

Local Partnership Forum

Wed 10 February 2021, 10:00 - 12:00

Via Teams



Agenda

10:00 - 10:00 1. Welcome and Introductions

0 min

Chair

REVISED LPF agenda 10.02.21.pdf (1 pages)

10:00 - 10:00 2. Apologies for Absence

0 min

Chair

10:00 - 10:01 3. Declarations of Interest

1 min

Chair

10:01 - 10:03 4. Minutes of the meeting held on

2 min

a. 10 December and b. 16 December 2020

Chair

4a. LPF minutes 09.12.20.pdf (3 pages)

4b. LPF minutes 16.12.20.pdf (7 pages)

10:03 - 10:05 5. Action Log Review

2 min

Chair

5. LPF Action Log.pdf (1 pages)

10:05 - 10:20 6. Mass Vaccinations

15 min

Executive Director of Public Health

10:20 - 10:35 7. Health and Wellbeing Update

15 min

Head of Employee Health and Wellbeing

10:35 - 10:45 8. Operational Update

10 min

Deputy COO

Brickhill Helen
02/02/2021 14:18:09

10:45 - 10:55
10 min

9. Recruitment and the Workforce Hub

Head of HR Operations

10:55 - 11:05
10 min

10. Chief Executives Update

CEO

11:05 - 11:15
10 min

11. IMTP Update

Interim Executive Director of Strategic Planning

 IMTP update.pdf (4 pages)

11:15 - 11:25
10 min

12. Finance Report

Interim Executive Director of Finance


 11. Finance Report.pdf (25 pages)

11:25 - 11:35
10 min

13. Workforce and OD KPI Report (including UHB Absence Data)

Executive Director of WOD

 12a WOD KPI Report Dec-20.pdf (2 pages)

 12b. UHB Absence data.pdf (1 pages)

11:35 - 11:45
10 min

14. Patient Safety Quality and Experience report


Executive Director of Nursing

 13. Patient Safety - QE Report.pdf (16 pages)

11:45 - 11:55
10 min

15. Workforce Partnership Group Terms of Reference and Annual Report

Co-Chairs

 14. WPG report and Terms of Reference.pdf (10 pages)

 14a. Terms of Reference revised 2020.pdf (7 pages)

11:55 - 12:00
5 min

16. Any other business previously agreed with the Co-Chairs

Thursday 22 April 2021 at 10am(with a staff representative pre-meeting at 9 am) via Teams

12:00 - 12:00
0 min

17. Future Meeting Arrangements:

Thursday 22 April 2021 at 10am(with a staff representative pre-meeting at 9 am) via Teams

Printed by Helen
02/08/2021 14:18:09

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 10 February 2021 at 10.00am, via Teams

10am PART 1: Items for Action/Consideration		
1	Welcome and Introductions	<i>Chair</i>
2	Apologies for Absence	<i>Chair</i>
3	Declarations of Interest	<i>Chair</i>
4	Minutes of the meeting held on a. 10 December and b. 16 December 2020	<i>Chair</i>
5	Action Log Review	<i>Chair</i>
For Consultation/Negotiation		
For Communication:		
6 10.05	Mass Vaccinations	Verbal - <i>Executive Director of Public Health</i>
7 10.20	Health and Wellbeing Update	Verbal – <i>Head of Employee Health and Wellbeing</i>
8 10.35	Operational Update	Verbal - <i>Deputy COO</i>
9 10.45	Recruitment and the Workforce Hub	Presentation – <i>Head of HR Operations</i>
10 10.55	Chief Executives Update	Verbal - <i>CEO</i>
11 11.05	IMTP Update	Executive Director of Strategy and Planning
For Appraisal:		
12 11.15	Finance Report	<i>Interim Executive Director of Finance</i>
13 11.20	Workforce and OD KPI Report (including UHB Absence Data)	<i>Executive Director of WOD</i>
14 11.30	Patient Safety Quality and Experience report	<i>Executive Director of Nursing</i>
For Consideration:		
15 11.40	Workforce Partnership Group Terms of Reference and Annual Report	<i>Co-Chairs</i>
11.50 PART 2: Items for information (for noting only) and Closure		
16	Any other business previously agreed with the Co-Chairs	
17 Close by 12 noon	Future Meeting Arrangements: Thursday 22 April 2021 at 10am (with a staff representative pre-meeting at 9 am) via Teams	

Bricknell Helen
02/08/2021 14:18:09

EXTRAORDINARY LOCAL PARTNERSHIP FORUM MEETING

Wednesday 9 December 2020 at 2pm, via Teams

Present

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Jonathan Strachan-Taylor	GMB
Julie Cassley	Deputy Director of WOD
Peter Hewin	BAOT/UNISON
Ceri Dolan	RCN
Fiona Salter	RCN
Rhian Wright	RCN
Stuart Egan	UNISON
Steve Gaucci	UNISON
Pauline Williams	RCN
Lorna Bennett	Consultant in Public Health
Fiona Kinghorn	Executive Director of Public Health
Joe Monks	UNISON
Bill Salter	UNISON
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Rebecca Christy	BDA

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 20/070 STAFF VACCINATION PROGRAMME

Mr Driscoll welcomed everyone to this extraordinary LPF meeting which had been arranged at the request of staff side members to discuss the COVID -19 vaccination programme for the workforce.

Mrs Kinghorn reminded the Forum that the previous day had been a historic one, with the first COVID-19 vaccinations given. She delivered a presentation and the following highlights were noted:

- The types of vaccine – the Pfizer mRNA vaccine has been approved by the MHRA and 40m doses have been purchased by the UK Government. It is anticipated that the next one to be approved will be the Astra-Zeneca vaccine and the UK Government has ordered 100m doses. Neither of these are live vaccines.
- The process for developing these vaccines has been greatly speeded up due to government funding and by running simultaneous evidence reviews. The rigour around the clinical trials have not changed
- The Joint Committee of Vaccination and Immunisation (JCVI) have set out a prioritisation for persons at risk, based on age as this is the biggest risk factor. The resilience and protection of the health care system has been built into the top 3 groups. It will take time to roll the vaccine out to the wider population but it will be progressed as quickly as possible
- The vaccine is not mandatory, but the evidence is convincing

Bricknell Helen
02/08/2021 14:18:09

Mrs Bennett took over delivery of the presentation, noting the following:

- There is a robust governance structure with a programme board and 5 workstreams
- There is a blended model of delivery planned for the next 9-12 months, including 3 mass vaccination centres the first of which opened in Splott the day before
- The booking system is now live and is being used
- There will only be a small supply for the next few weeks and consideration has been given to where we have staff with the highest rate of infection. It isn't possible to deliver the vaccination to everyone at the same time and they are now working up the next priority group.
- The public will receive a letter but UHB staff will be informed through their line manager (not by individual letter) when they have the opportunity to book an appointment. N.B. staff should not share the booking details with colleagues. It was noted that a potentially confusing email had been sent to staff stating that emails about booking appointments could be phishing scams. Mrs Bennett agreed to follow this up with the communications team to ensure that the message to staff was clear.
- The potential side effects and the groups who are not able to have the vaccine were examined. This group includes pregnant women but this is precautionary rather than because of a known risk.

Members were referred to the Public Health Microsite for further information. A copy of the slides would be shared following the meeting

ACTION: Dr Pressley

LPF members were very appreciative of the presentation and the information it contained, as well as all of the work that had gone into preparing the vaccination programme. Questions and comments were invited and the following points were raised:

- Mrs Wright noted that wards E7 and E8 in UHL had both had high levels of COVID among members of staff but were not on the priority list. Mrs Bennett explained that the Consultant in Infectious Diseases had been involved in developing the priority list and had looked at the data and also the levels of PPE available but this would be looked into. Mrs Kinghorn advised that staff age would also be considered in future tranches.
- Ms Ward asked if race and ethnicity would also be considered when determining future tranches. Mrs Kinghorn advised that this was a difficult issue as the prioritisation was based on the JCVI list and ethnicity was not included.
- Mr Monks noted that people with allergies were not eligible to receive the vaccine and asked for more information on this. Mrs Kinghorn explained that this applied where an individual had had a significant allergic reaction previously and would carry an epi-pen. Advice would be available for individuals at the immunisation centres.
- Ms Christy said that dieticians had been receiving conflicting advice – in some areas they were included by the ward managers when booking details had been issued, but in other areas they were being told that they would need to go through their Directorate. Ms Bennett advised that booking details could be received through either route. She advised that one lesson they had learnt very quickly was that they needed to be more inclusive of staff working in an area in their communications and for the booking centre to be made aware. She indicated that specific issues like this could be raised with her directly.

Bricknell Helen
02/08/2021 14:18:03

- Mr Strachen-Taylor asked if the side effects of the Astra-Veneca vaccine were known yet and was advised that this information only becomes available once MHRA approval is given.
- Mr Gaucci asked if sickness absence due to side effects would be counted for absence management purposes. Mr Driscoll advised that this had not been discussed on an All-Wales level but that his personal view was that absence due to vaccine side effects should be discounted. Mrs Kinghorn emphasised that severe side effects were unlikely to occur so this should not be an issue.
- Mr Thomas asked what information was being provided to staff about how long the vaccine provides protection. Mrs Bennett said that it was difficult to give a definitive answer as this research was still taking place, however, we do know that the maximum protection is given if both doses of the vaccine are given. Individuals who receive the vaccine are currently advised to continue to follow guidance on social distancing and hand washing until we know more. Mrs Kinghorn added that although the vaccine is 95% effective this means there is still a small chance of catching COVID after immunisation
- Mrs Williams asked if staff who had previously tested positive would be offered the vaccine. Mrs Bennett confirmed that they would and stated that this was very important as currently we don't know how long immunity lasts. However the vaccine cannot be given until 28 days after a positive test/symptoms. Mr Driscoll asked about individuals with long COVID and was advised that the same information was given currently as there had been nothing to the contrary issued.
- Mr Monks asked what steps were being taken to encourage those who might be reluctant to have the vaccine. Mrs Bennett advised that there were lots of communications around eligible and front line staff and sharing experiences etc, however the most important tool was sharing personal experiences
- Mrs Williams noted that St David's did not appear to be on the list even though they have elderly clientele and the day hospital etc. Mrs Kinghorn assured her that she would look into this
- Miss Salter asked how the roll out to the rest of the staff would be conducted once priority groups had been completed. Mrs Bennett advised that this would need to be done as quickly as possible but in a managed way with front line and patient facing staff first.
- Mrs Bennett was asked about wasted vaccines but advised that the aim was to sequence them over 5 days with no wastage. Mrs Kinghorn added that there will be more vaccine than staff over the next few weeks though so there was a potential staffing issue.

Mrs Kinghorn concluded the discussion by mentioning a number of teams who had been involved in developing and implementing this programme and thanking everyone involved.

Mr Jones thanks Mrs Kinghorn and Mrs Bennett for a very informative and welcome discussion.

Bricknell Helen
02/08/2021 14:18:09

LOCAL PARTNERSHIP FORUM MEETING

Wednesday 16 December 2020 at 10am, via Teams

Present

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Ceri Dolan	RCN
Jonathan Strachan-Taylor	GMB
Chris Lewis	Interim Director of Finance
Peter Welsh	General Manager, UHL and Barry Hospitals
Lorna McCourt	UNISON
Rachel Gidman	AD of OD
Fiona Salter	RCN
Rhian Wright	RCN
Abigail Harris	Executive Director of Strategic Planning
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Rebecca Christy	BDA
Len Richards	Chief Executive
Stuart Egan	UNISON
Steve Gaucci	UNISON
Joe Monks	UNISON

In attendance:

Charles (Jan) Janczewski	UHB Chair
Tracy Meredith	Vale Integrated Locality Manager
Ceri Butler	Head of LED
Ed Hunt	Programme Director, UHW Redevelopment
Victoria Legrys	Programme Director, Strategic Clinical Redesign

Apologies

Julie Cassley	Deputy Director of WOD
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Fiona Kinghorn	Exec Director of Public Health
Andrew Crook	Head of Workforce Governance
Stuart Walker	Medical Director
Nicola Foreman	Director of Corporate Governance
Julia Davies	UNISON
Janice Aspinell	RCN
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 20/071 WELCOME AND APOLOGIES

Mr Driscoll welcomed everyone to the meeting and apologies for absence were noted. There were no declaration of interest in respect of agenda items.

LPF 20/072 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 22 October were agreed to be an accurate record subject to the following amendment:

Pauline Williams, RCN had been present

LPF 20/073 ACTION LOG

The Action Log was noted. Mr Driscoll advised that one action was missing – this related to concerns raised about managers accessing employee's COVID test results without consent (LPF 20/059). Tracy Meredith was in attendance to provide some further information and assurances about this issue:

- A robust pathway is in place which ensures good governance. Guidance was sought from Information Governance when putting the pathway into place.
- There is a results team which access and cascade the results of staff who have been tested – this means that no-one else needs to access results through any other route.
- Each Clinical Board has a lead and deputy and the results of members are staff are issued to them as well as being texted to the individual. If there is a problem contacting the individual by text they are put onto an 'exceptions list' and contacted by phone.
- There have been clear messages issued to inform colleagues that they must follow this pathway and must not access results from any other route
- The results are sent to the Clinical Board because the test is requested by the Clinical Board. This is to ensure we have a workforce in place to deal with the pandemic. Staff are made aware that their results will be shared with their Clinical Board
- Tests usually happen within 24 hours and results are issued 3 times a day. If the individual goes onto the exception list they are contacted within 30 hours with their results.
- The number of false negative tests is currently low – this is because the prevalence is high and false negative results usually occur when the prevalence is low
- Tests that are conducted outside of this pathway (ie lighthouse labs) do not come under the Health Board and we do not have access to the results

(Tracy Meredith left the meeting)

LPF 20/074 OPERATIONAL UPDATE

Before proceeding with the published agenda, Mr Driscoll asked Ms Bird to provide an operational update in light of current pressures. Ms Bird advised that it was very challenging operationally and there was sustained pressure both within Primary Care and the hospitals. She said that it felt different to the first wave, partly because of increased non-covid demand but also because staff resilience has changed. Four sets of actions were being taken to mitigate against this and the fact that bed capacity was compromised:

1. Focus was placed on increasing discharges
2. We were looking at IP&C constraints e.g. closed wards and empty beds to find a balance between risk and patient flow
3. Building resilience into the system through increased staffing e.g. recruitment, enhanced rates, external bank and agency
4. Opening additional capacity through the lakeside surge hospital (though there were staffing challenges there).

In addition there was increased visibility from the Execs and senior leaders.

Bricknell Helen
02/08/2021 14:16:09

Ms Bird emphasised the fantastic job being done by our staff and asked staff representative members to pass her thanks on.

Ms Ward asked to what extent the capacity issue was a local one, or were there regional factors as well, and what recognition there was from Welsh Government. Ms Bird advised that Welsh Government recognised the sustained pressure the system is under, and that there are a number of weekly calls with them. She said that the regional picture was interesting with the whole of the south east Wales corridor under pressure, but that while we would help our neighbouring Health Boards when we could, it was incumbent on us to meet our own populations demands at present.

Miss Salter asked if the staff havens would be opened again, particularly as it was not possible to socially distance in many staff rooms. Mr Driscoll advised that this was the intention and that there were regular conversations between the Health and Wellbeing Group and Capital, Estates and Facilities about this. He understood that they would be opened imminently. It was also hoped to develop a click and deliver service but Mrs Harris advised that they were only in the early days of developing this app. Mr Thomas asked if this service would be available to residents who lived on site when self isolating and Mrs Harris indicated that this was the plan.

(Rebecca Christy and Caroline Bird left the meeting, Ruth Walker joined the meeting)

LPF 20/075 NHS WALES STAFF SURVEY

Mrs Butler provided the Forum with a high level summary of the 2020 NHS Wales Staff Survey process and initial results. She outlined the timescales and responsibilities and reminded the Forum of the questions asked. The response rate was 22%, which while lower than hoped for was not too bad given that there were no hard copies and the survey was only open for 3 weeks. In 2018 the response rate was 23%. The highest number of responses were from Primary Care (85%) and the lowest were from Housekeeping, Portering and Security (5%).

Respondents were asked 3 'free text' questions which provided qualitative results – these were around what we did well, what we could do better and one thing to improve our work. The results had only just become available and had not been analysed properly yet, but initial themes were starting to emerge.

Once the results are shared Clinical Boards will be encouraged to use 'post-survey prompts' to help them respond to the feedback received.

Mrs Harris noted the low response rate within Housekeeping. She acknowledged that these staff groups don't have email accounts and PCs but said that she would follow this up with the Assistant Director of Capital, Estates and Facilities as this staff group were under represented. It was noted that QR codes had been used and the survey was promoted on teamphoria, but due to the tight timescales involved and social distancing requirements it had not been possible to engage fully with this staff group in the way that we would have liked to.

