LOCAL PARTNERSHIP FORUM

22 October 2020, 10:00 to 12:00

Agenda

1. Welcome and Introductions

Chair

2. Apologies for Absence

Chair

3. Declarations of Interest

Chair

4. Minutes of the meeting held on 3 August 2020

Chair

4 LPF minutes 03.08.20.pdf (5 pages)

5. Action Log Review

Chair

5 LPF Action Log.pdf (1 pages)

6. Director of Public Health Annual Report - Re-imagining ageing into the future

Principal Health Promotion Specialist

6.1 DPH report - LPF 22 Oct 2020.pdf (9 pages)

6.2 DPH SUMMARY CALL TO ACTION.pdf (22 pages)

7. Learning from COVID-19

Presentation

AD of OD

8. Chief Executive Update

Verbal - CEO

9. Operational Update

Verbal- Deputy COO

10. Cardiff & Vale UHB Quarter 3-4 Plan

Executive Director of Strategy and Planning

10 Q3_4 report_221020.pdf (3 pages)

11. Finance Report

Executive Director of Finance

11 Finance Position Report for Month 5.pdf (26 pages)

12. Workforce and OD KPI Report

Executive Director of WOD

12 WOD KPI Report Aug-20.pdf (1 pages)

13. Patient Safety Quality and Experience report

Executive Director of Nursing

13 Patient Safety Quality and Experience Report FINAL v2.pdf (13 pages)

14. Employment Policy Sub Group Minutes from 30 September 2020

14 30 September 2020 EPSG minutes.pdf (5 pages)

15. Staff Benefits Group update report

15 Staff Benefits Group report September '20.pdf (4 pages)

15.1 Staff Benefits Group TOR revised July '20-Final.pdf (3 pages)

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

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

18. Future Meeting Arrangements:

Wednesday 16 December 2020 at 10am(with a staff representative pre-meeting at 10.00am) via Teams/Zoom

Minutes of a Local Partnership Forum meeting held on 3 August 2020 at 10am, remotely and in Nant Fawr 1, Woodland House

Present	
Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Len Richards	CEO
Joe Monks	UNISON
Julie Cassley	Deputy Director of WOD (co-Chair)
Steve Gaucci	UNISON
Peter Hewin	BAOT/UNISON
Jo Brandon	Director of Communication and Engagement
Ruth Walker	Exec Director of Nursing
Ceri Dolan	RCN
Rhian Wright	RCN
Abigail Harris	Exec Director of Strategy and Planning (part of meeting)
Dorothy Debrah	BDA
Andrew Crook	Head of Workforce Governance
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Lianne Morse	Head of HR Operations
Caroline Bird	Deputy COO
Pauline Williams	RCN
Chris Lewis	Deputy Director of Finance
Rebecca Christy	BDA
In Attendance:	
Cheryl Williams	Public Health Wales
Nicola Bevan	Head of Employee Health and Wellbeing
Apologies	
Fiona Salter	RCN
Peter Welsh	General Manager UHL and Barry
Dawn Ward	Independent Member – Trade Union
Bill Salter	UNISON
Fiona Jenkins	Exec Director of Therapies and Health Science
Stuart Walker	Medical Director
Bob Chadwick	DOF
Mat Thomas	UNISON
Janice Aspinall	RCN
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 20/040 WELCOME AND INTRODUCTIONS

Mr Driscoll welcomed everyone to the meeting

LPF 20/041 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 20/042 DECLARATIONS OF INTEREST

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

LPF 20/043 MINUTES OF PREVIOUS MEETING

The minutes from 18 June 2020 were confirmed as an accurate record of the meeting.

LPF 20/044 ACTION LOG

The action log was noted

LPF 20/045 PHYSICAL DISTANCING

Cheryl Williams, Principal Health Promotion Specialist from Public Health Wales gave a presentation on physical distancing in the workplace. She reminded the Forum of the reasons why practising two metres physical distancing is so important, talked about what had been done so far, and what was planned future to promote this. She noted that there was a lot of concern that physical distancing was not happening in all staff groups and asked the Forum for any ideas on how this could be improved.

Mr Jones advised that he was aware that there had been improvements in among certain staff groups though there were other areas which still caused concern.

A small number of local issues were raised including the use of 'sneeze screens' in reception areas and breaks in ITU and it was agreed that these needed to be picked up locally. Ms Bird advised that screens would be picked up as part of the outpatients programme.

Mrs Walker indicated that at a recent UHB wide zoom meeting, views had have been sought on physical distancing and a number of points had been raised including:

- confusion around the appropriate distance (was it 1 or 2 metres?)
- the posters needed refreshing
- markers on the floor would be useful
- not all staff understood the science behind physical distancing very well
- there needed to be clearer messages re washing of mugs, phones etc
- Clinical Boards had been asked to ensure that breaks and handovers were planned in a way that enabled physical distancing
- face coverings should be used if it was not possible to physically distance
- staff areas which the public were not allowed to enter eg in Aroma would be helpful

Ms Williams thanked Mrs Walker for this information. She advised that there were plans for the posters to be refreshed and for more stickers to go onto the floor, and a film was being developed with the Communications team around the science behind physical distancing. Ms Brandon added that when the hospitals were open to visitors and the footfall increased a one way system would be very important and Estates were working through some practical issues relating to this. She asked if anyone had any examples of best practise that could be shared and Mrs Bevan volunteered the Occupational Health Department for this.

Mr Richards stated that it was really very important to get better at physical distancing. He noted that if there was an increased prevalence TTP would have a greater impact, and we could lose large groups of staff if physical distancing was not practiced. This would have an impact on the service so the stakes were very high and could become higher if the prevalence of COVID increased in the community.

Mr Hewin noted that shielding is due to pause from 16th of August. He understood that a risk assessment needed to be completed, but pointed out that working from home is distancing in itself though there was still resistance to this in some areas. He reminded the Forum that a joint statement on agile working had been developed and now needed to be publicised. Mrs Cassley advised that the shielding task and finish group were meeting later on that day and guidance was due to be issued on the pausing of shielding. She agreed that whether working at home or in the workplace the key message was that staff should be working in a safe environment. The individual role and individual needs needed to be explored and therefore the risk assessment conversation was critical. Mr Driscoll stated that they would not be a wholescale move to a different position from the 16th August, rather each case needed to be managed individually.

LPF 20/046 HEALTH AND WELLBEING UPDATE

Mrs Bevan provided the Local Partnership Forum with a wellbeing update focusing on three phases:

- active (ie what had been done) e.g. EWS rapid access, resources, accommodation, staff havens
- co-existing (what we are doing) e.g. bespoke support for managers so they can support their teams, UHB TTP
- recovery (what we are planning)

She emphasised that the recovery phase needs to be evidence based and sustainable, and would take a three stage approach itself (prevent, detect and treat) using the PIES model (proximity, immediacy, expectancy, simplicity). It was important to embed wellbeing throughout the employment life scale and to make sure that staff felt confident to discuss their own wellbeing.

Mrs Kinghorn noted that some fantastic work had been done and it was clear that public health thinking and prevention was embedded throughout. She said it would also be good to also see links with the Move More Eat Well programme.

Mr Hewin noted that mental health was peaking and was likely to still be at its peak at the time of an expected second wave, which would have staffing implications. Mr Richards stated that the organisation had mobilised really well when we had a significant number of patients and we needed to continue to mobilise but staff were tired, frustrated and anxious. He agreed the best response to this was in close proximity and wondered how we could support local areas and wards as they required it. Mrs Bevan advised that there is evidence that counselling and the medical model is not the best way to tackle this rather we should have people such as managers, deputies and chaplains who are in that area and who can talk and ask how individuals are and listen to them.

LPF 20/047 PERFORMANCE UPDATE

Ms Bird advised the Forum that Welsh Government had relaxed its targets and monitoring arrangements in March 2020. Some of these had been reintroduced from June, but the focus was on minimising harm rather than time. The UHB had also started to increase activity and to reintroduce some routine services at that time. The delivery of services now had a new level of complexity and there were attempts to minimise the number of hospital services by providing virtual appointments instead. Flow was being managed very differently but activity had now increased within both unscheduled and planned care and was now at between 75% and 80% of previous levels.

Ms Bird noted the workforce had done a fantastic job but they were tired and now had to prepare for winter pressures. She thanked Mrs Bevan for an excellent presentation and noted that there were more lessons to learn. She said that the Clinical Boards were working on this and were listening to their staff.

A Quarter 2 plan had been prepared which included an operating framework of short four to six weeks cycles with the focus of harm and being COVID ready. Capacity plans were being constantly reviewed and work was taking place around green zones and additional capacity (eg at the Spire hospital) and extended footprints (eg in the emergency unit) to make the environment safe.

It was noted that CAV 24/7 was going live that week and that a clinically led outpatients programme was working across primary and secondary care. An update on this work would be provided at a future meeting.
ACTION: Ms Bird

A copy of the presentation prepared for this meeting would be shared with Forum members.
ACTION: Dr Pressley

LPF 20/048 CEO UPDATE

Mr Richards wished to reinforce that the organisational response to COVID-19 had been nothing short of remarkable. He said that the flexibility, commitment and the way the people had come together and volunteered outside of their normal areas was both humbling and boded well for the future.

He noted that it had been very challenging and would continue to be so going forward. He stated that it was important to get behind the health and wellbeing work that was taking place and to support staff during this down time, before they may have to do it again. Mr Richards reminded the Forum that we need to try and keep on top of COVID and be ready for future spikes, but how we dealt with non-COVID work was also quite a complicated prospect. He stated that there were complex times ahead but the key challenge was how we support our staff.

Mr Driscoll advised the Forum that he and Mrs Gidman had been having conversations with senior leaders about the lessons learned over the last few months and would share their findings at the next LPF meeting.
Action: Mr Driscoll/Mrs Gidman

LPF 20/049 FINANCE REPORT

Mr Lewis referenced the detailed finance report that was presented to the Finance Committee and gave a more strategic update to the LPF.

In March, the UHB were informed by Welsh Government that whilst it had an approvable plan, the IMTP process had been paused for an indefinite period to concentrate on the response to the pandemic. Whilst the UHB is still being monitored against our break even position plan, the main focus was on justifying additional expenditure incurred in dealing with COVID-19. What is key to the Health Board is how it recovers from this period where it needs to avoid adding recurrent expenditure to its cost base, manage the operational position and embed the many positive transformational changes that had been delivered at pace due to necessity,

Reference was then made to Table 8 in the finance report on the forecast financial position where the UHB is reporting a year to date deficit of £45.8m at month 3 and a full year forecast deficit of £139.4m.

In response to a query from Mr Jones, Mr Lewis confirmed that there was an expectation that WG would fund all COVID-19 related costs in 2020/21. In addition, that it would make good its underlying position so that it entered 2021/22 where it finished in 2019/20

LPF 20/050 QUALITY, SAFETY AND EXPERIENCE REPORT

Mrs Walker thanked all staff who had participated in the PPE follow up audit and advised that the results of this would be shared. She wanted to reiterate the importance of physical distancing following the lessons learned from an outbreak on Ward E2. She also emphasised the importance of following correct IP&C process is to keep both patients and staff safe.

LPF 20/051 ANY OTHER BUSINESS

It was agreed that two items of AOB would be referred to the Workforce Partnership Group for follow up and discussion as appropriate:

- Maximising Attendance at Work Policy Training
- Pay Progression

Action: Dr Pressley

Mr Driscoll noted that this was Dorothy Deborah's last LPF meeting as she was due to retire – he thanked her for all the time and effort she had put into the Forum over the years and wished her well for the future.

LPF 20/052 FUTURE MEETING ARRANGEMENTS

The next meeting is scheduled to take place on Thursday 22 October at 10am, remotely and in Room Nant Fawr 1, Woodland House (with a staff reps pre meeting at 9am)

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 20/047	3 August 2020	Performance Update	Update on CAV 247 to be provided at a future meeting	Caroline Bird	Scheduled for December 2020 meeting
LPF 20/047	3 August 2020	Performance Update	Copy of the slides to accompany this item to be shared with the Forum	Rachel Pressley	COMPLETE
LPF 20/048	3 August 2020	CEO Update	COVID lessons learnt to be shared at the next meeting	Mr Driscoll / Mrs Gidman	On agenda 22 October 2020
LPF 20/051	3 August 2020	AOB	Two items were referred to the Workforce Partnership Group for follow up and discussion as appropriate: - Maximising Attendance at Work Policy Training - Pay Progression	Dr Pressley	COMPLETE

The Annual Report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2019

22 October 2020

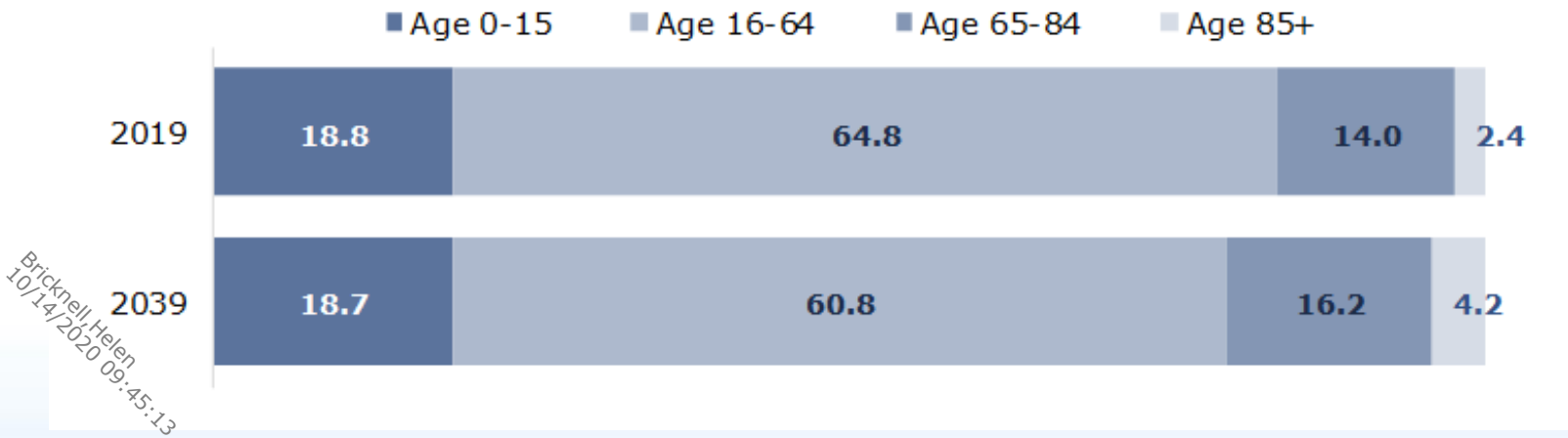
Cheryl Williams, Principal Health Promotion Specialist

Full report available here: https://cavuhb.nhs.wales/patient-advice/keeping-people-well/about-public-health-in-cardiff-and-the-vale/key-publications/

Population demographic changes in Cardiff & the Vale of Glamorgan

- Our demography is changing, and we have a rapidly growing number of older people
- In Cardiff and the Vale of Glamorgan, the number of people in the 65 to 84 age group and the 85+ age group are both predicted to increase, whilst other age groups are predicted to stay the same or decrease

Projected population, percentage, all persons, Cardiff & Vale UHB, 2019 and 2039
Produced by Public Health Wales Observatory, using 2014-based population projections

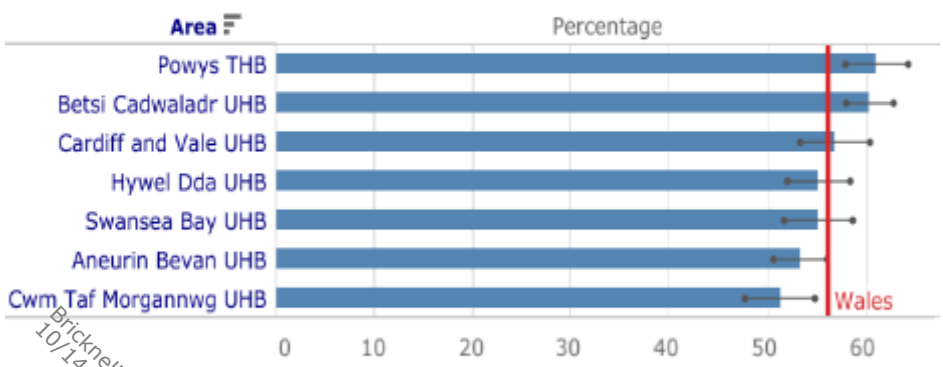


Ageing Well in Cardiff and the Vale of Glamorgan

- For many people, getting older is a very positive experience, and they have much to look forward to.
- 56.7% of people age 65+ are ageing in good health:

Percentage, persons aged 65+, health boards

95% confidence interval



Area	Value	95% Confidence Interval	Count
Powys THB	61.0	(57.8 to 64.1)	N/A
Betsi Cadwaladr UHB	60.3	(57.8 to 62.7)	N/A
Cardiff and Vale UHB	56.7	(53.2 to 60.3)	N/A
Hywel Dda UHB	55.1	(51.9 to 58.3)	N/A
Swansea Bay UHB	55.0	(51.5 to 58.5)	N/A
Aneurin Bevan UHB	53.2	(50.5 to 55.9)	N/A
Cwm Taf Morgannwg UHB	51.1	(47.6 to 54.7)	N/A
Wales	56.1	(54.9 to 57.3)	N/A

Bricknell Helen 10/14/2020 09:15:13

Produced by Public Health Wales Observatory, using NSW (WG)

Re-imagining ageing into the future

Purpose in life

- Having purpose and fulfilment in what we do brings great benefit to our well-being
- Purpose and meaning can be found in many aspects of our lives, and as we age that could include our work and then retirement, activities, hobbies, volunteering or caring for others
- Employers can support staff to age well whilst in employment, and plan for a healthy retirement
- People with higher levels of purpose and health literacy are more proactive in looking after their health

Connections in life

- Being connected to others is important in being able to have a happy later life
- Positive social connections can contribute to good physical and mental health, and reduce loneliness and isolation

- Recognising risks of loneliness and social isolation can help people to take action to reduce the risks, such as connecting with services
- People can be supported in many ways to connect with others including social prescribing, digital technology and volunteering opportunities

Places for life

- The physical environment and where we live plays an important part in how well people are able to connect with others, and maintain health and wellbeing
- Age-friendly environments enable quality of life in a practical sense with accessible services and ease of mobility, but also enable social connections
- Good urban design can be highly beneficial for ageing well, and can benefit people with dementia
- Housing quality is key for health and wellbeing

Key messages - for the public

- Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you
- Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring
- Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities
- Be aware of the potential triggers for loneliness
- Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted

Re-imagining Ageing into the Future
Actions the UHB can lead on

- Improve support for health literacy and consider accessibility of information when designing or providing services, providing information and advice, or when prescribing medication
- Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported
- Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed
- Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites

GIG CYMRU NHS WALES

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

'RE-IMAGINING AGEING INTO THE FUTURE'

SUMMARY AND CALL TO ACTION

Director of Public Health - Annual Report 2019

Fiona Kinghorn
Executive Director
of Public Health

FOREWORD

My report for this year focuses upon three key themes that we know influence people's ability to experience healthy ageing and have a good quality of life: feeling a sense of meaning and purpose in life; having good social connections; and living in places that enable us to remain safe, active and independent. There is a great deal of evidence which tells us that if people experience these three things, they are more likely to have happy, healthier lives into older age.

