

# Finance Committee

Wed 24 March 2021, 14:00 - 16:00

## Agenda

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14:00 - 14:00  
0 min

### 1. Preliminaries

#### 1.1. Welcome & Introductions

*Rhian Thomas*

#### 1.2. Apologies for Absence

*Rhian Thomas*

#### 1.3. Declarations of Interest

*Rhian Thomas*

#### 1.4. Minutes of the Committee Meeting held on 24th February 2021

*Rhian Thomas*

 1.4 UNCONFIRMED MINUTES OF THE FINANCE COMMITTEE FEBRUARY 2021.pdf (9 pages)

#### 1.5. Action Log

*Rhian Thomas*

 1.5. Action Log For 24 March 2021 Finance Committee Meeting.pdf (1 pages)

#### 1.6. Chairs Action taken since last meeting

*Rhian Thomas*

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14:00 - 14:00  
0 min

### 2. Items for Review and Assurance

#### 2.1. Financial Performance Month 11




*Christopher Lewis*

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

#### 2.2. Finance Risk Register 2020/21


*Andrew Gough*

- a. Main Risk Register
- b. Dragon's Heart Hospital / Surge Hospital

 2.2 Finance Risk Register 2020-21 March 2021.pdf (2 pages)  
 2.2a Finance Risk Register March 2020-21 - Appendix 1.pdf (6 pages)  
 2.2b Surge Hospital Finance Risk Register March 2020-21 - Appendix 2.pdf (5 pages)

#### 2.3. Annual Report of the Finance Committee

*Rhian Thomas*

 2.3a FC Annual Report - covering report.pdf (2 pages)

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**14:00 - 14:00**  
0 min

### **3. Items for Noting and Information**

#### **3.1. Month 11 Financial Monitoring Returns**

 3.1a CV Financial Monitoring Returns 2020-21 - Month 11.pdf (12 pages)

 3.1b Month 11 - Cardiff Vale ULHB - Monitoring Return Tables submission.pdf (10 pages)

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**14:00 - 14:00**  
0 min

### **4. Items to bring to the attention of the Board**

*Rhian Thomas*

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**14:00 - 14:00**  
0 min

### **5. Date and time of next Meeting**

Wednesday 28th April at 2pm

Via MS Teams

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**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE  
HELD ON 24<sup>th</sup> FEBRUARY 2021  
VIRTUAL MEETING via TEAMS**

**Present:**

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Interim Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Steve Curry	SC	Chief Operating Officer

**In Attendance:**

**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

Len Richards	LR	Chief Executive
Ruth Walker	RW	Executive Nurse Director

<b>FC 21/02/001</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>FC 21/02/002</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>FC 21/02/003</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
<b>FC 21/02/004</b>	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 27<sup>th</sup> JANUARY 2021</b>	

	<p>The minutes of the meeting held on 27<sup>th</sup> January 2021 were reviewed and confirmed to be an accurate record.</p> <p><b>Resolved – that:</b></p> <p>The minutes of the meeting held on 27<sup>th</sup> January 2021 were approved by the Committee as an accurate record.</p>	
<p><b>FC</b> <b>21/02/005</b></p>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>There were no outstanding actions.</b></p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> that there were no outstanding actions.</p>	
<p><b>FC</b> <b>21/02/006</b></p>	<p><b>CHAIRS ACTION SINCE THE LAST MEETING</b></p> <p>There had been no Chairs action taken since the last meeting.</p>	
<p><b>FC</b> <b>21/02/007</b></p>	<p><b>FINANCIAL PERFORMANCE MONTH 10</b></p> <p>The Assistant Director of Finance summarised the key points within the Month 10 Finance Report and highlighted material changes from the previous month. The Committee was informed that at month 10, the UHB had reported a year to date underspend of £0.208m following an in month operational overspend of £0.095m. The reported position included net expenditure of £124.492m arising from the management of COVID 19 which was offset by an equal amount of Welsh Government COVID 19 funding.</p> <p>Six of the eight measures on the Finance Dashboard were RAG rated green. Two measures remained RAG rated red namely: the reduction in the underlying deficit to £4m and the delivery of the recurrent £25m 3% devolved savings target. Progress against the 2 measures had been impeded by the COVID pandemic and this had adversely affected the underlying deficit brought forward to the 2021/22 Financial plan.</p> <p>Moving onto performance against income, pay and non pay budgets the Committee was informed that the position at month 10 represented a progression of the trends established in the first 9 months of the year.</p> <p>At month 10 the year end forecast of net expenditure due to COVID 19 in 2020/21 was £161.947m and this was offset by confirmed additional COVID 19 funding of £161.947m.</p> <p>With the exception of the COVID allocations to cover the cost of vaccination and TTP, all additional COVID related allocations were now assumed to be fixed. Allocations for TTP and Vaccinations were expected to be finalised at month 11 based on spend to date and the forecast for the remaining month of the year. In reply to a query from the Finance Committee Chair (RT) the Interim Director of Finance confirmed that the UHB was expecting Welsh Government to recover any over funding of Tracing costs at month 11.</p>	

