

Local Partnership Forum

Wed 16 December 2020, 10:00 - 11:40

Via Teams



Agenda

10:00 - 10:00 1. Welcome, Introductions & Agenda

0 min

Chair

 00. LPF agenda 16.12.20.pdf (1 pages)

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

0 min

Chair

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

0 min

Chair

10:00 - 10:00 4. Minutes of the meeting held on 22 October 2020

0 min

Chair

 4. LPF minutes 22.10.20.pdf (7 pages)

10:00 - 10:00 5. Action Log Review

0 min

Chair

 5 LPF Action Log.pdf (2 pages)

10:00 - 10:20 6. NHS Wales Staff Survey - Our Reflections, Our Decisions, Our Future

20 min

Head of LED

10:20 - 10:35 7. Chief Executive Update

15 min

CEO

10:35 - 10:55 8. Clinical Services Strategy and UHW2

20 min

Executive Director of Strategy and Planning

B. Griffiths, Helen
22/08/2020 12:52:54

10:55 - 11:05
10 min

9. Finance Report

Interim Executive Director of Finance

 9 Finance Position Report for Month 7.pdf (27 pages)

11:05 - 11:15
10 min

10. Workforce and OD KPI Report

Executive Director of WOD

 10. WOD KPI Report Oct-20.pdf (1 pages)

11:15 - 11:25
10 min

11. Patient Safety Quality and Experience report

Executive Director of Nursing

 11 Patient Safety Quality Experience Report.pdf (18 pages)

11:25 - 11:30
5 min

12. Items to be brought to the attention of the Board

11:30 - 11:35
5 min

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

11:35 - 11:40
5 min

14. Future Meeting Arrangements:

Wednesday 10 February 2021 at 10am (with a staff representative pre-meeting at 9 am) via Teams

Bricknell Helen
12/08/2020 12:52:54

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 16 December 2020 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 22 October 2020	<i>Chair</i>
5	Action Log Review	<i>Chair</i>
For Consideration:		
6 10.05	NHS Wales Staff Survey - Our Reflections, Our Decisions, Our Future	Presentation - <i>Head of LED</i>
For Consultation/Negotiation		
For Communication:		
7 10.25	Chief Executive Update	Verbal - <i>CEO</i>
8 10.40	Clinical Services Strategy and UHW2	Presentation - <i>Executive Director of Strategy and Planning</i>
For Appraisal:		
9 11.00	Finance Report	<i>Interim Executive Director of Finance</i>
10 11.10	Workforce and OD KPI Report	<i>Executive Director of WOD</i>
11 11.20	Patient Safety Quality and Experience report	<i>Executive Director of Nursing</i>
11.30 PART 2: Items for information (for noting only) and Closure		
12	Items to be brought to the attention of the Board	
13	Any other business previously agreed with the Co-Chairs	
14 Close by 11.40	Future Meeting Arrangements: Wednesday 10 February 2021 at 10am(with a staff representative pre-meeting at 9 am) via Teams	

Bricknell Helen
12/08/2020 12:53:54

LOCAL PARTNERSHIP FORUM MEETING

Thursday 22 October 2020 at 10.00am, via Zoom

Present

Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Len Richards	CEO
Lorna McCourt	UNISON
Jonathan Strachan-Taylor	GMB
Julie Cassley	Deputy Director of WOD
Peter Hewin	BAOT/UNISON
Jo Brandon	Director of Communication and Engagement
Ruth Walker	Exec Director of Nursing
Julia Davies	UNISON
Ceri Dolan	RCN
Abigail Harris	Exec Director of Strategy and Planning (part of meeting)
Stuart Egan	UNISON
Fiona Salter	RCN
Rhian Wright	RCN
Rachel Gidman	Assistant Director of OD
Dawn Ward	Independent Member – Trade Union
Chris Lewis	Interim Director of Finance
Rebecca Christy	BDA
Caroline Bird	Deputy COO
Fiona Jenkins	Exec Director of Therapies and Health Science
Mat Thomas	UNISON
Peter Welsh	General Manager UHL and Barry

In Attendance:

Cheryl Williams	Public Health Wales
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Apologies

Fiona Salter	RCN
Joe Monks	UNISON
Bill Salter	UNISON
Andrew Crook	Head of Workforce Governance
Nicola Foreman	Director of Corporate Governance
Stuart Walker	Medical Director
Janice Aspinall	RCN
Fiona Kinghorn	Executive Director of Public Health
Steve Gaucci	UNISON

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 20/053 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting

Bridgnell, Wren
12/08/2020 12:52:54

LPF 20/054 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 20/055 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 20/056 MINUTES OF PREVIOUS MEETING

The minutes from 3 August 2020 were confirmed as an accurate record of the meeting.

LPF 20/057 ACTION LOG

The action log was noted

LPF 20/058 DPH ANNUAL REPORT

Cheryl Williams, Principal Health Promotion Specialist from Public Health Wales, was in attendance to present the Director of Public Health's annual report 'Re-imagining Aging into the Future'. This report had been based on a literature review, focus groups and a staff survey around retirement. Aging well was the focus due to the demographic changes of an aging population, especially in the 85+ age group

The report looked at the following three areas and how they interacted:

- Purpose and fulfilment in life
- Active and healthy places
- Social connections in life

It included key messages for the public and actions the UHB can lead on.

Mrs Gidman advised that a film about Wyn aging well was being produced and might be useful. She would link in Ms Williams outside the meeting.

Mr Hewin was very positive about the report and said that it resonates well with Occupational Therapy. However, he felt that the UHB had a lot of work to do especially around attitudes to flexible working as it was often not seen as good management.

(Ms Williams left the meeting)

LPF 20/059 LEARNING FROM COVID-19

The Forum received a presentation on the initial learning from Covid-19. Mrs Gidman advised that this had been undertaken on a whole system basis and included discussions with small groups of clinical and non-clinical staff.

(Ms Bird joined the meeting)

Key points from the presentation included:

- One of the aims of Amplify had been to increase trust. This had happened almost overnight, with a 'can do' attitude toward decision making
- There had been significant transformational work especially in relation to digital capability (e.g. remote working, teams, virtual patient experience)

(Mr Richards joined the meeting)

Bricknell Helen
12/08/2020 12:51:34

- People advised that they felt reassured by hearing the senior team had a strategy for dealing with Covid
- Staff wellbeing was an important priority and a Health and Wellbeing group had been established immediately
- The UHB had played an important part in researching treatment
- PPE had improved and a presentation from the Executive Director of Nursing had led to increased confidence
- Within Primary Care the GPs had restructured themselves and there had been improvements around the care homes
- 12 case studies in the report showed the transformational work during the pandemic
- When asked how they felt, people described a real mix of emotions. They were scared but energised.

Mrs Gidman advised that this presentation only provided a snapshot and that there was also a 50 page report which she would share with the Forum

Action: Mrs Gidman

Mr Hewin suggested that while the presentation included a lot of elements which were good and which he could corroborate, he felt that it was not very realistic to suggest that it was all positive. He stated that there were negative and traumatic experiences and that it would be right to acknowledge them too. He also suggested that this could be useful evidence for the pay review body and asked for the UHBs support in the joint TU campaign for an early and significant pay rise. Mr Driscoll advised that participants had been asked 6 questions, one of which was 'if we have to do it again how can we do it differently or better'. He advised that the presentation was very much an abridged version and that there was a lot about this in the report.

Ms Ward stated that if we are presenting lessons learnt they need to be balanced and open. She believed that we had learned during Covid that we are more resilient than we expected, but had also seen and learnt from changed behaviour by the public, especially at the front door. Mrs Gidman advised that they had started by having discussions with senior leaders then the wider organisation. She suggested that this was still growing and had not finished, and acknowledged the need to include the Local Authorities and 3rd sector as well.

Mr Hewin raised concerns about managers accessing individual's results without their consent and asked if it was appropriate to invite Information Governance for a discussion about this. Ms Ward suggested that there were wider issues around consent which should be discussed including advice for staff on consent for treatment. Mr Richards suggested that a discussion with the Caldicott Guardian would be more appropriate than Information Governance because these issues are about clinical information rather than GDPR.

LPF 20/060 CEO REPORT

Mr Richards updated the Forum on the current position in relation to Covid and 3 other matters:

- There had been an increased incidence of positive cases in Cardiff, but this was mainly among young people and students. The age 60+ group was reporting at 75 per 100k and had remained quite stable for 3 or 4 weeks. At a Major Incident Management meeting the previous day the view was that we were starting to see the impact of the local lockdown, though the risks of young people infecting those from older age brackets was recognised

Bricknell Helen
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There were 43 covid positive cases in UHB hospitals. Mr Richards noted that in neighbouring Health Boards at that time there were lower infection rates but higher rates of admissions as the positive cases tended to be in older groups.

- Mr Richards felt that overall the TTP process was working well for us, with over 90% of contacts being traced and the view that most were self isolating. Turnaround times for testing were not as good as we would want and we were working with Lighthouse Laboratories around this, though this is a UK Government contract rather than a UHB or WG one.
- We are starting to prepare for a mass vaccination programme. There is no timetable at present but the planning has started to ensure that we are ready when the time comes
- The Surge Hospital is progressing on target and there should be 160 beds available by the end of November. Work is taking place around the environmental impact and replacement of trees etc., but part of the learning from the Dragons Heart Hospital was around the complications of having staffing and other services off site.
- Welsh Government have released additional funding to cover our costs for TTP, the Surge Hospitals and the impact of the infection on shifts and staffing, and we think that is enough to cover our costs, which puts us in a good position for the end of the year though there may be a need for further additional funding depending on the impact of the second wave. Our previous management of finances has put us in a good position for these discussions with WG.
- Mr Richards stated that while he recognises the difficulties we cannot have unsafe car parking on site and he will be writing to staff. The Parking Eye contract had been deferred but if they are needed to ensure a safe site they would be brought back. Mr Richards asked for a joint position on this as a way of getting the message out to staff.
- With regards to working from home, people should only be on site if that is the only place they can do their job. There have been outbreaks in the workplace and we need to minimise the risk of infection between colleagues.

Mr Hewin reminded the Forum that a set of principles from the group looking at working remotely had been circulated at the June LPF Meeting. This referred to infection, but also the benefits in terms of efficiencies and acknowledged the problems. He suggested that this could be re-circulated if it was helpful

Ms Ward asked what the issue was around Lighthouse Labs? Mr Richards advised that it was mainly due to poor turnaround where there had been a policy requirements (e.g. increased demand in care homes) or the time it takes to establish efficiency when a new lab was set up. He advised that the lab in Newport was new and that there were ironing out staffing and procedural issues now.

Ms Ward stated that she had been impressed with the leadership from PCIC as staff had been asked to show extreme efforts to support the fire break. She suggested that the re-establishment of Clinical Board Local Partnership Forums on a regular basis would help drive these messages.

Mr Driscoll advised that he had asked for a piece of work to capture formally how far we can go in the future in relation to working from home. He wanted this to include our office footprint and green credentials, and stated that he hoped any IT costs could be offset by reducing our office space.

LPF 20/061 OPERATIONAL UPDATE

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12/08/2020 12:54

Ms Bird advised that there had been an increase in admissions but they were still relatively low numbers. We continue to operate with the first principle being covid ready, but there are complexities such as the footprint changing and adapting to meet patient needs. Ms Bird acknowledged the work by staff who are dealing with this.

A Covid operational meeting was held virtually twice a week and was open to all – if any LPF members wanted to join the meeting they should let her know.

Ms Bird wanted to acknowledge the staff support for Cwm Taf and the wider system while we had a formal agreement in place for 999 diverts.

We continue to see an increase in demand and activity though still lower than pre-covid levels with OPD at 74% and day cases at 60%. We are putting measures in place to increase activity in cataracts, orthopaedics and cardiac theatre. More information is available about this in the Quarter 3-4 Plan. Following feedback from staff about how to make it easier to hold virtual out patients clinics, a 'virtual village' is being tested in UHL – this enables staff to work in a designated space rather than from home and will be rolled out further once tested.

Mrs Walker advised the Forum that there had been covid outbreaks in E6 and SRC. She reminded members that an outbreak is 2 or more people within a defined area who are positive. This includes non-clinical areas, and they need to be treated the same way. Mrs Walker thanked staff who were managing the outbreaks very well.

LPF 20/062 QUARTER 3-4 PLAN

Mrs Harris reminded the Forum that normal planning processes were suspended due to Covid and WG had asked us to move to quarterly planning to reflect how quickly things were changing. This has now moved to 6 monthly and the plan for Quarters 3 and 4 had been submitted that week.

It focuses on 4 harms:

- Direct harm of covid-19 - Bed Capacity (including the Surge Hospital), TTP, mass vaccination preparations, workforce response (ie roles and skills mix, wellbeing of staff)
- Indirect harm of covid-19 –planned care, essential services, Primary care
- Preventing our system becoming overwhelmed – our approach to winter planning, surge and workforce plans
- The wider harm of covid-19 - Mental Health, Long Covid, recognising that all of the above require collaboration

Mrs Harris advised that this is an ambitious plan due to our attempts to continue with the delivery of Shaping Our Future Wellbeing at the same time, though much of it is in the same direction.

Mr Hewin stated that he was very pleased to see mental health included and agreed that it needed to be. However from a therapies perspective he had heard that there was a recruitment freeze pending a service review and he felt that this timing of this was questionable. He also asked what staff side involvement there had been in the workforce plan. Mrs Harris advised that while she knew that a move to the locality model had started pre-covid, she was not aware of a recruitment freeze. Ms Bird agreed to pick this up with the Clinical Board

Action Ms Bird

Mrs Gassley advised that the workforce plan is not a full IMTP, but illustrates what is taking place in in terms of wellbeing, working from home etc. Work was still taking place around staffing numbers for e.g. Lakeside. She advised that the plan covers three scenarios and while the financials are

Bridgnell HCG
12/08/2023 14:13

pitched in the middle, it is tricky to predict which we will be in and some of those elements have not been pinned down yet. Ms Bird added that while we need to plan for the worst case scenario we need to understand the impact each of these scenarios will have on an already stressed workforce.

