









# Local Partnership Forum

03 August 2020, 10:00 to 11:15  
Via Skype / Nant Fawr 1, Woodland House

## Agenda

- |             |  |   |
|-------------|--|---|
| <b>1.</b>   | <b>Welcome &amp; Introductions</b>   | Martin Driscoll / Mike Jones                  |
| <b>1.1.</b> | <b>Apologies for Absence</b>   | Martin Driscoll / Mike Jones                  |
| <b>1.2.</b> | <b>Declarations of Interest</b>  | Martin Driscoll / Mike Jones                  |
| <b>1.3.</b> | <b>Minutes of the Meeting held on 18th June 2020</b>   | Martin Driscoll / Mike Jones                  |
|             |  1.4 LPF minutes 18.06.20.pdf (4 pages)                               |   |
| <b>1.4.</b> | <b>Action Log Review</b>   | Martin Driscoll / Mike Jones                  |
|             |  1.5 LPF Action Log.pdf (1 pages)                                     |   |
| <b>2.</b>   | <b>For Consideration</b>   |   |
| <b>2.1.</b> | <b>Culture and Learning from COVID-19</b>  | Martin Driscoll                               |
| <b>3.</b>   | <b>For Communication</b>   |   |
| <b>3.1.</b> | <b>Physical Distancing Guide for the UHB</b>   | Principal Health Promotion Specialist,<br>PHW |
|             |  1.7 physical distancing presentation LPF August 2020.pdf (6 pages) |   |
| <b>3.2.</b> | <b>Performance Update</b>  | Caroline Bird                                 |
| <b>3.3.</b> | <b>Health and Wellbeing</b>  | Head of Employee Health and<br>Wellbeing      |
|             |  1.9..1 Wellbeing Resources Guide_DIGI.pdf (2 pages)                |   |
|             |  1.9.2 Living and working well.pdf (12 pages)                       |   |
|             |  1.9.3 HWB checklist.pdf (1 pages)                                  |   |
| <b>3.4.</b> | <b>Chief Executive Update</b>  | Len Richards                                  |
| <b>4.</b>   | <b>For Appraisal</b>   |   |
| <b>4.1.</b> | <b>Finance Report</b>  | Bob Chadwick                                  |
|             |  1.11 finance report.pdf (16 pages)                                 |   |
| <b>4.2.</b> | <b>Patient Safety Quality and Experience Report</b>  | Ruth Walker                                   |
|             |  1.12 Patient Safety Quality Experience Board (13 pages)            |   |

**5. Items for information (for noting only) and Closure**

**5.1. Items to be brought to the attention of the Board**

Martin Driscoll / Mike Jones

**5.2. Any other business previously agreed with the Co-Chairs**

Martin Driscoll / Mike Jones

**5.3. Future Meeting Arrangements:**

Thursday 16 April 2020 at 10am (with a staff representative pre-meeting at 10.00am)

Martin Driscoll / Mike Jones

Nant Fawr 1, Woodland House

**Minutes of an extraordinary Local Partnership Forum meeting held on 18 June 2020 at  
10am, remotely and in Nant Fawr 1, Woodland House**

**Present**

Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Julie Cassley	Deputy Director of WOD (co-Chair)
Steve Gaucci	UNISON
Peter Hewin	BAOT/UNISON
Zoe Morgan	CSP
Fiona Salter	RCN
Jo Brandon	Director of Communication and Engagement
Peter Welsh	General Manager UHL and Barry
Ruth Walker	Exec Director of Nursing
Ceri Dolan	RCN
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Dawn Ward	Independent Member – Trade Union
Rhian Wright	RCN
Abigail Harris	Exec Director of Strategy and Planning
Dorothy Debrah	BDA
Andrew Crook	Head of Workforce Governance
Bill Salter	UNISON
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Julia Davies	UNISON
Lianne Morse	Head of HR Operations
Caroline Bird	Deputy COO
Pauline Williams	RCN

**In Attendance:**

Sherard Le Maiture	Clinical Director for Urgent Primary Care
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**Apologies**

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Len Richards	CEO
Stuart Walker	Medical Director
Stuart Egan	UNISON
Joe Monks	UNISON
Mat Thomas	UNISON

**Secretariat**

Rachel Pressley	Workforce Governance Manager
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**LPF 20/027 WELCOME AND INTRODUCTIONS**

Mr Jones welcomed everyone to the meeting and introductions were made

**LPF 20/028 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**LPF 20/029 DECLARATIONS OF INTEREST**

Tolley, Laura  
07/27/2020 15:39:18

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

#### **LPF 20/030      TRANSFORMING URGENT CARE**

Dr Sherard Le Maitre, Clinical Director for Urgent Primary Care, was present to discuss plans to transform urgent care by introducing an appointments based system, similar to Out of Hours. It was recognised that attendance at EU had dropped off considerably due to COVID-19 but was starting to pick up again now.

Miss Ward said that this proposal seemed to be strategically aligned to A Healthier Wales and SOFW, but there were questions around how to get the message out and how to staff it. Dr Le Maitre agreed that communication was key both pre-launch and on an ongoing basis. He said that there would need to be a lead in period, but there would also be some education at the front door. In terms of staffing, there was a workforce stream which would lead on this. Some OOH staff would be interested in additional hours, and some new staff would be recruited. There was also the possibility of utilising staff who were shielding as this work could be done from home.

Mr Hewin agreed that there were dividends, but was concerned about the impact on other parts of the service, especially Mental Health. Dr Le Maitre assured the Forum that discussions with the Mental Health Clinical Board were taking place. It was recognised that there were times when individuals needed to present at EU and there were discussions with MHCB to ensure capacity for this, but he suggested that it was maybe better to have treatment in a mental health environment. This was not static, however, and would be part of the ongoing evaluation.

Dr Jenkins advised that the Executive team were very pleased with the multi-disciplinary and flexible nature of this proposal and that she hoped people were supportive of it.

Mr Welsh recognised that the proposal was in its early days but asked if it was possible to elaborate on the Barry Minor Injuries Unit would play. Dr Le Maitre indicated that he hoped it would at least continue with the same status though the future model could be more primary care led.

In terms of timeline, it had originally been hoped that the new model would start from the 24 July but recruitment meant that August was more likely. The new model would definitely need to be operational before winter.

*(Dr Le Maitre left the meeting)*

#### **LPF 20/031      SHIELDING OUR WORKFORCE**

Mrs Cassley reminded the Forum that a task and finish group had been established to look at staff who are shielding and pointed out key highlights from the report.

The group had explored how many staff were shielding and whether this was due to a CMO (or GP/specialist) letter, a family member or with agreement with their line manager. The main principles were ensuring meaningful work was available and the wellbeing of the member of staff. Guidance was being developed for managers to help them support their staff.

Tolley, Laura  
07/27/2020 15:39:18

Mrs Dolan said that not all managers had been supportive and that not all the messages received, even from HR, had been consistent. She stated that it was important to understand all the possible reasons for shielding. Mr Gaucci added that lots of individuals who are shielding felt left out and isolated and emphasised the importance of regular contact with their line manager. He said that being able to work from home was a huge advantage as it gave a sense of purpose.

Miss Ward stated that this was a great start but suggested that there should be a reference to working in partnership early on in the recommendations.

Mrs Davies asked about the requirement for staff who are shielding to take 8 days annual leave. Mr Crook advised that this had been agreed on an All-Wales basis for staff who were shielding and were not able to work from home. He explained that the rationale for the requirement to take 8 days annual leave was based on taking approximately a quarter of the annual leave entitlement equating to the period of shielding (the 12 weeks being approximately a quarter of the leave year). He also stated that people need to take annual leave for rest purposes whether in work for working from home.

#### **LPF 20/032      REMOTE WORKING**

Mr Hewin reminded the Forum that a paper had been issued at the last meeting to initiate the project. The group aimed to realise one of the dividends of COVID and working from home was widely regarded as the way forward, though it was acknowledged that it was not suitable for all jobs.

A draft statement had been drawn up and issued to the Forum that morning. Mr Hewin hoped that people would regard it as the right direction and that the LPF would approve it.

Mrs Harris pointed out that there were links with the Sustainability Action Plan which was the UHBs response to the climate emergency.

Miss Ward endorsed the work and the principle of maximising working from home when possible and safe. She noted that it would involve different ways of working for different groups of staff and wondered if there was any way of capturing and triangulating this as it evolved. Mr Hewin agreed but stated that this work needed to take place quickly so we would need to look at this kind of thing retrospectively.

#### **LPF 20/33      RECOVERY PLANNING**

Mrs Harris referred the Forum to the presentation which had been sent out prior to the meeting. She advised that the organisation was taking a planned approach to coming out of COVID. We had come through the immediate emergency response and were now in the 'living with COVID' phase.

The Forum had already heard some examples of how the organisation wanted to emerge, and there had been good feedback on remote physio etc.

Mr Hewin said that he was pleased the rise in demand for mental health services had been recognised and noted the links with the rehabilitation recovery plan. He also noted that during the emergency phase things had happened quickly and some of the usual processes had had to be bypassed. He agreed that we would want to keep many of the changes, but felt that if they were

Tolley, Laura  
07/27/2020 15:39:18

moving from temporary to permanent arrangements the OCP processes should be properly re-introduced. Mrs Harris agreed and stated that it was necessary to have a conversation with staff and with partners such as the CHC about what we wanted to keep and why, and to capture the feedback received.

#### **LPF 20/34      ANNUAL LEAVE**

Mr Jones asked for clarity on whether or not staff would be able to carry over annual leave for 2 years if they were not able to take it this year. He also asked what was happening about staff who had asked to purchase additional annual leave before COVID-19 but no longer needed it.

Mrs Cassley suggested that this highlighted the need to re-convene the Workforce Partnership Group and asked Dr Pressley to arrange a meeting for as soon as possible so that this issue could be discussed.

**Action: Dr Pressley**

Mr Crook advised that Dr Pressley had already contacted everyone who had been approved for the purchase of additional annual leave to ask if they would like to cancel it under the circumstances. He also suggested that things were not as manic as they had been and that staff should be able to take their annual leave, though Mr Jones said that this was not the view of all managers.

#### **LPF 20/35      ANY OTHER BUSINESS**

Mrs Dolan raised concerns about breaks for those staff working in green areas and suggested that as they were not able to leave their workplace they should be paid for the break. Mrs Walker stated that the primary issue was not about pay, but about ensuring that they were given the opportunity to have a proper break and something to eat. It was agreed that this issue would be discussed further at the Workforce Partnership Group

**Action: Dr Pressley**

Miss Salter said that staff representatives were facing increasing pressure to attend face to face meetings and asked what the organisational view was on this. Mrs Cassley pointed out that this was contrary to the discussion held at this meeting but suggested that it was necessary to understand what the pressures were. It was agreed that this issue would also be discussed further at the Workforce Partnership Group

**Action: Dr Pressley**

#### **LPF 20/036      ITEMS FOR THE ATTENTION OF THE BOARD**

The Board should be updated on the work taking place around shielding and remote working

#### **LPF 20/037      FUTURE MEETING ARRANGEMENTS**

The next meeting is scheduled to take place remotely on Monday 3 August at 10am, remotely and in Room Nant Fawr 1, Woodland House

Tolley, Laura  
07/27/2020 15:39:18

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF 20/034	18 June 2020	Annual Leave	Workforce Partnership Group meetings to be reconvened	Dr Pressley	COMPLETE Meeting held 30 June 2020. Joint statement on AL to be issued by Mr Driscoll and Mr Jones
LPF 20/035	18 June 2020	AOB – breaks	To be discussed at Workforce Partnership Group	Dr Pressley	COMPLETE Discussed 30 June 2020 and picked up by HOWDs and DONs in local areas
LPF 20/035	18 June 2020	AOB – formal proceedings (face to face vs virtual)	To be discussed at Workforce Partnership Group	Dr Pressley	COMPLETE Discussed 30 June 2020 and for further discussion at staff side meeting to agree unified staff side position

Tolley, Laura  
07/21/2020 15:39:18



GIG  
CYMRU  
NHS  
WALES

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

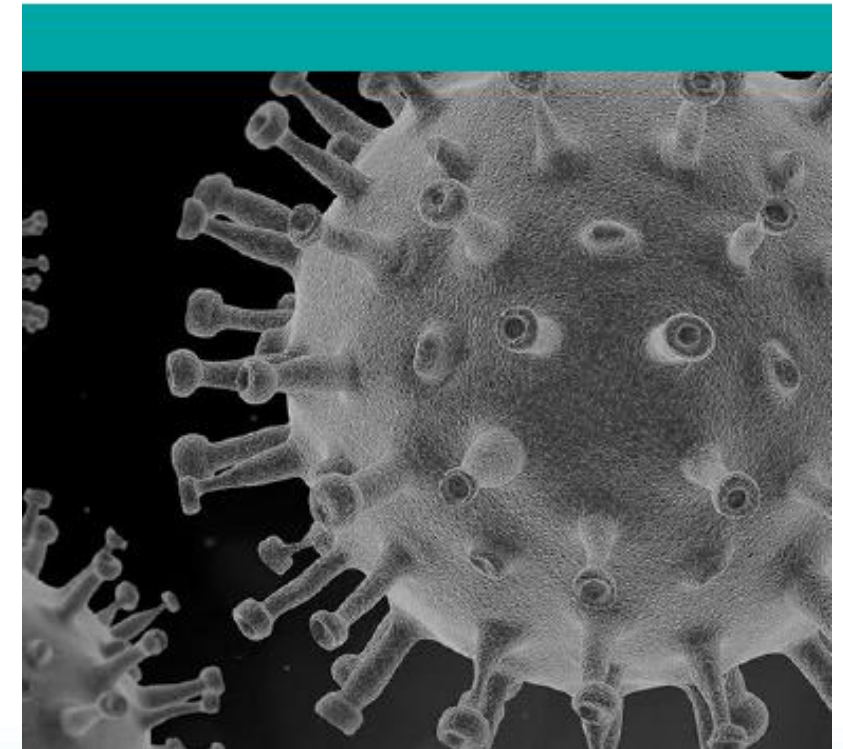


Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Covid-19: Working safely together

