

# Finance Committee

Wed 06 January 2021, 14:00 - 16:00

Via Teams



## 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 25th November 2020

*Rhian Thomas*

 1.4b UNCONFIRMED MINUTES OF THE FINANCE COMMITTEE NOVEMBER 2020.pdf (9 pages)

#### 1.5. Action Log

*Rhian Thomas*

 1.5. Action Log For Dec 2020 Finance Committee Meeting.pdf (1 pages)

#### 1.6. Action Log

*Rhian Thomas*

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### 2. Items for Review and Assurance

#### 2.1. Financial Performance Month 8

*Andrew Gough*

#### 2.2. Finance Risk Register 2020/21


*a. Main Risk Register b. Dragon's Heart Hospital/Surge Hospital*


*Andrew Gough*


 2.2 Finance Position Report for Month 8.pdf (27 pages)

#### 2.3. Financial Plan 2021/22

*Christopher Lewis*

 2.3 Finance Risk Register 2020-21 December 2020.pdf (2 pages)



 2.3a Finance Risk Register December 2020-21 - Appendix 1.pdf (6 pages)

 2.3b Surge Hospital Finance Risk Register December 2020-21 - Appendix 2.pdf (5 pages)

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### **3. Items for Noting and Information**

#### **3.1. Month 8 Financial Monitoring Returns**

-  3.1a CV Financial Monitoring Returns 2020-21 - Month 8 Final.pdf (13 pages)
  -  3.1b Month 08 - Cardiff Vale ULHB - Monitoring Return Tables.pdf (12 pages)
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### **4. Items to bring to the attention of the Board**

*Rhian Thomas*

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### **5. Date and time of next Meeting**

*Wednesday 27th January 2021 at 2pm, Virtual Meeting via Teams*

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12/22/2020 14:36:18

**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE  
HELD ON 25<sup>th</sup> NOVEMBER 2020  
VIRTUAL MEETING via TEAMS**

**Present:**

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Interim Director of Finance
Len Richards	LR	Chief Executive
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

**In Attendance:**

Emily Kitt	IV	Ward Manager – East 16 (shadowing the Executive Nurse Director)
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**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Steve Curry	SC	Chief Operating Officer

<b>FC 20/106</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>FC 20/107</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>FC 20/108</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
<b>FC 20/109</b>	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 28<sup>th</sup> OCTOBER 2020</b>	

	<p>The minutes of the meeting held on 28<sup>th</sup> October 2020 were reviewed and confirmed to be an accurate record subject to an amendment to minute FC - 20/100 where the reference to the UHB Chair is to be amended to the Finance Committee Chair.</p> <p><b>Resolved – that:</b></p> <p>The minutes of the meeting held on 28<sup>th</sup> October 2020 were approved by the Committee as an accurate record.</p>	
<b>FC 20/110</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>FC 20/101- Forecast to Break-even.</b> A monthly forecasting graph is to be included in future finance performance reports. The graph should include any unfunded costs arising from the management of COVID 19.</p> <p>It was noted that this action had been <b>completed</b> and that a monthly forecasting graph was included in Month 7 Finance Report.</p> <p>The Finance Committee Chair (RT) observed that the scale required to cover the reported position in the first 5 months of the year meant that variation in performance was difficult to glean from the graph from month 6 onwards. The Director of Finance concurred and suggested that this could be overcome by amending the graph to report performance against forecast over the period from month 6 to year end. The Committee agreed with the suggested amendment.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>received</b> the Action Log and agreed that the monthly forecasting graph would be amended to report performance against forecast from month 6 to year end for future reports.</p>	Interim Director of Finance
<b>FC 20/111</b>	<p><b>CHAIRS ACTION SINCE THE LAST MEETING</b></p> <p>There had been no Chairs action taken since the last meeting.</p>	
<b>FC 20/112</b>	<p><b>FINANCIAL PERFORMANCE MONTH 7</b></p> <p>The Assistant Director of Finance informed the Committee that at month 7, the UHB had reported an underspend of £0.362m and that the reported position included net expenditure of £88.478m arising from the management of COVID 19 which was offset by an equal amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.362m.</p> <p>The Executive opinion noted that Welsh Government had now set out the resources available to support the COVID 19 response and there was an expectation that NHS bodies would manage within these resources to deliver their original planned position which in the case of the UHB was a break even position by year end. In addition the</p>	

<p>Bricknell Helen 12/22/2020 14:36:18</p>	<p>UHB needed to avoid adding recurrent expenditure to the UHB's underlying position to support the recovery from this period.</p> <p>The Committee was informed that the UHB had discussed and agreed all key assumptions underlying the forecast year end breakeven position with the Welsh Government Finance Delivery Unit (FDU).</p> <p>Two of the eight measures on the Finance Dashboard remained RAG rated red namely: the reduction in the underlying deficit to £4m; the delivery of the recurrent £25m 3% devolved savings target. The delivery of the £4m non recurrent savings target had progressed to Green status in October. In addition, performance against the targets to remain within the revenue resource limit; remaining with the cash limit; creditor compliance payments; the maintenance of a positive cash balance; and remaining within the capital resource limit continued to be RAG rated green.</p> <p>The Assistant Director of Finance reported the cumulative financial performance and highlighted that the additional COVID 19 related expenditure was £94.720m at month 7.</p> <p>COVID 19 was also adversely impacting on the UHB savings programme where there was an underachievement of £10.426m against the month 7 target of £17.044m. The shortfall in savings was expected to continue until the COVID 19 pandemic passed.</p> <p>Elective work had been significantly curtailed during the first 7 months of the year as part of the UHB response to COVID 19 resulting in a fall in non pay costs and this was the main reason behind a £15.390m reduction in planned expenditure. In addition there had been slippage of £1.278m against planned investments including WHSCC.</p> <p>The net expenditure due to COVID 19 was £88.478m and this was matched by the same amount of additional Welsh Government COVID funding. In addition the UHB also had a small operating underspend of £0.362m leading to a net reported surplus at month 7.</p> <p>The UHB Chair (CJ) noted the reduction in costs of c £16.7m at month 7 arising from the reduction in elective work and slippage investments and asked if the UHB would need to re-apply for the associated funding. In reply the Assistant Director of Finance indicated that the reduction in elective costs and investments was primarily profiled in the first part of the year and was forecast to taper off in the later part of the year when elective activity was expected to increase. This was factored into the UHB's quarter 3/quarter 4 plan and the breakeven forecast and acknowledged by Welsh Government. Picking up on the resources required to catch up on the backlog of non Covid related healthcare UHB Chair (CJ) asked if the UHB had the staff and theatre capacity to catch up on the backlog of non Covid related healthcare that had built up during the pandemic. The Interim Director of Finance indicated that the additional funding provided in year was intended to stabilise the service in 2020/21. In</p>	
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<p>Bricknell Helen 12/22/2020 14:36:18</p>	<p>respect of the backlog, the UHB expected that the guidance from Welsh Government for 2021/22 would require a bold and ambitious plan which would address the additional capacity and resources required to recover access times for non Covid related healthcare services.</p> <p>The Committee was directed towards Table 4 of the written report which provided a breakdown of the £88.478m of additional Welsh Government COVID 19 funding supporting the month 7 position.</p> <p>A query was raised by the UHB Chair (CJ) in respect of the nil values ascribed to the additional Welsh Government Covid funding supporting independent sector provision and mental health services at month 7 and the Assistant Director of Finance confirmed that the UHB's plan assumed that the funding would be accessed in the later part of the year. In this context the UHB Chair indicated that continuing support to the UHB's mental health services was necessary in recognition of the demands on services during the pandemic.</p> <p>The Assistant Director of Finance moved onto performance against income, pay and non pay budgets.</p> <p>A surplus of £82.552m was reported against income targets at month 7 as a result of the additional Welsh Government funding of £88.478m for COVID 19 offset by net COVID 19 expenditure of £6.026m and an operational underspend of £0.100m. The key COVID 19 costs were largely unchanged and related to income reductions arising from reduced footfall and activity in retail and restaurant services; the Injury Cost Recovery Scheme; patient related English NHS non contracted income; dental patient charges income; laboratories and Radiopharmacy and private patients. It was noted that income from the Injury Cost Recovery Scheme had again held up and improved in month and that the level of other operating income being recovered was also improving.</p> <p>The Finance Committee Chair (RT) asked for confirmation that the loss of income arising from measures to manage Covid 19 was recognized by Welsh Government and the Assistant Director of Finance confirmed that the loss of income was reported to Welsh Government through the monthly monitoring returns and included in the table of additional costs arising as a result of Covid 19.</p> <p>The pay position at month 7 was a deficit of £14.671m made up of a net COVID 19 expenditure of £21.433m and an operational underspend of £6.762m. Additional COVID 19 pay costs had been incurred across all Clinical Boards and the main costs were for medical, nursing and ancillary staff in the Medicine Clinical Boards and in Facilities. The additional COVID pay costs were in part netted down by nursing staff savings in the specialist and surgical clinical boards.</p>	
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<p>Bricknell Helen 12/22/2020 14:36:18</p>	<p>Picking up on pay pressures the UHB Chair (CJ) asked if the additional resources required to staff the 400 bed surge capacity would place pressure on pay budgets and in relation to this the Finance Committee Chair (RT) asked if existing budgets could absorb the cost of providing the surge capacity. The Director of Finance confirmed that the UHBs quarter 3 and quarter 4 plan did not assume that the full 400 beds would be used in 2020/21 and that the financial forecast included costs to support the partial usage of the surge capacity. The plan also recognised that the availability of qualified nursing was a constraining factor on the UHB's plans. The Executive Nurse Director indicated that the UHB had developed plans to safely staff the surge capacity and this included the consideration of processes in neighbouring health boards. The UHB had increased its workforce capacity using flexible options such as bank staff and costs could be reduced where necessary in line with service requirements. In respect of the Surge Hospital the Executive Nurse Director added that the UHB had managed to salvage a significant amount of the equipment and fittings from the Dragons Heart Hospital to use in the Lakeside Surge facility and the committee recognised the additional value in this action.</p> <p>Non pay budgets reported a deficit of £67.520m at month 7 comprising of net COVID 19 expenditure of £61.020m and an operational overspend of £6.500m. The majority of additional non pay COVID 19 expenditure related to plant and premises costs at the Dragon's Heart Hospital with slippage against savings schemes and additional expenditure relating to PPE also adding to the total. It was noted that the net additional non pay costs of £61.020m arising as a consequence of COVID 19 had been netted down by £15.121m for reductions in non pay costs mainly arising from reduced levels consumables associated with elective activity.</p> <p>Turning to the financial forecast for 2020/21 the Assistant Director of Finance referred to table 9 of the written report which outlined that the additional costs of managing Covid 19 were expected to continue and that the net expenditure arising as a result of COVID 19 was expected to increase from the £88.478m reported at month 7 to a cumulative total of £151.726 at the year end and this was expected to be matched by the same amount of additional Welsh Government funding based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4. The UHB's non COVID operational position was expected to remain broadly balanced as the year progressed and the UHB expected to meet its break even duty in 2020/21.</p> <p>The month 7 forecast assumed the £151.726m of additional Welsh Government COVID 19 funding which was as outlined on Table 10 of the written Report as follows:</p> <ul style="list-style-type: none"> <li>• Dragons Heart Hospital - £60.284m</li> <li>• UHB's allocation share of Allocations to NHS Organisations - £50.100m</li> </ul>	
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- Funding reflecting COVID workforce costs month 1 to 3 - £11.016m
- Local Authority Test, Trace and Protect (TTP) - £6.654m
- PPE Funding - £6.884m
- UHB TTP costs - £3.147m
- NHS and Jointly commissioned packages of Care - £3.024m
- Independent Sector Provision- £2.700m
- Flu Vaccine Extension - £1.903m
- Transformation Discharge - £1.251m
- Mental Health Services - £0.503m
- GMS DES - £0.210m
- Urgent and Emergency Care Funding - £4.050m

The Finance Committee was informed that the key assumptions underpinning the forecast were still subject to variation in the remainder of the year and the following key issues were highlighted:

- Dragons Heath Hospital (DHH) costs were estimated at circa £65.4m including £2.7m capital costs.
- The UHB had developed alternative plans which had been approved Welsh Government to establish a 400 bed facility for surge capacity on the UHW site and it was expected that 50 of the beds would be used to meet initial demand with the remainder being commissioned if there was further significant demand.
- Costs and assumed funding for additional capacity commissioned from the independent sector were included up until the end of the year.
- The cost of the enhanced flu vaccination programme was now estimated at £1.903m for 2020/21 and was included in the forecast and assumed to be funded.  
The forecast cost of a mass COVID vaccination programme was estimated to be £4.9m in 2020/21 and £11.8m in 2021/22 based on the current assumption of delivery of the vaccine within mass vaccination centres. The forecast assumed that Welsh Government would provide resource coverage for any additional costs arising from a COVID vaccination programme in 2020/21.
- Slippage against savings plans was estimated at £19.9m.
- The forecast cost of COVID 19 regional Test, Trace and Protect (TTP) was included in the forecast at c £9.8m. This excluded the cost of additional surge capacity which was expected to be included at month 8 together with the notified allocation.