For many people, getting older is a very positive experience, and they have much to look forward to. Many people feel a sense of community, enjoy where they live and have good connections to family and friends. Despite the fact that many older people in Cardiff and the Vale of Glamorgan are in good health and are happy with their lives, there are some inequalities that need to be addressed, as there are people who are not ageing in good health, and are experiencing very different levels of wealth, happiness and security in later life.

This booklet provides a summary of the key themes and messages within this year's report, and some actions that we can take as individuals and as organisations to help the population of Cardiff and the Vale of Glamorgan experience healthy ageing into the future.

My thanks go to everyone who has contributed to this year's report, including: Kate Roberts, Laura Wilson, Louise Yau, Carl Rogers, Brian Marsh, Megan Luker, and Shelagh Maher.

Thanks to Cheryl Williams for bringing the report together and acting as chief editor.

I would like to extend my particular thanks to the members of the local community and local organisations who gave up their time to take part in focus groups, interviews and films.

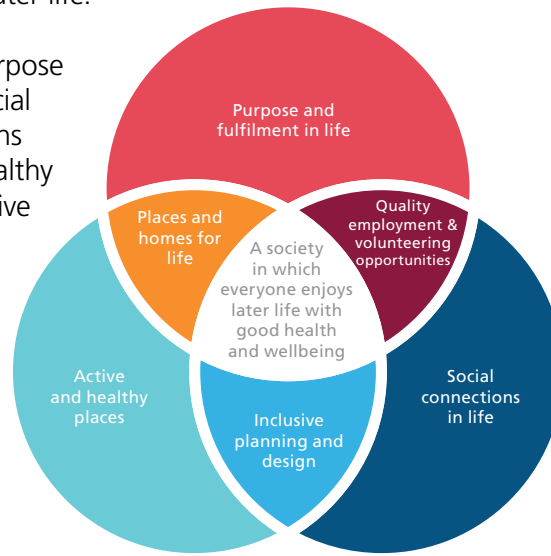
WHAT IS HEALTHY AGEING?

Before we start to outline each of the themes, it is important to understand what we mean by healthy ageing, and why we should be focusing our attention on it. Healthy ageing is not just about the absence of disease and ill health, it is about being able to have positive, independent lives and being able to do the things we want to do for as long as possible.

We need to recognise that although it is common for people to start to develop conditions and illness in older age, many people age in good health, and in fact 56.7% of people aged 65 and over in Cardiff and the Vale of Glamorgan say that they are in good health[1]. However, if people do develop health conditions as they age, it can start to make daily activities more difficult, such as washing and dressing.

Giving recognition to the important role that lifestyles, screening and immunisations play in healthy ageing is key, but there are also wider areas that play a part in health and wellbeing into later life. This report focuses upon three of these areas which we know matter to older people and which can support them to experience good health and wellbeing in later life:

- having purpose
- having social connections
- having healthy places to live



PURPOSE IN LIFE

Throughout our lives, having purpose and enjoyment in what we do brings great benefit to our well-being.

It drives us to achieve goals, giving us a sense of meaning and direction[2]. It is also known to contribute to good health as evidence has shown a strong link between being purposeful and living longer. Having a purpose in life might help us to deal better with negative or stressful times by helping us to learn from these experiences constructively and to refocus on wider goals[3,4].

Purpose and meaning can be found in many aspects of our lives, and as we age that could include our work and then retirement.

Working in later life

Employers value older employees as a great asset and many are able to accommodate a diverse workforce through their employment policies which support people to work for longer if they wish to[5]. There are many ways which employers could support people to continue to work or take up new or alternative employment opportunities in later life:

Flexible working: One way to support employees, which could be of particular value to older workers, is flexible working[6]. This includes a range of elements such as a reduction in hours, flexible start/finish times, job sharing, compressed hours (working full time hours over fewer days), and work base. For example, working from home or a different location could allow employees to achieve a good work life balance.

Employer support for health and wellbeing: Employers can help support their employees to adopt healthier lifestyles, which can help to prevent many long-term health conditions. Schemes around active travel, healthy eating, help to stop smoking and access to support for wellbeing can all help.

Training: Training can be provided in formal courses, or less formal ways for example through mentoring or by taking on differing projects or roles within an organisation.

Employer support with planning for the future: Many organisations do not have a process in place to discuss planning for future work, health needs and retirement with their employees, and support people with financial planning. This should be undertaken at an early stage with employees to give them the greatest benefit.

A purposeful retirement

When it comes to retirement many people do not have clear ideas of how they want to spend their time with many just reporting goals around 'living comfortably'[7]. This lack of expectations and planning is likely to lead to lower levels of purpose on retirement. Currently, much of the information, advice and support around retirement is aimed at financial or practical matters and neglects the emotional and social impact. Retirement planning courses should provide a holistic approach, helping people to identify what they may like to do in their retirement.

Keeping healthy in later life

People with higher levels of purpose are more proactive in taking care of their health, they have better impulse control, and engage in healthier activities[8]. In order to keep healthy in later life, it is important that people have the health literacy to be able to do so. In other words, having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems[9]. People should be able to access information in a way that they can understand and be able to learn skills around improving literacy, including digital literacy.

Being connected to others is also important in being able to have a happy later life[10]. Positive social connections with family, friends, community and colleagues help us to feel that we belong, give purpose to our lives and increase our sense of wellbeing.

Social connections

People differ in the way that they seek out company of others, but humans have a fundamental need to interact with others. People who have meaningful relationships are happier, have fewer health problems, and live longer than those who do not[11]. Helping people to make and maintain social connections can be complex, and a range of interventions can support people, such as adequate transport and access to technology. The enablers to this can include volunteering, which can lead to new connections being made, and community connectors in organisations who can signpost people to activities and services that they need.

Supporting older people to make connections

There are many approaches to supporting older people to make and maintain social connections, and reduce the risk of loneliness and social isolation.

Recognise older people as assets

Assets are resources, skills, or knowledge which enhance the ability of individuals, families and communities to sustain their health and wellbeing[12]. Asset based approaches value, nurture and use this potential to enhance local community connections, build resilience and improve wellbeing at individual and community levels[13].

Recognise the risks of loneliness and social isolation

Although loneliness is a subjective and personal experience, there are factors that can lead people to be more likely to feel lonely. It is important that we enable individuals, their families, friends and the professionals that work with older people to recognise some of the triggers that can lead to changes in social connections and potentially to loneliness.

Develop social prescribing approaches

Social prescribing, sometimes called community referral, links people to community services that can offer support emotionally, socially or practically. There are different models of social prescribing most of which involve a 'link worker' or 'navigator' who will help people to access local sources of support or activities.

Use technology to connect

Confidence in using, and having access to, digital technology has many benefits[14] but many older people face barriers such as being worried about security risks, lack of knowledge, support and skills, access and disabilities. People should be supported to access technology and get online if they wish to do so, as this can help to alleviate social isolation and loneliness and enable access to many activities and services.

Volunteering opportunities

Older people have many skills and talents to share which can benefit fellow volunteers, organisations and communities. Volunteering in later life can increase the quantity and quality of social connections, enhance a sense of purpose and self-esteem and improve life satisfaction, happiness and wellbeing[15].

The physical environment and where we live plays an important part in how well people are able to connect with others, and maintain health and wellbeing. Being able to get to shops, services and see friends and family enables people to have a good quality of life in a practical sense, but it also supports emotional needs as we can connect to others[16]. Mobility and having social support are key to healthy ageing, and to improve these, there is a need to consider how we can create age-supportive environments[17]. The quality of housing is also one of the key things that can impact on health and wellbeing[18].

Age-friendly spaces

When planning and designing outdoor spaces and buildings, there are ways to ensure that the environment is age-friendly and supportive for people as they move into later life. Urban design can be highly beneficial for people with dementia, as well as wider society, to ensure that the local environment is as easy to navigate as possible. With approximately 5,000 people currently diagnosed with dementia living in Cardiff and the Vale of Glamorgan, this is an important element to consider in design of places.

The age-friendly outdoor spaces and buildings checklist from the World Health Organisation includes the following:

- Clean spaces with enforcement around noise levels and odours
- Well maintained green spaces with adequate toilet facilities
- Pedestrian friendly walkways in open spaces, free from obstructions with smooth surfaces
- Outdoor seating available, particularly in parks, transport stops, and public spaces. Spaced at regular intervals, and safe to access
- Pavements are well maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs, with low curbs. Pedestrians have priority of use
- Sufficient pedestrian crossings over roads which allow enough time to cross where lights are included
- Separate cycle paths for cyclists
- Street lighting
- Services are close to where older people live and easily accessed (on ground floor), clustered together
- Adequate public toilets that are clean, well maintained and accessible, well signed and in convenient locations
- Buildings are accessible and have the following features:
  - Lifts
  - Ramps
  - Adequate signage
  - Railings on stairs
  - Stairs that are not too high or steep
  - Non-slip flooring
  - Rest areas with comfortable chairs
  - Sufficient numbers of public toilets

Source: World Health Organisation (2007) Global Age-friendly Cities: A Guide

Housing

Three key factors in homes have the highest health-related impact for older people: if a home poses a risk of falls due to trip and slip hazards; if a home is cold; and the location of the home as it can lead to isolation if people are far away from social contacts[19]. The vast majority of older people in Cardiff and the Vale of Glamorgan live in their own home. Wales has the oldest housing stock in the UK, and the highest treatment costs in relation to poor housing[20], so it is very important that investment be made in existing housing stock, as there are significant health benefits that can be achieved, and significant cost savings. Older people also need to be able to access information that help them to make informed decisions about housing options and finance to be able to plan for the future[21]. New home design should incorporate intergenerational living spaces[22], and conform to design standards such as Lifetime Homes[23] that support older people's requirements to enable them to live in their own homes for longer.

Recommendations

We want to engage with the local community, with professionals and organisations in health, social care, transport, planning, education, sport and leisure, community, third and voluntary sectors, as well as public and private employers to make Cardiff and the Vale of Glamorgan a place where people can experience healthy ageing into the future.

A summary of the recommended actions is on the following pages.

For a full copy of this year's report please visit…..
https://cavuhb.nhs.wales/patient-advice/keeping-people-well/about-public-health-in-cardiff-and-the-vale/key-publications/

Public

Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you. Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring

Cardiff and Vale of Glamorgan Public Services Boards

Advocate for the development and implementation of age-friendly policies across public services

Cardiff and Vale University Health Board

Improve support for health literacy and consider accessibility of information when designing or providing services, providing information and advice, or when prescribing medication.

Workplaces and employers

Develop an age-friendly framework for the organisation, which incorporates the adoption of Ageing Better's guide to become an age-friendly employer, or uses the Welsh Government toolkit.

- Be flexible about flexible working
- Hire age positively
- Ensure everyone has the health support they need
- Encourage career development at all ages
- Create an age-positive culture

For employers of physically demanding job roles, consider how jobs can be adapted or assistive technology used to support people in their employment when needed.

Support employees to ensure transition to retirement is well planned. Provide holistic information on financial planning, healthy lifestyles, volunteering opportunities, learning opportunities and activities.

Offer retirement courses for employees to be able to receive specialist advice and information, at various stages in their employment, nor just when they are close to retirement age

Seek support from Business Wales on training and skills development for your workforce

Public

If you find it difficult to use technology and access the internet, find out how you can get support to get connected by visiting your local library or Council hub.

Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities

Be aware of the potential triggers for loneliness. If you are in contact with older people. 'Make every contact count' and ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community.

Welsh Government

Develop a national campaign to raise awareness about loneliness to compliment the 'Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections.'

Cardiff and Vale of Glamorgan Regional Partnership Board

Map the risk factors for loneliness and isolation and identify geographical areas to target interventions across Cardiff and the Vale of Glamorgan.

Cardiff and Vale of Glamorgan Public Services Boards

Support those with low levels of digital literacy through involvement with the Digital Communities project targeting those most in need of support.

Sign the Digital Inclusion Charter and implement its six principles

Implement principles of 'Age Friendly Communities'

Cardiff and Vale University Health Board

Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported.

Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed.

Workplaces and employers

Encourage all staff to 'make every contact count' and ask older clients and service users if they would like support to make social connections, and to be aware of triggers for loneliness.

Raise awareness of the opportunities and resources available in local communities to tackle loneliness and isolation. Promote www.Dewis.wales using accessible and appropriate communication tools for older people.

Support the provision of 'Time Credits' schemes to encourage older people to take up volunteering opportunities.

Use intergenerational activities to bring older and younger people together to learn from one another, tackle loneliness and improve community connections.

Promote volunteering opportunities for older people in the local community using methods such as fliers, posters and the local press alongside digital promotion.

Public

Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted

Welsh Government

Develop more detailed guidance around the design of age-friendly spaces and communities addressing the needs of older people in urban planning and design

Develop stronger and clearer planning policies and guidance which will facilitate the provision of a wider range of homes for older people, set clear targets for levels of provision and promote the use of quality design standards such as Lifetime Homes or HAPPI (Housing our Ageing Population Panel for Innovation) to ensure housing for life is available across tenures

Enable older people to able to access advice and information to guide them in moving home, whether purchasing or renting, including specialised financial advice and help to declutter and pack up their homes, and also get advice about maintaining their homes if they are not moving

Cardiff and Vale of Glamorgan local authorities

Undertake community engagement with older people as part of the local development plan review process and local developments

Include specific policy in local development plans to address the needs of older people, to include urban design standards such as the Age-friendly World Health

Organisation checklist and housing requirements for older people including intergenerational developments

Apply urban design standards and accessibility criteria when redesigning existing infrastructure, for example increasing timing on light controlled pedestrian crossings to 0.8m/sec to make it safer to cross at slower speed

Create partnership opportunities to further advance planning and design opportunities for older people through progressing a World Health Organisation Age Friendly approach in both Cardiff and the Vale of Glamorgan

Cardiff and Vale University Health Board

Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites

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Report Title:	**Cardiff & Vale UHB Quarter 3-4 Plan**								
Meeting:	Local Partnership Forum					**Meeting Date:**	22.10.2020		
Status:	For Discussion		For Assurance		For Approval		**For Information**	**x**	
Lead Executive:	Abigail Harris, Executive Director of Strategy and Planning								
Report Author (Title):	Jonathan Watts, Head of Stratgeic Planning								

Background and current situation:

In response to the Covid-19 pandemic the traditional planning rhythm for NHS Wales has been paused with organisations, to date, instead being asked to operate within a quarterly planning cycle.

Following guidance from Welsh Government (WG) the system has now moved into a six month approach to planning- this means the UHB is being asked to develop a plan through to 31st March 2021.

The Health Boards Qtr3-4 plan must be submitted to WG by the 19th October. Whilst there is no formal approval process by WG the plan represents a key document for the UHB as it looks to further enhance its reputation as a 'trusted' organisation amongst partners and stakeholders.

Direction from WG as to the expected content of the plan has been more prescriptive than for previous Quarter one and two plans with the requirement to also submit a minimum data set to support the narrative of the plan being an addition for Q3-4.

Given the timing of submission of the plan to WG and the date of papers for the the LPF meeting a finalised copy of the Qtr 3-4 for LPF members will follow.

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

In order to the address the requirements of WG the plan has been designed though the lens of the four harms associated with covid-19 (below bold). Within these four harms the UHB then sets out its response to the issues raised by WGt.