It was agreed that the results would be examined in more detail at a future LPF or Workforce Partnership Group meeting, and there would be a discussion at that time about how to drive and move it forward.

Action: Mrs Butler

LPF 20/076 CHIEF EXECUTIVES REPORT

Mr Richards advised the Forum of the following points:

- the rate of COVID cases in over 60s had increased significantly, especially in Cardiff. There were 170 positive cases in hospital, but at the time of the LPF meeting there were fewer cases in ICU than during the first wave.
- The team had reviewed the way they worked for that there was a 7 day Executive presence. The also had a 'buddy' system for the on-call rota so that the non-operational Executives had an operational team member to support them by phone.
- Efforts were being focused through a site based system, which worked well last time, but it does feel different this time so it is necessary to think about other approaches.
- TTP is more active now and the mass vaccinations programme is up and running, but this is also an additional draw on staff.
- We are trying to maintain essential services alongside COVID – Welsh Government recognise this and we have been allowed to make decisions re cancellation if required. The Execs are working hard around proactive, targeted cancellations in areas that won't create long term harm
- The first part of the Surge Hospital is finished with 166 beds but staffing is an issue. The plan is to open between Christmas and New Year and to be agile in how we use our surge capacity.
- A communication had been issued the previous day advising staff to work at home wherever possible – if you don't need to be in work, then you shouldn't be. We know that COVID is spreading in workplaces and homes and are encouraging people to avoid mixing over Christmas if at all possible as there are concerns that we are going into a period of relaxation from a point of escalation.
- 1450 people were vaccinated within the first week of the vaccination programme. An outbreak among admin staff and management meant that it was paused for a couple of days but is now back up and running. Mr Richards stated that the work by Tracy Meredith and team was nothing short of remarkable and he was very proud to be CEO of this organisation.

Mr Jones indicated that some staff were still struggling to get laptops to enable them to work from home. Mr Richards stated that there were laptops available and if any issues were encountered they should be flagged with the relevant Exec. He stated that it was our responsibility to provide equipment so that individuals could work from home.

Ms Ward asked what the financial position was and asked for assurances that finance isn't a barrier. Mr Richards advised that the financial position is stable and that Welsh Government are really supportive of the Health Boards. However, this is not recurrent so while we can forecast a break even position for this year and the Clinical Boards are able to work without constraints, 2021/22 may be more challenging.

Mr Janczewski reinforced the comments already made to thank staff for their efforts and for the caring service we give our patients. He also stated that he was very pleased with the wellbeing programme that had been put into place to support our staff.

(Mr Richards left the meeting)

LPF 20/077 SHAPING OUR FUTURE CLINICAL SERVICES PROGRAMME

Mrs Harris introduced Ms Legrys and Mr Hunt who were in attendance to discuss the clinical services redesign and transformation programme and business case for UHW2.

Ms Legrys advised that the transformation of our clinical services will be key in delivering our vision, this includes the infrastructure, digital infrastructure and the workforce for the future. She

provided the Forum with information on the programme as part of a 6 week engagement process to gain high level feedback which would inform the next phase/ Key points from her presentation included:

- learning from the past year had been built into the programme, recognising the need to change to delivery, but also to recover.
- The 3 workstreams (programme definition, future care and engagement) and timeline were summarised. A key date is the deadline for the UHW2 business case in 2021
- It is important to engage staff from the beginning – this is happening initially by testing the aims, scope and approach through LPF and a series of workshops
- A number of principles have been developed and these also need to be tested
- The pathways being looked at for transformation are: emergency clinical pathways; planned care pathways; surgical pathways; rehabilitation and re-enablement pathways; and regional, national clinical pathways

Mr Hunt reminded the Forum that UHW is old, cramped, unreliable and tough from a staff experience perspective, and there are areas (e.g. EU) with no natural light. Although COVID made us pause, we are now proceeding again with plans for UHW2 and Welsh Governments are currently receptive to this. There is now a need to create a compelling case, starting with the clinical model.

Mr Hunt shared a number of images which are an artist's impression of what the new hospital might look like, but he emphasised that the clinical model will define the digital infrastructure and workforce that we need. Current thinking is:

- It will be a new acute facility with an enhanced role for UHL
- There will be an enhanced relationship with the University and the possible opportunity for enhanced R&D
- We are still a long way from defining the physical characteristics e.g. bed numbers as we are still determining the functionality

Consideration is being given to how this can help stimulate the South Wales economy, and the intention is to build the Wellbeing of Future Generations thinking into the programme (e.g. carbon neutral, renewable energy, sustainable travel). The UHW2 programme is part of the UHBs sustainability action plan

The next step is to move quickly to develop a business case setting out what we want to achieve, the scope, benefits, timescales, dependencies and resources.

Mr Hunt offered to go out to groups to talk and engage with them, and this will continue as we start to consider the physical attributes. A further update will be provided to the LPF in the future as the programme develops.

LPF 20/078 FINANCE REPORT

Mr Lewis provided an update on the financial position up to 31 October 2020. The net expenditure due to COVID was £88m to date with a forecast expenditure of £150m. Mr Lewis was confident that this would be received from Welsh Government but noted that we were being heavily audited. He pointed out that capitol was tight, however, which meant that the ability to invest in infrastructure was limited.

Brigid J. Eileen
02/08/2021 14:18:09

LPF 20/079 WOD PERFORMANCE KPI REPORT

The Local Partnership Forum noted the WOD KPI report. Mr Driscoll advised that the current priority was recruitment, with the next tranche of overseas nurses arriving in February or March. Between 350 and 400 people had been recruited over the last 8 weeks or so. Finance was not a constraint, the issue was finding the recruits and keeping them here, well and engaged.

LPF 20/080 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

The Local Partnership Forum noted the Patient Quality, Safety and Experience Report.

Mrs Walker took the opportunity to talk to the Forum about some of the issues facing the nursing workforce at the current time:

- Some colleagues are concerned about returning to clinical practice if they have been away from it for some time. Their concerns are welcomed, and a bespoke programme of education and training will be provided as required. The NMC recognises that nurses are being asked to work in a different context to before and this would be considered in cases of errors reported to them, but they also have a duty to speak out if they believe there are capability issues. Mrs Walker offered to have this conversation with individuals if they wanted to talk to her.
- There is a need to move people around. It isn't necessary for staff to take a temporary contract – we will support them and move them while protecting their contract.
- At the beginning of the pandemic Mrs Walker wrote an open letter to the nursing workforce and offered to do this again if the Forum felt that it would be helpful.
- A daily meeting is held to look at the outbreak position and review every ward in details. As of the previous day there were 13 clinical areas infected, and 9 of these were classified as outbreaks. 75 staff had been tested as positive as a result of the outbreak management process, and a smaller number of patients. Beds had been closed but could be opened at risk for admissions if necessary due to the speciality
- We are not always seeing social distancing and other rules e.g. wearing masks by our staff. This is not helped by the fact that some spaces e.g. staff rooms are too small
- There are no PPE issues at present

The Forum thanked Mrs Walker for the update and raised the following points:

- Mr Thomas asked if there was an update following the discussion at the previous meeting re face coverings vs surgical masks. Mrs Walker advised that the rules hadn't changed i.e. in clinical areas a water repellent mask should be worn but in corridors and non-clinical areas face coverings could be worn
- Mr Thomas said that some staff felt that they were being told rather asked to move to another area. Mrs Walker agreed that they should be approached with respect and in a supportive manner
- Miss Salter suggested that an open letter from Mrs Walker was a good idea – she said that the nursing workforce were reassured by hearing from her and knowing that they were being listened to
- With regards to small staff rooms, Miss Salter acknowledged that the havens had already been discussed but asked what the long term plan was for staff rest areas. Mrs Walker said that this had been taken into consideration in the Lakeside Wing and would be in UHW2 as well. In the meantime, if breaks are allocated over a period of time, staff can go singularly.

Bricknell Helen
02/08/2021 14:18:09

Mrs Walker emphasised that this should be happening already and that it is very important that staff have breaks.

- Mr Monks said that social distancing was not always taking place in areas like the concourse, aroma etc. and asked what was being done about this. Mrs Walker advised that volunteers had been put into the concourse over the last two weeks but that unfortunately they were receiving abuse from staff and the public. She did not know what the solution was and would discuss it again with her Management Executive colleagues, but indicated that any suggestions would be welcome.
- Mr Monks said that he had received queries from worried nurses who had been informed (not asked) that they would be going to the Surge Hospital. He asked if they would receive the vaccine? Mrs Walker advised that currently it is not known if the Surge Hospital will be for COVID patients only, or if it will be post-COVID, as these decisions have not been made yet. However she reiterated that staff should be asked and the reasons explained to them.
- Mrs Dolan said that she had heard reports of names being picked out of a hat. Mrs Walker suggested that in some areas maybe they have asked and ran out of volunteers to move, but there was still a way of doing this respectfully and she would reinforce this message.

LPF 20/081 ITEMS FOR BOARD

There were no specific items which the LPF wanted to be brought to the attention of the Board.

LPF 20/082 ANY OTHER BUSINESS

Mr Janczewski thanked Forum members for their contribution. He said that the Board appreciated and he had seen for himself the constructive way challenges were offered up.

LPF 20/083 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 10 February 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Bricknell Helen
02/08/2021 14:18:09

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 20/070	10 December 2020	Mass vaccinations	A copy of the presentation was to be shared with members following the meeting	Dr Pressley	COMPLETE
LPF 20/075	16 December 2020	NHS Wales Staff Survey	The results would be examined in more detail at a future LPF or Workforce Partnership Group meeting.	Mrs Butler	COMPLETE – further presentation delivered to WPG 21 January 2021

Bricknell Helen
02/08/2021 14:38:09

Report Title:	21/22 Integrated Medium Term Plan (IMTP) Development					
Meeting:	Local Partnership Forum				Meeting Date:	10 Feb 21
Status:	For Discussion		For Assurance		For Approval	
Lead Executive:	UHB Director of Strategic Planning					
					For Information	X

Background and current situation:

In response to the Covid-19 pandemic the traditional planning rhythm for NHS Wales was paused in March. Welsh Government confirmed that the UHBs 19/20 approved plan remained extant.

Through 20/21 Health Boards and Trusts were asked to operate within a quarterly planning rhythm and latterly moving to a six month plan for quarters 3-4.

Welsh Government have confirmed the expectation for 21/22 via the publication of a 21/22 planning framework which was issued late December 2020.

- The requirement for an Integrated Medium Term Plan (IMTP) but with a clear focus on the detail for the next 12 months (21/22).
- Plans to be set in the context of future recovery and transition from operational response to integrated strategic planning.
- Plans to be submitted by 31 March '21 (subject to the prevailing situation).
- A plan which focus on and addresses the five ministerial priorities of:
 - Reducing health inequalities
 - Prevention
 - Access to care
 - Primary and community care
 - Mental health and well-being
- That the 'four harms' associated with covid-19 remain the context in which plans are developed.

Key Issues to bring to the attention of the Service Planning Committee:

Based on the guidance received from Welsh Government alongside early informal conversations with them, in addition to development sessions with Independent Board members and the Executive Management team the UHB will be shaping its plan through three lenses –

Response (to the continuing pandemic)

Recovery (addressing the resulting backlog across many services and the exhausted workforce we now have)

Redesign (transforming our services so they remain sustainable and the best they can be for our local population).

The 21/22 plan will not be a “new” plan. The UHBs long term strategy *Shaping Our Future*

Wellbeing remains extant. This plan will thus be an evolution not a revolution.

Nevertheless, 2020/21 was a year like no other as we all tackled the unprecedented global challenge of Covid-19. It tested the organisation and all our staff in many ways. As a result it has been necessary to review and reframe the immediate priorities of the organisation. These are shown in annex 1 which is a **draft** of the UHBs strategy map for 21/22.

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

Whilst there are no material risks associated with the UHBs ability to develop a plan within parameters and timescales described there obviously exist a number of risks and issues which the plan is having to clearly address. Below highlights some of the key issues which the UHB continue to address as part of its planning. This does not represent an exhaustive list.

- **Demand.** The number of patients waiting over 36 weeks peaked at the end of November at nearly 40,000 breaches but has in fact begun to reduce over December and January. 60% of this increase is at stage one, new outpatients. In contrast the total RTT waiting list has grown by only 4.5%, reflecting the sharp reduction in referrals.
- **Latent demand** – The critical element in understanding the scale, and therefore the timescales, for post-Covid recovery is the extent to which there is unmet demand across our population that will resurface as health care demand at a later date. We know, for example, that we have undertaken 16,000 fewer surgical procedures over the past 12 months compared to the previous year.
- **Future covid waves-** The 'shape' of the any potential future covid-19 'waves' and the impact or not that the vaccination programme will have in mitigating / eliminating these.

We will continue our approach from Q3/Q4 of developing three broad scenarios: Covid best-case, Covid worst-case and Covid central scenario. These will be used to ensure we can continue to respond to all eventualities and inform our understanding of the implications of these scenarios on finance, workforce and delivery of services

- **Our workforce.** Our workforce will be critical to helping us address those issues listed above. Our thinking and planning remains acutely aware that many of our people are exhausted and we must address these challenges in a manner which respects and reflects the position of our workforce.
- **Finances.** The financial allocation for NHS Wales was published in late December and it remains clear that the addressing recovery and redesign of services will remain challenging within the current financial settlement.

Recommendation:

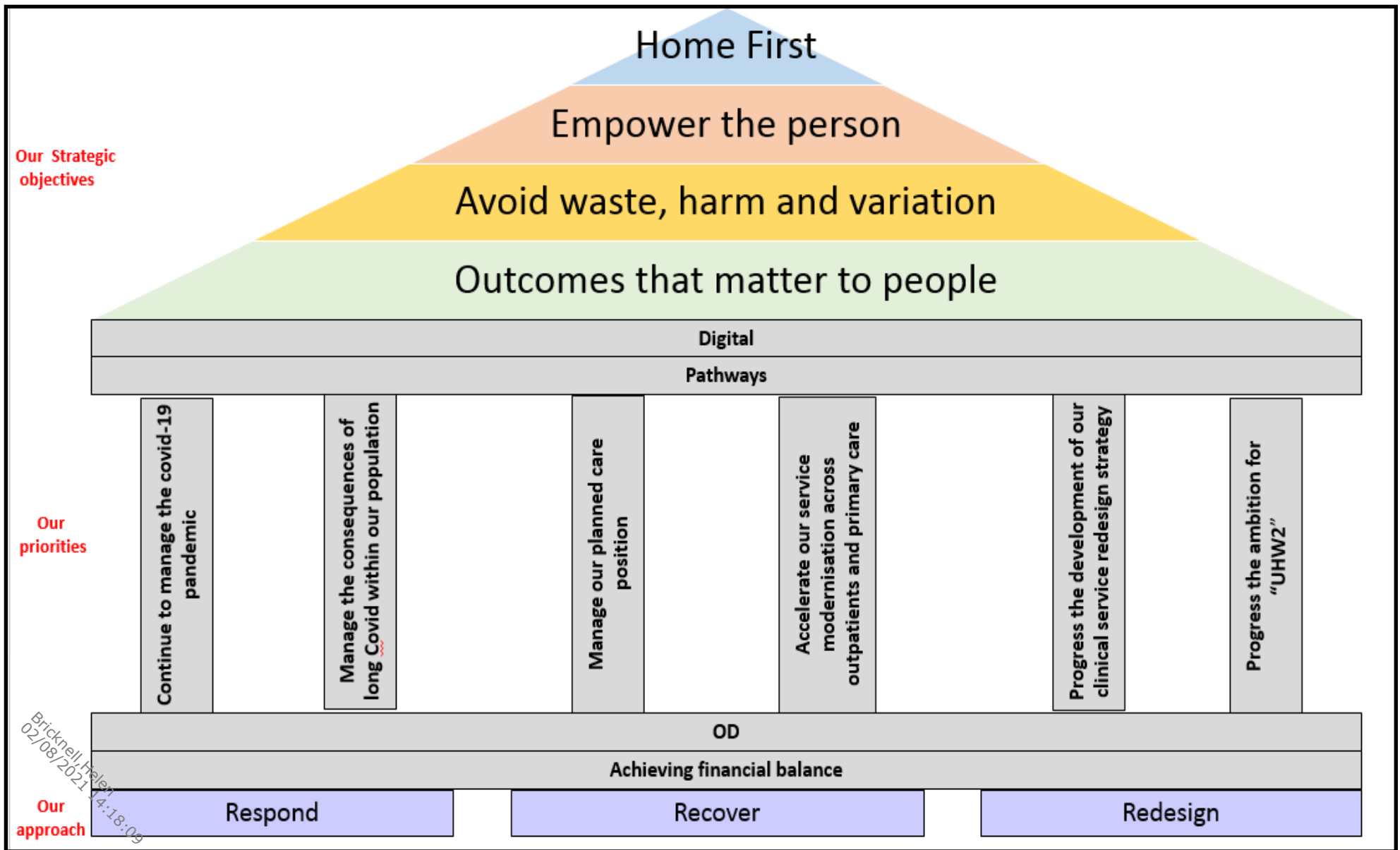
That the LRF

Notes the approach to developing the 21/22 IMTP.