The Assistant Director of Finance turned to performance within Clinical Boards and noted that the largest operational pressures were reported in Women & Children where there were pressures against medical staff and non pay and in Medicine where the main pressure was against nursing. The Committee was informed that the in month improvement in Medicine reflected the recognition of funding in support of NICE Drugs. The overall performance against delegated

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<p>Bricknell Helen 12/22/2020 14:36:18</p>	<p>budgets was a reported operational surplus of £0.163m, however this would still need to be monitored to ensure that the position was maintained as there was variation across Clinical Boards. In this context the UHB Chair (CJ) asked what assurance could be provided to the Committee that Clinical Board positions continued to be performance managed. In reply the Interim Director of Finance indicated that whilst the primary focus in the financial year had been on managing the UHB bottom line the Chief Operating Officer continued to monitor operational pressures with Clinical Boards and significant concerns were addressed at monthly OPG meetings.</p> <p>Moving on to the UHBs underlying deficit the Assistant Director Of Finance reported that as a result of the savings slippage the forecast year end underlying deficit was £25.3m which was £21.3m more than the planned £4m identified in the submitted IMTP. It was noted that the UHB has identified a number of areas where expenditure could impact upon the underlying position and these were outlined at appendix 6 of the written report. The list totalled £3.1m and further work was required to identify the recurrent impact. The Committee was informed that it was not clear at this stage whether Welsh Government would provide coverage for the underlying deficit arising from savings slippage in 2021/22. The Interim Director of Finance added that with the exception of the items outlined in appendix 6 the UHB was planning on the principle that all COVID costs were non recurrent.</p> <p>Referring to the savings slippage, the Finance Committee Chair (RT) noted that progress against the UHB's initial savings plan which was in part based on a reduction in beds had been abated by the change in plans required to manage the impact of Covid 19 and asked whether the UHB had scope to flex the savings plan to include savings realised in year which were not included in initial plans. The Assistant Director of Finance confirmed that the UHB did recognise and report opportunities as they arose in year. The Interim Director of Finance added that the UHB had not yet driven out all of the benefits around the changes in operational practice in response to the pandemic and that any costs which could be released would need to feature strongly in future plans. Turning back to the UHBs bed capacity the Chief Executive confirmed that the UHB's Shaping Our Future Well Being Strategy included the commitment to enable people to maintain and recover their health as close to home as possible and that the UHB's bed capacity would need to be continually reviewed in light of this objective.</p> <p>The Committee was informed that the balance sheet was outlined at Appendix 2 of the report.</p> <p>The UHB cash balance at the end of October was c £12.9m and the UHB was forecasting a positive year end cash balance in line with the financial forecast.</p> <p>PSPP performance continued to exceed the 95% target.</p>	
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	<p>Capital expenditure was satisfactory with net expenditure to the end of October being 57% of the UHB's approved Capital Resource Limit (CRL). The Committee was informed that the UHB has requested a further 2.5m COVID 19 capital funding to support the provision of elective and routine services through the creation of green zones. £1.043m of the funding had been confirmed and the UHB has reprioritized its discretionary capital plan to mitigate the remaining risk.</p> <p>In conclusion, the Assistant Director of Finance highlighted that at month 7, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the month 7 financial impact of COVID 19 which is assessed at £88.478m;</p> <p>The Finance Committee <b>noted</b> the additional Welsh Government funding of £88.478m assumed within the month 7 position;</p> <p>The Finance Committee <b>noted</b> the month 7 reported financial position being a surplus of £0.362m;</p> <p>The Finance Committee <b>noted</b> the breakeven position which assumes additional Welsh Government funding of £151.726m to manage the impact of COVID 19 in line with quarter 3&amp;4 planning assumptions;</p> <p>The Finance Committee <b>noted</b> the risks that are being managed on the capital programme;</p> <p>The Finance Committee <b>noted</b> the revised forecast 2020/21 carry forward Underlying Deficit is £25.3m and the risks identified that, if not managed, could increase this.</p>	
<b>FC 20/113</b>	<p><b>FINANCE RISK REGISTER</b></p> <p>The Assistant Director of Finance (AG) presented the Finance Risk register.</p> <p>The two remaining extreme risks were noted as being:</p> <p><b>Fin01/20</b> – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.</p> <p><b>Fin03/20</b> – Delivery of £29.0m (3.5%) CIP</p> <p>The Finance Committee noted that the COVID-19 financial plan risk (FIN10/20) including Surge capacity was shown in an appendix as a sub-set to the main risk register.</p> <p>The Finance Committee Chair (RT) referred to Risk Fin05/20 DHH which identified that in some instances a letter of intent was in place</p>	

	<p>with contractors in lieu of a formal contract and asked whether final contracts had been agreed. The Interim Director of Finance indicated that progress had been made through respective legal teams and that the UHB was ensuring that strong governance was maintained in closing down contractual discussions.</p> <p><b>Resolved - that:</b></p> <p>The Finance Committee <b>noted</b> the risks highlighted in the 2020/21 risk register.</p> <p>The Finance Committee <b>noted</b> the risks highlighted in the Surge Capacity sub set risk register.</p>	
<b>FC 20/114</b>	<p><b>MONTH 7 FINANCIAL MONITORING RETURNS</b></p> <p>These were noted for information.</p>	
<b>FC 20/115</b>	<p><b>COMMITTEE EFFECTIVENESS REVIEW 2019-20 RESULTS AND ACTIONS</b></p> <p>The Director of Corporate Governance highlighted the results for the Committee Effectiveness review undertaken by Finance Committee Members and the Executive Director Lead for the Committee.</p> <p>The Committee was directed to a proposed action plan attached at appendix 2 to improve the areas in which the results had either an 'adequate', 'needs improvement' or 'no' response to the questions asked.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the results of the Committee's self-Assessment Effectiveness Review for 2019-20.</p> <p>The Finance Committee <b>approved</b> the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.</p>	
<b>FC 20/116</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD</b></p> <p>There were no items to bring to the attention of the Board.</p>	
<b>FC 20/117</b>	<p><b>DATE OF THE NEXT MEETING OF THE COMMITTEE</b></p> <p><b>Wednesday 6<sup>th</sup> January 2.00pm; Virtual Meeting via Teams</b></p>	

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## FINANCE COMMITTEE

### ACTION LOG

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
<b>FC 20/101</b>	28.10.20	<b>FORECAST TO</b>	Monthly forecasting graph to be included in future finance performance reports. The graph should include any unfunded costs arising from the management of COVID 19.	Interim Director of Finance	<b>Complete</b> – Amended Monthly forecasting graph included in Month 8 Finance Report.
<b>&amp; FC/110</b>	25.11.20	<b>BREAK EVEN AT MONTH 6.</b>	For the month 8 report the monthly forecasting graph would be amended to report performance against forecast from month 6 to year end for future months.		

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<b>Report Title:</b>	Finance Report for the Period Ended 31 <sup>st</sup> December 2020						
<b>Meeting:</b>	Finance Committee				<b>Meeting Date:</b>	6 <sup>th</sup> January 2021	
<b>Status:</b>	For Discussion	x	For Assurance	x	For Approval		For Information x
<b>Lead Executive:</b>	Interim Executive Director of Finance						
<b>Report Author (Title):</b>	Assistant 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 19<sup>th</sup> 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. 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>b/f underlying deficit</b>	<b>(11.5)</b>
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
<b>Planned Surplus/(Deficit) 2020/21</b>	<b>0.0</b>

At month 8, the UHB is reporting an underspend of £0.461m against this plan. During the 8 months to the end of November net expenditure of £98.759m arose from the management of COVID 19 which is offset by the same amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.461m.

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4 and a continuation of LTA block arrangements for the rest of the financial year.

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

With the operation imperative being managing the impact of COVID 19, the initial financial focus was on justifying additional expenditure incurred in dealing with the pandemic. Welsh Government has now set out the resources available to support the COVID 19 response. There is now an expectation that NHS bodies will manage within these resources to deliver their original planned position, which for the UHB was a break even position by year end.

How the UHB recovers from the pandemic is also key and in this context the UHB needs to avoid adding recurrent expenditure to its underlying position and to embed the many transformation changes that have been delivered at pace.

## Assessment and Risk Implications

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

**Table 2: Finance Dashboard @ November 2020**

Measure	n	STATUS REPORT				
		November 2020	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£0.461m surplus at month 8.	G	↑	2020/21 Break-Even	M8 2020-21
Remain within capital resource limits.	37	Expenditure at the end of November was £61.513m against a plan of £70.655m.	G	9	Approved planned expenditure £82.532m	M8 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.3m	R	↓	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M8 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.686m forecast at month 8. Performance impaired by response to COVID- 19	R	↓	£25.000m	M8 2020-21
Delivery of £4m non recurrent devolved target	36c	£5.456m forecast at month 8. Performance impaired by response to COVID- 19	G	↑	£4.000m	M8 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.1 % at the end of November	G	9	95% of invoices paid within 30 days	M8 2020-21
Remain within Cash Limit	37b	Forecast cash surplus £0.517m	G	9	To remain within Cash Limit	M8 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £4.762m	G	9	To Maintain Positive Cash Balance	End of November 2020

## Month 8 Cumulative Financial Position

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 8 is a surplus of £0.461m following an in month surplus of £0.099m in month and this is summarised in Table 3.

**Table 3: Month 8 Financial Position 2020/21**

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	103.496
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	12.372
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(15.689)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(1.420)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	98.759
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	(0.461)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(98.759)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	(0.461)

This shows that the in month net expenditure of £10.281m due to COVID 19 was matched by and equal amount of additional Welsh Government funding to cover the costs arising from the impact of COVID 19.

The additional COVID 19 expenditure in the 8 months to the end of November was £103.496m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 8 revenue costs of £50.178m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**.

There was also £53.318m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £12.372m against the month 8 target of £19.417m. Further improvement is not anticipated 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 contributed to a £15.689m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £1.420m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 is £98.759m. This is matched by the additional Welsh Government funding outlined in the table 4 below:

**Table 4: Welsh Government COVID Funding supporting the position as at 30<sup>th</sup> Nov 2020**

Welsh Government COVID Funding	£m
Dragons Heart	(47.771)
Allocation share 13.5% of £371.4m	(28.179)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(1.837)
PPE	(5.753)
NHS and jointly commissioned packages of care	(1.541)
Flu vaccine extension	(0.308)
Transformation / Discharge	(1.251)
GMS DES	(0.210)
COVID vaccination programme	(0.119)
Urgent & Emergency Care Funding	(0.774)
<b>Total funding received / assumed £m</b>	<b>(98.759)</b>

The UHB also has a small operating underspend of £0.461m leading to a net reported surplus at

month 8.

Table 5 analyses the reported position between income, pay and non pay.

**Table 5: Summary Financial Position for the period ended 30<sup>th</sup> November 2020**

Income/Pay/Non Pay	Budget	Actual	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Received	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m
<b>In Month</b>						
Income	(117.395)	(116.908)	0.562	0.000	(0.074)	0.487
Income - Welsh Govt. COVID 19 Funding Received	0.000	(10.281)	0.000	(10.281)	0.000	(10.281)
Pay	56.837	58.085	2.560	0.000	(1.312)	1.248
Non Pay	60.557	69.004	7.159	0.000	1.287	8.447
Variance to Plan £m	(0.000)	(0.100)	10.281	(10.281)	(0.099)	(0.099)
<b>Cumulative</b>						
Income	(948.782)	(942.368)	6.588	0.000	(0.174)	6.414
Income - Welsh Govt. COVID 19 Funding Received	0.000	(98.759)	0.000	(98.759)	0.000	(98.759)
Pay	446.378	462.296	23.992	0.000	(8.074)	15.918
Non Pay	502.403	578.369	68.179	0.000	7.787	75.966
Variance to Plan £m	(0.000)	(0.462)	98.759	(98.759)	(0.461)	(0.461)

## Income

The year to date and in month financial position for income is shown in Table 6:

**Table 6: Income Variance @ November 2020**



Income	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	COVID 19 Additional Welsh Govt. Funding £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(10.281)	0.000	(10.281)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.069	0.000	0.000	0.069	0.000	0.002	0.072
Education & Training	0.000	0.000	0.000	0.000	0.000	0.023	0.023
Injury Cost Recovery Scheme (CRU) Income	0.013	0.000	0.000	0.013	0.000	0.015	0.028
NHS Patient Related Income	0.030	0.000	0.000	0.030	0.000	(0.100)	(0.070)
Other Operating Income	0.357	0.009	0.000	0.365	0.000	0.011	0.377
Overseas Patient Income	0.001	0.000	0.000	0.001	0.000	0.000	0.001
Private Patient Income	0.083	0.000	0.000	0.083	0.000	(0.027)	0.056
Research & Development	0.000	0.000	0.000	0.000	0.000	(0.000)	(0.000)
Variance to Plan £m	0.553	0.009	0.000	0.562	(10.281)	(0.074)	(9.793)
<b>Cumulative</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(98.759)	0.000	(98.759)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.771	0.000	0.000	0.771	0.000	0.044	0.815
Education & Training	0.033	0.000	0.000	0.033	0.000	0.134	0.166
Injury Cost Recovery Scheme (CRU) Income	0.252	0.000	0.000	0.252	0.000	(0.078)	0.174
NHS Patient Related Income	0.701	0.000	0.000	0.701	0.000	(0.289)	0.412
Other Operating Income	4.154	0.066	0.000	4.219	0.000	0.140	4.359
Overseas Patient Income	0.008	0.000	0.000	0.008	0.000	0.013	0.021
Private Patient Income	0.566	0.000	0.000	0.566	0.000	0.018	0.584
Research & Development	0.039	0.000	0.000	0.039	0.000	(0.156)	(0.117)
Variance to Plan £m	6.522	0.066	0.000	6.588	(98.759)	(0.174)	(92.345)

The month 8 income position is a surplus of £92.345m comprising of a net COVID 19 income loss of £6.588m, additional Welsh Government funding of £98.759m for COVID 19 costs and an operational underspend of £0.174m.

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

- £0.771m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.252m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims between April and July. The value of new claims and level of cash received in November continued the improvement over the previous 3 months when compared to the average established in the first 4 months.
- £0.701m adverse variance in NHS Patient related income following the reduction in English non-contracted income due to COVID 19.
- £4.219m deficit against Other Operating Income. The majority of the deficit is a result of the COVID 19 reduction of activity in dental practices leading to a loss of Dental Patient Charges income. There is also a reduction in income because of reduced activity in laboratories and radiopharmacy where the income reported in month showed signs of recovery. The in month deficit of £0.365m continues the improvement on the trend for the first 5 months of the year and in part reflects an increase in the level of forecast dental patient charge income for the year which is now expected to be £1.745m for the full year, compared to the previous forecast of £1.413m.
- £0.566m adverse variance against private patient income following the re-planning of non COVID activity.

The in month improvement on the operational position follows the agreement with neighbouring Health Boards of the contractual income flows associated with vascular services which have been centralised at the UHB.

## Pay

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

**Table 7: Analysis of pay expenditure by staff group @ November 2020**

	Expenditure £m	of Planned Savings £m	In Planned Expenditure £m	Due to COVID 19 £m	(Fav)/Adv £m	£m
<b>In Month</b>						
Medical and Dental	0.925	0.000	0.000	0.925	0.036	0.962
Nursing (registered)	0.941	0.005	(0.215)	0.731	(0.427)	0.304
Nursing (unregistered)	0.296	0.000	0.000	0.296	0.201	0.497
Scientific, prof & technical	0.015	0.000	0.000	0.015	(0.105)	(0.090)
Additional clinical services	0.076	0.000	0.000	0.076	(0.146)	(0.069)
Management, admin & clerical	0.130	(0.001)	0.000	0.129	(0.329)	(0.200)
Other staff groups	0.384	0.003	0.000	0.386	(0.542)	(0.156)
<b>Total £m</b>	<b>2.767</b>	<b>0.008</b>	<b>(0.215)</b>	<b>2.560</b>	<b>(1.312)</b>	<b>1.248</b>
<b>Cumulative</b>						
Medical and Dental	8.501	(0.177)	0.000	8.324	(0.965)	7.359
Nursing (registered)	6.196	0.045	(1.759)	4.482	(2.329)	2.153
Nursing (unregistered)	2.601	0.000	0.000	2.601	1.291	3.892
Scientific, prof & technical	0.248	(0.032)	0.000	0.215	(0.911)	(0.696)
Additional clinical services	0.508	0.000	0.000	0.508	(0.881)	(0.373)
Management, admin & clerical	1.256	0.027	0.000	1.283	(1.975)	(0.692)
Other staff groups	6.555	0.024	0.000	6.578	(2.304)	4.274
<b>Total £m</b>	<b>25.864</b>	<b>(0.113)</b>	<b>(1.759)</b>	<b>23.992</b>	<b>(8.074)</b>	<b>15.918</b>

The pay position at month 8 is a deficit of £15.918m made up of a net COVID 19 expenditure of £23.992m and an operational underspend of £8.074m.

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £9.139m have been incurred and for ancillary staff and in Capital and Estates where additional costs of £3.005m have been incurred. Significant additional pay costs have also been incurred across all other Clinical Boards. Some of these costs are netted down by nursing staff savings in the Specialist and Surgical Clinical Boards.

Cumulative operational pay underspends are reported by all Clinical Boards bar the Medicine Clinical Board where there is an operational overspend of £0.709m primarily as a result of nursing costs. The operational pay position in the Medicine Clinical Board reported a £0.025m improvement in month following confirmation of retrospective funding for some posts. The largest operational pay underspends which are in the same areas as the previous month are on registered nursing staff in the Mental Health, Specialist and PCIC Clinical Boards, support staff in Capital Estates and management and administrative staff in the Women & Children Clinical Board.

