reflected on the current CRL. This has been assumed to be managed within the discretionary forecast in M3 return however should this not be funded this will need to be reviewed.

All other schemes are in line with forecast.

All schemes are currently assessed as low risk.

Additional funding has been allocated to support the response to COVID 19, the UHBs CRL has been updated to reflect this.

AGED WELSH NHS DEBTORS (TABLE M)

At the 30th June 2020 there were was one invoice raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within the Finance Committee and Board papers. These monitoring returns will be taken to the 29th July 2020 meeting of the Finance Committee for information.

CONCLUSION

The Welsh Government wrote to the UHB on 19th March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. The main focus of the UHB is managing the impact of COVID 19, which will inevitably come with a significant cost.

The UHB's is reporting a deficit of £45.774m at month 3 against the financial plan supporting the submitted IMTP. The deficit has been driven by the plans developed to manage the impact of COVID 19 where the additional costs are

reported at £45.834m. The position against Non COVID 19 services is broadly in line with the plan submitted with the UHBs IMTP.



.....
LEN RICHARDS
CHIEF EXECUTIVE

13th July 2020

.....
ROBERT CHADWICK
DIRECTOR OF FINANCE

13th July 2020

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	-11,500	0	-11,500	-11,500
2 New Cost Pressures - as per 3 year plan (Negative Value)	-53,639	-1,867	-51,772	-51,772
3 Opening Cost Pressures	-65,139	-1,867	-63,272	-63,272
4 Welsh Government Funding (Positive Value)	31,622	1,866	29,756	29,756
5 Identified Savings Plan (Positive Value)	10,555	1,439	9,116	9,116
6 Planned Net Income Generated (Positive Value)	323	84	239	239
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
10 Provider Income (LTA/SLA)	4,520	0	4,520	4,520
11 Planning Assumptions still to be finalised at Month 1	18,119	2,478	15,641	15,641
12 IMTP / Annual Operating Plan	0	4,000	-4,000	-4,000
13 Reversal of Planning Assumptions still to be finalised at Month 1	-18,119	-2,478	-15,641	-15,641
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-6,796	-737	-6,059	-6,059
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
21 Additional In Year Welsh Government Funding (Positive Value)	0	0	0	0
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	11,016	11,016		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-145,636	-145,636		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	19,201	19,201		
25 (Positive Value)	896	896		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27	0	0		
28	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	-139,438	-113,738	-25,700	-25,700

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-2,875	-11,500
2	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-4,470	-13,410	-53,639
3	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-5,428	-16,285	-65,139
4	2,783	2,733	2,752	2,648	2,646	2,635	2,623	2,623	2,535	2,552	2,552	2,541	8,268	31,622
5	410	410	459	935	938	958	980	980	1,133	1,105	1,105	1,139	1,280	10,555
6	27	27	27	27	27	27	27	27	27	27	27	27	81	323
7													0	0
8													0	0
9													0	0
10	377	377	377	377	377	377	377	377	377	377	377	377	1,130	4,520
11	1,832	1,881	1,814	1,441	1,440	1,432	1,421	1,421	1,357	1,368	1,368	1,344	5,527	18,119
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-1,832	-1,881	-1,814	-1,441	-1,440	-1,432	-1,421	-1,421	-1,357	-1,368	-1,368	-1,344	-5,527	-18,119
14	-287	-267	-240	-661	-628	-634	-642	-640	-703	-689	-687	-717	-794	-6,796
15													0	0
16													0	0
17													0	0
18													0	0
19													0	0
20													0	0
21													0	0
22			11,016										11,016	11,016
23	-38,440	-17,289	-5,330	-10,619	-10,287	-9,556	-9,963	-12,850	-11,102	-8,142	-6,026	-6,031	-61,059	-145,636
24	2,522	4,240	2,921	1,624	1,632	1,566	977	904	828	747	662	575	9,883	19,201
25	0	168	679	16	16	16	0	0	0	0	0	0	847	896
26	-189	47	201										-59	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	-38,225	-14,982	7,433	-11,082	-10,706	-10,040	-11,049	-14,007	-12,334	-9,452	-7,418	-7,576	-45,774	-139,438