Advises how the forum members would like to stay engaged in the plans development moving forward.

Bricknell Helen
02/08/2021 14:18:03





Report Title:	Finance Report for the Period Ended 31 st December 2020				
Meeting:	Local Partnership Forum			Meeting Date:	10 February 2021
Status:	For Discussion	x	For Assurance	x	For Approval
Lead Executive:	Interim Executive Director of Finance				
Report Author (Title):	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 19th March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. A summary of this plan is provided in Table 1.

Table 1: 2020/21 IMTP

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

At month 9, the UHB is reporting an underspend of £0.303m against this plan. During the 9 months to the end of December net expenditure of £111.315m 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 £0.303m.

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.

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 @ December 2020

Measure	n	December 2020	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£0.303m surplus at month 9.	G	9	2020/21 Break-Even	M9 2020-21
Remain within capital resource limits.	37	Expenditure at the end of December was £67.100m against a plan of £69.934m.	G	9	Approved planned expenditure £85.594m	M9 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	9	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M9 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.669m forecast at month 9. Performance impaired by response to COVID- 19	R	9	£25.000m	M9 2020-21
Delivery of £4m non recurrent devolved target	36c	£5.530m forecast at month 9. Performance impaired by response to COVID- 19	G	↑	£4.000m	M9 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.3% at the end of December	G	9	95% of invoices paid within 30 days	M9 2020-21
Remain within Cash Limit	37b	Forecast cash surplus £0.512m	G	9	To remain within Cash Limit	M9 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £3.561m	G	9	To Maintain Positive Cash Balance	End of December 2020

Month 9 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 9 is a surplus of £0.303m following a deficit of £0.158m in month and this is summarised in Table 3.

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Table 3: Month 9 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	Month 9 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	11.877	115.373
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	1.944	14.316
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(1.234)	(16.923)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(0.031)	(1.451)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	12.556	111.315
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	0.158	(0.303)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(12.556)	(111.315)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	0.158	(0.303)

This shows that the in month net expenditure of £12.556m 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 9 months to the end of December was £115.373m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 9 revenue costs of £53.357m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**.

There was also £62.016m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £14.316m against the month 9 target. 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 seen a £16.923m reduction in planned expenditure .

The UHB has also seen slippage as a commissioner of £1.451m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 is £111.315m. 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 31st Dec 2020

Welsh Government COVID Funding	£m
Dragons Heart	(50.957)
Allocation share 13.5% of £371.4m	(31.560)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(3.051)
PPE	(6.432)
NHS and jointly commissioned packages of care	(3.024)
Flu vaccine extension	(0.551)
Transformation / Discharge	(1.251)
GMS DES	(0.226)
COVID vaccination programme	(0.841)
Urgent & Emergency Care Funding	(0.819)
Total funding received / assumed £m	(111.315)

The UHB also has a small operating underspend of £0.303m leading to a net reported surplus at

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month 9.

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

Table 5: Summary Financial Position for the period ended 31st December 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
In Month						
Income	(123.798)	(122.941)	0.818	0.000	0.038	0.856
Income - Welsh Govt. COVID 19 Funding Received	0.000	(12.556)	0.000	(12.556)	0.000	(12.556)
Pay	56.859	59.346	3.332	0.000	(0.845)	2.487
Non Pay	66.939	76.310	8.405	0.000	0.966	9.370
Variance to Plan £m	0.000	0.158	12.556	(12.556)	0.158	0.158
Cumulative						
Income	(1,072.580)	(1,065.310)	7.406	0.000	(0.136)	7.270
Income - Welsh Govt. COVID 19 Funding Received	0.000	(111.315)	0.000	(111.315)	0.000	(111.315)
Pay	503.237	521.642	27.325	0.000	(8.919)	18.406
Non Pay	569.343	654.679	76.581	0.000	8.753	85.336
Variance to Plan £m	(0.000)	(0.303)	111.315	(111.315)	(0.303)	(0.303)

Income

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

Table 6: Income Variance @ December 2020

Income	COVID 19 Additional Expenditure	COVID 19 Non Delivery of Planned Savings	COVID 19 Reductions In Planned Expenditure	Net Expenditure Due to COVID 19	COVID 19 Additional Welsh Govt. Funding	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m	£m
In Month							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(12.556)	0.000	(12.556)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.089	0.000	0.000	0.089	0.000	(0.026)	0.063
Education & Training	0.000	0.000	0.000	0.000	0.000	0.009	0.009
Injury Cost Recovery Scheme (CRU) Income	0.041	0.000	0.000	0.041	0.000	(0.010)	0.032
NHS Patient Related Income	0.213	0.000	0.000	0.213	0.000	(0.085)	0.127
Other Operating Income	0.426	0.007	0.000	0.434	0.000	0.073	0.506
Overseas Patient Income	0.001	0.000	0.000	0.001	0.000	0.002	0.003
Private Patient Income	0.041	0.000	0.000	0.041	0.000	0.034	0.075
Research & Development	0.000	0.000	0.000	0.000	0.000	0.041	0.041
Variance to Plan £m	0.811	0.007	0.000	0.818	(12.556)	0.038	(11.700)
Cumulative							
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	(111.315)	0.000	(111.315)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.860	0.000	0.000	0.860	0.000	0.018	0.878
Education & Training	0.033	0.000	0.000	0.033	0.000	0.143	0.175
Injury Cost Recovery Scheme (CRU) Income	0.294	0.000	0.000	0.294	0.000	(0.088)	0.206
NHS Patient Related Income	0.914	0.000	0.000	0.914	0.000	(0.374)	0.539
Other Operating Income	4.580	0.073	0.000	4.653	0.000	0.213	4.865
Overseas Patient Income	0.009	0.000	0.000	0.009	0.000	0.015	0.024
Private Patient Income	0.607	0.000	0.000	0.607	0.000	0.052	0.659
Research & Development	0.039	0.000	0.000	0.039	0.000	(0.115)	(0.076)
Variance to Plan £m	7.333	0.073	0.000	7.406	(111.315)	(0.136)	(104.045)

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The month 9 income position is a surplus of £104.045m comprising of a net COVID 19 income loss of £7.406m, additional Welsh Government funding of £111.315m for COVID 19 costs and an operational underspend of £0.136m.

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

- £0.860m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.294m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims between April and July.
- £0.914m adverse variance in NHS Patient related income following the reduction in English non-contracted income due to COVID 19.
- £4.653m 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.
- £0.607m adverse variance against private patient income following the re-planning of non COVID activity.

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 @ December 2020

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Medical and Dental	0.936	0.001	0.000	0.937	0.141	1.077
Nursing (registered)	1.245	0.005	(0.229)	1.021	(0.266)	0.755
Nursing (unregistered)	0.510	0.000	0.000	0.510	0.158	0.668
Scientific, prof & technical	0.030	0.000	0.000	0.030	(0.190)	(0.159)
Additional clinical services	0.189	0.000	0.000	0.189	(0.118)	0.071
Management, admin & clerical	0.204	(0.003)	0.000	0.201	(0.241)	(0.039)
Other staff groups	0.441	0.003	0.000	0.444	(0.329)	0.115
Total £m	3.555	0.007	(0.229)	3.332	(0.845)	2.487
Cumulative						
Medical and Dental	9.436	(0.175)	0.000	9.261	(0.824)	8.437
Nursing (registered)	7.441	0.050	(1.988)	5.504	(2.595)	2.908
Nursing (unregistered)	3.111	0.000	0.000	3.111	1.449	4.560
Scientific, prof & technical	0.277	(0.032)	0.000	0.246	(1.101)	(0.855)
Additional clinical services	0.697	0.000	0.000	0.697	(1.000)	(0.302)
Management, admin & clerical	1.460	0.024	0.000	1.484	(2.216)	(0.731)
Other staff groups	6.996	0.026	0.000	7.022	(2.633)	4.389
Total £m	29.419	(0.106)	(1.988)	27.325	(8.919)	18.406

The pay position at month 9 is a deficit of £18.406m made up of a net COVID 19 expenditure of £27.325m and an operational underspend of £8.919m.

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £10.317m have been incurred and for ancillary staff and

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in Capital and Estates where additional costs of £3.243m 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 £0.813m primarily as a result of nursing costs. 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 @ December 2020

Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Drugs / Prescribing	0.214	0.005	(0.091)	0.128	0.850	0.978
Clinical services & supplies	0.282	0.006	(0.557)	(0.269)	0.427	0.158
General supplies & services	1.978	0.002	(0.018)	1.962	0.122	2.084
Establishment expenses	0.024	0.002	0.000	0.026	(0.049)	(0.023)
Premises & fixed plant	2.484	0.010	0.000	2.494	0.304	2.798
Continuing healthcare	0.654	0.000	0.000	0.654	(0.009)	0.645
Commissioned Services	0.064	0.000	(0.138)	(0.075)	(0.083)	(0.158)
Primary Care Contractors	0.277	0.000	(0.229)	0.048	(0.397)	(0.349)
Other non pay	1.531	1.905	0.000	3.436	(0.199)	3.237
Total £m	7.507	1.931	(1.033)	8.405	0.966	9.370
Cumulative						
Drugs / Prescribing	3.246	(0.565)	(2.407)	0.273	2.715	2.989
Clinical services & supplies	4.935	(0.219)	(8.594)	(3.878)	1.455	(2.423)
General supplies & services	8.461	0.032	(0.259)	8.234	0.917	9.151
Establishment expenses	0.469	(0.087)	0.000	0.382	(0.983)	(0.601)
Premises & fixed plant	52.031	(0.074)	0.000	51.958	2.667	54.624
Continuing healthcare	2.255	(1.773)	(0.010)	0.472	0.612	1.084
Commissioned Services	0.377	(0.010)	(2.206)	(1.839)	(0.647)	(2.486)
Primary Care Contractors	1.158	(0.291)	(2.784)	(1.917)	(1.197)	(3.114)
Other non pay	5.676	17.339	(0.120)	22.895	3.213	26.108
Total £m	78.608	14.352	(16.379)	76.581	8.754	85.336

The largest deficit is in non pay budgets. The month 9 position is a deficit of £85.336m comprising net COVID 19 expenditure of £76.581m and an operational overspend of £8.754m.

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

- £8.234m overspend on general supplies and services primarily relating to PPE. £1.289m of the in month overspend relates decommissioning costs at the Dragons Heart Hospital.
- £51.958m overspend on Premises and Fixed Plant including £49.162m in relation to the

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Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning, waste management, IT to support distancing and overnight accommodation.

- £22.895m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £16.379m 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 £8.754m operational overspend against non pay were as follows:

- £2.715m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing and drug costs in specialist services. The majority of the in month operational overspend related to prescribing in primary care.
- £2.667m 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 £1.108m against vacant posts in Capital Estates.
- £3.213m 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 £162.935m. This is offset by confirmed additional COVID 19 funding of £162.935m as summarised in table 9.

Table 9: Summary of Forecast COVID 19 Net Expenditure

	Cumulative Month 9 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	115.373	166.328
COVID 19 Non Delivery of Savings Plans	14.316	19.799
COVID 19 Reductions in Planned Expenditure	(16.923)	(20.203)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.451)	(2.989)
Net Expenditure Due To COVID 19	111.315	162.935
Operational position (Surplus) / Deficit	(0.303)	0.000
Welsh Government COVID funding received / assumed	(111.315)	(162.935)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000

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 of additional COVID costs now includes an estimate of the cost of the additional

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annual leave accrual that is expected to arise in 2020/21 due to untaken annual leave during the pandemic. The UHB has assessed its 2020/21 annual leave provision to be £9.713m. This equates to an average of 4 annual leave days and is an increase of £8.798m on 2019/20 (£0.915m provided). Welsh Government will be providing funding to cover the increase in the UHB's accrual for untaken annual leave. The UHB has forecast the likely accrual based upon the best current information available and the current expectation from Welsh Government is that they will fund the UHB this forecast and that the UHB will need to manage the variance of the final actual accrual compared to forecast which could lead to a funding surplus or deficit. The UHB has therefore included costs and anticipated income of £8.798m in its forecast of additional COVID expenditure.

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 £166.935m as outlined in table 10 below:

Table 10: Welsh Government COVID Funding supporting the forecast year end position as at 31st December 2020

Welsh Government COVID & Urgent & Emergency Funding	£m
Dragons Heart	(57.042)
Allocation share 13.5% of £371.4m	(50.100)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(7.300)
PPE	(7.965)
UHB TTP	(2.882)
NHS and jointly commissioned packages of care	(3.024)
Independent sector provision (Spire)	(2.237)
Flu vaccine extension	(0.805)
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	(5.155)
Urgent & Emergency Care Funding	(3.731)
Additional Pharmacy Allocation	(0.700)
Additional Annual Leave Accrual	(8.798)
Total funding received / assumed	(162.935)

The key financial planning assumptions are:

Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £59.442m with a further £2.698m capital costs. The revenue cost of £59.442m represents set-up, decommissioning and consequential losses costs of £57.042m and running costs of £2.400m. 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

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overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £2.234m are included in the 2020/21 forecast. These costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 10th November 2020. The forecast also includes £8.339m 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 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 (166 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 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 three 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 £20.203m over the year. This included activity steadily increasing throughout quarter 3 aligned to the COVID "central" scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels. The quarter 4 position is constantly being reviewed given the impact of the 2nd COVID wave. Whilst some non essential and urgent work has been curtailed since Christmas, it is assumed that this will increase in February in line with the Q3 /

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Q4 plan.

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 £10.304m. This includes Local Authority costs of £7.442m and Health Board TTP costs totalling £2.882m. The full costs of Health Board TTP are assumed to be funded with maximum funding of £7.300m available against Local Authority TTP costs

The cost reported for TTP now includes a forecast of £1.328m 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 £0.805m and is assumed to be funded.

COVID Vaccination Programme

The forecast of costs outlined **include** the cost of a mass COVID vaccination programme which are assessed at £0.841m for the year to date and £5.155m in total to the end of March. These costs are matched by an equivalent additional income assumption.

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 9 forecast costs are assessed to be £7.965m.

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.

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- £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

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 9 by Clinical Board is shown in Table 11.

Table 11: Financial Performance for the period ended 31st December 2020

Clinical Board	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions in Planned Expenditure £m	COVID 19 Net Expenditure £m	Welsh Government COVID 19 Funding Received £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
In Month							
All Wales Genomics Service	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Capital Estates & Facilities	0.329	0.114	(0.018)	0.425	0.000	(0.021)	0.404
Children & Women	0.331	0.188	0.000	0.519	0.000	0.356	0.876
Clinical Diagnostics & Therapies	0.294	0.145	(0.036)	0.403	0.000	(0.121)	0.282
Surge Hospitals	3.225	0.000	0.000	3.225	0.000	0.000	3.225
Executives	0.211	0.096	0.000	0.307	0.000	(0.066)	0.241
Medicine	1.368	0.232	(0.009)	1.591	0.000	0.121	1.713
Mental Health	0.240	0.215	0.000	0.455	0.000	(0.037)	0.417
PCIC	2.570	0.419	(0.254)	2.735	0.000	0.063	2.798
Specialist	0.473	0.273	(0.251)	0.495	0.000	0.107	0.602
Surgery	0.573	0.263	(0.556)	0.280	0.000	0.184	0.464
SubTotal Delegated Position £m	9.614	1.945	(1.124)	10.435	0.000	0.587	11.022
Central Budgets	2.262	0.000	(0.138)	2.123	0.000	(0.429)	1.695
Total Variance pre COVID -19 Funding	11.876	1.945	(1.262)	12.559	0.000	0.158	12.717
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(12.559)	0.000	(12.559)
Total Variance £m	11.876	1.945	(1.262)	12.559	(12.559)	0.158	0.158
Cumulative							
All Wales Genomics Service	0.039	0.000	0.000	0.039	0.000	(0.121)	(0.081)
Capital Estates & Facilities	4.955	1.260	(0.149)	6.066	0.000	(0.047)	6.019
Children & Women	2.897	1.786	0.000	4.683	0.000	1.347	6.030
Clinical Diagnostics & Therapies	2.426	1.330	(0.834)	2.923	0.000	(0.068)	2.855
Surge Hospitals	53.413	0.000	0.000	53.413	0.000	0.001	53.414
Executives	3.154	0.861	0.000	4.015	0.000	(1.066)	2.949
Medicine	11.482	2.043	(0.249)	13.276	0.000	0.763	14.040
Mental Health	1.785	1.935	0.000	3.720	0.000	0.233	3.953
PCIC	14.851	3.761	(3.018)	15.594	0.000	(0.523)	15.071
Specialist	3.986	2.458	(3.222)	3.222	0.000	(0.477)	2.745
Surgery	4.687	2.499	(8.690)	(1.504)	0.000	(0.261)	(1.765)
SubTotal Delegated Position £m	103.675	17.934	(16.161)	105.445	0.000	(0.218)	105.228
Central Budgets	11.691	(3.615)	(2.206)	5.870	0.000	(0.085)	5.785
Total	115.366	14.319	(18.367)	111.315	0.000	(0.303)	111.013
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(111.315)	0.000	(111.315)
Total Variance £m	115.366	14.319	(18.367)	111.315	(111.315)	(0.303)	(0.303)

Delegated budgets are £105.228m overspent for the 9 months to the end of December 2020. £105.445m of this overspend relates to additional expenditure generated in response to COVID

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19. There is an operational surplus of £0.218m against delegated budgets and a 0.085m underspend against central budgets leaving a total operational underspend of £0.303m. Whilst the overall operational position is broadly balanced there are pressures in some areas. The largest operational overspends are in the Women & Children (£1.347m deficit) where there are pressures against medical and nursing staff and non pay, in the Medicine Clinical Board (£0.763m deficit) where the main pressure is against nursing and in the Mental Health Clinical Board where there are non pay pressures. The in month operational underspend against Central budgets is due to the recognition of slippage against central reserves. 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 marginally from £19.860m to £19.799m in month. At month 9 the UHB has identified green and amber savings schemes totalling £9.201m to deliver against the £29.000m savings target as summarised in Table 12.