## Non Pay

The year to date and in month financial position for non pay is shown in Table 8.

**Table 8: Non Pay Variance @ November 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
<b>In Month</b>						
Drugs / Prescribing	0.349	(0.008)	0.435	0.776	(0.029)	0.747
Clinical services & supplies	0.290	0.015	(0.204)	0.101	0.312	0.413
General supplies & services	0.996	0.007	(0.005)	0.998	0.089	1.087
Establishment expenses	0.046	0.004	0.000	0.051	0.062	0.113
Premises & fixed plant	2.450	0.010	0.000	2.460	0.368	2.828
Continuing healthcare	0.028	0.000	0.000	0.028	0.060	0.088
Commissioned Services	0.052	0.000	(0.249)	(0.198)	0.188	(0.009)
Primary Care Contractors	0.093	0.000	(0.188)	(0.095)	(0.296)	(0.391)
Other non pay	1.156	1.902	(0.015)	3.042	0.529	3.571
<b>Total £m</b>	<b>5.459</b>	<b>1.931</b>	<b>(0.226)</b>	<b>7.164</b>	<b>1.283</b>	<b>8.447</b>
<b>Cumulative</b>						
Drugs / Prescribing	3.032	(0.570)	(2.316)	0.145	1.865	2.011
Clinical services & supplies	4.653	(0.225)	(8.037)	(3.609)	1.029	(2.581)
General supplies & services	6.483	0.030	(0.241)	6.272	0.796	7.067
Establishment expenses	0.445	(0.089)	0.000	0.356	(0.934)	(0.577)
Premises & fixed plant	49.548	(0.084)	0.000	49.464	2.362	51.826
Continuing healthcare	1.601	(1.773)	(0.010)	(0.182)	0.620	0.439
Commissioned Services	0.318	(0.010)	(2.068)	(1.760)	(0.560)	(2.319)
Primary Care Contractors	0.881	(0.291)	(2.555)	(1.965)	(0.800)	(2.765)
Other non pay	4.144	15.433	(0.120)	19.457	3.408	22.865
<b>Total £m</b>	<b>71.104</b>	<b>12.421</b>	<b>(15.346)</b>	<b>68.179</b>	<b>7.787</b>	<b>75.966</b>

The largest deficit is in non pay budgets. The month 8 position is a deficit of £75.966m comprising net COVID 19 expenditure of £68.179m and an operational overspend of £7.787m.

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

- £6.272m overspend on general supplies and services primarily relating to PPE.
- £49.464m overspend on Premises and Fixed Plant including £47.225m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning, waste management, IT to support distancing and overnight accommodation.
- £19.457m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £15.346m for reductions in non pay costs mainly arising from reduced levels consumables associated with elective activity, adjustments to dental contracts, reduced non contracted activity (NCA) and slippage on investment programmes.

The main issues driving the £7.787m operational overspend against non pay were as follows:

- £1.865m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing and drug costs in specialist services. Pressures in primary care remained in month however the overall costs were abated by a slowdown in expenditure for drugs in specialist services.

- £2.362m adverse variance against premises and fixed plant due to additional IT spend, security costs, community equipment and a number of overspends across Clinical Boards. Part of the overspend on premises and fixed plant costs has arisen from the use of estates contractors and these costs are offset by a related underspend of £0.933m against vacant posts in Capital Estates.
- £3.408m adverse variance against other non-pay mainly due to non COVID related savings slippage and small pockets of pressures across Clinical Boards.

### Forecast 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 £155.493m. This is offset by confirmed additional COVID 19 funding of £155.493m as summarised in table 9.

**Table 9: Summary of Forecast COVID 19 Net Expenditure**

	Cumulative Month 8 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	103.496	158.211
COVID 19 Non Delivery of Savings Plans	12.372	19.860
COVID 19 Reductions in Planned Expenditure	(15.689)	(19.463)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.420)	(3.114)
<b>Net Expenditure Due To COVID 19</b>	<b>98.759</b>	<b>155.493</b>
Operational position (Surplus) / Deficit	(0.461)	0.000
Welsh Government COVID funding received / assumed	(98.759)	(155.493)
<b>Net COVID 19 Forecast Position (Surplus) / Deficit £m</b>	<b>0.000</b>	<b>0.000</b>

**This forecast break even at year end is based on a number of variable assumptions and assumes anticipated Welsh Government funding to help meet the additional costs arising from COVID 19.**

A graphical representation of the Forecast COVID and non COVID operational plans to breakeven in the remaining months of the Year is provided at Appendix 8.

The forecast additional Welsh Government funding is based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4 and totals £155.493m as outlined in table 10 below:

**Table 10: Welsh Government COVID Funding supporting the forecast year end position**

as at 30<sup>th</sup> November 2020

Welsh Government COVID & Urgent & Emergency Funding	£m
Dragons Heart	(58.832)
Allocation share 13.5% of £371.4m	(50.100)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(7.300)
PPE	(7.636)
UHB TTP	(2.918)
NHS and jointly commissioned packages of care	(3.024)
Independent sector provision (Spire)	(2.700)
Flu vaccine extension	(1.904)
Transformation / Discharge	(1.251)
Mental Health Services	(0.503)
Support to Voluntary Sector Mental Health Service Provision	(0.200)
GMS DES	(0.226)
COVID vaccination programme	(4.152)
Urgent & Emergency Care Funding	(3.731)
<b>Total funding received / assumed</b>	<b>(155.493)</b>

The key financial planning assumptions are:

### Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £61.239m with a further £2.698m capital costs. The revenue cost of £61.239m represents set-up, decommissioning and consequential losses costs of £58.832m and running costs of £2.407m. The UHB continues to work to maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £2.141m are included in the 2020/21 forecast. This is a decrease of £1.395m on the month 7 forecast and 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 10<sup>th</sup> November 2020. The forecast includes £10.039m of decommissioning costs for the DHH including reinstatement of the stadium.

### COVID Surge Capacity / Lakeside Wing

The UHB developed alternative plans which were shared with and approved by Welsh Government to establish a facility for 400 beds surge capacity on the UHW site – Lakeside Wing. The UHB's assessment is that of the 400 beds provided in this proposed facility, 50 would be developed as winter surge beds. The remainder would be kept as surge beds to use if there was a significant demand. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to COVID-19 beds are required as the UHB brings back on line more



non-COVID-19 activity.

Aligned to the COVID “central” scenario the forecast includes additional staffing costs relating to additional COVID capacity at UHW, UHL and St. David’s (106 beds) coupled with additional winter capacity requirements (50 beds).

Additional workforce requirements relating to the utilisation of a further 116 beds within the Lakeside wing would need to be reviewed looking at utilisation of staff already in post, temporally redirecting / redeploying staff from acute non ward areas coupled with the availability of bank and agency staff if this additional surge capacity was to be required.

Throughout the pandemic the UHB has maintained core essential services with the prioritisation of need based upon clinical-stratification rather than time-based stratification. Given the significant uncertainty in the current operating environment, it is extremely difficult to forecast activity with any degree of certainty

As well as maintaining essential services the UHB has begun to re-introduce more routine services where it is safe to do so and plans to keep doing this through the next four months.

The UHB has been able to achieve this through:

- Establishment of Protected Elective Surgery Units (‘Green zones’) in UHW and UHL;
- Use of Spire Private Hospital capacity;
- A refreshed Outpatients Transformation Programme, clinically led across primary and secondary care.

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £19.463m over the year. This represents activity steadily increasing throughout quarter 3 and quarter 4 aligned to the COVID “central” scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels.

At the beginning of the COVID-19 pandemic, the UHB reached an early agreement with Spire Healthcare to enable patients with non-complex cancer and other urgent conditions to receive treatment at Spire’s Cardiff hospital. This allowed the UHB extra capacity to care for COVID-19 patients on its main sites, in particular to enable space for regional services.

As COVID-19 cases continue to increase within the community as we move deeper into a second wave, the continued use of the independent sector remains a key dependency for the UHB if it is to continue to plan for stability and continue to deliver the levels of non COVID-19 activity which have been achieved to date during the pandemic.

Costs of Spire /St. Joseph’s are included in the forecast to the 31<sup>st</sup> of March totaling £2.700m. Funding up until 31<sup>st</sup> December has been confirmed by Welsh Government and it has been assumed that this arrangement will continue for the rest of the financial year. As such the UHB has assumed a further £2.7m Welsh Government funding for this.

### **Regional Test, Trace and Protect (TTP)**

Working with its local authority partners the UHB has established its TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by

Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Local Authority.

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £10.493m. This includes Local Authority costs of £7.575m and Health Board TTP costs totalling £2.918m. The full costs of Health Board TTP are assumed to be funded with maximum funding of £7.3m available against Local Authority TTP costs

The cost reported for TTP now includes a forecast of £0.990m in relation to the All Wales Surge Capacity Team.

### **Enhanced Flu Vaccination Programme**

The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost is £1.904m and is assumed to be funded. This has been calculated in line with the recent guidance and assumes that the UHB will receive circa 14.3% of the 440,000 vaccines being made available to Wales.

### **COVID Vaccination Programme**

The forecast of costs outlined **include** the cost of a mass COVID vaccination programme which are assessed at £0.119m for the year to date and £4.152m in total to the end of March. These costs are matched by an equivalent additional income assumption.

Further estates expenditure of £0.434m is forecast to be incurred in December. This is currently categorized as capital spend pending further analysis and guidance.

The revenue costs also include circa £0.5m of IT costs. These will be reviewed in the month to determine any of this should be classified as capital.

The costs are shown in table B3 as directed. The forecast pay costs are all shown within lines reference 3-10 until more detail of recruitment becomes available for future months when pay will then be analysed over the relevant pay line.

The current forecast of cost for 2021/22 is £11.713m.

### **Personal Protective Equipment**

In line with the planning guidance the UHB is assuming that its COVID 19 costs of PPE will be fully funded. At month 8 these are assessed at £7.820m.

### **Urgent and Emergency Care Funding**

The UHB continues to shape its unscheduled care plans around the goals of the national urgent and emergency care framework and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4:

1. 111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time.
2. 24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and

admission to hospital.

3. Ambulatory emergency care to enable patients to safely bypass the Emergency Department and prevent unnecessary admission.
4. Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome

Funding has been confirmed within the forecast totalling £3.731m through the Urgent and Emergency Care Fund.

- £1.350m allocated to RPB for discharge to recover and assess pathways
- £0.423m for urgent primary care centres
- £1.391m for CAV247 and Ambulatory Care
- £0.191m specialist team @ the front door
- £0.376m frailty rapid response

### Savings Programme 2020-21

The assessed slippage against the UHB £29m savings plan has improved marginally in month from £19.908m to £19.860m and this includes the release of non-recurrent opportunities. A number of the UHB's 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. Schemes that are continuing to develop and progress include procurement and medicines management.

### 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 8 by Clinical Board is shown in Table 11.

Table 11: Financial Performance for the period ended 30<sup>th</sup> November 2020



	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	Welsh Governmen t COVID 19 Funding Received £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
<b>Clinical Board</b>							
<b>In Month</b>							
All Wales Genomics Service	0.003	0.000	0.000	0.003	0.000	(0.003)	0.000
Capital Estates & Facilities	0.344	0.116	(0.005)	0.455	0.000	(0.019)	0.435
Children & Women	0.281	0.192	0.000	0.474	0.000	0.208	0.682
Clinical Diagnostics & Therapies	0.218	0.142	(0.017)	0.343	0.000	(0.423)	(0.080)
Surge Hospitals	2.264	0.000	0.000	2.264	0.000	0.000	2.264
Executives	0.207	0.096	0.000	0.303	0.000	(0.210)	0.093
Medicine	1.187	0.232	0.002	1.421	0.000	0.035	1.456
Mental Health	0.122	0.215	0.000	0.337	0.000	0.090	0.427
PCIC	1.391	0.416	(0.213)	1.594	0.000	(0.193)	1.401
Specialist	0.359	0.274	0.397	1.030	0.000	(0.370)	0.660
Surgery	0.446	0.264	(0.356)	0.354	0.000	0.243	0.597
<b>SubTotal Delegated Position £m</b>	<b>6.823</b>	<b>1.947</b>	<b>(0.192)</b>	<b>8.578</b>	<b>0.000</b>	<b>(0.642)</b>	<b>7.936</b>
Central Budgets	1.952	0.000	(0.249)	1.703	0.000	0.543	2.245
<b>Total Variance pre COVID -19 Funding</b>	<b>8.775</b>	<b>1.947</b>	<b>(0.441)</b>	<b>10.281</b>	<b>0.000</b>	<b>(0.099)</b>	<b>10.181</b>
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(10.281)	0.000	(10.281)
<b>Total Variance £m</b>	<b>8.775</b>	<b>1.947</b>	<b>(0.441)</b>	<b>10.281</b>	<b>(10.281)</b>	<b>(0.099)</b>	<b>(0.099)</b>
<b>Cumulative</b>							
All Wales Genomics Service	0.039	0.000	0.000	0.039	0.000	(0.121)	(0.082)
Capital Estates & Facilities	4.625	1.146	(0.131)	5.641	0.000	(0.026)	5.615
Children & Women	2.566	1.598	0.000	4.164	0.000	0.991	5.154
Clinical Diagnostics & Therapies	2.132	1.185	(0.798)	2.519	0.000	0.054	2.573
Surge Hospitals	50.188	0.000	0.000	50.188	0.000	0.001	50.189
Executives	2.943	0.765	0.000	3.708	0.000	(1.000)	2.708
Medicine	10.114	1.811	(0.240)	11.685	0.000	0.642	12.327
Mental Health	1.545	1.720	0.000	3.265	0.000	0.271	3.536
PCIC	12.281	3.342	(2.764)	12.859	0.000	(0.586)	12.273
Specialist	3.513	2.185	(2.971)	2.727	0.000	(0.585)	2.142
Surgery	4.114	2.236	(8.134)	(1.783)	0.000	(0.445)	(2.229)
<b>SubTotal Delegated Position £m</b>	<b>94.061</b>	<b>15.988</b>	<b>(15.037)</b>	<b>95.012</b>	<b>0.000</b>	<b>(0.805)</b>	<b>94.207</b>
Central Budgets	9.430	(3.615)	(2.068)	3.747	0.000	0.344	4.091
<b>Total</b>	<b>103.491</b>	<b>12.373</b>	<b>(17.105)</b>	<b>98.759</b>	<b>0.000</b>	<b>(0.461)</b>	<b>98.298</b>
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(98.759)	0.000	(98.759)
<b>Total Variance £m</b>	<b>103.491</b>	<b>12.373</b>	<b>(17.105)</b>	<b>98.759</b>	<b>(98.759)</b>	<b>(0.461)</b>	<b>(0.461)</b>

Delegated budgets are £94.207m overspent for the 8 months to the end of November 2020. £95.012m of this overspend relates to additional expenditure generated in response to COVID 19. There is an operational surplus of £0.805m against delegated budgets and a 0.344m overspend against central budgets leaving a total operational underspend of £0.461m. Whilst the overall operational position is broadly balanced there are pressures in some areas. The largest operational overspends are in the Women & Children (£0.991m deficit) where there are pressures against medical staff and other non pay, in the Medicine Clinical Board (£0.642m deficit) where the main pressure is against nursing and in the Mental Health Clinical Board where there are non pay pressures. The in month overspend in Women & Children in part reflects the supernumerary costs linked to the recruitment of student nurses in October and November. The in month operational overspend against Central budgets is due to a re-assessment of liabilities due to WHSCC and Velindre, pressures against central pay and new treatment reserves and the recognition and accrual of a number of invoices centrally in lieu of further information. The invoices which are expected to be allocated against delegated Clinical Board budgets when further detail is provided by suppliers.