	<p>The UHB Chair (CJ) asked whether Welsh Government would provide cover for the TTP and vaccination costs which were programmed to roll into 2021/22 and the Interim Director of Finance indicated that this had not yet been confirmed as it was subject to a further budget round within Welsh Government.</p> <p>It was noted that the forecast of net expenditure due to COVID 19 in 2020/21 included the cost estimate of the additional annual leave accrual that was expected to arise in 2020/21 which was estimated at £8.798m. <b>The actual additional annual leave provision would not be known until the sample data, upon which the accrual will be based, is collected and costed at month 12.</b></p> <p>Turning to Clinical Board performance it was highlighted that there were material operational overspends in the Women &amp; Children and in the Medicine Clinical Board.</p> <p>The UHB Chair noted that the Clinical Boards which were reporting significant operational overspends in year had also reported similar overspends in previous years. The Chief Operating Officer informed the committee that performance within the Medicine Clinical Board was sensitive to pressures associated with the provision of unscheduled care and that there was also a challenge in separately identifying COVID and non COVID service costs in year. The Interim Director of Finance added that in 2020/21 the UHB had focussed on overall financial performance and that the emphasis on performance at Clinical Board level was expected to increase as the UHB moved into the new year. The Finance Committee Chair (RT) indicated that Clinical Board Financial Performance would be reviewed by the Committee in 2021/22 with an expectation that remedial action would be taken where there was a reported material overspend. In this context the UHB Chair (CJ) indicated that the Finance Committee would also need assurance that the UHB was allocating appropriate budgets and supporting the Clinical Boards to deliver within the established budgets. The Chair added that the UHB also needed to understand why some Clinical Boards were able to operate within delegated budgets whilst some could not.</p> <p>There were no significant concerns around the UHBs balance sheet and the UHB remained on track to meet its PSPP, Cash and Capital Expenditure targets.</p> <p>In conclusion, the Assistant Director of Finance highlighted that at month 10, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the month 10 financial impact of COVID 19 which is assessed at £124.492m;</p> <p>The Finance Committee <b>noted</b> the additional Welsh Government funding of £124.492m assumed within the month 10 position;</p>	
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	<p>The Finance Committee <b>noted</b> the month 10 reported financial position being a surplus of £0.208m;</p> <p>The Finance Committee <b>noted</b> the breakeven position which assumes additional Welsh Government funding of £161.947m to manage the impact of COVID 19 in line with quarter 3&amp;4 planning assumptions;</p> <p>The Finance Committee <b>noted</b> the risks that are being managed on the capital programme;</p> <p>The Finance Committee <b>noted</b> the revised forecast 2020/21 carry forward Underlying Deficit is £25.3m and the risks identified that, if not managed, could increase this.</p>	
<p><b>FC</b> <b>21/02/008</b></p>	<p><b>FINANCE RISK REGISTER</b></p> <p>The Assistant Director of Finance (AG) presented the Finance Risk register.</p> <p>The two remaining extreme risks were noted as being:</p> <p><b>Fin01/20</b> – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.  <b>Fin03/20</b> – Delivery of £29.0m (3.5%) CIP</p> <p>The Finance Committee noted that the COVID-19 financial plan risk (FIN10/20) including Surge capacity was shown in an appendix as a sub-set to the main risk register.</p> <p>The Assistant Director of Finance indicated that all risks had been reviewed in month.</p> <p>The Committee was asked to agree to the removal of the 2 risks below where Optimum controls were in place.</p> <ul style="list-style-type: none"> <li>• FIN04/20 – Winter Pressures. Optimum controls were in place and there was an expenditure plan in place against the approved Urgent and Emergency Care funding. This was now a low risk.</li> <li>• FIN09/20 – Cardiac Outsourcing. Optimum controls are in place and this was now unlikely to have an impact on the 2020/21 financial plan and was now a low risk.</li> </ul> <p><b>Resolved - that:</b></p> <p>The Finance Committee <b>noted</b> the risks highlighted in the 2020/21 risk register.</p> <p>The Finance Committee <b>agreed</b> that risks FIN08/20 and FIN09/20 could be removed from the risk register.</p>	