Ms Ward said that there needed to be a formal mechanism for discussion, as well as the sub groups. She said that from a TU perspective a worst case scenario would be increased staff sickness due to tiredness etc. Mrs Cassley reminded the Forum that temporary recruitment continued, that bank workers had been moved into fixed term posts and that the Physicians Associate role was being advertised, but welcomed further discussion and offered to attend the staff side meeting or include this in a future Workforce Partnership Group agenda

Action: Mrs Cassley

LPF 20/063 FINANCE REPORT

Mr Lewis presented the Finance Report for the period up to the end of August 2020 to the Forum. He referred to the comments made by Mr Richards in his update and noted that the forecast was aligned to the Quarter 3-4 Plans.

LPF 20/064 WORKFORCE KPI REPORT

Mr Driscoll suggested that the KPIs showed the Covid story with additional recruitment in the spring, absence rises (though not at the levels which had been predicted) and anticipated reductions in mandatory training compliance.

Miss Salter noted that ER cases which are undergoing police investigations cannot be progressed internally and asked if we liaised with the police to ensure none of them are missed. Mrs Walker advised that Jason Roberts and Lianne Morse meet monthly and do chase the police for an update. Miss Salter indicated that she had a specific case in mind and she would follow it up outside the meeting.

LPF 20/065 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

The LPF received the Patient Quality, Safety and Experience Report. Mrs Walker pointed out that the WG reporting requirements had changed recently but that the emphasis was still on learning rather than performance.

Miss Salter asked for clarity with regards to the position on wearing masks. Mrs Walker advised staff are currently encouraged to wear masks or face coverings in corridors etc. but there are discussions taking place about whether the water repellent masks used in clinical settings give more protections than face coverings. We are currently waiting for guidance from the experts and once it has been received it will be shared via CEO Connects.

LPF 20/066 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted:

- Employment Policy Sub Group minutes from 30 September 2020
- Staff Benefits update report and revised Terms of Reference

LPF 20/067 ITEMS FOR BOARD

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

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12/08/2020 11:52:51

LPF 20/068 ANY OTHER BUSINESS

Mr Driscoll advised that a shortened version of the Staff Survey was due to be launched in early November. Unfortunately there had not been time to engage beforehand in the way that he wanted to but he asked everyone to participate and to encourage others to do so. There were only 20 questions so it was hoped that we could have a high level of returns. Mr Thomas is the lead staff representative for this work.

LPF 20/069 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 16 December at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Bricknell Helen
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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 20/047	3 August 2020	Performance Update	Update on CAV 247 to be provided at a future meeting	Caroline Bird	To be brought to February 2021 meeting
LPF 20/059	22 October 2020	Learning from COVID-19	Full report to be shared with the Forum	Rachel Gidman	COMPLETE – sent by email 27 November 2020
LPF 20/062	22 October 2020	Quarter 3-4 Plan	Clarification to be sought around possible recruitment freeze in therapies	Caroline Bird	COMPLETE - Ms Bird raised with Mr Matt Temby who advised there was not a recruitment freeze but that two Mental Health Occupational Therapy posts had been held whilst a review of productivity and a plan to improve this was developed. Recognising the demands on the system, the two posts have now been released whilst the productivity plan is finalised. Mr Temby advised that he would speak to Mr Hewin to clarify the position.

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LPF 20/062	22 October 2020	Quarter 3-4 Plan	Further discussion to take place around the Q3-4 Workforce Plan	Julie Cassley	COMPLETE – presentation given at Workforce Partnership Group 25 November 2020
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Bricknell Helen
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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Report Title:	Finance Report for the Period Ended 31 st October 2020						
Meeting:	Local Partnership Forum				Meeting Date:	16 Dec 2020	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information x
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 7, the UHB is reporting an underspend of £0.362m against this plan. During the 7 months to the end of October net expenditure of £88.478m 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 £0.362m.

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 @ October 2020

Measure	n	STATUS REPORT				
		October 2020	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£0.362m surplus at month 7.	G	↑	2020/21 Break-Even	M7 2020-21
Remain within capital resource limits.	37	Expenditure at the end of October was £46.860m against a plan of £48.685m.	G	⚡	Approved planned expenditure £81.587m	M7 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.3m	R	↓	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M7 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.690m forecast at month 7. Performance impaired by response to COVID- 19	R	↓	£25.000m	M7 2020-21
Delivery of £4m non recurrent devolved target	36c	£5.403m forecast at month 7. Performance impaired by response to COVID- 19	G	↑	£4.000m	M7 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.1 % at the end of October	G	⚡	95% of invoices paid within 30 days	M7 2020-21
Remain within Cash Limit	37b	Forecast cash surplus £0.585m	G	⚡	To remain within Cash Limit	M7 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £12.951m	G	⚡	To Maintain Positive Cash Balance	End of October 2020

Month 7 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 7 is a surplus of £0.362m following an in month surplus of £0.091m in month and this is summarised in Table 3.

Table 3: Month 7 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	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	94.720
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	10.426
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(15.390)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(1.278)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	88.478
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.362)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(88.478)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.362)

This shows that the in month net expenditure of £9.335m 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 7 months to the end of October was £88.478m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 7 revenue costs of £47.925m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**. The fall in DHH in month costs relates to expenditure profiling of Dragon's Heart Hospital set up and decommissioning costs.

There was also £46.795m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £10.426m against the month 7 target of £17.044m. Further improvement is not anticipated until the COVID 19 pandemic passes.

Elective work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has contributed to a £15.390m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £1.278m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 is £88.478m. This is matched by the additional Welsh Government funding outlined in the table 4 below:

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Table 4: Welsh Government COVID Funding supporting the position as at 31st Oct 2020

Welsh Government COVID Funding	£m
Dragons Heart	(45.462)
Allocation share 13.5% of £371.4m	(21.687)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(0.888)
PPE	(4.794)
UHB TTP	(0.961)
NHS and jointly commissioned packages of care	(1.513)
Independent sector provision (Spire)	0.000
Flu vaccine extension	(0.240)
Transformation / Discharge	(1.090)
Mental Health Services	0.000
GMS DES	(0.210)
Urgent & Emergency Care Funding	(0.617)
Total funding received / assumed £m	(88.478)

The UHB also has a small operating underspend of £0.362m leading to a net reported surplus at month 7.

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

Table 5: Summary Financial Position for the period ended 31st October 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	(123.505)	(123.264)	0.444	0.000	(0.203)	0.241
Income - Welsh Govt. COVID 19 Funding Received	0.000	(9.335)	0.000	(9.335)	0.000	(9.335)
Pay	58.442	60.037	2.351	0.000	(0.756)	1.594
Non Pay	65.063	72.473	6.541	0.000	0.868	7.409
Variance to Plan £m	(0.000)	(0.090)	9.336	(9.336)	(0.091)	(0.091)
Cumulative						
Income	(831.387)	(825.461)	6.026	0.000	(0.100)	5.926
Income - Welsh Govt. COVID 19 Funding Received	0.000	(88.478)	0.000	(88.478)	0.000	(88.478)
Pay	389.541	404.212	21.433	0.000	(6.762)	14.671
Non Pay	441.846	509.365	61.020	0.000	6.500	67.520
Variance to Plan £m	(0.000)	(0.362)	88.478	(88.478)	(0.362)	(0.362)

Income

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

Bricknell Helen
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Table 6: Income Variance @ October 2020

Income	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	COVID 19 Additional Welsh Govt. Funding £m	Operational Variance (Fav)/Adv £m	Total Variance £m
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	(9.335)	0.000	(9.335)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.071	0.000	0.000	0.071	0.000	0.007	0.078
Education & Training	0.000	0.000	0.000	0.000	0.000	(0.039)	(0.039)
Injury Cost Recovery Scheme (CRU) Income	(0.147)	0.000	0.000	(0.147)	0.000	(0.035)	(0.182)
NHS Patient Related Income	0.021	0.000	0.000	0.021	0.000	(0.155)	(0.134)
Other Operating Income	0.442	0.008	0.000	0.450	0.000	0.029	0.479
Overseas Patient Income	0.001	0.000	0.000	0.001	0.000	(0.001)	0.001
Private Patient Income	0.048	0.000	0.000	0.048	0.000	0.024	0.073
Research & Development	0.000	0.000	0.000	0.000	0.000	(0.031)	(0.031)
Variance to Plan £m	0.436	0.008	0.000	0.444	(9.335)	(0.201)	(9.093)
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	(88.478)	0.000	(88.478)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.701	0.000	0.000	0.701	0.000	0.042	0.743
Education & Training	0.033	0.000	0.000	0.033	0.000	0.110	0.143
Injury Cost Recovery Scheme (CRU) Income	0.239	0.000	0.000	0.239	0.000	(0.093)	0.146
NHS Patient Related Income	0.671	0.000	0.000	0.671	0.000	(0.189)	0.482
Other Operating Income	3.797	0.057	0.000	3.854	0.000	0.128	3.982
Overseas Patient Income	0.007	0.000	0.000	0.007	0.000	0.013	0.020
Private Patient Income	0.483	0.000	0.000	0.483	0.000	0.045	0.528
Research & Development	0.039	0.000	0.000	0.039	0.000	(0.156)	(0.117)
Variance to Plan £m	5.969	0.057	0.000	6.026	(88.478)	(0.100)	(82.552)

The month 7 income position is a surplus of £82.552m comprising of a net COVID 19 income loss of £6.026m, additional Welsh Government funding of £88.478m for COVID 19 costs and an operational underspend of £0.100m.

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

- £0.701m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.239m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims between April and July. The value of new claims and level of cash received in October continued to show an improvement on the average established in the first 4 months.
- £0.671m adverse variance in NHS Patient related income following the reduction in English non-contracted income due to COVID 19.
- £3.854m deficit against Other Operating Income. The majority of the deficit is a result of the COVID 19 reduction of activity in dental practices leading to a loss of Dental Patient Charges income. There is also a reduction in income because of reduced activity in laboratories and radiopharmacy where the income reported in month showed signs of recovery. The in month deficit of £0.450m continues the improvement on the trend for the first 5 month of the year which was noted in September.
- £0.483m adverse variance against private patient income following the re-planning of non COVID activity.

The in month improvement on the operational position is mainly a result of a relatively high level of non contractual critical care 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 @ October 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	0.836	0.000	0.000	0.836	0.290	1.126
Nursing (registered)	0.883	0.005	(0.172)	0.717	(0.325)	0.392
Nursing (unregistered)	0.246	0.000	0.000	0.246	0.207	0.452
Scientific, prof & technical	0.021	0.000	0.000	0.021	(0.175)	(0.154)
Additional clinical services	(0.025)	0.000	0.000	(0.025)	(0.117)	(0.142)
Management, admin & clerical	0.092	(0.002)	0.000	0.090	(0.273)	(0.183)
Other staff groups	0.458	0.008	0.000	0.466	(0.362)	0.104
Total £m	2.510	0.012	(0.172)	2.351	(0.756)	1.594
Cumulative						
Medical and Dental	7.576	(0.177)	0.000	7.399	(1.001)	6.398
Nursing (registered)	5.256	0.040	(1.544)	3.751	(1.902)	1.849
Nursing (unregistered)	2.305	0.000	0.000	2.305	1.091	3.396
Scientific, prof & technical	0.232	(0.032)	0.000	0.200	(0.806)	(0.606)
Additional clinical services	0.432	0.000	0.000	0.432	(0.736)	(0.304)
Management, admin & clerical	1.126	0.028	0.000	1.154	(1.646)	(0.492)
Other staff groups	6.171	0.021	0.000	6.192	(1.762)	4.430
Total £m	23.097	(0.121)	(1.544)	21.433	(6.762)	14.671

The pay position at month 7 is a deficit of £14.671m made up of a net COVID 19 expenditure of £21.433m and an operational underspend of £6.762m.

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £8.091m have been incurred. Additional costs of £2.844m have been incurred in capital and estates for ancillary staff. 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 £0.733m primarily as a result of nursing costs. The largest operational pay underspends 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 @ October 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	0.366	(0.004)	(0.162)	0.200	(0.273)	(0.073)
Clinical services & supplies	(1.214)	0.030	(0.573)	(1.757)	2.305	0.548
General supplies & services	2.356	0.007	(0.011)	2.352	(1.868)	0.485
Establishment expenses	0.103	0.001	0.000	0.105	(0.125)	(0.020)
Premises & fixed plant	2.773	0.016	0.000	2.789	0.414	3.203
Continuing healthcare	0.151	0.000	0.000	0.151	0.219	0.370
Commissioned Services	0.038	0.000	(0.006)	0.032	(0.300)	(0.268)
Primary Care Contractors	0.259	0.000	(0.248)	0.011	0.031	0.042
Other non pay	0.779	1.894	(0.015)	2.658	0.465	3.123
Total £m	5.611	1.945	(1.015)	6.541	0.868	7.409
Cumulative						
Drugs / Prescribing	2.682	(0.562)	(2.751)	(0.631)	1.895	1.264
Clinical services & supplies	4.363	(0.241)	(7.833)	(3.710)	0.717	(2.994)
General supplies & services	5.487	0.023	(0.236)	5.274	0.706	5.980
Establishment expenses	0.399	(0.093)	0.000	0.305	(0.996)	(0.690)
Premises & fixed plant	47.098	(0.094)	0.000	47.004	1.994	48.999
Continuing healthcare	1.573	(1.773)	(0.010)	(0.210)	0.560	0.351
Commissioned Services	0.271	(0.010)	(1.819)	(1.558)	(0.752)	(2.310)
Primary Care Contractors	0.788	(0.291)	(2.367)	(1.870)	(0.504)	(2.373)
Other non pay	2.988	13.531	(0.105)	16.415	2.880	19.294
Total £m	65.650	10.490	(15.121)	61.020	6.500	67.520

The largest deficit is in non pay budgets. The month 7 position is a deficit of £67.520m comprising net COVID 19 expenditure of £61.020m and an operational overspend of £6.500m.