1. **Direct harm of covid-19**
    - Bed Capacity
    - TTP
    - Mass vaccination preparations
    - Our workforce response
2. **Indirect harm of covid-19**
    - Our approach to planned care
    - Essential services
    - Primary care
3. **Preventing our system becoming overwhelmed**
    - Our 'in-extremis' plans
    - Our critical care plans

- Our workforce 'in-extremis'
- Working with our partners to protect the system
- Our approach to winter

4. **The wider harm of covid-19**
   - Mental Health
   - Long Covid
   - Service collaboration

The approach to then developing the plan against this architecture involved;

Firstly, undertaking some detailed scenario planning which looked at understanding the worst case scenario, the best case scenario and the 'central ground'. This was subsequently followed by understanding the key risks which would face the UHB in the context of these scenarios. The key risks identified included;

R1: Covid-19 prevalence exceeding modelling
R2: The impact of R1 on system capacity
R3: The impact of R1 on finance (above funded plan)
R4: The impact of R1 on our workforce
R5: The additionality of a particularly harsh winter

It was then possible to develop a plan which considered these scenarios whilst mitigating the risks.

At the same time development of the plan ensured wider system alignment with key policies/frameworks/strategies such as- *The Welsh Government Winter Protection Plan, A Healthier Wales* as well as the UHBs own *Shaping our future wellbeing strategy.*

Finally work was undertaken to also ensure alignment with other proposals which the UHB were developing in relation to accessing a proportion of the £30M urgent and emergency care fund.

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

The emergence of Covid-19 has brought unprecedented challenges and uncertainties to the operational delivery and operational planning of health services. Latest modelling indicates NHS Wales needs to be in a position to respond to a range of 0 – 68,000 Covid infections per week and 0 – 2000 Covid hospital admissions per week, with Welsh Government requiring the UHB to make up to 795 hospital beds available for Covid patients.

The timing of a potential second wave (or indeed whether we are already in it given the current uptick in cases amongst our local population) is uncertain and may (or may not) coincide with non-Covid winter pressures.

In addition it is unknown what impact the second wave would have on non-Covid emergencies, following a substantial drop in demand during the first wave. This uncertainty with emergency demand compounds a substantial backlog of elective work – at historically high levels – and an unquantifiable level of unmet demand resulting from the first wave.

Given this context it is clearly not possible (nor desirable) to set out fixed plans for the forthcoming six months. This represents the key challenge and underlying risk associated with this plan-

ultimately an unknown factor being the key driver of activity levels. Activity levels then being the driver for the organisations workforce and financial planning.

Nevertheless, detailed and robust work has been undertaken to not only scenario plan but also understand and describe how the UHB intends to respond at different levels of Covid- our *gearing approach* as it has become known.

Gearing represents an agile and flexible approach to an extremely dynamic situation. An approach that is understood within the UHB and allows organisational leads, using the same methodology, to develop equally agile and flexible enabling plans.

Recommendation:

The LPF are asked to note;

- The approach being adopted for the production of the UHBs Qtr 3-4 plan
- The key aspects that the plan will cover
- The key risks.

In addition the LPF are asked to note that a copy of the full plan will be provided to members once finalised and submitted to WG.

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	**x**	6. Have a planned care system where demand and capacity are in balance	**x**
2. Deliver outcomes that matter to people	**x**	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	**x**
4. Offer services that deliver the population health our citizens are entitled to expect	**x**	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	**x**	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 for more information

Prevention	**x**	Long term	**x**	Integration	x	Collaboration	x	Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / **Not Applicable** *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Report Title:	**Finance Report for the Period Ended 31st August 2020**								
Meeting:	**Local Partnership Forum**						**Meeting Date:**	**22 Oct 2020**	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**	**x**	
Lead Executive:	**Executive Director of Finance**								
Report Author (Title):	**Interim Director of Finance**								

Background and current situation:

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

Table 1: 2020/21 IMTP

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

At month 5, the UHB is reporting an overspend of £27.565m against this plan due to net expenditure of £74.014m arising from the management of COVID 19 which is offset by Welsh Government COVID 19 funding of £46.272m and an operating surplus of £0.177m.

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

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 main financial focus has been on justifying and scrutinising additional expenditure incurred in dealing with COVID 19 and assessing its financial impact. The UHB needs to keep in check its non COVID operational position to ensure that financial control is maintained particularly as planned care workflows come back on line.

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

Assessment and Risk Implications

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

Table 2: Finance Dashboard @ August 2020

		STATUS REPORT				
Measure	**n**	**August 2020**	**Rating**	**Latest Trend**	**Target**	**Time Period**
Financial balance: remain within revenue resource limits	36	£27.565m deficit at month 5.	R	↑	2020/21 Break-Even	M5 2020-21
Remain within capital resource limits.	37	Expenditure at the end of August was £21.474m against a plan of £23.641m.	G		Approved planned expenditure £47.404m	M5 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.4m	R		If 2020/21 plan achieved reduce underlying deficit to £4.0m	M5 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£4.662m forecast at month 5. Performance impaired by response to COVID- 19	R		£25.000m	M5 2020-21
Delivery of £4m non recurrent devolved target	36c	£1.044m forecast at month 5. Performance impaired by response to COVID- 19	R		£4.000m	M5 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.3 % at the end of August	G	↑	95% of invoices paid within 30 days	M5 2020-21
Remain within Cash Limit	37b	Forecast cash **deficit** in line with forecast deficit of £91.287m	R	↑	To remain within Cash Limit	M5 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £4.107m	G		To Maintain Positive Cash Balance	End of August 2020

Month 5 Cumulative Financial Position

The Welsh Government has made amendments to the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 5 is a deficit of £27.565m this

represnts am improvement of £25.091m in month and this is summarised in Table 3.

Table 3: Month 5 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	78.220
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	10.170
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(13.195)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(1.180)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	74.014
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.177)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(46.272)
Financial Position (Surplus) / Deficit £m	38.225	14.982	(7.434)	6.882	(25.091)	27.565

This shows that the key driver of the month 5 financial postion is the impact of COVID 19.

The additional COVID 19 expenditure in the 5 months to the end of August was £78.220m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. At month 5 revenue costs of £45.216m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 4.** There was also £33.004m of other COVID 19 related additional expenditure. The in month COVID additional expenditure increase of £4.032m relates to expenditire profiling of Dragon's Heart Hospital set up and decommissioning costs.

COVID 19 is also adversley impacting on the UHB savings programme with underachievment of £10.170m against the month 5 target of £12.283m. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes.

Elective work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has contributed to a £13.195m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £1.180m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 is £74.014m. The UHB also has a small operating underspend of £0.177m and has allocated additional Welsh Government funding of £46.272m against COVID costs (COVID related Quarter 1 pay costs £11.016m, TF Optimise Flow and Outcomes £0.140m, All Wales Easter Bank Holiday DES (GMS) £0.210m, COVID 19 field hospital set up costs £34.906m) resulting in a Month 5 deficit of £27.565m.

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

Table 4: Summary Financial Position for the period ended 31st August 2020

Income/Pay/Non Pay	Budget £m	Actual £m	Net Expenditure Due To COVID 19 £m	Welsh Government COVID 19 Funding Received £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Income	(120.259)	(119.251)	0.940	0.000	0.066	1.008
Income - Welsh Govt. COVID 19 Funding Received	0.000	(34.950)	0.000	(34.950)	0.000	(34.950)
Pay	55.243	57.222	2.913	0.000	(0.934)	1.979
Non Pay	65.015	71.887	6.367	0.000	0.505	6.872
Variance to Plan £m	0.000	(25.091)	10.220	(34.950)	(0.363)	(25.091)
Cumulative						
Income	(588.671)	(583.502)	4.990	0.000	0.180	5.170
Income - Welsh Govt. COVID 19 Funding Received	0.000	(46.272)	0.000	(46.272)	0.000	(46.272)
Pay	275.567	287.698	16.798	0.000	(4.666)	12.132
Non Pay	313.104	369.638	52.226	0.000	4.309	56.535
Variance to Plan £m	0.000	27.563	74.013	(46.272)	(0.177)	27.565

Income

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

Table 5: Income Variance @ August 2020

Income	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	COVID 19 Additional Welsh Govt. Funding £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(34.950)	0.000	(34.950)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.089	0.000	0.000	0.089	0.000	0.011	0.099
Education & Training	0.002	0.000	0.000	0.002	0.000	0.039	0.041
Injury Cost Recovery Scheme (CRU) Income	0.030	0.000	0.000	0.030	0.000	(0.009)	0.020
NHS Patient Related Income	0.122	0.000	0.000	0.122	0.000	0.008	0.130
Other Operating Income	0.577	0.042	0.000	0.618	0.000	0.001	0.620
Overseas Patient Income	0.001	0.000	0.000	0.001	0.000	0.005	0.005
Private Patient Income	0.079	0.000	0.000	0.079	0.000	(0.006)	0.074
Research & Development	0.000	0.000	0.000	0.000	0.000	0.017	0.017
Variance to Plan £m	0.899	0.042	0.000	0.940	(34.950)	0.066	(33.944)
Cumulative							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	(46.272)	0.000	(46.272)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.576	0.000	0.000	0.576	0.000	0.033	0.609
Education & Training	0.031	0.000	0.000	0.031	0.000	0.136	0.167
Injury Cost Recovery Scheme (CRU) Income	0.337	0.000	0.000	0.337	0.000	(0.049)	0.288
NHS Patient Related Income	0.657	0.000	0.000	0.657	0.000	(0.048)	0.609
Other Operating Income	2.917	0.046	0.000	2.964	0.000	0.134	3.098
Overseas Patient Income	0.005	0.000	0.000	0.005	0.000	0.009	0.013
Private Patient Income	0.385	0.000	0.000	0.385	0.000	(0.001)	0.385
Research & Development	0.036	0.000	0.000	0.036	0.000	(0.035)	0.001
Variance to Plan £m	4.944	0.046	0.000	4.990	(46.272)	0.180	(41.101)

The month 5 income position is a surplus of £41.101m comprising net COVID 19 expenditure of £4.990m, additional Welsh Government funding of £46.272m for COVID 19 costs and an

operational overspend of £0.180m.

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

- £0.576m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.337m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims in the first 5 months. The value of new claims and level of cash received in August was an improvement on the average established in the first 4 months.
- £0.657m adverse variance in NHS Patient related income following the continuation of the reduction in English non-contracted income due to COVID 19. The in month deficit of £0.122m was broadly in line with the trend for the first 4 month of the year.
- £2.964m 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 was also a reduction in income because of reduced activity in laboratories and radiopharmacy. The in month deficit of £0.618m was broadly in line with the trend for the first 4 month of the year.
- £0.385m adverse variance against private patient income following the re-planning of non COVID activity.

Pay

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

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

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Medical and Dental	1.206	0.010	0.000	1.216	(0.279)	0.937
Nursing (registered)	0.703	(0.001)	(0.162)	0.540	(0.241)	0.299
Nursing (unregistered)	0.281	0.000	0.000	0.281	0.199	0.480
Scientific, prof & technical	0.027	0.000	0.000	0.027	(0.049)	(0.022)
Additional clinical services	0.082	0.000	0.000	0.082	(0.105)	(0.023)
Management, admin & clerical	0.171	0.012	0.000	0.183	(0.193)	(0.010)
Other staff groups	0.577	0.007	0.000	0.583	(0.265)	0.318
Total £m	3.047	0.028	(0.162)	2.913	(0.934)	1.979
Cumulative						
Medical and Dental	5.959	0.015	0.000	5.974	(1.101)	4.873
Nursing (registered)	3.601	0.029	(1.187)	2.443	(1.084)	1.359
Nursing (unregistered)	1.829	0.000	0.000	1.829	0.663	2.492
Scientific, prof & technical	0.183	0.002	0.000	0.184	(0.487)	(0.303)
Additional clinical services	0.353	0.000	0.000	0.353	(0.447)	(0.094)
Management, admin & clerical	0.924	0.025	0.000	0.949	(1.015)	(0.066)
Other staff groups	5.055	0.010	0.000	5.065	(1.195)	3.870
Total £m	17.904	0.080	(1.187)	16.798	(4.666)	12.132

The pay position at month 5 is a deficit of £12.132m made up of a net COVID 19 expenditure of £16.798m and an operational underspend of £4.666m.

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £6.246m have been incurred. Additional costs of £2.260m have been incurred in capital and estates for ancillary staff. Significant additional pay costs have also been incurred across all other Clinical Boards. Some of these costs are netted down by nursing staff savings in the specialist and surgical clinical boards.

Cumulative operational pay underspends are reported by all Clinical boards bar the Medicine Clinical Board where there is an operational overspend of £0.610m primarily as a result of nursing costs. The largest operational pay underspends are on registered nursing staff in the Mental Health Clinical Board, support staff in Capital estates and medical staff in the Surgery Clinical Board.

Non Pay

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

Table 7: Non Pay Variance @ August 2020

Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Drugs / Prescribing	0.275	0.014	(0.459)	(0.169)	0.093	(0.076)
Clinical services & supplies	0.836	0.115	(0.885)	0.066	0.720	0.786
General supplies & services	0.674	0.000	(0.027)	0.646	(0.019)	0.627
Establishment expenses	0.054	0.006	0.000	0.060	(0.117)	(0.057)
Premises & fixed plant	4.364	0.025	0.000	4.389	0.041	4.430
Continuing healthcare	0.000	0.000	0.000	0.000	(0.524)	(0.524)
Commissioned Services	0.077	0.000	(0.334)	(0.257)	(0.128)	(0.385)
Primary Care Contractors	0.021	0.000	(0.242)	(0.221)	(0.288)	(0.509)
Other non pay	0.346	1.522	(0.015)	1.853	0.727	2.580
Total £m	6.647	1.682	(1.962)	6.367	0.505	6.872
Cumulative						
Drugs / Prescribing	1.999	0.041	(2.256)	(0.217)	1.573	1.356
Clinical services & supplies	4.842	0.081	(7.107)	(2.184)	1.244	(0.940)
General supplies & services	2.529	0.005	(0.219)	2.315	(0.012)	2.303
Establishment expenses	0.175	0.005	0.000	0.180	(0.710)	(0.530)
Premises & fixed plant	43.968	0.025	0.000	43.993	1.308	45.301
Continuing healthcare	0.060	0.000	(0.010)	0.050	0.237	0.288
Commissioned Services	0.196	0.000	(1.671)	(1.475)	(0.443)	(1.918)
Primary Care Contractors	0.508	0.000	(1.846)	(1.338)	(0.368)	(1.706)
Other non pay	1.090	9.885	(0.075)	10.901	1.480	12.381
Total £m	55.367	10.042	(13.184)	52.226	4.309	56.535

The largest deficit is in non pay budgets. The month 5 position is a deficit of £56.535m comprising net COVID 19 expenditure of £52.226m and an operational overspend of £4.309m.

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

- £2.315m overspend on general supplies and services primarily relating to PPE.

- £43.993m overspend on Premises and Fixed Plant including £42.264m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning , waste management, IT and overnight accommodation.
- £10.901m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £13.184m 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 £4.309m operational overspend against non pay were as follows;

- £1.573m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing.
- £1.308m 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 circa. c £0.5m has arisen from the use of estates contractors and these costs are offset by a related underspend against pay costs in Capital Estates.
- £1.480m adverse variance against other non-pay mainly due to non COVID related savings slippage.
- The operational variance reported against continuing healthcare improved by £0.524m in month due to the recognition of the in year reduction in the number of continuing healthcare cases and NHS funded nursing care placements.

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 arisng from plans to manage COVID 19 are expected to continue. The latest forecast of net expenditure due to COVID 19 in 2020/21 is £148.802m. This is offset by confirmed additional COVID 19 funding of £55.185m as summarised in table 8.

Table 8: Summary of Forecast COVID 19 Net Expenditure

	Cumulative Month 5 £m	Forecast Year End Position £m
COVID 19 Additional Expenditure	78.220	145.081
COVID 19 Non Delivery of Savings Plans	10.170	24.331
COVID 19 Reductions in Planned Expenditure	(13.195)	(19.430)
COVID 19 Release of Planned Investments	(1.180)	(1.180)
Net Expenditure Due To COVID 19	74.014	148.802
Operational position (Surplus) / Deficit	(0.177)	0.000
Welsh Government COVID 19 funding received	(46.272)	(55.185)
Financial Position (Surplus) / Deficit £m	27.565	93.617

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

The revised forecast incudes an additional cost of £2.330m which has been added in month in

respect of an extension to the flu vaccination programme..