	The Finance Committee <b>noted</b> the risks highlighted in the Surge Capacity sub set risk register.	
<b>FC 21/02/009</b>	<p><b>FINANCIAL PLAN 2021/22</b></p> <p>The Assistant Director of Finance introduced a presentation on the 2021/22 Annual Plan – Draft Financial Framework and re-emphasised the following points:</p> <ul style="list-style-type: none"> <li>• The UHB received the initial allocation letter for 2021/22 on the 22<sup>nd</sup> December 2020 and this is to be used to develop plans to deliver against the priorities set out in the NHS Planning Framework.</li> <li>• <b>The initial allocation does not include funding to address the increase in planned underlying deficit due to Covid-19.</b></li> <li>• At this stage, the allocation letter does not include funding to cover the ongoing response to Covid-19.</li> <li>• Resource planning assumptions for Covid-19 will be issued separately.</li> <li>• Subject to further Covid-19 funding, there is an expectation that the UHB will operate within the funds set out in this allocation.</li> <li>• Additional funding for key priorities will be allocated as appropriate when costs are identified.</li> </ul> <p>It was highlighted that the UHB intended to base an approvable annual plan on the following three parts:</p> <ol style="list-style-type: none"> <li>1. <b>Core Financial Plan : Delivering in-year financial balance and maintaining the current level of underlying deficit</b></li> <li>2. Continuation of non-recurrent response to COVID 19.</li> <li>3. Covid-19 recovery (service)</li> </ol> <p>The Committee was reminded of the UHBs 2020/23 3 year plan which was submitted to Welsh Government before the pandemic. This plan delivered a break even position each year over the 3 year period based on the delivery of £25m of recurrent savings in 2020/21. Delivery of the plan would of left the UHB with an underlying deficit (ULD) of £4m at the beginning of 2021/22 and would of eliminated the ULD by the start of 2022/23</p> <p>The presentation noted there was a projected £21.3m shortfall against the recurrent savings plan in 2020/21 and this was treated as a cost of COVID 19. However, the UHB <b>has not yet received confirmation of how the £21.3m increase in the underlying deficit due to Covid-19 is to be treated in the 2021/22 financial plan.</b> Consequently the UHB's financial position moving into 2021/22 is £21.3m worse than originally planned and as a result of this the Finance Committee was informed that the draft 2021/22 Financial Plan includes a planned deficit of £21.3m as follows:</p>	

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	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(21.3)
Adjustment for non recurrent items in previous year (note 1)	(21.3)	(4.0)
<b>b/f underlying deficit</b>	<b>(25.3)</b>	<b>(25.3)</b>
Net Allocation Uplift (including LTA inflation) (note 2)	19.4	
Draft Cost Pressures Assessment (note 3)	(27.4)	
Investments	(4.0)	
Recurrent Cost Improvement Plans 1.5% (note 4)	12.0	
Non Recurrent Cost Improvement Plans 0.5% (note 5)	4.0	
<b>Planned Surplus/(Deficit) 2021/22</b>	<b>(21.3)</b>	

**Notes**

1. Non delivery of recurrent CIP due to Covid-19
2. Core 2% uplift less top-slice for paramedic banding and 111 service
3. Capped approach to cost pressures - further refinement required
4. assumes 1.5% recurrent CIP target 2021/22 (1.25% devolved/0.25% corporate)
5. assumes 0.5% non recurrent CIP target 2021/22 (0.25% devolved/0.25% corporate)

The Finance Committee was advised that the **Savings requirement had increased from 1.5% to 2% (1.5% recurrent / 0.5% non recurrent) in order to deliver in year financial balance. The key driver for the increase was a more granular assessment of cost pressures and it was noted that cost pressures had been capped in order to produce an approvable plan.**

The delivery of an in year financial balance would require an additional 2.7% savings target (£21.3m), which was not considered to be achievable during a pandemic. In addition, an increase in assessed cost pressures or planned investments would require an additional savings requirement. The Plan also assumed that Clinical Boards would manage brought forward / in year operational pressures and it was noted that if additional funding was allocated to Clinical Boards to cover the 2020/21 operational position that this would require an increase in the savings target applied to all Clinical Boards.