Table 12: Progress against the 2020/21 Savings Programme at Month 9

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	9.201	(19.799)

Further analysis of the December 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 the underlying deficit 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 as shown in Table 13.

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Table 13: Summary of Underlying Financial Position

	Submitted IMTP £m	Forecast Position @Month 9	
		Non Recurrent £m	Recurrent Position £m
b/f underlying deficit	(11.5)	0.000	(11.500)
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
<u>In Year Movements</u>			
Non Delivery of Planned Savings (due to COVID- 19)	(19.8)	1.5	(21.3)
Revenue cost DHH	(59.4)	(59.4)	
Operational Expenditure Cost Increase Due To Covid-19	(106.9)	(106.9)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	20.2	20.2	
Slippage on Planned Investments Due To Covid-19	3.0	3.0	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assumption	162.9	162.9	
Revised Forecast Surplus/(Deficit) 2020/21	(0.0)	25.3	(25.3)

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 or manage the risks 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 9 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 level of capital investment during 2020/21 in particular in relation to COVID 19 schemes.

Overall trade debtors have increased by £35.6m 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

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The closing cash balance at the end of December was £3.561m. 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 was 96.3% at the end of December and continues to meet the 95% performance target.

Capital Resource Limit (CRL)

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

Table 12: Progress against Capital Resource Limit @ December 2020

	£m
Planned Capital Expenditure at month 9	69.934
Actual net expenditure against CRL at month	67.100
Variance against planned Capital Expenditure at month	2.835

Capital progress for the year to date is satisfactory with net expenditure to the end of December being 78% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £85.594m as at the 6th January 2021 comprising of £15.015m discretionary funding and £70.579m 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 £1.7m 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 9, 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 Local Partnership Forum is asked to:

- **NOTE** the month 9 financial impact of COVID 19 which is assessed at £111.315m;
- **NOTE** the additional Welsh Government COVID 19 funding of £111.315m assumed within the month 9 position.
- **NOTE** the month 9 reported financial position being an operational surplus of £0.303m;
- **NOTE** the forecast break even position which assumes additional Welsh Government

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funding of £162.935m 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.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

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

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2020/21 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	740	15	754	0	3,327
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	1,127	4	1,131	0	1,766
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	443	139	582	1,622	1,707
Corporate Executives	1,209	61	0	61	102	1,148
SubTotal Clinical Boards	29,000	4,844	166	5,010	1,734	23,990
Health Board Wide Schemes		4,191	0	4,191	13,900	(4,191)
Total	29,000	9,035	166	9,201	15,634	19,799

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	577	62	639	0	2,879
Specialist Services	3,088	105	0	105	0	2,983
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	1,072	6	1,078	0	1,420
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
SubTotal Clinical Boards	25,000	3,436	234	3,669	33	21,331
Health Board Wide Schemes:					13,900	
Total	25,000	3,436	234	3,669	13,933	21,331

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Appendix 2

Balance Sheet as at 31st December 2020

	Opening Balance 1 st April 2020	Closing Balance 31 st December 2020
Non-Current Assets	£'000	£'000
Property, plant and equipment	687,650	744,264
Intangible assets	2,133	2,559
Trade and other receivables	17,779	12,264
Other financial assets		
Non-Current Assets sub total	707,562	759,087
Current Assets		
Inventories	16,784	17,138
Trade and other receivables	161,605	202,745
Other financial assets	0	
Cash and cash equivalents	1,410	3,561
Non-current assets classified as held for sale		
Current Assets sub total	179,799	223,444
TOTAL ASSETS	887,361	982,531
Current Liabilities		
Trade and other payables	182,792	162,728
Other financial liabilities	0	
Provisions	113,580	129,325
Current Liabilities sub total	296,372	292,053
NET ASSETS LESS CURRENT LIABILITIES	590,989	690,478
Non-Current Liabilities		
Trade and other payables	8,489	8,003
Other financial liabilities	0	
Provisions	19,327	9,223
Non-Current Liabilities sub total £'000s	27,816	17,226
TOTAL ASSETS EMPLOYED £'000s	563,173	673,252
FINANCED BY:		
Taxpayers' Equity		
General Fund	450,666	548,284
Revaluation Reserve	112,507	124,968
Total Taxpayers' Equity £'000s	563,173	673,252

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APPENDIX 3

CASHFLOW FORECAST AT THE END OF DECEMBER 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	134,620	99,200	101,500	83,800	77,520	92,495	97,405	65,890	108,805	76,630	97,705	78,683	1,114,253
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,060	760	1,220	1,235	5,804	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	2,687	1,716	1,263	4,361	24,344
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	8,000	4,394	85,594
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	54,977	42,385	41,144	48,736	565,822
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	6,656	13,888	4,920	3,357	16,208	5,547	9,160	96,711
TOTAL RECEIPTS	217,150	154,963	162,229	159,039	124,498	151,988	175,131	131,329	179,586	144,160	154,893	151,137	1,906,103
PAYMENTS													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,887	4,890	4,546	9,542	4,535	4,538	7,504	70,258
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	90	81	322	650	240	240	2,380
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,661	14,557	3	14,829	1,340	7,575	7,575	98,871
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,350	2,115	1,852	2,051	2,070	2,070	24,849
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,558	1,829	1,801	1,659	1,865	1,865	22,189
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	53,575	55,466	56,380	55,004	55,177	56,015	55,698	663,488
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	55,082	59,734	53,059	59,437	65,047	60,683	61,186	750,171
Capital Payment	9,740	6,975	6,191	2,331	2,513	3,984	10,078	16,451	11,779	5,500	5,300	4,752	85,594
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	15,749	22,443	5,055	26,220	7,121	14,135	16,848	189,201
TOTAL PAYMENTS	211,756	158,821	161,123	158,969	124,513	147,110	171,165	139,518	180,787	143,080	152,421	157,738	1,907,001
Net cash inflow/outflow	5,394	(3,858)	1,106	70	(15)	4,878	3,966	(8,189)	(1,201)	1,079	2,473	(6,601)	
Balance b/f	1,410	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,561	4,640	7,113	
Balance c/f	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,561	4,640	7,113	512	

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Appendix 4

PROGRESS AGAINST CRL AS AT 31st DECEMBER 2020

Approved CRL issued January 6th 2021 £'000s			85,594			
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Reprovision of Rookwood Hospital	4,148	3,680	(469)	3,512	4,891	1,379
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	3,026	2,622	(404)	3,734	3,734	0
Well Being Hub - Maelfa	269	269	0	245	269	24
Well Being Hub - Penarth	34	31	(3)	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	1,910	1,913	3	2,633	2,633	0
Major Trauma Centre	402	362	(40)	605	605	0
CRI Links	3,479	3,690	211	4,805	4,805	0
Eye Care - e-referral system	0	876	876	2,402	2,402	0
Covid 19 - 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	1,030	(41)	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	742	341	(401)	742	742	0
Covid 19 oxygen infrastructure works at uhw	371	370	(1)	350	371	21
Covid 19-HCID Development uhw	6,250	5,761	(489)	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)	870	769	(101)	1,027	1,027	0
COVID 19 - Funding requirements for 2020-21 (Tranche 2 – July 2020)	3,916	3,831	(85)	3,916	3,916	0
COVID 19 - Additional surge capacity at UHW	29,427	29,395	(32)	33,230	33,230	0
COVID 19 - Green Zones	2,515	1,578	(937)	1,703	2,515	812
COVID 19 - Funding requirements for 2020-21 (Tranche 4)	788	788	0	788	788	0
COVID 19 - Funding requirements for 2020-21 (Tranche 5)	1,307	1,307	0	1,307	1,307	0
Sub Total	62,376	60,158	(2,217)	71,046	73,289	2,243
Discretionary:						
I.T.	268	118	(150)	1,250	600	(650)
Equipment	1,180	1,180	0	2,467	1,180	(1,287)
Statutory Compliance	880	640	(240)	2,800	2,800	0
Estates	5,231	5,003	(228)	8,498	7,914	(584)
Sub Total	7,559	6,941	(618)	15,015	12,494	(2,521)
Other schemes:						
Mass Vaccination Programme	0	0	0	0	278	278
Sub Total	0	0	0	0	278	278
Donations:						
Charitable Funds Equipment	0	0	0	467	467	0
Sub Total	0	0	0	467	467	0
Asset Disposals:						
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	0	0	0	0	0	0
CHARGE AGAINST CRL	69,934	67,100	(2,835)	85,594	85,594	0
PERFORMANCE AGAINST CRL (Under)/Over £'000s		(18,494)			0	

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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



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WALES**

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

DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 9

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	46469	0		46469	0
Running costs - pay	442	0		442	0
Running costs - non pay	12531	0		12531	0
Total estimated costs	62140	0		62140	0

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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									36	36	
Medical and Dental - agency / locum													0		
Nursing - establishment	12	65	34						1				112	112	
Nursing - bank													0		
Nursing - agency													0		
Prof Scientific and Technical - establishment	1	5	13										19	19	
Prof Scientific and Technical - agency													0		
AHP - establishment	7	22	16	4					-1				48	48	
AHP - agency													0		
Healthcare Scientists - establishment	2	18											20	20	
Healthcare Scientists - agency													0		
Estates / Ancillary staff - establishment		56	27	-10					1				74	74	
Estates / Ancillary staff - agency				133									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		
Total running costs - pay (additional costs only)	32	188	88	133	0	0	0	0	1	0	0	0	442	442	0

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	-8				59	60	
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 (Including Reinstatement)					908	-235	169	910	2528	3059	1000		8339	8339	
Consequential Losses			204	-126	64	217	348	-15	102	1340	100		2234	2234	
Other costs (specify below)															
Mitig - 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		
Total running costs - non pay	544	451	1337	-250	979	-18	528	839	2622	4399	1100	0	12531	12532	0

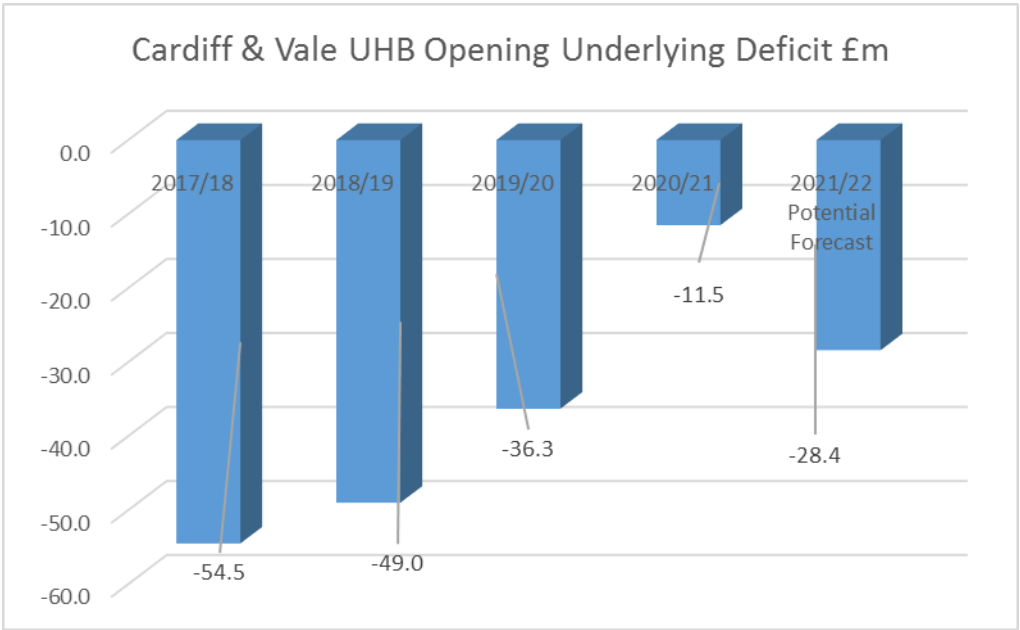
Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Setup Costs	34987	8992	-3802	603	3608	-61	2272	1426	556	483	103	0	49167	49167	0
Total Running Costs	576	639	1425	-117	979	-18	528	839	2623	4399	1100	0	12973	12974	0
Total Costs	35563	9631	-2377	486	4587	-79	2800	2265	3179	4882	1203	0	62140	62141	0

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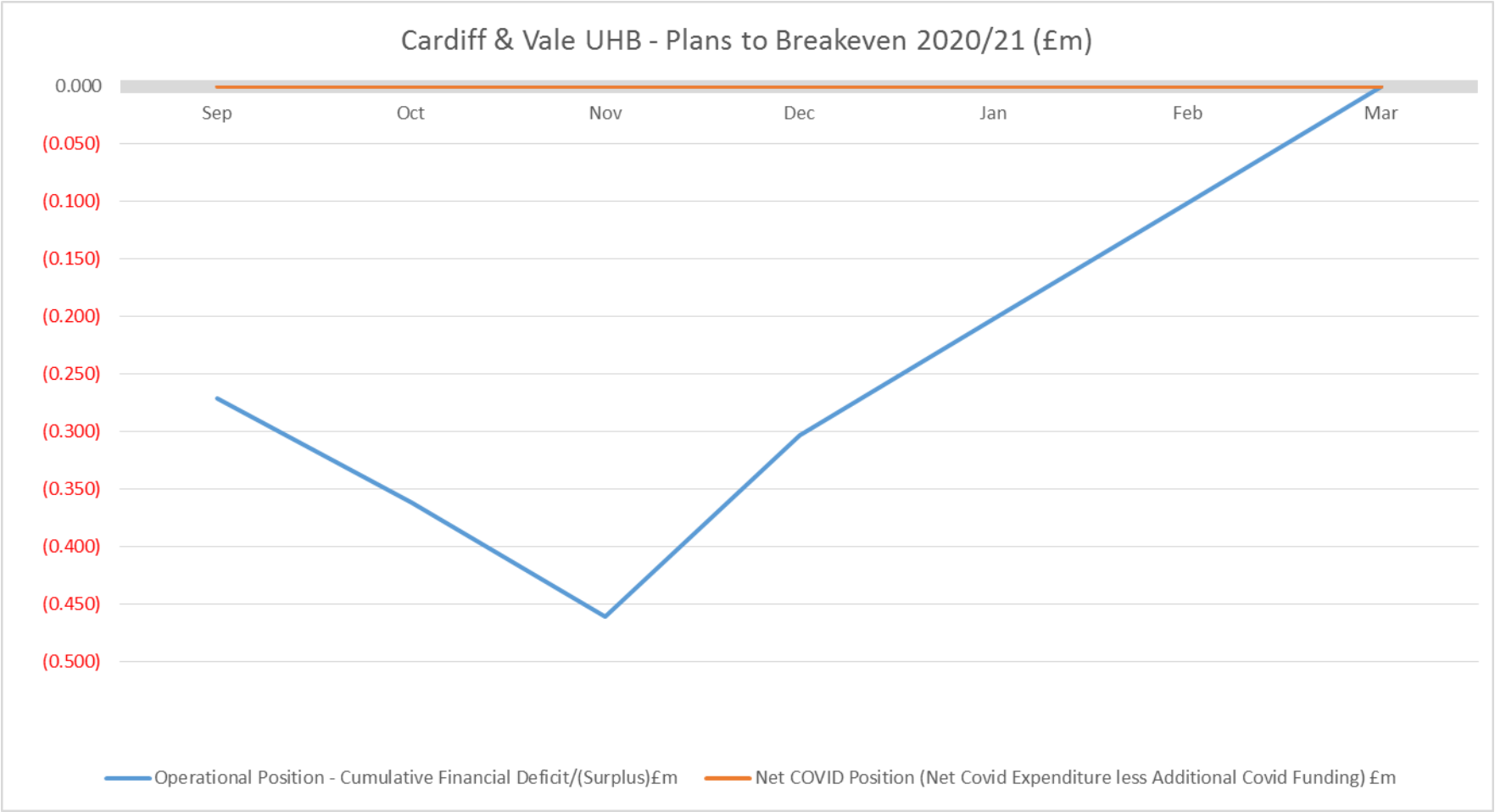
POTENTIAL UNDERLYING DEFICIT