Whilst the UHB currently has an operational underspend further review and assurance will be

required to ensure that this is maintained as there is a wide variation in performance.

Savings Programme

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

The assessed slippage against the plan has improved from £19.908m to £19.860m in month. At month 8 the UHB has identified green and amber savings schemes totalling £9.140m to deliver against the £29.000m savings target as summarised in Table 12.

Table 12: Progress against the 2020/21 Savings Programme at Month 8

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	9.140	(19.860)

Further analysis of the November 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. An illustration of the year on year movement in the underlying deficit is shown at **Appendix 7**.

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 £21.3m less than planned and this will increase the underlying deficit to £25.3m. This is shown in Table 13.

Table 13: Summary of Underlying Financial Position

	Submitted IMTP £m	Forecast Position @Month 8	
		Non Recurrent £m	Recurrent Position £m
<b>b/f underlying deficit</b>	<b>(11.5)</b>	<b>0.000</b>	<b>(11.500)</b>
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)
<b><u>In Year Movements</u></b>			
Non Delivery of Planned Savings (due to COVID- 19)	(19.9)	1.4	(21.3)
Revenue cost DHH	(61.2)	(61.2)	
Operational Expenditure Cost Increase Due To Covid-19	(97.0)	(97.0)	
Planned Operational Expenditure Cost Reduction Due To Covid	19.5	19.5	
Slippage on Planned Investments Due To Covid-19	3.1	3.1	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assu	155.5	155.5	
<b>Revised Forecast Surplus/(Deficit) 2020/21</b>	<b>(0.0)</b>	<b>25.3</b>	<b>(25.3)</b>

In addition, the UHB has identified a number of areas where expenditure could impact upon the underlying position. These risks are set out in **Appendix 6** and further work is required to either mitigate them or manage them within a deliverable 2021/22 financial plan. The list of new/potential recurrent commitments of £3.4m is not exhaustive and further detailed work will continue in order to identify recurrent impacts.

## Balance Sheet

The balance sheet at month 8 is detailed in **Appendix 2**.

The opening balances at the beginning of April 2020 reflect the closing balances in the 2019/20 Annual Accounts approved by the UHB's Board

The increase in carrying value of property, plant & equipment reflects the high level of capital investment during 2020/21 in particular in relation to COVID 19 schemes.

Overall trade debtors have increased by £31.5m since the start of the year primarily as a result of an increase in amounts due from the Welsh Risk Pool and NHS invoices.

## Cash Flow Forecast

The closing cash balance at the end of November was £4.762m. The UHB is predicting a positive cash balance at the end of 2020/21 in line with the improved financial forecast as shown at **Appendix 3**.

## Public Sector Payment Compliance

The UHB's public sector payment compliance performance remains at 96.1% at the end of November and continues to meet the 95% performance target.

## Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of November 2020 is summarised in Table 12 and detailed in **Appendix 4**.

**Table 12: Progress against Capital Resource Limit @ November 2020**

	£m
Planned Capital Expenditure at month 8	70.665
Actual net expenditure against CRL at month	61.513
Variance against planned Capital Expenditure at month	9.143

Capital progress for the year to date is satisfactory with net expenditure to the end of November being 75% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £82.532m as at the 4<sup>th</sup> December 2020 comprising of £15.015m discretionary funding and £67.517m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this. As previously reported, the UHB has requested further COVID 19 funding especially to support the provision of elective and routine services through the creation of green zones. The value of this is £2.5m and to date £1.043m of the funding has been confirmed and therefore the UHB has reprioritized its discretionary capital plan to mitigate the remaining risk.

## Key Risks

At month 8, following confirmation of additional funding assumptions, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.

## Recommendation:

The Finance Committee is asked to:

- **NOTE** the month 8 financial impact of COVID 19 which is assessed at £98.579m;
- **NOTE** the additional Welsh Government COVID 19 funding of £98.579m assumed within the month 8 position.
- **NOTE** the month 8 reported financial position being an operational surplus of £0.461m;
- **NOTE** the forecast break even position which assumes additional Welsh Government funding of £155.493m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions;
- **NOTE** the risks that are being managed on the capital programme;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit of £25.3m and the risks identified that, if not managed, could increase this.

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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	
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable								

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## 2020/21 SAVING SCHEMES

## 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	712	20	731	0	3,350
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	1,126	4	1,130	0	1,767
Children & Women	3,149	716	8	724	0	2,425
Medicine	3,330	585	0	585	0	2,745
Capital Estates and Facilities	2,289	450	139	590	1,622	1,699
Corporate Executives	1,209	61	0	61	102	1,148
<b>SubTotal Clinical Boards</b>	<b>29,000</b>	<b>4,821</b>	<b>171</b>	<b>4,993</b>	<b>1,734</b>	<b>24,007</b>
<b>Health Board Wide Schemes</b>		4,147	0	4,147	13,900	<b>(4,147)</b>
<b>Total</b>	<b>29,000</b>	<b>8,968</b>	<b>171</b>	<b>9,140</b>	<b>15,634</b>	<b>19,860</b>

## 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	839	0	839	10	4,208
Surgery	3,518	596	63	658	0	2,860
Specialist Services	3,088	105	0	105	0	2,983
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	1,068	6	1,074	0	1,423
Children & Women	2,715	498	20	518	0	2,196
Medicine	2,871	241	0	241	0	2,630
Capital Estates and Facilities	1,973	53	145	198	23	1,775
Corporate Executives	1,042	30	0	30	0	1,012
<b>SubTotal Clinical Boards</b>	<b>25,000</b>	<b>3,452</b>	<b>234</b>	<b>3,686</b>	<b>33</b>	<b>21,315</b>
<b>Health Board Wide Schemes:</b>					13,900	
<b>Total</b>	<b>25,000</b>	<b>3,452</b>	<b>234</b>	<b>3,686</b>	<b>13,933</b>	<b>21,315</b>

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## Appendix 2

### Balance Sheet as at 30<sup>th</sup> November 2020

	Opening Balance 1 <sup>st</sup> April 2020	Closing Balance 30th November 2020
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	687,650	743,893
Intangible assets	2,133	1,662
Trade and other receivables	17,779	15,230
Other financial assets		
<b>Non-Current Assets sub total</b>	<b>707,562</b>	<b>760,785</b>
<b>Current Assets</b>		
Inventories	16,784	16,732
Trade and other receivables	161,605	195,670
Other financial assets	0	
Cash and cash equivalents	1,410	4,762
Non-current assets classified as held for sale		
<b>Current Assets sub total</b>	<b>179,799</b>	<b>217,164</b>
<b>TOTAL ASSETS</b>	<b>887,361</b>	<b>977,949</b>
<b>Current Liabilities</b>		
Trade and other payables	182,792	174,642
Other financial liabilities	0	
Provisions	113,580	130,691
<b>Current Liabilities sub total</b>	<b>296,372</b>	<b>305,333</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>590,989</b>	<b>672,616</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	8,489	8,056
Other financial liabilities	0	
Provisions	19,327	12,178
<b>Non-Current Liabilities sub total £'000s</b>	<b>27,816</b>	<b>20,234</b>
<b>TOTAL ASSETS EMPLOYED £'000s</b>	<b>563,173</b>	<b>652,382</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
General Fund	450,666	527,418
Revaluation Reserve	112,507	124,964
<b>Total Taxpayers' Equity £'000s</b>	<b>563,173</b>	<b>652,382</b>

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## APPENDIX 3

### CASHFLOW FORECAST AT THE END OF NOVEMBER 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
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	134,620	99,200	101,500	83,800	77,520	92,495	97,405	65,890	104,371	83,130	96,701	80,379	1,117,011
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,060	760	1,235	1,235	5,789	19,379
WG Revenue Funding - Other (e.g. invoices)	1,308	1,271	2,919	1,339	1,596	1,381	3,001	1,501	2,828	1,554	1,263	4,361	24,324
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,500	3,000	21,600	9,000	6,000	5,500	3,832	82,532
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Income from other Welsh NHS Organisations	54,611	45,256	47,524	56,980	33,653	47,691	56,508	36,358	54,161	36,825	41,135	48,629	559,331
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	6,656	13,888	4,920	5,357	12,116	6,012	11,798	97,720
<b>TOTAL RECEIPTS</b>	<b>217,150</b>	<b>154,963</b>	<b>162,229</b>	<b>159,039</b>	<b>124,498</b>	<b>151,988</b>	<b>175,131</b>	<b>128,888</b>	<b>173,375</b>	<b>141,079</b>	<b>152,159</b>	<b>154,078</b>	<b>1,900,296</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,887	4,890	4,546	6,960	4,527	4,527	7,493	67,646
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	90	81	322	480	240	240	2,210
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,661	14,557	3	15,292	0	7,615	7,615	98,075
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,350	2,115	1,852	2,075	2,075	2,075	24,882
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,558	1,829	1,801	1,885	1,885	1,885	22,455
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	53,575	55,466	56,380	55,078	55,251	55,852	55,588	663,361
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	55,082	59,734	53,059	62,505	65,581	60,132	61,576	753,612
Capital Payment	9,740	6,975	6,191	2,331	2,513	3,984	10,078	16,451	8,400	6,100	5,300	4,469	82,532
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	15,749	22,443	5,055	25,778	5,005	14,015	16,740	186,416
<b>TOTAL PAYMENTS</b>	<b>211,756</b>	<b>158,821</b>	<b>161,123</b>	<b>158,969</b>	<b>124,513</b>	<b>147,110</b>	<b>171,165</b>	<b>139,518</b>	<b>177,988</b>	<b>140,904</b>	<b>151,641</b>	<b>157,681</b>	<b>1,901,189</b>
<b>Net cash inflow/outflow</b>	5,394	(3,858)	1,106	70	(15)	4,878	3,966	(8,189)	(1,510)	(44)	205	(2,895)	
<b>Balance b/f</b>	1,410	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,252	3,207	3,412	
<b>Balance c/f</b>	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,252	3,207	3,412	517	

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## Appendix 4

### PROGRESS AGAINST CRL AS AT 30<sup>th</sup> NOVEMBER 2020

Approved CRL issued December 4th 2020 £'000s			82,532			
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
<b>All Wales Capital Programme:</b>						
Reprovision of Rookwood Hospital	3,962	3,492	(470)	3,512	4,891	1,379
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	2,514	2,362	(152)	3,734	3,734	0
Well Being Hub - Maelfa	245	269	24	245	269	24
Well Being Hub - Penarth	30	34	4	224	224	0
CT Scanner- Emergency Unit	0	0	0	427	427	0
CT Scanner- Emergency Unit	0	0	0	233	233	0
ICF-CRI Chapel	1,817	1,600	(217)	2,633	2,633	0
Major Trauma Centre	292	269	(23)	605	605	0
CRI Links	2,926	2,967	41	4,805	4,805	0
Pharmacy equipment	30	30	0	28	30	2
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	1,071	635	(436)	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	742	703	(39)	742	742	0
Covid 19 oxygen infrastructure works at uhw	370	371	1	350	371	21
Covid 19-HCID Development uhw	6,250	5,764	(486)	6,250	6,250	0
Covid 19-digital devices	589	341	(248)	589	589	0
COVID 19 - Works to St David's Hospital	136	110	(26)	136	136	0
COVID 19 - Works to Barry Hospital	239	208	(31)	239	239	0
COVID – 19 Funding requirements for 2020-21 (Tranche 1 – June 2020)	670	770	100	1,027	1,027	0
COVID 19 - Funding requirements for 2020-21 (Tranche 2 – July 2020)	3,916	3,805	(111)	3,916	3,916	0
COVID 19 - Additional surge capacity at UHW	33,230	26,957	(6,273)	33,230	33,230	0
COVID 19 - Green Zones	2,515	1,937	(578)	1,043	2,515	1,472
COVID 19 - Funding requirements for 2020-21 (Tranche 4)	588	327	(261)	788	788	0
COVID 19 - Funding requirements for 2020-21 (Tranche 5)	1,307	1,307	0	1,307	1,307	0
<b>Sub Total</b>	<b>64,296</b>	<b>55,114</b>	<b>(9,182)</b>	<b>67,984</b>	<b>70,887</b>	<b>2,903</b>
<b>Discretionary:</b>						
I.T.	268	118	(150)	1,250	600	(650)
Equipment	1,093	1,180	87	2,467	1,180	(1,287)
Statutory Compliance	905	607	(298)	2,800	2,800	0
Estates	4,093	4,493	400	8,498	7,098	(1,400)
<b>Sub Total</b>	<b>6,359</b>	<b>6,399</b>	<b>39</b>	<b>15,015</b>	<b>11,678</b>	<b>(3,337)</b>
<b>Other schemes:</b>						
Mass Vaccination Programme	0	0	0	0	434	434
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>434</b>	<b>434</b>
<b>Donations:</b>						
Charitable Funds Equipment	0	0	0	467	467	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>467</b>	<b>467</b>	<b>0</b>
<b>Asset Disposals:</b>						
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CHARGE AGAINST CRL</b>	<b>70,655</b>	<b>61,513</b>	<b>(9,143)</b>	<b>82,532</b>	<b>82,532</b>	<b>0</b>
<b>PERFORMANCE AGAINST CRL (Under)/Over £'000s</b>		<b>(21,019)</b>			<b>0</b>	

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DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 8

Organisation:	Cardiff & Vale UHB	Cardiff & Vale UHB
Proposed site:	Total	Dragons Heart Hospital

	2020/21	2021/22		2020/21	2021/22
	£000	£000		£000	£000
Estimated Costs	£	£		£	£
Set up costs - capital	2698	0		2698	0
Set up costs - revenue	46652	0		46652	0
Running costs - pay	441	0		441	0
Running costs - non pay	14146	0		14146	0
Total estimated costs	63937	0		63937	0

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Organisation (Select from list):	Cardiff & Vale UHB
Proposed site:	Dragons Heart Hospital

2020/21

Bed Numbers	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
Beds Available	1500	1500	1500	1500	400	400	400	0	0	0	0	0	
Beds In use (Planned)	10	40	10	0	0	0	0	0	0	0	0	0	
Total Beds	1510	1540	1510	1500	400	400	400	400	0	0	0	0	

Set up costs - capital	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
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
IT costs (capital)	886	259	0	-146	0	-10		-23					969
Oxygen costs (Infrastructure only)													0
<i>Fit out costs (specify below) eg. Beds, infrastructure</i>													
													0
													0
													0
													0
													0
<i>Medical equipment costs - deemed as capital (specify below)</i>													
Multiple equipment categories including beds and furniture	1677	0	0	-42		62		35					1732
													0
													0
													0
<i>Fees (specify below) eg. Health Board, External contractors</i>													
													0
													0
													0
<i>Other (specify below)</i>													
													0
													0
													0
Total set up costs - capital	2563	259	0	-188	0	52	0	12	0	0	0	0	2699

[illegible]