The £19.4m 2021/22 Core Allocation uplift was detailed as follows: Allocation Uplift 2% ( includes first 1% of wage award) £13.9m; Mental Health Uplift £2.1m; Top sliced allocations (£1.1m);Invest to Save repayments (£0.6m); and LTA income uplift £5.1m

The plan included £27.4m of funding for cost pressures in 2020/21 as follows: Cost Growth £9.4m (including pay inflation, non pay inflation & CHC/FNC inflation); Demand/Service growth £15.9m (including NICE & New High Cost Drugs, Continuing Health Care, Prescribing, Velindre Cancer Centre, Specialist Services, Ring Fenced Services, EASC & LTA inflation; Other Cost Pressures £2.1m (including Welsh Risk Pool & Local Cost Pressures).

In response to a query from the Finance Committee Chair (RT) it was confirmed that the Core plan assumed that income recovery in respect of services provided to neighbouring Health Boards and other income streams would be maintained in 2021/22.



The presentation noted that Welsh Government had requested a financial assessment of the UHB's continuing Covid-19 response so that both the core financial plan and net Covid 19 impact could be quantified. Specific cost information is required around TTP; Mass Vaccination; Surge capacity / Field Hospitals; Cleaning Standards ;Other Covid-19 related expenditure; Non delivery of 21/22 planned savings; Planned operational Expenditure reductions; and Slippage on planned investments. No financial assessment of the cost of Covid -19 recovery was required at this stage.

The risks and opportunities identified alongside the Financial Plan were outlined as

- Risks
  - Deficit plan (awaiting clarification from WG as to how this is handled)
  - Commitments against proposed £4.0m investment reserve
  - Cost pressure assessment
  - Clinical Board CIP delivery
  - Management of operational position
  - Cost of continued Covid-19 response
  - Continuation of Block Contracts
- Opportunities
  - Covid-19 response funding
  - Covid-19 impact on cost growth
  - Covid-19 recovery funding

Finally, the Committee was advised of the timetable and process for the submission of the IMTP/Financial Plan. Following further discussion at Management Executive Meetings and engagement meetings with Welsh Government and the Finance Delivery Unit on March 3<sup>rd</sup>, the financial plan would be brought back for discussion at the Finance Committee Meeting on the 17<sup>th</sup> March 2021 so that Financial Plan recommendations could be agreed for Board approval. This would enable formal sign off by the Board at its meeting on the 25<sup>th</sup> March 2021 before formal submission of the plan to Welsh Government by the 31<sup>st</sup> March 2021.

**Comments and queries were received as follows:**

- The UHB Chair (CJ) asked for clarification of the plan to deliver in-year financial balance whilst maintaining the current level of underlying deficit and whether this would lead to a break-even position in 2021/22. In reply the Interim Director of Finance confirmed that the current underlying deficit (ULD) would not deteriorate if the plan was delivered and the ULD would be held at circa £25.3m. However in the absence of additional Welsh Government funding to cover the £21.3m increase in the planned underlying deficit brought forward to 2021/22 it was noted that the UHB would report a deficit of £21.3m at the end of 2021/22 if the plan was delivered. There was still uncertainty around the provision of additional funding to cover the increase in the planned deficit and in response to a further query from the Finance Committee Chair the Interim Director of Finance confirmed that the increase in the planned level of ULD moving