Not withstanding this, the revised forecast is an improvement of £37.764m in the forecast year end position when compared to month 4. The key drivers for this improvement are summarised below:

- Additional COVID 19 Welsh Government funding of £34.950m
- DHH £2.6m
- Workforce requirement review £1.5m
- Dental contract income £0.9m
- Medical Staff extra duty claims review £0.5m
- DOAC prescribing £0.3m
- OOH fill rates £0.3m

Income assumptions include in the month 5 forecast are detailed below:

- Dragons Heart Hospital certificated expenditure £34.905m (received month 5)
- Funding reflecting COVID workforce costs month 1 to 3 - £11.016m
- Test, Trace and Protect (TTP) - £7.300m (HB and LA TTP costs shown in forecast)
- Transformation Optimise flow and outcomes - £1.251m
- Mental Health Services - £0.503m
- GMS DES - £0.210m

The key financial planning assumptions are:

Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £63.307m with a further £2.634m capital costs. The revenue cost of £63.307m represents a reduction of £2.610m on the estimated revenue costs reported at month 4 primarily as a result of the reduction in forecast set up and building operational costs. This is based upon the DHH going on standby from 5th June and retention until 31st October 2020. The UHB continues to work to maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs for the WRU and Cardiff Blues of £3.417m are included in the 2020/21 forecast. This is an increase of £1.085m on the month 4 forecast and these costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 31 October 2020. The realised losses total may decrease for successful mitigation actions being explored with the WRU or increase if government restrictions are relaxed allowing the attendance of crowds within stadia. Programmes have been set up to oversee the removal and reinstatement phases of the programme to maximise value for money in the way that work is delivered and to ensure that costs are reasonable, fair and proportionate. There is a balance of consideration between the most economic egress from the stadium and the potential costs arising from consequential losses if the pace of egress compromises events

for the WRU and Blues. KPMG have been engaged to provide due diligence on baseline events revenues and costs relating to the WRU. The process to assess consequential loss is complex and involves variables that are not yet known pertaining to government COVID 19 regulations in play at the time of scheduled events. Specialist legal advice has been obtained to draft the WRU contract to a position that is acceptable to both organisations.

The forecast includes £9.309m of decommissioning costs for the DHH including reinstatement of the stadium.

Surge Capacity post 31st October

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

The forecast does not include any additional costs arising from potential surge capacity requirements post 31st October 2020. Additional workforce requirements would need to be reviewed looking at utilisation of staff already in post and the availability of bank and agency staff if this additional surge capacity was required.

Resuming Non-Covid Activity

Throughout the pandemic the UHB has maintained core essential services. Given the uncertainty brought about by COVID 19 the UHB continues to operate in 4-6 week planning cycles, with 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 - and therefore forecasts beyond the 4 – 6 week current planning horizon are less reliable.

The UHB's Q2 plan update set out in detail our assessment of surgical demand and backlog for levels 2 and 3 and the capacity we intend to establish in our three green zones – UHW, UHL and Spire.

At this stage, even with the green zones established and the use of Spire, the UHB does not anticipate having the capacity to treat level 4 patients in any significant volumes.

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £19.430m over the year which is a further reduction of £0.332m on the month 4 forecast of £19.098m. This is a moving piece and will be constantly reviewed as the planned care work

stream comes back on line through the use of established green zones at UHW and UHL.

At the beginning of the COIVD-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.

Costs of Spire are included in the forecast to the 31st of March totalling £6.150m. Costs up until 6th September are assumed to be funded by Welsh Government.

Regional Test, Trace and Protect (TTP)

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

The TTP service went live on 1st June 2020. The forecast includes TTP costs of £10.982m. This includes Local Authority costs of £8.239m which have been queried with WG as this is £0.939m higher than the confirmed £7.3m income for local authority costs.

Enhanced Flu Vaccination Programme

A further pressure has arisen in month 5 around the cost of an 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 and the estimated costs are £2.330m. This has been calculated in line with the recent guidance and includes the provision of an additional 111,000 vaccines.

The forecast costs of vaccinations **excludes** the cost of a mass COVID vaccination programme which are currently being assessed.

Unscheduled Care - CAV 24/7

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

The forecast includes in year costs for CAV 24/7 totalling £1.405m largely relating to call handlers, triage nurses and non-salaried GPs.

Savings Programme 2020-21

The assessed slippage against the UHB £29m savings plan of has improved from £24.769m to £24.331m in month. A number of the UHB's high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities available. Schemes that are continuing to develop and progress include procurement and

medicines management. The UHB is aiming to review all potential non-recurrent opportunities to support firming up the forecast at month 6.

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

- Additional workforce costs included within the forecast have been reviewed by Executive leads ensuring all fixed term / temporary staff have clear end dates where appropriate.
- The estimated forecast costs of PPE and MSE consumable have increased from £7.0m to £7.9m over the course of the month. The spikes in expenditure in PPE in months 1 and 2 is due to items purchased locally which includes some initial stocking up.
- The key driver to the drugs costs are NCSO in primary care and drugs expenditure in critical care. It also includes an assessment for increased prescriptions in the early part of the year which then tails off.

It is not clear at this stage how much Welsh Government intend to fund the UHB for the financial impact of managing COVID 19. It is anticipated that further clarity will be provided within the month.

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 5 by Clinical Board is shown in Table 9.

Table 9: Financial Performance for the period ended 31st August 2020

Clinical Board	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions in Planned Expenditure £m	COVID 19 Net Expenditure £m	Welsh Government COVID 19 Funding Received £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
In Month							
All Wales Genomics Service	0.000	0.000	0.000	0.000	0.000	(0.003)	(0.003)
Capital Estates & Facilities	0.364	0.069	(0.027)	0.406	0.000	0.035	0.441
Children & Women	0.234	0.173	0.000	0.407	0.000	0.029	0.436
Clinical Diagnostics & Therapies	0.285	0.118	(0.198)	0.204	0.000	0.151	0.356
Dragon's Heart Hospital	4.547	0.000	0.000	4.547	0.000	(0.000)	4.547
Executives	0.157	0.089	0.000	0.245	0.000	(0.081)	0.164
Medicine	1.199	0.232	(0.027)	1.404	0.000	0.164	1.568
Mental Health	0.214	0.209	0.000	0.423	0.000	(0.180)	0.243
PCIC	1.098	0.418	(0.267)	1.249	0.000	(0.409)	0.840
Specialist	0.493	0.142	(0.231)	0.404	0.000	(0.227)	0.177
Surgery	0.553	0.301	(1.039)	(0.185)	0.000	(0.092)	(0.278)
SubTotal Delegated Position £m	**9.144**	**1.751**	**(1.790)**	**9.105**	**0.000**	**(0.614)**	**8.491**
Central Budgets	1.449	0.000	(0.334)	1.115	0.000	0.254	1.368
Total Variance pre COVID -19 Funding	**10.592**	**1.751**	**(2.124)**	**10.220**	**0.000**	**(0.361)**	**9.859**
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(34.950)	0.000	(34.950)
Total Variance £m	**10.592**	**1.751**	**(2.124)**	**10.220**	**(34.950)**	**(0.361)**	**(25.091)**
Cumulative							
All Wales Genomics Service	0.036	0.000	0.000	0.036	0.000	(0.114)	(0.078)
Capital Estates & Facilities	3.262	0.810	(0.109)	3.963	0.000	0.122	4.085
Children & Women	1.729	1.019	0.000	2.749	0.000	0.324	3.073
Clinical Diagnostics & Therapies	1.591	0.781	(0.631)	1.741	0.000	0.357	2.098
Dragon's Heart Hospital	45.215	0.000	0.000	45.215	0.000	0.001	45.216
Executives	2.227	0.478	0.000	2.705	0.000	(0.565)	2.140
Medicine	6.907	1.115	(0.193)	7.828	0.000	0.852	8.680
Mental Health	1.227	1.078	0.000	2.305	0.000	(0.091)	2.214
PCIC	5.653	2.094	(1.980)	5.767	0.000	0.534	6.301
Specialist	2.678	1.365	(3.438)	0.605	0.000	(0.343)	0.262
Surgery	2.922	1.430	(6.349)	(1.997)	0.000	(0.878)	(2.874)
SubTotal Delegated Position £m	**73.448**	**10.169**	**(12.700)**	**70.917**	**0.000**	**0.199**	**71.116**
Central Budgets	4.767	0.000	(1.671)	3.096	0.000	(0.376)	2.720
Total	**78.215**	**10.169**	**(14.371)**	**74.013**	**0.000**	**(0.177)**	**73.837**
Welsh Government COVID - 19 Funding	0.000	0.000	0.000	0.000	(46.272)	0.000	(46.272)
Total Variance £m	**78.215**	**10.169**	**(14.371)**	**74.013**	**(46.272)**	**(0.177)**	**27.565**

Delegated budgets are £73.387m overspent for the 5 months to the end of August 2020. £70.917m of this overspend relates to additional expenditure generated in response to COVID 19. There is an operational overspend of £0.199m against delegated budgets which is offset by a £0.376m underspend against central budgets leaving a total operational underspend excluding the net costs of COVID 19 of £0.177m. The largest operational overspend is in the medicine clinical board (£0.852m deficit) where there are pressures against nursing, clinical services and supplies and other areas of non pay and in PCIC (£0.534m deficit) where there are pressures against GP prescribing.

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

Savings Programme

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

The assessed slippage against the plan has improved from £24.769m to £24.331m in month. At month 5 the UHB has identified green and amber savings schemes totalling £4.669m to deliver against the £29.000m savings target as summarised in Table 10.

Table 10: Progress against the 2020/21 Savings Programme at Month 5

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	4.669	(24.331)

Further analysis of the August 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 6.**

Successful delivery of the 2020/21 plan would have reduced this to £4m by the year end. The achievement of this is dependent upon delivering the £25.0m 2020/21 recurrent savings schemes. The latest assessment is that this will be circa £21.4m less than planned and this will increase the underlying deficit to £25.4m. This is shown in Table 11.

Table 11: Summary of Underlying Financial Position

		Forecast Position @Month 5	
	Submitted IMTP £m	Non Recurrent £m	Recurrent Position £m
b/f underlying deficit	**(11.5)**	**0.000**	**(11.500)**
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
In Year Movements			
Non Delivery of Planned Savings (due to COVID- 19)	(24.3)	(2.9)	(21.4)
Revenue cost DHH	(63.3)	(63.3)	
Operational Expenditure Cost Increase Due To Covid-19	(81.8)	(81.8)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	19.4	19.4	
Slippage on Planned Investments Due To Covid-19	1.2	1.2	
COVID-19 Welsh Governement Funding Received Quarter 1 Pay Co	55.2	55.2	
Revised Forecast Surplus/(Deficit) 2020/21	**(93.6)**	**(68.2)**	**(25.4)**

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 5** and further work is required to either mitigate them or manage them within a deliverable 2021/22 financial plan. The list of new/potential recurrent commitments of £4.2m is not exhaustive and further detailed work will continue in order to identify recurrent impacts.

Balance Sheet

Following the completion of the 2019/20 financial accounts and determination of brought forward balances the balance sheet is expected to be provided at month 6 in line with the revised Welsh Government monthly monitoring returns requirements.

Cash Flow Forecast

The closing cash balance at the end of August was £4.107m

The UHB Is currently predicting a cash shortfall in 2020/21 broadly in line with the forecast deficit as shown at **Appendix 2**. The cash position will be very much determined by how much additional funding is secured against COVID 19 costs.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance improved in month from 94.8% to 95.3% at the end of August and is now meeting the 95% performance target.

Capital Resource Limit (CRL)

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

Table 12: Progress against Capital Resource Limit @ August 2020

	£m
Planned Capital Expenditure at month 5	23.155
Actual net expenditure against CRL at month	21.474
Variance against planned Capital Expenditure at month	1.681

Capital progress for the year to date is satisfactory with net expenditure to the end of August being 45% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £47.404m as at the 10th August 2020 comprising of £14.548m discretionary funding and £32.856m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this. The UHB has however requested further COVID 19 funding especially to support the provision of elective and routine services through the creation of green zones. The value of this is £2.5m and as this funding has not yet been confirmed, the UHB has reprioritized its capital plan to mitigate this risk.

Key Risks

At month 5, the key revenue financial risk is managing the impact of COVID 19 without knowing the total amount of additional resources that are available to cover it. The UHB also has a capital risk to manage if further COVID 19 funding is not secured from Welsh Government.

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the month 5 financial impact of COVID 19 which is assessed at £74.014m;
- **NOTE** the additional Welsh Government COVID 19 funding of £46.272m assumed within the month 5 position.
- **NOTE** the month 5 reported financial position being a deficit of £27.565m;
- **NOTE** the forecast deficit of £93.617m arising from managing the impact of COVID 19;
- **NOTE** that the UHB does not yet know the level of additional funding which is available from Welsh Government to help support the financial costs of managing COVID 19;
- **NOTE** the risks that are being managed on the capital programme;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit of £25.4m and the risks identified that, if not managed, could increase this.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Appendix 1

2020/21 SAVING SCHEMES

2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,855	839	0	839	10	**5,016**
Surgery	4,081	660	34	694	0	**3,387**
Specialist Services	3,582	305	0	305	0	**3,277**
Mental Health	2,608	28	0	28	0	**2,580**
CD&T	2,897	905	166	1,071	0	**1,826**
Children & Women	3,149	697	36	733	0	**2,416**
Medicine	3,330	585	0	585	0	**2,745**
Capital Estates and Facilities	2,289	346	0	346	1,622	**1,943**
Corporate Executives	1,209	68	0	68	102	**1,141**
SubTotal Clinical Boards	**29,000**	**4,432**	**236**	**4,669**	**1,734**	**24,331**

2020-21 Full Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,047	839	0	839	10	**4,208**
Surgery	3,518	598	69	668	0	**2,851**
Specialist Services	3,088	105	0	105	0	**2,983**
Mental Health	2,248	21	0	21	0	**2,227**
CD&T	2,497	1,007	6	1,013	0	**1,484**
Children & Women	2,715	551	36	587	0	**2,128**
Medicine	2,871	388	0	388	0	**2,483**
Capital Estates and Facilities	1,973	0	0	0	23	**1,973**
Corporate Executives	1,042	30	0	30	0	**1,012**
Total	**25,000**	**3,539**	**111**	**3,650**	**33**	**21,350**

APPENDIX 2

CASHFLOW FORECAST AT THE END OF AUGUST 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	134,620	99,200	101,500	83,800	77,520	80,395	94,155	82,758	105,158	81,598	63,658	10,078	1,014,440
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,330	1,330	1,330	1,330	4,759	19,379
WG Revenue Funding - Other (e.g. invoices)	1,308	1,271	2,919	1,339	1,596	1,263	1,263	1,504	1,263	1,504	4,152	4,392	23,776
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,500	1,000	1,300	1,035	2,000	2,514	5,955	47,404
Sale of Assets	0	0	0	0	0	0	0	0	386	0	0	0	386
Income from other Welsh NHS Organisations	54,611	45,256	47,524	56,980	33,653	47,108	54,505	34,169	53,015	36,877	41,064	49,215	553,976
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	7,920	12,074	6,992	5,290	12,228	4,734	10,349	96,562
TOTAL RECEIPTS	**217,150**	**154,963**	**162,229**	**159,039**	**124,498**	**140,451**	**164,328**	**128,053**	**167,477**	**135,537**	**117,451**	**84,747**	**1,755,923**
PAYMENTS													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,787	4,424	4,424	7,308	4,424	4,424	7,308	66,913
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	130	130	260	520	260	260	2,316
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,657	15,400	0	15,400	0	7,700	7,700	99,189
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,055	2,055	2,055	2,055	2,055	2,055	24,671
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,955	1,955	1,955	1,955	1,955	1,955	23,343
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	54,235	55,046	54,857	54,894	54,728	55,342	55,071	660,343
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	46,797	59,291	58,457	58,362	64,861	57,835	56,589	735,805
Capital Payment	9,740	6,975	6,191	2,331	2,513	4,000	2,800	1,300	1,400	2,000	2,480	6,060	47,790
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	16,873	23,165	4,945	25,873	4,945	14,055	16,763	188,250
TOTAL PAYMENTS	**211,756**	**158,821**	**161,123**	**158,969**	**124,513**	**140,520**	**164,266**	**128,122**	**167,506**	**135,488**	**146,105**	**151,430**	**1,848,620**
Net cash inflow/outflow	5,394	(3,858)	1,106	70	(15)	(69)	62	(69)	(29)	49	(28,654)	(69,013)	
Balance b/f	1,410	6,804	2,946	4,052	4,122	4,107	4,037	4,099	4,030	4,001	4,050	(24,604)	
Balance c/f	6,804	2,946	4,052	4,122	4,107	4,037	4,099	4,030	4,001	4,050	(24,604)	(93,617)	

PROGRESS AGAINST CRL AS AT 31st AUGUST 2020

Approved CRL issued August 25th 2020 £'000s	47,404

Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Reprovision of Rookwood Hospital	2,829	2,482	(347)	4,662	6,888	2,226
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	1,209	1,208	(1)	3,734	3,734	0
Well Being Hub - Maelfa	184	215	31	245	245	0
Well Being Hub - Penarth	222	33	(189)	224	224	0
CT Scanner- Emergency Unit	0	0	0	427	427	0
CT Scanner- Emergency Unit	0	0	0	600	600	0
ICF-CRI Chapel	1,329	743	(586)	2,633	2,633	0
Major Trauma Centre	174	25	(149)	605	605	0
CRI Links	753	980	227	4,528	4,528	0
Pharmacy equipment	28	13	(15)	28	28	0
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	612	612	0	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	525	340	(185)	742	742	0
Covid 19 oxygen infrastructure works at uhw	370	371	1	350	371	21
Covid 19-HCID Development uhw	6,020	5,721	(299)	6,250	6,250	0
Covid 19-digital devices	341	341	0	589	589	0
COVID 19 - Works to St David's Hospital	136	78	(58)	136	136	0
COVID 19 - Works to Barry Hospital	239	139	(100)	239	239	0
COVID – 19 Funding requirements for 2020-21 (Tranche 1 – June 2020)	608	571	(37)	1,027	1,027	0
COVID 19 - Funding requirements for 2020-21 (Tranche 2 – July 2020)	3,916	3,680	(236)	3,916	3,916	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	**20,350**	**18,407**	**(1,943)**	**32,856**	**35,108**	**2,252**
Discretionary:						
I.T.	110	107	(3)	1,250	1,250	0
Equipment	161	162	1	2,467	2,467	0
Statutory Compliance	255	247	(8)	2,800	2,800	0
Estates	2,279	2,551	272	8,884	6,632	(2,252)
Sub Total	**2,805**	**3,067**	**262**	**15,401**	**13,149**	**(2,252)**
Donations:						
Chartible Funds Equipment	0	0	0	467	467	0
Sub Total	**0**	**0**	**0**	**467**	**467**	**0**
Asset Disposals:						
Broad Street Clininc	0	0	0	236	236	0
Radyr Health Centre	0	0	0	150	150	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	**0**	**0**	**0**	**386**	**386**	**0**
CHARGE AGAINST CRL	**23,155**	**21,474**	**(1,681)**	**47,404**	**47,404**	**0**
PERFORMANCE AGAINST CRL (Under)/Over £'000s		**(25,930)**			**0**	