# Physical Distancing in the Workplace

Cheryl Williams  
3<sup>rd</sup> August 2020



Tolley, Laura  
07/21/2020 15:39:18



# Why do we need to practice 2m physical distancing in the workplace?

- Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 requires employers to implement physical distancing through reasonable measures
- Physical distancing and good hand hygiene are the key measures of reducing spread
- Test, Trace and Protect means staff can be identified as contacts

Tolley, Laura  
07/21/2020 15:39:18



# What have we done so far?

- Substantial communications across social media and staff groups to raise awareness
- Filming with groups of staff to get messages across that are meaningful to their work setting and tasks
- Visual cues across departments – digital screens, floor stickers, hazard tape, posters

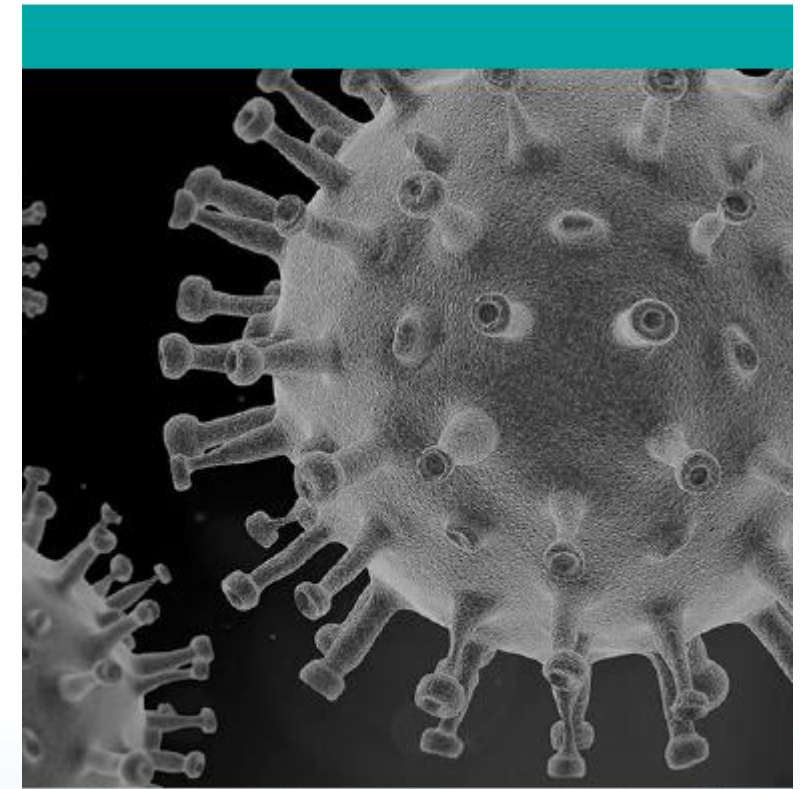


# What next?

Guide for physical distancing now published:

- Practical actions for implementation by clinical boards (e.g. creating one way flows, reducing numbers allowed in one room, restricting numbers in lifts, reducing use of desks in offices)
- Workforce actions (e.g. changing shift patterns, space out break times, regular team briefings)
- Continued communications
- Continued supply of materials to provide reminders, including TTP information
- Visual cues in concourse in UHW enhanced

Covid-19: Working safely together



# Discussion: how can we encourage distancing

- A key factor in spread is sustained contact in a small space over a period of time.
- So need to reduce the time people spend together – in meetings, food and drink areas, break rooms and other areas

➤ How can we get messages across to staff?

Tolley/Laura  
07/27/2020 15:39:18



# Behavioural Insights

- Social norm messaging: people's behaviour is influenced by social norms, ie what they see others do and what they think others approve or disapprove of
- Nudges: 'distance makes us stronger' – positive reinforcement of messaging
- Or do we need more coercive messaging with consequences for actions not taken?

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# WELLBEING

## DURING COVID-19 RESOURCES

During Covid-19 it's important that we all look after ourselves and each other and we have developed a set of resources to help you do this.

### 1 Resources for individuals

#### Bite Size Tips – developed by Dr J Highfield

- Mindful minute
- Am I doing the right thing?
- Am I okay?
- Calm and in control
- End of shift – Wellbeing Checklist
- Self-care tips for NHS staff
- Switch off relax and unwind
- Staff bereavement due to COVID-19, losing colleagues or patients

#### Videos – developed by Dr J Highfield

- Am I okay?
- How to help anxious patients (COVID and NON COVID)
- Switch off, relax and unwind
- Taking care of each other
- When we have to limit what treatment we can offer: Moral Distress
- Witnessing distress
- Witnessing trauma

#### Baker's Dozen – developed by Dr Mark Stacey

- Stress Management toolkit
- 'Baker's Dozen' Videos
- Improving resilience – 30 daily tips for maintaining mental health
- Maximise your day
- Cycle to work
- Working under pressure – tips from frontline staff in the COVID-19 era

#### Online CBT modules via Silvercloud

- Sleep
- Stress
- Resilience

#### Rapid access to extended EWS Psychological Support

##### Stepped Approach

- In reach wellbeing support at Safe Havens, providing informal support and signposting to wellbeing resources:
  - o UHW - Sports and Social Club
  - o UHL - the rehabilitation Day Hospital
  - o Dragon's Heart Hospital
- Psychological first aid and grounding – one session
- Trauma response monitoring – up to three sessions
- Brief psychological support - up to six sessions of counselling or psychological therapy
- Referral to Trauma or Psychiatry services

#### Expanded access to Health for Health Professionals Wales





## 2 Resources for line managers

In addition to the 'For Individuals' resources, managers can access specific resources designed to support them to deliver their management responsibilities.

### Bite Size Tips – developed by Dr J Highfield

- How to huddle
- Manager's tips
- Managing trauma
- Hospital staff helping the isolated COVID-19 patient
- COVID Buddy
- COVID-19 and Neurological conditions
- Pregnancy and COVID-19
- Helping anxious breathless Covid patients
- Guidance for line managers around grief and loss of colleagues or patients

### Rapid access to psychological support

- Consultation support for managers with issues relating to their managerial role

### Wellbeing Q&A session for managers

## 3 Organisational resources

**Staff Connect App** - provides access to accurate and up-to-date information

**Chief Executive Connects** – COVID-19 daily update

### Parking

- Temporary removal of allocated parking restrictions on site
- Free parking on council owned car parks

## 4 Psychological wellbeing

### Safe Havens

- UHW - Sports and Social Club
- UHL – the Rehabilitation Day Hospital
- Dragon's Heart Hospital

### Rainbow Relaxation rooms

- UHW - Sports and Social club
- UHL – the Rehabilitation Day Hospital

### Induction Package

- Leading for wellbeing
- Wellbeing: self-care and team care

## 5 Physical wellbeing

### Food delivery to Frontline Health Care Workers

- UHW
- UHL
- St David's Hospital
- Barry Hospital
- Rookwood Hospital
- Dragon's Heart Hospital

### 24/7 access to hot food

- Y Gegin - UHW
- Y Gegin - UHL

### Short and long term accommodation

- Mercure Cardiff North Hotel
- Holiday Inn Express - Rhoose
- Mercure Hotel – Newport Road, Cardiff
- Space in the City Aparthotels
- True apartments

### Access to shower facilities

- UHW
- UHL
- Dragon's Heart Hospital

### Free Nextbike membership

### Rapid access to Dermatology consultation

# WELLBEING

## LIVING & WORKING WELL **AT HOME**

A period of isolation, shielding and/or homeworking will be challenging for everyone; but we hope these ideas may help to lessen the impact. They may not all be possible for everyone – use any of these suggestions which might be appropriate for you.



### StaffConnect

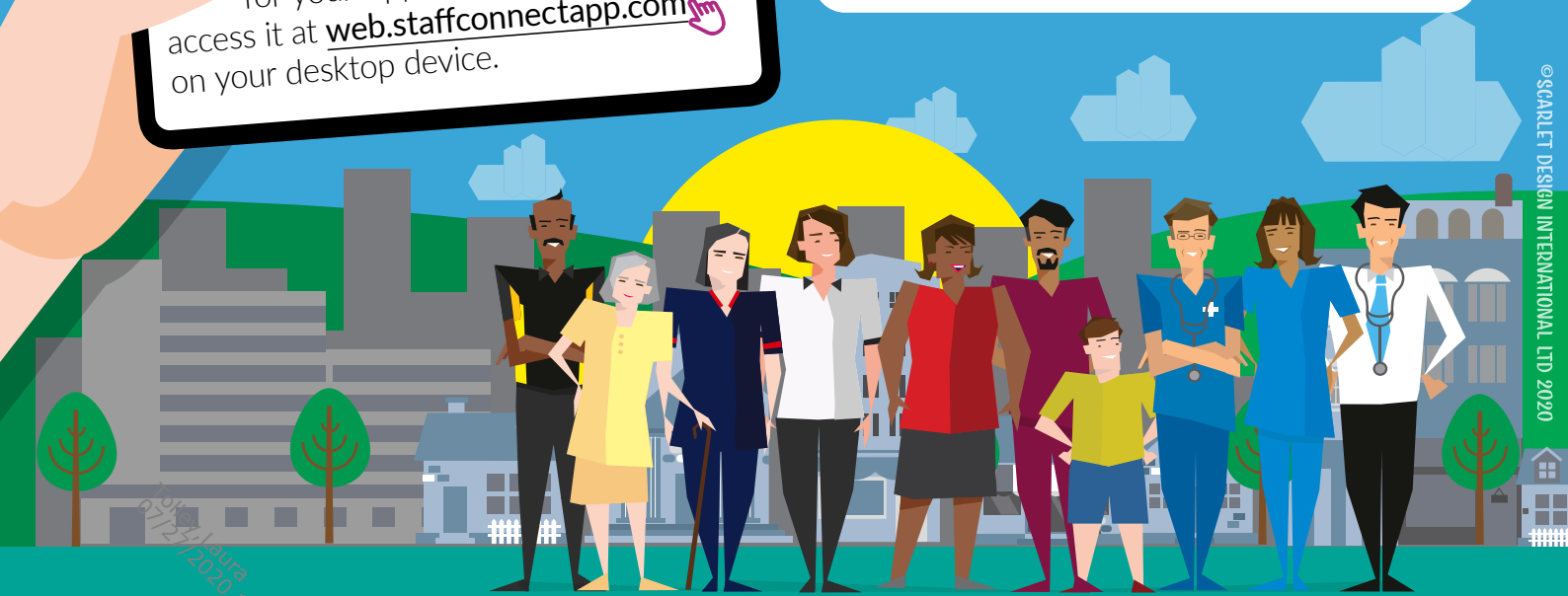
Stay connected with the **StaffConnect** App, you are not alone!

**App features:** Newsfeed – with the latest COVID-19 updates, Len's daily operational briefing, national guidance and materials, workforce information, and staff wellbeing resources. Private and group chat functionality. Access to ESR and online bank shifts in one place. Staff can register within the app using Organisation ID: **CAVUHB**, their surname and staff number, which they can find in ESR or on their latest payslip.

Download the **StaffConnect** app for your Apple or Android device, or access it at [web.staffconnectapp.com](http://web.staffconnectapp.com) on your desktop device.

### WORKING FROM HOME

- **Set up your work station.**  
If you are working from home find a place to set up your work area. Keep it clear and tidy. Take regular breaks from your desk, stretch and move about. At the end of the day if you're in a room you normally socialise with your family in, clear away your work. If you have a separate room, turn everything off and close the door. Be clear you've finished for the day.
- **Keep in contact with colleagues.**  
Stay in contact with your work colleagues via text, Zoom, Teams, phone etc. Try to have some contact with other people every day.



- **Structure and plan your work.**

Break your work day down and the work you have to do within your day. So you have manageable goals of work and a definite, beginning and end.

- **Get up get dressed for work.**

Get up at your usual time, shower and get dressed. This will help put you in 'work' mode and create a home/work separation.

- **You might be more distracted:**

You may find you feel more distracted at home. This is normal. Family members, pets and people knocking at the door may at first be distracting. Be kind it will take time to adjust.

- **Occupational Health Physiotherapy Service.** Currently we have more people working from home than we usually do, this [BBC video](#)  could help you reduce the onset of

MSK conditions, or the irritation of existing conditions, which may be brought about by home working. If you would like to self-refer you can do so by contacting either the Occupational Health Service at UHW on ext. 02920 743264, or the Occupational Health Service at UHL on ext. 02920 715140.

- **Some of the key points include:**

- » 'Poor' or 'Bad Posture' are often terms used to explain aches and pains for people working in static positions. However 'good posture' alone does not always prevent musculoskeletal conditions developing.
- » It is likely that, irrespective of your posture, you will suffer significant aches & pains if you spend too long seated or in one position. It is vital that you do not spend too long in the same position.



Tolley, Laura  
07/27/2020 15:39:18

- » Set alarm on your PC or other device to alert you every 20-30 minutes to take a 30 second 'micropause' from your working position. Use this time to 'move' all your major joints such as the shoulders, elbows, wrists and hands or even get up from your seat to change your position briefly.
- » A short walk, every hour, to the bathroom or to make a drink will also help to reduce the potential for the onset of musculoskeletal conditions. Incorporate activity where possible, such as a lunchtime walk.