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	<p>onto 2021/22 had arisen as a result of constraints on the progress of recurrent savings schemes during the pandemic.</p> <ul style="list-style-type: none"> <li>• The Independent Member – Finance (JU) asked whether the impact of the increase in the underlying deficit carried forward to 2021/22 would extend beyond 2021/22 and the Interim Director of Finance confirmed that if additional coverage was not provided by Welsh Government that this would be the case.</li> <li>• The Executive Director of Strategic Planning confirmed that the formal IMTP process had not been reinstated and that the UHB would again be subject to a 1 year operational plan in 2021/22.</li> <li>• The Finance Committee Chair (RT) asked whether the UHB could go beyond the 1.5% recurrent savings target proposed for 2021/22 in light of initial plans to deliver a 3% recurrent savings in 2020/21. In response the Chief Operating Officer indicated that the UHB faced a considerable challenge to reinstate pre Covid levels of service as the pandemic passed and that the delivery of savings in excess of the planned 1.5% recurrent target would be difficult and may dis-engage the service. The Interim Director of Finance added that the UHB's capacity to deliver savings schemes was still expected to be limited in the early part of 2021/22 as a result of the continuing impact of the pandemic.</li> <li>• The Interim Director of Finance indicated that the forecast of net COVID costs in 2021/22 was dependent on a number of variables and it was expected that Welsh Government would initially focus on the forecast for the first quarter of 2021/22.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the presentation.</p>	
<p><b>FC</b> <b>21/02/010</b></p>	<p><b>FINANCE COMMITTEE – TERMS OF REFERENCE</b></p> <p>The Director of Corporate Governance indicated that the Finance Committee Terms of Reference (TOR) were last reviewed in February 2020 and approved by the Board in March 2020. The Committee was asked to review the TOR and consider any changes to the TOR.</p> <p><b><u>Comments were received as follows:</u></b></p> <p>The UHB Board Chair (CJ) advised that all references to Chairman should be changed to Chair. In addition the UHB Board Chair (CJ) indicated that the section on Members should read as follows:</p> <p style="padding-left: 40px;">Chair: Independent member of the Board</p> <p style="padding-left: 40px;">Members: A minimum of <b>2</b> other Independent members of the Board.</p> <p>Further to this it was noted that under the section on Member Appointments the reference to the Committee being chaired by the Independent Member for</p>	

	<p>Finance should be amended to “The Committee will be chaired by an Independent Member and supported by a Vice Chair who shall also be an Independent Member.”</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>approved</b> the Terms of Reference for the Finance Committee subject to the amendments for the comments received.</p> <p>The Finance Committee <b>recommended</b> the amended Terms of Reference to the Board for approval.</p>	
	<p><b>FINANCE COMMITTEE – ANNUAL WORKPLAN</b></p> <p>The 2020/21 Workplan for the Finance Committee was introduced by the Director of Corporate Governance to provide members of the Finance Committee with the opportunity to review the Work Plan for 2021/22 prior to presentation to the Board for approval.</p> <p>The Finance Committee considered the draft workplan and agreed that the future scheduling of some of the development areas could be switched with agreement of the Finance Committee.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>reviewed</b> and <b>approved</b> the 2020/21 Work Plan;</p> <p>The Finance Committee <b>recommended</b> approval of the workplan to the Board.</p>	
FC 21/02/011	<p><b>MONTH 10 FINANCIAL MONITORING RETURNS</b></p> <p>These were noted for information.</p>	
FC 21/02/012	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD</b></p> <p>There were no items to bring to the attention of the Board.</p>	
FC 21/01/013	<p><b>DATE OF THE NEXT MEETING OF THE COMMITTEE</b></p> <p><b>Wednesday 17<sup>th</sup> March 1.30pm; Virtual Meeting via Teams</b></p>	

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## FINANCE COMMITTEE – PUBLIC MEETING

### ACTION LOG

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
			No Outstanding Actions		

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<b>Report Title:</b>	Finance Report for the Period Ended 28 <sup>th</sup> February 2021							
<b>Meeting:</b>	Finance Committee					<b>Meeting Date:</b>	24 <sup>th</sup> March 2021	
<b>Status:</b>	For Discussion	x	For Assurance	x	For Approval		For Information	x
<b>Lead Executive:</b>	Interim Executive Director of Finance							
<b>Report Author (Title):</b>	Assistant Director of Finance							

### Background and current situation:

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

**Table 1: 2020/21 IMTP**

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

At month 11, the UHB is reporting an underspend of £0.502m against this plan. During the 11 months to the end of February net expenditure of £135.826m arose from the management of COVID 19 which is offset by the same amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.502m.

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4.

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

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

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

## Assessment and Risk Implications

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

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

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

## Month 11 Cumulative Financial Position

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

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capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 11 is a surplus of £0.502m following a surplus of £0.294m in month and this is summarised in Table 3.

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

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

This shows that the in month net expenditure of £11.334m due to COVID 19 was matched by and equal amount of additional Welsh Government funding to cover the costs arising from the impact of COVID 19.

The additional COVID 19 expenditure in the 11 months to the end of February was £138.922m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 11 revenue costs of £54.033m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**.