	£m
Assessed underlying deficit at month 8	(25.3)
New/potential recurrent commitments	
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
Potential Closing underlying deficit position £m	(28.4)

Year on Year Movement in Cardiff & Vale UHB Underlying Deficit

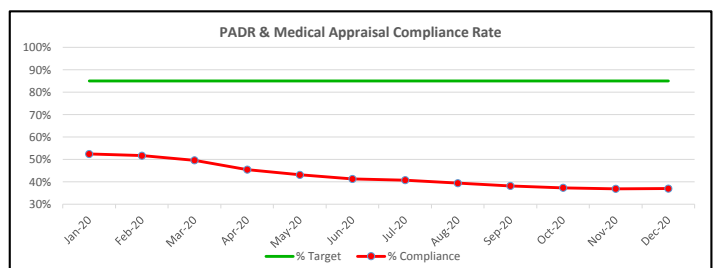
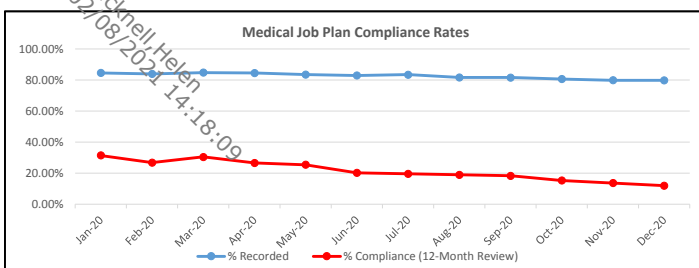
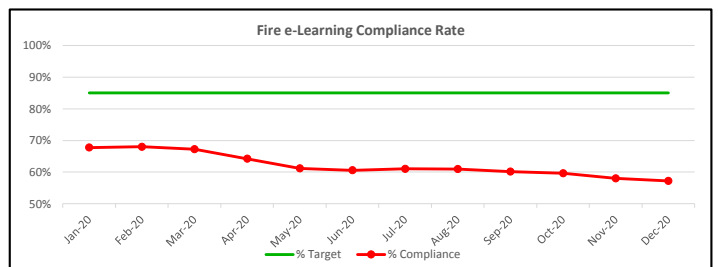
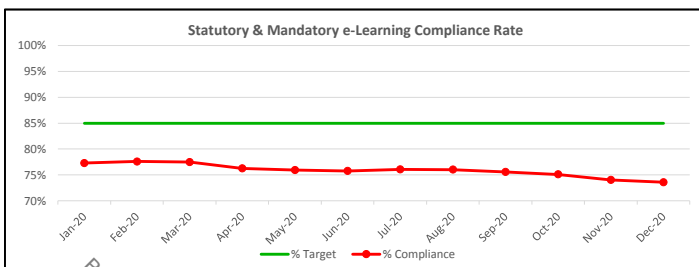
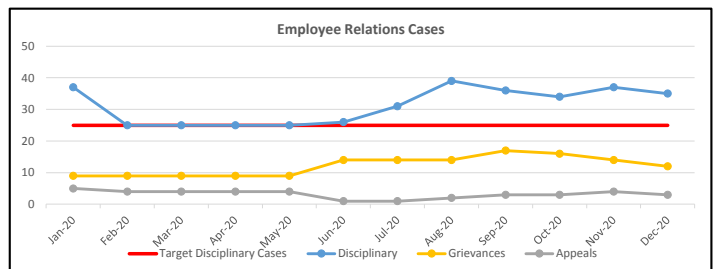
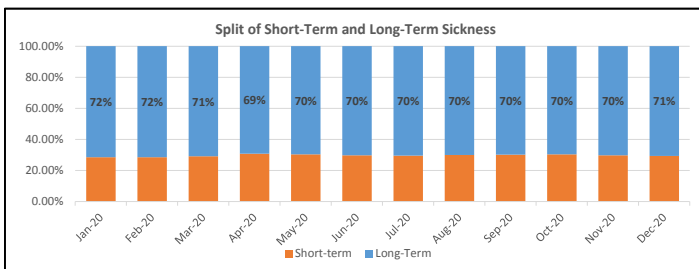
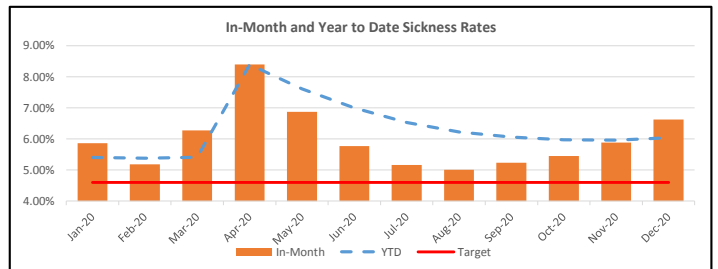
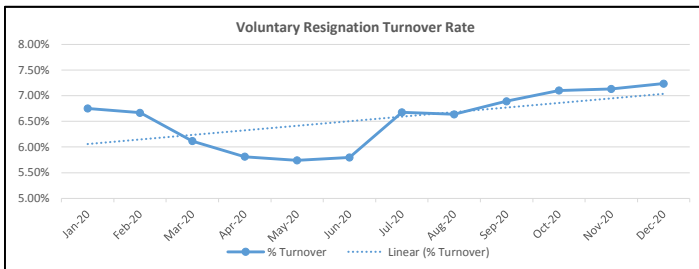
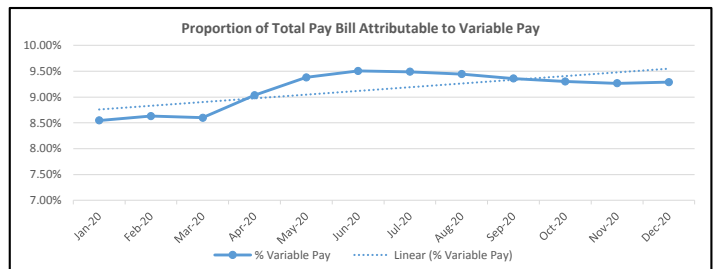
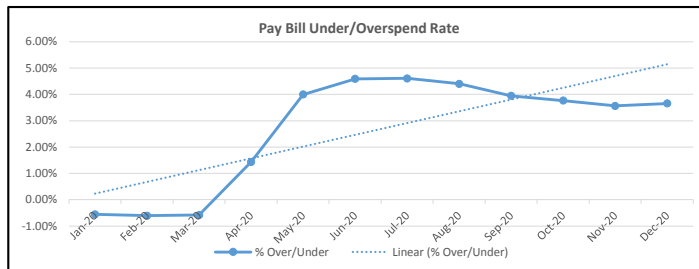
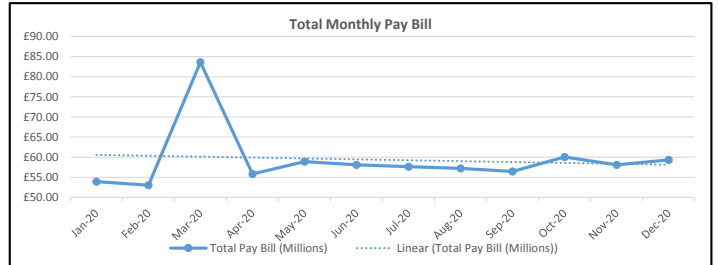
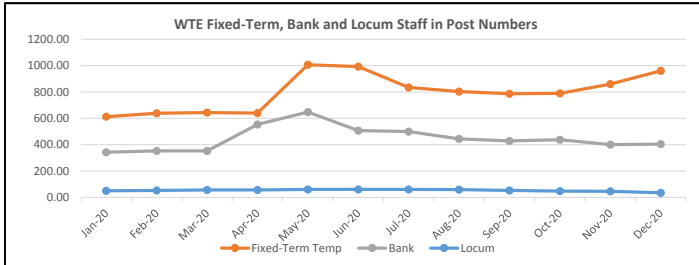
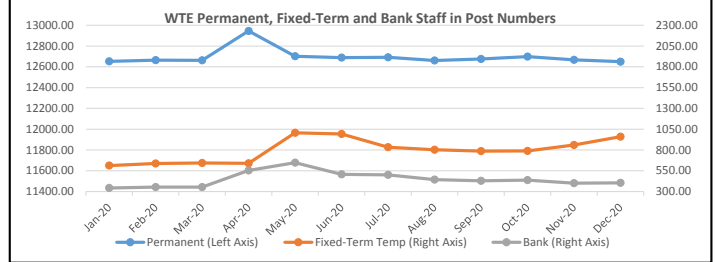
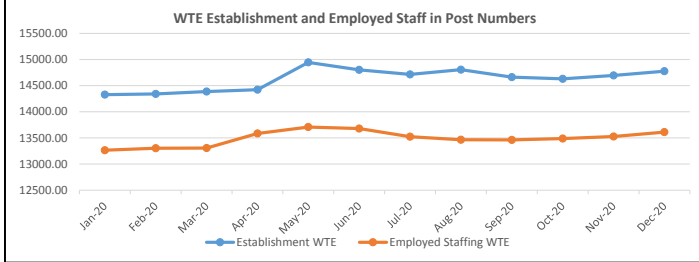


Cardiff & Vale UHB – Plans to Break Even

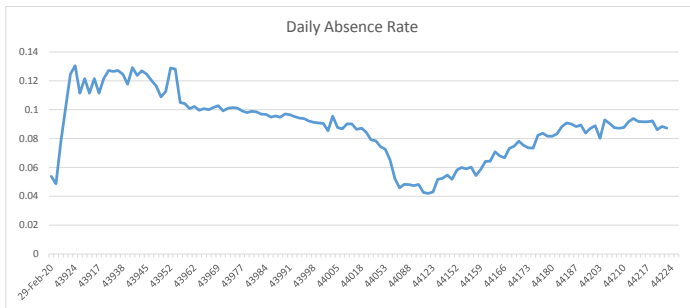


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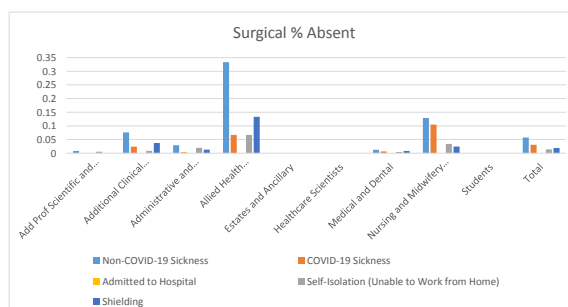
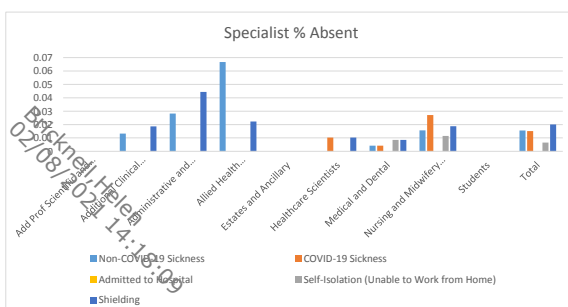
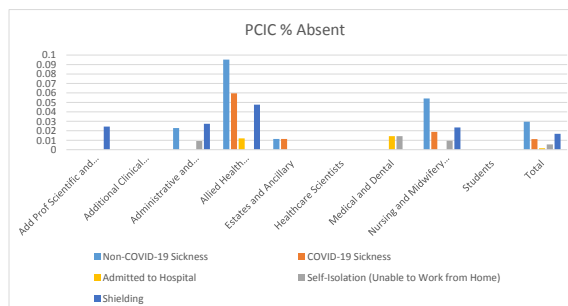
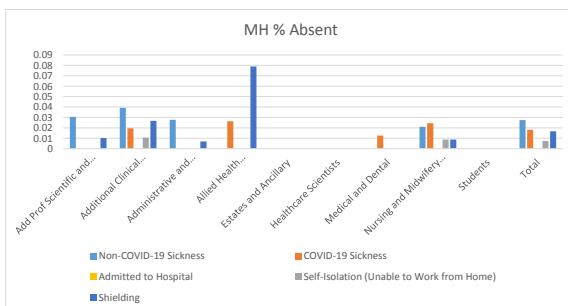
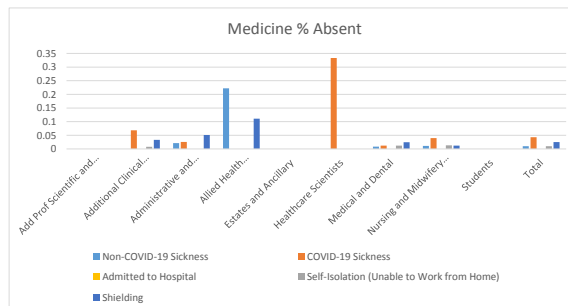
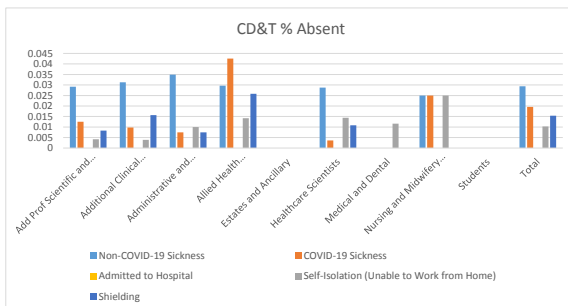
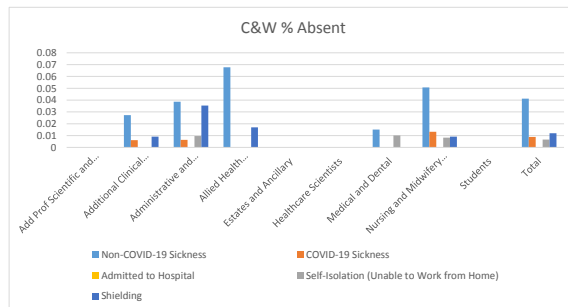
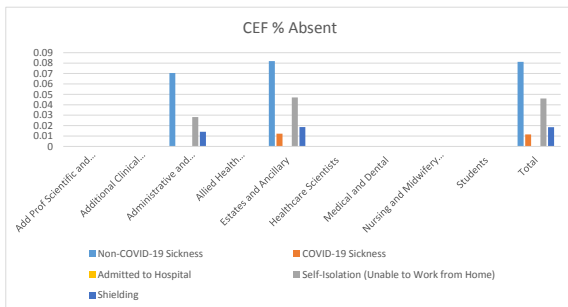
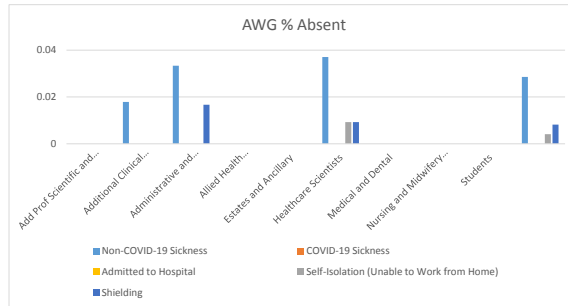
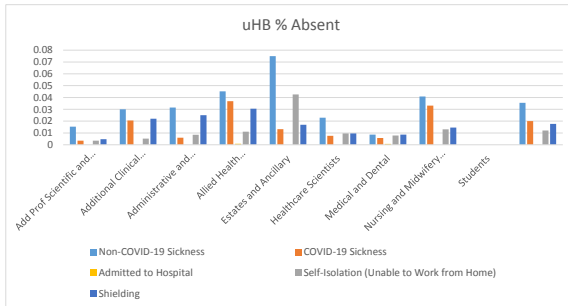
Workforce Key Performance Indicators Trends December 2020



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Note:
Absence data is not being returned by Adult Mental Health in respect of non-COVID-19 sickness, which is affecting the overall absence rates being plotted on the timeline chart to the left. The latest available data from ESR (31-Oct-20) indicates that there were 36 staff in Adult Mental Health absent from work through sickness not attributed to COVID-19.



Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT					
Meeting:	Local Partnership Forum			Meeting Date:	10 February 2021	
Status:	For Discussion	For Assurance	For Approval		For Information	
Lead Executive:	Executive Nurse Director Executive Medical Director					
Report Author	Assistant Director, Patient Safety and Quality		02921836331		Assistant Director, Patient Experience	
					02921836230	

Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from November to December 2020.