DRAGONS HEART HOSPITAL (DHH) - FIELD HOSPITAL COST ESTIMATE MONTH 5

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	2634	0	2634	0
Set up costs - revenue	44625	0	44625	0
Running costs - pay	441	0	441	0
Running costs - non pay	18241	0	18241	0
Total estimated costs	65941	0	65941	0

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	0	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**	**Sunk Costs**	**Variable**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
IT costs (capital)	886	259	0	-146	0								999	999	0
Oxygen costs (Infrastructure only)													0		
Fit out costs (specify below) eg. Beds, infrastructure															
													0		
													0		
													0		
													0		
													0		
													0		
Medical equipment costs - deemed as capital (specify below)															
Multiple equipment categories including beds and furniture	1677	0	0	-42									1635	1635	0
													0		
													0		
													0		
Fees (specify below) eg. Health Board, External contractors															
													0		
													0		
													0		
													0		
Other (specify below)															
													0		
													0		
													0		
Total set up costs - capital	**2563**	**259**	**0**	**-188**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2634**	**2634**	**0**

Set up costs - revenue match with line 61 of Tab B3 of the (MMR).	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Total**	**Sunk Costs**	**Variable**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Commissioning costs	24000	8098	-4144	-85	3110	1942	1678	0					34599	34599	0
Other professional fees	10	10	10	5	16	15	15	15	15	10	10		131	131	0
Legal fees	50	-36	7	28	25	10	10	5					99	99	0
Insurance													0	0	0
Project management costs	905	256	180	110	-2	99	99	143	22	25	125		1962	1962	0
IT costs (revenue)	780	-458	0	145									467	467	0
Fit out costs (specify below) eg. Beds, infrastructure - not deemed capital															
WRU Stadium Support Set Up Costs	750	489			-105								1134	1134	0
Cardiff Blues Cardiff Arms Park Support Set Up Costs	150	69			-43								176	176	0
Mitie Set Up Costs	1022												1022	1022	0
Military Assistance Set Up Costs						2							2	2	0
													0		
													0		
Medical equipment costs - not deemed capital (specify below)															
All other non IT UHB purchased equipment including beds, medical, furniture	4757	305	-67	38									5033	5033	0
													0		
													0		
													0		
Equipment costs - (specify below)															
													0		
													0		
													0		
													0		
													0		
													0		
													0		
													0		
Total set up costs - revenue	**32424**	**8733**	**-4014**	**241**	**3001**	**2068**	**1802**	**163**	**37**	**35**	**135**	**0**	**44625**	**44625**	**0**

Running costs - non pay	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Rent													0		
Business rates													0		
Utility costs													0		
Laundry costs													0		
Catering costs													0		
Cleaning costs													0		
Waste disposal costs													0		
Security costs													0		
Transport costs													0		
Personal Protective Equipment													0		
Drugs	14	8	1										23		23
Medical gases	0	17	28	7	7	7	7						73		73
M&SE - consumables	86	98	45	2	0								231		231
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					858	110	77	3564					4609	4609	0
Consequential Losses			204	-126	64	207	1568	1500					3417	3417	0
Other costs (specify below)															
WRU Stadium Running Costs			169	498	519	379	385	385	399	385			3119	3119	0
Blues CAP site Running Costs			43	52	48	153	75						371	371	0
WRU & Blues Reinstatement/Dilapidation Compensation								1400	1400	1400			4200	4200	0
UHB Equipment Removal Costs					50	50	75	100	25				300	300	0
Cardiff Council - Plaza Reinstatement						200							200	200	0
Mitie - soft FM running costs	194	206	750										1150	300	850
Hard FM, e.g electrical contractors, plumbing contractors	130	122	112	-133	0								231	231	
Other costs	120		197										317	120	197
													0		
Total running costs - non pay	**544**	**451**	**1549**	**300**	**1546**	**1106**	**2187**	**6949**	**1824**	**1785**	**0**	**0**	**18241**	**16867**	**1374**

Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Setup Costs	34987	8992	-4014	53	3001	2068	1802	163	37	35	135	0	**47259**	**47259**	**0**
Total Running Costs	576	639	1637	433	1546	1106	2187	6949	1824	1785	0	0	**18682**	**17000**	**1682**
Total Costs	35563	9631	-2377	486	4547	3174	3989	7112	1861	1820	135	0	**65941**	**64259**	**1682**

Running costs - pay (additional costs only)																
Medical and Dental - establishment	36	10	22	-2	6	0	0	0	0	0	0	0	0	36		36	Possible high range of estimate (see Note 1 below schedule)
Medical and Dental - agency / locum														0			
Nursing - establishment	111	12	65	34	0	0	0	0	0	0	0	0	0	111		111	Possible high range of estimate (see Note 1 below schedule). The estimate figures for nursing include registered nurses and HCSWs, patient access team and nursing leadership.
Nursing - bank														0			
Nursing - agency														0			
Prof Scientific and Technical - establishment	19	1	5	13	0	0	0	0	0	0	0	0	0	19		19	Estimate associated with Pharmacists
Prof Scientific and Technical - agency														0			
AHP - establishment	49	7	22	16	4	0	0	0	0	0	0	0	0	49		49	Estimate associated with Radiology and Therapists
AHP - agency														0			
Healthcare Scientists - establishment	20	2	18	0	0	0	0	0	0	0	0	0	0	20		20	Estimate associated with Laboratories (haematology, biochemistry, microbiology and POCT) and the mortuary
Healthcare Scientists - agency														0			
Estates / Anciliary staff - establishment	73	0	56	27	-10	0	0	0	0	0	0	0	0	73		73	Estimate for the firefighters
Estates / Anciliary staff - agency	133				133									133	133		
Admin and Clerical - establishment	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	It is assumed that Management and Administration roles are filled by NHS staff redeployment and do not attract an additional cost.
Admin and Clerical - agency														0			
Students														0			
Total running costs - pay (additional costs only)	**441**	**32**	**188**	**88**	**133**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**441**	**133**	**308**	
Running costs - non pay																	
Rent														0			Included in 'Set up costs' part of the schedule
Business rates														0			Included in 'Set up costs' part of the schedule
Utility costs														0			Included in 'Set up costs' part of the schedule
Laundry costs																	
Catering costs																	
Cleaning costs	1150	194	206	750	0	0	0	0	0	0	0	0	0	1150	300	850	The sunk costs are assumed to be the estimate of costs in April + estimate for ending the service (week of costs).
Waste disposal costs																	
Security costs																	
Total Soft FM																	
Transport costs														0		0	Assumed that there is no charge to the Health Board, as per the CASC's letter.
Personal Protective Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	Estimate to be updated based upon experience in May
Drugs	23	14	8	1	0	0	0	0	0	0	0	0	0	23		23	The estimate had been based on 2019/20 expenditure on a respiratory ward. These are actuals.
Medical gases	73	0	17	28	7	7	7	7	0	0	0	0	0	73		73	Currently, oxygen concentrator machines are being used, rather than liquid oxygen from a cylinder or the VIEs. For the projected number of patients this is assumed to continue. The costs continuing throughout relate to the hire of cylinders.
M&SE - consumables	231	86	98	45	2	0	0	0	0	0	0	0	0	231		231	The estimate had been based on 2019/20 expenditure on a respiratory ward. These are actuals.
Stationery														0			
Telephony costs														0			
CHC costs														0			
Discharge to assess/recover costs														0			
Other costs (specify below)														0		0	
Hard FM, e.g electrical contractors	231	130	122	112	-133	0	0	0	0	0	0	0	0	231	231	0	Assumed that the first 3 months are committed to and, therefore, sunk costs
Other ward costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
Other costs	317	120	0	197	0	0	0	0	0	0	0	0	0	317	120	197	This line is to cover any other costs incurred and not specifically identified against other lines of the schedule. Ths sunk costs relate to April 2020.
Total running costs - non pay	**2025**	**544**	**451**	**1133**	**-124**	**7**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**2025**	**651**	**1374**	
Total running costs	2466	576	639	1221	9	7	7	7	0	0	0	0	0	2466	784	1682	

NOTES

For estimated staff costs the distinction between whether staff are deployed from within an existing NHS Wales establishment, newly recruited or from locum, bank and agency creates a wide potential range of costs.

~~The staffing model is constantly under review. This return has been completed on the basis of version 12.~~

~~The model for clinical support services, such as radiology, pharmacy etc, is being revised, given the experience to date and projected patient numbers.~~

The Running costs part of the schedule excludes costs, which are included in LR letter to AG on 8 April, such as for WRU and Cardiff Blues. These are included in the Set up costs part of the schedule.

Similarly, costs associated with setting up the Soft FM services have been included in the Running costs part of the schedule.

An estimate for potential consequential losses for the WRU and the Cardiff Blues is included above. There are a range of scenarios under which the estimates vary considerably.

Phasing of opening beds

The Health Board is currently determing how to restart some of the range of healthcare services, which were paused as part of the initial response to COVID19.

The preparation of these plans involves consideration of all hospital beds available within the Health Board, including those at the Dragon's Heart Hospital.

This return assumes that 40 beds are open in Q1 (from w/c 26 April to w/c 1 June) and no beds in Q2, Q3 and Q4. All beds within one zone.

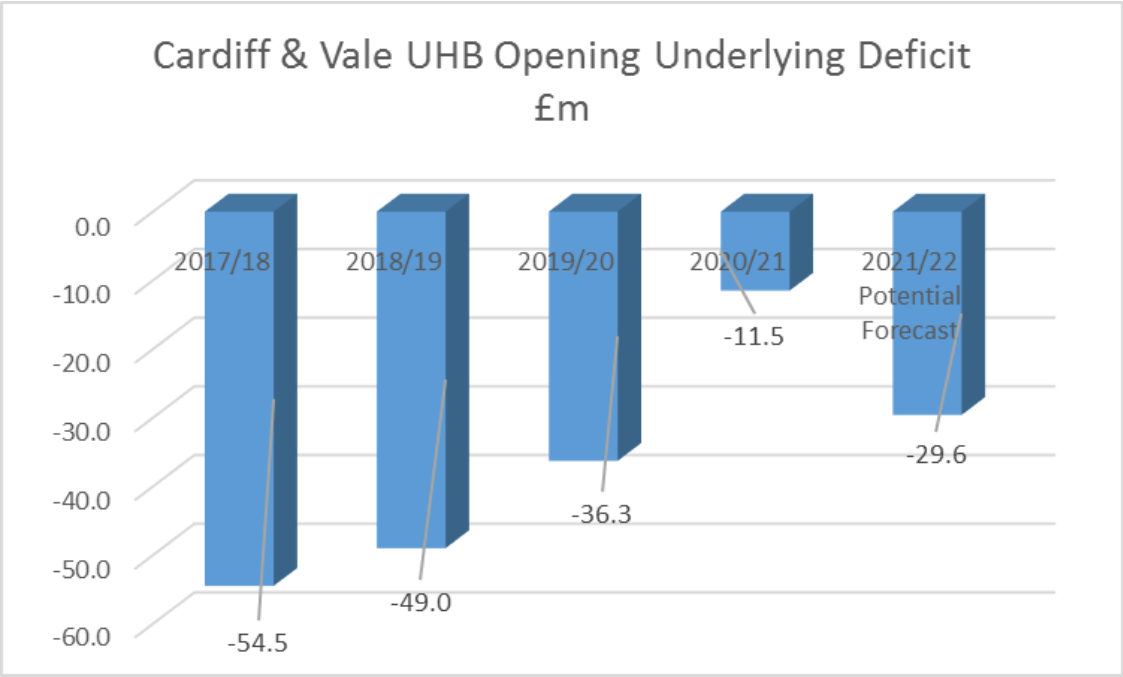
Whilst those plans are being developed and are not yet finalised, it was deceided to estimate the running costs of the DHH based on a prudent profile of opening beds.

Appendix 5

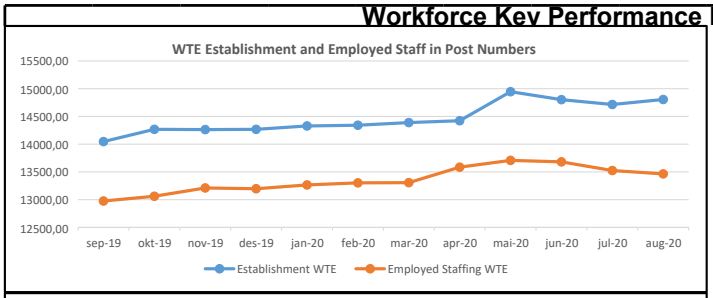
POTENTIAL UNDERLYING DEFICIT

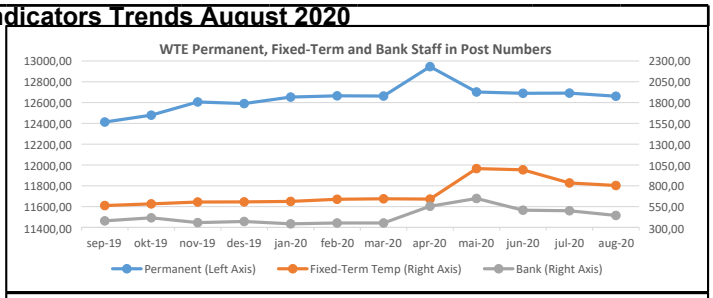
	£m
Assessed underlying deficit at month 5	**(25.4)**
New/potential recurrent commitments	
CAV 24/7	(1.8)
PART team	(1.6)
EU junior doctor rota	(0.5)
Antimicrobial stewardship	(0.1)
Quality led Governance	(0.2)
Cardiac services Llandough	tbc
Critical care capacity	tbc
PACU dislocation from ITU	tbc
Primary care - switch to DOACs	tbc
Potential closing underlying position £m	**(29.6)**

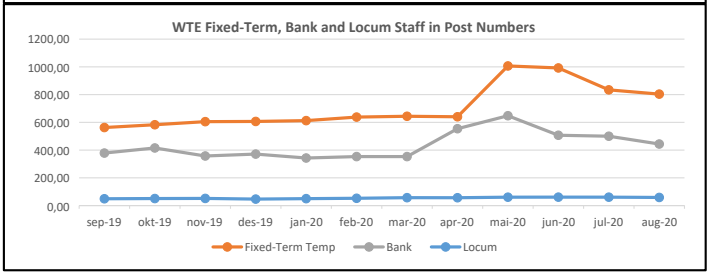
Year on Year Movement in Cardiff & Vale UHB Underlying Deficit

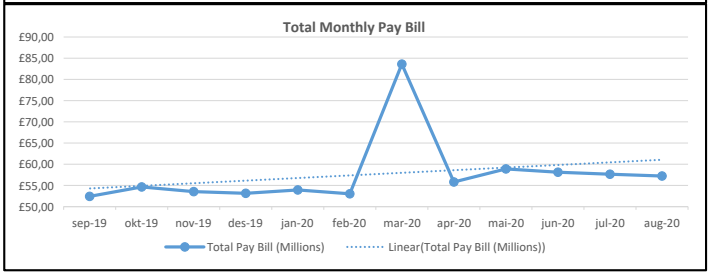


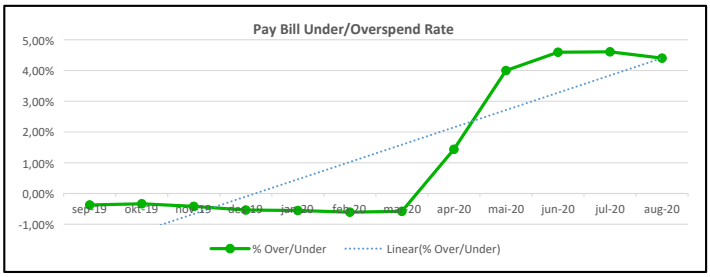
Workforce Key Performance Indicators Trends August 2020