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

- £5.274m overspend on general supplies and services primarily relating to PPE. The in month increase of £2.352m in part reflects the reclassification of PPE items from clinical services and supplies where there is a corresponding decrease in costs.
- £47.004m overspend on Premises and Fixed Plant including £44.965m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning , waste management, IT and overnight accommodation.
- £16.415m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £15.121m 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 £6.500m operational overspend against non pay were as follows;

- £1.895m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing and drug costs in specialist services.
- £1.994m adverse variance against premises and fixed plant due to additional IT spend,

security costs, community equipment and a number of overspends across Clinical Boards. Part of the overspend on premises and fixed plant costs has arisen from the use of estates contractors and these costs are offset by a related underspend of £0.839m against vacant posts in Capital Estates.

- £2.880m adverse variance against other non-pay mainly due to non COVID related savings slippage alongside a non recurrent in month pressure due to a revision of reserve commitments.

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 £151.726m. This is offset by confirmed additional COVID 19 funding of £151.726m as summarised in table 9.

Table 9: Summary of Forecast COVID 19 Net Expenditure

	Cumulative Month 7 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	94.720	154.949
COVID 19 Non Delivery of Savings Plans	10.426	19.908
COVID 19 Reductions in Planned Expenditure	(15.390)	(20.893)
COVID 19 Release of Planned Investments	(1.278)	(2.238)
Net Expenditure Due To COVID 19	88.478	151.726
Operational position (Surplus) / Deficit	(0.362)	0.000
Welsh Government COVID funding received / assumed	(88.478)	(151.726)
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 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 £151.276m as outlined in table 10 below:

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Table 10: Welsh Government COVID Funding supporting the forecast year end position as at 30th Sept 2020

Welsh Government Additional COVID Funding	Month 7 £m	Year End Forecast £m
Dragons Heart	(45.462)	(60.284)
Allocation share 13.5% of £371.4m	(21.687)	(50.100)
Reflecting COVID Workforce months 1-3	(11.016)	(11.016)
LA TTP	(0.888)	(6.654)
PPE	(4.794)	(6.884)
UHB TTP	(0.961)	(3.147)
NHS and jointly commissioned packages of care	(1.513)	(3.024)
Independent sector provision (Spire)	0.000	(2.700)
Flu vaccine extension	(0.240)	(1.903)
Transformation / Discharge	(1.090)	(1.251)
Mental Health Services	0.000	(0.503)
GMS DES	(0.210)	(0.210)
Urgent & Emergency Care Funding	(0.617)	(4.050)
Total funding received / assumed £m	(88.478)	(151.726)

The key financial planning assumptions are:

Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £62.747m with a further £2.686m capital costs. The revenue cost of £62.747m represents set-up, decommissioning and consequential losses costs of £60.284m and running costs of £2.463m. This is based upon the DHH going on standby from 5th June and retention until 10th November 2020. The UHB continues to work to maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £3.536m are included in the 2020/21 forecast. This is an decrease of £0.123m on the month 6 forecast and these costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 10th November 2020. This forecast includes £9.963m of decommissioning costs for the DHH including reinstatement of the stadium.

COVID and Winter Surge Capacity / Lakeside Wing

The UHB has developed alternative plans to establish a facility for surge capacity on the UHW site called the Lakeside Wing. The plans have now been approved by Welsh Government. In addition to providing COVID-19 surge capacity, it will provide the surge beds that the UHB would need to commission for this winter, recognising that predicting winter demand this year is particularly difficult. The UHBs assessment is that of the 400 beds provided in this proposed

facility, 50 would be developed as winter surge beds. The remainder would be kept as surge beds to use if there was a significant demand. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to COVID-19 beds are required as the UHB brings back on line more non-COVID-19 activity.

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

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

Increasing 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.

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 six months.

The UHB has been able to achieve this through:

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

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £19.173m over the year. This represents activity steadily increasing throughout quarter 3 and quarter 4 aligned to the COVID "central" scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels. A further reduction of £1.720m non pay expenditure relates to a reduction in planned operational expenditure.

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

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

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

has assumed a further £2.7m Welsh Government funding for this.

Regional Test, Trace and Protect (TTP)

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

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £9.801m. This includes Local Authority costs of £6.655m and Heath Board TTP costs totalling £3.047m. The full costs of TTP are assumed to be funded.

The cost reported for TTP excludes the cost of additional surge capacity which will be included at month 8 together with the notified allocation.

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 which is estimated at £1.903m and is assumed to be funded. This has been calculated in line with the recent guidance and assumes that the UHB will receive circa 14.3% of the 440,000 vaccines being made available to Wales.

The forecast of costs outlined **exclude** the cost of a mass COVID vaccination.

The cost of delivering the mass covid immunisation program is estimated to be £4.9m in 2020/21 and £11.8m in 2021/22. This is based on the current assumption of delivery of the vaccine within mass vaccination centres. There are no assumptions that this will be delivered in General Practice at present.

It is assumed that Welsh Government will provide resource coverage for any additional costs arising in 2020/21.

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 7 these are assessed at £6.884m.

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 assumed within the forecast totalling £4.050m reflecting the UHB allocation formula share of the £30m Urgent and Emergency Care Fund.

- £1.350m allocated to RPB for discharge to recover and assess pathways
- £0.540m for urgent primary care centres
- £2.160m for 111/contact first and Ambulatory Care

The UHB has established a 24/7 phone first triage approach, targeting citizens who would traditionally have walked up to the Emergency Department. The focus is on reducing footfall through the Emergency Department as social distancing has significantly reduced the capacity in the waiting area and the UHB does not want to create queues around UHW where it is not safely able to protect and prioritise patients.

Bids against this fund are currently being progressed in line with set timescales.

It is anticipated that the urgent and emergency care funding and expenditure position will be clarified in the month and this will be reflected in the month 8 reported position.

The forecast does not include any additional costs to support the WAST tactical seasonal plan. This will be considered and prioritised against other expenditure plans.

Savings Programme 2020-21

The assessed slippage against the UHB £29m savings plan has improved from £20.502m to £19.908m and this includes the release of non-recurrent opportunities. A number of the UHB's high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities available. Schemes that are continuing to develop and progress include procurement and medicines management.

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for month 7 by Clinical Board is shown in Table 11.

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Table 11: Financial Performance for the period ended 31st October 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 Governmen t 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	0.342	0.149	(0.011)	0.481	0.000	0.017	0.498
Children & Women	0.284	0.193	0.000	0.477	0.000	0.322	0.800
Clinical Diagnostics & Therapies	0.157	0.123	(0.088)	0.192	0.000	0.111	0.303
Surge Hospitals	2.800	0.000	0.000	2.800	0.000	0.000	2.800
Executives	0.360	0.096	0.000	0.456	0.000	(0.072)	0.384
Medicine	1.129	0.232	(0.036)	1.325	0.000	(0.330)	0.995
Mental Health	0.072	0.215	0.000	0.287	0.000	0.106	0.393
PCIC	1.663	0.419	(0.273)	1.809	0.000	(0.165)	1.644
Specialist	0.264	0.273	(0.070)	0.467	0.000	(0.267)	0.200
Surgery	0.342	0.265	(0.703)	(0.096)	0.000	0.236	0.140
SubTotal Delegated Position £m	7.414	1.965	(1.181)	8.198	0.000	(0.040)	8.157
Central Budgets	1.144	0.000	(0.006)	1.138	0.000	(0.051)	1.087
Total Variance pre COVID -19 Funding	8.558	1.965	(1.187)	9.336	0.000	(0.091)	9.245
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(9.335)	0.000	(9.335)
Total Variance £m	8.558	1.965	(1.187)	9.336	(9.335)	(0.091)	(0.091)
Cumulative							
All Wales Genomics Service	0.036	0.000	0.000	0.036	0.000	(0.118)	(0.082)
Capital Estates & Facilities	4.282	1.031	(0.126)	5.186	0.000	(0.007)	5.180
Children & Women	2.285	1.405	0.000	3.690	0.000	0.783	4.472
Clinical Diagnostics & Therapies	1.914	1.043	(0.781)	2.176	0.000	0.477	2.653
Surge Hospitals	47.924	0.000	0.000	47.924	0.000	0.001	47.925
Executives	2.736	0.670	0.000	3.406	0.000	(0.790)	2.616
Medicine	8.926	1.579	(0.242)	10.264	0.000	0.607	10.871
Mental Health	1.424	1.505	0.000	2.929	0.000	0.181	3.109
PCIC	10.890	2.926	(2.551)	11.265	0.000	(0.393)	10.872
Specialist	3.154	1.911	(3.368)	1.697	0.000	(0.215)	1.482
Surgery	3.668	1.972	(7.778)	(2.138)	0.000	(0.688)	(2.826)
SubTotal Delegated Position £m	87.238	14.042	(14.846)	86.434	0.000	(0.163)	86.271
Central Budgets	7.478	(3.615)	(1.819)	2.044	0.000	(0.199)	1.845
Total	94.716	10.427	(16.665)	88.478	0.000	(0.362)	88.117
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(88.478)	0.000	(88.478)
Total Variance £m	94.716	10.427	(16.665)	88.478	(88.478)	(0.362)	(0.362)

Delegated budgets are £86.271m overspent for the 7 months to the end of October 2020. £86.434m of this overspend relates to additional expenditure generated in response to COVID 19. There is an operational surplus of £0.163m against delegated budgets and a further 0.199m underspend against central budgets leaving a total operational underspend of £0.362m. Whilst the overall operational position is broadly balanced there are pressures in some areas. The largest operational overspends are in the Women & Children (£0.783m deficit) where there are pressures against medical staff and other non pay, in the Medicine Clinical Board (£0.607m deficit) where the main pressure is against nursing and in the CD & T Clinical Board where there are non pay pressures. The in month improvement in Medicine reflects the recognition of funding in support of NICE Drugs.

Whilst the UHB currently has an operational underspend further review and assurance will be required to ensure that this is maintained as there is a wide variation in performance.

Savings Programme

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

The assessed slippage against the plan has improved from £20.502m to £19.908m in month. At month 7 the UHB has identified green and amber savings schemes totalling £9.092m to deliver against the £29.000m savings target as summarised in Table 12.

Table 12: Progress against the 2020/21 Savings Programme at Month 7

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	9.092	(19.908)

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

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The UHB's accumulated underlying deficit brought forward into 2020/21 is £11.5m which reflects a reduction of £24.8m during 2019/20. An illustration of the year on year movement in the underlying deficit is shown at **Appendix 7**.

Successful delivery of the 2020/21 plan would have reduced this to £4m by the year end. The achievement of this is dependent upon delivering the £25.0m 2020/21 recurrent savings schemes. The latest assessment is that this will be circa £21.3m less than planned and this will increase the underlying deficit to £25.3m. This is shown in Table 13.

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Table 13: Summary of Underlying Financial Position

	Submitted IMTP £m	Forecast Position @Month 7	
		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)	(19.9)	1.4	(21.3)
Revenue cost DHH	(62.7)	(62.7)	
Operational Expenditure Cost Increase Due To Covid-19	(92.2)	(92.2)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	20.9	20.9	
Slippage on Planned Investments Due To Covid-19	2.2	2.2	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assumption	151.7	151.7	
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 them or manage them within a deliverable 2021/22 financial plan. The list of new/potential recurrent commitments of £3.4m is not exhaustive and further detailed work will continue in order to identify recurrent impacts.

Balance Sheet

The balance sheet at month 7 is detailed in **Appendix 2**.

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

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

Overall trade debtors have increased by £27.8m since the start of the year primarily as a result of an increase in amounts due from the Welsh Risk Pool and NHS invoices. The reduction in the value trade and other payables primarily relates to the timing of contractual pharmacy and CHC pool payments and a general reduction in creditors since the year end which is offset by an increase in capital creditors due to COVID related schemes.

Cash Flow Forecast

The closing cash balance at the end of October was £12.951m which is higher than planned. The month end balance is expected to fall back to circa £4m at the end of November. 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 is 96.1% at the end of October and continues to meet the 95% performance target.

Capital Resource Limit (CRL)

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

Table 12: Progress against Capital Resource Limit @ October 2020

	£m
Planned Capital Expenditure at month 7	46.685
Actual net expenditure against CRL at month	46.860
Variance against planned Capital Expenditure at month	1.825

Capital progress for the year to date is satisfactory with net expenditure to the end of October being 57% of the UHB's approved Capital Resource Limit. The UHB had an

approved capital resource limit of £81.587m as at the 23rd October 2020 comprising of £14.548m discretionary funding and £67.039m 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. The UHB has however requested further COVID 19 funding especially to support the provision of elective and routine services through the creation of green zones. The value of this is £2.5m and to date £1.043m of the funding has been confirmed and the UHB has reprioritized its discretionary capital plan to mitigate the remaining risk.