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

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

As discussed previously the UHB continues to see young people under the age of 18 being admitted to adult wards at Hafan Y Coed, in the absence of suitable tertiary Mental Health placements. The UHB continues to work with partners in Local Authority and with WHSSC to find effective solutions on a case by case basis as well as a long term solution to the issue.

The UHB continues to investigate and review any Covid 19 outbreaks through the daily operational infection, prevention and control meetings and outbreak procedures in place for each affected area.

The Concerns 7 day service has continued and the current complaints 30 working day response time is 82%

There have been two never events reported in Surgery Clinical Board during this time period – both are currently under investigation. There has been a total of 6 never events since May 2020.

Based on our usual annual numbers this is higher than normal. Two relate to wrong tooth extraction and two are in Trauma and Orthopaedic theatre settings. The remaining two relate to a retained instrument in an obstetric setting and a wrong route drug administration error. A detailed thematic review of Never events will be presented to the April 2021 Quality, Safety and Experience Committee.

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

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT November – December 2020

Serious Patient Safety Indicators (SIs reportable to Welsh Government)

How are we doing?

During November and December 2020, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	• 1	• An incorrect intravenous fluid was administered to a woman in labour. The error was noticed promptly and interventions were implemented to ensure the well-being of the woman and her baby.
Executive Nurse	• 2	• Two incidents were reported where the Procedural Response to Unexpected Death in Childhood (PRUDiC) has been initiated.
Medicine	• 4 • 1	• Four patients suffered injurious falls. The patients all sustained fractured neck of femurs. The incidents occurred on different wards. • A medical ward at UHL experienced an outbreak of COVID-19 which required reporting as a Serious Incident in line with requirements at the time. Reporting processes have since changed.
Mental Health	• 4 • 1 • 5	• Four incidents of young people under the age of 18 years being admitted to Adult Mental Health Services in Hafan Y Coed were reported. • A patient sustained an injurious fall in the community setting. It is not currently clear if the fall was deliberate or accidental. The Coroner is undertaking an investigation.

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	<ul style="list-style-type: none"> • 6 • 1 	<ul style="list-style-type: none"> • A number of patients who were known to Adult Mental Health services have died unexpectedly. The circumstances of the deaths are individually being investigated by the Coroner. • A number of patients who were known to Addictions services have died unexpectedly. The circumstances of the deaths are individually being investigated by the Coroner. • A patient known to Mental Health Services was arrested by police following a serious assault on a family member.
Primary Community & Intermediate Care	<ul style="list-style-type: none"> • 2 • 1 • 1 	<ul style="list-style-type: none"> • Two patients under the care of community nurses sustained pressure damage to their sacrum which was deemed to be avoidable. • A patient with physical ill health problems was found collapsed in his prison cell and resuscitation was unsuccessful. The circumstances are being investigated by the Coroner. • Concern has been expressed regarding the management of a patient who required urinary catheterisation in his home.
Specialist	<ul style="list-style-type: none"> • 1 	<ul style="list-style-type: none"> • A nephrology ward at UHW experienced an outbreak of COVID-19 which required reporting as a Serious Incident in line with requirements at the time.
Surgery	<ul style="list-style-type: none"> • 1 • 2 • 1 • 1 • 1 	<ul style="list-style-type: none"> • A surgical ward at UHW experienced an outbreak of COVID-19 which required reporting as a Serious Incident in line with requirements at the time. • Two patients suffered injurious falls. The patients both sustained fractured neck of femurs. The incidents occurred on different wards. • A patient sustained pressure damage to their sacrum which was deemed to be avoidable. • A patient underwent surgery to repair a hip fracture. A retained swab was identified on a routine post-operative x-ray. This is being managed as a Never Event. • A patient required surgery for a complex fracture of her radius and ulna. An initial incision was made in line with site marking but it was promptly noted that this was the incorrect approach. Corrective action was taken. This is being managed as a Never Event.
TOTAL	36	

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No Surprises		
Clinical Board	Number	Description
Mental Health	1	A BBC program was aired following the inquest of a former patient whose death had been subject to a Coroner's inquest in January 2020. A Regulation 28 report was issued to South Wales Police and the College of Policing and this was discussed in the program.
TOTAL	1	

How do we compare to our peers?

Welsh Government (WG) wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic. They reinstated usual SI reporting requirements in August 2020 and SI reporting rates returned to pre-pandemic levels.

WG has subsequently written to organisations in January 2021 to revise requirements in view of the current Coronavirus situation. From an incidents perspective, they have asked that the following be reported as SIs:

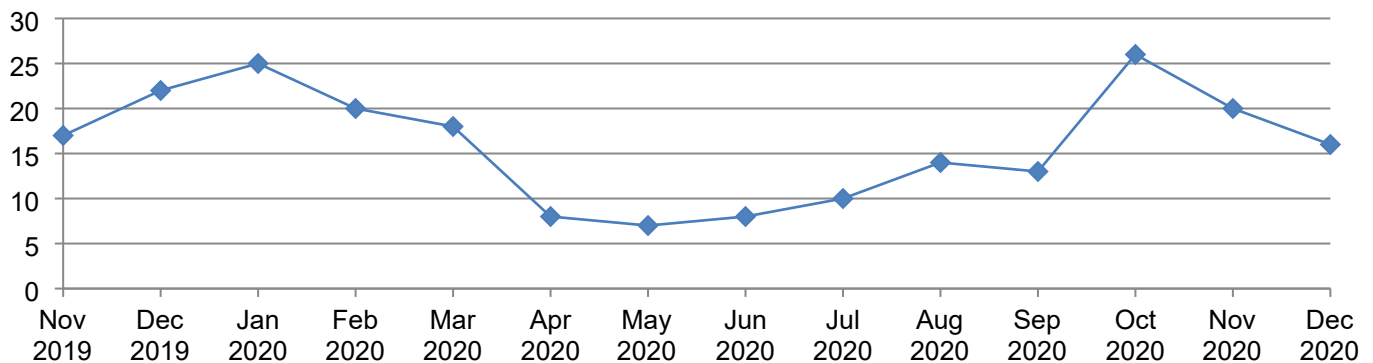
- All Never Events
- Inpatient suicides
- Maternal deaths
- Neonatal deaths
- Homicides
- Incidents of high impact / likely to happen again including child related deaths (for local decision)
- Covid-19 nosocomial transmission. The UHB is seeking clarity regarding this aspect in view of previous information setting out reporting arrangements for Covid-19 issues via a daily report to WG.

They have promoted proportionate investigation with a focus on implementing actions to ensure immediate safety and sharing of the learning identified.

The following graph depicts the number of SIs reported to WG by month between November 2019 and December 2020.

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SI's reported to WG between November 2019 and December 2020



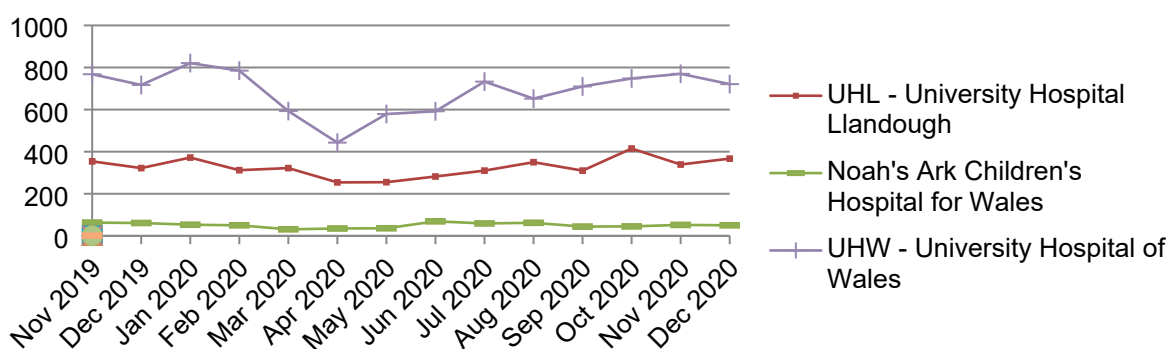
The top three reported categories of Serious Incidents reported overall during this timeframe include:

- Behaviour (including suicide, serious self-harm, absconsion)
- Patient accidents/falls
- Therapeutic processes/procedures (the Never Events reported in this timeframe were reported under this category)

These incidents are all reported to Board meetings and are subject to internal investigation by the Clinical Boards and Her Majesty's Coroner where appropriate.

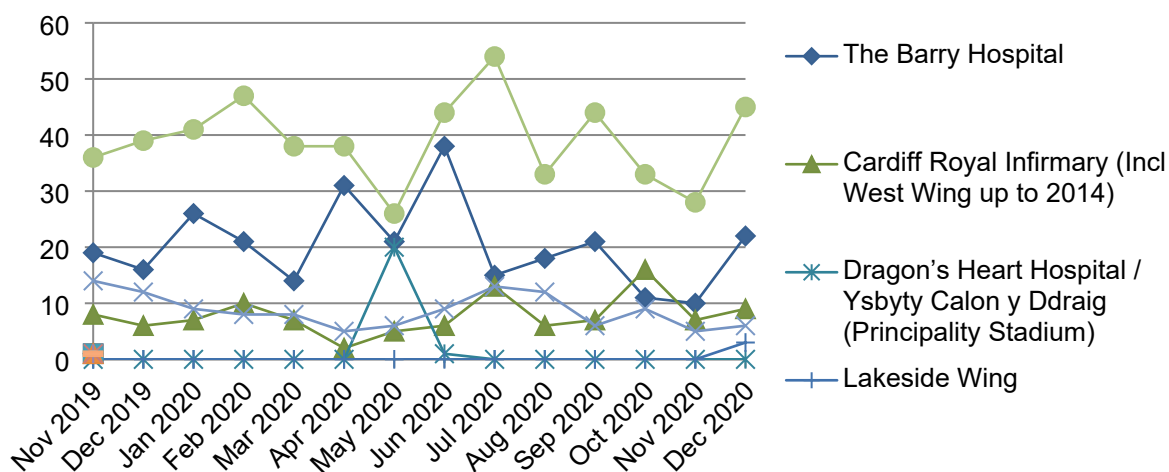
With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. However, the profile of incidents being reported and the reporting areas has been largely unchanged and it is believed that reduced clinical activity contributed to the situation. Review of current data suggests that reporting rates are returning to pre-pandemic levels.

Patient safety incidents with incident date November 2019 to December 2020 by main site



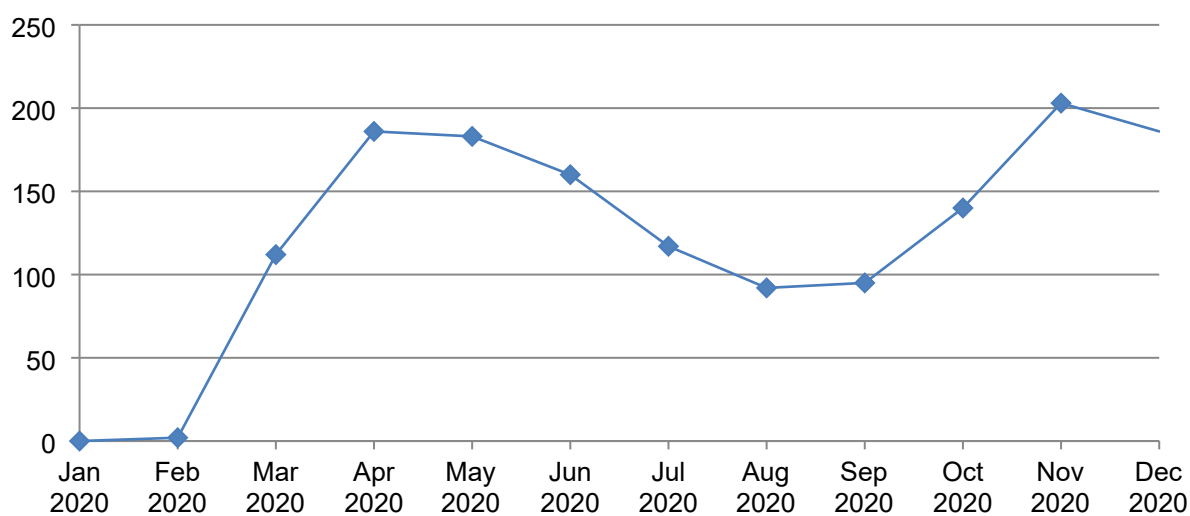
Review of patient safety incident reporting at other sites demonstrates fluctuating reporting rates at The Barry Hospital and St David's Hospital. There are low levels of reporting at the other sites for patient safety incidents. The incidents that are reported are largely patient accidents/falls (60% of the incidents). Greater than 90% of these incidents resulted in low harm to patients.

Patient safety incidents with incident date November 2019 to December 2020 by other sites



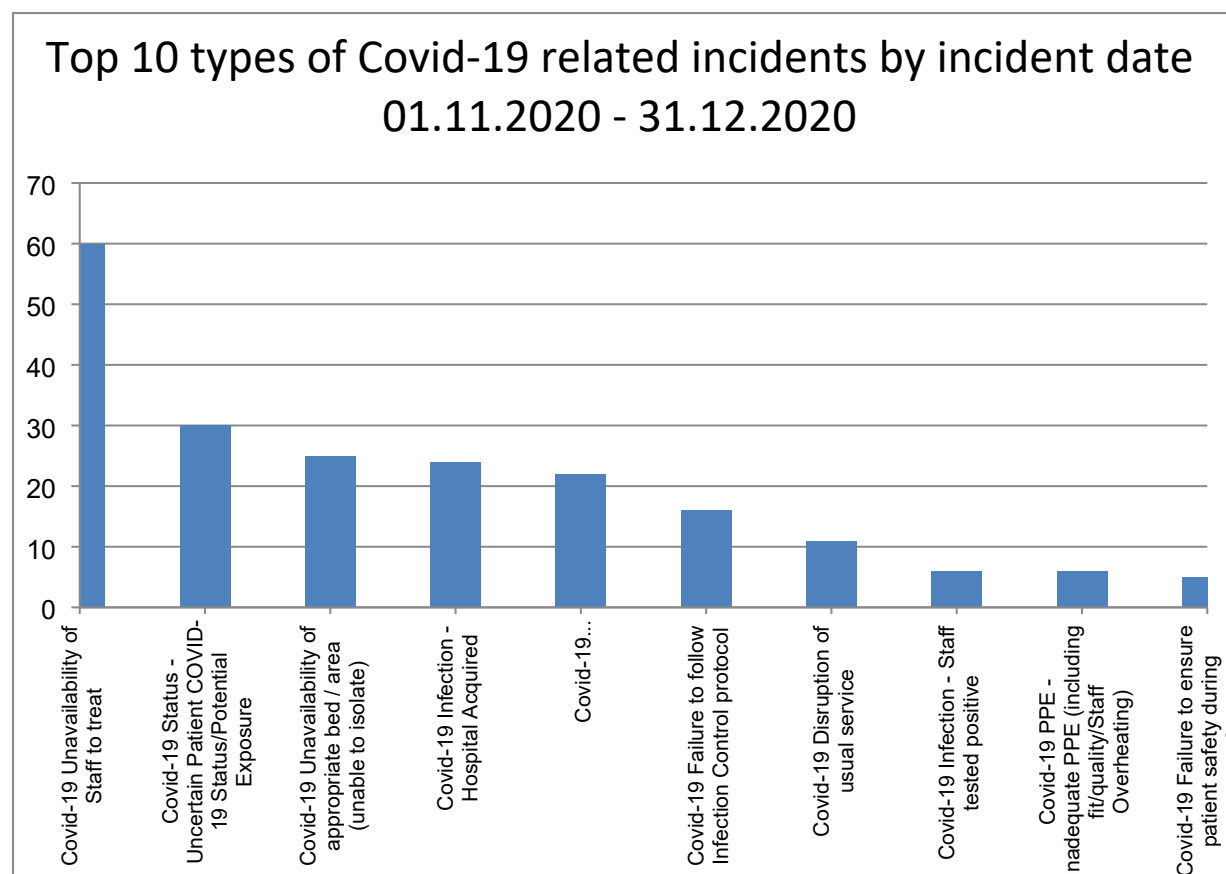
The UHB has been capturing incident forms where staff are raising issues in relation to Covid-19. It is evident that the volume of incidents began to steadily increase during the autumn months.

Covid-19 related incidents up to incident date 31/12/2020



The following graph demonstrates the top 10 categories of Covid related incidents between November and December 2020.