Set up costs - revenue match with line 61 of Tab B3 of the (MMR).	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
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Commissioning costs	24000	8098	-4144	-85	3110	-766	1922	900	180	0			33211
Other professional fees	10	10	10	5	56	-25	45	45	45	25	20		240
Legal fees	50	-36	7	28	25	25	25	13	12				145
Insurance													0
Project management costs	905	256	180	110	-2	99	16	95	66	28	47		1800
IT costs (revenue)	780	-458	0	145				35					502
<b>Fit out costs (specify below) eg. Beds, infrastructure - not deemed capital</b>													
WRU Stadium Facility Costs - Set Up and Maintenance	750	489	169	498	414	379	402	385	397	385			4266
Cardiff Blues Cardiff Arms Park Facility Costs - Set Up and Maintenance	150	69	43	52	5	153	-138	28	28	92			483
Mitie Set Up Costs	1022												1022
Military Assistance Set Up Costs						2							2
													0
													0
<b>Medical equipment costs - not deemed capital (specify below)</b>													
All other non IT NHS purchased equipment including beds, medical, furniture etc	4757	305	-67	38		20		-87					4965
													0
													0
													0
<b>Equipment costs - (specify below)</b>													
													0
													0
													0
													0
													0
													0
<b>Total set up costs - revenue</b>	<b>32424</b>	<b>8733</b>	<b>-3802</b>	<b>791</b>	<b>3608</b>	<b>-113</b>	<b>2272</b>	<b>1414</b>	<b>728</b>	<b>530</b>	<b>67</b>	<b>0</b>	<b>46652</b>

[illegible]

Running costs - pay (additional costs only)	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
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical and Dental - establishment	10	22	-2	6	0								36	36	
Medical and Dental - agency / locum													0		
Nursing - establishment	12	65	34	0	0								111	111	
Nursing - bank													0		
Nursing - agency													0		
Prof Scientific and Technical - establishment	1	5	13	0	0								19	19	
Prof Scientific and Technical - agency													0		
AHP - establishment	7	22	16	4	0								49	49	
AHP - agency													0		
Healthcare Scientists - establishment	2	18	0	0	0								20	20	
Healthcare Scientists - agency													0		
Estates / Ancillary staff - establishment	0	56	27	-10	0								73	73	
Estates / Ancillary staff - agency				133	0								133	133	
Admin and Clerical - establishment													0		
Admin and Clerical - agency													0		
Students													0		
HCA's													0		
Portering													0		
Domestics													0		
Catering													0		
IT													0		
<b>Total running costs - pay (additional costs only)</b>	<b>32</b>	<b>188</b>	<b>88</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>441</b>	<b>441</b>	<b>0</b>

Running costs - non pay	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
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Rent													0		
Business rates													0		
Utility costs													0		
Laundry costs													0		
Catering costs													0		
Cleaning costs													0		
Waste disposal costs													0		
Security costs													0		
Transport costs													0		
Personal Protective Equipment													0		
Drugs	14	8	1			-5							18	18	
Medical gases	0	17	28	7	7	-6	7	7					67	67	
M&SE - consumables	86	98	45	2	0	156							387	387	
Stationery													0		
Telephony costs													0		
CHC costs													0		
Discharge to assess/recover costs													0		
Insurance													0		
IT													0		
Maintenance													0		
Site management													0		
Decommissioning Costs					908	-235	169	910	5607	430	2250		10039	10039	
Consequential Losses			204	-126	64	217	348	-15	161	1288			2141	2141	
<b>Other costs (specify below)</b>															
Mitie - soft FM running costs	194	206	750	0	0	0		-45					1105	1105	
Hard FM, e.g electrical contractors, plumbing contractors	130	122	112	-133	0	0							231	231	
Other costs	120	0	197	0	0	-145	4	-18					158	158	
													0	0	
													0	0	
													0	0	
													0	0	
													0	0	
<b>Total running costs - non pay</b>	<b>544</b>	<b>451</b>	<b>1337</b>	<b>-250</b>	<b>979</b>	<b>-18</b>	<b>528</b>	<b>839</b>	<b>5768</b>	<b>1718</b>	<b>2250</b>	<b>0</b>	<b>14146</b>	<b>14146</b>	<b>0</b>

Summary	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
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Total Setup Costs</b>	34987	8992	-3802	603	3608	-61	2272	1426	728	530	67	0	49350	49350	0
<b>Total Running Costs</b>	576	639	1425	-117	979	-18	528	839	5768	1718	2250	0	14587	14587	0
<b>Total Costs</b>	35563	9631	-2377	486	4587	-79	2800	2265	6496	2248	2317	0	63937	63937	0

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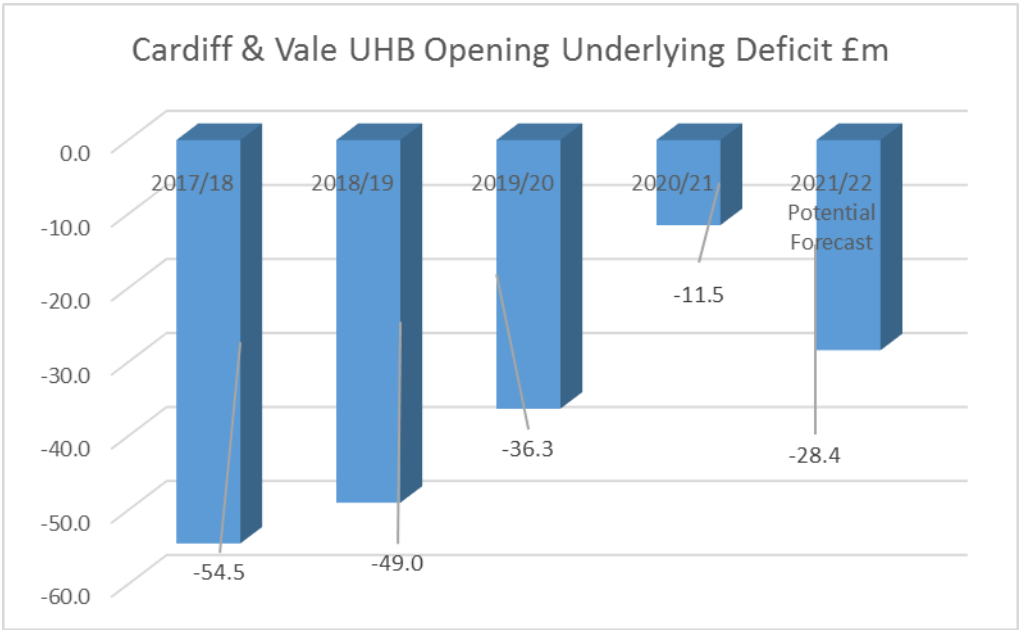
## POTENTIAL UNDERLYING DEFICIT

	£m
<b>Assessed underlying deficit at month 8</b>	<b>(25.3)</b>
<b>New/potential recurrent commitments</b>	
CAV 24/7	(1.8)
PART (To be first call on investment funding)	(0.8)
EU junior doctor rota	(0.5)
Cardiac services Landough	tbc
Critical care capacity	tbc
PACU dislocation from ITU	tbc
Primary Care switch to DOACs	tbc
<b>Potential Closing underlying deficit position £m</b>	<b>(28.4)</b>

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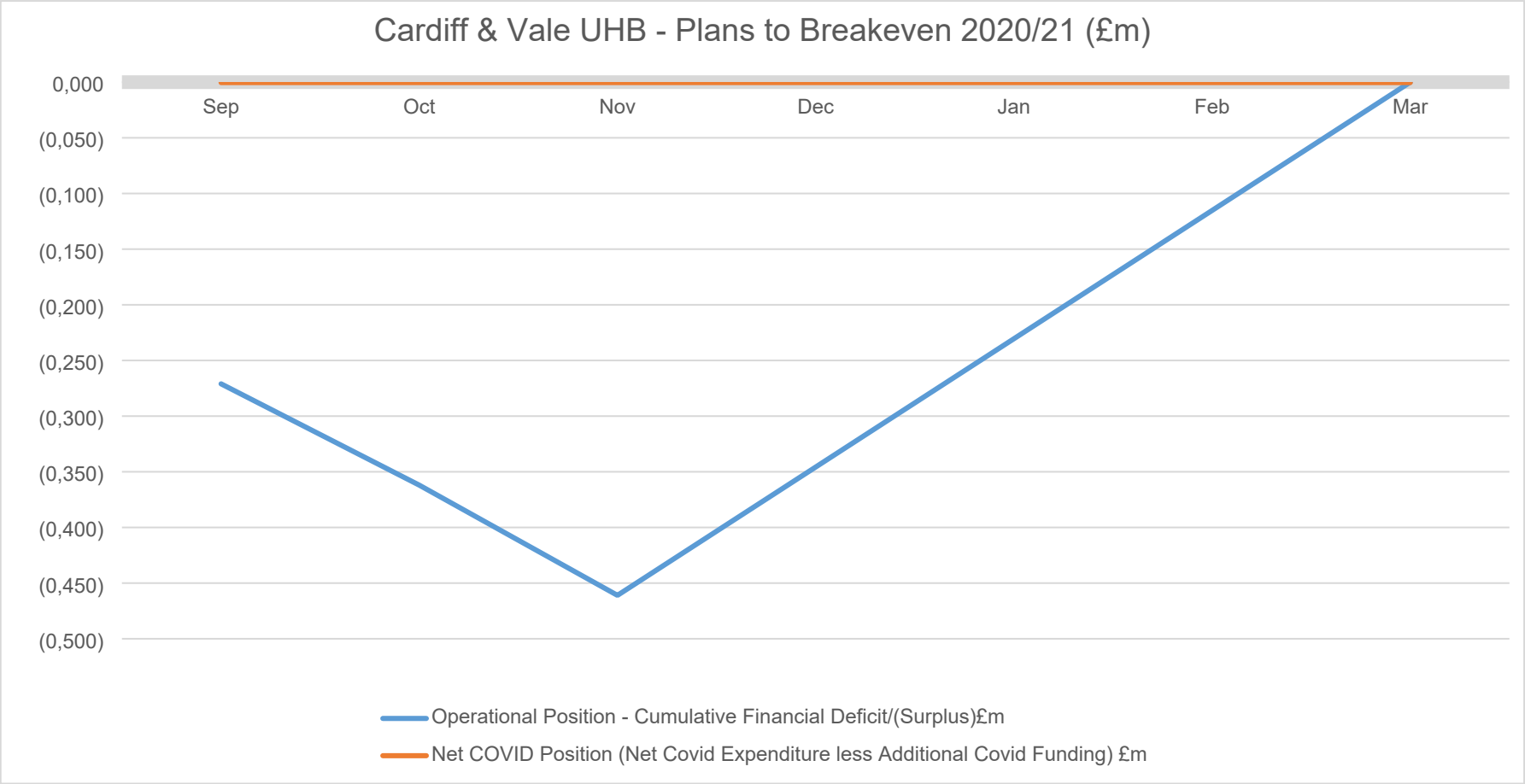
Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



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Cardiff & Vale UHB – Plans to Break Even



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<b>Report Title:</b>	<b>Finance Risk Register</b>						
<b>Meeting:</b>	Finance Committee				<b>Meeting Date:</b>	6 <sup>th</sup> January 2021	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Finance</b>						
<b>Report Author (Title):</b>	<b>Assistant Director of Finance</b>						

### Background and current situation:

This report highlights the 2020/21 Finance Risk Register risk categorisation by severity of risk as at 6<sup>th</sup> January 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 6<sup>th</sup> January 2021

Risk Category	Risk Score	Number of Risks as at 6 January 2021
Extreme Risk	20 - 25	2
High Risk	12 - 16	0
Moderate Risk	4 - 10	8
Low Risk	1 - 3	1

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.

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

The Finance Committee is asked to note the COVID-19 financial plan risk (FIN10/20). Surge capacity 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.

All risks have been reviewed in the month. Key updates for the month:

FIN05/20 – Commissioning Risks. Optimum controls in place and now low risk.

Signed LTAs are in place. There are no contract disputes and regular LTE meetings are



ongoing. Block arrangements are continuing through Q3 and Q4.

FIN10/20 – COVID 19 financial plan impact. Risk remains moderate following confirmation of in year non-recurrent WG COVID funding.

## Recommendation:

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2020/21 risk register
- **AGREE** that risk FIN05/20 can be removed from the risk register.
- **NOTE** the risks highlighted in the Surge Capacity 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	
<b>Equality and Health Impact Assessment Completed:</b>		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	Jan-21	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. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	Limited Assurance	5	1	5	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21. A small operational underspend of £0.461m was reported at month 8.	Progress to be monitored and managed by Management Executive.	Assistant Director of Finance	Mar-21	5	1	5	Jan-21	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, £9.140m 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	Jan-21	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	1	4	Optimum Controls/NFA 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	1	4	Jan-21	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	1	3	Optimum Controls/NFA Required	IMTP commissioner / provider sign off and agreement	Signed LTAs are in place. There are no contract disputes and regular LTE meetings are ongoing. Block arrangements are continuing through Q3 and Q4.	Assistant Director of Finance	Mar-21	3	1	3	Jan-21	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	3	3	9	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	3	3	9	Jan-21	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	2	8	Adequate but more Action Required	None	Position will continually be assessed as planned care workstreams come back online in line with Q3/Q4 plan.	Assistant Director of Finance	Mar-21	4	2	8	Jan-21	Management
Fin08/20	Finance	Feb-20	Winter pressures managed within available resources	Director of Finance	4	4	16	Winter plan for 2020/21 developed in partnership with Local Authorities and signed off by Management Executive	Limited Assurance	3	2	6	Adequate but more Action Required	None	WG do not require a separate winter plan in 2020/21. WG Winter Protection Plan published and Urgent and Emergency Care funding confirmed. Bids have been submitted and approved.	Assistant Director of Finance	Mar-21	3	2	6	Jan-21	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	Jan-21	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	2	10	Optimum Controls/NFA Required	The Health Board is forecasting net COVIS costs totalling £155.493m matched by WG COVID income based on the resource assumptions in the NHS Wales Operating Framework.	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	2	10	Jan-21	Management
Fin11/20	Finance	Feb-20	COVID-19 Test, Trace, Protect (TTP)	Director of Finance	3	3	9	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Capital Command and Directors of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	3	2	6	Optimum Controls/NFA Required	The contact tracing service is hosted by Cardiff Council on behalf of the 3 organisations. The TTP service went live on 1st June. Local authority income of £7.300m confirmed by WG against local authority costs of £7.575m and a total TTP forecast cost of £10.493m.	Detailed TTP forecast projections are submitted to WG on a monthly basis through the monthly monitoring returns	Assistant Director of Finance	Mar-21	3	2	6	Jan-21	Management