## ACTIVITIES AND STRUCTURE FOR ALL

- **Structure your day** so that you have an activity to undertake each morning, afternoon and evening. Be kind to yourself and set manageable goals. It's okay if you are unable to do everything you intend. You are likely to experience many distractions.
- **Don't listen to the news too frequently (or at all).** Check up on news only once each day at most. Choose your information sources wisely in order to access accurate information.
- **Keep to a routine** with waking up and bedtimes. You can add to these routines by having a bath or shower in the mornings, and practice meditation or mindfulness before bed.
- **Watch or listen to programmes, audiobooks and podcasts.** Do you have any favourite comedy sketches? Are there any light-hearted shows that bring you joy? Audible have made many titles of audiobooks freely available online: [stories.audible.com/start-listen](https://stories.audible.com/start-listen)
- **Read a book** that has been on the shelf waiting for attention.
- **Learn a new skill or hobby, or pick up an old hobby you used to enjoy doing.** How about drawing, jigsaws, playing board games, or learning a language?
- **Explore the world from your home!** [explore.org/livecams](https://explore.org/livecams) has a livestream of 100 cameras from around the world so you can watch the northern lights, pandas, the Great Barrier Reef, and more.
- **If you have a garden, spend time out of doors.** Even in colder weather, if you're well, wrap up in coat and blanket and take a coffee break outside.



- **Go with the 'flow'.** Research suggests that when you are fully engaged in an activity, working at your own pace and making progress while being fully absorbed, you achieve a state of 'flow'. Activities which induce flow will vary dependent on your interests; however, some people find activities such as painting, gardening, baking, knitting and woodwork can induce flow.
- **Take time to self-care.** Schedule time for soothing activities. This could be a warm bath, a meditation of mindfulness practice, a few moments cuddled up under your favourite blanket, or petting the cat/dog. Anything that makes you feel calm, connected or cared-for counts.

- **Make time for spiritual practice** if this is important to you. Whilst you cannot attend places of worship at the moment, think about setting aside time for prayer and meditation at home. Can you stay in contact with members of your congregation over the phone or via Skype? Skype could offer an opportunity for group prayer sessions too.
- **Take a virtual tour of a museum.** There are many; some examples are:
  - » **The British Museum:**  
[artsandculture.google.com/partner/the-british-museum](https://artsandculture.google.com/partner/the-british-museum)
  - » **Musee d'Orsay, Paris:**  
[artsandculture.google.com/partner/musee-dorsay-paris](https://artsandculture.google.com/partner/musee-dorsay-paris)
  - » **Guggenheim, New York:**  
[www.guggenheim.org/plan-your-visit/guggenheim-from-home](https://www.guggenheim.org/plan-your-visit/guggenheim-from-home)



PLAY  
WITH  
PETS



STAY CONNECTED



GROW  
THINGS



MEDITATE



GO WITH  
THE FLOW



KEEP TO A  
ROUTINE



STRETCH



DRINK TEA



TRY ONLINE  
CLASSES

SELF - CARE  
♥



MOISTURISE



TAKE TIME



STAY HEALTHY



EAT HEALTHY



KEEP WARM



EXERCISE



LEARN A HOBBY



HAVE FUN



RELAX

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## DIET, HEALTH & EXERCISE

- **Keep up** movement and exercise.
- **If you are allowed**, leave the house for exercise - e.g. if you do not need to be completely sheltered. Try to do this even if it is a short walk. Remember to observe the guidance around social distancing and keep 2m (6ft 6in) away from another person, unless you live with them.
- **Try out an online class.** Class providers such as yoga are offering online, scheduled classes at set times, which can also help with your routine and structure. Many of these are offering classes for free to try, or at reduced prices.
- **Staff Dietetic Service.** Staff can self-refer by contacting the dietetic department by email, phone or letter to register interest. As with all assessments undertaken by Occupational Health, the dietetic assessment is strictly confidential. Tel: 029 2066 8089. Internal Email: [Dietitian.reception.uhw@wales.nhs.uk](mailto:Dietitian.reception.uhw@wales.nhs.uk) Subject: Staff Health Service. Post: FTAO: Karina Mackay. Department of Community



Dietetics, Riverside Health Centre, Wellington Street, Canton, Cardiff, CF11 9SH.

- **Alcohol.** Keep track of your drinking. Get remote support from EDAS on 0300 300 7000 (services are still accepting referrals as normal during this time, although may be virtual) or Dan 24/7 on Freephone: 0808 808 2234 or text DAN to: 81066. You can talk also to your GP or pharmacist if you are concerned about how much you are drinking and how to cut down.

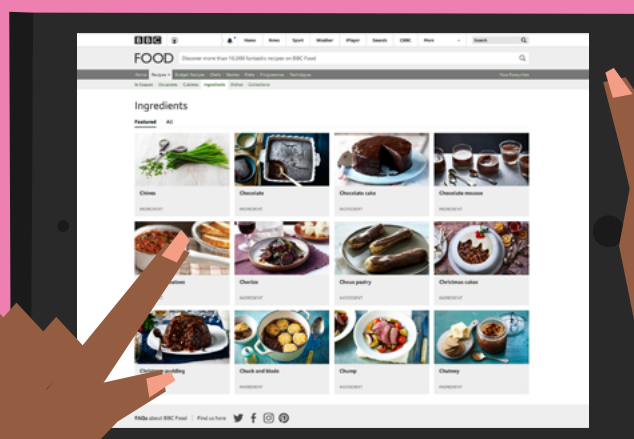
- **Consider food supply options.**

- » Try to buy only what you need for the coming week.
- » If you have concerns about accessing fresh food and supplies, consider how family or friends may be able to support you.
- » There are many local businesses that may be able to provide free delivery of fresh produce such as fruit and vegetables.
- » Many communities are also providing options for support, so it may be helpful to connect with your local community online via platforms such as the 'Nextdoor' app and local newspapers.

- **Spend time** making fresh meals if you have the ingredients and energy. It takes more time than ready meals, and can add structure to the day.

- » Check out [bbcgoodfood.com](http://bbcgoodfood.com) for ideas: type in a search for ingredients you already have at home, and a range of recipe ideas pops up. Try some new meals, cakes or even sweets.

- **EPP Cymru**, Education Programmes for Patients (EPP) run free Health and Wellbeing Sessions for people living with long term health problems and people caring for a friend or relative. Tel: 02920 335403 or Email: [carol.young@wales.nhs.uk](mailto:carol.young@wales.nhs.uk) Text: "interested" and your name to 07976 050178. You can visit [www.eppwales.org](http://www.eppwales.org) for more courses.



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07/27/2020 15:39:18



## PSYCHOLOGICAL WELLBEING

- **Connect with** friends and family; share your experiences.
- **Allow yourself space** to process and make sense of how you are feeling about the covid-19 virus
  - » Allow yourself time to worry (e.g. allocate yourself 15 minutes worry time, use a journal or diary to reflect on your experience and how you are feeling).
  - » Notice how you are feeling and what you may be doing to help manage these feelings. Try to limit coping strategies that might be maladaptive in nature such as drinking alcohol or eating unhealthily. Use strategies which optimise your overall health and wellbeing.
- **Make a list** of what you can and cannot control to help focus your energy.
- **Practice** reflecting on good

experiences. At the end of the day, reflect on three positive things that have happened each day – this could be anything at all, from receiving a text from a friend to enjoying a meal.

- **Try out** some psychological resources involving ACT (Acceptance and Commitment Therapy) and mindfulness
  - » Look at this excellent short video on COVID-specific psychological guidance: <https://youtu.be/BmvNCdpHUYM>
  - » Download the ACT companion app: <http://www.actcompanion.com/>. The app is available on android or iOS. Enter the code TOGETHER on the subscription page to unlock all the app content free for three months until the end of June.
- **Think about** your values or the activities that help give your life meaning. Ask yourself whether you could be doing more of these

activities to help you manage during this period.

- **Create your own 'self-isolation bag'.** This could include objects personal to you to help you manage and self soothe (e.g. your favourite scent, book, a jigsaw puzzle, hot water bottle, playlist).
- It can be difficult to change habits, so keep using well-practiced, helpful strategies. Try to do them a bit more if you can.
- **Creative Arts** are important in maintaining and improving our health and wellbeing and so we would like to share with you some resources and opportunities that you can read and take part in yourselves.
- Please visit our website [cardiffandvale.art](http://cardiffandvale.art) or get in touch via the Arts Team to get involved [Melanie.Wotton@wales.nhs.uk](mailto:Melanie.Wotton@wales.nhs.uk) or Gareth Malone has started up the Great British Home Chorus,

bringing isolated individuals together through song. [decca.com/greatbritishhomechorus/](http://decca.com/greatbritishhomechorus/)

- **Journal.** Take some time to write about your day, and about your thoughts and feelings. Writing things down can help us to make sense of negative thoughts or emotions, and allows us to process them.
- **Use the time** to do the things we don't get time to do. Clear out your wardrobe and donate to charity, paint that room that needs painting, read the book you've been meaning to read.
- Equally, don't beat yourself up about being unproductive. Relax and enjoy some you time.
- Health for Health Professionals Wales is a face to face counselling service for all doctors and NHS staff in Wales. It provides access to a BABCP (British Association



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07/27/2020 15:39:18

The Cardiff Street Orchestra play for the NHS - by Malcolm Murphy, 2020.

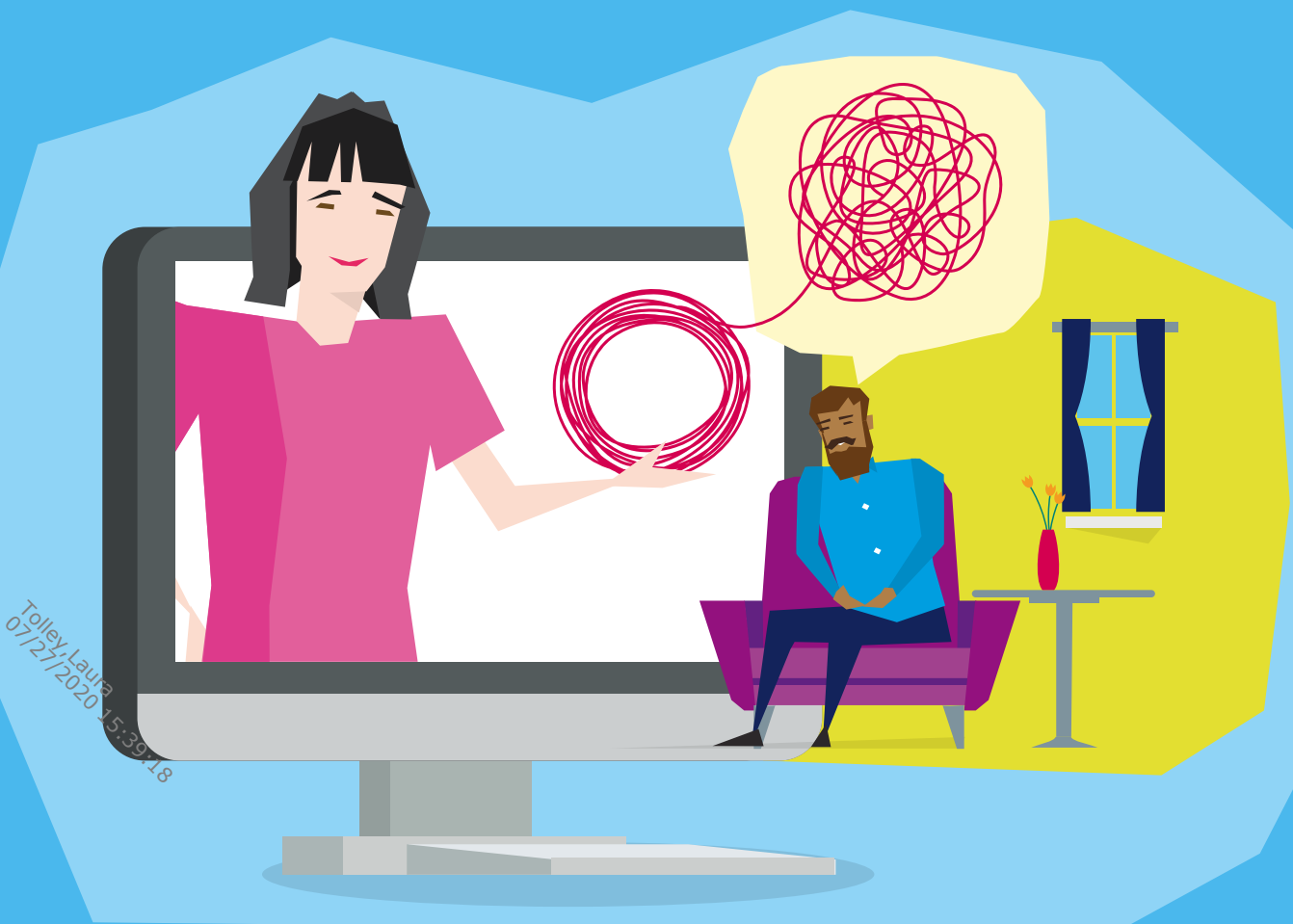
of Behavioural and Cognitive Psychotherapies) accredited therapist in your area. This is a confidential service for NHS Staff in Wales, fully funded by the Welsh Government and administered by Cardiff University. The service is available by calling 0800 0582738, visiting the Health for Health Professionals website [hhpwales.co.uk](http://hhpwales.co.uk) or by emailing [hphcovid19@cf.ac.uk](mailto:hphcovid19@cf.ac.uk)

- **The Employee Wellbeing Service.** Offers one off resource appointments or 6 sessions of brief focused counselling for mild to moderate mental health problem. [employee.wellbeing@wales.nhs.uk](mailto:employee.wellbeing@wales.nhs.uk) Tel: 02920744465. [www.cardiffandvaleuhb.wales.nhs.uk/employee-wellbeing-service](http://www.cardiffandvaleuhb.wales.nhs.uk/employee-wellbeing-service)
- **Silver Cloud.** Free Wellbeing Support for all NHS Wales Staff. Access online self-help programmes

for: COVID-19 – Support for the difficult emotions and situations you may face during the pandemic. Helping you to deal with worry, sleep issues, bereavement, isolation and work-life balance. Learn how to fall asleep faster and stay asleep with healthier habits. Sleep Enhance your wellbeing and your ability to bounce back from challenges. Manage stress and learn healthy coping skills. Sign up now at: <https://cymru.silvercloudhealth.com/signup/> Access Code WALES2020

## RELATIONSHIPS

- **It can be** difficult living in close proximity to others, but there is information about managing family relationships at home [www.relate.org.uk/covid-19-our-advice-and-tips-healthy-relationships](http://www.relate.org.uk/covid-19-our-advice-and-tips-healthy-relationships).
- **Support** younger family members – there are options to guide self-care





for young people online: <https://www.annafreud.org/on-my-mind/self-care/>

- **Make a regular** phone-call to a neighbour or friend who may need support – they will be in need of hearing another voice. Try to talk about other things rather than coronavirus.
- **Ask others** how much they would like to discuss coronavirus and let them know how much you want to talk about it. Some people find it helpful talking about the latest updates, other people find it overwhelming. Try to communicate what your needs are.
- **Think about** creative ways of connecting with others. How about arranging a 'cook along' via FaceTime/Skype/Zoom with a friend or family member. You could even cook the same meal and eat at the same time. Could you watch/listen to the same film or podcast at the

same time and then text or chat on the phone about it afterwards? Or play games such as scrabble, chess etc. against a relative or friend on-line. Are there any online groups or communities you could join who have shared interests?