Key Risks

At month 7, 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 7 financial impact of COVID 19 which is assessed at £88.478m;
- **NOTE** the additional Welsh Government COVID 19 funding of £88.478m assumed within the month 7 position.
- **NOTE** the month 7 reported financial position being an operational surplus of £0.362m;
- **NOTE** the forecast break even position which assumes additional Welsh Government funding of £151.726m 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 <i>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</i>									
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 <i>Please tick as relevant, click here for more information</i>									
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	690	24	714	0	3,367
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	1,120	5	1,124	0	1,773
Children & Women	3,149	695	37	731	0	2,418
Medicine	3,330	585	0	585	0	2,745
Capital Estates and Facilities	2,289	412	145	558	1,622	1,731
Corporate Executives	1,209	61	0	61	102	1,148
SubTotal Clinical Boards	29,000	4,735	211	4,946	1,734	24,054
Health Board Wide Schemes		4,147	0	4,147	13,900	(4,147)
Total	29,000	8,882	211	9,093	15,634	19,908

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	603	63	666	0	2,853
Specialist Services	3,088	105	0	105	0	2,983
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	1,063	6	1,069	0	1,429
Children & Women	2,715	477	44	521	0	2,194
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	3,432	258	3,690	33	21,310
Health Board Wide Schemes:					13,900	
Total	25,000	3,432	258	3,690	13,933	21,310

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Appendix 2

Balance Sheet as at 31st October 2020

	Opening Balance 1 st April 2020	Closing Balance 31 st October 2020
Non-Current Assets	£'000	£'000
Property, plant and equipment	687,650	729,241
Intangible assets	2,133	1,662
Trade and other receivables	17,779	16,849
Other financial assets		
Non-Current Assets sub total	707,562	747,752
Current Assets		
Inventories	16,784	16,958
Trade and other receivables	161,605	190,389
Other financial assets	0	
Cash and cash equivalents	1,410	12,950
Non-current assets classified as held for sale		
Current Assets sub total	179,799	220,297
TOTAL ASSETS	887,361	968,049
Current Liabilities		
Trade and other payables	182,792	165,935
Other financial liabilities	0	
Provisions	113,580	130,387
Current Liabilities sub total	296,372	296,322
NET ASSETS LESS CURRENT LIABILITIES	590,989	671,727
Non-Current Liabilities		
Trade and other payables	8,489	8,111
Other financial liabilities	0	
Provisions	19,327	13,722
Non-Current Liabilities sub total £'000s	27,816	21,833
TOTAL ASSETS EMPLOYED £'000s	563,173	649,894
FINANCED BY:		
Taxpayers' Equity		
General Fund	450,666	524,933
Revaluation Reserve	112,507	124,961
Total Taxpayers' Equity £'000s	563,173	649,894

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APPENDIX 3

CASHFLOW FORECAST AT THE END OF OCTOBER 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	73,490	103,225	77,801	96,811	72,799	1,110,666
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,060	975	1,260	1,260	5,524	19,379
WG Revenue Funding - Other (e.g. invoices)	1,308	1,271	2,919	1,339	1,596	1,381	3,001	1,263	1,263	1,554	2,635	4,298	23,830
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,500	3,000	11,000	9,000	9,000	5,000	10,987	81,587
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	35,984	53,271	37,890	41,019	49,195	559,580
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	6,656	13,888	6,092	5,641	13,574	5,435	11,275	99,535
TOTAL RECEIPTS	217,150	154,963	162,229	159,039	124,498	151,988	175,131	128,888	173,375	141,079	152,159	154,078	1,894,577
PAYMENTS													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,865	4,897	4,596	7,518	4,544	4,544	7,518	68,298
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	90	81	240	480	240	240	2,128
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,661	14,557	0	15,220	0	7,610	7,610	97,990
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,350	2,115	2,100	2,100	2,100	2,100	25,205
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,558	1,829	1,895	1,895	1,895	1,895	22,579
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	53,597	55,459	56,006	54,614	54,891	55,499	55,237	661,473
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	55,082	59,734	62,366	57,087	63,087	61,240	55,269	749,810
Capital Payment	9,740	6,975	6,191	2,331	2,513	3,984	10,078	5,800	9,000	9,000	5,000	10,975	81,587
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	15,749	22,443	5,005	25,743	5,010	14,010	16,743	186,334
TOTAL PAYMENTS	211,756	158,821	161,123	158,969	124,513	147,110	171,165	137,798	173,416	141,007	152,138	157,587	1,895,402
Net cash inflow/outflow	5,394	(3,858)	1,106	70	(15)	4,878	3,966	(8,909)	(41)	72	21	(3,508)	
Balance b/f	1,410	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,041	4,000	4,072	4,093	
Balance c/f	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,041	4,000	4,072	4,093	585	

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Appendix 4

PROGRESS AGAINST CRL AS AT 31st OCTOBER 2020

Approved CRL issued October 23rd 2020 £'000s			81,587			
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	3,502	3,382	(120)	4,662	6,041	1,379
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	2,222	2,041	(181)	3,734	3,734	0
Well Being Hub - Maelfa	245	245	(0)	245	245	0
Well Being Hub - Penarth	33	30	(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	1,526	1,344	(182)	2,633	2,633	0
Major Trauma Centre	185	292	107	605	605	0
CRI Links	2,371	2,067	(304)	4,805	4,805	0
Pharmacy equipment	30	30	0	28	30	2
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	1,071	1,030	(41)	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	742	494	(248)	742	742	0
Covid 19 oxygen infrastructure works at uhw	371	370	(1)	350	371	21
Covid 19-HCID Development uhw	6,250	5,764	(486)	6,250	6,250	0
Covid 19-digital devices	589	341	(248)	589	589	0
COVID 19 - Works to St David's Hospital	136	110	(26)	136	136	0
COVID 19 - Works to Barry Hospital	239	203	(36)	239	239	0
COVID – 19 Funding requirements for 2020-21 (Tranche 1 – June 2020)	571	670	99	1,027	1,027	0
COVID 19 - Funding requirements for 2020-21 (Tranche 2 – July 2020)	3,680	3,868	188	3,916	3,916	0
COVID 19 - Additional surge capacity at UHW	18,300	17,499	(801)	33,230	33,230	0
COVID 19 - Green Zones	1,043	1,238	195	1,043	2,515	1,472
Sub Total	43,962	41,875	(2,086)	67,039	69,918	2,879
Discretionary:						
I.T.	131	118	(13)	1,250	600	(650)
Equipment	239	914	675	2,467	1,093	(1,374)
Statutory Compliance	459	597	138	2,800	2,800	0
Estates	3,894	3,356	(538)	8,498	7,643	(855)
Sub Total	4,723	4,985	262	15,015	12,136	(2,879)
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
	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	48,685	46,860	(1,825)	81,587	81,587	0
PERFORMANCE AGAINST CRL (Under)/Over £'000s			(34,727)		0	

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DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 7

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	2686	0		2686	0
Set up costs - revenue	46785	0		46785	0
Running costs - pay	441	0		441	0
Running costs - non pay	15521	0		15521	0
Total estimated costs	65433	0		65433	0

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Set up costs - revenue match with line 61 of Tab B3 of the (MMR).	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Commissioning costs	24000	8098	-4144	-85	3110	-766	1922	900	180	0			33215
Other professional fees	10	10	10	5	56	-25	45	45	45	20	20		241
Legal fees	50	-36	7	28	25	25	25	13	12				149
Insurance								0					0
Project management costs	905	256	180	110	-2	99	16	101	66	28	127		1886
IT costs (revenue)	780	-458	0	145									467
Fit out costs (specify below) eg. Beds, infrastructure - not deemed capital													
WRU Stadium Facility Costs - Set Up and Maintenance	750	489	169	498	414	379	402	385	397	385			4268
Cardiff Blues Cardiff Arms Park Facility Costs - Set Up and Maintenance	150	69	43	52	5	153	-138	28	28	92			482
Mitie Set Up Costs	1022												1022
Military Assistance Set Up Costs						2							2
													0
													0
Medical equipment costs - not deemed capital (specify below)													
All other non IT UHB purchased equipment including beds, medical, furniture etc	4757	305	-67	38		20							5053
													0
													0
													0
Equipment costs - (specify below)													
													0
													0
													0
													0
													0
													0
													0
													0
													0
Total set up costs - revenue	32424	8733	-3802	791	3608	-113	2272	1472	728	525	147	0	46785

[illegible]

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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	0								36	36	
Medical and Dental - agency / locum													0		
Nursing - establishment	12	65	34	0	0								111	111	
Nursing - bank													0		
Nursing - agency													0		
Prof Scientific and Technical - establishment	1	5	13	0	0								19	19	
Prof Scientific and Technical - agency													0		
AHP - establishment	7	22	16	4	0								49	49	
AHP - agency													0		
Healthcare Scientists - establishment	2	18	0	0	0								20	20	
Healthcare Scientists - agency													0		
Estates / Ancillary staff - establishment	0	56	27	-10	0								73	73	
Estates / Ancillary staff - agency				133	0								133	133	
Admin and Clerical - establishment													0		
Admin and Clerical - agency													0		
Students													0		
HcAs													0		
Portering													0		
Domestics													0		
Catering													0		
IT													0		
Total running costs - pay (additional costs only)	32	188	88	133	0	0	0	0	0	0	0	0	441	441	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						60	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					908	-235	169	909	5282	430	2500		9963	9963	
Consequential Losses			204	-126	64	217	348	980	361	1288	200		3536	3536	
Other costs (specify below)															
Mitie - soft FM running costs	194	206	750	0	0	0							1150	1150	
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						176	176	
													0	0	
													0	0	
													0	0	
													0	1150	
													0	231	
													0	0	
													0	0	
Total running costs - non pay	544	451	1337	-250	979	-18	528	1889	5643	1718	2700	0	15521	16902	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	1472	728	525	147	0	49471	49471	0
Total Running Costs	576	639	1425	-117	979	-18	528	1889	5643	1718	2700	0	15962	17343	0
Total Costs	35563	9631	-2377	486	4587	-79	2800	3361	6371	2243	2847	0	65433	66814	0

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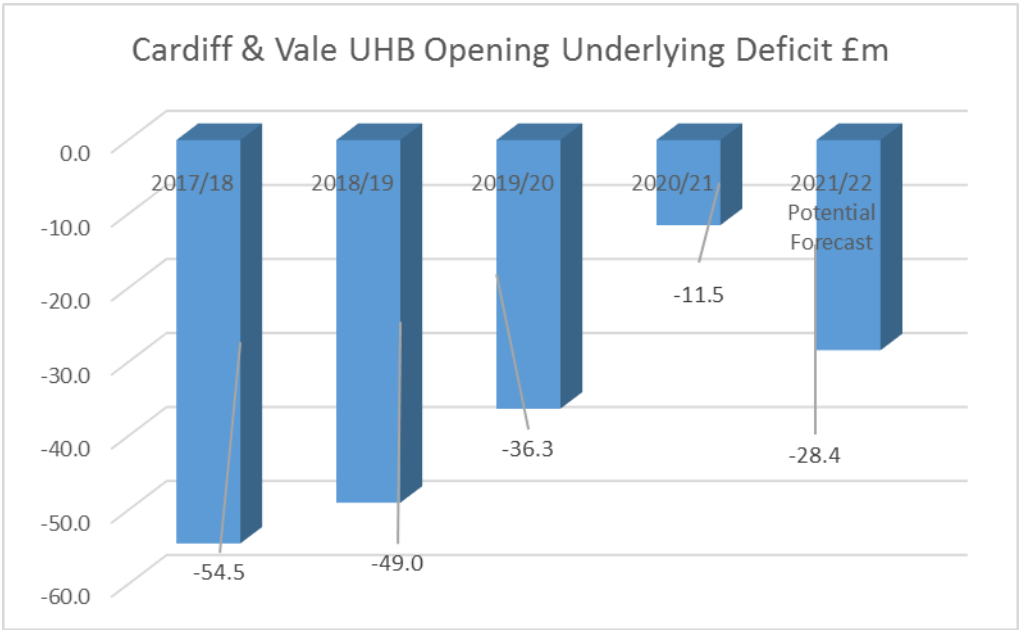
POTENTIAL UNDERLYING DEFICIT

	£m
Assessed underlying deficit at month 7	(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)

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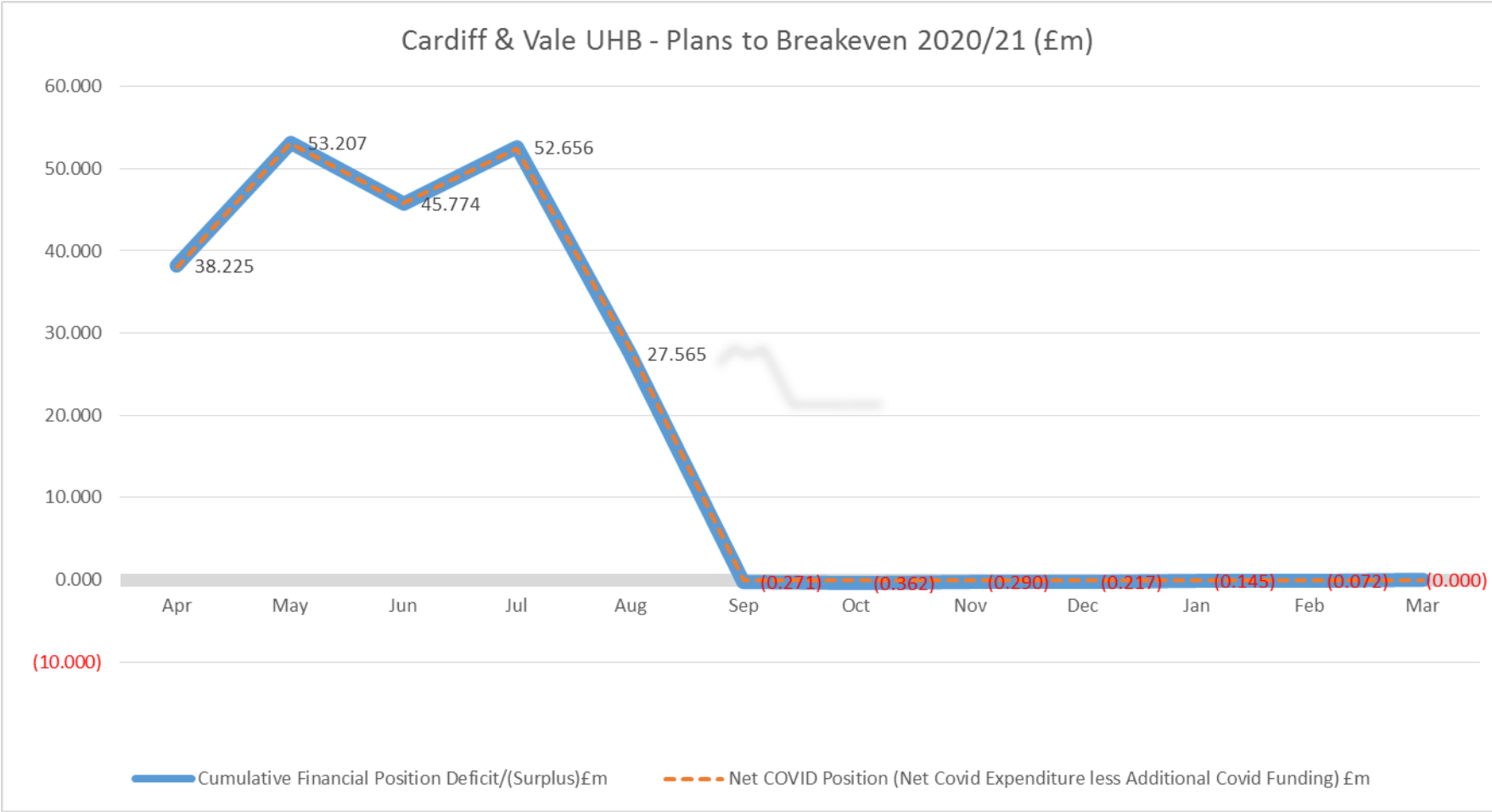
Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