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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
Opportunities to achieve IMTP/AOP (positive values)			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
Risks (negative values)			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Field Hospital Cost Estimate (@ 10%)	(6,800)	Medium
13	Operational pressures	(4,000)	Medium
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(10,800)	
Further Opportunities (positive values)			
27	COVID Costs (excluding the DHH @ 10%)	8,300	Medium
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	8,300	
Current Reported Forecast Outturn		(139,438)	
IMTP / AOP Outturn Scenario		(139,438)	
Worst Case Outturn Scenario		(141,938)	
Best Case Outturn Scenario		(131,138)	

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Cardiff & Vale ULHB

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Period: Jun 20

Table B3 - COVID-19 Analysis

A - Additional Expenditure													Forecast year-end position		
REF	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	2020	2021
Enter as positive values													£'000	£'000	
1	Pay/Additional costs due to C19														
2	Establishment & Bank Additional Hours														
3	603	156	235	153	146	148	137	136	130	135	135	135	460	1,718	
4	508	1,081	1,450	853	855	853	833	833	833	833	833	833	3,142	10,702	
5	1461	486	486	486	486	486	486	486	486	486	486	486	5,952	17,868	
6	49	63	28	28	28	28	28	28	28	28	28	28	362	1,034	
7	1,733	828	828	828	828	828	828	828	828	828	828	828	9,864	29,544	
8	18	183	151	151	151	151	151	151	151	151	151	151	370	1,097	
9	103	838	838	838	838	838	838	838	838	838	838	838	9,864	29,544	
10	282	478	478	478	478	478	478	478	478	478	478	478	1,551	5,678	
11	1,363	3,126	3,151	2,233	2,233	2,220	2,124	2,122	2,122	2,122	2,121	2,121	7,711	27,120	
12	Agency														
13	Administrative, Clinical & Board Members														
14	0	0	181	181	181	181	0	0	0	0	0	0	0	181	724
15	238	465	384	340	340	340	342	342	342	342	342	342	1,687	4,179	
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	355	654	627	476	476	476	451	448	451	451	451	451	1,431	5,562	
22	Returns (Provide WTE to the right)														
23	Administrative, Clinical & Board Members														
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	26	26	24	24	24	24	24	24	24	24	24	24	81	138	
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
43	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
46	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
48	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
52	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	1,850	4,827	4,698	3,839	3,250	3,010	2,873	2,892	2,895	2,895	2,889	2,895	11,285	37,523	

Section A - Additional Operational Expenditure agrees to Table A	OK
Section B - Total Expenditure Reduction agrees to Table A	OK
Section C - Total Savings agrees to Table A	OK

A - WTE of New Staff												
REF	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Enter as positive values												
1	Pay/Additional costs due to C19											
2	Establishment & Bank Additional Hours											
3	603	156	235	153	146	148	137	136	130	135	135	135
4	508	1,081	1,450	853	855	853	833	833	833	833	833	833
5	1461	486	486	486	486	486	486	486	486	486	486	486
6	49	63	28	28	28	28	28	28	28	28	28	28
7	1,733	828	828	828	828	828	828	828	828	828	828	828
8	18	183	151	151	151	151	151	151	151	151	151	151
9	103	838	838	838	838	838	838	838	838	838	838	838
10	282	478	478	478	478	478	478	478	478	478	478	478
11	1,363	3,126	3,151	2,233	2,233	2,220	2,124	2,122	2,122	2,122	2,121	2,121
12	Agency											
13	Administrative, Clinical & Board Members											
14	0	0	181	181	181	181	0	0	0	0	0	0
15	238	465	384	340	340	340	342	342	342	342	342	342
16	0	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0
21	355	654	627	476	476	476	451	448	451	451	451	451
22	Returns (Provide WTE to the right)											
23	Administrative, Clinical & Board Members											
24	0	0	0	0	0	0	0	0	0	0	0	0
25	26	26	24	24	24	24	24	24	24	24	24	24
26	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0	0	0	0	0	0
37	0	0	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0	0	0	0	0	0
42	0	0	0	0	0	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0	0	0	0	0	0
46	0	0	0	0	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0	0	0	0	0	0
52	0	0	0	0	0	0	0	0	0	0	0	0
53	0	0	0	0	0							

