

## Agenda

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**10:00 - 10:01 1. Welcome and Introductions**

1 min

*Chair*

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**10:01 - 10:02 2. Apologies for Absence**

1 min

*Chair*

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**10:02 - 10:03 3. Declarations of Interest**

1 min

*Chair*

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**10:03 - 10:04 4. Minutes of the meeting held on 10 February 2021**

1 min

*Chair*

 4. LPF minutes 10.02.21.pdf (7 pages)

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**10:04 - 10:05 5. Action Log Review**

1 min

*Chair*

 5. LPF Action Log.pdf (1 pages)

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**10:05 - 10:20 6. Shaping Our Future Clinical Services**

15 min

*Victoria LeGrys*

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**10:20 - 10:35 7. Mental Health Position – Impact of Covid and Transformation Work**

15 min

*Daniel Crossland*

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**10:35 - 10:50 8. Respect and Resolution Policy**

15 min

*Peter Hewin*

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**10:50 - 11:25 9. Chief Executives Update**

35 min

*Len Richards*

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**11:25 - 11:35 10. Finance Report**

10 min

*Catherine Phillips*

 10 Finance Position Report for Month 11.pdf (26 pages)

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**11:35 - 11:45 11. Workforce and OD KPI Report**

10 min

*Rachel Gidman*

 11. Workforce KPI Metrics.pdf (3 pages)

 11a WOD KPI Report Feb-21.pdf (2 pages)

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**11:45 - 11:55 12. Patient Safety Quality and Experience report**

10 min

*Ruth Walker*

 12. PATIENT SAFETY QUALITY AND EXPERIENCE report.pdf (21 pages)

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**11:55 - 11:58 13. Any other business previously agreed with the Co-Chairs**

3 min

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**11:58 - 12:00 14. Future Meeting Arrangements:**

2 min

*Thursday 17 June 2021 at 10am (with a staff representative pre-meeting at 9 am) via Teams*

Bricknell Helen  
04/15/2021 11:02:41

# **LOCAL PARTNERSHIP FORUM MEETING**

## **Wednesday 16 December 2020 at 10am, via Teams**

### **Present**

Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Rachel Gidman	AD of OD(co-Chair)
Martin Driscoll	Exec Director of Workforce and OD (part of meeting)
Julie Cassley	Deputy Director of WOD
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Fiona Kinghorn	Exec Director of Public Health (part of meeting)
Andrew Crook	Head of Workforce Governance
Len Richards	Chief Executive (part of meeting)
Fiona Salter	RCN
Rhian Wright	RCN
Abigail Harris	Executive Director of Strategic Planning
Chris Lewis	Interim Director of Finance
Steve Gauci	UNISON
Rebecca Christy	BDA
Jonathan Strachan-Taylor	GMB
Joe Monks	UNISON
Lianne Morse	Head of HR Operations
Zoe Morgan	CSP
Nicola Foreman	Director of Corporate Governance
Peter Hewin	BAOT/UNISON
Ceri Dolan	RCN
Stuart Egan	UNISON
Caroline Bird	Deputy COO
Mat Thomas	UNISON
Dawn Ward	BAOT/UNISON
Ruth Walker	Executive Nurse Director (part of meeting)

### **Apologies**

Pauline Williams	RCN
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### **Secretariat**

Rachel Pressley	Workforce Governance Manager
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### **LPF 21/001 WELCOME AND APOLOGIES**

Mr Jones welcomed everyone to the meeting and apologies for absence were noted.

Mr Jones noted that was Mr Driscoll's last LPF meeting and wished him the best for the future. Mr Richards agreed, thanking Mr Driscoll for his work over the last three years, not least for the way he and Mr Jones had worked together. He noted that Rachel Gidman would be acting as Interim WOD Director from 1 March 2021.

### **LPF 21/002 Declarations of Interest**

Dr Jenkins declared that she also sits of the Board of Cwm Taf Morgannwg Health Board.

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### **LPF 21/003      MINUTES OF THE PREVIOUS MEETINGS**

The minutes of the meetings held on 10 December 2020 and 16 December 2020 were agreed to be accurate records.

### **LPF 21/004      ACTION LOG**

The Action Log was noted.

### **LPF 21/005      MASS VACCINATION PROGRAMME**

Mrs Kinghorn advised the Forum that she was the strategic lead for the Mass Vaccination Programme and Mrs Walker was the operational lead.

The programme was going well and was on schedule to have delivered the first vaccine to the first 4 priority groups by the middle of February. An overarching dashboard had been developed and would be shared with the Forum, though there some areas which still needed to be refined including the figures for care homes. It was known that some people would refuse the vaccine, but so far the uptake had been very encouraging.

The mass vaccination centres in Barry and Pentwyn were now open in addition to the one in Splott and any teething problems around issues such as parking were being ironed out with the Local Authorities.

Work was taking place with partners in the BAME Community and within other seldom heard groups e.g. the homeless to encourage uptake.

Mrs Kinghorn noted that there would be a dip number of vaccinations delivered over the next couple of weeks due to a reduction in supply of the Astra-Zeneca vaccine, but it would then significantly increase. Pfizer supplies would be used primarily for individuals who were due to receive their second dose.

Mrs Walker asked members of the Forum to pass on her thanks to staff. She acknowledged that there are had been some initial issues around training but the programme had been refreshed to overcome these.

Mrs Kinghorn advised that Jonathon Grey, Director of Transformation, was working with the Local Authorities to see how the programme could be scaled up to vaccinate as much of the under 60s population as possible in a quicker way. Mr Richards indicated that this proposal had been well received and there would be a meeting the following day to discuss it, however, it would require agreement with Welsh Government, especially in relation to vaccine supply.

Mr Hewin said that while he understood the decision to extend the period between the first and second dose from 3 to 12 weeks had not been a Health Board decision, staff were very concerned about it. He asked if it was possible to ensure that everyone had a second dose within 12 weeks.

Mrs Kinghorn advised that the second dose would be booked at the same time as the first one, and WG was keeping sufficient supplies of the Pfizer vaccine back to ensure that there was enough. The Astra-Zeneca supply was being managed locally but she anticipated that there would be plenty.

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Miss Ward asked what the strategy for communicating and dealing with staff who opted out of immunisation was. Mrs Kinghorn reminded the Forum that vaccination was not mandatory but that she hoped staff would want to take the opportunity to protect themselves, their families and their community. However, while we cannot force people to be immunised it was important to encourage it and to send a strong message around transmission rates. Mrs Walker agreed that it was not mandatory but reminded the Forum that staff groups who were registered and regulated had a code of conduct which required them to protect. She emphasised the importance of educating where concerns were raised and said that she hoped we wouldn't have to take any further action.

Mr Egan asked for a clear message to be sent to non-front line staff so that they knew when they would be offered the vaccine. He stated that although they were not front line, they do work in our hospitals and use shared areas e.g. concourse.

Mrs Wright advised that she had worked a shift at the Splott centre the previous week and had been very impressed, but she had been unable to book on for another shift despite trying. Mrs Walker acknowledged that there were some logistical issues within the team that were being worked though, but for now Mrs Wright should send her an email which she would share at the daily huddle.

Miss Salter asked for clarification about potential action against registrants who declined the vaccine. Mrs Walker re-iterated that she had said she hoped this would *not* happen, and that the key thing was understanding why individuals were refusing it and what support they needed in order to find solutions.

Mrs Kinghorn finished by reminding the Forum that the vaccine was not a panacea and that it was important to continue with social distancing, hand washing and PPE/face coverings.

## **LPF 21/006 HEALTH AND WELLBEING UPDATE**

Mrs Gidman provided the Forum with an update on Health and Wellbeing topics. She emphasised how important this was, stating that it cannot just be strategic, but that staff need to feel the changes, noting that the evidence shows health and wellbeing of staff impacts on patient care.

Key points to note included:

- The Staff Haven at the Lakeside Wing (LSW) is now open and plans are in place for Havens in UHL and a second in UHW in the near future. There are also plans to introduce a 'click and deliver' service for staff to order refreshments
- Employee Wellbeing Service waiting times are low - employees can be seen quickly in all areas except the trauma pathway which currently is funded for only 1 session and plans are in place to increase this service
- Wellbeing sessions are being held twice a week to support Managers
- The Health and Wellbeing lead is visiting ward areas to see staff and discuss wellbeing

Mr Hewin welcomed Mrs Gidman's update but stated that from a staff side perspective compassionate leadership was the bedrock of wellbeing. He noted that the Respect and Resolution Policy was due to be published soon (replacing the Dignity at Work Process and Grievance Policy) and suggested that it might be useful to have a future discussion about this.

Miss Ward supported the overall strategy but reminded the Forum of the need to be mindful of agile workers and to be creative to ensure that were also supported.

## **LPF 21/007 OPERATIONAL UPDATE**

Ms Bird reminded the Forum that this wave felt very different to the previous one. She advised that EU admissions had not gone down and planned care waiting lists had been maintained as much as possible.

The number of covid patients had decreased but was still in the region 200 inpatient cases and additional capacity remained open. The ITU position had improved but was not back to normal levels. Planned care had also recovered but, again, was not back to the pre-covid position and we were still using Spire and St Joe's and an external company for endoscopies.

Ms Bird emphasised that the staff were doing a phenomenal job. She said the situation was more complex than ever before and it was necessary to plan and work with a great deal of uncertainty. Ms Bird agreed with comments made earlier about the importance of employee health and wellbeing.

The biggest challenge is now Planned Care, with waiting lists aging (ie people waiting longer) and the immediate task is to recover where elective work has been stopped e.g. orthopaedics and theatres. It is therefore necessary to consider when is the right time to return people to their usual place of work.

Ms Bird said that we need to support our existing workforce and increase our workforce, and work with HEIW and WG on our recovery plan. She recognised that Mental Health and PCIC have their own sets of challenges and suggested that perhaps a future update could focus on these.

### **Action: Ms Bird**

Mr Hewin thanked Ms Bird for specifically mentioning Mental Health and said that he would really welcome that focus. He said that IT remained one of the biggest challenges to both innovation and health and wellbeing and he had been pleased to see a published plan. However, he asked if there was any scope to increase the technical support available as he knew they were working to capacity and there was now an issue with getting laptops configured.

Miss Ward asked how robust the connection between operational delivery and the public health strategy was, specifically in relation to staff returning to their usual place of work. Ms Bird indicated that at the current time we are planning in short horizons given the uncertainties – so we are planning for the next 2 weeks and modelling for the next 4-6 weeks after that but that whenever possible they are trying to give staff as much notice as possible.

## **LPF 21/008 RECRUITMENT AND THE WORKFORCE HUB**

The Forum received a presentation from Mrs Morse on recruitment and workforce activity which has taken place in the Hub over the last 10 months or so.

Mrs Morse advised that during the first wave business as usual had stopped within HR Operations and temporary recruitment was brought in-house. At that time there was no opportunity to plan and processes were developed as they went along. It was a high pressured, busy time and approximately 1000 additional temporary staff were recruited.

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After the first wave processes were reviewed as the team prepared for the second wave. Subsequent changes have meant that this time business as usual has continued alongside the recruitment activity, processes have been mapped out and made virtual, and strong links have been made with the other Hubs.

Since September 2020 a further 1000+ temporary staff (excluding nurses and doctors) have been recruited. In addition, a significant number of Bank staff have been offered fixed term contracts and there have been deployments both within the UHB and with other NHS Organisations using the mutual aid principles.

Mrs Morse gave assurances that safe and efficient governance processes are in place but by working this way we have been able to do things differently e.g. advertising on social media, telephone interviews etc and noted that by being in control we had been able to fix things quickly when they went wrong.

Ms Ward asked how this learning would be taken forward and used in the future. Mrs Morse advised that there is a need to have a discussion, both internally and with shared services, about the processes and how they can be streamlined. Mr Richards agreed with this, stating that he believed we now needed to embed and continue the fantastic work that had been done, but this would require discussion and negotiation.

#### **LPF 21/009 CHIEF EXECUTIVES REPORT**

Mr Richards advised the Forum of the following points:

- There were more COVID patients at that time than there had been at any point during the first wave. There was a debt of gratitude to staff for the commitment and ownership of the situation. We were now starting to think about what recovery means, and a recovery plan is being developed especially around planned care. The UHB is actively engaged in developing a business case across the whole system with the ultimate goal of replacing UHW.
- A digital plan is in place for the roll out of O365 and distribution of new equipment but it is apparent that the infrastructure is strained by the demand for virtual meetings etc. Significant digital investment across all sites is necessary and this has started, but this does fall under the same category of money as capital estates and capital equipment.
- The new Executive Director of Finance, Catherine Phillips, is due to start with the UHB on 1 March. Mr Lewis was thanked for everything he has done as Interim Director, and it was noted that this had been recognised by WG.

Miss Ward said that she understood that the trade off for investing in digital technology would be that we wouldn't require as many buildings, but re-iterated the importance of including the community and agile workers in any planning as much of the thinking seemed to be site based. Mr Richards agreed, noting that within SOFW the aim is for people to live longer, healthier lives in their community which means that we need to enable staff to work in the community. We have adopted virtual clinical interactions now but are still only scratching the surface of what digital technology can do to allow us to deliver care in the community, prison etc without having to return to an office to input it onto a computer.

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#### **LPF 21/010 IMTP**

Mrs Harris reminded the Forum that the usual 3 year planning process had been suspended due to the ongoing uncertainties and that the requirement for 2021/22 was an annual plan. However, despite being an annual plan it is very much routed in the SOFW principals.

The plan needed to focus on and addresses the five ministerial priorities of:

- Reducing health inequalities
- Prevention
- Access to care
- Primary and community care
- Mental health and well-being

The context in which the plans are developed remains the 'four harms' associated with covid and many of the changes introduced over the last year are to be embedded and built upon. The plan consists of three key areas – service, workforce and finance.

Mrs Harris suggested that it might be appropriate to have a discussion at the next meeting about the continued focus on the delivery of the strategy over the next 5 years.

#### **LPF 21/011 FINANCE REPORT**

Mr Lewis provided an update on the financial position up to 31 December 2020. He noted that there was a slight underspend in month 9 and a breakeven forecast thanks to WG support with covid related costs.

#### **LPF 21/012 WOD PERFORMANCE KPI REPORT**

The Local Partnership Forum noted the WOD KPI report. It was agreed that a more detailed discussion on absence figures would take place at Workforce Partnership Group the following week

**Action: Mrs Gidman**

Mrs Gidman noted the decreasing compliance rates for mandatory training and stated that the risks associated with this, especially around fire, could not be ignored.

#### **LPF 21/013 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT**

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

It was noted that the definition of a hospital acquired infection had not been confirmed yet.

#### **LPF 21/014 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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04/15/2021 11:02:41



**LPF 21/015      ANY OTHER BUSINESS**

There was no other business raised.

**LPF 21/016      FUTURE MEETING ARRANGEMENTS**

The next meeting will be held on Thursday 22 April 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 21/007	10 February 2021	Operational Update	Future update to focus on Mental Health or PCIC	Ms Bird	Update on Mental Health on agenda for 22 April 2021
LPF 21/021	10 February 2021	WOD KPI report	More detailed discussion on absence figures to take place at Workforce Partnership Group	Mrs Gidman	Discussed at WPG 18 March 2021

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Report Title:	Finance Report for the Period Ended 28 <sup>th</sup> February 2021									
Meeting:	Local Partnership Forum						Meeting Date:	22 April 2021		
Status:	For Discussion	x	For Assurance		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 19<sup>th</sup> March 2020 to inform it that whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. A summary of this plan is provided in Table 1.

**Table 1: 2020/21 IMTP**

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

At month 11, the UHB is reporting an underspend of £0.502m against this plan. During the 11 months to the end of February net expenditure of £135.826m 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 £0.502m.

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.

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

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

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

## Assessment and Risk Implications

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

**Table 2: Finance Dashboard @ February 2021**

Measure	n	STATUS REPORT				
		February 2021	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£0.502m surplus at month 11.	G	9	2020/21 Break-Even	M11 2020-21
Remain within capital resource limits.	37	Expenditure at the end of February was £73.906m against a plan of £77.259m.	G	9	Approved planned expenditure £92.275m	M11 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.3m	R	9	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M11 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.665m forecast at month 11. Performance impaired by response to COVID- 19	R	9	£25.000m	M11 2020-21
Delivery of £4m non recurrent devolved target	36c	£4.965m forecast at month 11. Performance impaired by response to COVID- 19	G	9	£4.000m	M11 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.3% at the end of February	G	9	95% of invoices paid within 30 days	M11 2020-21
Remain within Cash Limit	37b	Forecast cash surplus £0.550m	G	9	To remain within Cash Limit	M11 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £21.563m (An upgrade to the payments systems led to a slowdown of payments in February)	G	9	To Maintain Positive Cash Balance	End of February 2021

## Month 11 Cumulative Financial Position

The Welsh Government has made amendments to the monthly financial monitoring returns to

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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 11 is a surplus of £0.502m following a surplus of £0.294m in month and this is summarised in Table 3.