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

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

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

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

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

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

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

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

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

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

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

## Income

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

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

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

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

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

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

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

Pay

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

**Table 7: Analysis of pay expenditure by staff group @ February 2020**

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
<b>In Month</b>						
Medical and Dental	1.135	0.001	0.000	1.136	0.147	1.284
Nursing (registered)	1.331	(0.004)	(0.281)	1.046	(0.633)	0.413
Nursing (unregistered)	0.705	0.000	0.000	0.705	0.051	0.756
Scientific, prof & technical	0.047	0.000	0.000	0.048	(0.116)	(0.069)
Additional clinical services	0.143	0.000	0.000	0.143	(0.117)	0.026
Management, admin & clerical	0.417	(0.002)	0.000	0.415	(0.327)	0.088
Other staff groups	0.666	0.002	0.000	0.668	(0.333)	0.335
<b>Total £m</b>	<b>4.444</b>	<b>(0.001)</b>	<b>(0.281)</b>	<b>4.161</b>	<b>(1.329)</b>	<b>2.832</b>
<b>Cumulative</b>						
Medical and Dental	11.932	(0.174)	0.000	11.758	(0.481)	11.277
Nursing (registered)	10.281	0.070	(2.572)	7.780	(4.210)	3.570
Nursing (unregistered)	4.735	0.000	0.000	4.735	1.610	6.345
Scientific, prof & technical	0.369	(0.031)	0.000	0.338	(1.432)	(1.094)
Additional clinical services	1.007	0.000	0.000	1.007	(1.257)	(0.251)
Management, admin & clerical	2.167	0.021	0.000	2.189	(2.661)	(0.473)
Other staff groups	8.234	0.031	0.000	8.265	(3.243)	5.022
<b>Total £m</b>	<b>38.726</b>	<b>(0.083)</b>	<b>(2.572)</b>	<b>36.071</b>	<b>(11.674)</b>	<b>24.396</b>

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

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

Cumulative operational pay underspends are reported by all Clinical Boards except the Medicine Clinical Board where there is an operational overspend of £0.726m primarily as a result of nursing costs. The largest operational pay underspends continue to be on registered nursing staff in the Mental Health, Specialist and PCIC Clinical Boards, support staff in Capital Estates and management and administrative staff in the Women & Children Clinical Board.

## Non Pay

The year to date and in month financial position for non pay is shown in Table 8.

**Table 8: Non Pay Variance @ February 2021**

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

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

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

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

The COVID 19 related costs have been netted down by £18.868m for reductions in non pay costs mainly arising from reduced levels consumables associated with elective activity, adjustments to dental contracts, reduced non contracted activity (NCA) and slippage on investment programmes.

The main issues driving the £11.263m operational overspend against non pay were as follows:

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

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

## Forecast Net Expenditure Due to COVID 19

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

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

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

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

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

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

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

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

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

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

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

The forecast additional Welsh Government funding is based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4 and totals £161.179m as outlined in table 10 below:

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

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

The key financial planning assumptions are:

### Dragons Heart Hospital

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

### COVID Surge Capacity / Lakeside Wing

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

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

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

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

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

The UHB has been able to achieve this through:

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

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

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

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

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

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

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

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £9.318m. This includes Local Authority costs of £6.652m and Heath Board TTP costs totalling £2.666m.

### Enhanced Flu Vaccination Programme

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

### COVID Vaccination Programme

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

### Personal Protective Equipment

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

### Urgent and Emergency Care Funding

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

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

### Financial Performance of Clinical Boards

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

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

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

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

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

Savings Programme

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

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

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

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

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

**Underlying Financial Position**

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

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

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

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

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

## Balance Sheet

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

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

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

## Cash Flow Forecast

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

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

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

### Capital Resource Limit (CRL)

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

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

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

Capital progress up to the end of February was satisfactory with net expenditure being 80% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £92.275m as at the 3<sup>rd</sup> March 2021 comprising of £14.623m discretionary funding and £77.652m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this.

### Key Risks

At month 11, following confirmation of additional funding assumptions, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.