- **There is** online support available if you want to talk to someone. SilverLine is a free confidential helpline providing information, friendship and advice to older people, open 24/7: 0800 4708090.

**If you find that your feelings are getting worse there is more specialised help available.**

- **Your GP** can also refer you to your local primary mental health service for more specialised support.
- **The Samaritans.** Provide free confidential emotional support to anyone experiencing feelings distress or despair including those that may lead to suicide: 08457 909090 (open 24/7).

- **C.A.L.L. Community Advice** and Listening Line is a free confidential listening and emotional support service for people in Wales: 0800 132737 (open 24/7).
- **Mind.** Mind Infoline offers free confidential help on a range of mental health issues: 0300 123 3393 (Monday- Friday, 9am-5pm). [www.Mind.org.uk](http://www.Mind.org.uk)
- **Cruse Bereavement.** [www.cruse.org.uk](http://www.cruse.org.uk) or phone: 0844 477 9400 (mon-fri 9.30am-5pm).
- **Samaritans.** Free phone 24/7 - 116 123
- **Hub of Hope.** This is an app you can download, which links to the GPS on your phone and will give you ALL third sector support agencies in the vicinity of the postcode you're at.
- **The Employee Wellbeing Service.** [employee.wellbeing@wales.nhs.uk](mailto:employee.wellbeing@wales.nhs.uk). Tel: 02920744465. <http://www.cardiffandvaleuhb.wales.nhs.uk/employee-wellbeing-service>

## FINANCES

- **Given** the economic uncertainty and challenges you may be experiencing if you are in employment, you may have financial worries. If so, it is important to seek appropriate support from your employer, relevant government agencies or financial institutions as appropriate.
  - » Government guidance: <https://www.gov.uk/government/publications/support-for-those-affected-by-covid-19/support-for-those-affected-by-covid-19>
  - » Citizens Advice: <https://www.citizensadvice.org.uk/wales/>
- **Neyber.** Is a staff supported service. Offering financial support via salary deducted loans. Online articles about savings, Isa's and general financial wellbeing. Sign up via your work email. <https://app.neyber.co.uk/app/cvuhb>
- **The Money Advice Service.** A government webpage providing

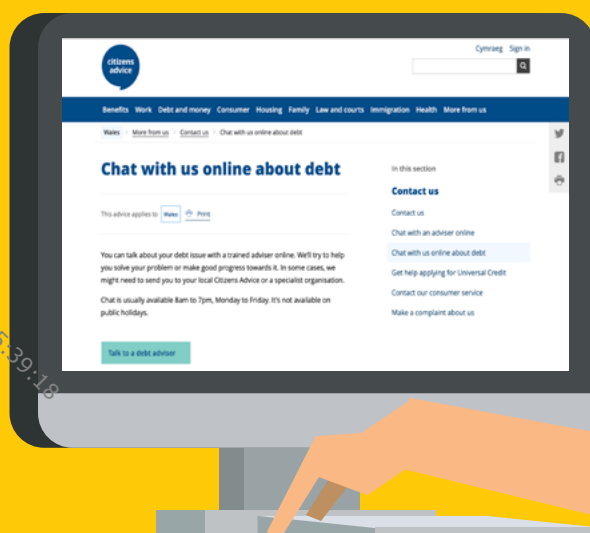


advice and guides to help improve your finances, includes tools and calculators to help keep track and plan. Support is available over the phone and online: <https://www.moneyadviceservice.org.uk/en> Tel: 0800 138 7777. Type talk: 18001 0800 915 4622

- **Online debt advice services.** Online services are secure and you can get immediate, personalised help. Some services are available 24 hours a day.
- **National Debtline**
  - » [www.mymoneysteps.org](http://www.mymoneysteps.org) National Debtline offers free debt advice online through its My Money Steps tool and its web guides, fact sheets and sample letters.
- **Debt Advice Foundation**
  - » [www.debtadvicefoundation.org](http://www.debtadvicefoundation.org) Debt Advice Foundation is a national debt advice and education charity offering free, confidential support and advice to anyone worried about debt.
- **StepChange Debt Charity**
  - » [www.stepchange.org](http://www.stepchange.org) Will provided you with the expert

advice, budget support and solutions to help you manage your debts. This debt charity offer free, expert debt advice. They will look at your financial situation, give you expert debt advice, and recommend debt solutions to suit your situation.

- **Citizens Advice Web Chat**
  - » <https://www.citizensadvice.org.uk/wales/about-us/contact-us/contact-us/chat-service-money-and-debt/>
  - » <https://www.citizensadvice.org.uk/wales/>
  - » Citizens Advice offers free, independent, confidential and impartial debt advice through their web chat service. Dealing with money issues can sometimes be off-putting, but if you don't understand how credit or mortgages work, you could end up losing out financially or getting yourself deep in debt. Tel: 03444772020 (Wales)



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# Managers Checklist – Supporting your Staff

## 1. Prepare



- Maintain regular team brief / 'huddles' – bearing in mind social distancing
- Make staff updates readily available on platforms for home and on-site staff
- Allow time for questions and concerns
- Consider compiling a FAQ for your department

## 2. Provide



### An open door policy

- Apply the same principles to video calls as you would in person
- Set time aside, minimise distractions and give your full focus
- Assess intense periods of working, fatigue, burnout and stress



### A safe and confidential space to listen to staff

- Hear their worries and concerns
- Discuss feelings of own performance and expectations



### Helpful resources

- Signpost to wellbeing resources for emotional, financial and mental wellbeing support <http://www.cardiffandvaleuhb.wales.nhs.uk/ews-services-and-support-available>
- Remember it's OK not to provide solutions all of the time; your wellbeing is important too

## 3. Notice... changes in staff behaviour



Decreased productivity



Risk taking



Tired all the time



Unusual behaviour



Increased sick leave



Alcohol /drug misuse



Ongoing tearfulness



Unexpected aches/pains



Reduced morale



Not taking annual leave

It is important to review wellbeing practices and ensure staff have access to basic wellbeing provisions, to enable them to maintain their own wellbeing

Understand where to go to access local support: including Occupational Health, Employee Wellbeing Service. Raise any concerns with a senior manager

## 4. Encourage



Self-care & routine



Regular breaks / annual leave



Gentle exercise



Reduce media intake



Talk to colleagues, manager



Connect with family, friends



Recovery quality/sleep



End of day check out



A buddy system

Based on a document originally developed by Black Country Healthcare NHS Trust



<b>Report Title:</b>	<b>Finance Report for the Period Ended 30<sup>th</sup> June 2020</b>					
<b>Meeting:</b>	<b>Local Partnership Forum</b>			<b>Meeting Date:</b>	<b>3 August 2020</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
<b>Lead Executive:</b>	<b>Executive Director of Finance</b>					
<b>Report Author (Title):</b>	<b>Deputy Director of Finance</b>					

### Background and current situation:

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government by the end of January 2020 for its consideration. The Welsh Government wrote to the UHB on 19<sup>th</sup> March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19. 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>b/f underlying deficit</b>	<b>(11.5)</b>
Net Allocation Uplift (including LTA inflation)	36.2
Cost Pressures	(50.7)
Investments	(3.0)
Recurrent Cost Improvement Plans 3%	25.0
Non Recurrent Cost Improvement Plans 0.5%	4.0
<b>Planned Surplus/(Deficit) 2020/21</b>	<b>0.0</b>

At month 3, the UHB is reporting an overspend of £45.774m against this plan due to net expenditure of £56.850m arising from the management of COVID 19 which is offset by Welsh Government COVID 19 funding of £11.016m and an operating surplus of £0.061m.

**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.**

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

The main focus of the UHB is managing the impact of COVID 19, which will inevitably come with a significant cost.

With the operation imperative being managing the impact of COVID 19, for the time being the main financial focus will be on justifying additional expenditure incurred in dealing with COVID 19 and assessing its impact on the reported financial position. The UHB will however also need to keep in check its non COVID operational position to ensure that financial control is maintained.

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 necessity. 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 @ June 2020**

Measure	n	STATUS REPORT				
		June 2020	Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£45.774m deficit at month 3.	R	↓	2020/21 Break-Even	M3 2020-21
Remain within capital resource limits.	37	Expenditure at the end of the June was £16.078m against a plan of £16.204m.	G	⊕	Approved planned expenditure £41.736m	M3 2020-21
Reduction in Underlying deficit	36a	£11.5m assessed underlying deficit (ULD) position b/f to month 1. Forecast year end ULD £25.7m	R	⊕	If 2020/21 plan achieved reduce underlying deficit to £4.0m	M3 2020-21
Delivery of recurrent £25.000m 3% devolved target	36b	£3.328m forecast at month 3. Performance impaired by response to COVID- 19	R	⊕	£25.000m	M3 2020-21
Delivery of £4m non recurrent devolved target	36c	£0.801m forecast at month 3. Performance impaired by response to COVID- 19	R	↑	£4.000m	M3 2020-21
Creditor payments compliance 30 day Non NHS	37a	Cumulative 94.1 % at the end of June	R	↑	95% of invoices paid within 30 days	M3 2020-21
Remain within Cash Limit	37b	Forecast cash deficit of £139.438m	R	↑	To remain within Cash Limit	M3 2020-21
Maintain Positive Cash Balance	37c	Cash balance = £4.051m	G	⊕	To Maintain Positive Cash Balance	End of June 2020

## Month 3 Cumulative Financial Position

The UHB has developed plans at pace for managing COVID 19. This includes deferring elective work and increasing its available bed capacity to manage surges in activity.

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 3 is a deficit of £45.774m and this is summarised in Table 3.

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

	Month 1 £m	Month 2 £m	Month 3 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.332	61.060
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.052	6.320
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.919)	(9.683)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.847)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	56.850
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	(0.061)
COVID - 19 Funding Pay Costs Quarter 1			(11.016)	(11.016)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	45.774

This shows that the key driver of the month 3 financial position is the impact of COVID 19.

The additional COVID 19 expenditure in the 3 months to the end of June was £61.060m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allow for significant expansion. At month 3 additional costs of £39.994m related to the Dragon's Heart Hospital (DHH). The expenditure reported against the DHH fell by £2.378m in month following the confirmation and re-evaluation of a number of key contractual liabilities and their phasing.

There was also £21.066m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £6.320m against the month 3 target of £7.196m. 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 seen a £9.683m reduction in planned expenditure.

The UHB has also seen slippage as a commissioner of £0.847m on its commissioning plans due to impact of COVID 19.

The net expenditure due to COVID 19 is £56.850m. The UHB also has a small operating underspend of £0.061m and the UHB has received additional Welsh Government funding of £11.016m to cover COVID related Quarter 1 pay costs resulting in a Month 3 deficit of £45.774m.