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Guidance Notes to assist completing the risk register
<b>Remember all risks must have undergone a risk assessment, prior to them being added to the Risk Register</b>
<b>UHB Reference No:-</b> This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.
<b>Divisional / Directorate Reference No:-</b> 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 there are alternative initials to be used).
<b>Previous Reference No:-</b> 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.
<b>Date entered onto original Register:-</b> as above
<b>Risk / Issue (Including Impact):-</b> 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.
<b>Link to UHB Core Objectives:-</b> List here, the main Strategic Goal that links to the risk being assessed.
<b>Existing Controls:-</b> Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.
<b>Current Risk Rating:-</b> Assess the current impact on the UHB using Tables 1,2 & 3.
<b>Ranking:-</b> 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.
<b>Adequacy of existing controls:-</b> 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.
<b>Summary of Additional Controls Required:-</b> Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
<b>Target Risk Rating if Controls in Place:-</b> What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
<b>Date of Last Review:-</b> When was the Risk Assessment / Control measures last reviewed.
<b>Review completed by:-</b> This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
<b>Date of Next Review:-</b> 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.
<b>Risk Owner:-</b> Who is the lead for taking the actions proposed relating to this risk. This should be Divisional Director, Board Secretary, Assistant Director etc.
<b>Director Lead:-</b> Who is the lead Director for this risk.
<b>Assuring Committee:-</b> 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
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	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
<b>Quality/complaints/audit</b>	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
<b>Human resources/organisational development/staffing/competence</b>	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
<b>Statutory duty/inspections</b>	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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<b>Adverse publicity/ reputation</b>	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
<b>Business objectives/ projects</b>	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
<b>Finance including claims</b>	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
<b>Service/business interruption</b>	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
<b>Environmental impact</b>	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
<b>Frequency</b> 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
<b>Probability</b> Will it happen or not? % chance of not 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	Reasonable Assurance	2	2	4	Adequate but more Action Required	WG Funding assumptions and intentions understood	Currently WG have funded £35m Revenue and £2m capital for the DHH. £24m further required funding is reported and formally anticipated by the UHB to completion of the project. The stadium has been handed back to the WRU on time and the WRU is underway with its appointed contractors to reinstate the stadium to operational capability. The valuation of compensation for the reinstatement cost is subject to a Reinstatement Process agreed between both parties.	Assistant Director of Finance	Mar-21	3	3	9	Jan-21	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	Reasonable Assurance	2	2	4	Adequate but more Action Required	WG Funding assumptions and intentions understood	Most build, opex and decommissioning costs are now known reducing the risk for these material phases of the project. Most variability now lies in final reinstatement costs per risks identified below	Assistant Director of Finance	Mar-21	2	2	4	Jan-21	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	WG Funding assumptions and intentions understood	Reinstatement Process is a key component of the exit strategy 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. Multiple surveys and market testing processes have been undertaken under the oversight of the joint Re-instatement Process. The pitch at the Blues was damaged beyond reasonable repair resulting from the extended load period upon it and is being replaced, also incurring the extended cost of hiring alternative facilities whilst this is commissioned. Key risks remain in respect of the main Principality Stadium relating to the impactation on the pitch, potential damage to the sprinkler system and the functionality of the roof. These cannot be fully assessed until decommissioning is substantially completed.	Assistant Director of Finance	Mar-21	3	3	9	Jan-21	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	2	5	10	Adequate but more Action Required	Agreement of plan and funding with WG	Project on course. Some friction with regard to Level 6 Reinstatement has potential for consequential claim but no prospect of fans at games in early 2021 alongside legal advice received reduces the scope of risk. Autumn internationals have been completed and UHB well sighted on additional cost which is being checked for due diligence by KPMG. Tours and conferences previously agreed. Sponsorship breach by the WRU now the main remaining area of risk. The sensitivity of this issue and the process to determine and approve loss means that the WRU Venue Hire Agreement ('the contract') remains unsigned. The replacement of the Blues pitch has lead to additional consequential cost claim by the Blues for matches in January which have increased in cost due to the lack of stadium availability.	Assistant Director of Finance	Mar-21	2	5	10	Jan-21	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	Reasonable Assurance	3	3	9	Adequate but more Action Required	Agreement of plan and funding with WG	The ESG contract has been signed by ESG and signed and sealed by the UHB. WG authorisation for the final estimated values for all four main contractors has been secured. Contract negotiations are at an advanced stage for the WRU. The Mott McDonald contract is with WHLS for final review and assurance before UHB signature. A closure agreement has been passed to the Blues who are currently refusing to discuss whilst they remain unable to stage matches at Cardiff Arms Park. It is still the UHB intention to successfully conclude all 4 contracts.	Assistant Director of Finance	Mar-21	2	2	4	Jan-21	Management
Fin06/20 DHH	Finance	Sep-20	Period between egress from the DHH (31 October 2020) and availability of the new Surge Hospital (Mid to late November)	Director of Finance / COO	5	4	20	DHH Programme Board continues with its work concentrating on operational stand by, cost control, decommissioning, reinstatement and egress. DHH Programme Board has reported via SBAR to Management Executive the key egress dates it is working to in conjunction with all partners. On current trajectory there will be a gap between availability of the DHH surge capacity and the new Surge Hospital capacity at UHW. A recommendation has been made to Management Executive that the COO considers emergency capacity to support a surge in COVID admissions during the gap period. The option to extend at the DHH is uncertain and carries significant financial penalty.	Reasonable Assurance	3	3	9	Adequate but more Action Required	Agreement of an internal clinical and operational plan to step up available capacity within the UHB footprint to breach the gap in surge capacity if needed as a result of increased COVID admissions.	The UHB has vacated the DHH operationally and its contractors are now decommissioning the site. The Lakeside Wing is on programme to be commissioned by 25th November if required in the current Autumn 2020 surge. Contingency plans remain in place if the UHB footprint is exceeded in the small gap remaining between facility availability.	DHH Programme Director/Assistant Director of Finance	Sep-20	3	2	6	Jan-21	Management
Fin07/20 DHH	Finance	Oct-20	Failure to deliver new Surge Hospital on time on budget to ready state for operational usage	Director of Finance	4	4	16	A Surge Hospital Programme Board is being established. This partially mirrors the DHH Programme Board which continues to operate effectively. The new Board retains the experience of a number of DHH Programme Board members alongside the new partners. The build project will be led by Capital & Estates alongside the main contractors, Darlows and other cost advisors. It is crucial that the appropriate clinical and operational groups feed into the design and fit out of the new build to enable the initial bed capacity to be fit for purpose as early as possible.	Reasonable Assurance	3	3	9	Adequate but more Action Required	Surge Hospital Programme Board due to convene on 14 Sep 2020	1st Phase (166 beds) of Lakeside Wing delivered on time in November 2020. 2nd Phase on course for similar delivery in February 2021. Generally on budget although NHS accounting processes are causing some concern about capital availability due to the consideration of additional capitalisation of equipment and infrastructure assets transferred from the DHH. These hadn't been taken into account when have bidding for capital funding from Welsh Government.	Director of Planning/Director of Finance	Sep-20	2	2	4	Jan-21	Management





Guidance Notes to assist completing the risk register
<b>Remember all risks must have undergone a risk assessment, prior to them being added to the Risk Register</b>
<b>UHB Reference No:-</b> This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.
<b>Divisional / Directorate Reference No:-</b> 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 there are alternative initials to be used).
<b>Previous Reference No:-</b> 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.
<b>Date entered onto original Register:-</b> as above
<b>Risk / Issue (Including Impact):-</b> 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.
<b>Link to UHB Core Objectives:-</b> List here, the main Strategic Goal that links to the risk being assessed.
<b>Existing Controls:-</b> Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.
<b>Current Risk Rating:-</b> Assess the current impact on the UHB using Tables 1,2 & 3.
<b>Ranking:-</b> 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.
<b>Adequacy of existing controls:-</b> 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.
<b>Summary of Additional Controls Required:-</b> Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
<b>Target Risk Rating if Controls in Place:-</b> What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
<b>Date of Last Review:-</b> When was the Risk Assessment / Control measures last reviewed.
<b>Review completed by:-</b> This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
<b>Date of Next Review:-</b> 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.
<b>Risk Owner:-</b> Who is the lead for taking the actions proposed relating to this risk. This should be Divisional Director, Board Secretary, Assistant Director etc.
<b>Director Lead:-</b> Who is the lead Director for this risk.
<b>Assuring Committee:-</b> 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

### 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
<b>Frequency</b> 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
<b>Probability</b> Will it happen or not? % chance of not 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
<b>5 - Catastrophic</b>	5	10	15	20	25
<b>4 - Major</b>	4	8	12	16	20
<b>3 - Moderate</b>	3	6	9	12	15
<b>2 - Minor</b>	2	4	6	8	10
<b>1 - Negligible</b>	1	2	3	4	5

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

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

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## THE WELSH GOVERNMENT FINANCIAL COMMENTARY

### FINANCIAL POSITION FOR THE EIGHT MONTH PERIOD ENDED 30<sup>th</sup> NOVEMBER 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 8, the UHB is reporting an underspend of £0.461m against this plan. During the 8 months to the end of November the UHB incurred net expenditure of £98.759m relating to the management of COVID 19 which is offset by Welsh Government COVID 19 funding leaving an operating surplus of £0.461m.**

**The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4 and a continuation of LTA block arrangements for the rest of the financial year.**

#### 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>b/f underlying deficit</b>	<b>(11.5)</b>
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
<b>Planned Surplus/(Deficit) 2020/21</b>	<b>0.0</b>

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 30<sup>th</sup> November 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 8 financial position.

The response to the queries raised in the month 7 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 8 for which the following should be noted:

- Assumed LTA inflation that was passed to the UHB from other Health Boards;
- **The breakeven financial forecast is dependent upon LTA block arrangements continuing for the rest of the financial year.**
- 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;
- It is assumed additional forecast costs will be supported by Welsh Government COVID 19 funding as per the resource planning assumptions set out by WG and the assumptions included in the UHB Q3 Q4 plan;
- 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 £25.3m due to slippage against the recurrent saving target.

### **UNDERLYING POSITION (TABLE A1)**

This table sets out the opening and forecast underlying financial position of the UHB.

**The opening position was an underlying deficit of £11.5m and if the plan is fully delivered this would reduce to £4.0m by the year end. The achievement of this is very much dependent upon delivering the full year impact of 2020/21 savings schemes. The latest assessment is that**

as a result of the impact of COVID 19 the forecast delivery of savings schemes remains at circa £21.3m less than planned and this would increase the underlying deficit to £25.3m.

## OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the forecast contained in Table B3. This has been updated this month and will continue to be reviewed on a monthly basis.

The forecast of revenue costs outlined now **include** the cost of a mass COVID vaccination programme which are forecast at £4.152m for 2020/21. Further estates expenditure of £0.434m relating to the programme have been categorized as capital at month 8 pending further guidance. It is assumed that Welsh Government will provide resource coverage for all additional costs arising from the mass COVID 19 vaccination programme.

The cost reported for TTP now includes the cost of additional surge capacity which the UHB assumes will be matched with an additional allocation.

**The UHB needs to complete further work to assess the increase in the annual leave accrual due to Covid-19. This is currently being coordinated by the Deputy Director of Finance Group. No additional costs are currently factored into the forecast, but it is assumed that these will be funded by Welsh Government. It should be noted that this cannot be done with any degree of accuracy given the extreme staffing pressures being experienced due to the availability of staff which have escalated to a point never before experienced before by the UHB. This will impact upon the amount of annual leave taken. The assessed costs are circa £1.7m for each additional day accrued for. The uncertainty lies in assessing the average number of days annual leave that will be carried forward. The actual amount is unlikely to be fixed until the end of the financial year.**

## ACTUAL YEAR TO DATE (TABLE B)

Table B confirms the year to date surplus of £0.461m and reflects the analysis contained in the annual operating plan in Table A. A Summary of the surplus of £0.461m for the year to date is shown in Table 2.

**Table 2: Summary Financial Position for the period ended 30<sup>th</sup> November 2020**

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	103.496
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	12.372
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(15.689)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(1.420)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	98.759
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	(0.461)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(98.759)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	(0.461)

The additional COVID 19 expenditure in the 8 months to the end of November was £103.496m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs. At month 8 additional costs of £53.178m related to the Dragon's Heart Hospital (DHH).

There was also £53.318m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £12.372m against the month 8 target of £19.417m. Further improvement is not anticipated until the COVID 19 pandemic passes.

Elective and other planned work has been impacted during this period as part of the UHB response to COVID 19 and this has seen a £15.689m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £1.420m on the WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 is £98.759m. This is matched by the additional Welsh Government funding outlined in the table 3 below:

**Table 3: Welsh Government COVID Funding supporting the position as at November 30<sup>th</sup> 2020**

Welsh Government COVID & Urgent & Emergency Funding	£m
Dragons Heart	(47.771)
Allocation share 13.5% of £371.4m	(28.179)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(1.837)
PPE	(5.753)
UHB TTP	0.000
NHS and jointly commissioned packages of care	(1.541)
Independent sector provision (Spire)	0.000
Flu vaccine extension	(0.308)
Transformation / Discharge	(1.251)
Mental Health Services	0.000
Support to Voluntary Sector Mental Health Service Provision	0.000
GMS DES	(0.210)
COVID vaccination programme	(0.119)
Urgent & Emergency Care Funding	(0.774)
<b>Total funding received / assumed £m</b>	<b>(98.759)</b>

The UHB also has a small operating underspend of £0.461m leading to a net reported surplus at month 8.

## PAY AND AGENCY (TABLE B2)

The UHB has recorded agency expenditure of £8.143m for the 8 months to the end of November 2020. The majority of agency expenditure relates to nursing where expenditure of £6.009m is reported. £3.879m 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 8 for the remainder of the year.

### COVID 19 ANALYSIS (TABLE B3)

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4.

The Financial forecast is based on the UHB COVID “central” scenario as detailed in the Q3/Q4 plan.

At month 8 the UHB is forecasting net expenditure due to COVID-19 to be £155.493m. The COVID year-end forecast position is breakeven following receipt/confirmation of £155.493m Welsh Government (WG) funding which includes Urgent and Emergency Care funding. This is summarised in the following table:

**Table 4: Summary of Forecast COVID 19 Net Expenditure**

	<b>Forecast Year-End Position £m</b>
COVID 19 Additional Expenditure	158.211
COVID 19 Non Delivery of Savings Plans	19.8598
COVID 19 Reductions in Planned Expenditure	(19.463)
COVID 19 Release of Planned Investments	(3.114)
<b>Net Expenditure Due To COVID 19</b>	<b>155.493</b>
Welsh Government COVID funding received / assumed	(155.493)
<b>Net COVID 19 Forecast Position (Surplus) / Deficit £m</b>	<b>0.000</b>

- The breakeven financial forecast is dependent upon LTA block arrangements continuing for the rest of the financial year.
- The forecast position reflects the assessed COVID 19 costs included within the MDS;
- It is assumed additional forecast costs will be supported by Welsh Government COVID 19 funding and the UHBs capitation share of both the Welsh Government Sustainability fund and Urgent and Emergency Care fund.
- It is assumed Independent Sector Spire activity is funded to 31<sup>st</sup> March
- The current forecast includes the forecast cost of the mass COVID vaccination programme which is expected to be delivered in 2020/21.