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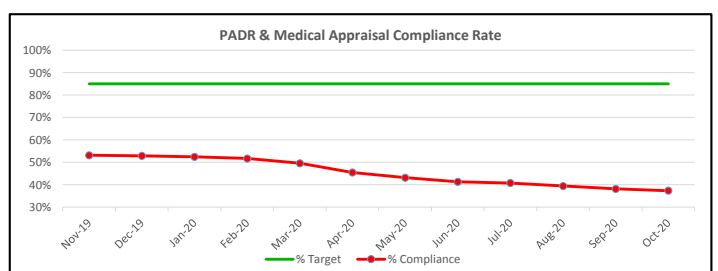
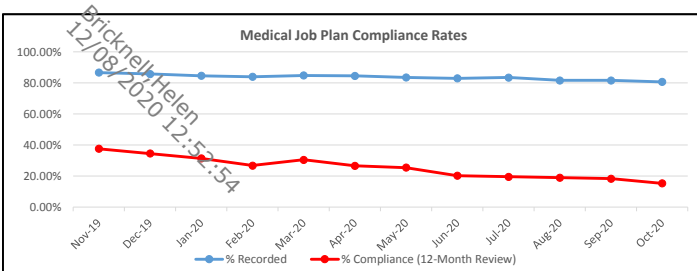
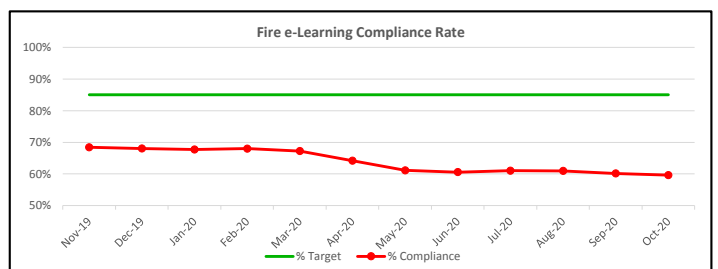
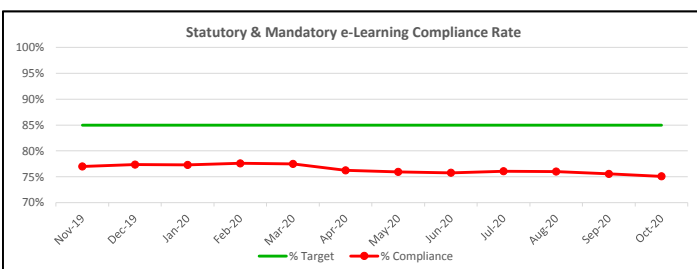
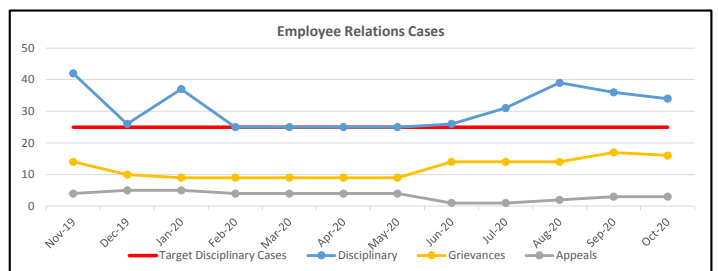
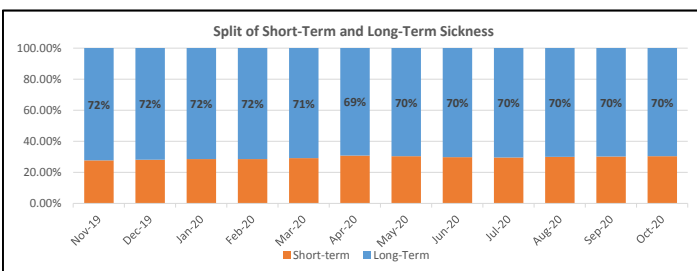
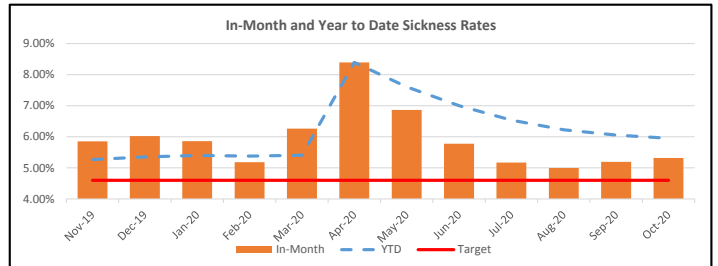
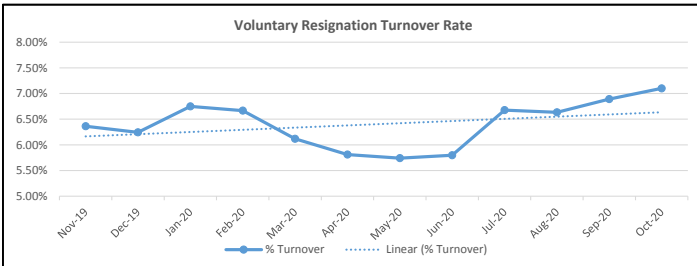
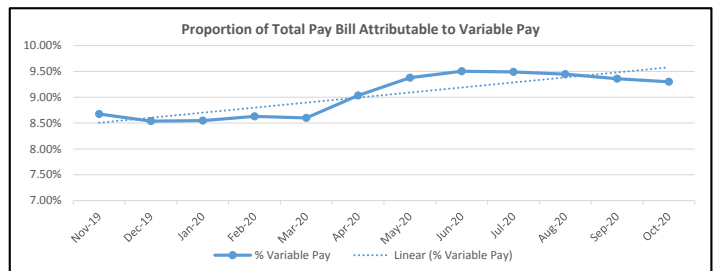
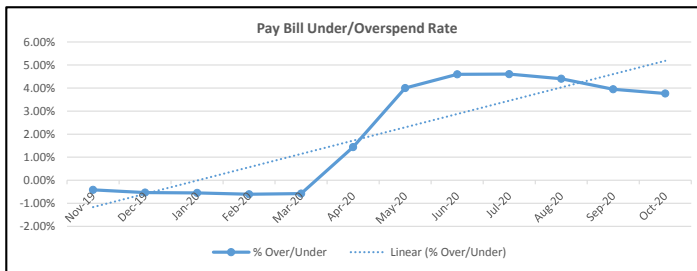
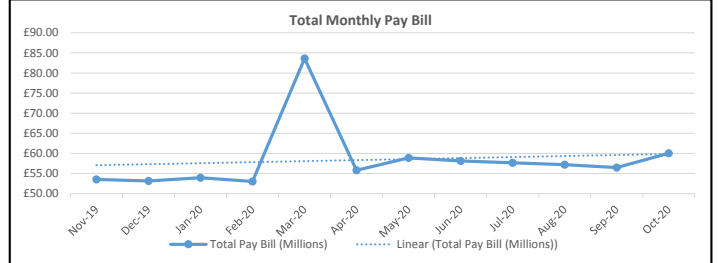
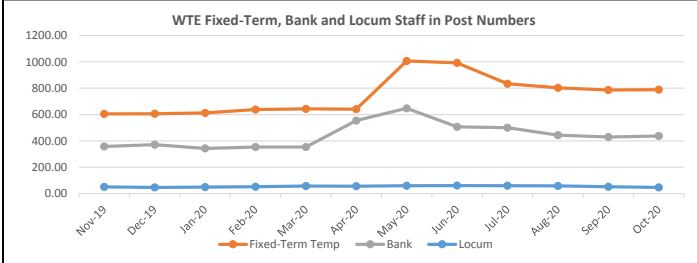
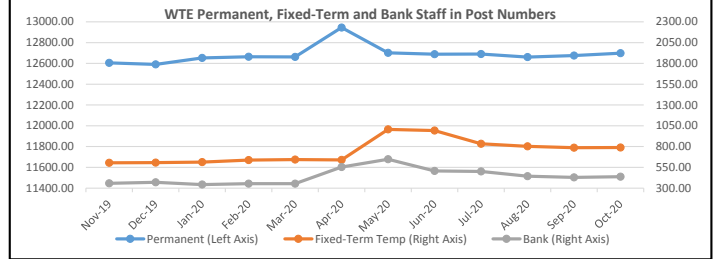
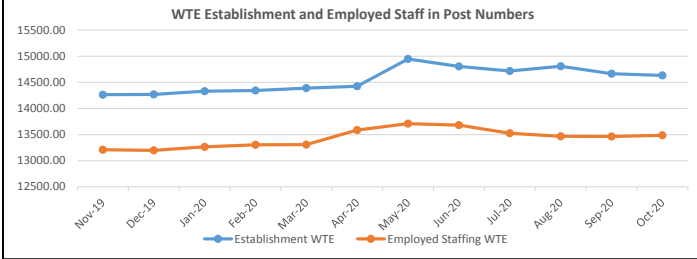


Cardiff & Vale UHB – Plans to Break Even



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Workforce Key Performance Indicators Trends October 2020



Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT						
Meeting:	Local Partnership Forum				Meeting Date:	16 Dec 2020	
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Executive Nurse Director Executive Medical Director						
Report Author (Title):	Assistant Director, Patient Safety and Quality 029 2184 6117 Assistant Director, Patient Experience 029 2184 6108						

Background and current situation:

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

The UHB continues to see a number of 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 has reported a number of Covid 19 outbreaks over the last two months. The situation is under robust scrutiny with daily operational infection, prevention and control meetings and outbreak procedures in place for each affected area.

The Medical Examiner Service is expected to be fully operational by 1st April 2021. This will be hosted in 4 hubs across Wales. Recruitment for South East Wales is under way. There will be some changes in practice associated with this given that the base will not be in DGHs as originally proposed and the UHB is currently putting in place systems to ensure that the transition is as effective as possible. The ME service is currently being piloted across some areas of Wales and it is anticipated that the UHB will begin working with the ME's office from December 2020.

The UHB has continued to collate Patient experience feedback scores and the current scores are 88% UHW, 89% UHL and 78% St David's. The team is involved in Patient Experience evaluation of some of the key programs of work across the UHB such as CAV 24/7 and several bespoke studies.

The Concerns 7 day service has continued and the current complaints 30 working day response time is 84%.

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

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

September - October 2020

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	• 1	• A baby was born in poor condition and later diagnosed with grade 2 hypoxic ischaemic encephalopathy.
	• 1	• A teenage girl known to Child and Adolescent Mental Health Services (CAMHS) has died.
Clinical Diagnostics & Therapeutics	Nil	
Executive Nurse	Nil	
Medicine	• 1	• A joint investigation is underway with WAST following an incident in which a patient died when WAST was unable to respond to a call. There were some hospital delays.
	• 5	• Five patients suffered injurious falls.
Mental Health	• 11	• Patients who were known to Adult Mental Health services have died unexpectedly. The circumstances of the deaths are individually being investigated by the Coroner.

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	<ul style="list-style-type: none"> • 2 • 5 • 1 • 1 • 1 	<ul style="list-style-type: none"> • Patients who were known to Addictions services have died unexpectedly. The circumstances of the deaths are individually being investigated by the Coroner. • Five incidents of young people under the age of 18 years being admitted to Adult Mental Health Services in Hafan Y Coed were reported. • Patient under Section 3 Mental Health Act absconded from a low forensic secure ward at Hafan Y Coed. • A patient known to Mental Health Services was arrested by police following a serious assault on two family members. • Medication incident that is being managed as a Never Event – wrong route administration
Primary Care & Intermediate Care	<ul style="list-style-type: none"> • 1 • 1 • 1 	<ul style="list-style-type: none"> • Concern has been expressed regarding the treatment and follow up arrangements of a patient further to an Optometry appointment. • Avoidable grade 3 pressure damage • A patient queried if the correct tooth had been extracted following a visit to the Emergency Dental Service. There was concern this was a Never Event but review of the incident revealed that the treatment was appropriate.
Specialist	<ul style="list-style-type: none"> • 1 • 1 	<ul style="list-style-type: none"> • Treatment and transfer of a young child at The Major Trauma Centre • Closure of a cardiology ward at UHW due to a number of staff and patients testing positive or being symptomatic of COVID-19.
Surgery	<ul style="list-style-type: none"> • 2 	<ul style="list-style-type: none"> • Concerns regarding follow up mechanisms subsequent to unexpected adverse results in two patients.