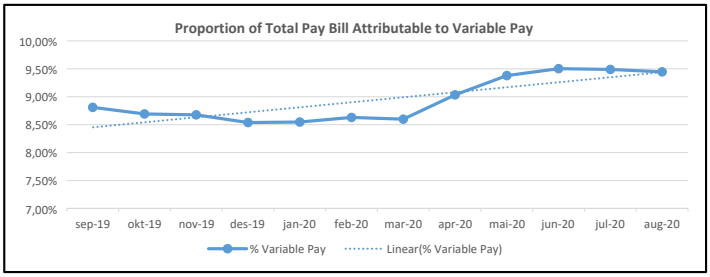


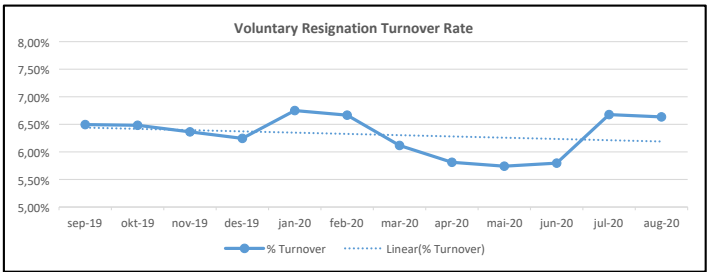


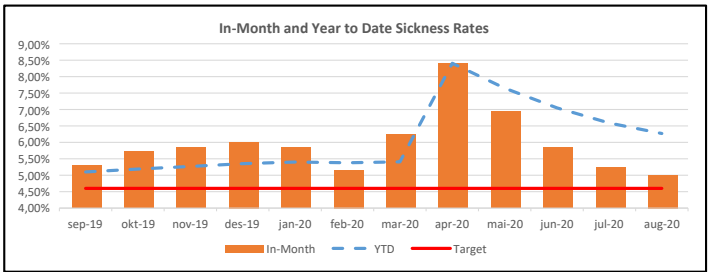


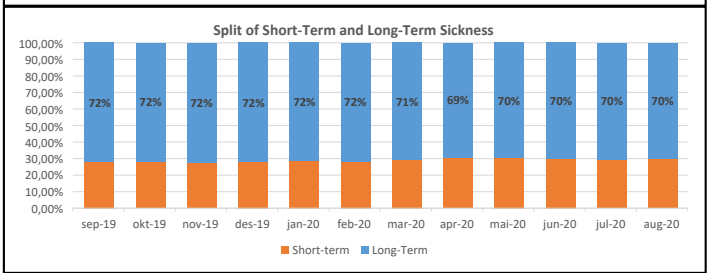


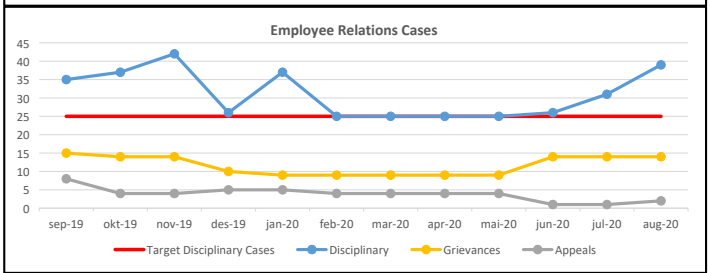


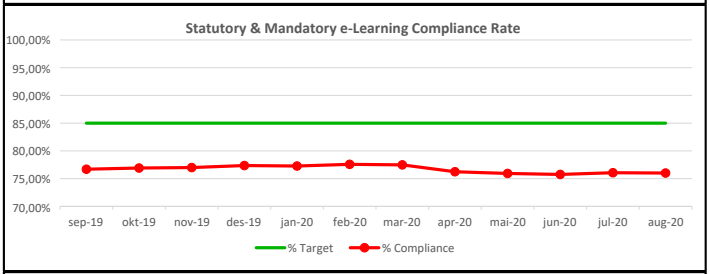


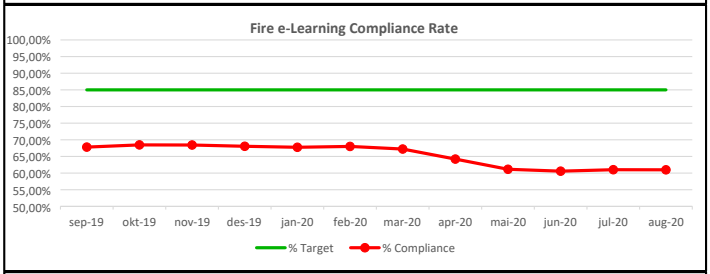


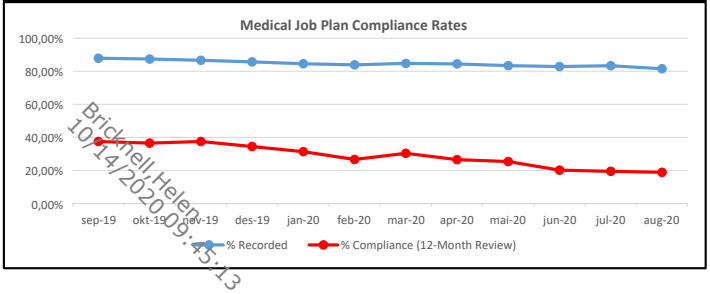


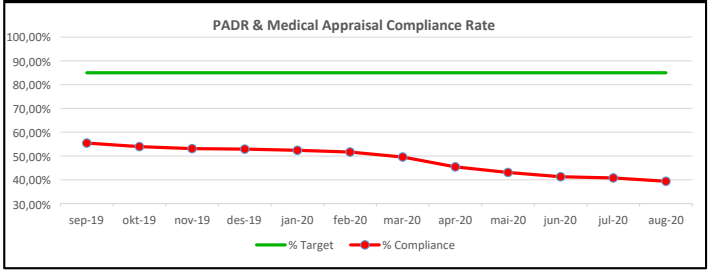












Report Title:	**PATIENT SAFETY QUALITY AND EXPERIENCE REPORT**						
Meeting:	Local Partnership Forum				**Meeting Date:**	22 Oct 2020	
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**
Lead Executive:	Executive Medical Director and Executive Nurse Director						
Report Author (Title):	Assistant Director, Patient Safety and Quality 029 2184 6117 Assistant Director, Patient Experience 029 2184 6108						

Background and current situation:

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

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

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

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

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

In July and August 338 concerns were received and the 30-working day performance has increased to 90%. This is a marked increase from the previous Board report.

Since 13th August 2020, normal Welsh Government Serious Incident reporting requirements have been re-instated. That, in addition to activity beginning to return to pre-lockdown levels, is resulting in an increase in the number of SIs being reported, which is now more in line with normal reporting levels.

The number of Personal Protective Equipment (PPE) incidents being reported continues to decrease. The PPE Cell chaired by the Executive Nurse Director, actively reviews all reported incidents so that the appropriate mitigations to address themes, trends and individual issues can be put in place.

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

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During July and August 2020, the following Serious Incidents and No Surprises have been reported to Welsh Government (WG):

Serious Incidents		
Clinical Board	**Number**	**Description**
Children & Women	• 1 • 1 • 1	A teenager admitted to Hafan Y Coed at UHL until a suitable placement for his age and presenting condition could be secured. A young person known to the CAMH Service required admission to Critical Care following an incident of significant self-harm. An instrument was unintentionally retained during an elective Caesarean section procedure. The incident is being managed as a Never Event.
Clinical Diagnostics & Therapeutics	• 1	A patient suffered complications during a cardiothoracic procedure.
Executive Nurse	• 1	The PRUDiC process was instigated following the accidental death of a young person.
Medicine	• 1 • 1	Delay in undertaking an ECG and subsequent treatment of an acute cardiac condition in a patient who subsequently died. A patient fall on a medical ward at UHW.
Mental Health	• 1 • 1 • 8	A patient under Mental Health Act Section was inappropriately allowed off the ward. A patient appeared in court having set fire to a property. Patients who were known to either Community Addictions or Mental Health services or both have died unexpectedly.
Primary Care & Intermediate Care	• 1	A patient required overnight admission to hospital following a prescription error with Phenobarbital.

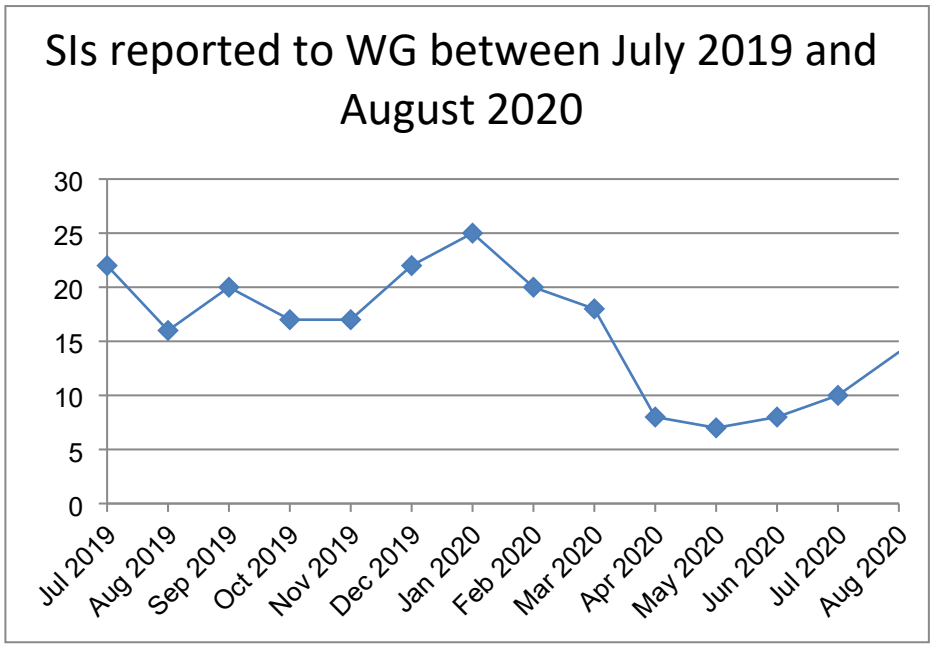
	• 1 • 1	Concern has been raised regarding the timeliness of a review of a patient with a urinary catheter problem in the community. A patient received an incorrect low dose of anticoagulation. The patient was subsequently admitted to hospital having suffered a transient ischaemic attack.
Specialist	• 1	A patient sustained a fractured femur in a fall whilst mobilising to the bathroom on a cardiology ward.
Surgery	• 1 • 1 • 1	A neonate experienced unexpected respiratory complications following transfer to the operating theatre Concern has been raised following the discharge arrangements of a patient who sadly died later that day at home. Concern has been raised regarding the care of a patient in relation to a lumbar drain that was in situ.
Total	**24**	

No Surprises		
Clinical Board	**Number**	**Description**
Surgery	• 1	A period of increased incidence of Carbapenem-resistant Enterobacteriaceae (CRE) was monitored for a period of time on a surgical ward.
Total	1	

How do we compare to our peers?

The following graph depicts the number of SIs reported to WG by month between July 2019 and August 2020. WG wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic and this led to a reduced volume of SI reportable incidents. However, since 13th August 2020, normal SI reporting requirements have been re-instated. That, in addition to activity beginning to return to pre-lockdown levels is resulting in an increase in the number of SIs being reported.

Information to compare organisations across NHS Wales is not currently available.



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

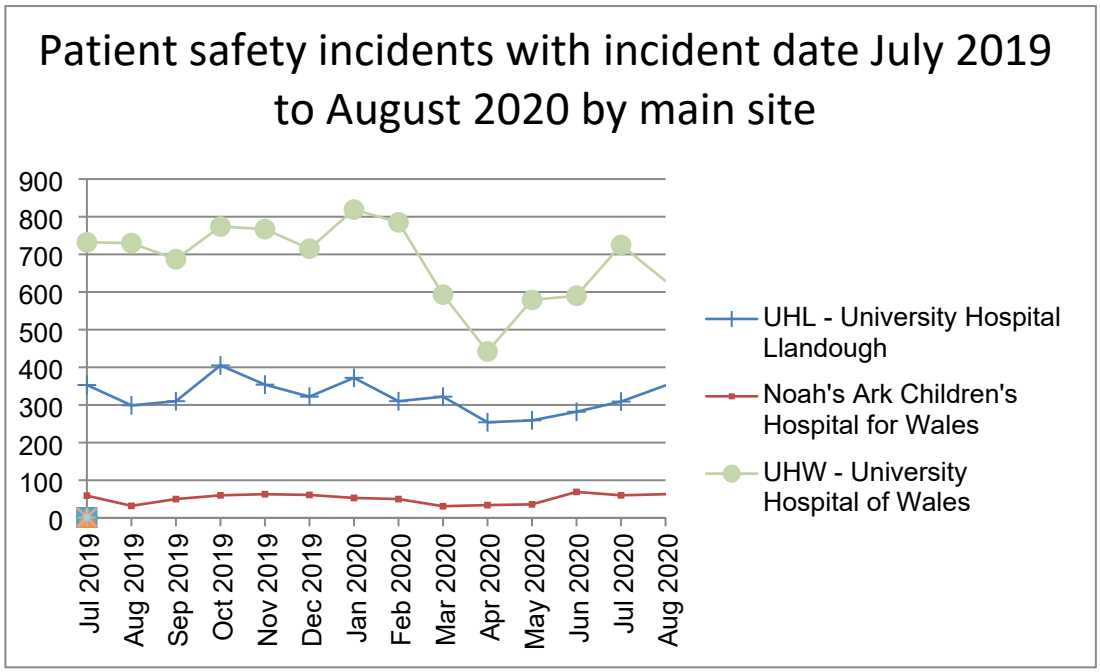
- Behaviour (including suicide, serious self-harm, absconsion)
- Patient accidents/falls
- Pressure damage

Patient Accidents/Falls and Pressure Damage

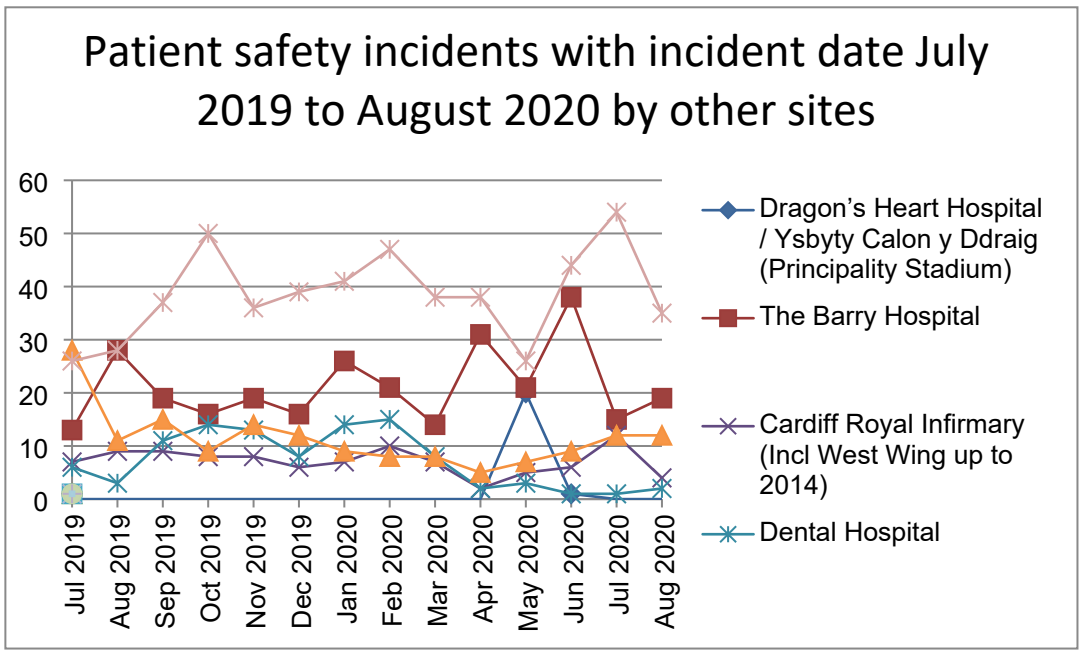
In view of WG SI reporting requirements changing in March 2020, low numbers of patient accidents/falls and pressure damage incidents have been reported to WG. The organisation would usually expect to report in the region of four such incidents per month. Review of the incident reporting system indicates anticipated numbers of these incidents have occurred and are under investigation in the Clinical Boards in line with normal processes.

The UHB has put in place a process to record and continue to investigate all incidents which met the previous definition for a Serious Incident.

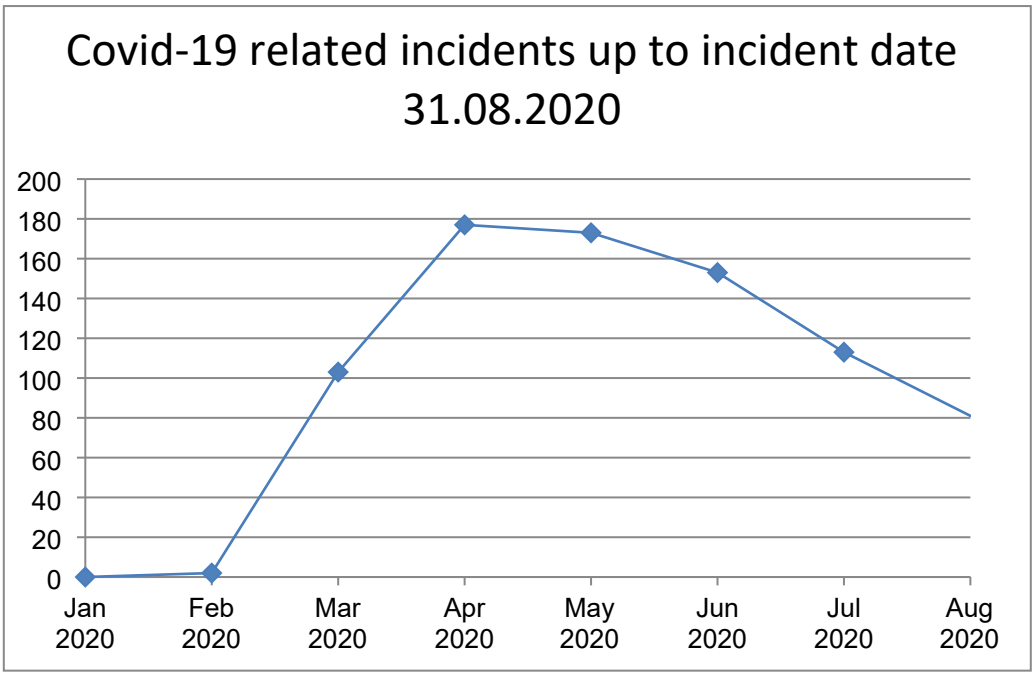
With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. The profile of incidents being reported and the reporting areas has been largely unchanged and it is believed that reduced clinical activity contributed to the situation. Review of current incident data suggests the profile of what is reported is in line with what would have been expected prior to the pandemic.