**Table 3: Month 11 Financial Position 2020/21**

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Month 11 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	12.453	12.114	10.859	138.922
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	1.368	2.579	2.001	18.320
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(1.234)	(1.418)	(1.428)	(19.769)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(0.031)	(0.098)	(0.098)	(1.647)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	12.556	13.177	11.334	135.826
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	0.158	0.095	(0.294)	(0.502)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(12.556)	(13.177)	(11.334)	(135.826)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	0.158	0.095	(0.294)	(0.502)

This shows that the in month net expenditure of £11.334m 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 11 months to the end of February was £138.922m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 11 revenue costs of £54.033m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**.

There was also £84.889m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £18.320m against the month 11 target.

Elective and other planned work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has seen a £19.769m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £1.647m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 is £135.826m. This is matched by the additional Welsh Government funding outlined in the table 4 below:

**Table 4: Welsh Government COVID Funding supporting the position as at 28<sup>th</sup> Feb. 2021**

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Welsh Government COVID Funding	£m
Dragons Heart	(54.033)
Allocation share 13.5% of £371.4m	(42.081)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(5.426)
PPE	(7.532)
UHB TTP	(2.329)
NHS and jointly commissioned packages of care	(3.769)
Flu vaccine extension	(0.478)
Transformation / Discharge	(1.251)
Mental Health Services	(0.503)
Support to Voluntary Sector Mental Health Service Provision	(0.150)
GMS DES	(0.231)
COVID vaccination programme	(2.962)
Additional Pharmacy Allocation	(0.666)
Urgent & Emergency Care Funding	(2.185)
<b>Total funding received / assumed £m</b>	<b>(135.826)</b>

The UHB also has a small operating underspend of £0.502m leading to a net reported surplus at month 11.

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

**Table 5: Summary Financial Position for the period ended 28<sup>th</sup> February 2021**

Income/Pay/Non Pay	Budget	Actual	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Received	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m
<b>In Month</b>						
Income	(117.987)	(117.512)	0.710	0.000	(0.235)	0.475
Income - Welsh Govt. COVID 19 Funding Received	0.000	(11.334)	0.000	(11.334)	0.000	(11.334)
Pay	56.374	59.207	4.161	0.000	(1.329)	2.832
Non Pay	61.612	69.344	6.462	0.000	1.269	7.731
Variance to Plan £m	(0.000)	(0.294)	11.334	(11.334)	(0.294)	(0.294)
<b>Cumulative</b>						
Income	(1,318.001)	(1,309.569)	8.521	0.000	(0.089)	8.432
Income - Welsh Govt. COVID 19 Funding Received	0.000	(135.826)	0.000	(135.826)	0.000	(135.826)
Pay	617.440	641.837	36.071	0.000	(11.674)	24.396
Non Pay	700.560	803.057	91.234	0.000	11.263	102.496
Variance to Plan £m	(0.000)	(0.502)	135.826	(135.826)	(0.502)	(0.502)

## Income

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

**Table 6: Income Variance @ February 2021**

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Income	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	COVID 19 Additional Welsh Govt. Funding £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(11.334)	0.000	(11.334)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.044	0.000	0.000	0.044	0.000	0.007	0.051
Education & Training	0.000	0.000	0.000	0.000	0.000	0.022	0.022
Injury Cost Recovery Scheme (CRU) Income	0.051	0.000	0.000	0.051	0.000	(0.010)	0.041
NHS Patient Related Income	0.188	0.000	0.000	0.188	0.000	(0.171)	0.017
Other Operating Income	0.332	0.005	0.000	0.338	0.000	(0.005)	0.332
Overseas Patient Income	0.001	0.000	0.000	0.001	0.000	(0.062)	(0.061)
Private Patient Income	0.089	0.000	0.000	0.089	0.000	(0.012)	0.076
Research & Development	0.000	0.000	0.000	0.000	0.000	(0.004)	(0.004)
Variance to Plan £m	0.705	0.005	0.000	0.710	(11.334)	(0.235)	(10.859)
<b>Cumulative</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(135.826)	0.000	(135.826)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.975	0.000	0.000	0.975	0.000	0.028	1.003
Education & Training	0.034	0.000	0.000	0.034	0.000	0.170	0.203
Injury Cost Recovery Scheme (CRU) Income	0.284	0.000	0.000	0.284	0.000	(0.132)	0.152
NHS Patient Related Income	1.243	0.000	0.000	1.243	0.000	(0.602)	0.640
Other Operating Income	5.170	0.084	0.000	5.254	0.000	0.427	5.681
Overseas Patient Income	0.010	0.000	0.000	0.010	0.000	(0.054)	(0.044)
Private Patient Income	0.683	0.000	0.000	0.683	0.000	0.125	0.809
Research & Development	0.039	0.000	0.000	0.039	0.000	(0.051)	(0.012)
Variance to Plan £m	8.437	0.084	0.000	8.521	(135.826)	(0.089)	(127.394)

The month 11 income position is a surplus of £127.394m comprising of a net COVID 19 income loss of £8.521m, additional Welsh Government funding of £135.826m for COVID 19 costs and an operational underspend of £0.089m.

The key COVID 19 costs related to income reductions have continued in month and cumulative income losses are as follows:

- £0.975m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.284m adverse variance against the Injury Cost Recovery Scheme following a significant fall in the number and value of new claims between April and July.
- £1.243m adverse variance in NHS Patient related income following the reduction in English non-contracted income due to COVID 19.
- £5.254m deficit against Other Operating Income. The majority of the deficit is a result of the COVID 19 reduction of activity in dental practices leading to a loss of Dental Patient Charges income. There is also a reduction in income because of reduced activity in laboratories and radiopharmacy.
- £0.683m adverse variance against private patient income following the re-planning of non COVID activity.

The in-month improvement in NHS Patient related income reflects the confirmation of agreed income streams for diagnostic services

Pay

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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 @ February 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
<b>In Month</b>						
Medical and Dental	1.135	0.001	0.000	1.136	0.147	1.284
Nursing (registered)	1.331	(0.004)	(0.281)	1.046	(0.633)	0.413
Nursing (unregistered)	0.705	0.000	0.000	0.705	0.051	0.756
Scientific, prof & technical	0.047	0.000	0.000	0.048	(0.116)	(0.069)
Additional clinical services	0.143	0.000	0.000	0.143	(0.117)	0.026
Management, admin & clerical	0.417	(0.002)	0.000	0.415	(0.327)	0.088
Other staff groups	0.666	0.002	0.000	0.668	(0.333)	0.335
<b>Total £m</b>	<b>4.444</b>	<b>(0.001)</b>	<b>(0.281)</b>	<b>4.161</b>	<b>(1.329)</b>	<b>2.832</b>
<b>Cumulative</b>						
Medical and Dental	11.932	(0.174)	0.000	11.758	(0.481)	11.277
Nursing (registered)	10.281	0.070	(2.572)	7.780	(4.210)	3.570
Nursing (unregistered)	4.735	0.000	0.000	4.735	1.610	6.345
Scientific, prof & technical	0.369	(0.031)	0.000	0.338	(1.432)	(1.094)
Additional clinical services	1.007	0.000	0.000	1.007	(1.257)	(0.251)
Management, admin & clerical	2.167	0.021	0.000	2.189	(2.661)	(0.473)
Other staff groups	8.234	0.031	0.000	8.265	(3.243)	5.022
<b>Total £m</b>	<b>38.726</b>	<b>(0.083)</b>	<b>(2.572)</b>	<b>36.071</b>	<b>(11.674)</b>	<b>24.396</b>

The pay position at month 11 is a deficit of £24.396m made up of a net COVID 19 expenditure of £36.071m and an operational underspend of £11.674m.

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £12.410m have been incurred and for ancillary staff and in Capital and Estates where additional costs of £3.815m have been incurred. Significant additional pay costs have also been incurred across all other Clinical Boards. Some of these costs are netted down by nursing staff savings in the Specialist and Surgical Clinical Boards.

Cumulative operational pay underspends are reported by all Clinical Boards except the Medicine Clinical Board where there is an operational overspend of £0.726m primarily as a result of nursing costs. The largest operational pay underspends continue to be 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 @ February 2021**

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Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>						
Drugs / Prescribing	0.568	(0.008)	(0.101)	0.459	(0.082)	0.377
Clinical services & supplies	0.376	0.027	(0.746)	(0.343)	(0.157)	(0.499)
General supplies & services	0.375	0.005	(0.024)	0.356	0.230	0.585
Establishment expenses	0.087	0.002	0.000	0.090	(0.050)	0.040
Premises & fixed plant	0.254	0.009	0.000	0.263	0.643	0.906
Continuing healthcare	0.429	0.000	0.000	0.429	(0.024)	0.405
Commissioned Services	1.293	0.000	(0.205)	1.088	0.360	1.448
Primary Care Contractors	0.982	0.000	(0.197)	0.785	0.002	0.787
Other non pay	1.375	1.960	0.000	3.335	0.347	3.682
<b>Total £m</b>	<b>5.739</b>	<b>1.995</b>	<b>(1.273)</b>	<b>6.462</b>	<b>1.269</b>	<b>7.731</b>
<b>Cumulative</b>						
Drugs / Prescribing	4.158	(0.593)	(2.397)	1.168	3.220	4.388
Clinical services & supplies	5.797	(0.158)	(10.068)	(4.429)	1.646	(2.782)
General supplies & services	10.075	0.048	(0.303)	9.820	1.067	10.887
Establishment expenses	0.657	(0.082)	0.000	0.575	(1.143)	(0.568)
Premises & fixed plant	52.544	(0.055)	0.000	52.489	3.842	56.331
Continuing healthcare	3.850	(1.773)	(0.010)	2.067	0.447	2.514
Commissioned Services	1.841	(0.010)	(2.616)	(0.786)	0.063	(0.722)
Primary Care Contractors	4.230	(0.291)	(3.354)	0.585	(0.836)	(0.250)
Other non pay	8.630	21.234	(0.120)	29.744	2.955	32.699
<b>Total £m</b>	<b>91.782</b>	<b>18.319</b>	<b>(18.868)</b>	<b>91.234</b>	<b>11.263</b>	<b>102.496</b>

The largest deficit is in non pay budgets. The month 11 position is a deficit of £102.496m comprising net COVID 19 expenditure of £91.234m and an operational overspend of £11.263m.

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

- £9.820m overspend on general supplies and services primarily relating to PPE.
- £52.489m overspend on Premises and Fixed Plant including £44.932m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning, waste management, IT to support distancing and overnight accommodation.
- £29.744m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £18.868m 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 £11.263m operational overspend against non pay were as follows:

- £3.220m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing where pressures continued in month and were offset by reported underspends elsewhere.
- £3.842m adverse variance against premises and fixed plant due to additional IT spend, security costs, community equipment and a number of overspends across Clinical Boards. Part of the overspend on premises and fixed plant costs has arisen from the use of estates contractors and these costs are offset by a related underspend of £1.128m against vacant posts in Capital Estates.

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- £2.955m adverse variance against other non-pay mainly due to non COVID related savings slippage and small pockets of pressures across Clinical Boards.

## Forecast Net Expenditure Due to COVID 19

Whilst the UHB expects the non COVID related operational position to remain broadly balanced as the year progresses, the additional costs arising from plans to manage COVID 19 are expected to continue. The latest forecast of net expenditure due to COVID 19 in 2020/21 is £161.179m. This is offset by confirmed additional COVID 19 funding of £161.179m as summarised in table 9.

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

	Cumulative Month 11 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	138.922	163.936
COVID 19 Non Delivery of Savings Plans	18.320	20.370
COVID 19 Reductions in Planned Expenditure	(19.769)	(20.685)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.647)	(2.443)
<b>Net Expenditure Due To COVID 19</b>	<b>135.826</b>	<b>161.179</b>
Operational position (Surplus) / Deficit	(0.502)	0.000
Welsh Government COVID funding received / assumed	(135.826)	(161.179)
<b>Net COVID 19 Forecast Position (Surplus) / Deficit £m</b>	<b>0.000</b>	<b>(0.000)</b>

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

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

The forecast of revenue costs outlined includes the cost of a mass COVID vaccination programme where the forecast 2020/21 costs have moved from £5.720m to £5.445m in month.

The forecast cost of Local Authority provided Tracing services (part of TTP) fell again in month by £0.352m from £7.004m to £6.652m. The UHB forecast includes the assumption that Welsh Government will recover any excess funding where there is a legitimate revision of the forecast costs. The excess funding is estimated at £0.770m at month 11 and a resource limit adjustment is expected to be actioned by Welsh Government before the end of March.

The forecast cost of UHB provided TTP services is £2.666m which is a reduction of £0.216m in the month.

The forecast cost of the extension to the flu vaccination increased in month following confirmation of February Expenditure and the UHB now expects an additional resource limit allocation to match the increased forecast.

The UHBs estimate of its 2020/21 annual leave provision remained unchanged in month at £9.713m. **This is the UHBs best estimate at this time and is an area of uncertainty due to**

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the staffing pressures that the service is under and the unprecedented flexibility being given to staff to carry forward untaken leave. The actual figure will not be known until the sample data, upon which the accrual will be based, is collected and costed at month 12. This therefore is a key area of uncertainty in the financial forecast and is both a risk and an opportunity.

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 £161.179m as outlined in table 10 below:

**Table 10: Welsh Government COVID Funding supporting the forecast year end position as at 28<sup>th</sup> February 2021**

<b>Welsh Government COVID &amp; Urgent &amp; Emergency Funding</b>	<b>£m</b>
Dragons Heart	(55.736)
Allocation share 13.5% of £371.4m	(50.100)
Reflecting COVID Workforce months 1-3	(11.016)
LA TTP	(6.652)
PPE	(7.965)
UHB TTP	(2.666)
NHS and jointly commissioned packages of care	(4.033)
Independent sector provision (Spire)	(2.237)
Flu vaccine extension	(0.363)
Transformation / Discharge	(1.251)
Mental Health Services	(0.503)
Support to Voluntary Sector Mental Health Service Provision	(0.200)
GMS DES	(0.231)
COVID vaccination programme	(5.445)
Pharmacy Additional Payment	(0.666)
Improved Ventilation in Dental Practices	(0.074)
Additional Annual Leave accrual	(8.798)
Urgent & Emergency Care Funding	(3.243)
<b>Total funding received / assumed</b>	<b>(161.179)</b>

The key financial planning assumptions are:

### Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £57.954m with a further £2.368m capital costs. The revenue cost of £57.954m represents set-up, decommissioning and consequential losses costs of £55.736m and running costs of £2.218m.

### COVID Surge Capacity / Lakeside Wing

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The UHB developed alternative plans which were approved by Welsh Government to establish a facility for 400 beds surge capacity on the UHW site – Lakeside Wing. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to COVID 19 beds are required as the UHB brings back on line more non-COVID 19 activity.

Aligned to the COVID "central" scenario, the forecast includes additional staffing costs relating to additional COVID capacity at UHW, UHL and St. David's (166 beds).

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

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

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

The UHB has been able to achieve this through:

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

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £20.685m over the year. This included activity steadily increasing throughout quarter 3 aligned to the COVID "central" scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels.

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 within the community following the 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 Independent sector activity are included in the forecast to the 31<sup>st</sup> of March totaling £2.237m. Funding up until 31<sup>st</sup> March has now been confirmed by Welsh Government.

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

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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 £9.318m. This includes Local Authority costs of £6.652m and Heath Board TTP costs totalling £2.666m.

### Enhanced Flu Vaccination Programme

The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost is forecast at £0.570m.

### COVID Vaccination Programme

The forecast of costs outlined **include** the cost of a mass COVID vaccination programme which are assessed at £2.962m for the year to date and £5.445m in total to the end of March. These costs are matched by an equivalent additional income assumption.

### Personal Protective Equipment

At month 11 forecast costs are assessed to be £8.210m.

### Urgent and Emergency Care Funding

Funding has been confirmed within the forecast totalling £3.243m through the Urgent and Emergency Care Fund.