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

**Table 4: Summary Financial Position for the period ended 30<sup>th</sup> June 2020**

Income/Pay/Non Pay	Budget	Actual	Net Expenditure Due To COVID 19	COVID 19 Funding Pay Costs Quarter 1	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m
<b>In Month</b>						
Income	(115.273)	(114.162)	1.111	0.000	(0.001)	1.110
Income - COVID 19 Funding Pay Costs Quarter 1	0.000	(11.016)	0.000	(11.016)	0.000	(11.016)
Pay	54.937	58.119	4.199	0.000	(1.018)	3.181
Non Pay	60.336	59.627	(1.524)	0.000	0.814	(0.710)
Variance to Plan £m	(0.000)	(7.432)	3.786	(11.016)	(0.204)	(7.434)
<b>Cumulative</b>						
Income	(349.787)	(346.378)	3.314	0.000	0.094	3.409
Income - COVID 19 Funding Pay Costs Quarter 1	0.000	(11.016)	0.000	(11.016)	0.000	(11.016)
Pay	165.237	172.829	10.208	0.000	(2.615)	7.592
Non Pay	184.551	230.340	43.328	0.000	2.460	45.788
Variance to Plan £m	0.000	45.774	56.850	(11.016)	(0.061)	45.774

## Income

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

**Table 5: Income Variance @ June 2020**

Income	COVID 19 Additional Expenditure	COVID 19 Non Delivery of Planned Savings	COVID 19 Reductions In Planned Expenditure	Net Expenditure Due to COVID 19	COVID 19 Funding Pay Costs Quarter 1	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m	£m
<b>In Month</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL COVID 19 Q 1 Pay Costs	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.062	0.000	0.000	0.062	0.000	(0.009)	0.053
Education & Training	0.006	0.000	0.000	0.006	0.000	0.005	0.011
Injury Cost Recovery Scheme (CRU) Income	0.143	0.000	0.000	0.143	0.000	(0.010)	0.133
NHS Patient Related Income	0.164	0.000	0.000	0.164	0.000	(0.017)	0.147
Other Operating Income	0.647	0.000	0.000	0.647	0.000	0.052	0.698
Overseas Patient Income	0.000	0.000	0.000	0.000	0.000	(0.016)	(0.015)
Private Patient Income	0.070	0.000	0.000	0.070	0.000	(0.007)	0.063
Research & Development	0.019	0.000	0.000	0.019	0.000	0.002	0.021
Variance to Plan £m	1.111	0.000	0.000	1.111	(11.016)	(0.001)	(9.906)
<b>Cumulative</b>							
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
RRL COVID 19 Q 1 Pay Costs	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.422	0.000	0.000	0.422	0.000	(0.014)	0.408
Education & Training	0.006	0.000	0.000	0.006	0.000	0.048	0.054
Injury Cost Recovery Scheme (CRU) Income	0.342	0.000	0.000	0.342	0.000	(0.029)	0.313
NHS Patient Related Income	0.470	0.000	0.000	0.470	0.000	(0.049)	0.421
Other Operating Income	1.804	0.002	0.000	1.806	0.000	0.166	1.972
Overseas Patient Income	0.002	0.000	0.000	0.002	0.000	0.001	0.003
Private Patient Income	0.236	0.000	0.000	0.236	0.000	0.003	0.239
Research & Development	0.030	0.000	0.000	0.030	0.000	(0.031)	(0.001)
Variance to Plan £m	3.313	0.002	0.000	3.314	(11.016)	0.094	(7.607)

The month 3 income position is a surplus of £7.607m comprising net COVID 19 expenditure of £3.314m, additional Welsh Government finding of £11.016m for COVID 19 quarter 1 pay costs and an operational overspend of £0.094m.

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

- £0.408m shortfall on accommodation and catering income as a result of a reduction in retail and restaurant services.
- A £0.313m adverse variance against the Injury Cost recovery Scheme following a significant fall in the number and value of new claims in the first 3 months alongside a number of withdrawn claims in June.
- £0.421m adverse variance in NHS Patient related income following the continuation of the reduction in English non-contracted income due to COVID-19.
- £1.972m deficit against Other Operating Income primarily as a result of the loss of Dental Patient Charges income due to the COVID closure of dental practices alongside reduced activity in laboratories and Radiopharmacy.
- £0.239m adverse variance against private patient income following the re-planning of non COVID activity.

£0.144m of the £0.166m operational overspend (non Covid) deficit against related Other Operating Income relates to diagnostic services.

## 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 @ June 2020**

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>						
Medical and Dental	1.703	0.001	0.000	1.704	(0.438)	1.266
Nursing (registered)	0.627	0.016	(0.667)	(0.024)	0.239	0.214
Nursing (unregistered)	0.576	0.000	0.283	0.859	(0.123)	0.735
Scientific, prof & technical	0.038	0.000	0.000	0.038	(0.058)	(0.020)
Additional clinical services	0.035	0.000	0.000	0.035	(0.101)	(0.066)
Management, admin & clerical	0.259	0.009	0.000	0.268	(0.335)	(0.067)
Other staff groups	1.319	0.001	0.000	1.320	(0.201)	1.118
<b>Total £m</b>	<b>4.556</b>	<b>0.027</b>	<b>(0.384)</b>	<b>4.199</b>	<b>(1.018)</b>	<b>3.181</b>
<b>Cumulative</b>						
Medical and Dental	3.635	0.004	0.000	3.639	(0.620)	3.019
Nursing (registered)	2.202	0.027	(0.968)	1.261	(0.524)	0.737
Nursing (unregistered)	1.330	0.000	0.000	1.330	0.337	1.667
Scientific, prof & technical	0.117	0.001	0.000	0.118	(0.380)	(0.262)
Additional clinical services	0.109	0.000	0.000	0.109	(0.228)	(0.119)
Management, admin & clerical	0.552	0.011	0.000	0.562	(0.561)	0.001
Other staff groups	3.186	0.002	0.000	3.188	(0.639)	2.549
<b>Total £m</b>	<b>11.131</b>	<b>0.045</b>	<b>(0.968)</b>	<b>10.208</b>	<b>(2.615)</b>	<b>7.592</b>

The pay position at month 3 is a deficit of £7.592m made up of a net COVID 19 expenditure of

£10.208m and an operational underspend of £2.615m.

The main additional COVID 19 pay costs are for medical, nursing and ancillary staff in the Medicine Clinical Board and in Facilities. Some of these costs are netted down by nursing staff savings in the specialist and surgical clinical boards.

The largest operational pay underspends are on medical and nursing staff in the Mental Health, and Surgical Clinical Boards alongside underspends against technical and therapies staff in the CD&T Clinical Board. The in month adverse variance reported against registered nursing is partly the result of a retrospective reclassification of month 1 & 2 operational underspends to COVID 19 reductions in planned expenditure.

## Non Pay

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

**Table 7: Non Pay Variance @ June 2020**

Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>						
Drugs / Prescribing	0.906	0.014	(0.778)	0.142	0.438	0.580
Clinical services & supplies	(0.264)	(0.009)	(1.171)	(1.444)	(0.018)	(1.462)
General supplies & services	0.636	0.001	(0.011)	0.626	0.031	0.656
Establishment expenses	0.051	0.000	0.000	0.051	(0.162)	(0.111)
Premises & fixed plant	(1.711)	0.000	0.000	(1.711)	0.305	(1.405)
Continuing healthcare	0.020	0.000	(0.003)	0.017	0.090	0.107
Commissioned Services	0.035	0.000	(0.786)	(0.751)	(0.173)	(0.924)
Primary Care Contractors	0.031	0.000	(0.465)	(0.434)	0.029	(0.405)
Other non pay	(0.040)	2.020	0.000	1.980	0.274	2.254
<b>Total £m</b>	<b>(0.335)</b>	<b>2.026</b>	<b>(3.214)</b>	<b>(1.524)</b>	<b>0.814</b>	<b>(0.710)</b>
<b>Cumulative</b>						
Drugs / Prescribing	2.092	0.031	(1.425)	0.697	0.773	1.471
Clinical services & supplies	3.722	(0.006)	(5.392)	(1.676)	0.140	(1.535)
General supplies & services	1.533	0.001	(0.201)	1.332	0.005	1.337
Establishment expenses	0.094	0.000	0.000	0.094	(0.425)	(0.331)
Premises & fixed plant	38.374	0.000	0.000	38.374	0.861	39.234
Continuing healthcare	0.060	0.000	(0.010)	0.050	0.545	0.596
Commissioned Services	0.075	0.000	(1.168)	(1.093)	(0.249)	(1.341)
Primary Care Contractors	0.251	0.000	(1.366)	(1.115)	(0.002)	(1.117)
Other non pay	0.415	6.248	0.000	6.663	0.812	7.475
<b>Total £m</b>	<b>46.616</b>	<b>6.274</b>	<b>(9.562)</b>	<b>43.328</b>	<b>2.460</b>	<b>45.788</b>

The largest deficit is in non pay budgets. The month 3 position is a deficit of £45.788m comprising net COVID 19 expenditure of £43.328m and an operational overspend of £2.460m.

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

- £0.697m adverse variance drugs and prescribing as a result of increased costs in primary care arising from an increase in NCSOs since COVID restrictions, patient switches from

Warfarin to DOACs to avoid GP reviews & COVID 19 risk and prescribing price increases, offset by a reduction in vaccinations.

- £1.332m overspend on general supplies and services primarily relating to PPE.
- £38.374m overspend on Premises and Fixed Plant including £37.390m in relation to the Dragons Heart Hospital as well as additional spend on beds and mattresses, cleaning, waste management, IT and overnight accommodation. A retrospective reduction to COVID 19 premises and plant costs at the DHH was actioned in month following the confirmation of a number of contractual commitments.
- £6.663m on other non pay primarily due to slippage against savings schemes.

The COVID 19 related costs have been netted down by £9.562m mainly for reductions in non pay costs due to reduced levels of elective activity and an adjustment to dental contracts whilst dental practices remain closed.

The main issues driving the £2.460m operational overspend (non Covid) deficit against non pay were as follows;

- £0.773m overspend against drugs and prescribing primarily due to an increase in Category M Prices; a general increase in the volume of drugs prescribed; growth in NICE drugs and growth in HIV prescribing.
- £0.861m adverse variance against premises and fixed plant due to additional IT spend, security costs, community equipment including beds and a number of overspends across Clinical Boards.
- £0.545m overspend against continuing healthcare arising from the full year effect of the growth in cases during 2019/20.
- £0.812m adverse variance against other non-pay mainly due to non COVID related savings slippage and pressures against research and development.

## Net Expenditure Due to COVID 19

Whilst the UHB expects the non COVID related operational position to remain broadly balanced as the year progresses, the additional costs arising from plans to manage COVID 19 are expected to continue. The latest forecast of net expenditure due to COVID 19 in 2020/21 is £150.454m. This is offset by the additional £11.016m COVID 19 Funding received for quarter 1 pay costs as summarised in table 8.

**Table 8: Summary of Forecast COVID 19 Net Expenditure**

Expenditure	Cumulative Month 3 £m	Forecast Year End position £m
Total Additional Operational Expenditure (related to Covid 19)	61.060	145.636
Total Non Delivery of Savings (related to Covid 19)	6.320	24.915
Total Expenditure Reduction (related to Covid 19)	(9.683)	(19.201)
Total Release of Planned Investments/Development Initiatives (related to Covid 19)	(0.847)	(0.896)
<b>NET EXPENDITURE due to COVID- 19 £m</b>	56.850	150.454
Operational Position (Surplus) / Deficit	(0.061)	0.000
Covid 19 Funding Pay Costs Quarter 1	(11.016)	(11.016)
<b>FINANCIAL POSITION / FORECAST Deficit £m</b>	45.774	139.438

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

## meet these costs.

The key financial planning assumptions are:

- It is assumed that COVID 19 will impact throughout 2020/21;
- Within this forecast the Dragon's Heart Hospital costs are assessed at £67.830m with a further £2.822m capital costs. This is based upon the DHH going on stand by from 5th June and retention until 31st October 2020.
- The forecast includes £9.730m of decommissioning costs for the DHH including reinstatement of the stadium.
- The forecast does not include any additional potential surge capacity requirements post 31<sup>st</sup> October 2020.
- The costs of additional bed capacity available at Spire is included in the forecast up until 31st March at a cost of £7.875m. Costs up until 2nd week of July are funded via WHSSC.
- There is assessed slippage against the UHB £29m savings plan of £24.915m. A number of the UHBs 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.
- The reductions in planned expenditure is mainly due to reduced elective capacity and is assessed to be £19.201m over the year. This is a moving piece and will be constantly reviewed as the planned care workstream comes back on line through the use of established green zones at UHW and UHL.
- It should be noted that the forecast assumes that a second / third peak is not experienced but that there is steady pressure throughout the year.

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

- 1178 staff have been on-boarded. 461 had commenced employment as at 11<sup>th</sup> May (225 of these were on the bank). In addition the UHB has taken on 437 nursing students and 97 medical students on fixed term contracts. The UHB has interviewed 30 GPs for fixed term contracts. 34 contracts have been issued by the UHB for OOH/urgent primary care services
- Testing is now supported by 3 testing Hubs including Cardiff City Stadium with the forecast cost of £3.517m running to 31<sup>st</sup> March 2020.
- PPE costs and MSE consumable are estimated to cost £7.4m. The spikes in expenditure in PPE in months 1 and 2 are 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.

These costs will be continually reviewed as plans to manage the impact of COVID-19 develop in the face of the emerging treatment pathways and government advice.