### Recommendation:

The Finance Committee is asked to:

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

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## Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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## 2020/21 SAVING SCHEMES

## 2020-21 In-Year Effect

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

## 2020-21 Full Year Effect

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

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## Appendix 2

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

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

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## APPENDIX 3

### CASHFLOW FORECAST AT THE END OF FEBRUARY 2020

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

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## Appendix 4

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

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

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**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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



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

Organisation:	Cardiff & Vale UHB	Cardiff & Vale UHB
Proposed site:	Total	Dragons Heart Hospital

	2020/21	2021/22		2020/21	2021/22
	£000	£000		£000	£000
Estimated Costs	£	£		£	£
Set up costs - capital	2368	0		2368	0
Set up costs - revenue	46445	0		46445	0
Running costs - pay	401	0		401	0
Running costs - non pay	11108	0		11108	0
Total estimated costs	60322	0		60322	0

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2020/21

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

[illegible][illegible]

32/78

Running costs - pay (additional costs only)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical and Dental - establishment	10	22	-2	6	0								36	36	
Medical and Dental - agency / locum													0		
Nursing - establishment	12	65	34	0	0				1				112	112	
Nursing - bank													0		
Nursing - agency													0		
Prof Scientific and Technical - establishment	1	5	13	0	0								19	19	
Prof Scientific and Technical - agency													0		
AHP - establishment	7	22	16	4	0				-1				48	48	
AHP - agency													0		
Healthcare Scientists - establishment	2	18	0	0	0								20	20	
Healthcare Scientists - agency													0		
Estates / Ancillary staff - establishment	0	56	27	-10	0				1	-1			73	73	
Estates / Ancillary staff - agency				133	0					-40			93	93	
Admin and Clerical - establishment													0		
Admin and Clerical - agency													0		
Students													0		
HcAs													0		
Portering													0		
Domestics													0		
Catering													0		
IT													0		
<b>Total running costs - pay (additional costs only)</b>	<b>32</b>	<b>188</b>	<b>88</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-41</b>	<b>0</b>	<b>0</b>	<b>401</b>	<b>401</b>	<b>0</b>

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

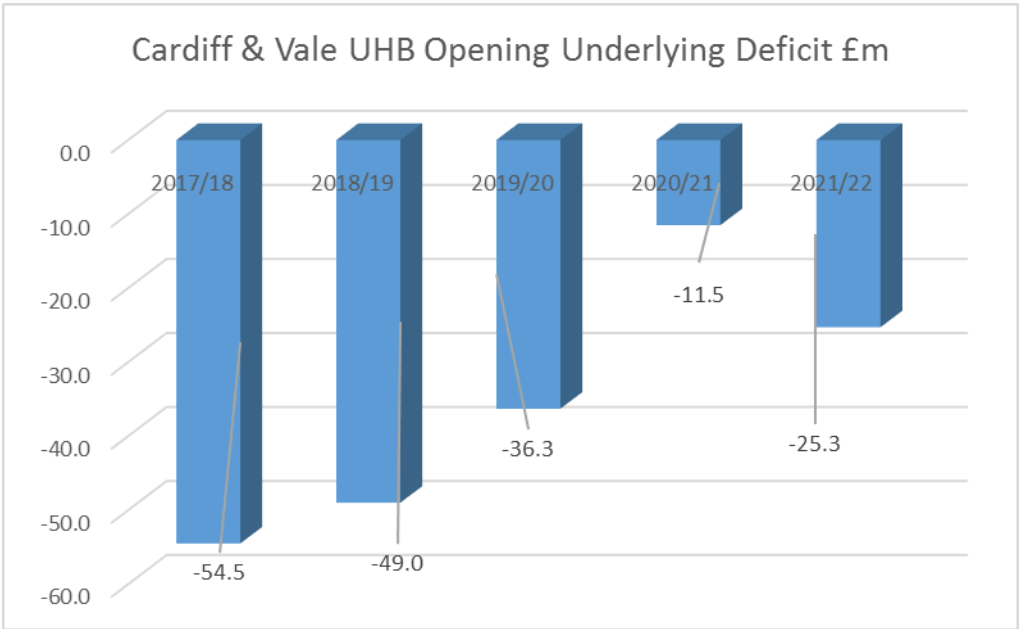
Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Total Setup Costs</b>	<b>34987</b>	<b>8992</b>	<b>-3802</b>	<b>603</b>	<b>3608</b>	<b>-61</b>	<b>2272</b>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

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## POTENTIAL UNDERLYING DEFICIT