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	<ul style="list-style-type: none"> • 1 • 1 	<ul style="list-style-type: none"> • Injury to a child when a plaster cast needed to be split due to swelling of the limb. • Incorrect tooth extraction which is being managed as a Never Event.
Total	38	

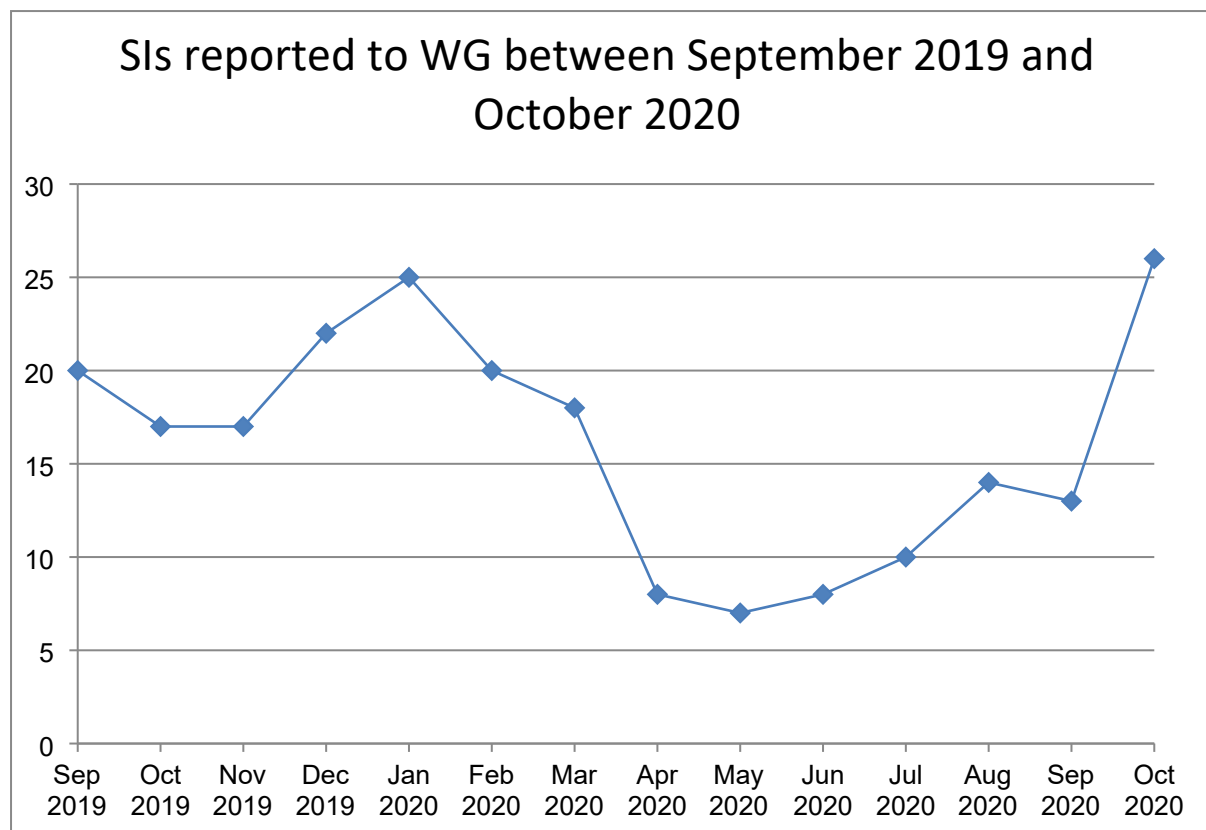
No Surprises		
Clinical Board	Number	Description
Children & Women		
Medicine	<ul style="list-style-type: none"> • 1 	<ul style="list-style-type: none"> • A medical ward at UHL was closed due to several staff testing positive to COVID-19.
Miscellaneous	<ul style="list-style-type: none"> • 1 	<ul style="list-style-type: none"> • Welsh Government were alerted to a number of safeguarding cases that are proceeding to court hearings. Two cases related to Mental Health Clinical Board and one case to Surgery Clinical Board.
Surgery	<ul style="list-style-type: none"> • 1 	<ul style="list-style-type: none"> • A surgical ward at UHW was closed on the south side due to several patients and staff positive or being symptomatic of COVID-19.
Total	4	

How do we compare to our peers?

The following graph depicts the number of SIs reported to WG by month between September 2019 and October 2020. Welsh Government (WG) wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic and this led to a reduced volume of SI reportable incidents. WG wrote once more on 13th August 2020 to reinstate usual SI reporting requirements. It is evident that SI reporting rates have returned to pre-pandemic levels.

Information to compare organisations across NHS Wales is not currently available. It is anticipated that the forthcoming solution via the Once For Wales Concerns Management System will address this. This complex, ambitious project will see the implementation of a new RL Datix system across NHS Wales.

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

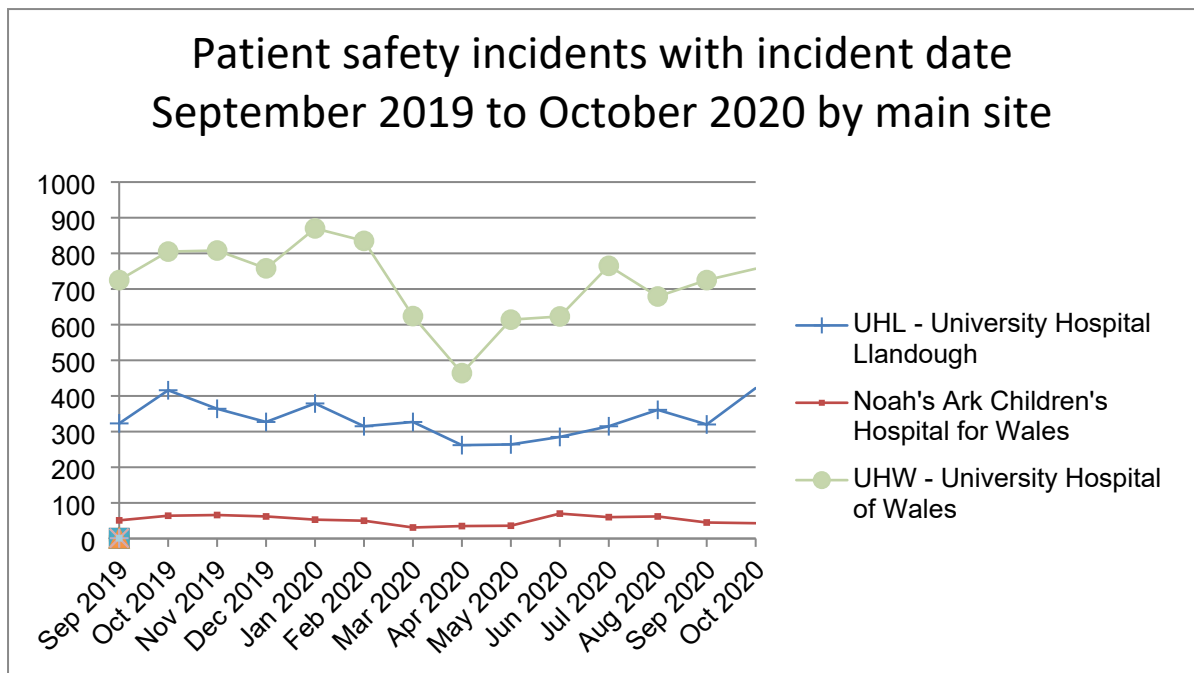
- Behaviour (including suicide, serious self-harm, absconsion)
- Patient accidents/falls
- Unexpected deaths or severe harm

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.

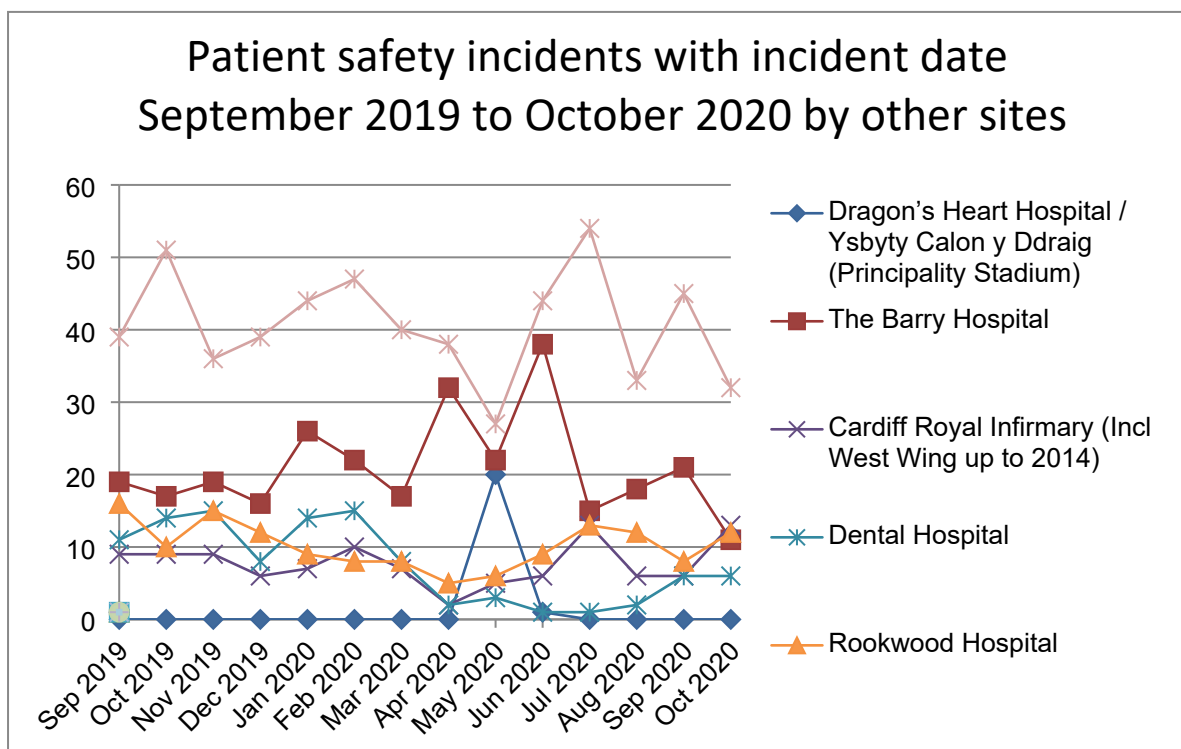
An analysis of the themes and trends in Quality, Safety and Patient Experience was presented to the Quality, Safety and Experience Committee in October 2020.

With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. 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 a return to usual reporting rates.

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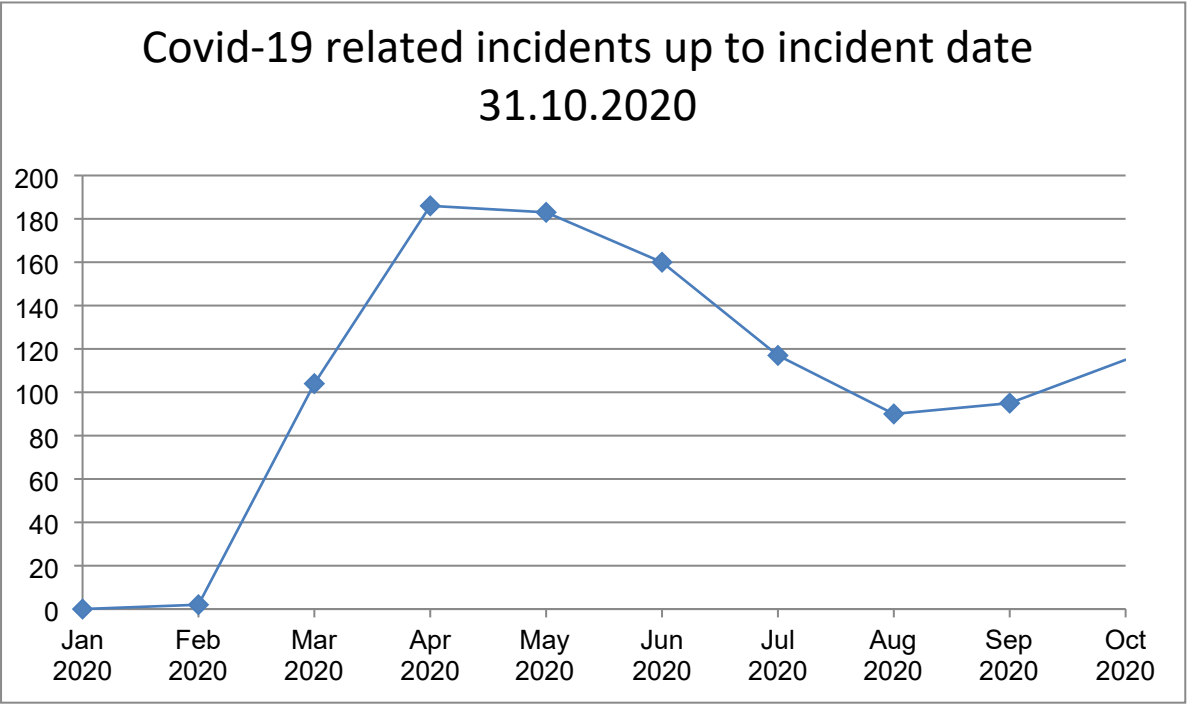
Review of patient safety incident reporting at other sites demonstrates fluctuating reporting rates at The Barry Hospital and St David's Hospital. There are low levels of reporting at the other sites for patient safety incidents. The incidents that are reported are overwhelmingly patient accidents/falls.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