- £1.350m allocated to RPB for discharge to recover and assess pathways
- £0.423m for urgent primary care centres
- £0.978m for CAV247
- £0.492m SDEC/AEC

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

Table 11: Financial Performance for the period ended 28<sup>th</sup> February 2021

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Clinical Board	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions in Planned Expenditure £m	COVID 19 Net Expenditure £m	Welsh Government COVID 19 Funding Received £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
In Month							
All Wales Genomics Service	0.022	0.000	0.000	0.022	0.000	(0.018)	0.005
Capital Estates & Facilities	0.516	0.134	(0.024)	0.625	0.000	(0.031)	0.594
Children & Women	0.303	0.214	0.000	0.516	0.000	(0.249)	0.267
Clinical Diagnostics & Therapies	0.263	0.145	(0.011)	0.397	0.000	(0.067)	0.330
Surge Hospitals	0.612	0.000	0.000	0.612	0.000	0.000	0.613
Executives	0.285	0.096	0.000	0.381	0.000	(0.252)	0.129
Medicine	1.354	0.232	(0.018)	1.568	0.000	(0.094)	1.474
Mental Health	0.172	0.215	0.000	0.387	0.000	0.077	0.464
PCIC	3.459	0.412	(0.292)	3.579	0.000	0.015	3.594
Specialist	0.559	0.275	(0.167)	0.667	0.000	(0.269)	0.398
Surgery	0.634	0.277	(0.837)	0.074	0.000	(0.136)	(0.062)
<b>SubTotal Delegated Position £m</b>	<b>8.179</b>	<b>1.999</b>	<b>(1.349)</b>	<b>8.829</b>	<b>0.000</b>	<b>(1.024)</b>	<b>7.805</b>
Central Budgets	2.709	0.000	(0.205)	2.504	0.000	0.732	3.236
<b>Total Variance pre COVID -19 Funding</b>	<b>10.888</b>	<b>1.999</b>	<b>(1.554)</b>	<b>11.333</b>	<b>0.000</b>	<b>(0.293)</b>	<b>11.040</b>
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(11.334)	0.000	(11.334)
<b>Total Variance £m</b>	<b>10.888</b>	<b>1.999</b>	<b>(1.554)</b>	<b>11.333</b>	<b>(11.334)</b>	<b>(0.293)</b>	<b>(0.294)</b>
Cumulative							
All Wales Genomics Service	0.062	0.000	0.000	0.062	0.000	(0.136)	(0.074)
Capital Estates & Facilities	6.082	1.531	(0.193)	7.420	0.000	(0.115)	7.305
Children & Women	3.398	2.213	0.000	5.611	0.000	1.189	6.799
Clinical Diagnostics & Therapies	2.960	1.617	(0.898)	3.679	0.000	(0.325)	3.354
Surge Hospitals	54.740	0.000	0.000	54.740	0.000	0.002	54.742
Executives	3.767	1.052	0.000	4.819	0.000	(1.358)	3.461
Medicine	14.283	2.508	(0.283)	16.508	0.000	0.632	17.139
Mental Health	2.204	2.365	0.000	4.569	0.000	0.255	4.824
PCIC	23.783	4.595	(3.708)	24.670	0.000	0.195	24.865
Specialist	5.176	3.006	(3.496)	4.686	0.000	(0.625)	4.061
Surgery	5.837	3.049	(10.246)	(1.360)	0.000	(0.494)	(1.854)
<b>SubTotal Delegated Position £m</b>	<b>122.291</b>	<b>21.935</b>	<b>(18.823)</b>	<b>125.401</b>	<b>0.000</b>	<b>(0.779)</b>	<b>124.621</b>
Central Budgets	16.654	(3.615)	(2.616)	10.423	0.000	0.278	10.701
<b>Total</b>	<b>138.945</b>	<b>18.320</b>	<b>(21.440)</b>	<b>135.823</b>	<b>0.000</b>	<b>(0.502)</b>	<b>135.322</b>
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(135.824)	0.000	(135.824)
<b>Total Variance £m</b>	<b>138.945</b>	<b>18.320</b>	<b>(21.440)</b>	<b>135.823</b>	<b>(135.824)</b>	<b>(0.502)</b>	<b>(0.502)</b>

Delegated budgets are £124.621m overspent for the 11 months to the end of February 2021. £125.401m of this overspend relates to additional expenditure generated in response to COVID 19.

There is a cumulative operational surplus of £0.779m against delegated budgets and a £0.278m overspend against central budgets leaving a total operational underspend of £0.502m. Whilst the overall operational position is broadly balanced there are pressures in some areas. The largest operational overspends are in the Women & Children (£1.189m deficit) where there are pressures against medical and nursing staff and non pay and in the Medicine Clinical Board (£0.632m deficit) where the main pressure is against nursing. The in month operational overspend against central budgets is due to a re-assessment of central commitments.

Savings Programme

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

At month 11 the UHB has identified green and amber savings schemes totalling £8.630m to deliver against the £29.000m savings target as summarised in Table 12.

**Table 12: Progress against the 2020/21 Savings Programme at Month 11**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	8.630	(20.370)

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

**Underlying Financial Position**

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

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

**Table 13: Summary of Underlying Financial Position**

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	Submitted IMTP £m	Forecast Position @Month 11	
		Non Recurrent £m	Recurrent Position £m
<b>b/f underlying deficit</b>	<b>(11.5)</b>	<b>0.000</b>	<b>(11.500)</b>
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
<b>In Year Movements</b>			
Non Delivery of Planned Savings (due to COVID- 19)	(20.4)	0.9	(21.3)
Revenue cost DHH	(58.0)	(58.0)	
Operational Expenditure Cost Increase Due To Covid-19	(106.0)	(106.0)	
Planned Operational Expenditure Cost Reduction Due To Covid	20.7	20.7	
Slippage on Planned Investments Due To Covid-19	2.4	2.4	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assu	161.2	161.2	
<b>Revised Forecast Surplus/(Deficit) 2020/21</b>	<b>0.0</b>	<b>25.3</b>	<b>(25.3)</b>
<b>Planned Surplus/(Deficit) 2020/21</b>	<b>0.001</b>	<b>25.301</b>	<b>(25.300)</b>

In addition, the UHB has identified a number of areas where expenditure could impact upon the underlying position. These risks are set out in **Appendix 6** and will need to be managed either against future COVID 19 funding or against the investment budget that is available as part of the 2021/22 financial plan.

## Balance Sheet

The balance sheet at month 11 is detailed in **Appendix 2**.

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

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

## Cash Flow Forecast

The closing cash balance at the end of February was £21.563m. The balance was higher than planned and arose as a consequence of an essential upgrade to NWSSP accounts payable systems in month, which in turn led to systems issues resulting in a backlog of invoices. The issue has now been resolved and additional resource is in place to ensure that the backlog is cleared by the end of March.

The UHB is predicting a positive cash balance at the end of 2020/21 as shown at **Appendix 3**.

**Public Sector Payment Compliance**  
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The UHB's public sector payment compliance performance was 96.3% at the end of February and continues to meet the 95% performance target.

### Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of February 2021 is summarised in Table 12 and detailed in **Appendix 4**.

**Table 12: Progress against Capital Resource Limit @ February 2021**

	£m
Planned Capital Expenditure at month 11	77.259
Actual net expenditure against CRL at month	73.906
Variance against planned Capital Expenditure at month	3.352

Capital progress up to the end of February was satisfactory with net expenditure being 80% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £92.275m as at the 3<sup>rd</sup> March 2021 comprising of £14.623m discretionary funding and £77.652m 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.

### Key Risks

At month 11, 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 11 financial impact of COVID 19 which is assessed at £135.826m;
- **NOTE** the additional Welsh Government COVID 19 funding of £135.826m assumed within the month 11 position;
- **NOTE** the month 11 reported financial position being an operational surplus of £0.502m;
- **NOTE** the forecast break even position which assumes additional Welsh Government funding of £161.179m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit of £25.3m and the risks identified that, if not managed, could increase this.

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## Shaping our Future Wellbeing Strategic Objectives

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

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

## Five Ways of Working (Sustainable Development Principles) considered

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

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

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## 2020/21 SAVING SCHEMES

## 2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,855	839	0	839	10	5,017
Surgery	4,081	751	5	756	0	3,325
Specialist Services	3,582	307	0	307	0	3,275
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	1,134	2	1,136	0	1,761
Children & Women	3,149	716	8	724	0	2,425
Medicine	3,330	585	0	585	0	2,745
Capital Estates and Facilities	2,289	440.196	139	579	1,622	1,710
Corporate Executives	1,209	61	0	61	102	1,148
<b>SubTotal Clinical Boards</b>	<b>29,000</b>	<b>4,861</b>	<b>155</b>	<b>5,016</b>	<b>1,734</b>	<b>23,984</b>
<b>Health Board Wide Schemes</b>		3,614	0	3,614	13,900	<b>(3,614)</b>
<b>Total</b>	<b>29,000</b>	<b>8,475</b>	<b>155</b>	<b>8,630</b>	<b>15,634</b>	<b>20,370</b>

## 2020-21 Full Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,047	845	0	845	10	4,203
Surgery	3,518	570	62	632	0	2,886
Specialist Services	3,088	105	0	105	0	2,983
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	1,075	6	1,081	0	1,417
Children & Women	2,715	498	20	518	0	2,196
Medicine	2,871	241	0	241	0	2,630
Capital Estates and Facilities	1,973	47	145	192	23	1,781
Corporate Executives	1,042	30	0	30	0	1,012
<b>SubTotal Clinical Boards</b>	<b>25,000</b>	<b>3,431</b>	<b>234</b>	<b>3,665</b>	<b>33</b>	<b>21,335</b>
<b>Health Board Wide Schemes:</b>					13,900	
<b>Total</b>	<b>25,000</b>	<b>3,431</b>	<b>234</b>	<b>3,665</b>	<b>13,933</b>	<b>21,335</b>

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## Appendix 2

### Balance Sheet as at 28<sup>th</sup> February 2021

	Opening Balance 1 <sup>st</sup> April 2020	Closing Balance 28 <sup>th</sup> February 2021
<b>Non-Current Assets</b>	<b>£'000</b>	<b>£'000</b>
Property, plant and equipment	687,650	744,778
Intangible assets	2,133	3,205
Trade and other receivables	17,779	18,690
Other financial assets		
<b>Non-Current Assets sub total</b>	<b>707,562</b>	<b>766,673</b>
<b>Current Assets</b>		
Inventories	16,784	16,522
Trade and other receivables	161,605	195,764
Other financial assets	0	
Cash and cash equivalents	1,410	21,563
Non-current assets classified as held for sale		
<b>Current Assets sub total</b>	<b>179,799</b>	<b>233,849</b>
<b>TOTAL ASSETS</b>	<b>887,361</b>	<b>1,000,522</b>
<b>Current Liabilities</b>		
Trade and other payables	182,792	181,152
Other financial liabilities	0	
Provisions	113,580	126,150
<b>Current Liabilities sub total</b>	<b>296,372</b>	<b>307,302</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>590,989</b>	<b>693,220</b>
<b>Non-Current Liabilities</b>		
Trade and other payables	8,489	7,895
Other financial liabilities	0	
Provisions	19,327	15,614
<b>Non-Current Liabilities sub total £'000s</b>	<b>27,816</b>	<b>23,509</b>
<b>TOTAL ASSETS EMPLOYED £'000s</b>	<b>563,173</b>	<b>669,711</b>
<b>FINANCED BY:</b>		
<b>Taxpayers' Equity</b>		
General Fund	450,666	544,737
Revaluation Reserve	112,507	124,974
<b>Total Taxpayers' Equity £'000s</b>	<b>563,173</b>	<b>669,711</b>

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## APPENDIX 3

### CASHFLOW FORECAST AT THE END OF FEBRUARY 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	134,620	99,200	101,500	83,800	77,520	92,495	97,405	65,890	108,805	82,130	92,705	76,489	1,112,559
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,060	760	1,220	860	800	14,000
WG Revenue Funding - Other (e.g. invoices)	1,308	1,271	2,919	1,339	1,596	1,381	3,001	1,501	2,687	344	4,435	1,471	23,254
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,500	3,000	21,600	9,000	6,500	5,500	21,575	100,775
Sale of Assets	0	0	0	0	0	0	0	0	0	0	166	0	166
Income from other Welsh NHS Organisations	54,611	45,256	47,524	56,980	33,653	47,691	56,508	36,358	54,977	37,469	36,908	60,110	568,044
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	6,656	13,888	4,920	3,357	8,130	12,251	7,181	93,359
<b>TOTAL RECEIPTS</b>	<b>217,150</b>	<b>154,963</b>	<b>162,229</b>	<b>159,039</b>	<b>124,498</b>	<b>151,988</b>	<b>175,131</b>	<b>131,329</b>	<b>179,586</b>	<b>135,793</b>	<b>152,683</b>	<b>167,626</b>	<b>1,912,015</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,887	4,890	4,546	9,542	4,585	4,902	7,429	70,596
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	90	81	322	650	397	197	2,494
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,661	14,557	3	14,829	1,342	8,647	8,374	100,744
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,350	2,115	1,852	2,051	1,999	2,002	24,710
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,558	1,829	1,801	1,659	1,729	1,742	21,930
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	53,575	55,466	56,380	55,004	55,967	56,934	56,296	665,795
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	55,082	59,734	53,059	59,437	56,789	52,488	82,577	755,109
Capital Payment	9,740	6,975	6,191	2,331	2,513	3,984	10,078	16,451	11,779	3,995	3,954	22,808	100,799
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	15,749	22,443	5,055	26,220	7,093	5,294	7,214	170,698
<b>TOTAL PAYMENTS</b>	<b>211,756</b>	<b>158,821</b>	<b>161,123</b>	<b>158,969</b>	<b>124,513</b>	<b>147,110</b>	<b>171,165</b>	<b>139,518</b>	<b>180,787</b>	<b>134,131</b>	<b>136,343</b>	<b>188,639</b>	<b>1,912,875</b>
<b>Net cash inflow/outflow</b>	5,394	(3,858)	1,106	70	(15)	4,878	3,966	(8,189)	(1,201)	1,662	16,340	(21,013)	
<b>Balance b/f</b>	1,410	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,561	5,223	21,563	
<b>Balance c/f</b>	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,762	3,561	5,223	21,563	550	

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## Appendix 4

### PROGRESS AGAINST CRL AS AT 28<sup>th</sup> FEBRUARY 2021

Approved CRL issued March 3 <sup>rd</sup> 2021 £'000s				92,275		
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
<b>All Wales Capital Programme:</b>						
Reprovision of Rookwood Hospital	4,891	4,084	(807)	3,512	4,891	1,379
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	2,917	2,736	(181)	3,734	3,734	0
Well Being Hub - Maelfa	245	245	(0)	245	245	0
Well Being Hub - Penarth	34	42	8	224	224	0
CT Scanner- Emergency Unit	0	0	0	660	660	0
ICF-CRI Chapel	2,119	2,037	(82)	2,633	2,633	0
Major Trauma Centre	412	314	(98)	605	605	0
CRI Links	4,704	4,805	101	4,805	4,805	0
Eye Care - e-referral system	774	774	(0)	774	774	0
NDR Transfer from NWIS	186	0	(186)	186	186	0
Maelfa - Primary Care Pipeline – FBC	281	50	(231)	579	579	0
Y/E Funding – January 2021	1,000	37	(963)	4,330	4,330	0
SARCS OBC	288	69	(219)	288	288	0
Refit 2020	0	1,161	1,161	2,003	2,003	0
Digital Eyecare Equipment	0	0	0	57	57	0
Devices for Community Nursing Groups	0	0	0	135	135	0
Imaging Upgrades	0	0	0	222	222	0
DPIF - LINC - ETR	0	0	0	118	118	0
Covid 19 - Pharmacy equipment	30	30	0	28	30	2
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	1,071	1,030	(41)	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	742	703	(39)	742	742	0
Covid 19 oxygen infrastructure works at uhw	350	350	0	350	350	0
Covid 19-HCID Development uhw	6,050	5,835	(215)	6,250	6,250	0
Covid 19-digital devices	341	298	(43)	589	589	0
COVID 19 - Works to St David's Hospital	110	117	7	136	136	0
COVID 19 - Works to Barry Hospital	210	222	12	239	239	0
COVID – 19 Funding requirements for 2020-21 (Tranche 1,2,4,5)	6,711	6,711	0	7,038	7,038	0
COVID 19 - Additional surge capacity at UHW	32,627	31,939	(688)	33,230	33,230	0
COVID 19 - Green Zones	2,515	2,467	(48)	1,703	2,515	812
	35	32	(3)	391	391	0
<b>Sub Total</b>	<b>69,498</b>	<b>66,943</b>	<b>(2,555)</b>	<b>77,727</b>	<b>79,925</b>	<b>2,198</b>
<b>Discretionary:</b>						
I.T.	292	118	(174)	1,250	600	(650)
Equipment	1,210	1,210	(0)	2,467	1,210	(1,257)
Statutory Compliance	1,141	727	(414)	2,800	2,800	0
Estates	5,117	4,908	(209)	8,106	7,815	(291)
<b>Sub Total</b>	<b>7,760</b>	<b>6,963</b>	<b>(797)</b>	<b>14,623</b>	<b>12,425</b>	<b>(2,198)</b>
<b>Other schemes:</b>						
Mass Vaccination Programme	0	0	0	278	278	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>278</b>	<b>278</b>	<b>0</b>
<b>Donations:</b>						
Charitable Funds Equipment	0	0	0	353	353	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>353</b>	<b>353</b>	<b>0</b>
<b>Asset Disposals:</b>						
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CHARGE AGAINST CRL</b>	<b>77,259</b>	<b>73,906</b>	<b>(3,352)</b>	<b>92,275</b>	<b>92,275</b>	<b>0</b>
<b>PERFORMANCE AGAINST CRL (Under)/Over £'000s</b>		<b>(18,369)</b>			<b>0</b>	