REF	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000	
57 Non Pay (Additional costs due to C19)															
58 Accumulative Costs	141	226	32	37	37	37	37	37	37	37	37	37	220	413	
59 Additional costs in Primary Care	123	73	31	25	25	25	25	25	25	25	25	25	222	407	
60 Additional costs in Primary Care not included via IHTS/IC	152	191	19	17	17	17	17	17	17	17	17	17	650	900	
61 Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Flight Hospital	11,404	8,731	18,800	3,430	3,410	3,082	3,122	1,896	1,010	582	36	1	38,311	52,922	
62 Logistics Costs	81	281	19	7	7	7	7	7	7	7	7	7	481	505	
63 CPE	17	23	20	0	0	0	0	0	0	0	0	0	60	65	
64 Changeover Costs	51	86	86	11	11	11	11	11	11	11	11	11	314	314	
65 Costs as a result of lost income from S.A. services & private patient	501	1,610	1,050	900	875	875	875	850	850	850	850	823	3,253	10,885	
66 Costs 1H Testing Units	0	0	0	0	441	434	441	434	441	442	417	443	281	3,517	
67 Diagnostic/Screening costs	0	0	0	0	0	0	0	4,326	3,400	1,400	0	0	0	9,152	
68 Discharge to assess	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
69 Discharge to recover	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70 Drive In Medical Clinics	338	848	810	817	582	582	582	555	812	555	555	510	1,994	7,132	
71 Equipment Costs - Health	150	22	12	12	12	12	12	12	12	12	12	12	188	297	
72 Equipment costs - contractors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
73 Equipment costs - other specific in operation	0	282	0	0	100	0	0	0	0	0	0	0	282	513	
74 Estates/Security costs	1,387	312	838	101	101	101	101	101	101	101	101	101	2,637	2,720	
75 External Project Management Costs	14	114	113	0	0	0	0	0	0	0	0	0	14	20	
76 Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
77 IT Costs	382	973	108	300	62	62	62	62	62	62	62	62	62	492	1,164
78 Laundry Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
79 Fuel/Elec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80 M&SE - consumables	796	749	531	107	117	107	107	97	107	97	107	97	2,875	3,816	
81 Military/Financial Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
82 PPE	961	1,827	700	788	788	788	788	788	788	788	788	788	1,301	4,395	
83 PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
84 PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
85 PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
86 Repatriation of services services to national facilities e.g. Hemodialysis services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
87 Temporary LTA Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
88 Transport	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
89 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
90 Other costs (specify below and in narrative)	240	(80)	25	54	54	24	24	24	24	24	24	24	194	472	
91 Bedside care items	0	0	0	66	0	0	17	17	17	17	17	17	71	168	
92 Loss income due to 18/20 Covid 19 arrangements - NCU units increased capacity to accept all transfers due to C19	0	0	254	(87)	52	75	813	832	163	50	0	0	284	1,887	
93 Additional costs in Temporary Hospital Capacity - Regional Costs e.g. Flight Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
94 Flight Hospital Compensation payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
95 TOTAL ADDITIONAL NON PAY EXPENDITURE	16,506	12,424	722	6,585	3,877	6,566	7,054	10,152	8,493	5,444	3,733	3,326	49,774	108,107	
96 TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)	18,440	17,283	5,330	19,619	10,287	9,556	9,963	12,850	11,022	8,142	6,026	6,031	61,553	145,638	

A1 - Major Projects - Change in Capacity Expenditure Due To C19 (subset of Table A)