**It is not clear at this stage how much Welsh Government intend to fund the UHB for the financial impact of managing COVID 19**

## 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 3 by Clinical Board is shown in Table 9.

**Table 9: Financial Performance for the period ended 30<sup>th</sup> June 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	COVID 19 Funding Pay Costs Quarter 1 £m	Operational Position (Surplus) / Deficit Variance £m	In Month (Surplus) / Deficit Variance £m
<b>In Month</b>							
All Wales Genomics Service	0.015	0.000	0.000	0.015	0.000	(0.030)	(0.014)
Capital Estates & Facilities	0.605	0.191	(0.011)	0.784	0.000	0.066	0.850
Children & Women	0.539	0.227	0.000	0.766	0.000	(0.186)	0.580
Clinical Diagnostics & Therapies	0.396	0.163	(0.049)	0.511	0.000	0.056	0.567
Dragon's Heart Hospital	(2.378)	0.000	0.000	(2.378)	0.000	0.000	(2.378)
Executives	0.293	0.097	0.000	0.390	0.000	(0.065)	0.325
Medicine	1.609	0.221	0.000	1.829	0.000	0.266	2.095
Mental Health	0.350	0.215	0.000	0.565	0.000	(0.091)	0.475
PCIC	1.554	0.419	(0.493)	1.480	0.000	0.188	1.668
Specialist	0.384	0.233	(0.877)	(0.260)	0.000	0.227	(0.033)
Surgery	0.836	0.287	(1.382)	(0.259)	0.000	(0.410)	(0.669)
<b>SubTotal Delegated Position £m</b>	<b>4.203</b>	<b>2.053</b>	<b>(2.812)</b>	<b>3.443</b>	<b>0.000</b>	<b>0.022</b>	<b>3.465</b>
Central Budgets	1.129	0.000	(0.786)	0.343	0.000	(0.225)	0.118
<b>Total Variance pre COVID -19 Funding</b>	<b>5.332</b>	<b>2.053</b>	<b>(3.598)</b>	<b>3.786</b>	<b>0.000</b>	<b>(0.203)</b>	<b>3.583</b>
COVID - 19 Funding Pay Costs Q1	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
<b>Total Variance £m</b>	<b>5.332</b>	<b>2.053</b>	<b>(3.598)</b>	<b>3.786</b>	<b>(11.016)</b>	<b>(0.203)</b>	<b>(7.433)</b>
<b>Cumulative</b>							
All Wales Genomics Service	0.036	0.000	0.000	0.036	0.000	(0.108)	(0.072)
Capital Estates & Facilities	2.332	0.572	(0.091)	2.813	0.000	0.042	2.855
Children & Women	1.119	0.667	0.000	1.786	0.000	0.273	2.059
Clinical Diagnostics & Therapies	1.025	0.507	(0.226)	1.306	0.000	0.021	1.327
Dragon's Heart Hospital	39.994	0.000	0.000	39.994	0.000	0.000	39.994
Executives	1.090	0.292	0.000	1.383	0.000	(0.287)	1.096
Medicine	4.538	0.662	(0.081)	5.118	0.000	0.498	5.616
Mental Health	0.674	0.645	0.000	1.319	0.000	0.004	1.323
PCIC	3.774	1.257	(1.451)	3.581	0.000	0.765	4.346
Specialist	1.815	0.844	(2.713)	(0.054)	0.000	0.087	0.032
Surgery	1.743	0.875	(4.800)	(2.182)	0.000	(0.824)	(3.006)
<b>SubTotal Delegated Position £m</b>	<b>58.140</b>	<b>6.320</b>	<b>(9.362)</b>	<b>55.098</b>	<b>0.000</b>	<b>0.470</b>	<b>55.569</b>
Central Budgets	2.920	0.000	(1.168)	1.752	0.000	(0.531)	1.221
<b>Total</b>	<b>61.060</b>	<b>6.320</b>	<b>(10.530)</b>	<b>56.850</b>	<b>0.000</b>	<b>(0.061)</b>	<b>56.790</b>
COVID - 19 Funding Pay Costs Q1	0.000	0.000	0.000	0.000	(11.016)	0.000	(11.016)
<b>Total Variance £m</b>	<b>61.060</b>	<b>6.320</b>	<b>(10.530)</b>	<b>56.850</b>	<b>(11.016)</b>	<b>(0.061)</b>	<b>45.774</b>

Delegated budgets are £55.569m overspent for the 3 months to the end of June. £55.098m of this overspend relates to additional expenditure generated in response to COVID 19. There is an operational overspend of £0.470m against delegated budgets which is offset by a £0.531m underspend against central budgets leaving a total operational underspend excluding the net costs of COVID 19 of £0.061m. The largest operational pressures are reported in PCIC (£0.765m deficit) where there are pressures against GP prescribing and CHC and Medicine (£0.498m deficit) where there are pressures against nursing, clinical services and supplies and other areas of non pay.

The operational position has improved this month and will need to be carefully monitored to ensure that risks are being managed, especially within those clinical boards with material overspends.

## Savings Programme

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

At month 3 the UHB has identified green and amber savings schemes totalling £4.129m to deliver against the £29.000m savings target as summarised in Table 10.

**Table 10: Progress against the 2020/21 Savings Programme at Month 3**

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	29.000	4.129	(24.871)

Further analysis of the June 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

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 £21.7m less than planned and this will increase the underlying deficit to £25.7m. This is shown in Table 11.

**Table 11: Summary of Underlying Financial Position**

Colley, Laura  
07/27/2020 15:39:18

	Submitted IMTP £m	Forecast Position @Month 3	
		Non Recurrent £m	Recurrent Position £m
<b>b/f underlying deficit</b>	<b>(11.5)</b>	<b>0.000</b>	<b>(11.500)</b>
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
<b>In Year Movements</b>			
Non Delivery of Planned Savings (due to COVID- 19)	(24.9)	(3.2)	(21.7)
Revenue cost DHH	(67.8)	(67.8)	
Operational Expenditure Cost Increase Due To Covid-19	(77.8)	(77.8)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	19.2	19.2	
Slippage on Planned Investments Due To Covid-19	0.9	0.9	
COVID 19 Welsh Government Funding Received Quarter 1 Pay Costs	11.0	11.0	
<b>Revised Forecast Surplus/(Deficit) 2020/21</b>	<b>(139.5)</b>	<b>(113.8)</b>	<b>(25.7)</b>

## 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 4 in line with the Welsh Government monthly monitoring returns requirements.

## Cash Flow Forecast

The closing cash balance at the end of June was £4.051m

The UHB Is currently predicting a cash shortfall in 2020/21 in line with the forecast deficit as shown at Appendix 2.

## Public Sector Payment Compliance

The UHB's performance improved in month from 93.0% to 94.1% at the end of June. Notwithstanding the improvement the performance is below the 95% target level partly as a result of an All Wales initiative to help suppliers through the introduction of a two way matching process whereby payment would be made for invoices with a value of less than £500 (excluding VAT) and where a matching PO had been received. The initiative came into effect from 6th April 2020 and was applied to all invoices including those that were on hold in April. Performance is expected to continue to improve as the year progresses.

## Capital Resource Limit (CRL)

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

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

	£m
Planned Capital Expenditure at month 3	16.055
Actual net expenditure against CRL at month	15.929
Variance against planned Capital Expenditure at month	0.126

Capital progress for the year to date is satisfactory with net expenditure to the end of June being 38% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £41.736m at the end of June 2020 comprising of £14.548m discretionary funding and £27.188m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

### Key Risks

At month 3, the key financial risk is managing the impact of COVID 19 without knowing the total amount of additional resources that are available to cover it.

### Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the pausing of the IMTP process for 2020/21;
- **NOTE** the month 3 financial impact of COVID 19 which is assessed at £56.850m;
- **NOTE** the additional Welsh Government funding of £11.016m received in respect of COVID 19 additional pay costs - Quarter 1.
- **NOTE** the month 3 reported financial position being a deficit of £45.774m;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit is £25.7m due to 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.

Tolley, Laura  
07/27/2020 15:39:18

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

Tolley, Laura  
07/27/2020 15:39:18

## Appendix 1

### 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	606	63	670	0	3,411
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	714	191	906	0	1,991
Children & Women	3,149	629	35	663	933	2,486
Medicine	3,330	678	0	678	0	2,652
Capital Estates and Facilities	2,289	0	0	0	143	2,289
Corporate Executives	1,209	40	0	40	99	1,169
<b>SubTotal Clinical Boards</b>	<b>29,000</b>	<b>3,839</b>	<b>289</b>	<b>4,129</b>	<b>1,186</b>	<b>24,871</b>

### 2020-21 Full Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,047	442	0	442	10	4,605
Surgery	3,518	650	90	740	22	2,778
Specialist Services	3,088	0	0	0	0	3,088
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	607	319	926	0	1,572
Children & Women	2,715	683	35	717	960	1,998
Medicine	2,871	452	0	452	0	2,419
Capital Estates and Facilities	1,973	0	0	0	243	1,973
Corporate Executives	1,042	30	0	30	57	1,012
<b>Total</b>	<b>25,000</b>	<b>2,884</b>	<b>444</b>	<b>3,328</b>	<b>1,292</b>	<b>21,672</b>

Tolley, Laura  
07/27/2020 15:39:18

## APPENDIX 2

### CASHFLOW FORECAST AT THE END OF JUNE 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £,000
<b>RECEIPTS</b>													
WG Revenue Funding - Cash Limit (excluding NCL)	126,700	99,200	101,500	91,800	82,920	87,686	93,401	80,771	99,801	77,971	13,270	10,320	965,340
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	1,155	1,440	1,440	1,440	1,440	1,440	1,440	3,539	19,379
WG Revenue Funding - Other (e.g. invoices)	9,228	1,271	2,919	1,263	1,512	1,271	1,512	1,271	1,271	1,512	4,160	4,401	31,592
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,000	2,640	1,300	1,035	2,000	814	847	41,736
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	46,534	31,835	37,021	28,987	27,960	27,094	29,987	26,960	30,507	434,274
Other - (Specify in narrative)	11,911	3,736	4,851	12,819	5,235	7,035	13,418	5,429	5,815	13,029	5,235	10,815	99,329
<b>TOTAL RECEIPTS</b>	<b>217,150</b>	<b>154,963</b>	<b>162,229</b>	<b>157,927</b>	<b>128,656</b>	<b>136,454</b>	<b>141,398</b>	<b>118,171</b>	<b>136,843</b>	<b>125,939</b>	<b>51,879</b>	<b>60,428</b>	<b>1,592,035</b>
<b>PAYMENTS</b>													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,550	4,528	7,483	4,528	4,528	7,483	4,528	4,528	7,483	68,730
Primary Care Services : Pharmacy Services	219	189	115	87	150	150	150	150	300	600	300	300	2,710
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	15,431	0	7,815	15,630	0	15,630	0	7,815	7,815	100,664
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	1,970	1,970	1,970	1,970	1,970	1,970	1,970	1,970	23,633
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,990	1,990	1,990	1,990	1,990	1,990	1,990	1,990	23,798
Salaries and Wages	53,294	55,612	56,237	55,109	54,393	54,825	55,156	54,943	54,996	54,811	55,431	55,147	659,954
Non Pay Expenditure	103,118	63,632	60,123	63,052	54,830	52,553	59,148	53,249	53,153	59,953	53,699	53,688	730,198
Capital Payment	9,740	6,975	6,191	2,000	6,000	2,000	2,800	1,300	1,400	2,000	850	865	42,122
Other items (Specify in narrative)	21,838	15,111	17,641	13,958	4,875	7,653	0	0	0	0	0	0	81,076
<b>TOTAL PAYMENTS</b>	<b>211,756</b>	<b>158,821</b>	<b>161,123</b>	<b>157,888</b>	<b>128,737</b>	<b>136,438</b>	<b>141,373</b>	<b>118,130</b>	<b>136,923</b>	<b>125,853</b>	<b>126,583</b>	<b>129,259</b>	<b>1,732,883</b>
<b>Net cash inflow/outflow</b>	5,393	(3,858)	1,106	39	(81)	16	25	41	(80)	86	(74,704)	(68,831)	
<b>Balance b/f</b>	1,410	6,803	2,945	4,051	4,089	4,009	4,024	4,049	4,091	4,011	4,097	(70,607)	
<b>Balance c/f</b>	6,803	2,945	4,051	4,089	4,009	4,024	4,049	4,091	4,011	4,097	(70,607)	(139,438)	

Tolley, Laura  
07/24/2020 15:39:18

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

Approved CRL issued July 8<sup>th</sup> 2020 £'000s

41,736

Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
<b>All Wales Capital Programme:</b>						
Reprovision of Rookwood Hospital	2,119	1,664	(455)	4,662	6,888	2,226
MRI Scanner 19/20 Slippage	250	255	5	250	255	5
Cystic Fibrosis Service	1,006	675	(331)	3,604	3,224	(380)
Well Being Hub - Maelfa	164	137	(27)	245	245	0
Well Being Hub - Penarth	158	97	(62)	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	496	290	(205)	511	2,460	1,949
Major Trauma Centre	12	25	13	605	605	0
Pharmacy equipment	0	0	0	28	28	0
CRI Links	0	0	0	0	0	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)	307	307	0	742	742	0
Covid 19 oxygen infrastructure works at uhw	97	150	53	350	350	0
Covid 19-HCID Development uhw	5,376	5,376	0	6,750	6,750	0
Covid 19-digital devices	341	341	0	589	589	0
COVID 19 - Works to St David's Hospital	125	17	(108)	136	136	0
	23	127	104	239	239	0
	199	199	0	1,027	1,027	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
<b>Sub Total</b>	<b>11,886</b>	<b>10,874</b>	<b>(1,012)</b>	<b>22,660</b>	<b>26,460</b>	<b>3,800</b>
<b>Discretionary:</b>						
I.T.	19	9	(10)	1,250	1,250	0
Equipment	108	109	1	2,467	2,467	0
Statutory Compliance	155	188	33	2,800	2,800	0
Estates	3,888	4,750	862	8,884	5,084	(3,800)
<b>Sub Total</b>	<b>4,169</b>	<b>5,055</b>	<b>886</b>	<b>15,401</b>	<b>11,601</b>	<b>(3,800)</b>
<b>Donations:</b>						
Charitable Funds Equipment	0	0	0	467	467	0
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>467</b>	<b>467</b>	<b>0</b>
<b>Asset Disposals:</b>						
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
<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>386</b>	<b>386</b>	<b>0</b>
<b>CHARGE AGAINST CRL</b>	<b>16,055</b>	<b>15,929</b>	<b>(126)</b>	<b>37,208</b>	<b>37,208</b>	<b>0</b>
<b>PERFORMANCE AGAINST CRL (Under)/Over £'000s</b>		<b>(25,807)</b>			<b>(4,528)</b>	

Tolley, Laura  
07/27/2020 15:39:18



<b>Report Title:</b>	<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V9</b>					
<b>Meeting:</b>	Local Partnership Forum			<b>Meeting Date:</b>	3 August 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	Executive Nurse Director					
<b>Report Author (Title):</b>	Assistant Director, Patient Safety and Quality			029 2184 6117		
	Assistant Director, Patient Experience			029 2184 6108		

## Background and current situation:

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

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

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

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

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

The LPF should note the following:

- The main themes in incident reporting relate to infection, prevention and control (IP&C) outbreaks and covid-related incidents including those related to Personal Protective equipment (PPE). The details of the IP&C outbreaks are reported in a separate report to Board. A number of issues in relation to PPE have been reported by staff. The UHB has established a multidisciplinary PPE Cell and a multidisciplinary IP&C cell chaired by the Executive Nurse Director that meets weekly. They discuss issues in relation to procurement, infection prevention and control, Fit testing and training and to monitor all reported incidents. Day-to-day operational issues are managed by the Health and Safety Team to ensure that there is prudent use of all available PPE. The Board received a full report on the provision of PPE at the May 2020 meeting.
- The number of SIs reported to WG has fallen in the last three months.