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DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 11

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	2368	0		2368	0
Set up costs - revenue	46445	0		46445	0
Running costs - pay	401	0		401	0
Running costs - non pay	11108	0		11108	0
Total estimated costs	60322	0		60322	0

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

	2020/21												
Bed Numbers	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Beds Available	1500	1500	1500	1500	400	400	400	0	0	0	0	0	
Beds in use (Planned)	10	40	10	0	0	0	0	0	0	0	0	0	
Total Beds	1510	1540	1510	1500	400	400	400	400	0	0	0	0	

Set up costs - capital	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
IT costs (capital)	886	259	0	-146	0	-10		-23					966
Oxygen costs (Infrastructure only)													0
<i>Fit out costs (specify below) eg. Beds, infrastructure</i>													0
													0
													0
													0
													0
													0
<i>Medical equipment costs - deemed as capital (specify below)</i>													0
Multiple equipment categories including beds and furniture	1677	0	0	-42		62		35		-330			1402
													0
													0
													0
<i>Fees (specify below) eg. Health Board, External contractors</i>													0
													0
													0
													0
<i>Other (specify below)</i>													0
													0
													0
<b>Total set up costs - capital</b>	<b>2563</b>	<b>259</b>	<b>0</b>	<b>-188</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>-330</b>	<b>0</b>	<b>0</b>	<b>2368</b>

[illegible]

Set up costs - revenue match with line 61 of Tab B3 or the (MMR).	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Commissioning costs	24000	8098	-4144	-85	3110	-766	1922	900	179	-167		320	33367
Other professional fees	10	10	10	5	56	-25	45	45		-84			72
Legal fees	50	-36	7	28	25	25	25	13		-47	0	25	115
Insurance													0
Project management costs	905	256	180	110	-2	99	16	95	13	16	29	72	1789
IT costs (revenue)	780	-458	0	145				35					502
<b>Fit out costs (specify below) eg. Beds, infrastructure - not deemed capital</b>													
WRU Stadium Facility Costs - Set Up and Maintenance	750	489	169	498	414	379	402	385	397	385			4268
Cardiff Blues Cardiff Arms Park Facility Costs - Set Up and Maintenance	150	69	43	52	5	153	-138	28	-33	6	-1		334
Mitie Set Up Costs	1022												1022
Military Assistance Set Up Costs						2							2
													0
													0
<b>Medical equipment costs - not deemed capital (specify below)</b>													
All other non IT UHB purchased equipment including beds, medical, furniture etc	4757	305	-67	38		20		-87		8			4974
													0
													0
													0
<b>Equipment costs - (specify below)</b>													
													0
													0
													0
													0
													0
													0
													0
<b>Total set up costs - revenue</b>	<b>32424</b>	<b>8733</b>	<b>-3802</b>	<b>791</b>	<b>3608</b>	<b>-113</b>	<b>2272</b>	<b>1414</b>	<b>556</b>	<b>117</b>	<b>28</b>	<b>417</b>	<b>46445</b>

[illegible]



Running costs - pay (additional costs only)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical and Dental - establishment	10	22	-2	6	0								36	36	
Medical and Dental - agency / locum													0		
Nursing - establishment	12	65	34	0	0				1				112	112	
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				-1				48	48	
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				1	-1			73	73	
Estates / Ancillary staff - agency				133	0					-40			93	93	
Admin and Clerical - establishment													0		
Admin and Clerical - agency													0		
Students													0		
HCA's													0		
Portering													0		
Domestics													0		
Catering													0		
IT													0		
<b>Total running costs - pay (additional costs only)</b>	<b>32</b>	<b>188</b>	<b>88</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-41</b>	<b>0</b>	<b>0</b>	<b>401</b>	<b>401</b>	<b>0</b>

Running costs - non pay	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Rent													0		
Business rates													0		
Utility costs													0		
Laundry costs													0		
Catering costs													0		
Cleaning costs													0		
Waste disposal costs													0		
Security costs													0		
Transport costs													0		
Personal Protective Equipment													0		
Drugs	14	8	1			-5							18	18	
Medical gases	0	17	28	7	7	-6	7	7	-8				59	59	
M&SE - consumables	86	98	45	2	0	156				77			464	464	
Stationery													0		
Telephony costs													0		
CHC costs													0		
Discharge to assess/recover costs													0		
Insurance													0		
IT													0		
Maintenance													0		
Site management													0		
Decommissioning Costs (Including Reinstatement)					908	-235	169	910	2528	-13	214	2260	6741	6741	
Consequential Losses			204	-126	64	217	348	-15	102	518	-6	1244	2550	2550	
<b>Other costs (specify below)</b>															
Mitie - soft FM running costs	194	206	750	0	0	0		-45		-100			1005	1005	
Hard FM, e.g electrical contractors, plumbing contractors	130	122	112	-133	0	0				-70			161	161	
Other costs	120	0	197	0	0	-145	4	-18		-48			110	110	
													0	0	
													0	0	
													0	0	
													0	0	
													0	0	
<b>Total running costs - non pay</b>	<b>544</b>	<b>451</b>	<b>1337</b>	<b>-250</b>	<b>979</b>	<b>-18</b>	<b>528</b>	<b>839</b>	<b>2622</b>	<b>364</b>	<b>208</b>	<b>3504</b>	<b>11108</b>	<b>11108</b>	<b>0</b>

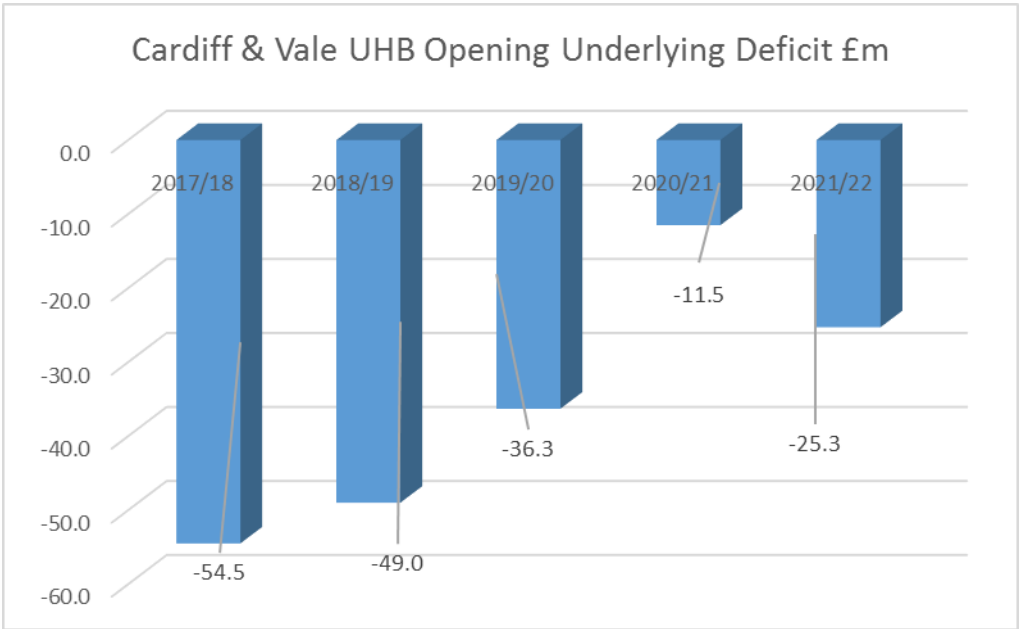
Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Total Setup Costs</b>	<b>34987</b>	<b>8992</b>	<b>-3802</b>	<b>603</b>	<b>3608</b>	<b>-61</b>	<b>2272</b>	<b>1426</b>	<b>556</b>	<b>-213</b>	<b>28</b>	<b>417</b>	<b>48813</b>	<b>48813</b>	<b>0</b>
<b>Total Running Costs</b>	<b>576</b>	<b>639</b>	<b>1425</b>	<b>-117</b>	<b>979</b>	<b>-18</b>	<b>528</b>	<b>839</b>	<b>2623</b>	<b>323</b>	<b>208</b>	<b>3504</b>	<b>11509</b>	<b>11509</b>	<b>0</b>
<b>Total Costs</b>	<b>35563</b>	<b>9631</b>	<b>-2377</b>	<b>486</b>	<b>4587</b>	<b>-79</b>	<b>2800</b>	<b>2265</b>	<b>3179</b>	<b>110</b>	<b>236</b>	<b>3921</b>	<b>60322</b>	<b>60322</b>	<b>0</b>

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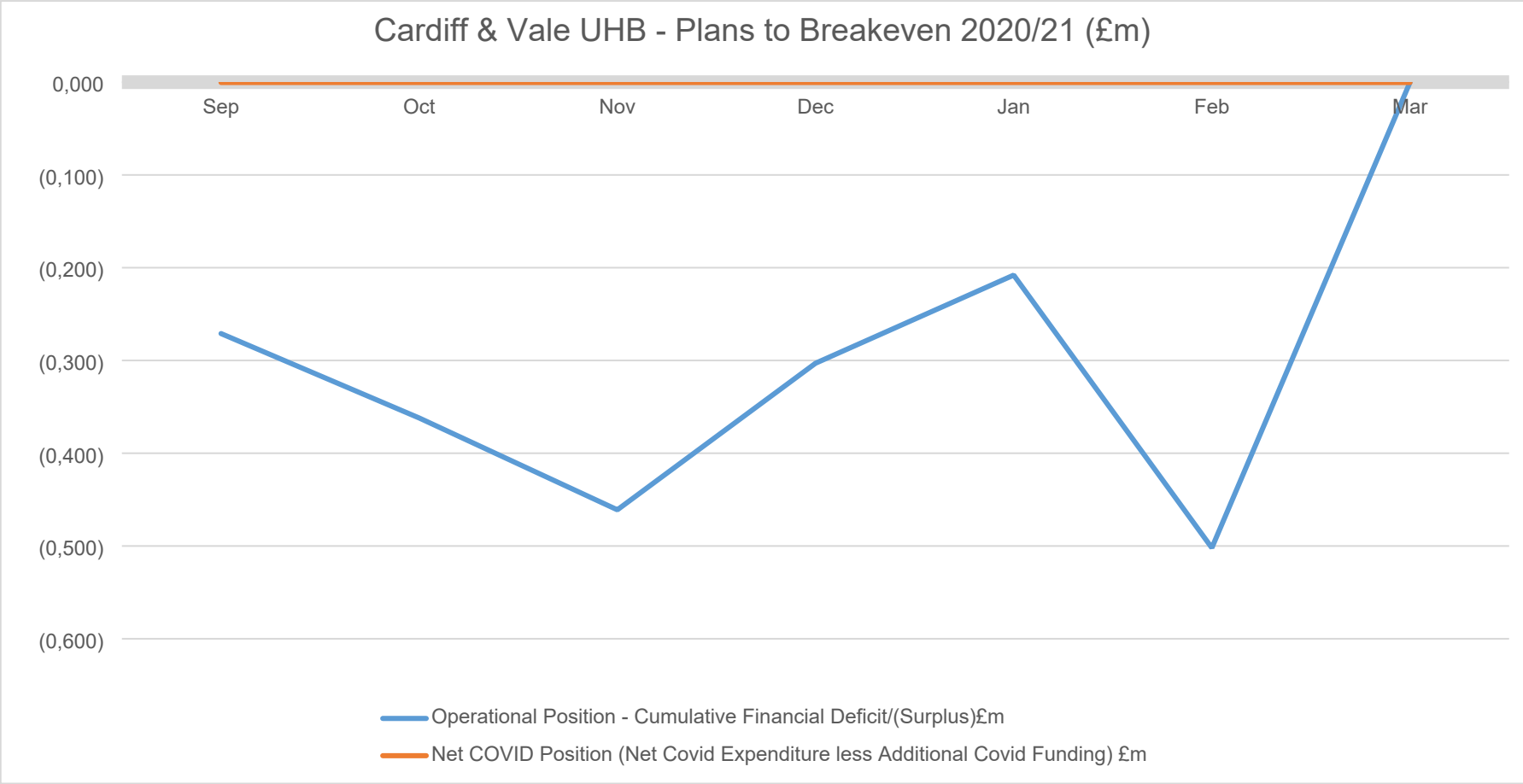
## POTENTIAL UNDERLYING DEFICIT

	£m
<b>Assessed underlying deficit at month 11 £m</b>	<b>(25.3)</b>
<b>New/potential recurrent commitments to be managed</b>	
CAV 24/7	(1.8)
PART (To be first call on investment funding)	(0.8)
EU junior doctor rota	(0.5)
Cardiac services Landough	tbc
Critical care capacity	tbc
PACU dislocation from ITU	tbc
Primary Care switch to DOACs	tbc
<b>Total new/potential recurrent commitments to be managed £m</b>	<b>(3.1)</b>

Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



Cardiff & Vale UHB – Plans to Break Even



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<b>Report Title:</b>	<b>People Dashboard</b>					
<b>Meeting:</b>	Local Partnership Forum				<b>Meeting Date:</b>	22 April 2021
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Workforce & OD					
<b>Report Author (Title):</b>	<b>Deputy Director of Workforce &amp; OD/Workforce Information Manager</b>					

### Background and current situation:

The Workforce & OD Director provides regular KPI updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

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

Attached at **Appendix 1** is the Workforce & OD Key Performance indicators dashboard.

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Health Care Standards process.

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

A brief UHB overview summary is provided as follows:

#### Whole Time Equivalent Headcount and Pay bill

- A trend increase on permanent and fixed term staff which is in line with expectation as we have recruited more fixed term through COVID-19, specifically to support Track & Trace and to deliver the vaccination programme. It is good to see permanent recruitment being maintained despite COVID-19.
- Overall the Nurse Bank peaked in May but is now reducing again towards pre-COVID levels.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 55 WTE per month
- Total pay-bill peaked as expected during March and April, creating a significant overspend. Spend is increasing marginally again.
- Variable pay trend is upward but overall still remains within a tolerance of 9-9.5% UHB wide.

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### Other key performance indicators:

- Voluntary resignation trend is rising.
- In month Sickness peaked significantly in April to 8.41% as expected but is now following normal season fluctuations. Sickness was 6.72% in month for December, and 6.68% in November (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff shielding).
- ER caseload trend remains within reasonable tolerance levels.
- Statutory and Mandatory training compliance is falling; now 13% below the overall target.
- Compliance with Fire training has now fallen to 54%.
- A new e-job planning system is in the process of being implemented. Recording of job plans in the system will begin to be reported during or after April 2021.
- PADR (now Values Based Appraisal) continues to fall and is significantly off target (34.53% in February)

### In summary, what actions are we taking?

- Performance reviews with CB's are being undertaken to put in control measures for pay-bill and capture increase associated with COVID (UHB was previously underspent prior to COVID).
- Sickness reviews are resumed and now being undertaken as normal. Staff are returning to work (at home or location) who were previously Shielding.
- Extensive range of Employee Well-being strategies and support in place.
- A focussed communications strategy being put in place to raise awareness of the importance of continuing to undertake Fire E-learning.
- Allocate E-Job Planning system is currently being implemented.
- Values Based Appraisal Training is still being delivered and take up is excellent.