Review of incident reporting at other sites does not indicate any significant changes in volume of incident reports or categories of what is reported. They are predominantly patient accidents/falls and pressure damage.



The UHB has been capturing incident forms where staff are raising issues in relation to COVID-19. It is evident that the volume of incidents has been steadily decreasing following a steep initial incline in the early phase of the pandemic.



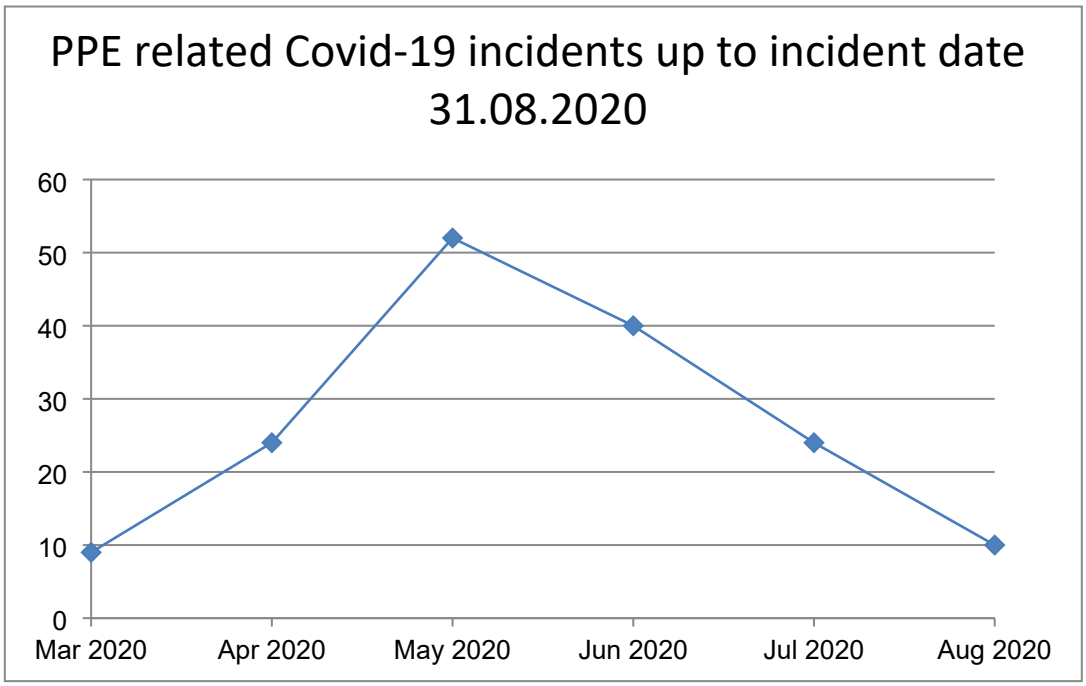
The following table demonstrates the top 10 categories of COVID-19 related incidents between July and August 2020.

Top 10 covid related incidents -01/07/2020 - 31/08/2020	Total
Covid-19 Unavailability of Staff to treat	34
Covid-19 Disruption of usual service	28
Covid-19 Status - Uncertain Patient COVID-19 Status/Potential Exposure	13
Covid-19 Inadvertent Exposure to bloods/fluids from Infected Patient	11
Covid-19 PPE - Inadequate PPE (including fit/quality/Staff Overheating)	8
Covid-19 Unavailability of appropriate bed / area (unable to isolate)	8
Covid-19 Failure to follow Infection Control protocol	7
Covid-19 PPE - Adverse Reaction to	7
Covid-19 Aggressive/Inappropriate Behaviour	5
Covid-19 PPE - Breach of Integrity of PPE (including faulty PPE)	5
Total	126

The highest volume of incidents is in the 'Unavailability of staff to treat' category. The incidents are variable including where medical staff have failed Fit testing and so have been delayed in assessing patients in some higher risk clinical areas. The purchase of powered hoods for staff working in Critical Care and other high risk areas has significantly reduced the number of PPE related issues. Incidents are also reported by Seahorse Ward (Children's Emergency Assessment Unit) whereby staff presence in the department is diminished if they are having to leave to attend a trauma call in the Emergency Department.

Incidents involving aggressive/inappropriate behaviour between staff and from patients towards staff were a concerning trend in the earlier stage of the pandemic. Fortunately, this has not continued to be a reported theme.

It is encouraging to also see that incidents relating to PPE have reduced over the course of the pandemic. It is acknowledged however, that staff have experienced discomfort and concern regarding PPE, for example, during recent hot weather.



The overwhelming majority of Covid-related incidents continues to be reported by the Critical Care Directorate. The majority of these incidents report concerns in relation to PPE. The PPE cell group meets on a regular basis and reviews all reported incidents so that the required mitigation can be put in place to address trends and themes as well as individual issues. This has led to the reduction of incidents now being reported on a weekly basis as demonstrated in the graph above.

Regulation 28 Reports

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

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

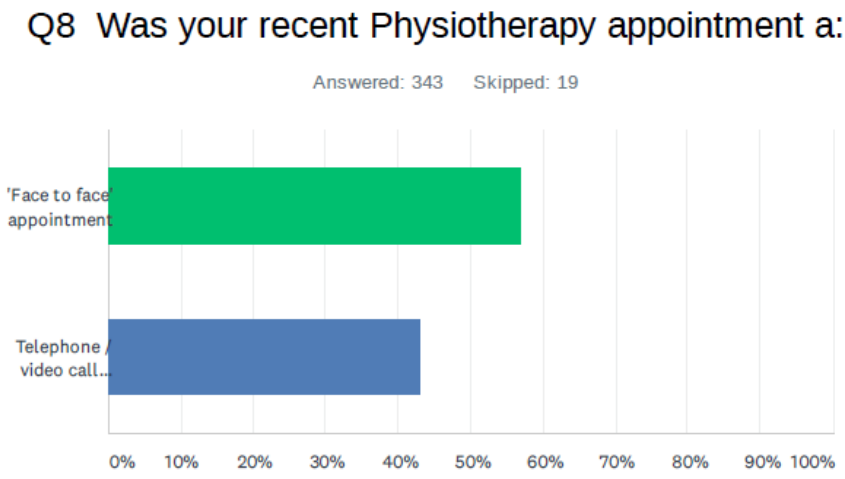
Patient Experience

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

The team has been involved in the development of feedback tools for the Prehab to Rehab program. This work has been in collaboration with Swansea Bay UHB. Feedback tools have included the preparation for setting up Virtual Patient Focus groups, patient stories and development of electronic survey designs. Over 2,000 patients on elective pathways have been contacted and information about optimising their health whilst preparing for surgery has been shared. Feedback has been very positive.

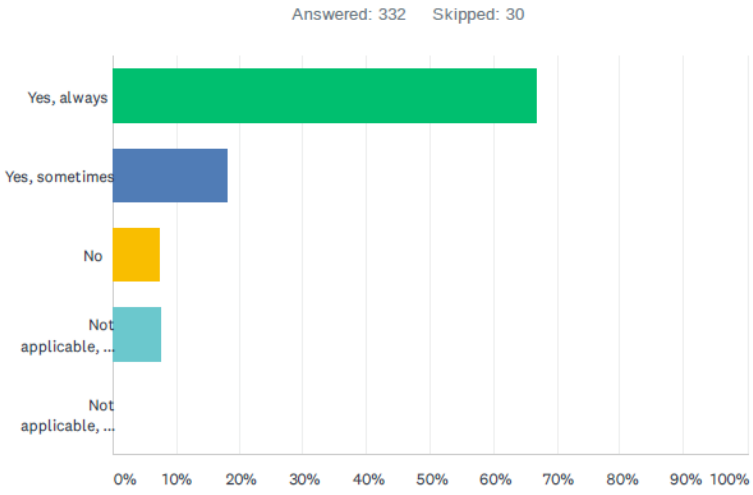
The team have recently been involved in several bespoke studies. An example, is the **Physiotherapy virtual visit survey**. The aim was to gain patient feedback regarding the experiences of our services to inform the future re -design of the Out-patients Physiotherapy Department.

This was a retrospective study looking at feedback from patients whose last appointment was either a 'face to face' or virtual. There were two groups surveyed, those who attended in February and those in May/June. Overall, **362** responses were received and analysed. The graph below demonstrates that 43% of appointments were by video/ telephone.



Pleasingly most people felt they were involved in the decisions about their care:

Q18 During the appointment, did you feel involved when decisions were made about your care/treatment?



During July, the routine surveying of areas using paper surveys restarted on a reduced site by site basis, with the help of Patient Experience Support workers. In total, **114** surveys were completed. (52 UHW, 38 UHL and 24 St David's). Of those, **91%** (96% UHW, 86% UHL and 88% St David's) stated that they were satisfied with their overall experience.

The compliments received related mostly to staff and the care received. It is unusual to receive so many compliments based on this sample size so we have chosen a selection to share.

The caring attitudes, humour and dedication of the staff is something I shall never forget. The volunteer scheme is a great idea and the student doctors were very helpful to me in my recovery. UHW

The staff re wonderful, worked off their feet, video calls with my son have been brilliant. Everyone UHW

Nurses are second to none. St. David's

Nurses and doctors gave good care and, explain things to you about your health, the food is good. Facilities on the ward are comfortable. UHL

Virtual Visiting Patient Experience Support Worker (PESW) Role Update

The project commenced on 27th of April 2020. Each cohort of nursing students were supported through an induction by the Patient Experience team, and a 'local induction' when the students arrived at their allocated hospital ward. In total there were 39 PESWs on the wards to facilitate Zoom calls. These PESWs were allocated across University Hospital Wales, University Hospital Llandough and St. David's Hospital. As the project moved forward, updates to the tablets meant that games and radio features were added for the patients to use. As of late August the students within the project have completed over 5,400 hours on the wards.

The current cohort of students finished on 28th August, however we have secured six students who will continue to support for ten hours a week until the end of September.

Covid Meet and Greet role

The original Meet & Greet volunteer role was revaluated, risk assessed and restructured to support the new restricted visiting model, ensuring visitors are welcomed and follow hospital guidelines on visiting and social distance awareness. Volunteers have been recruited into the role from the current cohort of volunteers who are happy to change roles. The Patient Experience team have been hosting the Visitor e mail and calls through our 7-day service. To date over 600 calls have been received.

Next of Kin Survey

A Next of Kin survey was conducted between 22nd June and 6th July, over the phone, with relatives of patients who had been discharged in May and June. The surveys were conducted by our Patient Experience Medical and Nursing Students. The purpose of the survey was to help us understand the experiences of family, who were unable to visit, while their relative was in hospital. A total of 35 next of kin completed the survey, covering hospital admissions in UHW, UHL and Dragon's Heart Hospital, highlights of the results are below:

95% of respondents said that they were able to contact their relative during their hospital stay.

For **88%** of these it was via the phone and **26%** was via facetime/WhatsApp/Zoom.

71% said they were very satisfied or satisfied with the amount of contact they had with their relative.

What we could have done to improve the contact?

- Better wi-fi
- More contact with the ward directly

Overall what did we do well?

- Fantastic care

- Staff fantastic

Overall what could we improve?

- Discharge process and information
- Continuity of staff
- Communication with staff/ward

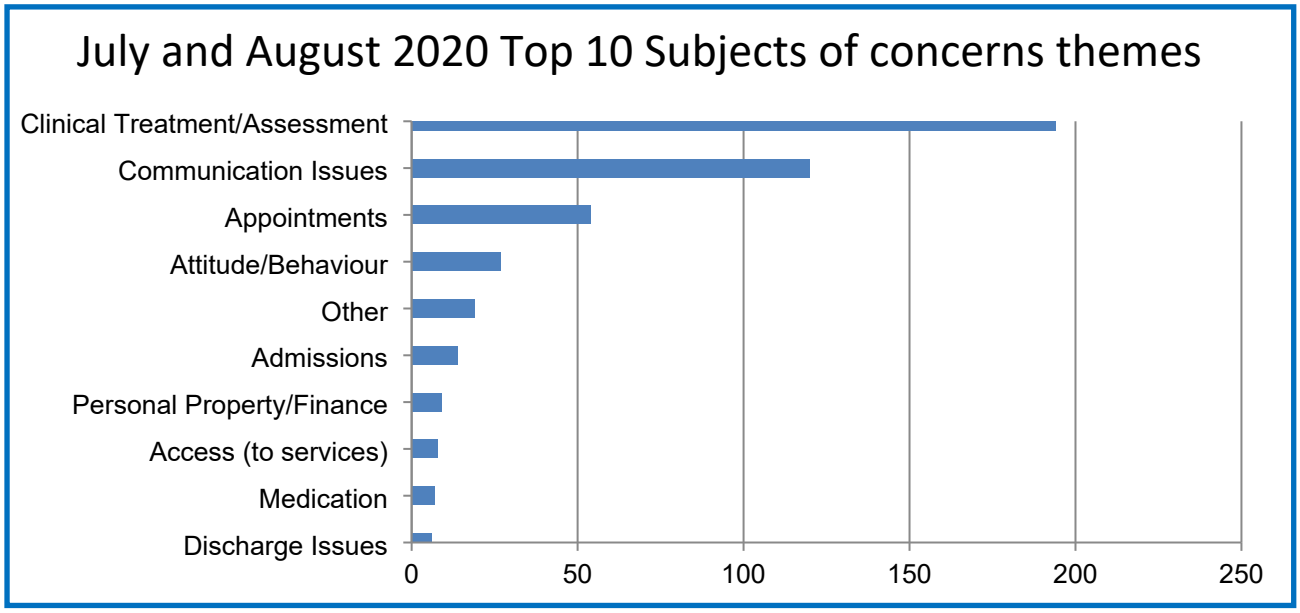
A particular digital Patient Story about a patient who had been in the Stroke Rehabilitation Centre encapsulated many of these issues. The story was told by his daughter who spoke about the difficulties of him being in hospital during Covid, keeping in touch through the help of the Patient Experience Support Workers on the ward and the difficulties experienced by the family during discharge home. The digital story has been shared with the ward staff to help with learning. The actions will be shared across Clinical Boards.

Complaints Management/Redress

The central Concerns Team have continued to work in accordance with the Putting Things Right Regulations.

In July and August 338 concerns were received and the 30-working day performance has increased to 90%. Which is a marked increase from the previous Board report.

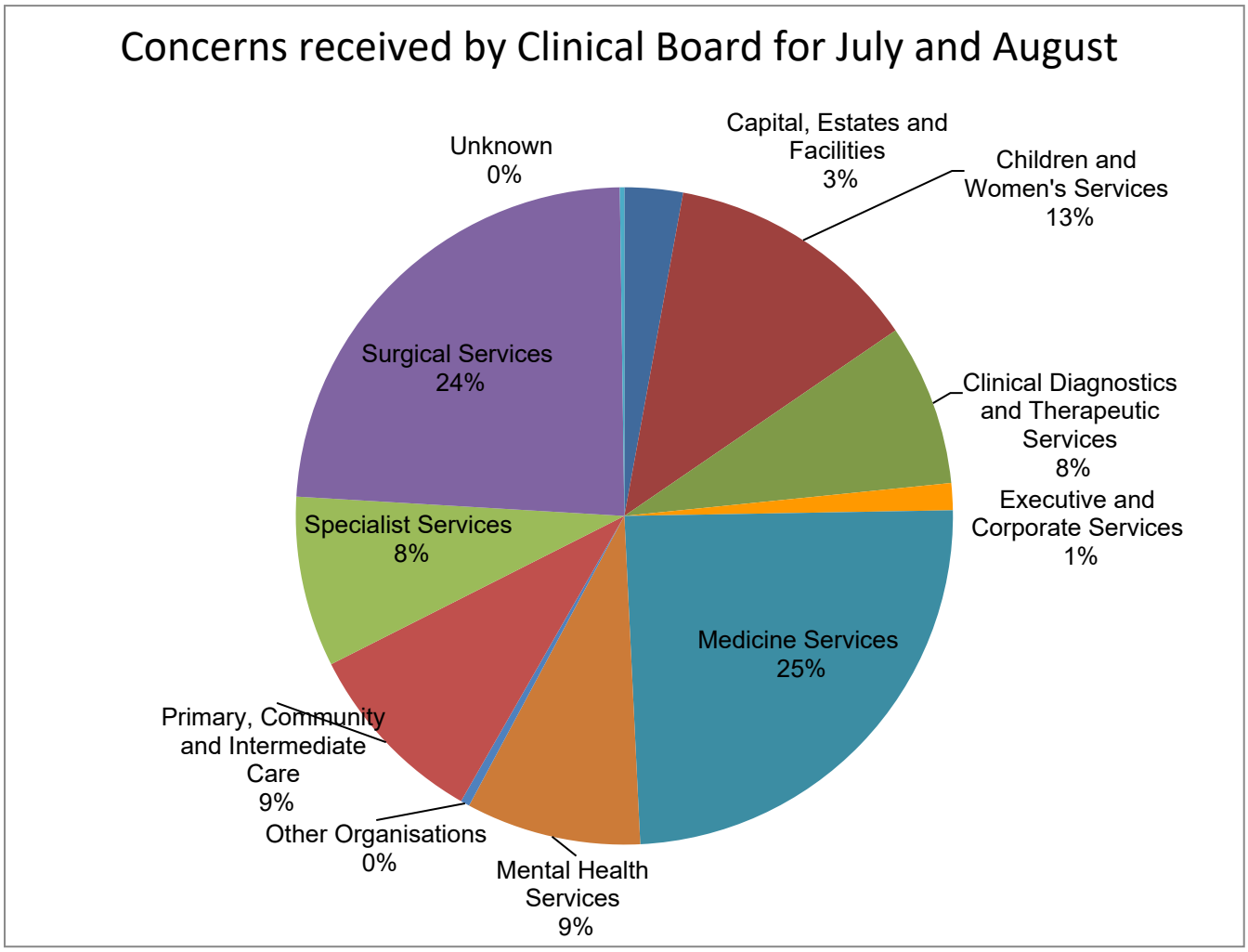
The numbers are less than July and August of 2019 when 444 concerns were received.