- In May and June 368 concerns were received and the 30-working day performance for June is 79%. The numbers are less than May and June of 2019 when 519 concerns were received.

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

### PATIENT SAFETY QUALITY AND EXPERIENCE REPORT May – June 2020

#### Serious patient safety incidents (SIs reportable to Welsh Government)

#### How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Executive Nurse	3	Three incidents have been reported where the Procedural Response to Unexpected Death in Childhood (PRUDiC) has been initiated.
Medicine	2	Two incidents of temporary ward closure at University Hospital Llandough due to Covid-19 were reported. A number of staff and patients were affected by the virus.
Mental Health	4	Patients who were known to either Community Addictions or Mental Health services have died unexpectedly.
	1	A young adult patient with a personality disorder sustained lower limb fractures following a significant incident of self-harm.
Primary Care & Intermediate Care	1	A prisoner in HMP Cardiff was found suspended from a ligature in his cell. He was initially resuscitated and transferred to Critical Care at UHW where he subsequently died.
Specialist	2	Two issues relating to Covid-19 transmission in Specialist Services Clinical Board were reported.
Surgery	1	Incident related to a dental extraction.

	1	In-patient suicide in a ward bathroom.
<b>Total</b>	<b>15</b>	

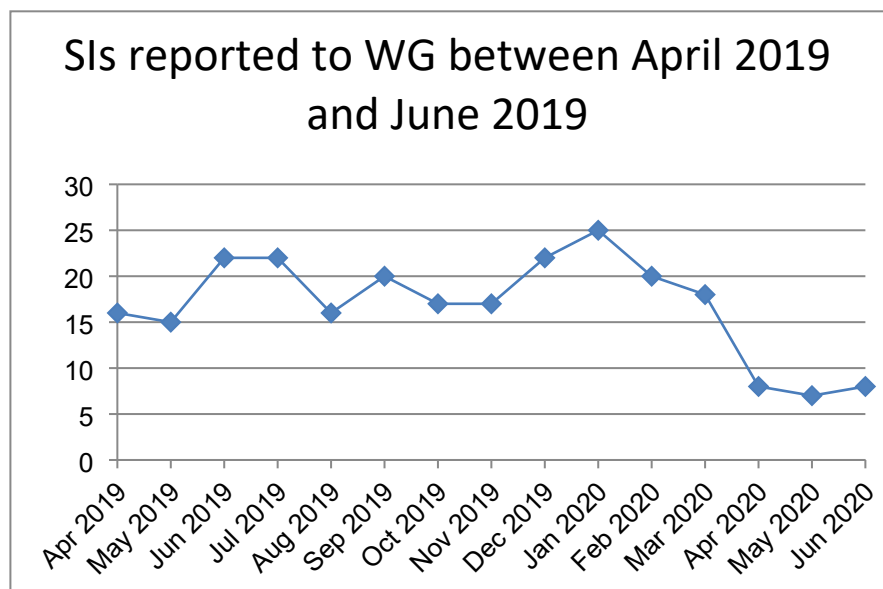
No Surprises		
Clinical Board	Number	Description
<b>Executive</b>	1	The Health Board formally reported to WG the tragic deaths of five staff members in relation to Covid-19. The deaths of the staff members were widely reported in the media.

<b>Medicine</b>	1	The Health Board alerted WG to a BBC programme regarding testing for Covid-19 in care homes. There was to be reference made to a patient who had previously received care in the UHB
<b>Total</b>	<b>2</b>	

### How do we compare to our peers?

The following graph depicts the number of SIs reported to WG by month between April 2019 and June 2019. Welsh Government (WG) wrote to organisations in NHS Wales on 18<sup>th</sup> March 2020 to set out SI reporting requirements during the pandemic and this has led to a reduced volume of SI reportable incidents.

Information to compare organisations across NHS Wales is not currently available. In light of the Covid-19 pandemic and the planned review of the SI Framework by WG, they are considering how feedback to organisations will take place in the future.



Tolley, Laura  
07/27/2020 15:39:18

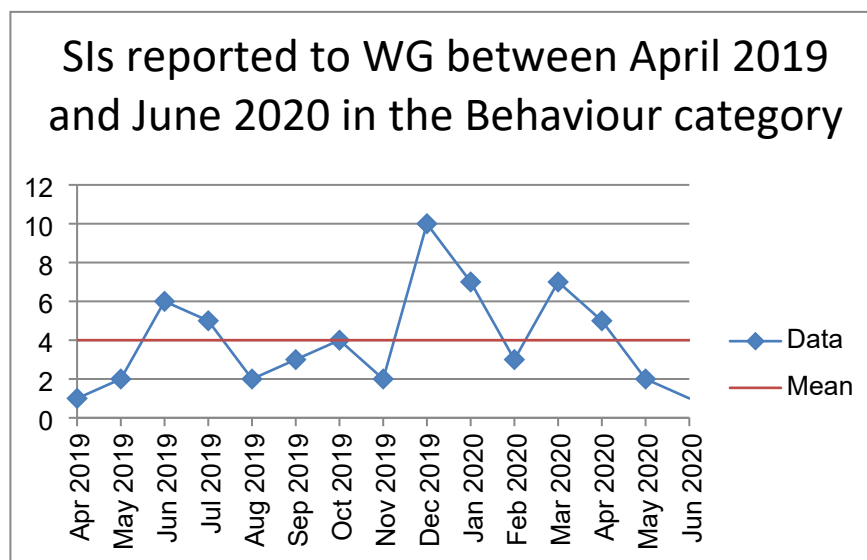
The top three reported categories of Serious Incidents reported overall during this timeframe include:

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

These categories are set out in the graphs below to demonstrate the picture on a monthly basis between April 2019 and June 2020.

### **Behaviour**

With the changing WG guidance in March 2020, only inpatient suicides were specifically required to be reported. The UHB has reported one such incident in June 2020 (Surgery Clinical Board). Other incidents reported relate to circumstances where the PRUDiC process has been instigated, incidents in HMP Cardiff and incidents in Mental Health Clinical Board are unexpected death has occurred. Investigations are underway.



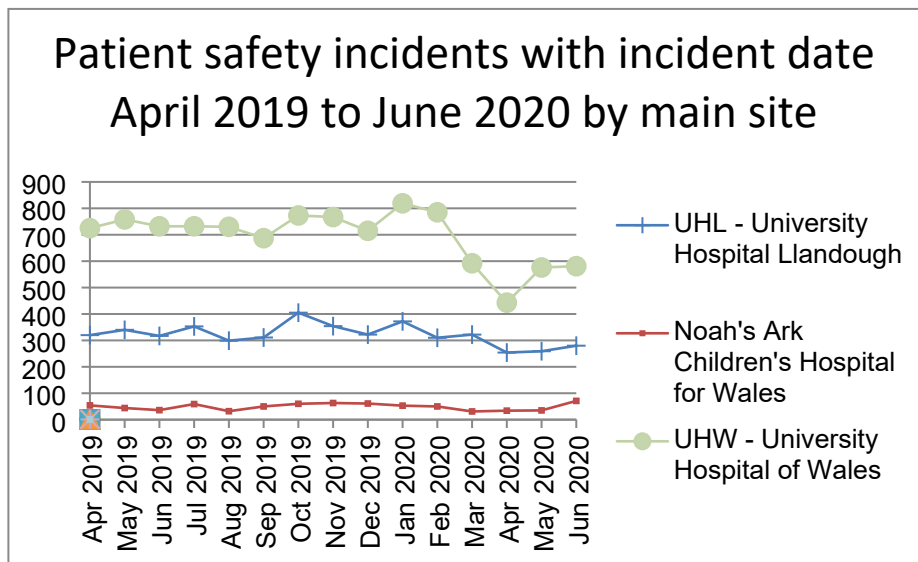
### **Patient Accidents/Falls and Pressure Ulcers**

No patient accidents/falls or pressure ulcer incidents have been reported to WG since their guidance changed in March 2020. The organisation would usually expect to report in the region of four of each such incidents per month. Review of the incident reporting system indicates anticipated numbers of these incidents have however occurred and are under investigation in the Clinical Boards in line with normal processes.

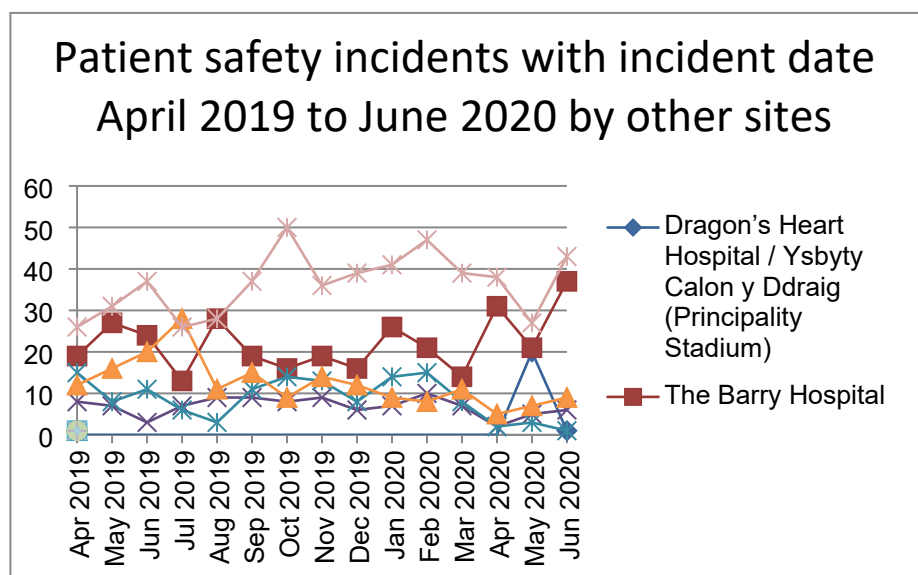
The UHB has put in place a process to record and continue to investigate all incidents which met the previous definition for a Serious Incident.

With regards to general incident reporting, it is evident that incident reporting rates fell initially, especially at UHW. The profile of incidents being reported and the reporting

areas has been largely unchanged and it was believed that reduced clinical activity contributed to the situation. There has been an increase in the number of incidents reported in Noah's Ark Hospital during June 2020 albeit in line with pre-Covid reporting levels. The Clinical Board have been asked to undertake a detailed look at the themes and trends being reported.



Review of incident reporting at other sites is variable. Incidents were temporarily recorded at Dragon's Heart Hospital during the time that patients were located there. The categories of incidents being reported by our smaller sites are unchanged and are predominantly patient accidents / falls and pressure damage.



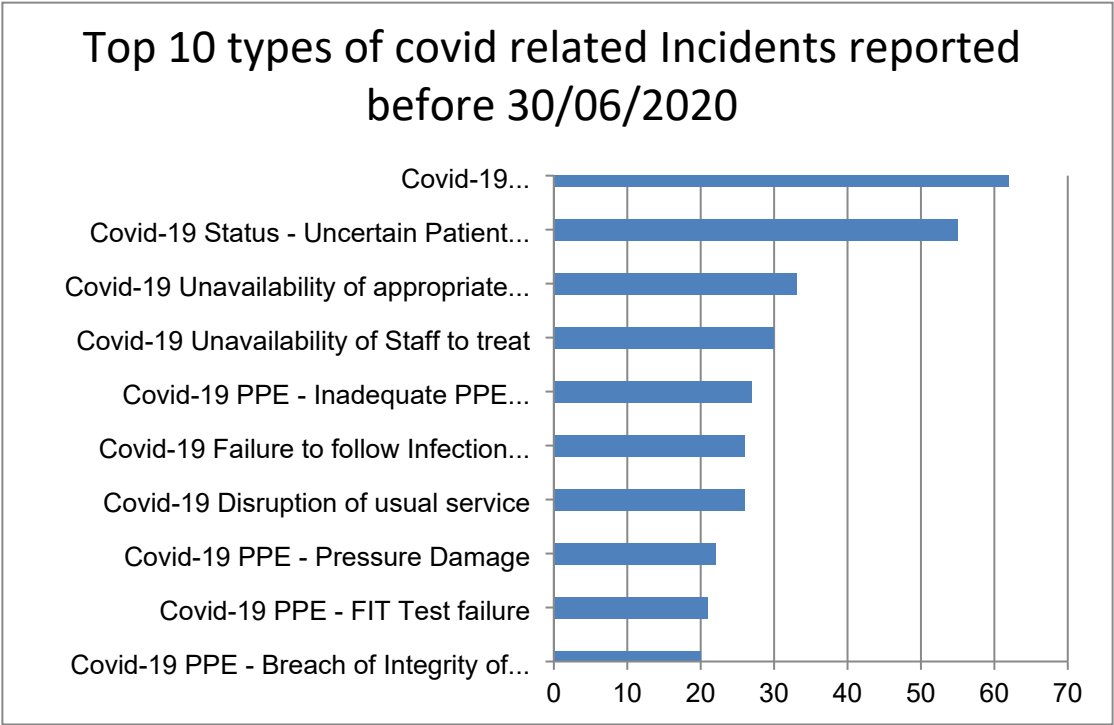
In the previous report to Board, it was explained that some fields were added to the RL Datix system in order to capture incident forms relating to Coronavirus. Prior to the end of June 2020, 590 Covid-related incidents were reported. The top ten categories of incidents are set out in the graph overleaf.