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## Recommendation:

The Local Partnership Forum is asked to:

- **Note** and **discuss** the contents of the report

### Shaping our Future Wellbeing Strategic Objectives

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

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

### Five Ways of Working (Sustainable Development Principles) considered

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

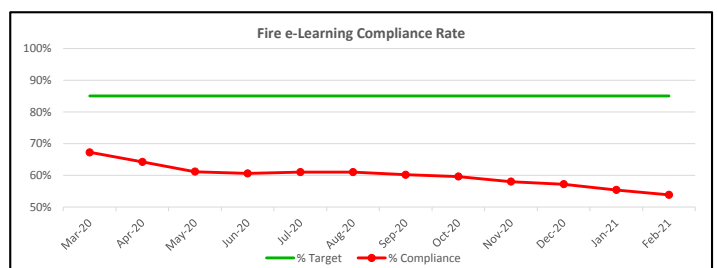
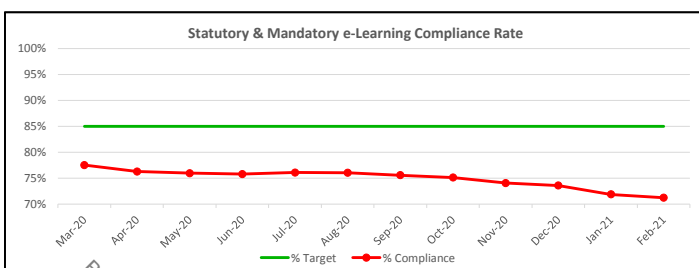
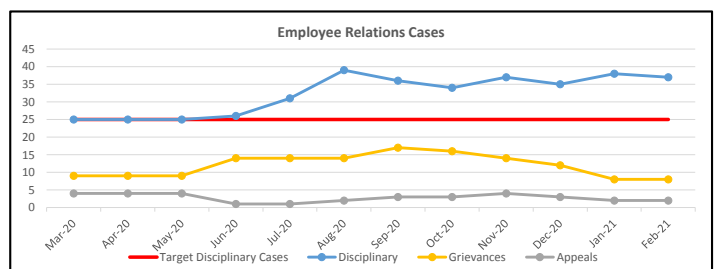
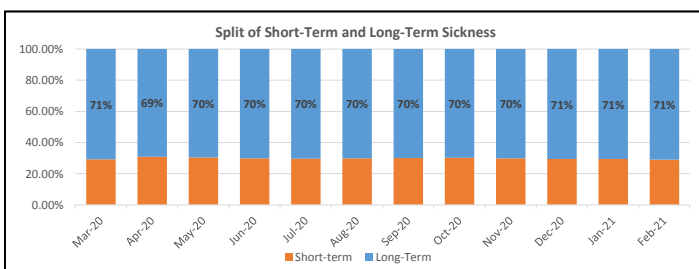
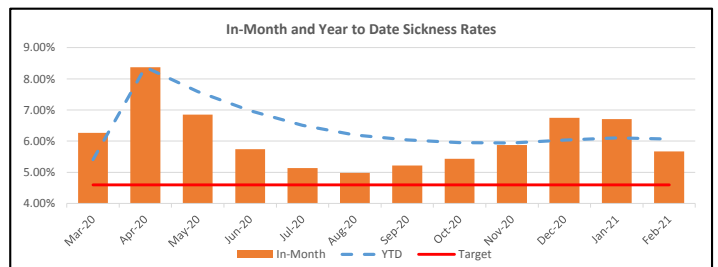
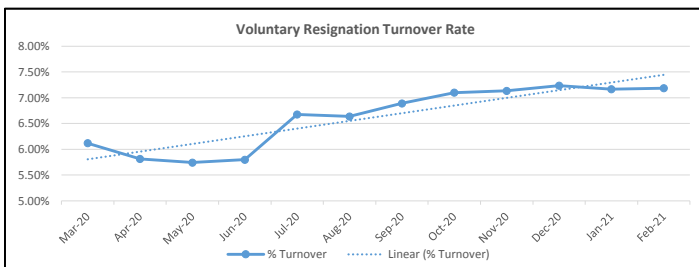
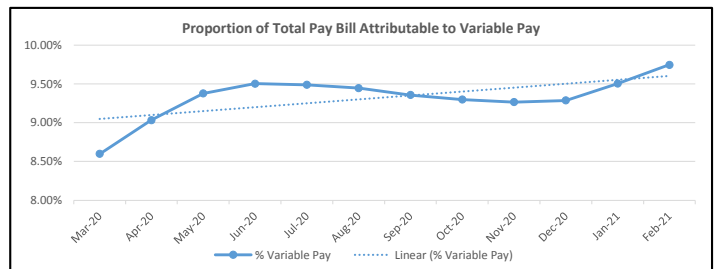
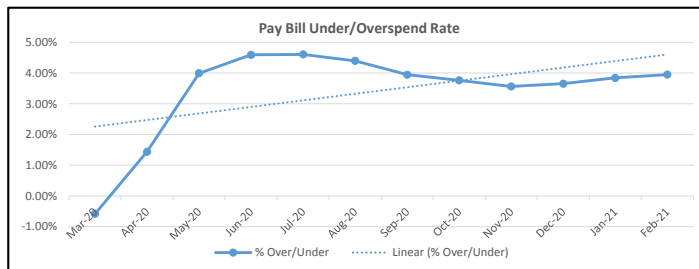
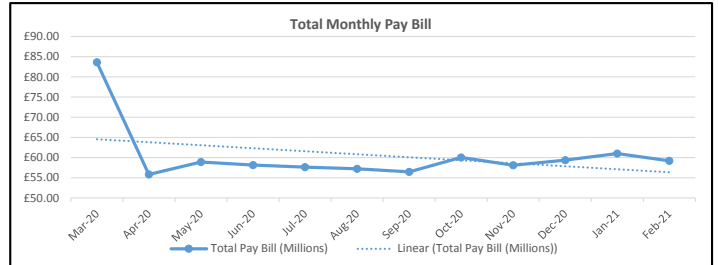
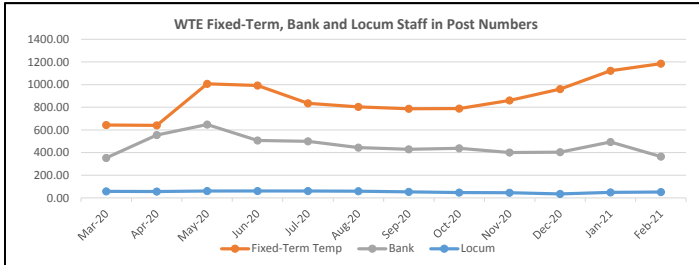
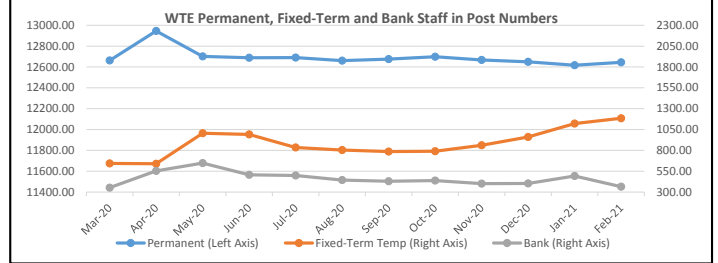
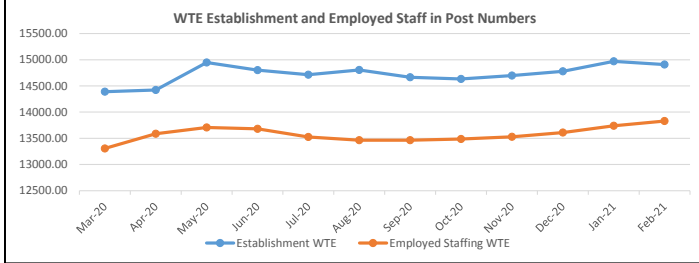
Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

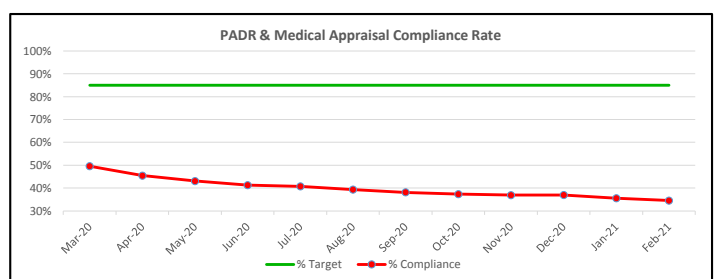
Yes / No / Not Applicable  
*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



## Workforce Key Performance Indicators Trends February 2021



A new e-job planning system is presently being rolled out across the uHB. Compliance rates will be published from April 2021 onwards.





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<b>Report Title:</b>	<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V7</b>					
<b>Meeting:</b>	Local Partnership Forum			<b>Meeting Date:</b>	22.04.21	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Nurse Director Executive Medical Director					
<b>Report Author (Title):</b>	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 January to February 2021.

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:

**Serious Incidents** – the number of serious incidents currently being reported is much lower than normal in line with revised Welsh Government reporting requirements.

**Covid-19 incidents** - Examining data over the course of the second wave demonstrates a peak of Covid-19 related incidents in early January 2021, coinciding with the peak of inpatients with confirmed Covid-19.

**Covid-10 outbreak position** – the current position is reported in a separate report to Board. The Board should be advised of a concerning increase during January and February 2021, when compared with other organisations in Wales. However a number of robust measures have been put in place and this is now a much improved picture in line with other organisations of

comparable size.

**Concerns** - In January and February, 1,781, concerns were received. This is a significant increase from 532 received in November and December 2020. This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination enquiry line being hosted within the Department.

Despite the ongoing challenges, the 30-working day performance for this period was 83%, which is a slight increase on November and December.

#### **Clinical Effectiveness Committee**

- There appears to be potential data collection issues in relation to the National Asthma and COPD audits – this will be explored further with the relevant teams.
- National Hip Fracture database – there has been an improvement in compliance across many criteria. It was noted that absence of delirium and mobilisation post-surgery was below the national compliance rate and that there had also been a corresponding increase in the number of patients with fractured femur who developed pressure damage. This will be discussed further at the forthcoming Falls and Pressure damage Group meetings.
- Data from the National Prostate Cancer Audit has indicated possible over-treatment of low risk prostate cancer with potential consequent continence risks. This will be explored further with the Clinical Leads for the service.
- National Stroke Audit – the percentage of patients being scanned within 1 hour was 50% during July - September 2020 and access to a Stroke Unit was 32%.

#### **Once for Wales Concerns Management System**

- Timescales for the implementation are challenging but it is anticipated that the UHB will move over to the Complaints, PALs, Redress and Claims management modules on 1<sup>st</sup> April 2021. Implementation of the Incidents module will not be undertaken until at least June 2021.

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

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## PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

### January – February 2021

#### Serious Patient Safety Indicators (SIs reportable to the Delivery Unit)

#### How are we doing?

During January to February 2021, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	A patient underwent a surgical gynaecology procedure following a nuclear medicine scan. It was subsequently identified that the surgical procedure may have been incorrectly targeted.
Primary Community & Intermediate Care	1	A prisoner became unwell and required hospital treatment. They were later readmitted and subsequently died.
Surgery	1	A patient suffered a deterioration in eyesight following a delay in treatment caused by equipment failure.
<b>TOTAL</b>	<b>3</b>	

No Surprises		
Clinical Board	Number	Description
Primary Community & Intermediate Care	1	Concerns regarding a private residential home were identified and escalated by a member of staff.
<b>TOTAL</b>	<b>1</b>	

#### How do we compare to our peers?

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

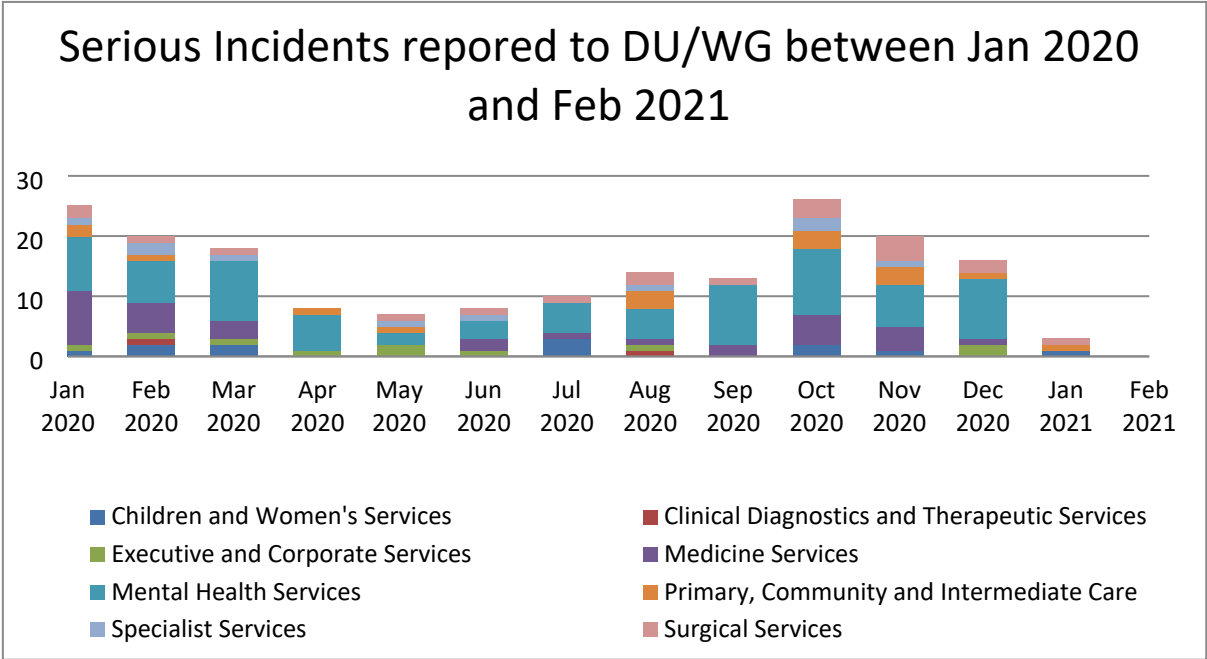
WG has subsequently written to organisations in January 2021 to revise requirements in view of the current Coronavirus situation. From an incidents perspective, they have asked that the following be reported as SIs:

- All Never Events

- Inpatient suicides
- Maternal deaths
- Neonatal deaths
- Homicides
- Incidents of high impact/likely to happen again including child related deaths (for local decision)
- Covid-19 nosocomial transmission. The UHB is participating in All Wales workshops to clarify reporting arrangements and is setting out nosocomial transmission rates for Covid-19 issues via a daily report to G.

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

The following graph depicts the number of SIs reported to WG by month between January 2020 and February 2021:



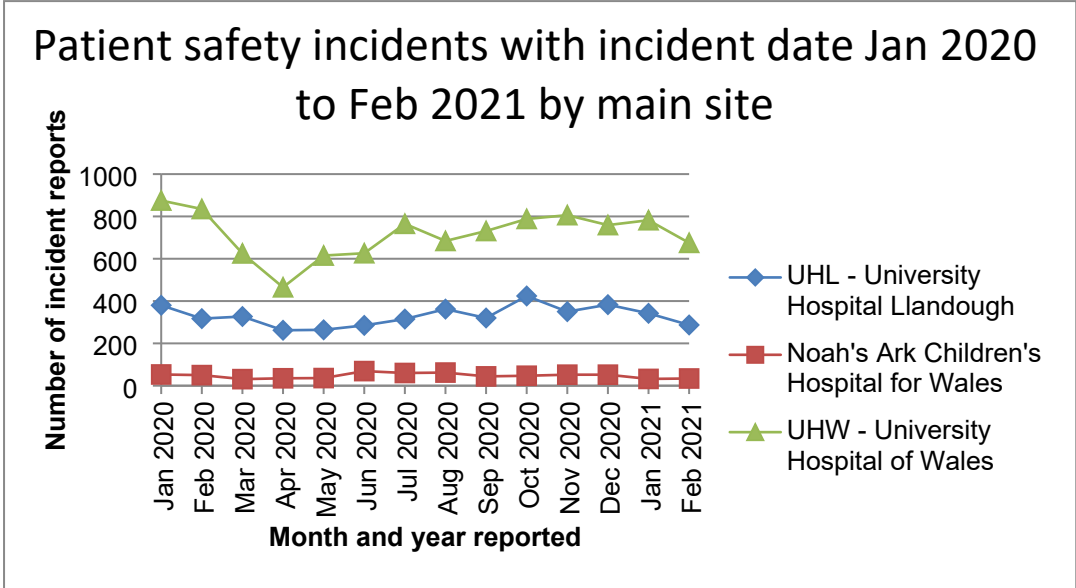
The top three reported categories of Serious Incidents reported overall during this timeframe include:

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

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.