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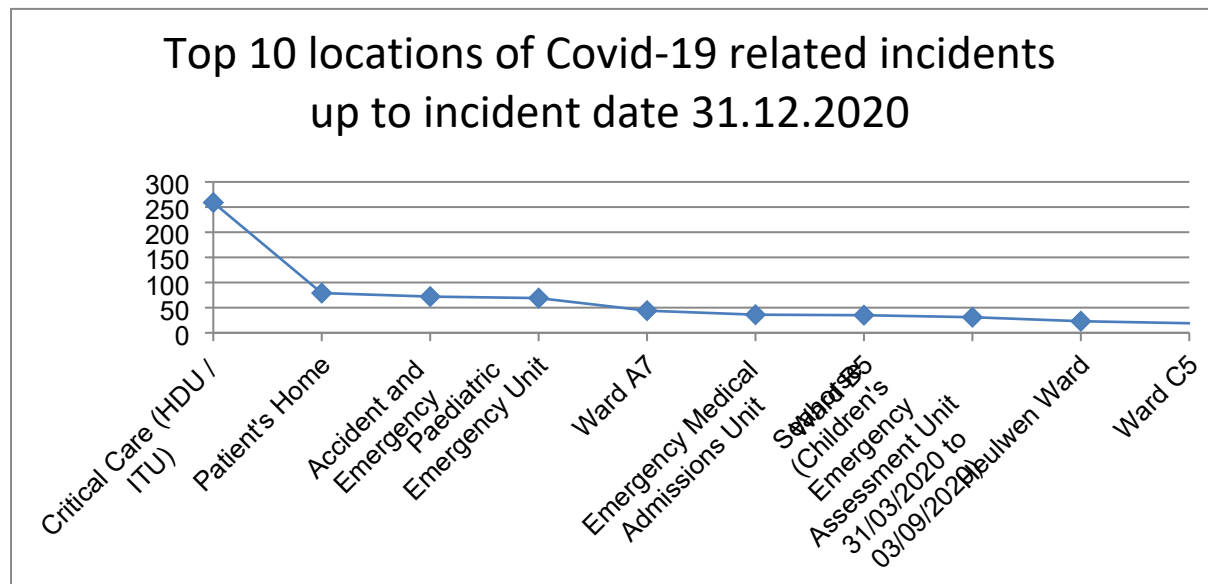
The highest volume of incidents continues to be in the 'Unavailability of staff to treat' category. The majority of the incidents are reported by staff in the Paediatric Emergency Department. They predominantly raise shortages in nursing staff. An establishment review is underway but staffing challenges are recorded across the UHB at the current time.

There are ongoing issues leading to 'Uncertain patient Covid-19 status / Potential exposure' incidents. These tend to include issues such as patients being transferred between clinical areas prior to results of Covid swabs being available. It is imperative that the advice of the Infection Prevention and Control Department is adhered to whilst managing the operational pressures that the UHB faces. Such operational plans are discussed at Covid Outbreak meetings to ensure appropriate measures are in place. The same considerations apply on review of the incidents in the 'Unavailability of appropriate beds' category.

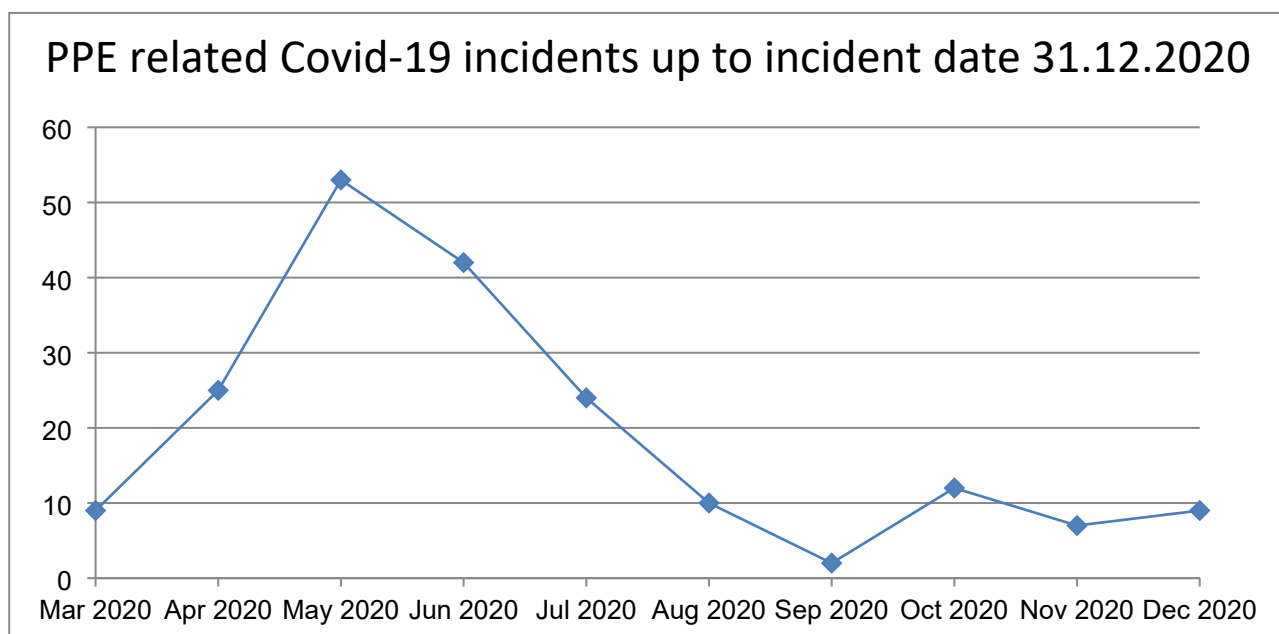
In terms of the 'hospital acquired Covid infection' category, it is being impressed upon clinical teams that it is crucial that they report outbreak incidents where there is evidence of patients and/or staff with healthcare acquired Covid. This facilitates monitoring of investigation requirements. Further consideration of next steps on conclusion of investigations is necessary to ensure compliance with Putting Things Right.

The Patient Safety Team continues to actively contribute to an all Wales working group that has been developing and revising investigation tools and supporting protocols for this process.

The overwhelming majority of Covid-related incidents up to 31.12.2020 were reported by the Critical Care Directorate. Approximately half of these incidents reported concerns in relation to PPE, with staffing concerns also expressed. The other clinical areas most frequently reporting Covid-related incidents are set out in the graph below.



In terms of PPE related incidents, the following graph demonstrates continued low volumes of incidents reported despite the current pandemic situation.



The Patient Safety Team is working in conjunction with Dr Andrew Carson-Stevens and colleagues from Cardiff University to undertake further analysis of the reported patient safety incidents relating to Covid-19. This builds on the foundations of a productive and valuable working relationship developed during a recent Health Foundation funded

research project. This saw the UHB collaborate with Cardiff University and the London School of Hygiene and Tropical Medicine for the Advancing Applied Analytics program.

Regulation 28 Reports

The UHB has not received any Regulation 28 Prevention of Future Deaths reports from Her Majesty's Coroner in this reporting timeframe.

Inquests continue to be significantly disrupted and postponed due to the pandemic. Cases are being rescheduled by the Coroner in order to bring them to a conclusion.

Patient Experience

Since March 2020, the PET (Patient Experience Team) has worked very differently having modified working practices to a 7-day working system and utilised a variety of methods to gain patient feedback.

The 3 main areas for feedback activity at this time are CAV 24/7 - survey of people who have used the service and feedback remains very positive, Prehab to rehab survey sent out after each nudge and this week some 1800 patients were nudged as they had intended to reduce their alcohol consumption. This is timely due to the information about dry January. Following the nudge a survey will be sent via text messaging.

The information provided to all people on the waiting lists (Prehab to Rehab) included contact details for the Concerns Team so that any queries could be addressed. The queries from many who called us was assurance that they remained on the waiting list and information regarding when their procedure was likely to take place.

Patient Experience Support Workers and Student Nurse Placement Support Workers

During the pandemic the paid Patient Experience Support Workers and placement students have provided over 10,000 hours supporting patients in UHW, UHL and St David's hospital. They facilitate virtual visits and phone calls at the patient's bedside, take toiletry and clothing requests and occasionally support with the clothing collection and drop off service when needed.

Over the January and February we will be welcoming 14 new Student Nurses on placement as Support Workers for the Patient Experience Team to support patients on the wards. The feedback from Medical and Nursing Students, patients, families and staff has been extremely positive regarding this role particularly in the current times of no or restricted visiting. They try to support contact with families, activities with patients and link with the PE Team for undertaking focused feedback surveys.

Virtual House Visits

Wards have borrowed iPhone/tablets so that patients can watch a social services house visit take place in their house while staying in hospital. The feedback has been very positive. This model particularly benefitted one patient who was very anxious about someone accessing their home while they were not present.

Tablets for ongoing care at home (Trial)

In November 2020 a Health Board tablet was loaned to a discharged patient from Hafan Y Coed who is using the tablet at home as part of their recovery. This is a trial and will be reviewed at the end of January with Speech and Language Therapists in Neuropsychiatry as it has enabled the patient to be safely discharged and continue with their therapy.

Patient Drop off and clothes collection

The PE Team and volunteers have supported a drop off and collection service for patient clothing and property on UHW and UHL sites.

1,625 drop off / collections have been made to date across both UHW and UHL Hospital sites.

Patient Clothing & Toiletries Ward Guidance

Does a patient require clean clothes and/or toiletries?

1. Ward contacts the family/friend/care to advise patient requires clean clothing and/or toiletries.

2. Provide the family with the days and times the drop off service is available:
UHW at Macmillan Information Centre, Concourse Monday, Wednesday & Friday 10am-2pm
UHL at Reception desk, Main Entrance Tuesday & Thursday 10am-2pm

3. Patient to ensure soiled clothing is bagged in soluble laundry bag and clearly labelled with an addressograph.
PLEASE REMEMBER THERE IS ONLY CLOTHING IN THE BAG. We will be unable to accept any items not packed in this way.

4. Ward keeps items until the day of collection when a Patient Experience Support Worker or Volunteer will collect the bag, seal and label soluble laundry bag and replace with clean items brought in by family/friend/care to the drop off point.

5. Volunteer or Patient Experience Worker will hand over the soiled items with soluble laundry bag washing instructions to the family/friend/care.

We cannot accept soiled clothing in advance under any circumstances

University Hospital of Wales

Patient Clothing Collection & Drop Off Here

1. 2. 3. 4. 5. 6.

Monday, Wednesday & Friday
10am-2pm

Please remember to wear your mask while inside any health board sites and maintain social distancing. Thank you

The importance of this service is captured in the feedback from a relative

Thank you, I am writing to you to ask you to pass on a very personal "thank you" to all the staff and volunteers of the Patient Experience Team from myself and my wife.

Last week, my wife was taken ill with a suspected heart attack and was admitted to the UHW. She spent some time in the MAU, and was eventually transferred to Ward B7 North.

As you are aware, we have spent the past 2 weeks in the "firebreak" lockdown which meant that I was unable to visit my wife at a time which was very distressing for both of us.

Before we went to the hospital we gathered some basic essentials in a bag but due to the urgency of her condition, we didn't have time to put much thought into ensuring we had everything that might be needed for an extended stay and anyway, we were hoping that my wife might be home within 24 hours. Unfortunately, the treatment went on through the week.

As you can imagine, my wife was feeling pretty low and amongst the items that we had forgotten to pack was shampoo, (my fault, I put in conditioner instead). However, during the second day on the ward, your team of volunteers appeared and asked all the patients in the room if they needed anything. This was such a lift to my wife's spirits; she had borrowed some shampoo from a neighboring patient but it made such a difference to her dignity to have a full range of toiletries of her own. The team offered other items of course, but please let everyone at the Patient Experience Team know that an act of kindness like this made a huge difference to how my wife felt and although she is now home, we will think of them with gratitude.

Get There Together Project:

Please see the examples below of sharing a Patient's journey in this visual way which has had some lovely feedback from people who found it helpful to visualize the changes.

[UHW Entrance and Journey](#)

[UHL entrance and Journey](#)

Visiting Helpline

Prior to the no visiting decision except in particular circumstances, the Patient Experience Team worked with the clinical lead nurses to review the process.

We continued as previously established hosting the 7 day visiting helpline in the concerns team and we have a dedicated e mail.

We devised a video outlining the process which has been shared on social media and our website.

[Visiting Video](#)

All calls were directed to the concerns team on the numbers advertised on the website, posters and video.

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We agreed that visiting slots were between 1-7 pm (allowing 45 minutes per visit and 15 minutes in between to allow for visitor's to vacate and any cleaning to occur). We identified wards where visiting would not be appropriate e.g. short stay elective surgery areas (Green zones). This was clearly communicated prior to admission.

We are offering an appointment to the caller if the patient had been in hospital for longer than a week. This was based on the assumption that these visits would be considered a wellbeing visit and restricted to one visitor per week, where possible. On a daily basis the ward verified the visiting requests and advised if the visit could not proceed due to any outbreaks or other concerns. The central concerns team collated the track and trace information and were a point of contact for the visitors advised if the visit needed to be cancelled.

Maternity adopted a risk based approach in line with the guidance and working with neighboring health boards to ensure an equitable approach.

This service will be recommenced when we reintroduce visiting and we are advising of the availability of virtual visiting, telephone calls and letters / messages to loved ones.

Mass Vaccination Centres (MVC)

We have been pleased to support the work in the MVC through communication with some co-horts, the development of a resource pack for care homes and support with Health Board Volunteers to meet and greet people attending the MVC. We have worked with partners in the British Red Cross and St John's Ambulances who will be providing 120 staff in varied roles, including; Vaccinators, Meet and Greet Volunteers and caring / observational roles, to support the program over the next 6 months.

This has included development of on-line induction sessions in the evenings and weekends. These sessions last around 1 hour 20 minutes and are facilitated via zoom. The chat function is used to allow participants to ask questions along the way. The

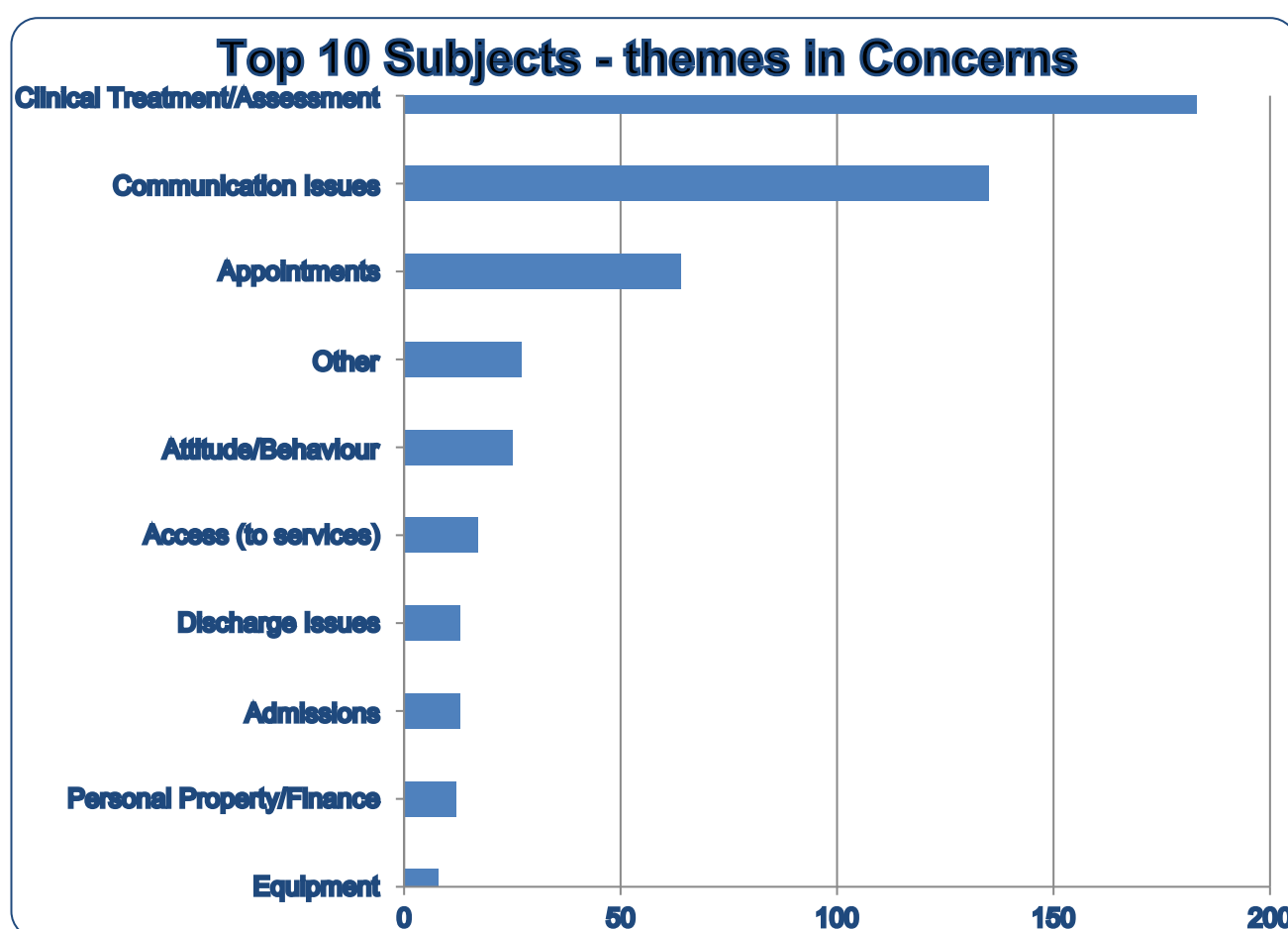
chat function allows questions to be seen by all participants or can be directed privately, which increases the opportunity for people to ask things.