Incidents involving aggressive/inappropriate behaviour were reported between staff and from patients towards staff. The Patient Safety and Quality Department took the opportunity to remind staff of the UHB's values and behaviours in their recent Covid-19 newsletter. Staff have been actively encouraged to report incidents where patients have behaved inappropriately in order that the situation be monitored and action taken where necessary.

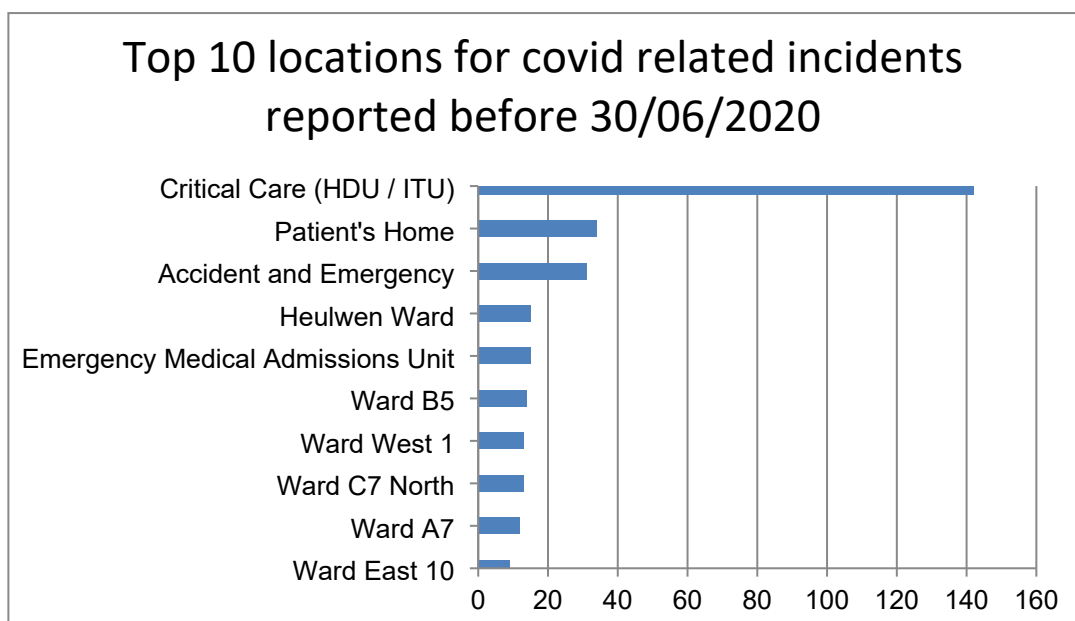
A number of incidents were reported during the early stages of the pandemic where there was confusion regarding infectious status of patients that affected transfer between clinical areas. The Patient Safety Team has worked with the Infection Prevention and Control department to devise a transfer checklist.

It can be seen that a number of issues in relation to PPE have been reported by staff. The UHB has established a multidisciplinary PPE cell chaired by the Executive Nurse Director. This meets regularly to discuss issues in relation to procurement, infection prevention and control, Fit testing and training and to monitor all reported incidents. Day to day operational issues are managed by the Health and Safety Team to ensure that there is prudent use of all available PPE. The Board received a full report on the provision of PPE at the May 2020 meeting.

The overwhelming majority of Covid-related incidents have been reported by the Critical Care Directorate. The majority of these incidents report concerns in relation to PPE.



Tolley, Laura  
07/27/2020 15:39:18



## Regulation 28 Reports

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

The majority of inquests have been postponed due to the pandemic and the UHB is awaiting rescheduling of the inquests. There has unfortunately been great disruption to the Coroner's service as a result of the pandemic.

## Patient Experience

The Patient Experience Team has worked very differently since 1<sup>st</sup> March 2020 and have been involved in a number of bespoke studies:

### Prehab2Rehab

The team has been involved in the development of feedback tools for the *Prehab2Rehab* programme being led by Dr Rachael Barlow. This involves using an Innovative Behavioral Change Approach to deliver health messages and pre-habilitation style advice for patients on the inpatient waiting list. This is an initiative led by Cardiff and Vale UHB, with a view to be spread and scaled across NHS Wales.

The aim is to provide robust self-management advice to educate, support and inform patients about pre-habilitation style advice (general health and well-being) whilst they wait (and prepare) for their elective operation. The approach will also be used to inform patients about other important health messages to help them during this time.

We will also seize the opportunity of this initiative to collect Patient Reported Outcome Measures and/or Patient Reported Experience Measures to gather an evidence base for a potential new model of working with adding value in mind.

The methodology is to use a novel approach 'Nudge Theory' for this initiative. A report by the Health Foundation in 2015 suggests that nudge type interventions have the potential for changing behaviors', increasing efficiency and reducing waste in health care.

We propose that by using this 'nudge approach' we can communicate directly with often hard to reach populations improving their recovery and rehabilitation following surgery but also potentially giving them the opportunity to contemplate longer-term health changes for them and their loved ones.

All adult patients on the inpatient waiting list will have an information leaflet sent to them either digitally via SMS messaging or via the post. Simple health message alerts will be sent to the patient asking them to divert to the UHB website. A series of podcasts, videos and cartoons will be produced to support this initiative.

An evaluation plan has been developed in conjunction with the value based healthcare team and communication team.

Surgery Clinical Board have contacted 1,600 patients to date, with the plan to contact all 4,500 patients on our surgery waiting lists. We will, as part of this work, be undertaking a series of virtual focus groups and collating patient stories.

### **The 'All Wales' ENT Outpatient Survey**

This was a survey undertaken across Wales as part of the Planned Care Programme Board. The survey related to the pre-Covid appointments system.

#### **Results from our survey**

95% of people felt the date and time of their appointments were convenient.

55% of appointments started on time.

85% would be extremely or very likely to recommend our service to family and friends, if they needed similar care or treatment.

21% of respondents considered themselves to have a disability.

61% of people lived within five miles of the hospital.

#### **What was good?**

'Service was fast, no delays or long waits at the reception'.

'When I was seen, the process was explained and I felt that the staff were diligent and efficient'.

'Consultant explained things in great detail for me to better understand. My follow-up appointment was booked within the following 3 weeks'.

'Consultant and nurse, very courteous and helpful.'

#### **What areas could we improve?**

'Parking a major issue; despite arriving early at the hospital, I was unable to park in the hospital grounds, so had to park outside - this nearly made me late for my appointment'.

'Car parking is still a nightmare, especially in disabled bays'.

'I am 87 years and in a care home [name removed]. I had to travel on a bus which only runs hourly. I have limited mobility and it was not easy, in fact, it is quite stressful. Is there not somewhere I could go to in the town centre? I have a further appointment on 11th of this month and I am not looking forward to the travelling aspect. It takes a few hours waiting around when the bus only runs once an hour'.

'The virtual clinics will help address some of the concerns regarding car parking and accessing the site in a timely manner'.

## **Personal Protective Equipment (PPE) study**

This retrospective study was carried out with Dr Khitish Mohanty and his team and received feedback from 710 patients. The survey asked what is it like to be cared for by staff wearing PPE.

Whilst this study was mainly focused around PPE in Patient Experience, it also provided the opportunity to ask about communication and loneliness. 62% of the patients surveyed felt lonely either sometimes or often during their hospital stay.

The Health Board is aware of the negative psychological affects that not seeing family can have on someone's well-being. In addition loneliness and boredom as highlighted by the Community Health Council, has only been compounded by the Covid situation. A number of initiatives have been undertaken to try and address these issues:

## **Virtual Visiting**

### **Virtual Visiting Video**

We have over 400 tablets in place across the UHB; our IT department worked tirelessly to ensure that the tablets are safe for patients to use and comply with data protection guidelines. Each tablet has been set up with Zoom for virtual visiting, Radio Glamorgan, free magazines from Wi-Fi Spark and a feedback survey. IT have added a range of games and activity apps to help alleviate boredom on the wards.

Feedback from the virtual visiting has been very positive from both staff and patients, some of whom have not seen family/friends in weeks.

Patient Experience has been working in partnership with Cardiff University, 17 medical and nursing students were placed with the team to support patients and families by contacting next of kin and providing updates, facilitating virtual visiting, ensuring patients had the essentials during their stay and providing activities where needed, to alleviate boredom. The students undertook a robust induction and were placed on wards in the most need of their support. The students are also undertaking patient experience survey work.

'Phoning with updates and progress report'. 'Was happy with the proactive nature of the service'. 'Being given updates and progress report'. 'Phoning to arrange Zoom calls'. 'Being able to face time was very positive'.

## **When asked what we could have done better: You Said**

'Better security of personal possessions, as some of them went missing during stay'.  
'Not ideal for those with co-morbidities, felt the hospital only cared for Covid, not the patient in a holistic manner'.

'Phone calls to update regarding discharge'. 'Clarity whether being discharged and what time'.

To date the students have provided in excess of 2,500 hours of patient experience support to wards. Staff have expressed how invaluable this service has been to them and students have commented on how much experience they have gained since commencing the role.

We did-Improve communication with the support of technology and our students supporting the activity. A Zoom tutorial for families to help them has been developed and can be accessed here - [Zoom Tutorial](#).

Security of patients' property remains a concern and we are seeing an increasing number of small claims. Many items have significant sentimental value and money does not replace lost jewellery etc. We have reminded staff of the need to use Cashiers to store valuables and we will pilot the use of some more secure and labelled clear property bags. All claims are investigated and on occasion the lost property is located, or it is deemed lost and on the rare occasion that theft is suspected the incident will be reported to the police.

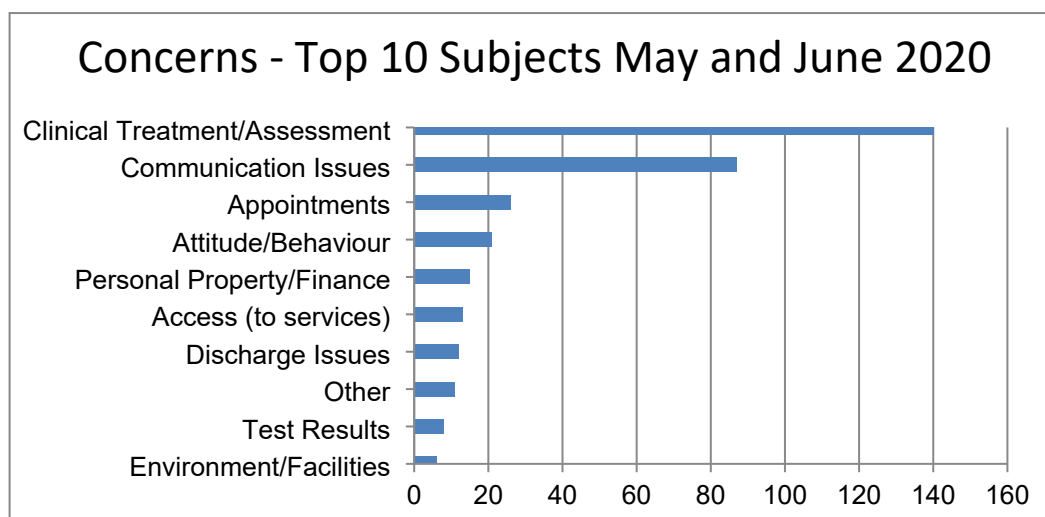
A detailed report of all small claims is provided to the Special Losses panel which report to the Audit Committee.

### Complaints Management/Redress

The central Concerns Team have continued to work in accordance with the Putting Things Right Regulations. In March 2020 a letter was sent to advise anyone who had an active concern with the Health Board, that there may be a delay in responding to their concerns; however we have done our utmost to respond in a timely manner. The team have continued to update all complainants and provide assurance that all concerns will be investigated.

In May and June 368 concerns were received and the 30-working day performance for June is 79%. The numbers are less than May and June of 2019 when 519 concerns were received.

Tolley, Laura  
07/2/2020 15:39:18



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

You said- you were worried about staff not adhering to social distancing.

We Did-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.

### Public Service Ombudsman (PSOW)

In June 2020, the PSOW published - Delivering Justice - The Public Services Ombudsman for Wales **Annual Report and Accounts 2019/20**.

The annual letters will follow later in the summer with more detail in relation to Cardiff and Vale UHB and a report will be provided to the Quality, Safety and Experience Committee.

The table below presents a detailed comparison of new complaints about bodies compared to 2018/19:

Health Board	2019/20	2018/19	% change
Aneurin Bevan University Health Board	140	134	+4.5%
Betsi Cadwaladr University Health Board	227	194	+17.0%
<b>Cardiff and Vale University Health Board</b>	<b>100</b>	<b>102</b>	<b>-2.0%</b>
Cwm Taf Morgannwg University Health Board*	80	75	+6.7%
Hywel Dda University Health Board	92	109	-15.6%
Powys Teaching Health Board	23	26	-11.5%
Swansea Bay University Health Board*	91	139	-34.5%
<b>Total</b>	<b>753</b>	<b>779</b>	<b>-3.3%</b>

It should be noted that the numbers of concerns received in the Health Board overall increased from 2,759 in 2018/19 to 3,228 in 2019/20. Therefore we are pleased to note

the percentage decrease from 3.6 % in 2018/19 of complainants who contacted the Ombudsman has decreased to 3% in 2019/20 despite the increased numbers.

## Compliments

In this period the Health Board received 53 compliments. The majority of these were logged with Medicine Clinical Board, split between, Integrated Medicine and EU followed by Surgery.

## Recommendation:

The Local Partnership Forum is asked to:

**NOTE** the areas of current concern and the current actions being taken

<b>Shaping our Future Wellbeing Strategic Objectives</b> <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>					
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance			
2. Deliver outcomes that matter to people		7. Be a great place to work and learn			
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology			
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us			
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			
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>					
Prevention		Long Term		Integration	
				Collaboration	
				Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>				

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Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

CARING FOR PEOPLE  
KEEPING PEOPLE WELL



GIG  
CYMRU  
NHS  
WALES

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