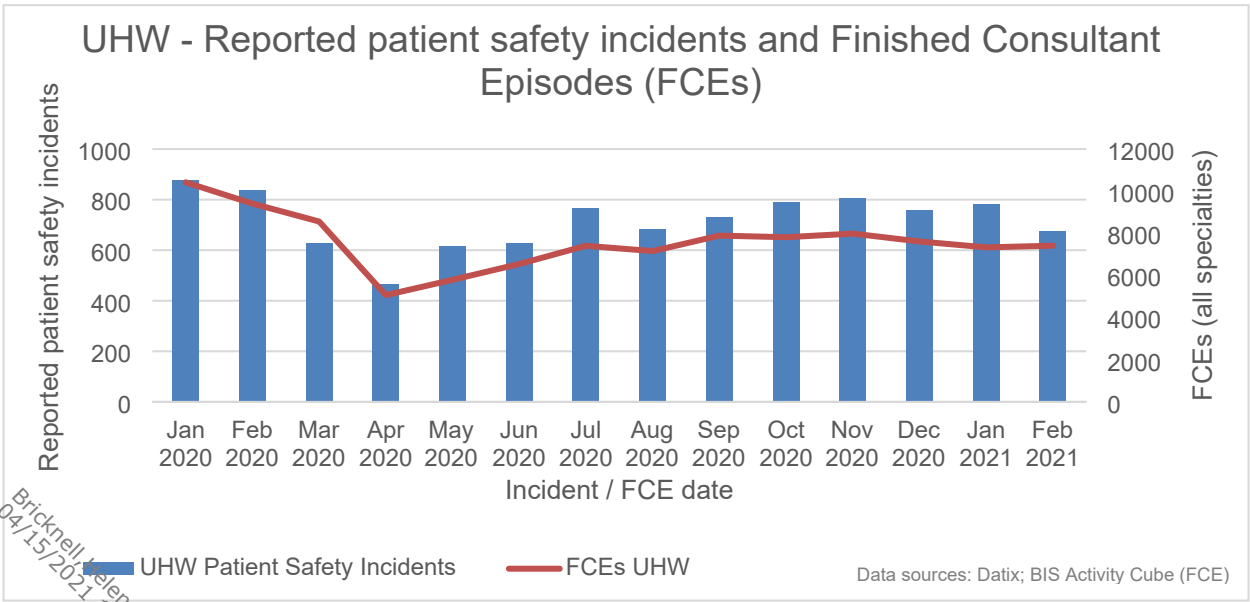
The graph below demonstrates the changes in numbers of patient safety incidents reported over time. On average we have in the region of 9,000 in-patient admissions per month and in

the region of 50,000 out-patients contacts per month. Based on this data, together with a monthly reporting rate of about 1200 patient safety incidents, approximately 2% of patients will experience a patient safety incident. The vast majority of these will be minor and will have no long term effect on the patient.

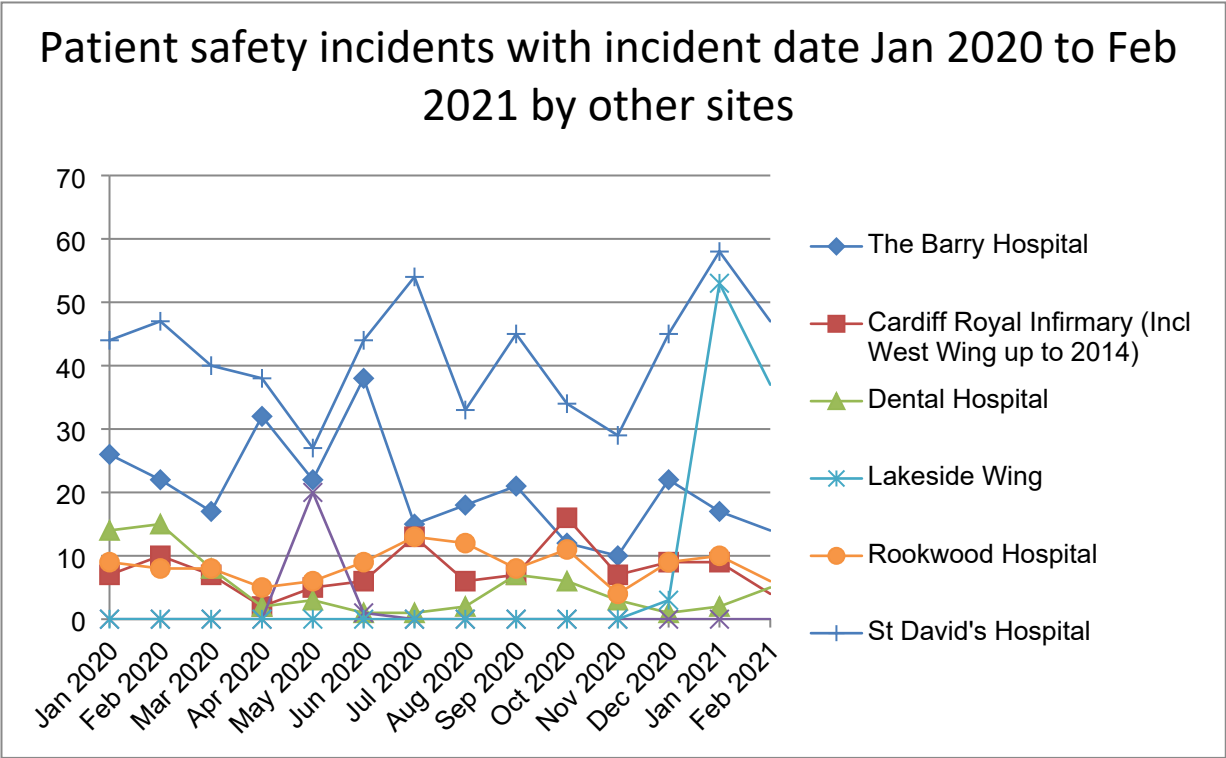


With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. However, the profile of incidents being reported and the reporting areas has been largely unchanged and it is believed that reduced clinical activity contributed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

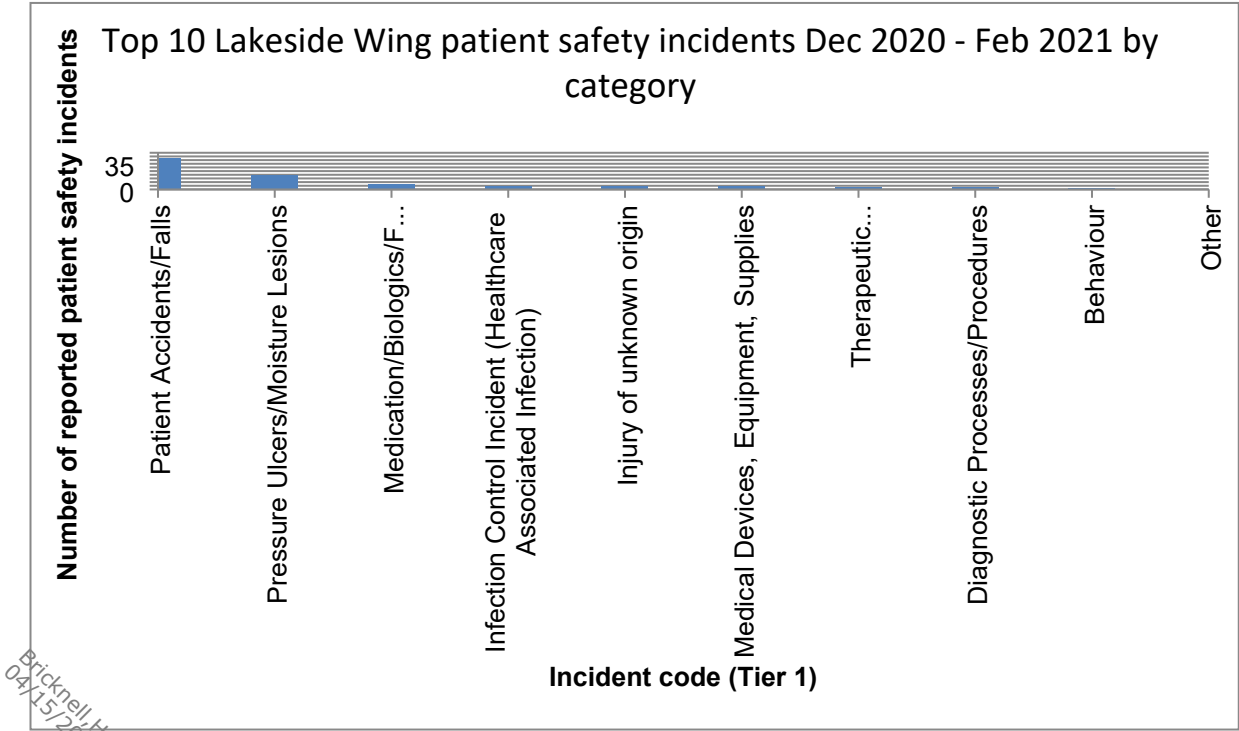
The next graph shows patient safety incidents reported and Finished Consultant Episodes (FCEs) as a measure of activity for the UHW site. Analysis shows a fairly strong positive correlation between FCEs and incidents.



Review of patient safety incident reporting at other sites demonstrates fluctuating reporting rates at The Barry Hospital and St David's Hospital.



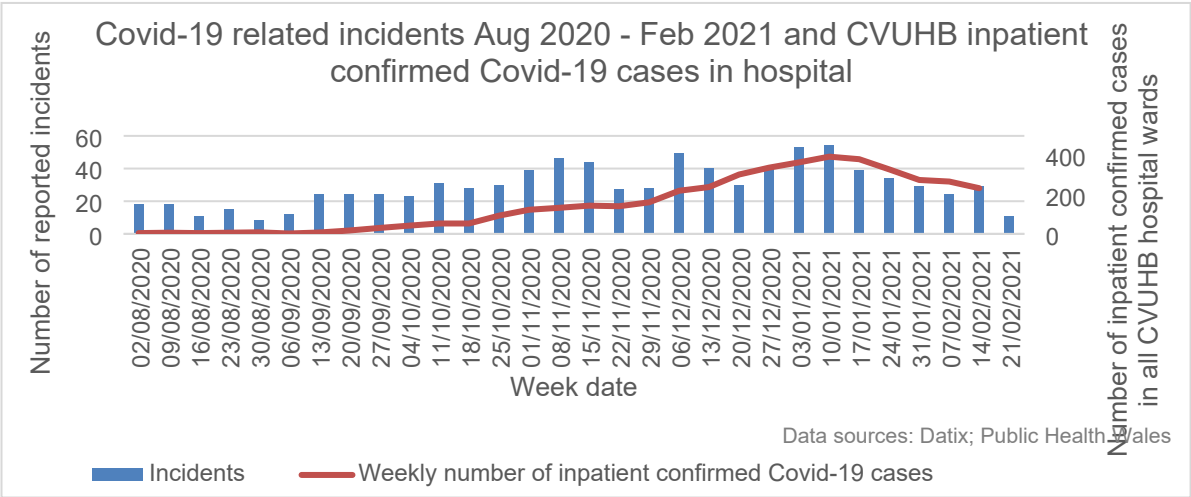
Since the last report to Board, Lakeside Wing has opened to patients. A breakdown of incident types reported within Lakeside Wing is below.



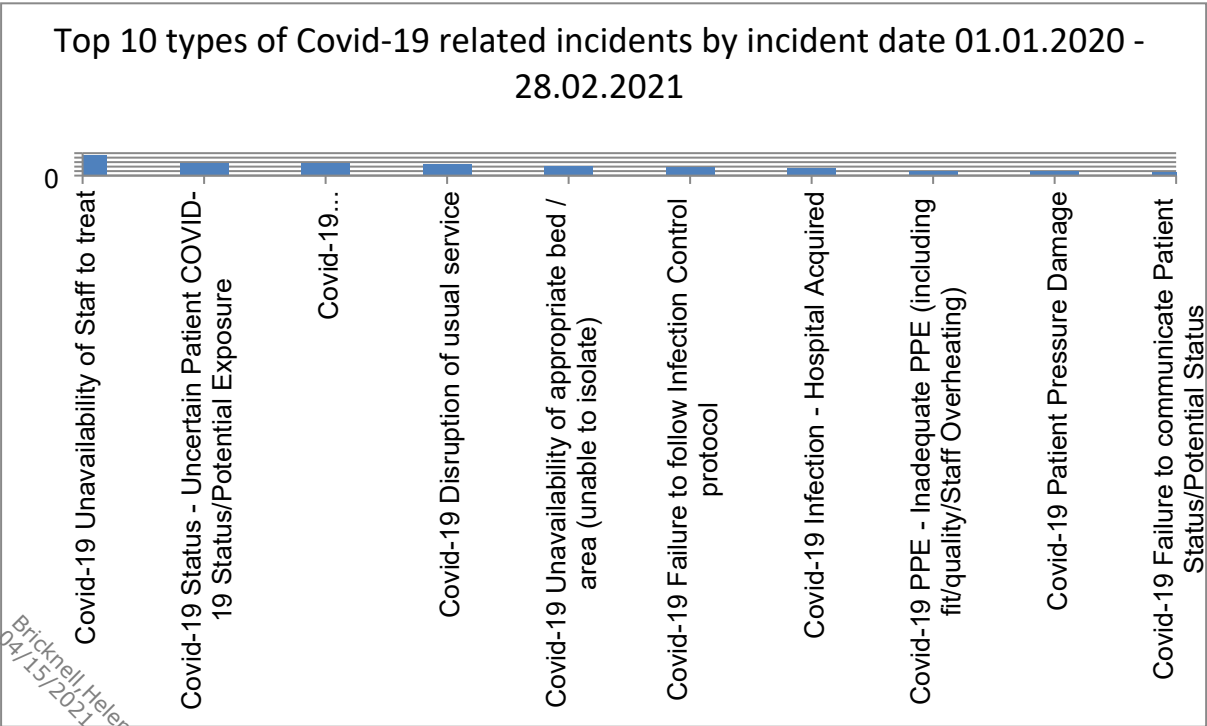
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The Patient Safety team have visited Lakeside Wing to speak with staff and an inspection by the Corporate Professional Nursing Team has also been undertaken to ensure quality and safety of services. Reports have been provided so that any identified improvements can be made. Patients surveyed, reported a very positive experience of care in this area.

The UHB has been capturing incident forms where staff are raising issues in relation to Covid-19. Examining data over the course of the second wave demonstrates a peak of Covid-19 related incidents in early January 2021, coinciding with the peak of inpatients with confirmed Covid-19.



The following graph demonstrates the top 10 categories of Covid related incidents between January 2020 and February 2021:



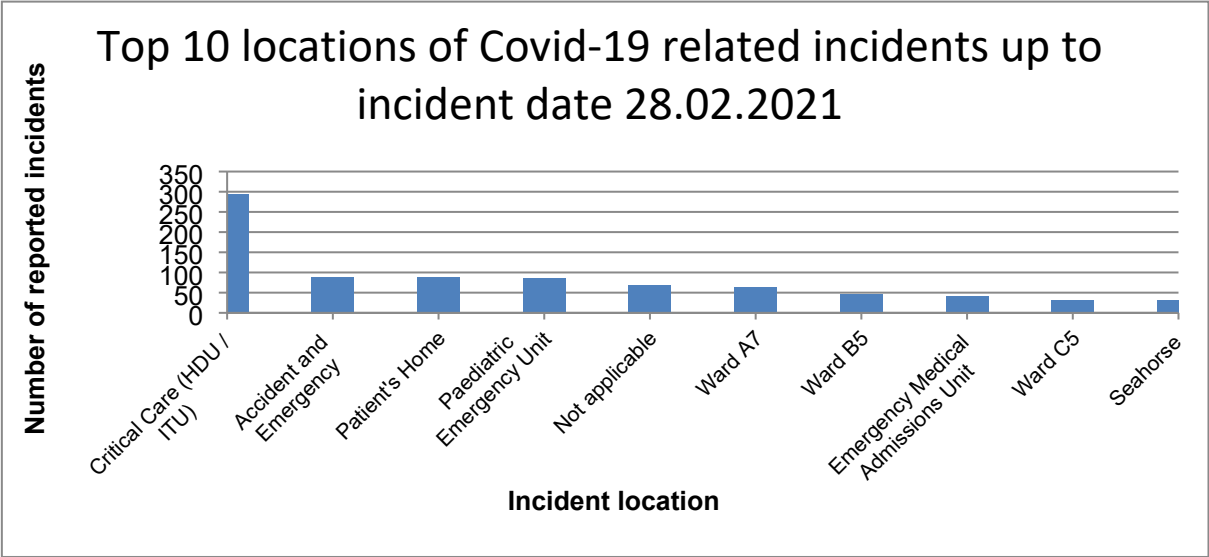


The highest volume of incidents continues to be in the 'Unavailability of staff to treat' category. The majority of the incidents are reported by staff in critical care and the Emergency Unit. Staffing is kept under routine daily monitoring and staff deployed to manage areas of greatest risk.