Complaints Management/Redress

In November and December, 532 concerns were received, which is a slight increase when compared with 502 received in September and October. The numbers are slightly more than November and December 2019 when 503 concerns were received.

It is pleasing to note that the 30-working day performance for this period was 82%.

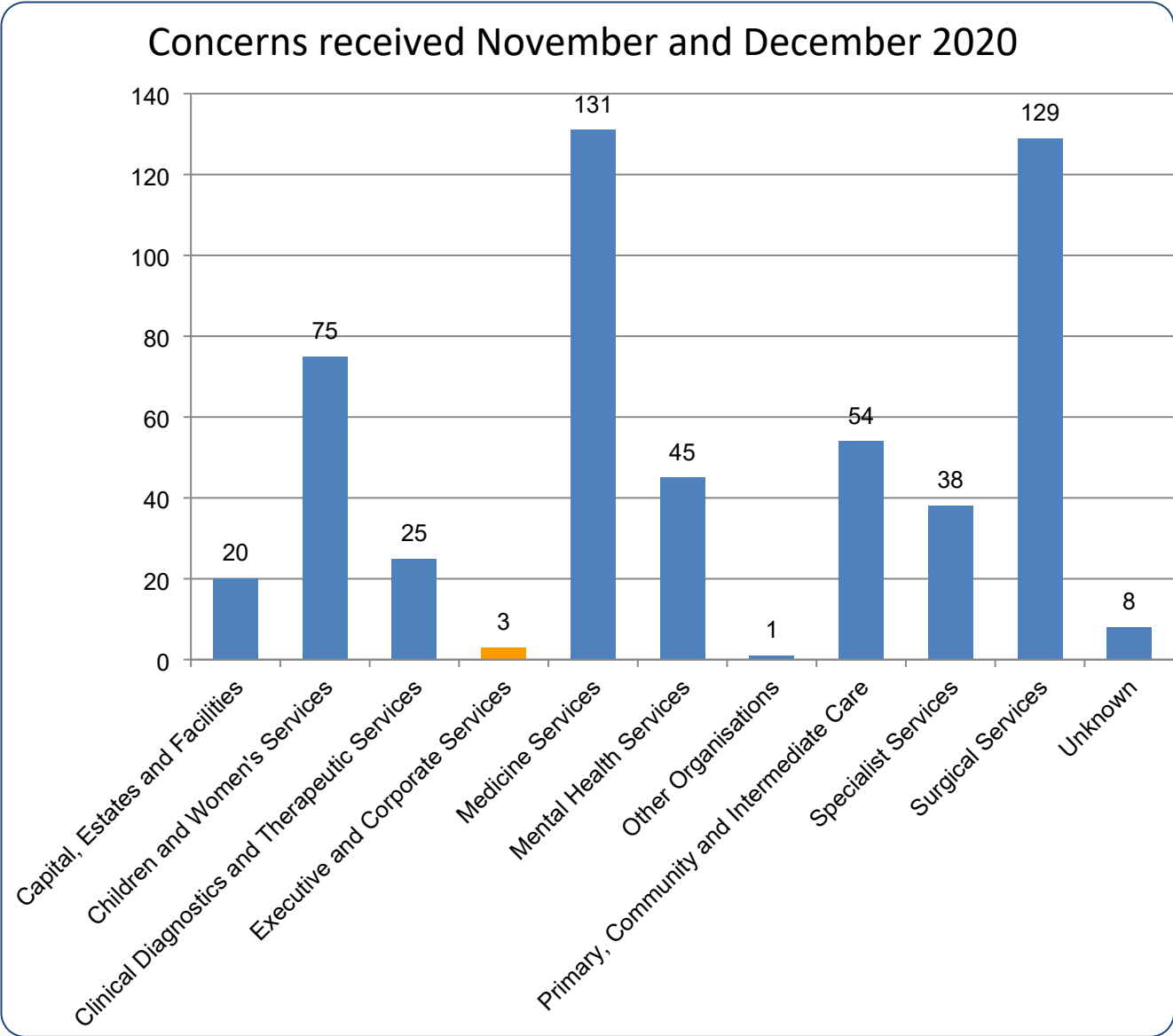
The Health Board continues to receive a high number of concerns regarding clinical treatment and assessment and communication as demonstrated in the diagram below:



Communication is a theme mentioned in the majority of concerns, on further analysis a key theme is in relation to lack of information when families are worried about their loved ones, inability to make contact directly to the wards via the telephone and lack of communication regarding discharge arrangements.

Some Patients, are raising concerns relating to delays in follow up appointments and planned procedures. Surgery Clinical Board and Medicine Clinical Board continue to receive the highest number of concerns. It should be noted that all Clinical Boards have seen a rise in concerns,

however, Medicine Clinical Board are seeing the greatest increase. This would be expected considering the high level of activity within Medicine Services.



Training:

A live virtual interactive session took place on 6th November with a Clinical Negligence Barrister, the session was entitled Montgomery and Informed Consent - Where are we now. The session was open to all staff and was very well received with over 100 staff participating. The session was recorded and is being used in training sessions.

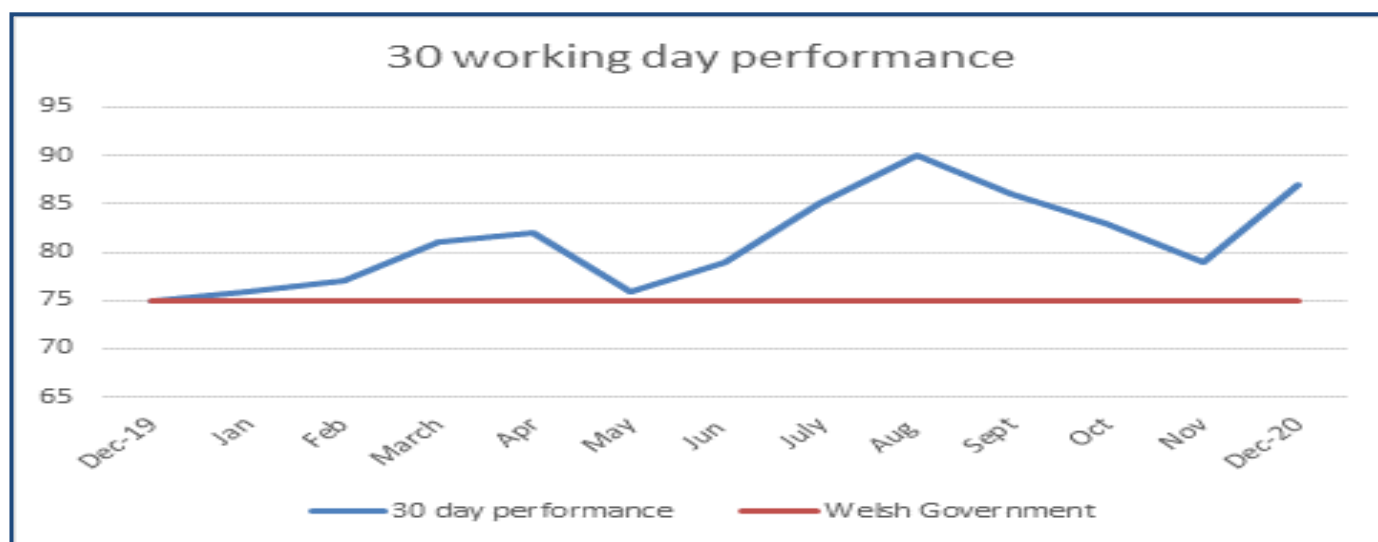
Our Redress lead, who is a solicitor, has undertaken virtual sessions to provide information about how we determine breach of duty and causation. The feedback has been very positive and we will continue to develop a training program.

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Benchmarking

Whilst there is not any published benchmarking date for concerns performance across Wales we are consistently maintaining a 30 working day performance which exceeds the Welsh Government target.

One of the aims of the Once for Wales system for concerns management is that benchmarking dates will be available.



Bricknell Helen
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Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the content of this report.
- **NOTE** the areas of current concern and the current actions being taken.

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	
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		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.



Report Title:	Workforce Partnership Group Summary Report and Terms of Reference					
Meeting:	Local Partnership Forum				Meeting Date:	10 February 2021
Status:	For Discussion		For Assurance		For Approval	x
Lead Executive:	Executive Director of Workforce and OD					
Report Author (Title):	Workforce Governance Manager					

Background and current situation:

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these. LPF, in turn, has three sub-groups: the Workforce Partnership Group, the Employment Policies Sub Group and the Staff Benefits Group.

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

WPG is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD (WOD). Members are senior representatives of the WOD team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety and the Staff Side Secretary. The Independent Member – Trade Union also has a standing invitation to attend. The WPG generally meets 6 times a year, alternating with the LPF, but due to the COVID pandemic the WPG has been meeting more frequently since June 2020.

WPG provides a forum for the Health Board and Trade Unions (including Professional Organisations and Staff Associations) to work together on issues of service development, engagement and communication specifically as they affect the workforce. Its purpose, as set out in the Terms of Reference, fall into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce.

The items discussed tend to be more operational or detailed than those brought to the LPF, and the LPF regularly refers matters to the WPG for follow up and further consideration.

Significant issues which the WPG has considered during 2020 include:

- Employee Health and Wellbeing
- Staff Survey
- Retire and Return principles
- Pay Progression
- Quarter 3 and 4 Workforce Plan
- EU Settlement Scheme (implications and support for staff)

- Health Working Relationships Review
- Internal Career Development Scheme
- Generic Job Descriptions
- Values Based Appraisal
- Internal Appointments Process
- General COVID updates
- AL and breaks during COVID
- Workforce Hub Activity
- MAAW Policy and training
- Employee Relations Activity

In January 2021 the WPG also considered the Terms of Reference of the Group and some suggestions were made to ensure that they were current and fit for purpose. The revised Terms of Reference are attached as Appendix 1.

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high level summary of items considered in 2020 by the WPG
- **APPROVE** the revised WPG Terms of Reference

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	
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Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

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Workforce Partnership Group

Terms of Reference and Operating Arrangements

1. INTRODUCTION

- 1.1 In line with Standing Orders and the Cardiff and Vale University Health Board (the UHB)'s Scheme of Delegation, the Local Partnership Forum (LPF) has established the Workforce Partnership Group (WPG) as a formal sub group. The WPG will provide a forum for the Health Board and Trade Unions* to work together on issues of service development, engagement and communication specifically as they affect the workforce.
- 1.2 The Health Board will continue to engage staff organisations in the key discussions at the UHB Board, UHB LPF, WPG and at the Clinical Board/Locality level.
- 1.3 Partnership Fora will be established at the Clinical Board/Locality level to ensure ongoing dialogue, communication and consultation on service and operational management issues specific to those areas. Specific issues arising from these discussions may be brought to the WPG with the agreement of the joint Chairs of the Group.
- 1.4 The TUC principles of partnership will apply to the WPG as they apply to the LPF. The principles are attached at **Appendix 1**.
- 1.5 All members must be prepared to engage with and contribute fully to the Group's activities and in a manner that upholds the standards of good governance set for the NHS in Wales. The Code of Conduct is attached at Appendix 2.

*all references to Trade unions include Trade Unions, Professional Organisations and Staff Associations

2. PURPOSE

- 2.1 The purpose of the WPG is to provide a **focused** opportunity to:
 - establish a regular and formal dialogue between the Executive Director of Workforce and OD and the Trade Unions on matters relating specifically to workforce issues
 - enable Employers and Trade Unions to put forward issues affecting the workforce
 - consider the impact on staff of service reviews and identify opportunities for and the implications of introducing new ways of working

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- consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve the mutually successful implementation
- consider national developments in NHS Wales Workforce Strategy and the implications for the Health Board including matters of service re-profiling
- consider the development and implementation of strategies for the communication and engagement of staff on service change and developments
- discuss the implementation and adherence to good employment practice across the Health Board.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The WPG may establish task and finish groups to carry out specific pieces of work on its behalf.

4. MEMBERSHIP

Members

- 4.1 All members of the WPG are full and equal members and share responsibility for the decisions of the Group.
- 4.2 As a minimum, the membership of the WPG shall comprise:

Chair Joint chairmanship by the Executive Director of Workforce and OD and Chair of Staff Representatives

Members **Management Representatives**
 Executive Director of Workforce and OD
 Assistant Director of Workforce
 Assistant Director of OD
 Head of Workforce Governance
 Head of Operational HR
 Workforce Governance Manager

Staff Representatives
 Chair of Staff Representatives
 Clinical Board Lead, Surgery
 Clinical Board Lead, Medicine
 Clinical Board Lead, Children & Women
 Clinical Board Lead, Primary & Community
 Clinical Board Lead, Clinical & Therapeutics
 Clinical Board Lead, Specialist Services
 Clinical Board Lead, Mental Health
 Clinical Board Lead, Dental

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Clinical Lead, Executives/Planning & Operational Services
Lead Representative for Health & Safety
Staff Side Secretary

Standing Invitations

Independent Member (Trade Unions)

The Health Board recognises those Trade Unions listed in **Appendix 3** of the LPF Terms of Reference, for the representation of members who are employed by the organisation.

- 4.4 Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Health Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the WPG. Full Time Officers of the Trade Unions may attend meetings subject to prior notification and agreement.
- 4.5 Members of the Group who are unable to attend a meeting may send a deputy providing such deputies are eligible for membership of the Group.

In attendance

- 4.6 By invitation

The WPG Joint Chairs may invite:

- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter

Chairs

- 4.7 The Executive Director of Workforce and OD and Chair of the Staff Representatives will co-chair the WPG. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Health Board's other advisory groups. Supported by the Workforce Governance Manager, Chairs shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. Vice Chairs will be identified.

Secretariat

- 4.8 Secretary – As determined by the Executive Director of Workforce and Organisational Development

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- 4.9 The Workforce Governance Manager will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and papers and notification of meetings.

5. COMMITTEE MEETINGS

Quorum

- 5.1 There should be three representatives from both management and staff parties for the meeting to be quorate.
- 5.2 If the meeting is not quorate no decisions can be made but information may be exchanged.
- 5.3 Where joint chairs agree extraordinary meetings may be scheduled with 7 calendar days notice.

Frequency of Meetings

- 5.4 Meetings will be held bi monthly to alternate with LPF but this may be changed to reflect the need of either staff or management representatives.

Management of Meetings

- 5.6 The business of the meeting shall be restricted to matters pertaining to Health Board-wide strategic issues. Local operational issues should be raised at the Clinical Board Partnership Forums and will not be considered unless it is agreed that such issues have UHB wide implications.

The papers for the meeting shall be distributed at least 7 days in advance of the meeting date.. Items for the agenda and supporting papers should be notified and agreed with the Joint Chairs as early as possible, and in any event at least one week in advance of the meeting.

6. REPORTING AND ASSURANCE ARRANGEMENTS

- 6.1 The WPG shall:
- report periodically to the LPF on the Group's activities;
 - bring to the LPF's specific attention any significant matter under consideration by the Group;
 - bring proposals and recommendations for ratifications to the LPF as appropriate

7. REVIEW

- 7.1 These terms of reference and operating arrangements shall be reviewed on a bi- annual basis by the Joint Chairs

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Appendix 1

Six TUC Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

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Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

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- 5.6 The business of the meeting shall be restricted to matters pertaining to Health Board-wide strategic issues. Local operational issues should be raised at the Clinical Board Partnership Forums and will not be considered unless it is agreed that such issues have UHB wide implications.

The papers for the meeting shall be distributed at least 7 days in advance of the meeting date.. Items for the agenda and supporting papers should be notified and agreed with the Joint Chairs as early as possible, and in any event at least one week in advance of the meeting.

6. REPORTING AND ASSURANCE ARRANGEMENTS

- 6.1 The WPG shall:
- report periodically to the LPF on the Group's activities;

- bring to the LPF's specific attention any significant matter under consideration by the Group;
- bring proposals and recommendations for ratifications to the LPF as appropriate

7. REVIEW

- 7.1 These terms of reference and operating arrangements shall be reviewed on a bi- annual basis by the Joint Chairs

Bricknell Helen
02/08/2021 14:18:09

Appendix 1

Six TUC Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Bricknell Helen
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Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Bricknell Helen
02/08/2021 14:18:09