It should be noted that in comparison to the data provided for the last Board Report, there has been a notable increase in concerns raised regarding communication and clinical treatment and assessment.

Patients, visitors and staff continue express concern about staff not adhering to social distancing. To address this the UHB has continued to highlight the importance of social

distancing in the CEO Connects and posters displayed across all sites. The Executives and Communication Team are actively reminding people of the importance of social distancing through many social media and other routes. The Communications Team actively send out reminders about social distancing through all available media channels.



Both the Medicine and Surgery Clinical Boards received 49% of all concerns. However it should be noted the level of activity in these Clinical Boards is significant.

Recommendation:

The Local Partnership Forum is asked to:

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

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	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	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	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long Term	x	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00 AM ON 30TH SEPTEMBER 2020 VIA MICROSOFT TEAMS

Present:

Peter Hewin	BAOT/ Unison Representative (Co-Chair)
Lucy Smith	Assistant Head of Workforce and OD (Co-Chair)
Pauline Williams	RCN Representative
Mathew Thomas	Unison Representative
Bryony Donegan	Assistant Head of Workforce and OD
Rebecca Williams	Assistant Head of Workforce and OD
Judith Harrhy	Assistant Head of Workforce and OD
Rebecca Corbin	LED Manager
Sian Rowlands	Head of Corporate Governance
Keithley Wilkinson	Equality Manager
Helen Palmer	Workforce Governance Adviser (minutes)

EPSG 20/001 WELCOME AND INTRODUCTIONS

Mr Hewin welcomed the group and introductions were made.

EPSG 20/002 APOLOGIES OF ABSENCE

Apologies were received from Rachel Pressley, Ceri Dolan, Rhian Wright

EPSG 20/003 MINUTES FROM THE LAST MEETING

It was noted that Pauline Williams was listed as attending the meeting, however she had sent apologies.

The Employment Policy Sub Group agreed the minutes from 25 September 2019 were an accurate record of the meeting subject to the above amendment.

EPSG 20/004 RATIFY CHAIRS ACTION TAKEN ON DOMESTIC ABUSE PROCEDURE

Mr Hewin confirmed that following the discussion that took place at the last EPSG meeting with regard to the title of the policy and whether it should include 'violence against women' as it could put men off, advise was sort from the Domestic Abuse Lead in Safeguarding. They advised that violence against women refers to a specific element of abuse that is specific to women (e.g FGM, forced marriage etc) and the legislation relating to this and felt that the title should remain is it is. Chairs action had therefore been taken to keep the title as it was and approve the procedure.

The EPSG **RATIFIED** the Chairs Action taken.

PROCEDURES FOR APPROVAL

EPSG 20/005 Retire and Return Procedure

Mrs Smith advised the group that the main changes to the Retire and Return procedure where:

- Applications to retire and return to same job on same hours will be automatically approved
- When returning to the same job on the same hours, the individual will return on the same contractual basis
- If an application to retire and return on different hours is rejected it must be for one of the 6 business reasons used for Flexible Working
- Appeals process built in
- Requirement for staff to have a 2 week break reduced to 24 hours
- Temporary COVID-19 Bill changes highlighted

Mr Hewin advised that the Procedure had been discussed at Workforce Partnership Group and they were happy to approve subject to clarification of wording that had been discussed with Rachel Pressley prior to the meeting.

The EPSG **APPROVED** the Retire and Return Procedure subject to the amendments discussed.

EPSG 20/006 Retirement Procedure

Mrs Smith advised that this was not a full review of the Retirement Procedure however there were some temporary changes to pension support as a result of COVID that should be noted.

The EPSG **APPROVED** the Retirement Procedure.

EPSG 20/007 Unauthorised Absence Procedure

Mr Hewin advised that Ceri Dolan had worked on this procedure and that she was happy with it.

Ms Williams advised that the Procedure was to be used in extreme circumstances when the individual disappears and makes no contact at all. The procedure had been developed as the Disciplinary Procedure was too lengthy. Template letters had also been included in as appendices. Ms Williams also advised that a section had also been incorporated on how to handle it if an employee does make contact, with a simple step by step process of what to do. Mr Hewin commented that he had only had one experience of this and the person was seriously mentally unwell and he was glad that the policy refers to support. Ms Williams re-iterated that this procedure was only to be used when the individual remains uncontactable.

The EPSG **APPROVED** the Unauthorised absence procedure with a review period of 1 year as it is a new procedure.

EPSG 20/008 Values Based Appraisal Procedure

Ms Corbin advised that the VBA approach replaces the existing PADR procedure. The procedure covers responsibilities, documentation, training that is available. Ms Corbin advised that the link to the Pay Progression Procedure was short as they are waiting to see what happens with Pay Progression before putting the link in.

An EQIA is available as this procedure feeds into the LED Policy.

The EPSG **APPROVED** the Values Based Appraisal Procedure with a review period of 1 year as it is a new procedure.

EPSG 20/009 Recruitment and Selection Procedure

Mrs Smith informed the meeting that there were only minor changes to this procedure, the changes had been tracked so that they were clear, the only addition was the Internal Appointments Process.

Mrs Harrhy commented on the reference to DBS in section 3.8.2, this section should be updated following a recent Supreme Court Ruling with regard to spent convictions. Guidance is currently expected from Shared Services Recruitment, it was agreed that the procedure should be updated following the receipt of guidance from Shared Services. Mrs Harrhy also agreed to discuss the correct the wording with Dr Pressley for appendix 1 Rehabilitation of Offenders Act.

ACTION: Mrs Harrhy

It was agreed that as a consequence of the Supreme Court Ruling the DBS Procedure to be added to the list for review

ACTION: Miss Palmer

The EPSG **APPROVED** the Recruitment and Selection Procedure and agreed that it would be revisited once the DBS guidance had been received.

EPSG 20/010 Redeployment Procedure

Mrs Harrhy presented the Redeployment Procedure. The main change are:

- now a procedure instead of a policy
- Protection details have been updated
- Temporary redeployment for sickness has been updated to reflect the Managing Attendance at Work Policy
- System for looking for Redeployments has changed, the individual now needs to register on Trac. Any vacancies will then be flagged with the individual directly, if a suitable position becomes available, they can then be considered for the vacancy

before it is advertised. Approved emails have been added to the system which will go out to the individual automatically. They will be informed one month before the search period ends

- Legal definition of suitable alternative employment has been updated.
- Individual responsibilities have been strengthened as information on suitable posts will be sent directly to the individual.
- The manager's responsibilities has been made clearer with regard to considering temporary and permanent redeployments.
- Medical advice should be sought for permanent redeployments.
- A flowchart had been added on the Trac Redeployment Process.

It was commented that the procedure was very comprehensive and that the changes had improved it. Pauline Williams asked what would happens if the individual is getting emails and not actioning them. Mrs Harrhy agreed to look into this to see if a notification is sent the manager.

ACTION: Mrs Harrhy

The EPSG **APPROVED** the Redeployment Procedure.

EPSG 20/011 FOR RECOMMENDATION EQUALITY, INCLUSION AND HUMAN RIGHTS POLICY

Mr Wilkinson presented the Equality, Inclusion and Human Rights Policy, this is a new policy that replaces the Equality, Diversity and Human Rights Policy. It is an inclusive approach to work, conveying a sense of belonging so that staff feel part of the organisation and takes account of the new Socio-Economic Duty, the Welsh Language Standards and the new Strategic Equality Plan.

Mrs Harrhy suggested an amendment to the wording on page 2, bullet point 7, last sentence should read, Particularly serious complaints could amount to gross misconduct and ***may*** lead to dismissal (the word *may* to be added in). Mr Wilkinson agreed that this should be amended

ACTION: Mr Wilkinson

Mr Wilkinson informed the meeting that he had worked on the Policy with Dorothy Debrah who had recent left the organisation and wished to note his thanks, and commented that a lot of expertise had been lost. Mr Hewin agreed and wished to thank Mrs Debrah for her contribution to the EPSG.

The Policy would now be presented to the Strategy and Delivery Committee for approval.

EPSG 20/012 FOR NOTING RESERVIST POLICY

It was noted that the All Wales Reservist Policy had been approved and was available.

EPSG 20/013 ANY OTHER BUSINESS

There was no other business raised by members at the meeting.

EPSG 20/014 DATE AND TIME OF NEXT MEETING

The next EPSG meeting will be held in January, date to be arranged.

Report Title:	**STAFF BENEFITS GROUP REPORT - SEPTEMBER 2020**						
Meeting:	**Local Partnership Forum**				**Meeting Date:**	22.10.20	
Status:	**For Discussion**		**For Assurance**	√	**For Approval**		**For Information** √
Lead Executive:	**Len Richards, Chief Executive Officer**						
Report Author (Title):	**Martin Driscoll, Deputy CEO and Executive Director Of Workforce and Organisational Development / Chair, Staff Benefits Group**						

Background and current situation:

Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for UHB employees. The Staff Benefits Group would ensure and agree 'best deals' for staff and in governance terms would report their work to the Charitable Funds Committee and the Local Partnership Forum.

The purpose of this paper is to inform the Local Partnership Forum of staff benefits and partnership relationships discussed by the Group for the period April – September 2020.

The Staff Benefits Group meets on a quarterly basis and has the following membership:

The Membership of the Group comprises:

- Chair – Deputy CEO and Executive Director or Workforce and OD
- Director of Communications, Health Charity and the Arts
- Senior Hospital General Manager, University Hospital Llandough/Barry Hospital
- Head of Staff Side
- Head of Workforce Governance
- Head of Health Charity and Arts
- Head of Employee Health and Wellbeing Services
- Head of Procurement (or Deputy)
- Head of Commercial Services (or deputy)
- Head of Transport and Sustainability
- Payroll Services Manager
- Business/Operational Manager

Staff benefits are displayed on a dedicated link on the UHB website intranet page.

Businesses and suppliers who wish to provide discounted goods or services to employees of the Health Board are invited to email the Communication, Arts, Health Charity and Engagement Team at News@wales.nhs.uk. New proposals are taken to the Staff Benefits Group for discussion and approval and subsequently advertised on the Staff Benefits website page and promoted via staff communication digital platforms.

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

REPORT - attached

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)
In accordance with best practice and good governance, the Staff Benefits Group provides a quarterly report to the Charitable Funds Committee and Local Partnership Forum, setting out how the Committee has met its Terms of Reference during the preceding period.

Recommendation:

The Local Partnership Forum is asked to:

- **ACCEPT** the Staff Benefits Group six monthly 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	√

Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

STAFF BENEFITS GROUP REPORT - SEPTEMBER 2020

STAFF BENEFITS GROUP MEETINGS

Due to the onset of the Covid-19 pandemic in March 2020, the Staff Benefits Group (SBG) held a brief meeting in June and has resumed its meetings schedule on a quarterly basis from September 2020.

TERMS OF REFERENCE

The revised SBG Terms of Reference (attached) was approved by the Charity Trustees in their meeting on the 23 July 2020 and circulated to group members. Trustees advised that in future the Terms of Reference will be reviewed every 12 months to ensure they remain relevant and up to date.

The key changes to the Terms of Reference include the appointment of Martin Driscoll, Deputy CEO and Executive Director of Workforce and OD as the new Chair of the Group.

CURRENT PARTNERSHIP AGREEMENTS

Nathaniel Car Dealership

Meetings between SBG representatives and Nathaniel's have resumed post-Covid cancellations and will be held monthly going forward.

Nathaniel's have supported CVUHB during Covid-19 with the loan of 12 vehicles for use by out of hours services and covid test transportation across hospital sites. This has recently been extended and will be phased out gradually by December 2020.

They have also donated 5,000 pieces of PPE and are currently offering free car health checks to all CVUHB staff plus exclusive car purchase deals.

Nathaniel's have suggested ways they may be able to support the Health Board with its sustainable travel plan i.e. supply of free electric charging points and negotiable discounts on fleet electric vehicles which are currently under consideration.

A Memorandum of Understanding between Nathaniel's and the Health Charity has been produced by Governance for consideration and agreement at the September meeting of the SBG. A secondary agreement has been agreed by Nathaniel's and CVUHB in re: the temporary provision of vehicles and drivers to support CVUHB staff, in the event of adverse weather.

STAFF BENEFITS UPDATES

A review of current and up to date staff benefits providers is in progress. We are working collaboratively with the Communications Team to create dedicated staff benefits pages in the new StaffConnects App to advertise and promote offers, which will support the health, wellbeing and welfare of our staff. Key staff benefits providers will be publicised each week via CVUHB staff communications platforms and further promoted via the App. The staff benefits pages on CVUHB Intranet site will be updated to reflect this also.

COVID-19 STAFF SUPPORT

We are in the process of writing out to the many businesses and companies which supported CVUHB during Covid-19 via the Health Charity and Staff Haven facilities. We have acknowledged their donations and support for our staff and invited them to further engage with the Health Board by way of providing ongoing staff benefits or assisting the Health Charity with fundraising donations and/or sponsorship.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

STAFF BENEFITS GROUP

Terms of Reference and Operating Arrangements

Approved by the Charity Trustee for Cardiff and Vale Health Charity on:
23rd July 2020

July 2020

1. PURPOSE

The role of the Staff Benefit Group is to consider applications from external companies / organisations to provide benefits to staff for using their services / products. In general terms this will take the form of a discounted price for staff for the goods / service.

In fulfilling this function, the Group will:

- Ensure all staff benefits comply with policies of the Health Board
- Evaluate the suitability of the Staff Benefits to ensure all staff can benefit from the discount being offered.
- Ensure the most efficient and effective use of benefits to staff
- Avoid duplication of other staff benefits schemes

2, ROLE AND FUNCTION

a) The Staff Benefits Group will explore and implement opportunities for staff to benefit from exclusive deals from external organisations.

These benefits will include:

- Eating in/out
- Education and Childcare
- Entertainment
- Financial Services
- Health and Beauty
- Home and Garden
- Hotels, Travel and Holidays
- Motoring and Servicing
- Retail outlets
- Sports and Recreation
- Utilities
- Weddings
- Mobile phones
- Salary Sacrifice Scheme for a range of products
- Staff Lottery
- Staff Wellbeing

b) The Group works closely with Cardiff & Vale Health Charity to maximise opportunities for partnership working and fundraising with key external partners.

c) The work of the Group, and when necessary recommendations for the Group, will be reported twice a year to the Local Partnership Forum and Charitable Funds Committee.

3. MEMBERSHIP – FREQUENCY OF MEETINGS

The Membership of the Group comprises:

- Chair – Deputy CEO and Executive Director or Workforce and OD
- Director of Communications, Health Charity and the Arts
- Senior Hospital General Manager, University Hospital Llandough/Barry Hospital
- Head of Staff Side
- Head of Workforce Governance
- Head of Health Charity and Arts
- Head of Employee Health and Wellbeing Services
- Head of Procurement (or Deputy)
- Head of Commercial Services (or deputy)
- Head of Transport and Sustainability
- Payroll Services Manager
- Business/Operational Manager

Meetings of the Staff Benefits Group will be held on a quarterly basis after which a report will be provided to the Charitable Funds Committee.

4. QUORUM

The quorum for the Group will be five members including the Chair.

5. REPORTING AND ASSURANCE ARRANGEMENTS

The Staff Benefits Group will report to the following Committees of the Board:

- Local Partnership Forum (LPF)
- Charitable Funds Committee

6. SECRETARIAT

Cardiff & Vale Health Charity will be responsible for providing operational support to the Group.

7. REVIEW

The Terms of Reference will be reviewed every 12 months.

July 2020