The second most common incident type is 'Uncertain patient Covid-19 status/Potential exposure'. The majority of these incidents are reported in emergency and assessment units, however incidents have also been reported across a range of ward areas. This information is fed in to the daily IP&C meetings to ensure that any learning is identified and the necessary mitigation put in place (please see section below on hospital acquired COVID for further information).

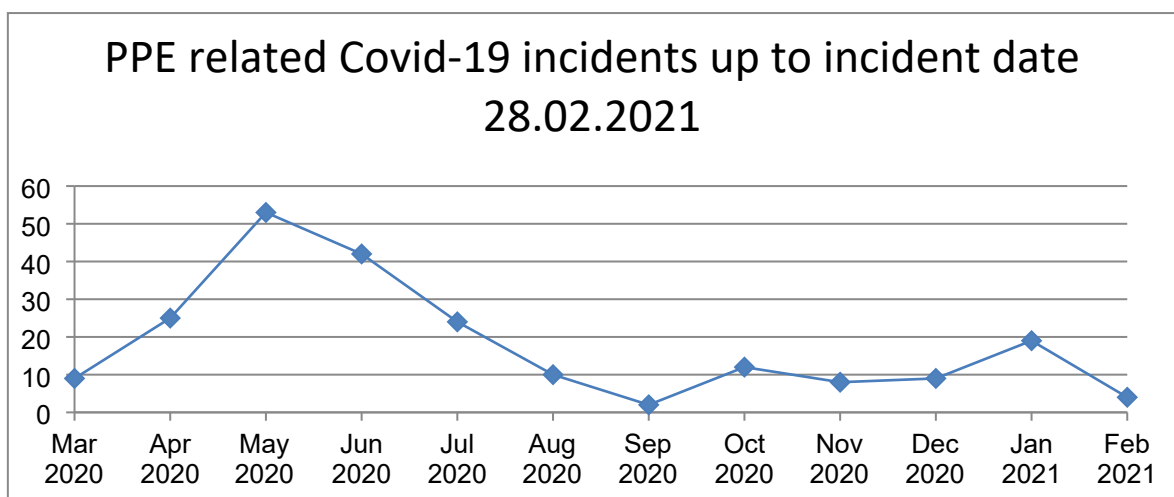
The Patient Safety Team continues to actively contribute to an all Wales working group that has been developing and revising investigation tools and supporting protocols for this process.

The clinical areas most frequently reporting Covid-19 related incidents are set out in the graph on the next page.



In terms of PPE related incidents, the following graph demonstrates continued low volumes of incidents reported despite the current pandemic situation. The number of reported PPE incidents around the time of the second peak of Covid-19 admissions in January 2021 when compared with the first peak in early 2020.

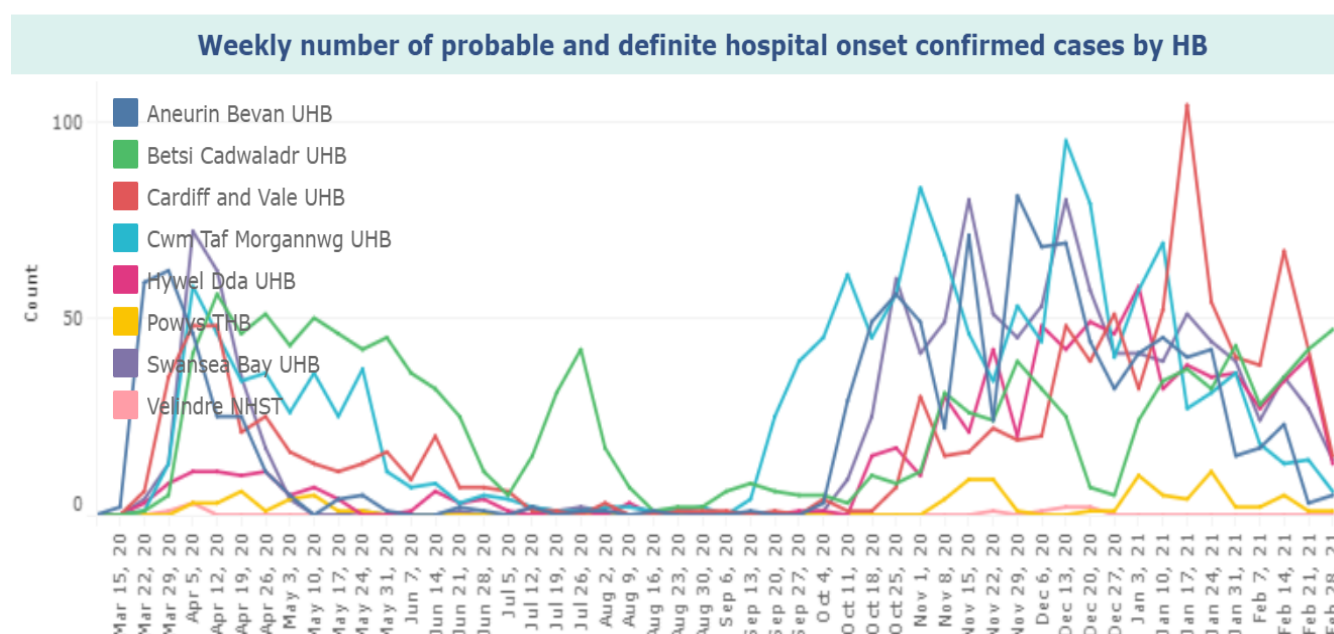
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The Patient Safety Team is working in conjunction with Dr Andrew Carson-Stevens and colleagues from Cardiff University to undertake further analysis of the reported patient safety incidents relating to Covid-19. This builds on the foundations of a productive and valuable working relationship developed during a recent Health Foundation funded research project. This saw the UHB collaborate with Cardiff University and the London School of Hygiene and Tropical Medicine for the Advancing Applied Analytics programme.

## Hospital Acquired COVID-19

The number of probable and definite hospital onset confirmed cases during the pandemic is summarised in the diagram below. The Board should note a concerning increase during January and February 2021.



A number of measures have been put in place to address and currently we are seeing a much improved picture. The measures include:

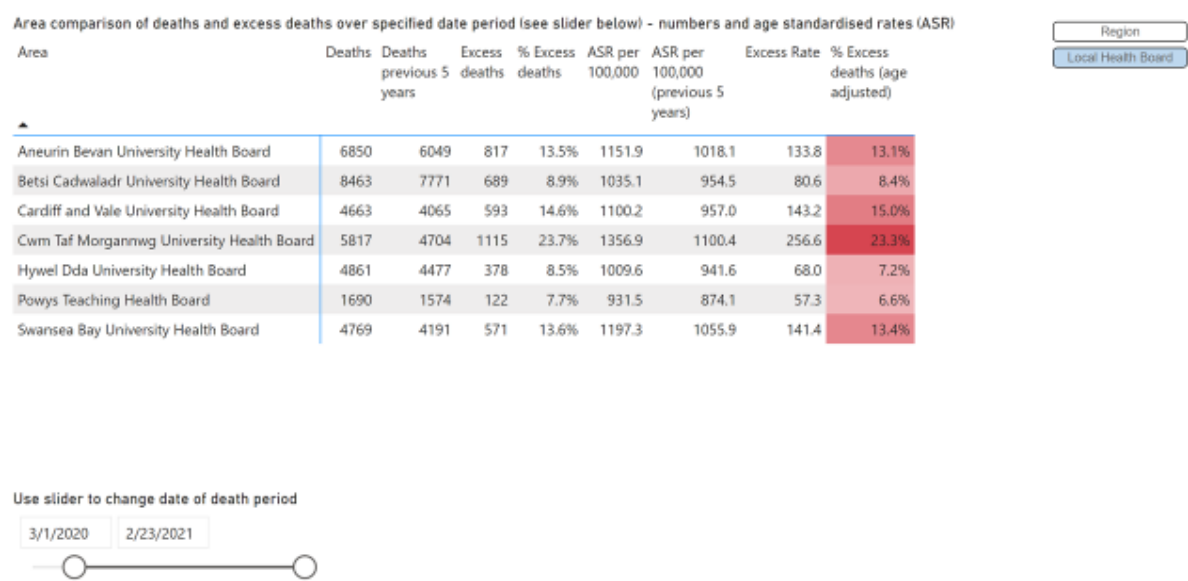
- A continued and refreshed regular communications to staff regarding social distancing, PPE, not coming to work if symptomatic.

- Re-test of patients in amber areas 72 hours after admission then every five days.
- Lateral Flow testing of staff.
- Further work to manage differently the admissions “at risk” and surrounding governance.
- High level of IP&C engagement with Operational teams/Regional Agencies with IP&C Nurses providing weekend support.
- Daily IP&C Cell and fortnightly PPE Cell.
- Increased use of epidemiology resources to support investigations into the source and development of outbreaks.
- Increased visibility of the IP&C Team on all areas, not just affected areas.
- Reviewing learning from investigations and feeding back locally and nationally (Action Plans, Outbreak meetings, CORSEL).
- Work underway to identify an amber area with an unselected medical cohort who haven't had an outbreak in order to review ‘what worked well’.
- Commenced early discussion with the laboratory in planning for the third wave.

We will continue to monitor the situation and to ensure that all robust measures are in place. An organisational joint action plan with the IP&C Team and the Local Coordinating Centers is in place and under continuous review.

### Mortality and COVID -19

The excess Mortality rate for organisations in Wales during 2020 is summarised below:



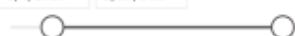
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Area comparison of deaths and excess deaths over specified date period (see slider below) - numbers and age standardised rates (ASR)

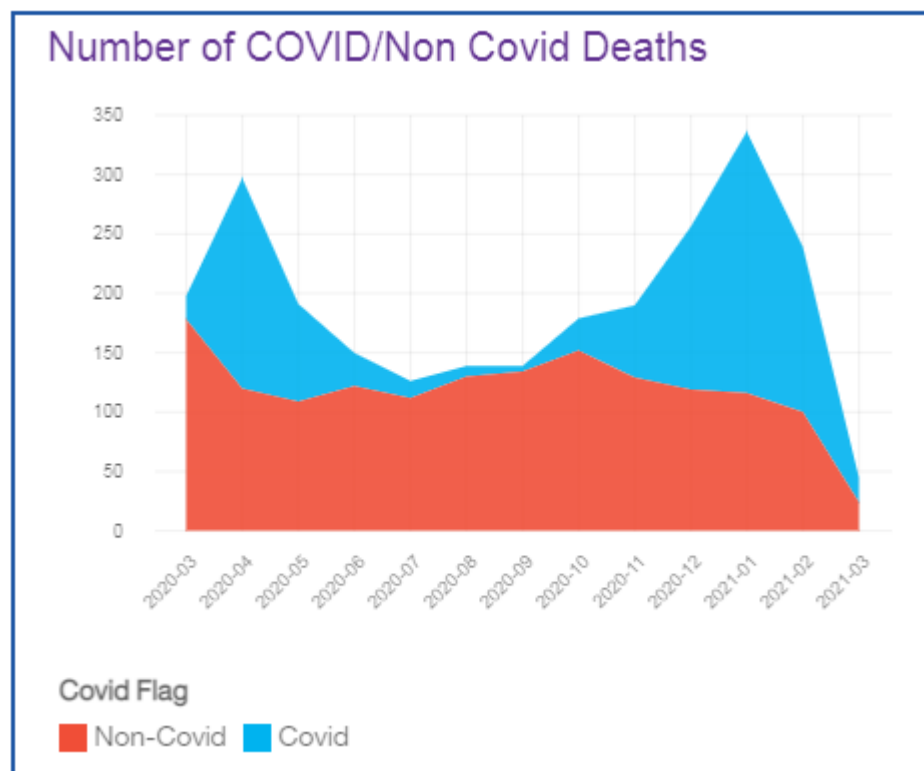
Area	Deaths	Deaths previous 5 years	Excess deaths	% Excess deaths	ASR per 100,000	ASR per 100,000 (previous 5 years)	Excess Rate	% Excess deaths (age adjusted)
EAST	66222	56231	10080	17.9%	1040.7	883.2	157.5	17.8%
EAST MIDLANDS	51680	44422	7301	16.4%	1113.7	955.7	158.0	16.5%
LONDON	62781	48556	14282	29.4%	1076.3	823.9	252.5	30.6%
NORTH EAST	31438	27579	3903	14.2%	1211.5	1060.4	151.0	14.2%
NORTH WEST	82697	70450	12328	17.5%	1207.9	1027.1	180.8	17.6%
SOUTH EAST	93592	80005	13705	17.1%	999.2	853.6	145.5	17.0%
SOUTH WEST	60268	55884	4479	8.0%	947.1	879.6	67.5	7.7%
WALES	37113	32832	4285	13.1%	1116.2	990.5	125.6	12.7%
WEST MIDLANDS	65802	53924	11902	22.1%	1176.1	961.9	214.2	22.3%
YORKSHIRE AND THE HUMBER	58957	51319	7734	15.1%	1149.0	996.9	152.1	15.3%

Use slider to change date of death period

3/1/2020 2/23/2021



The number of Covid19/Non COVID -19 deaths in Cardiff and Vale UHB since March 2020 is summarised in the graph below:



The UHB has appointed a Head of Covid Investigations to oversee the review and investigation of all cases of hospital acquired Covid – 19, as well as deaths of patients who die with a diagnosis of hospital acquired Covid -19.

Medical Examiner

The UHB is working with the Medical Examiner Office (MEO) to develop systems and processes to manage referrals for Level 2 reviews where a possible or actual concern has been highlighted. Previously the UHB reported that there was not a robust process for managing stage two reviews thus the learning loop could not be closed. Since the introduction of the MEO the UHB is establishing a process which includes centralized distribution of referrals and a repository for completed stage two reviews. The Mortality Review Group will receive and discuss emerging themes and trends and agree priorities for action. Since working with the MEO office, 5 cases have been referred on for a Level 2 review. Of these 4 cases involved the deaths of patients who died with COVID -19, but in all cases, the patients were on End of Life pathways and had advanced metastatic cancer.

It has been mandatory to report the % stage 1 mortality reviews undertaken to Welsh Government. The last report will be at the end of April for the month of March after which this will no longer be necessary due to the introduction and expansion of the Medical Examiner service.

## 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.

## Outcomes of Internal and External Inspection Processes

Aron White and Rebecca Aylward are presenting a Ward Accreditation/Perfect Ward update to the Nursing Midwifery Board on 17<sup>th</sup> March 2021.

## Patient Experience

Since March 2020, the PET (Patient Experience Team) has worked very differently, utilising a variety of methods to gain patient feedback.

Over the last 12 months, due to COVID-19, our routine paper based survey process has been significantly reduced. We have been undertaking more specific site areas to gain feedback from both in our hospitals and settings such as our Mass Vaccination Centres.

Therefore, our work on bespoke feedback projects has increased. Traditionally, our main method to gain feedback was via a paper based system. This has been adapted to be more electronic

based, whereby patients can complete a survey using their mobile phone, tablet or PC, a link to the survey being accessed from a text, email or QR code. One of the advantages of this over a paper based system, is that reports can be produced much more quickly and in turn feedback passed on to the team/department in 'more or less' real time. An example of the department

adopting this approach has been when collecting feedback following the Prehab2Rehab project nudges.

Links can also be added to electronic tablets allowing the team to survey areas, without the need for pen and paper. An example where we have used this approach has been when surveying the Mass Vaccination Centres.

Currently, we use three software platforms to gather feedback including Survey Monkey, Viewpoint and 'HappyOrNot'. However, the introduction of a new 'All Wales' Civica platform as an All Wales People feedback system will further add to the tools we have available with the added benefit of centralizing many of the processes. The system will be rolled out across Wales from the 1<sup>st</sup> April 2021 in a phased approach.

In relation to recent/current bespoke studies undertaken, examples include:

- **'Feedback in 5' survey.** Completed by the team via electronic tablet in various areas, such as A7, A6, SSU and Glan Ely (St Davids). As the data is available straight away, the reports are made available to the area the same/following day.
- **MVC (Mass Vaccination Centres) surveys.** This has been carried out in all three Mass Vaccination Centres. These surveys are being undertaken regularly to monitor feedback and identify any improvements that can be made.