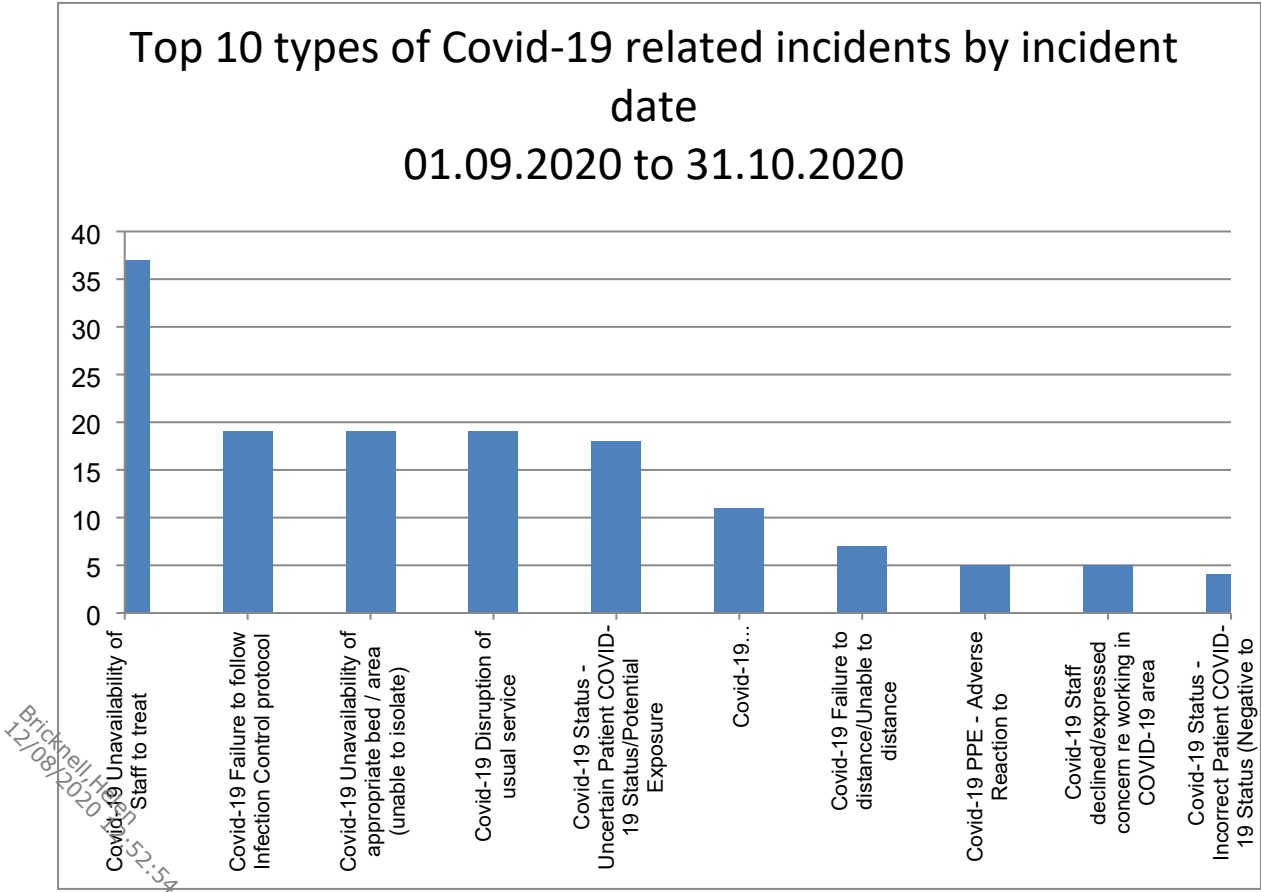
The UHB has been capturing incident forms where staff are raising issues in relation to Covid-19. It is evident that the volume of incidents has been steadily decreasing

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following a steep initial incline in the early phase of the pandemic, however, the number of reported incidents is beginning to rise during the second lockdown.



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



The highest volume of incidents is 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.

A number of the incidents regarding 'Failure to follow infection control protocol' describe issues with maintaining zones where patients, visitors or staff sometimes walk through areas inappropriately. Work is underway to ensure appropriate signage is in place with volunteers helping to direct people appropriately.

'Unavailability of appropriate beds' tends to include incidents where there are difficulties placing patients due to constraints with availability of cubicles or whilst managing reduced bed capacity when a ward has had to close. The operational challenges associated with this are discussed at length in various forums, for example, Infectious Outbreak meetings with senior managers and representatives of the Infection Prevention and Control Department.

'Disruption of usual service incidents contain a wide range of issues highlighted by staff following change being implemented in response to the pandemic. Individual incidents are reviewed at the time by line managers and the Patient Safety Team will further explore what lessons can be learnt from what is reported.

'Uncertain patient Covid-19 status / Potential exposure' incidents tend to include issues such as patients being transferred to X-ray where it hasn't been clear that the patient is awaiting a swab result or where surgery is being planned but the outcome of the patient's swab is not known at the time the theatre list is being prepared. There have also been issues with patients / family members attending hospital and reporting to staff on arrival that they should in fact be isolating. These are key messages to continue to convey.

Incidents involving aggressive/inappropriate behaviour between staff and from patients towards staff were a concerning trend in the earlier stage of the pandemic. The reported incidents in this period were all patients and visitors displaying aggressive behaviour to staff for various reasons. These are monitored by the Health and Safety Department.

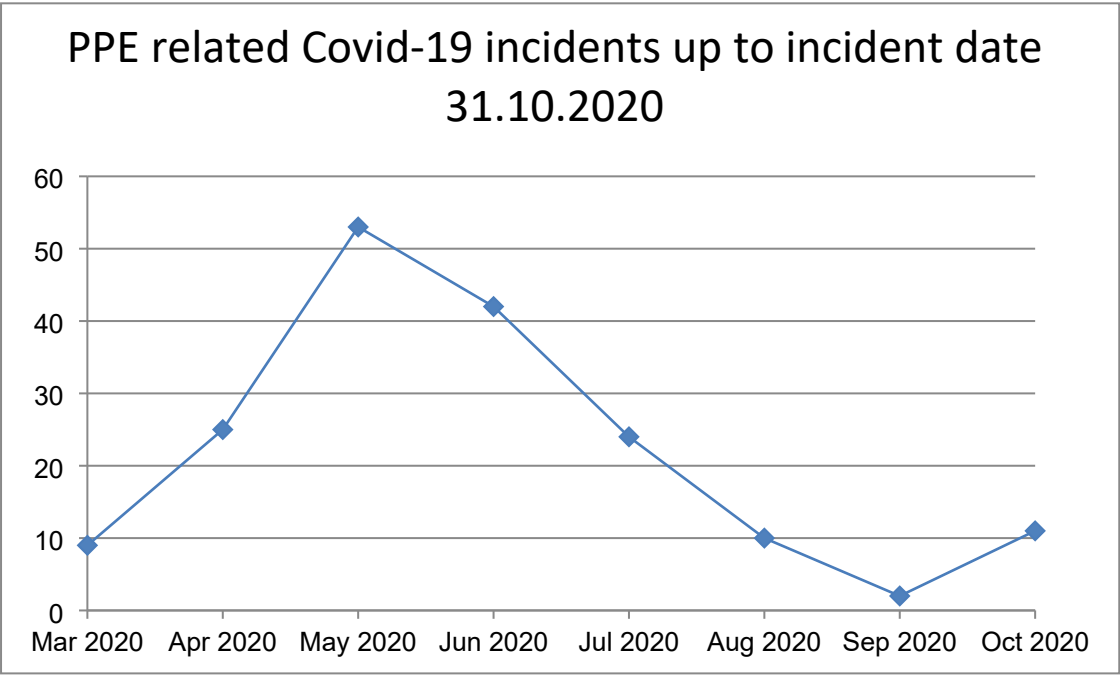
'Failure to distance / unable to distance' incidents are reported by a number of hospital and community services due to challenges within their environment, when attending patient's homes or in waiting rooms. Continued reinforcement of the physical distancing message is required with managers supporting staff to ensure implementation in their areas.

'Staff declined / expressed concern re: working in Covid-19 area' incidents are reported on the UHL site during this reporting period. Staff are concerned when Covid-19 positive patients are on their wards if they have their own risk factors to consider or if they have vulnerable family members at home. The incidents have been escalated to senior nursing staff.

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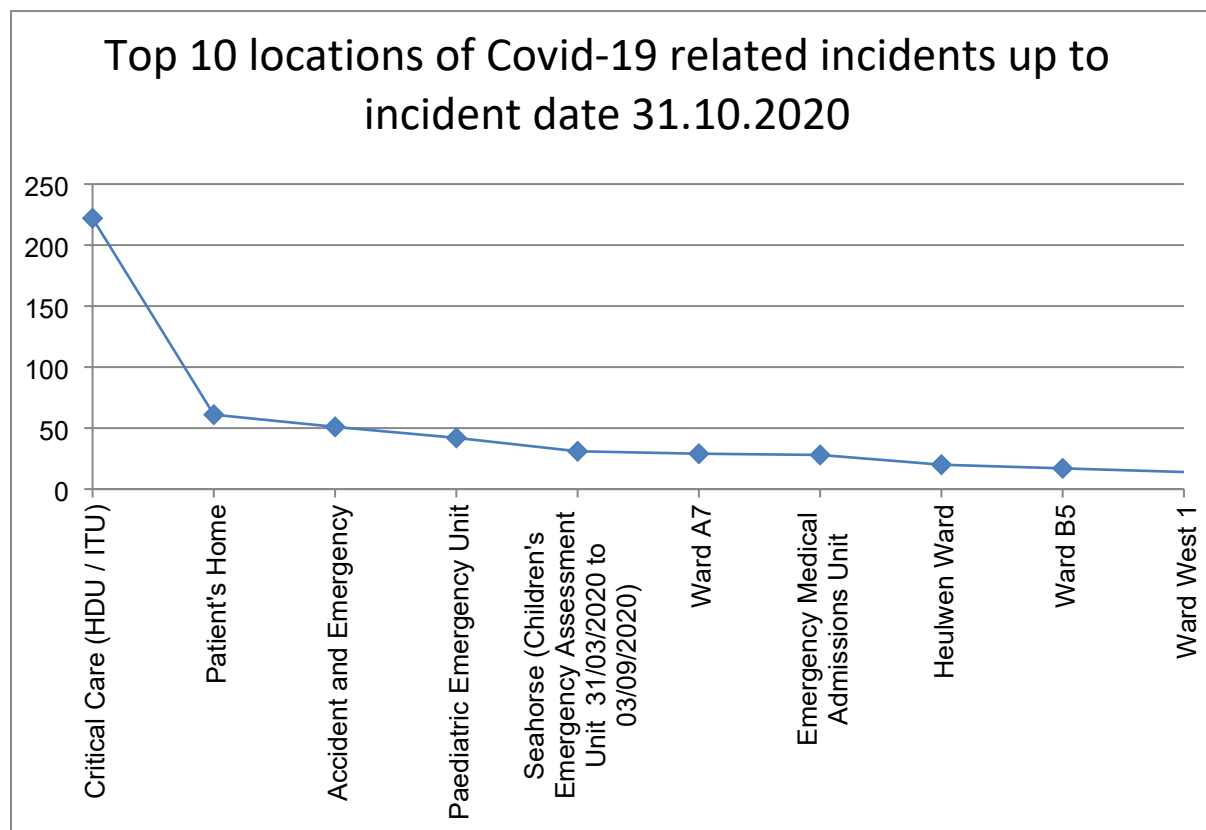
‘Incorrect patient Covid-19 status (negative to positive)’ include incidents where wards/departments have been told prior to transfer that a patient was negative only for documentation to indicate this was incorrect. It is imperative that staff communicate this information accurately and effectively and this will be reinforced.

There has been a significant decrease in the number of PPE related incidents reported since a peak of reporting in May 2020. All incidents are routinely reported to and discussed at the PPE cell chaired by the Executive Nurse Director.



The overwhelming majority of Covid-related incidents up to 31.10.2020 were reported by the Critical Care Directorate. The majority of these incidents reported concerns in relation to PPE. The other areas most frequently reporting Covid-related incidents are set out in the graph below.

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The Patient Safety Team is working in partnership with Cardiff University to prospectively analyze covid –related incidents as they are reported over the coming weeks and months. This will help to accelerate the early identification of themes and trends and to accelerate learning.

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 PE (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.

Prehab survey

A follow up to the Prehab work has been carried out with the evaluation of the 'nudge' information sent out to patients awaiting their surgical procedure. To date the team

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has sent out information nudges on 'Healthy Eating' and 'Mindfulness' and the feedback received from those responding to an evaluation survey on each, has been very positive. For example, **90%** (Healthy Eating) and **84%** (Mindfulness) of respondents found the information helpful. In relation to the 'Mindfulness' information evaluation, the breakdown of responses was as follows:

Positive comments received included:

- *This was excellent however I would find it more reassuring if it came more often perhaps in smaller sections.*
- *I think the texts are really helpful.*

However, we received a number of comments asking when their surgery was taking place:

- *When is my cancelled operation going to take place?*
- *Time scale on my operation?*

The information provided to all people on the waiting lists 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.

CAV 24/7 'at the front door' survey.

The CAV 24/7 'at the front door' survey was a short survey designed to gain feedback from patients arriving at the EU on whether they had contacted the CAV 24/7 service first. We placed two volunteers at the entrance to EU and they spoke with 55 patients, **67%** (37 respondents) had not contacted the CAV 24/7 service first. Of these, **22%** (8 respondents) were not aware of CAV 24/7.

Apart from not knowing about the service, other reasons for not contacting the service first included:

- Admitted by GP
- Rung for ambulance
- Child hit head so booked through GP

24% (9 respondents) felt the matter was too urgent and some of those that gave the response of 'Other' echoed this concern. It was evident in the small sample that parents attended if concerned about their child and some people with Mental Health concerns were familiar with attending EU in person.

Following this survey which will be repeated in November there is a plan to text those who arrive at the door of EU and at Barry Hospital with the contact number 24/7 to be stored in their phone. As a routine a printed slip with contact details for CAV 24/7 is handed to all people who arrive without phoning at EU.

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In-patient surveys

During October, we also carried out the routine surveying of areas using paper surveys, but again this was limited. In total, **83** surveys were completed. (37 UHW, 28 UHL and 18 St David's). Of those, **86%** (88% UHW, 89% UHL and 78% St David's) stated that they were satisfied with their overall experience.

The majority of compliments received related mostly to staff and the care received.

Carers and our communities

There have been several recent reports highlighting the impact of the pandemic upon unpaid carers. The [Carers Week 2020](#) report estimated that there are 13.6 million unpaid carers in the UK today. Most of these unpaid carers, 9.1 million, were already caring before the coronavirus outbreak. A staggering 4.5 million people have started providing unpaid care since the outbreak. This represents nearly a 50% increase in the number of unpaid carers since the crisis began. An estimated 26% of the UK adult population is providing unpaid care to an older, disabled or ill relative or friend – that is equivalent to one in four adults. This report suggests there are currently as many as 683,000 unpaid carers in Wales.

The [Carers Wales Activity Report](#) contacted **580 carers in wales**

- Four in five unpaid carers in Wales are providing more care for relatives
- 76% reported that the needs of the person they care for have increased during the pandemic
- 76% reported they are exhausted and worn out as a result of the pandemic
- 68% are worried about further lockdowns

We have continued to support Carers in some limited ways throughout the pandemic. Our Young Carers in Schools is run through Carers Trust South East Wales and designed in collaboration with our local Authority partners. Some work undertaken since March was via a virtual platform but the scheme has continued throughout the pandemic. We continue to identify young carers in secondary schools and we work with the schools to develop a support system.