REF	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
98 Major Projects - Capacity Change Expenditure (due to C19)														
99 Eastern Heart Hospital	33,000	9,372	(2,377)	3,359	3,478	3,187	3,727	6,882	5,263	2,132	28	0	59,995	67,830
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104	0	0	0	0	0	0	0	0	0	0	0	0	0	0
105	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0
108	0	0	0	0	0	0	0	0	0	0	0	0	0	0
109 Costs 1H Testing Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0
110 TOTAL MAJOR PROJECTS - ADDITIONAL CAPACITY EXPENDITURE	33,000	9,372	(2,377)	3,359	3,478	3,187	3,727	6,882	5,263	2,132	28	0	59,995	67,830

A1 - Major Projects - Change in Bed Numbers Due To C19 (subset of Table A)

REF	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
98 Major Projects - Bed Capacity (due to C19)														
99 Eastern Heart Hospital - Accounted increases to 31 October 2020 & 4 months decommission	10	40	10	0	0	0	0	0	0	0	0	0	60	60
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104	0	0	0	0	0	0	0	0	0	0	0	0	0	0
105	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0
108	0	0	0	0	0	0	0	0	0	0	0	0	0	0
109	0	0	0	0	0	0	0	0	0	0	0	0	0	0
110 TOTAL MAJOR PROJECTS - ADDITIONAL BED CAPACITY	10	40	10	0	0	0	0	0	0	0	0	0	60	60

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B - Non Delivery of Planned Savings Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Positive values														
111														
112														
113	237	287	242	461	523	634	642	840	703	693	687	777	7941	6,795
114	1,837	1,881	1,814	1,441	1,460	1,332	1,421	1,421	1,267	1,268	1,268	1,241	5,527	18,119
114	2,074	2,168	2,056	1,902	2,008	2,006	2,063	2,261	1,970	1,961	1,955	1,958	6,318	24,914

C - Planned Operational Expenditure Cost Reduction Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values														
115														
116	(2,157)	(2,771)	(1,364)	(225)	(1,037)	(871)	(787)	(684)	(818)	(581)	(551)	(367)	(8,286)	(12,783)
117	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
118	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
119	(168)	(164)	(162)	(162)	(162)	(162)	(162)	(162)	(162)	(162)	(162)	(162)	(1,620)	(1,620)
120	(108)	(275)	(253)	(149)	(149)	(149)	(149)	(149)	(149)	(149)	(149)	(149)	(878)	(1,412)
121	(107)	(114)	(88)	(129)	(85)	(85)	(8)	(8)	(8)	(8)	(8)	(8)	(85)	(1,218)
122	(170)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(111)	(851)	(851)
123	(3)	(86)	(42)	(26)	(26)	(26)	(3)	(3)	(3)	(3)	(3)	(3)	(1,273)	(1,273)
124	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
125	(2,523)	(4,240)	(2,951)	(1,824)	(1,833)	(1,568)	(877)	(884)	(828)	(747)	(662)	(576)	(9,683)	(19,201)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

	1	2	3	4	5	6	7	8	9	10	11	12		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values														
126	0	(168)	(879)	(16)	(16)	(16)	0	0	0	0	0	0	(847)	(850)
127	0	0	0	0	0	0	0	0	0	0	0	0	0	0
128	0	0	0	0	0	0	0	0	0	0	0	0	0	0
129	0	0	0	0	0	0	0	0	0	0	0	0	0	0
130	0	0	0	0	0	0	0	0	0	0	0	0	0	0
131	0	0	0	0	0	0	0	0	0	0	0	0	0	0
132	0	0	0	0	0	0	0	0	0	0	0	0	0	0
133	0	0	0	0	0	0	0	0	0	0	0	0	0	0
134	0	0	0	0	0	0	0	0	0	0	0	0	0	0
135	0	0	0	0	0	0	0	0	0	0	0	0	0	0
136	0	(168)	(879)	(16)	(16)	(16)	0	0	0	0	0	0	(847)	(850)
137	38,031	15,023	3,724	11,081	10,706	10,033	11,049	14,007	12,334	9,452	7,419	7,512	50,841	150,454
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Bricknell Helen
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