Overall, the feedback has been very positive with **98.8%** of respondents (Splott – 97%, Pentwyn – 100%, Barry – 100%) reporting that they were very satisfied with their visit to the Mass Vaccination Centre. Comments left by respondents have also been very positive and examples include:



#### Prehab2Rehab evaluation survey

- Evaluation survey links have been texted to patients following information 'nudges' from the Prehab2Rehab team. The purpose of the survey is to gain patient feedback on the
- Information nudges sent to patients on the waiting list. On the whole, the information nudges have been well received with **84%** of respondents reporting that they found the information provided with the Mindfulness nudge as being either 'extremely helpful', 'very helpful' or 'somewhat helpful'. A full write-up on the project findings will be available in coming months.

#### Physiotherapy outpatient forum event.



- This was set up in collaboration with the UHW Physiotherapy Team and invited patients to take part in a virtual 'Town Hall' event via MS Teams. The purpose of the event was to gain feedback from patients on how they think the service should develop. Below is an image of the main meeting invite page, which was based on a 'Padlet' developed by one of the Patient Experience team, which gave full details of the event and how to take part.



Please be aware that this meeting will be recorded and in taking part you consent to the recording being used for further analysis.

<https://padlet.com/physiouhb/CAVforum>

Initial feedback from those participants has been very positive and a write up of the event will be available in coming months.

## Creative Art Students

- A new way of undertaking student placement has been developed to support our annual cohort of Creative Therapy Art Students from University of South Wales, who under normal circumstances would be delivering art sessions face-to-face with patients. Two students are now in place delivering virtual sessions and have to date completed their first session each with patients at St David's hospital supported by Mental Health Matters and ward staff.
- As part of this virtual placements the students will be recording some 'legacy' sessions which can be used on our digital devices for patients who wish to undertake an activity during their day.

## Mass Vaccination Centre Volunteers

- Volunteer Services Team continue to facilitate inductions for third sector volunteers who will be supporting at the MVC, we will have approximately 120 volunteers supporting across these sites once inductions have been completed. We have received some lovely feedback from staff on how beneficial it is having volunteer support at these sessions **"we couldn't do without them"**.

## Volunteer comment

- I just wanted to let you know how appreciative the public are of our efforts at the Splott vaccination centre. People often comment on how well organised and easy the process is and what good work we are doing. I pass this on to the NHS staff too as it's

*a collaborative effort with them and the Army. Even though we are only doing second vaccinations at Splott, people are still very appreciative and are very glad to be there.*

- *We have recently had a lot of medics and NHS workers coming to us as the centre as UHW is closed and they often comment on how efficient it is and that they have heard this from others who have been to us.*

## Staff Volunteering Application and Policy

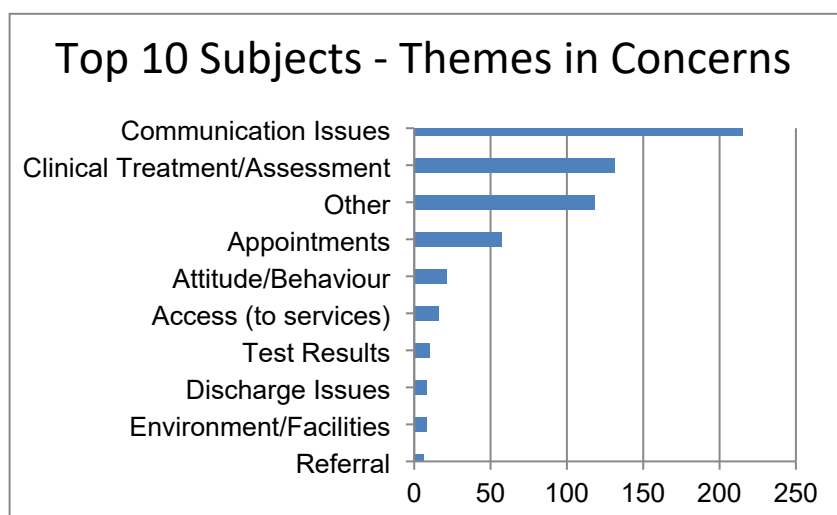
- An addition to the Health Boards Volunteer Policy will now include a section specifically for staff looking to volunteer, this is being developed due to the increased demand from staff wanting to volunteer due to the pandemic this was to ensure we were compliant with governance procedures when recruiting staff to support.

## Complaints Management/Redress

In January and February, 1,781, concerns were received, which is a significant increase when compared with 532 received in November and December. This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination enquiry line being hosted within the Department.

It is pleasing to note that, despite the ongoing challenges, the 30-working day performance for this period was 83%, which is a slight increase on November and December.

The Health Board continues to receive a high number of concerns regarding clinical treatment and assessment, however, as demonstrated in the graph below, there has been a rise in concerns regarding communication (in comparison to the last Board report) and this is now the key theme identified, with Concerns regarding Clinical Treatment and assessment being the second highest.



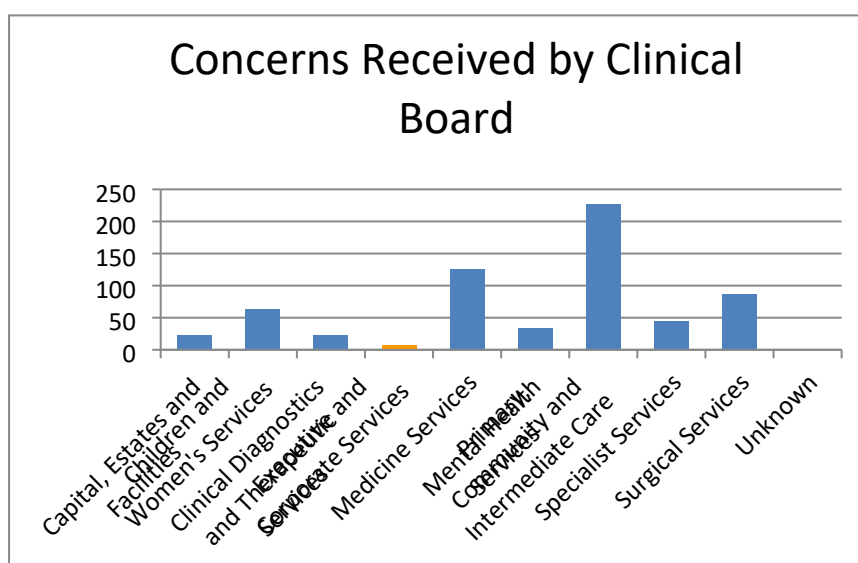
We continue to receive a high number of concerns regarding poor communication, in particular, in relation to lack of information when families are worried about their loved ones, inability to make contact directly to the wards via the telephone and lack of communication regarding discharge arrangements.

The Patient Experience Team continue to support virtual visiting and we have maintained.





This has meant that families/friends are able to provide mobile phones and devices to support communication. We continue to provide nightclothes, clothes and toiletries as well as “lending” devices and helping people to communicate with their loved ones if they require our assistance in any way.



You will note from the graph above that PCIC Clinical Board have seen a significant rise in concerns in comparison to previous Board reports. This is due to the high volume of enquiries in relation to the Mass Vaccination roll out. It should be noted that the table above does not reflect all the concerns received within PCIC as there are a considerable amount that will be logged retrospectively. To date in three weeks over 2,000 enquiries have been received with regards to Mass vaccination and this is approximately 60 telephone calls per day plus e-mails and letters. In the main issues relate to:

- The concurrent vaccination via GP's and MVC's for different age cohorts are causing people to make contact regarding the delays with being vaccinated in different age groups.

- Queries regarding those who are in cohort 6 and clinically extremely vulnerable. Many people feel they should be included but have not been identified in this group.
- Prior to the launch of the unpaid carers form there were many queries; following development of the form carers are contacting us for help in completing the form.

Medicine Clinical Board continue to receive a high number of concerns, in comparison to other Clinical Boards, however this would be expected considering the high level of activity within Medicine Services.











Some Patients are raising concerns relating to delays in follow-up appointments and planned procedures, particularly, in relation to General Surgery/Trauma and Orthopaedics, however, these numbers (86) have noticeably reduced in comparison to concerns received in November and December (126).

## Training

We continue to offer training as and when required. A number of bespoke training sessions have been postponed by clinical board staff due to the current demand on clinical services

## Benchmarking

Cardiff and Vale UHB's performance for January and February was 83% which exceeds the Welsh Government target of 75%. It is very pleasing to note that Cardiff and Vale UHB's consistent positive performance is recognised and the table below demonstrates that Cardiff and Vale UHB have maintained a positive response time.

Percentage of complaints that have received a final reply (under Reg 24) or an interim replay (under Reg 26) up to and including 30 working days from the date the complaint was first received by the organisation								
LHB	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	12mth Trend	Rank
Wales	75%	69.8%	68.5%	69.8%	58.6%	71.9%		-
AB		70.3%	63.8%	68.4%	58.2%	74.2%		4
BCU		55.2%	63.2%	71.8%	55.2%	76.7%		3
C&V		83.8%	78.4%	74.3%	64.9%	80.9%		2
CTM		50.7%	48.6%	62.6%	53.6%	61.7%		8
HDda		75.1%	72.5%	70.2%	63.5%	64.7%		7
Powys		45.5%	28.2%	35.5%	43.8%	50.0%		9
SB		83.7%	88.6%	81.0%	65.4%	72.8%		5
PHW		100.0%	100.0%					
Velindre		82.6%	81.8%	93.3%	92.9%	100.0%		1
WAST		87.9%	74.2%	58.8%	47.5%	65.0%		6

Note: PHW had no Reg 24 or Reg 26 complaints during Q4 19/20, Q1 20/21 and Q2 20/21.

As mentioned in the previous Board report, one of the aims of the Once for Wales system for concerns management is that benchmarking data will be available. The system is due to be implemented on 1<sup>st</sup> April for Complaints. Redress cases and Claims.

## Once for Wales Concerns Management System.

A Local Implementation Group, chaired by the Assistant Director of Patient Safety and Quality has been established, and is currently meeting monthly, to oversee local implementation of the Once for Wales Concerns Management System across the UHB.

Timescales for the implementation are challenging but it is anticipated that the UHB will move over to the Complaints, PALs, Redress and Claims management modules on 1<sup>st</sup> April 2021. Implementation of the Incidents module will not be undertaken until at least June 2021. This has been delayed as there are a number of unresolved issues and preparation time is being compressed. The UHB is also awaiting the enhancement to mandate the completion of Service and Location hierarchies down to the 3<sup>rd</sup> level, which is planned to be completed by 1<sup>st</sup> June 2021.

Preparation has commenced.

- Perform housekeeping to ensure Legacy data is accurate.
- Identify all 'non-Closed' records.
- Emails DIF2s about open records, and give deadlines for managing to closure
- Create KPIs to inform Implementation Board and Clinical Boards about progress with this task.
- Identify all live records that may need to be re-input/migrated.

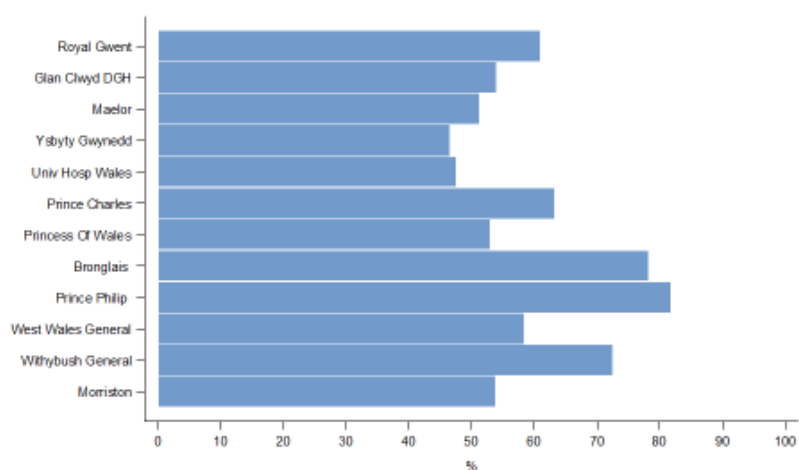
## Clinical Effectiveness Committee

The UHB has established a Clinical Effectiveness Committee chaired by the Assistant Medical Director Patient Safety and Quality. At its most recent meeting on 24.02.2021, the following key issues were noted:

- There appear to be potential data collection issues in relation to the National Asthma and COPD audits – this will be explored further with the relevant teams.
- National Hip Fracture database – there has been an improvement in compliance across many criteria. It was noted that absence of delirium and mobilisation post-surgery was below the national compliance rate and that there had also been a corresponding increase in the number of patients with fractured femur who developed pressure damage. Initial exploration of the data has shown a discrepancy between our local data and national data for mobilisation, so this is currently being investigated further. This will be discussed further at the forthcoming Falls and Pressure damage Group meetings.
- Data from the National Prostate Cancer Audit has indicated possible over – treatment of low risk prostate cancer and increase in urinary incontinence following radical prostatectomy. This will be explored further with the Clinical Leads for the service.
- National Stroke Audit – the percentage of patients being scanned within 1 hour was 50% during July- September 2020 and access to a Stroke Unit was 32%.

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## Scanned within 1 hour

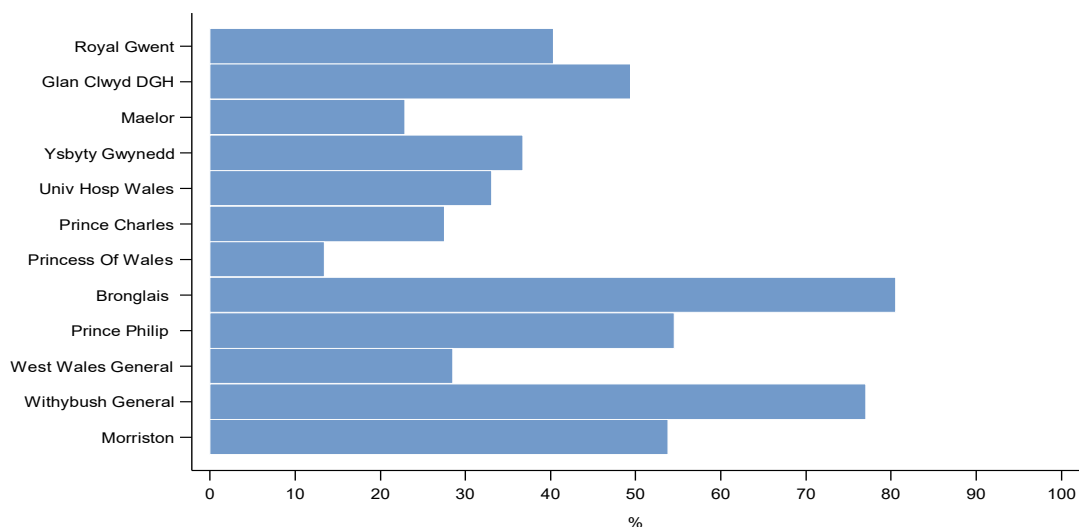


Source: SSNAP Jul-Sep 2020  
Patient-centred results at team level for Key Indicator 1.1A

Wales

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## Direct to SU within 4 hours



Source: SSNAP Jul-Sep 2020  
Patient-centred results at team level for Key Indicator 2.1A

Wales

Access to the Stroke Unit has been affected by Coronavirus outbreaks and balancing the risk of admitting patients in to an outbreak area. It is anticipated that this will improve as the outbreak position continues to improve.

The UHB is currently an outlier in the Early Arthritis National Audit but this relates to a lack of resource within the Clinical Board to ensure complete data submissions. Medicine clinical Board have been requested to identify an appropriate resource so that full participation can be undertaken.

### NICE Guidance

We can only give very limited assurance with regard to the up-to-date monitoring of the implementation of new NICE guidance.

Our current process, and allocated resource within the quality assurance team is undergoing review as part of the over-arching redesign of our Quality and Safety functions.

The assurance process is heavily reliant on local teams providing timely and detailed updates - which historically has been difficult to achieve. Due to the pressures of COVID this process has proven even less reliable.

A review of this assurance process has now been undertaken, including benchmarking against other Health Boards, and has demonstrated that the allocated quality assurance team resource is very light, and our IT processes outdated.

A case is being developed outlining the resource that would be required to deliver assurance against NICE implementation within the health board, this will include a dedicated administration resource and the purchase, and UHB-wide introduction, of the AMaT audit tracking and monitoring software.

## Recommendation:

The Local Partnership Forum is asked to:

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

### Shaping our Future Wellbeing Strategic Objectives

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

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

### Five Ways of Working (Sustainable Development Principles) considered

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

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

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