'Get There Together' Project

People living with dementia, their family and members of other vulnerable groups and carers have expressed how fearful they feel about going back out into the community through the impact of Covid-19. People have expressed feelings of worry and fear about accessing healthcare services as well as community shops and support groups.

The project's aim is to encourage people to connect, build awareness and empower inclusion and reduce isolation, encouraging people to return to places that they previously used on a regular basis by giving them an idea of what to expect and opportunity to rehearse beforehand, practice skills and lessening anxiety.

As part of the Cardiff and Vale Sub-Group we will participate and support in the development of a national resource 'Get There Together'. This resource will capture digital stories of locally identified priority areas, settings, venues and places of interest. The resource will demonstrate through the making of a focused digital stories on these particular safety measures are being supported in the community. Our Volunteers will be supporting with this project which supports Dementia actions plan for Wales, Ageing well in Wales and Strategy for older people in Wales.

Patient Experience - Drop off and Collection Service for Patients

The UHB has introduced a new service supporting families, carers or friends, to bring essential items such as clothing and toiletries to their loved ones following the restricted visiting regulations due to Covid-19. The Patient Experience team implemented a service which ran Monday, Wednesday and Friday from UHW and Tuesday and Thursday UHL between the hours of 10.00am -2.00pm supported by eight volunteers. During the dates from the 7-23rd of October the team were able to support by delivering 534 bags of essential items to individual patients at UHW and UHL. Unfortunately due to the Fire Break lockdown the service was suspended but we hope to resume again on the 9th November.

Benchmarking

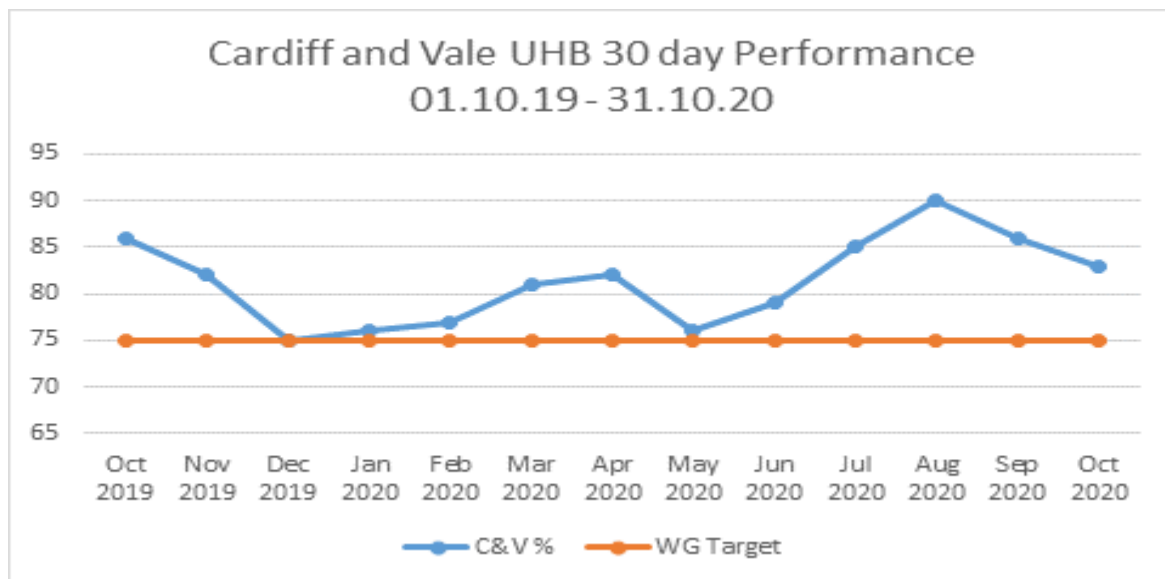
It is very difficult to compare Patient Experience activity across Wales but we are anticipating that the once for wales service user experience system which will be introduced in April 2021 will enable comparison. On a national level the team were pleased to be finalists in the PENA–patient experience national award for team of the year and runner up in a category with our Young Carers in Schools project.

Complaints Management/Redress

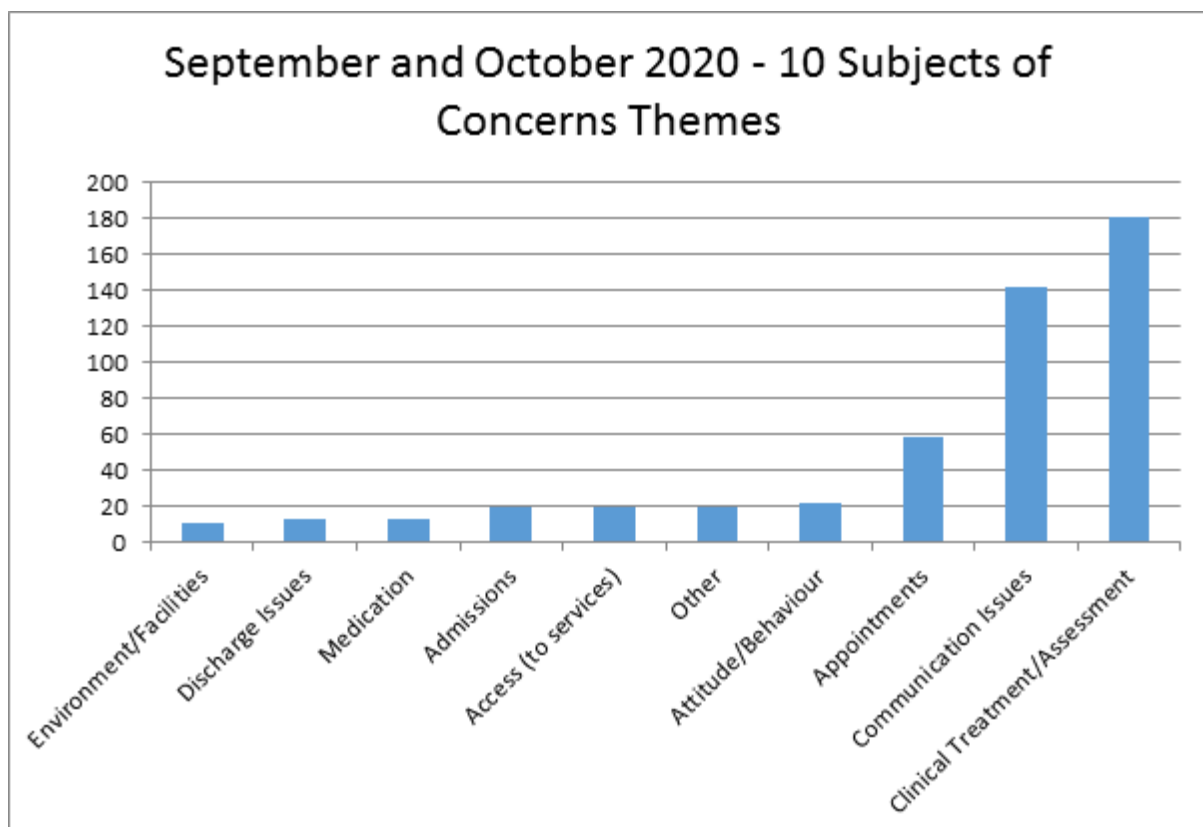
In September and October 502 concerns were received, which is a significant increase when compared with the 338 received in July and August. The numbers are slightly less than September and October of 2019 when 596 concerns were received.

It is pleasing to note that the 30-working day performance for this period was 84%. Performance with this measure over the last 12 months is demonstrated below:

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



Patients, are raising concern relating to delays in follow up appointments and planned procedures, particular under Surgery Clinical Board. In an attempt to manage patient expectations, the Trauma and Orthopedic Directorate has contacted patients on the waiting list to apologise for the delays and provide an update. Some Surgical Procedures have been undertaken at Spire. Through the Prehab to Rehab work we have also

contacted patients on other elective waiting lists and they were provided with the Patient Experience contact phone number to speak with a member of the team if they had any enquiries. The feedback has been very positive and patients appreciated knowing that they had not been forgotten about and that they were on a waiting list. The program provides information about improving and maintaining a healthy lifestyle whilst awaiting surgery.

We have noted an increase in concerns relating to car parking at both UHL and UHW; patients are worried that they will receive a parking charge for parking in a restricted areas. They have commented upon some of the unsafe parking that is occurring on these sites. Patients and visitors are being reassured that they will not receive a Parking Charge Notice and signage has been amended to direct patients and visitors. The CEO has also reminded staff to ensure they park safely.

Visitors and staff continue to express concern about staff not adhering to social distancing. To address this, the UHB has continued to highlight the importance of social distancing in the CEO Connects and on posters displayed across all sites. The Executives and Communication Team are actively reminding people of the importance of social distancing through many social media and other routes. The Communications Team actively send out reminders about social distancing through all available media channels.

Surgery Clinical Board and Medicine Clinical Board received 45% of concerns across the Health Board. However, it should be noted that the level of activity in these clinical boards is significant.

Training:

The Concerns Team continue to provide training and recently we attended an away day for various members of Emergency Unit staff to discuss the themes of concerns and what actions could be taken. A further bespoke training session was provided for Band 6 nurses in Paediatric Intensive care Unit (PICU). The feedback for both sessions was very positive.

One of the continuing themes of Redress cases and Claims is informed consent particularly in view of the Montgomery ruling.

A live virtual interactive session with Clinical Negligence Barrister, Will Wraigh has been arranged. The topic is Montgomery and Informed Consent and this takes place on 6th November 2020. This session is open to all staff and there will be an opportunity at the end of the session to ask any questions. There will also be a recording available for those who are unable to attend on the Patient Experience pages.

This is timely as the General Medical Council have published updated guidance [_Decision-making-and-consent-guidance GMC](#) which came into effect on 9 November 2020 and is intended to support doctors in undertaking shared decision making and help their patients to make healthcare decisions that are right for them.

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Benchmarking

Whilst there is not any published benchmarking date for concerns performance across Wales we are maintaining consistently 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 data will be available.

Quality, Safety and Experience Workshop

On World Patient Safety Day 2020 (17th September), a virtual Quality, Safety and Experience (QSE) Workshop was held to engage with senior clinicians and managers across the organisation in order to start the discussion to identify our QSE priorities for the next 5 years. A total of 66 people attended the workshop for part or all of the day.

Prior to the workshop, a short safety culture survey was sent out to all delegates. Themes from the survey and the pre-reading material were identified and facilitated virtual groups were set up to discuss each theme and feedback to the main virtual room. The key themes identified were:

- Organisational Safety Culture
- Leadership and the prioritisation of quality, safety and experience
- Patient experience and involvement in quality, safety and experience
- Patient safety learning and communication
- Staff engagement and involvement in safety, quality and experience
- Patient safety, quality and experience data and insight
- Professionalism of patient safety, quality and experience

There was excellent engagement from all delegates and the workshop and approach that we took has been well evaluated. Key messages we heard and now need to build on:

- be brave but be simple
- engage everybody – patients, staff and stakeholders and be able to hear their voice. We need all of the data and all of the systems to support that.
- establish a range of regular learning events and share understanding and learning about team dynamics more
- establish better training and accreditation for QSE – safety curriculums and MDT engagement
- improve leadership in QSE at all levels ensuring that ALL of our staff have a platform that ensures their voice is heard.
- Agree a common language about QSE with our staff; one that embraces the positive as well as the negative
- think about the ways in which we value and appreciate staff recognising the positive contribution that they make and how we support and encourage them to grow.

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A feedback session for all staff who attended has been arranged for Friday, November 13th. A UHB wide safety culture survey is planned over the coming weeks and follow up discussions with the wider organisation and external stakeholders during the early part of 2021. This will inform the development of a five year QSE Framework which we anticipate launching in April 2021.

Clinical Effectiveness Committee (CEC)

A UHB wide CEC has been established. This will be chaired by the Assistant Medical Director Patient Safety and Governance and the purpose will be to:

Provide strategic direction for the UHB's national and local clinical audit programme. Monitor the implementation of national and local evidence, guidelines and standards to ensure best practice across the Health Board.

Reduce inappropriate variations amongst year on year performance data and strive to achieve the highest standards by using evidence based practices.

Receive reports from the sub groups and following analysis either escalate issues or provide assurance to the QSE committee and Board.

The first meeting is scheduled for December 2nd 2020. The Patient Safety Team are currently viewing electronic clinical audit systems to support the Clinical effectiveness agenda within the UHB. Purchase of a suitable system will greatly enhance the level of control over UHB audit activity and will provide real-time insight and reporting for clinicians, wards and the audit departments.

Learning from Deaths

There are three essential Wales-wide pieces of work related to learning from deaths that the UHB is participating in. These are the implementation of the Medical Examiner (ME) and supporting structures; the implementation of e-Datix for recording and monitoring mortality reviews and the revised all-Wales Mortality Review Steering Group to develop robust systems and processes and share learning.

The Medical Examiner Service is expected to be fully operational by 1st April 2021. This will be hosted in 4 hubs across Wales. Recruitment for South East Wales is under way. There will be some changes in practice associated with this given that the base will not be in DGHs as originally proposed and the UHB is currently putting in place systems to ensure that the transition is as effective as possible. The ME service is currently being piloted across some areas of Wales and it is anticipated that the UHB will begin working with the ME's office from December 2020.

A UHB Mortality Review Group is now established with membership consisting of senior representation from all the clinical boards and relevant corporate teams.

This group will oversee the local implementation of the MEs and the whole learning from deaths process including the governance arrangements. It will also collate the learning from deaths information and agree priorities for improvement.

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At present the UHB does not have full oversight of stage 2 mortality reviews. We cannot provide robust assurance that these are being done and lessons are being learnt. The Patient Safety Team has insufficient resource to support this adequately at present. The two things impacting on stage 2 reviews are that there is yet to be agreement on the final stage 2 review form and there is no repository for stage 2 findings. The E-Datix mortality module will be rolled out across Wales which will be the repository for stage 1 and 2 reviews. This forms an important part of the Once For Wales Concerns Management project.

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		Integratio n		Collaboratio n		Involveme nt	
Equality and Health Impact Assessment Completed:		Not Applicable							

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