This forecast includes funding received/assumed from Welsh Government totaling £155.493m as outlined below:

**Table 5: Welsh Government COVID Funding supporting the forecast year end position as at November 30<sup>th</sup> 2020**

<b>Welsh Government COVID &amp; Urgent &amp; Emergency Funding</b>	<b>£m</b>
Dragons Heart	(58.832)
Allocation share 13.5% of £371.4m	(50.100)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(7.300)
PPE	(7.636)
UHB TTP	(2.918)
NHS and jointly commissioned packages of care	(3.024)
Independent sector provision (Spire)	(2.700)
Flu vaccine extension	(1.904)
Transformation / Discharge	(1.251)
Mental Health Services	(0.503)
Support to Voluntary Sector Mental Health Service Provision	(0.200)
GMS DES	(0.226)
COVID vaccination programme	(4.152)
Urgent & Emergency Care Funding	(3.731)
<b>Total funding received / assumed</b>	<b>(155.493)</b>

The key financial planning assumptions are:

### **Dragons Heart Hospital**

Within this forecast the Dragon's Heart Hospital costs are now assessed at £61.239m with a further £2.698m capital costs. The revenue cost of £61.239m represents set-up, decommissioning and consequential losses costs of £58.832m and running costs of £2.407m. The UHB continues to work to maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £2.141m are included in the 2020/21 forecast. This is a decrease of £1.395m on the month 7 forecast and 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 10<sup>th</sup> November 2020. The

forecast includes £10.039m of decommissioning costs for the DHH including reinstatement of the stadium.

### **COVID Surge Capacity / Lakeside Wing**

The UHB developed alternative plans which were shared with and approved by Welsh Government to establish a facility for 400 beds surge capacity on the UHW site – Lakeside Wing. The UHBs assessment is that of the 400 beds provided in this proposed facility, 50 would be developed as winter surge beds. The remainder would be kept as surge beds to use if there was a significant demand. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to COVID-19 beds are required as the UHB brings back on line more non-COVID-19 activity.

Aligned to the COVID "central" scenario the forecast includes additional staffing costs relating to additional COVID capacity at UHW, UHL and St. David's (106 beds) coupled with additional winter capacity requirements (50 beds).

Additional workforce requirements relating to the utilisation of a further 116 beds within the Lakeside wing would need to be reviewed looking at utilisation of staff already in post, temporally redirecting / redeploying staff from acute non ward areas coupled with the availability of bank and agency staff if this additional surge capacity was to be required.

### **Resuming Non-Covid Activity**

Throughout the pandemic the UHB has maintained core essential services with the prioritisation of need based upon clinical-stratification rather than time-based stratification. Given the significant uncertainty in the current operating environment, it is extremely difficult to forecast activity with any degree of certainty

As well as maintaining essential services the UHB has begun to re-introduce more routine services where it is safe to do so and plans to keep doing this through the next four months.

The UHB has been able to achieve this through:

- Establishment of Protected Elective Surgery Units ('Green zones') in UHW and UHL;
- Use of Spire Private Hospital capacity;

- A refreshed Outpatients Transformation Programme, clinically led across primary and secondary care.

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £19.463m over the year. This represents activity steadily increasing throughout quarter 3 and quarter 4 aligned to the COVID “central” scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels.

At the beginning of the COVID-19 pandemic, the UHB reached an early agreement with Spire Healthcare to enable patients with non-complex cancer and other urgent conditions to receive treatment at Spire’s Cardiff hospital. This allowed the UHB extra capacity to care for COVID-19 patients on its main sites, in particular to enable space for regional services.

As COVID-19 cases continue to increase within the community as we move deeper into a second wave, the continued use of the independent sector remains a key dependency for the UHB if it is to continue to plan for stability and continue to deliver the levels of non COVID-19 activity which have been achieved to date during the pandemic.

Costs of Spire /St. Joseph’s are included in the forecast to the 31<sup>st</sup> of March totaling £2.700m. Funding up until 31<sup>st</sup> December has been confirmed by Welsh Government and it has been assumed that this arrangement will continue for the rest of the financial year. As such the UHB has assumed a further £2.7m Welsh Government funding for this.

### **Regional Test, Trace and Protect (TTP)**

Working with its local authority partners the UHB has established its TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Local Authority.

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £10.493m. This includes Local Authority costs of £7.575m and Health Board TTP costs totalling £2.918m. The full costs of Health Board TTP are assumed to be funded with maximum funding of £7.3m available against Local Authority TTP costs

The cost reported for TTP now includes a forecast of £0.990m in relation to the All Wales Surge Capacity Team.

### **Enhanced Flu Vaccination Programme**

The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost is £1.904m and is assumed to be funded. This has been calculated in line with the recent guidance and assumes that the UHB will receive circa 14.3% of the 440,000 vaccines being made available to Wales.

### **COVID Vaccination Programme**

The forecast of costs outlined **include** the cost of a mass COVID vaccination programme which are assessed at £0.119m for the year to date and £4.152m in total to the end of March. These costs are matched by an equivalent additional income assumption.

Further estates expenditure of £0.434m is forecast to be incurred in December. This is currently categorized as capital spend pending further analysis and guidance.

The revenue costs also include circa £0.5m of IT costs. These will be reviewed in the month to determine any of this should be classified as capital.

The costs are shown in table B3 as directed. The forecast pay costs are all shown within lines reference 3-10 until more detail of recruitment becomes available for future months when pay will then be analysed over the relevant pay line.

The current forecast of cost for 2021/22 is £11.713m.

### **Personal Protective Equipment**

In line with the planning guidance the UHB is assuming that its COVID 19 costs of PPE will be fully funded. At month 8 forecast costs are assessed to be £7.820m.

### **Urgent and Emergency Care Funding**

The UHB continues to shape its unscheduled care plans around the goals of the national urgent and emergency care framework and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4:

1. 111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time.
2. 24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and admission to hospital.
3. Ambulatory emergency care to enable patients to safely bypass the Emergency Department and prevent unnecessary admission.

4. Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome

Funding has been confirmed within the forecast totalling £3.731m through the Urgent and Emergency Care Fund.

- £1.350m allocated to RPB for discharge to recover and assess pathways
- £0.423m for urgent primary care centres
- £1.391m for CAV247 and Ambulatory Care
- £0.191m specialist team @ the front door
- £0.376m frailty rapid response

### **Savings Programme 2020-21 (TABLE C, C1 & C2)**

The assessed slippage against the UHB £29m savings plan is forecast to be £19.860m and this includes the release of non-recurrent opportunities. A number of the UHB's 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. Schemes that are continuing to develop and progress include procurement and medicines management.

### **Financial Risks and Uncertainties**

The financial plan sets out the UHBs best assessment of income and costs based upon alignment of capacity, activity, service and finances of the COVID "central" scenario. The key financial risks and uncertainties are:

- Assumed Q4 funding for the independent hospital provision which has yet to be confirmed. This is assessed at £2.7m.
- Continuation of block contract arrangements in Q3 and Q4.
- The financial plan has been based upon the UHB COVID "central" scenario, and the actual scale of impact will largely determine the resource requirements linked to workforce availability.

Dependent upon the scale of a second COVID wave, further mitigating actions and identification of financial opportunities may be required to manage these and other risks to support system resilience.

### **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 2020/21 (TABLE E)**

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

The UHB queried the detail behind GMS CL 6 GMS Pay & Expenses 20/21 issued on the 23<sup>rd</sup> November and is still awaiting detail of the allocation provided'

The UHB has not yet made payments for void capacity in care homes or payments to supported living providers for the first 6 months as it awaits all Wales guidance to be agreed by WG. The funding provided is being held to meet this commitment.

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.

## **BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)**

The opening balances at the beginning of April 2020 reflect the closing balances in the 2019/20 Annual Accounts approved by the UHB's Board.

The increase in carrying value of property, plant & equipment reflects the high level of capital investment during 2020/21 in particular in relation to COVID 19 schemes.

Overall trade debtors have increased by £31.5m since the start of the year. Amounts due from the Welsh Risk Pool in respect of clinical negligence have increased by £14.2m since the start of the year. In addition to this NHS invoice accruals have increased by £14.3m.

During November there was a £3.7m increase in the overall carrying value of debtors. Of this, £2m related to the timing of payments due from Cardiff Council in respect of the pooled CHC Fund.

The value of Trade and other payables has reduced by around £8.6m since the start of the year. This mainly relates to a significant reduction in the levels of trade creditors compared to the year end.

The carrying value of trade creditors increased by £8.7m in November largely reflecting the timing of the UHB's £7.2m quarterly payment into the Pooled CHC fund.

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

### **CASH FLOW (TABLE G)**

The closing cash balance at the end of November was £4.762m which is higher than planned. The month end balance is expected to fall back to circa £3m at the end of December.

The UHB is now predicting a positive cash balance at the end of 2020/21 in line with the improved financial forecast.

### **CAPITAL SCHEMES (TABLES I,J & K)**

Capital progress for the year to date was satisfactory with net expenditure to the end of November being 75% of the UHB's approved Capital Resource Limit.

Planned expenditure for the year reflects the latest CRL received from Welsh Government dated 4th December, 2020.

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

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. £1.15m has been agreed to be returned and reprovided in 21/22 by Welsh Government and the CRL has been updated to reflect this.
2. The Oxygen infrastructure scheme incurred additional costs, this will be managed within the discretionary capital budget.
3. The forecasted £1.472m overspend relating to Green and Amber relates to the unapproved funding on the CRL. This is currently assumed to be managed within the discretionary forecast but without the remaining approval the containment of capital costs within the CRL continues to be at risk.

All other schemes are in line with annual forecast. In month variances are as a result of phasing of schemes impacted by COVID 19 delays / brought forward works.

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



Included within the other schemes section is the Mass vaccination Programme. Confirmation on the treatment of these works is required to ensure that they are capital in nature. If confirmed to be capital the UHB will need to seek further capital funding to support this.

### AGED WELSH NHS DEBTORS (TABLE M)

At the 30<sup>th</sup> November 2020 there were two invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. Both will be paid in December.

### 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 6<sup>th</sup> January 2021 meeting of the Finance Committee for information.

### CONCLUSION

The Welsh Government wrote to the UHB on 19<sup>th</sup> 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.

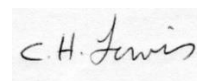
The reported position includes the cost of plans developed to manage the impact of COVID 19 where the additional net costs are £98.759m for the period to date. Following confirmation of the NHS Wales Operating Framework for quarter 3 / quarter 4 2020/2 these costs are assessed to be fully funded as per the planning assumptions.

The UHB's is reporting a small operational surplus of £0.461m at month 8 and is forecasting a breakeven position at year end.



.....  
**LEN RICHARDS**  
**CHIEF EXECUTIVE**

11<sup>th</sup> December 2020



.....  
**CHRIS LEWIS**  
**INTERIM DIRECTOR OF**  
**FINANCE**

11<sup>th</sup> December 2020

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

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Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members	1,110			1,110	(1,193)	(83)
2	Pay - Medical & Dental	(1,735)			(1,735)	(2,547)	(4,282)
3	Pay - Nursing & Midwifery Registered	(2,320)			(2,320)	(1,675)	(3,995)
4	Pay - Prof Scientific & Technical	346			346	(567)	(222)
5	Pay - Additional Clinical Services	164			164	(1,236)	(1,071)
6	Pay - Allied Health Professionals	(69)			(69)	(650)	(720)
7	Pay - Healthcare Scientists	228			228	(370)	(141)
8	Pay - Estates & Ancillary	305			305	(482)	(177)
9	Pay - Students	5			5	(8)	(3)
10	Non Pay - Supplies and services - clinical	7,857			7,857	(2,374)	5,483
11	Non Pay - Supplies and services - general	(7,759)			(7,759)	1,163	(6,596)
12	Non Pay - Consultancy Services	139			139	0	139
13	Non Pay - Establishment	552			552	(204)	348
14	Non Pay - Transport	163			163	0	163
15	Non Pay - Premises	1,503			1,503	(572)	931
16	Non Pay - External Contractors	(477)			(477)	(52)	(528)
17	Health Care Provided by other Orgs – Welsh LHBS	(3,268)			(3,268)	(282)	(3,550)
18	Health Care Provided by other Orgs – Welsh Trusts	(1,354)			(1,354)	(264)	(1,618)
19	Health Care Provided by other Orgs – WHSSC	(4,903)			(4,903)	(1,918)	(6,822)
20	Health Care Provided by other Orgs – English	0			0	0	0
21	Health Care Provided by other Orgs – Private / Other	(1,986)			(1,986)	(580)	(2,567)
22	Total	(11,500)	0	0	(11,500)	(13,811)	(25,311)

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care	(0)			(0)	(2,802)	(2,802)
2	Mental Health	0			0	(878)	(878)
3	Continuing HealthCare	(0)			(0)	(748)	(748)
4	Commissioned Services	(0)			(0)	(1,880)	(1,880)
5	Scheduled Care	(3,500)			(3,500)	(1,626)	(5,127)
6	Unscheduled Care	(6,500)			(6,500)	(1,406)	(7,906)
7	Children & Women's	0			0	(1,238)	(1,237)
8	Community Services	0			0	(23)	(23)
9	Specialised Services	0			0	(1,980)	(1,980)
10	Executive / Corporate Areas	(1,190)			(1,190)	(559)	(1,748)
11	Support Services (inc. Estates & Facilities)	(310)			(310)	(671)	(981)
12	Total	(11,500)	0	0	(11,500)	(13,811)	(25,311)

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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	<b>0</b>	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker	(3)	Medium
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	Independent sector provision - Quarter 4	(2,700)	Low
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>(2,703)</b>	
<b>Further Opportunities (positive values)</b>			
27	COVID 19 costs	2,000	Low
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>2,000</b>	
35	<b>Current Reported Forecast Outturn</b>	<b>0</b>	
36	<b>IMTP / AOP Outturn Scenario</b>	<b>0</b>	
37	<b>Worst Case Outturn Scenario</b>	<b>(703)</b>	
38	<b>Best Case Outturn Scenario</b>	<b>2,000</b>	

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

REF	Enter as positive values	1	2	3	4	5	6	7	8	9	10	11	12	Forecast	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)														
2	Establishment & Bank Additional Hours:														
3	Administrative, Clerical & Board Members	69	156	235	265	206	(27)	118	128	273	366	366	365	1,151	2,522
4	Medical & Dental	598	1,085	1,459	1,146	1,131	760	832	864	1,377	1,356	1,349	1,324	7,874	13,280
5	Nursing & Midwifery Registered	181	546	424	452	446	362	448	585	903	1,176	1,176	1,178	3,443	7,876
6	Prof Scientific & Technical	1	49	53	44	35	19	26	19	25	24	24	24	247	343
7	Additional Clinical Services	179	325	338	469	370	312	231	367	775	1,291	1,292	1,292	2,591	7,241
8	Allied Health Professionals	34	185	151	150	117	67	74	113	172	170	177	177	891	1,588
9	Healthcare Scientists	19	16	18	(32)	4	(1)	0	0	6	3	3	3	24	38
10	Estates & Ancillary	282	835	474	325	293	339	235	219	337	333	384	478	3,001	4,534
11	Sub total Establishment & Bank Additional Hours	1,363	3,196	3,151	2,819	2,602	1,831	1,965	2,295	3,867	4,720	4,772	4,841	19,222	37,422
12	Agency:														
13	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Medical & Dental	0	0	18	12	0	0	0	0	0	0	0	0	30	30
15	Nursing & Midwifery Registered	238	465	384	282	402	316	441	359	412	412	412	412	2,888	4,534
16	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Allied Health Professionals	29	32	29	10	10	8	0	8	0	0	0	0	127	127
19	Healthcare Scientists	0	0	0	0	0	0	0	7	15	15	15	15	7	69
20	Estates & Ancillary	89	57	96	294	55	155	59	24	46	37	37	54	828	1,001
21	Sub total Agency	355	554	527	598	467	480	499	398	473	464	464	481	3,879	5,761
22	Returners (Provide WTE to the right):														
23	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Medical & Dental	29	29	23	17	8	4	3	4	5	5	5	5	116	135
25	Nursing & Midwifery Registered	25	28	9	3	8	7	5	5	5	5	5	5	90	110
26	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Sub total Returners	55	57	32	19	16	11	8	9	10	10	10	10	207	246
32	Students (Provide WTE to the right):														
33	Medical & Dental	77	112	150	(113)	7	1	0	0	0	0	0	0	233	233
34	Nursing & Midwifery Registered	0	147	(3)	44	9	0	0	0	0	0	0	0	197	197
35	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Additional Clinical Services	0	579	580	559	110	62	16	8	0	0	0	0	1,914	1,914
37	Allied Health Professionals	0	0	0	0	27	26	25	24	28	28	0	0	101	157
38	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Estates & Ancillary	0	0	0	0	0	0	0	0	38	38	55	55	0	187
40	Sub total Students	77	838	727	490	153	89	41	32	66	66	55	55	2,446	2,690
41	Other Temp Staff (Provide WTE to the right):														
42	Administrative, Clerical & Board Members	0	0	0	0	10	4	5	5	5	5	5	5	25	45
43	Medical & Dental	0	52	79	60	55	16	0	87	42	42	42	42	349	516
44	Nursing & Midwifery Registered	0	52	26	0	0	0	0	30	30	30	30	30	108	228
45	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Additional Clinical Services	0	78	66	(144)	0	0	0	0	8	8	8	8	0	33
47	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	0	182	171	(84)	65	20	5	123	85	85	85	85	482	821
51	Other (specify below and in narrative)													0	0
52														0	0
53														0	0
54														0	0
55														0	0
56	TOTAL ADDITIONAL PAY EXPENDITURE	1,850	4,827	4,608	3,843	3,303	2,431	2,519	2,855	4,501	5,345	5,386	5,472	26,236	46,940

57	<b>Non Pay (Additional costs due to C19)</b>														
58	Accommodation Costs	14	228	37	392	47	0	124	41	41	41	37	41	883	1,044
59	Additional costs in Primary Care	123	78	31	236	21	20	259	93	761	625	618	141	861	3,006
60	Additional costs in Private Sector including via WHSSC	112	0	0	113	29	(9)	12	14	15	915	915	915	271	3,031
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals	31,402	8,733	(3,802)	(3,736)	3,593	(68)	2,147	1,453	716	530	67	0	39,722	41,035
62	Catering Costs	8	34	(1)	0	0	0	(5)	(0)	9	9	9	9	35	70
63	CHC	17	23	20	0	0	1,362	150	28	1,506	0	0	0	1,601	3,107
64	Cleaning Costs	31	48	(4)	25	(6)	11	(3)	0	11	11	11	11	99	144
65	Costs as a result of lost income (inc SLA, services & private patients)	591	1,610	1,092	727	927	616	435	614	637	588	559	593	6,612	8,989
66	Covid-19 Testing Units	5	6	9	16	(35)	61	(62)	5	0	0	0	0	5	6
67	Decommissioning costs	0	0	0	0	858	(285)	269	910	5,607	430	2,250	0	1,752	10,039
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	Drugs inc Medical Gases	336	848	810	(368)	274	298	358	355	357	329	327	362	2,912	4,286
71	Equipment Costs - beds	153	22	12	2,654	1	48	0	2	8	8	8	8	2,893	2,925
72	Equipment costs - ventilators	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Equipment costs - other (specific in narrative)	3	282	5	2,473	189	96	117	(16)	65	50	30	30	3,148	3,322
74	Estates/Security costs	1,383	315	939	(1,146)	20	53	73	(22)	134	182	57	57	1,615	2,046
75	External Project Management Costs	5	11	(11)	171	178	44	153	75	81	55	55	55	626	872
76	Insurance	0	0	0	0	1	0	0	0	0	0	0	0	1	1
77	IT Costs	392	(97)	108	828	(135)	59	68	135	579	60	60	60	1,358	2,117
78	Laundry Costs	0	5	0	0	0	8	2	0	17	17	17	17	15	83
79	Legal Fees	0	0	1	49	25	25	25	13	12	0	0	0	138	150
80	M&SE - consumables	796	749	531	244	844	(743)	198	174	228	198	208	198	2,793	3,624
81	Mortuary/Funeral Expenses	7	13	10	4	0	0	0	0	5	5	5	5	34	54
82	PPE	963	(367)	706	165	630	2,003	693	959	517	517	517	517	5,753	7,820
83	Rates	0	0	0	0	0	0	0	0	8	8	19	19	0	54
84	Rent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85	Reprovision of existing services to external facilities e.g. Haemophilia services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Telephony	0	0	0	30	0	1	30	1	0	0	0	0	63	63
87	Temporary LTA Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Training	0	2	0	0	3	1	0	(0)	0	0	0	0	6	6
89	Transportation	0	0	1	0	4	3	4	2	3	3	3	3	13	24
90	Utility Costs	0	0	0	0	0	0	0	0	19	17	41	41	0	117
91	Other costs (specify below and in narrative)	249	(80)	25	(102)	240	169	(35)	635	(378)	79	79	77	1,101	960
92	Transfer of Cardiac Surgery to UHL	0	0	0	16	(16)	7	58	40	65	65	65	65	105	365
93	Field Hospital Compensation payments	0	0	204	(126)	64	217	348	(15)	161	1,288	0	0	692	2,141
94	Blood Analyser Managed contract	0	0	0	0	0	0	2	2	2	2	2	2	4	12
95	Local Authority Spend	0	0	0	54	18	1,032	622	1,064	1,788	1,816	1,743	1,743	2,790	9,878
96	<b>TOTAL ADDITIONAL NON PAY EXPENDITURE</b>	<b>36,590</b>	<b>12,462</b>	<b>722</b>	<b>2,721</b>	<b>7,773</b>	<b>5,029</b>	<b>6,042</b>	<b>6,562</b>	<b>12,973</b>	<b>7,846</b>	<b>7,702</b>	<b>4,969</b>	<b>77,902</b>	<b>111,391</b>
97	<b>TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)</b>	<b>38,440</b>	<b>17,289</b>	<b>5,330</b>	<b>6,564</b>	<b>11,077</b>	<b>7,460</b>	<b>8,561</b>	<b>9,417</b>	<b>17,473</b>	<b>13,191</b>	<b>13,088</b>	<b>10,441</b>	<b>104,137</b>	<b>158,330</b>
		0	0	0	0	0	0	0	0	0	0	0	0		

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

		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		
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
98	<b>Major Projects: Capacity Change Expenditure (due to C19)</b>														
99	Dragons Heart Hospital	33,000	9,372	(2,377)	674	4,547	(91)	2,800	2,253	6,496	2,248	2,317	0	50,178	61,239
100	Covid-19 Testing Units	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	Mass COVID 19 Vaccination Programme	0	0	0	0	0	0	0	119	1,361	1,001	1,052	1,052	119	4,586
108	Extension to Flu Vaccination Programme	0	0	0	0	0	0	240	68	611	491	486	8	308	1,904
109	Test, Trace, Protect Costs	1	0	0	207	308	506	938	1,134	1,907	1,971	1,761	1,761	3,093	10,493
110	<b>TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE</b>	<b>33,001</b>	<b>9,372</b>	<b>(2,377)</b>	<b>881</b>	<b>4,855</b>	<b>415</b>	<b>3,978</b>	<b>3,574</b>	<b>10,376</b>	<b>5,712</b>	<b>5,616</b>	<b>2,820</b>	<b>53,696</b>	<b>78,222</b>

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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
	<i>Enter as Positive values</i>													
111	<i>Non Delivery of Planned Savings (due to C19)</i>													
112	102	80	228	620	1,309	746	809	807	965	944	944	978	4,701	8,533
113	2,017	2,069	1,827	1,469	448	(2,449)	1,152	498	1,049	1,037	1,063	1,030	7,030	11,209
114	<b>2,119</b>	<b>2,149</b>	<b>2,056</b>	<b>2,089</b>	<b>1,757</b>	<b>(1,703)</b>	<b>1,960</b>	<b>1,305</b>	<b>2,014</b>	<b>1,981</b>	<b>2,007</b>	<b>2,009</b>	<b>11,731</b>	<b>19,742</b>

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
	<i>Enter as Negative values</i>													
115	<i>Expenditure Reductions (due to C19)</i>													
116	(2,157)	(2,771)	(1,354)	(1,117)	(1,338)	(391)	(773)	(234)	(380)	(230)	(280)	(230)	(10,135)	(11,255)
117	0	0	0	0	0	0	0	0	0	0	0	0	0	0
118	0	0	0	0	0	0	0	0	0	0	0	0	0	0
119	(150)	(151)	(155)	(277)	(269)	288	(43)	(150)	(100)	(75)	(75)	(75)	(906)	(1,231)
120	(108)	(275)	(293)	24	(94)	(269)	(158)	(74)	(105)	(105)	(105)	(105)	(1,247)	(1,667)
121	(107)	(114)	(680)	(267)	(157)	49	(50)	368	(82)	(82)	(82)	(82)	(959)	(1,287)
122	0	(79)	(11)	9	(27)	(6)	(11)	(5)	0	0	0	0	(131)	(131)
123	0	(850)	(427)	0	0	(636)	(196)	(204)	(205)	0	0	0	(2,313)	(2,518)
124	0	0	0	0	0	0	0	0	(344)	(344)	(344)	(344)	0	(1,376)
125	<b>(2,522)</b>	<b>(4,240)</b>	<b>(2,921)</b>	<b>(1,627)</b>	<b>(1,885)</b>	<b>(965)</b>	<b>(1,230)</b>	<b>(299)</b>	<b>(1,216)</b>	<b>(836)</b>	<b>(886)</b>	<b>(836)</b>	<b>(15,690)</b>	<b>(19,463)</b>
	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
	<i>Enter as Negative values</i>													
126	<i>Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)</i>													
127	0	(168)	(679)	(89)	(244)	(142)	44	(142)	(44)	(45)	(44)	(45)	(1,420)	(1,598)
128	0	0	0	0	0	0	0	0	(100)	(100)	(100)	(100)	0	(400)
129	0	0	0	0	0	0	0	0	(138)	(138)	(138)	(138)	0	(550)
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	(142)	(142)	(142)	(142)	0	(566)
136	<b>0</b>	<b>(168)</b>	<b>(679)</b>	<b>(89)</b>	<b>(244)</b>	<b>(142)</b>	<b>44</b>	<b>(142)</b>	<b>(423)</b>	<b>(424)</b>	<b>(423)</b>	<b>(424)</b>	<b>(1,420)</b>	<b>(3,114)</b>
137	<b>38,036</b>	<b>15,029</b>	<b>3,786</b>	<b>6,937</b>	<b>10,705</b>	<b>4,650</b>	<b>9,335</b>	<b>10,281</b>	<b>17,849</b>	<b>13,911</b>	<b>13,786</b>	<b>11,190</b>	<b>98,759</b>	<b>155,494</b>
	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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A - WTE of New Staff

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	<b>Returners:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Medical & Dental	2.00	2.80	2.40	1.80	1.80	1.30	0.50	0.50	0.50	0.50	0.50	0.50
25	Nursing & Midwifery Registered	5.80	5.80	2.20	1.60	1.60	1.60	1.00	1.00	1.00	1.00	1.00	1.00
26	Prof Scientific & Technical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	Additional Clinical Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	Allied Health Professionals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	Estates & Ancillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	<b>Sub total Returners</b>	<b>7.80</b>	<b>8.60</b>	<b>4.60</b>	<b>3.40</b>	<b>3.40</b>	<b>2.90</b>	<b>1.50</b>	<b>1.50</b>	<b>1.50</b>	<b>1.50</b>	<b>1.50</b>	<b>1.50</b>
32	<b>Students:</b>												
33	Medical & Dental	7.00	15.00	14.90	2.00	2.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34	Nursing & Midwifery Registered	0.00	42.00	0.00	29.61	29.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	Prof Scientific & Technical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	Additional Clinical Services	0.00	284.32	299.75	226.86	45.18	45.00	36.00	20.00	0.00	0.00	0.00	0.00
37	Allied Health Professionals	0.00	0.00	0.00	0.00	9.48	13.00	11.00	11.00	11.00	11.00	0.00	0.00
38	Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39	Estates & Ancillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.99	17.99	27.49	27.49
40	<b>Sub total Students</b>	<b>7.00</b>	<b>341.32</b>	<b>314.65</b>	<b>258.47</b>	<b>86.56</b>	<b>58.00</b>	<b>47.00</b>	<b>31.00</b>	<b>28.99</b>	<b>28.99</b>	<b>27.49</b>	<b>27.49</b>
41	<b>Other Temp Staff:</b>												
42	Administrative, Clerical & Board Members	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43	Medical & Dental	0.00	6.00	7.33	4.33	2.60	0.40	0.00	4.04	5.04	4.04	4.04	4.04
44	Nursing & Midwifery Registered	0.00	9.00	4.50	0.00	0.00	0.00	0.00	7.27	7.27	7.27	7.27	7.27
45	Prof Scientific & Technical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46	Additional Clinical Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	2.00	2.00	2.00
47	Allied Health Professionals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
48	Healthcare Scientists	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
49	Estates & Ancillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50	<b>Sub total Other Temp Staff</b>	<b>0.00</b>	<b>15.00</b>	<b>11.83</b>	<b>4.33</b>	<b>2.60</b>	<b>0.40</b>	<b>0.00</b>	<b>11.31</b>	<b>14.31</b>	<b>13.31</b>	<b>13.31</b>	<b>13.31</b>

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

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values												
98	Major Projects: Bed Capacity (due to C19)												
99	Dragons Heart Hospital - Assumed occupancy to 31 October 2020 & 4 months decommissioning	10	40	10	0	0	0	0	0	0	0	0	0
100		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
102		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
104		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
106		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
108		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
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	10	40	10	0	0	0	0	0	0	0	0	0

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May 20

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Code	Unit	ECTS	Prerequisites
00000001	Mathematical Foundations of Computer Science I	6	
00000002	Mathematical Foundations of Computer Science II	6	00000001
00000003	Mathematical Foundations of Computer Science III	6	00000002
00000004	Mathematical Foundations of Computer Science IV	6	00000003
00000005	Mathematical Foundations of Computer Science V	6	00000004
00000006	Mathematical Foundations of Computer Science VI	6	00000005
00000007	Mathematical Foundations of Computer Science VII	6	00000006
00000008	Mathematical Foundations of Computer Science VIII	6	00000007
00000009	Mathematical Foundations of Computer Science IX	6	00000008
00000010	Mathematical Foundations of Computer Science X	6	00000009
00000011	Mathematical Foundations of Computer Science XI	6	00000010
00000012	Mathematical Foundations of Computer Science XII	6	00000011
00000013	Mathematical Foundations of Computer Science XIII	6	00000012
00000014	Mathematical Foundations of Computer Science XIV	6	00000013
00000015	Mathematical Foundations of Computer Science XV	6	00000014
00000016	Mathematical Foundations of Computer Science XVI	6	00000015
00000017	Mathematical Foundations of Computer Science XVII	6	00000016
00000018	Mathematical Foundations of Computer Science XVIII	6	00000017
00000019	Mathematical Foundations of Computer Science XIX	6	00000018
00000020	Mathematical Foundations of Computer Science XX	6	00000019

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