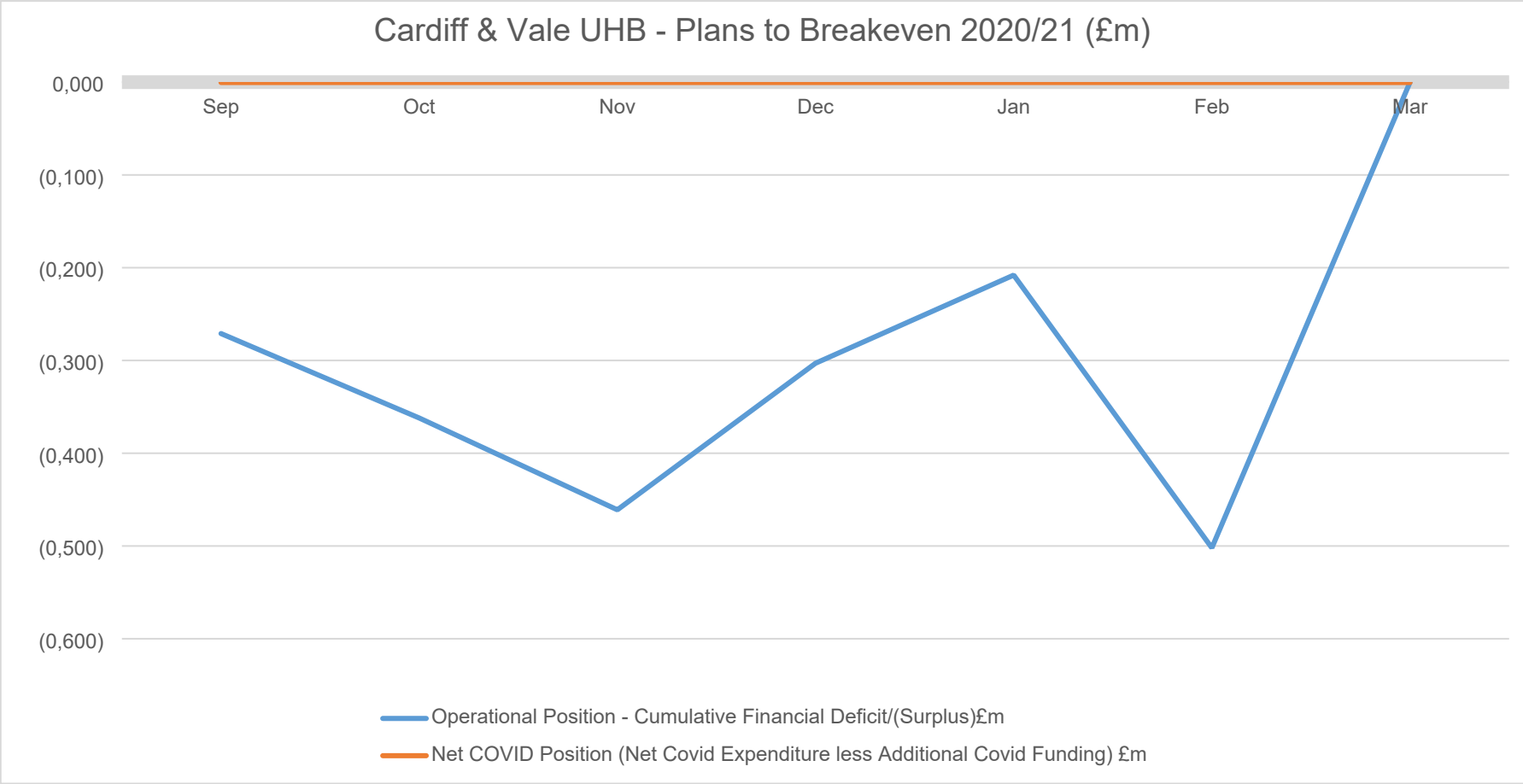
	£m
<b>Assessed underlying deficit at month 11 £m</b>	<b>(25.3)</b>
<b>New/potential recurrent commitments to be managed</b>	
CAV 24/7	(1.8)
PART (To be first call on investment funding)	(0.8)
EU junior doctor rota	(0.5)
Cardiac services Landough	tbc
Critical care capacity	tbc
PACU dislocation from ITU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

Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



Cardiff & Vale UHB – Plans to Break Even

Cardiff & Vale UHB - Plans to Breakeven 2020/21 (£m)



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<b>Report Title:</b>	<b>Finance Risk Register</b>				
<b>Meeting:</b>	Finance Committee			<b>Meeting Date:</b>	24 <sup>th</sup> March 2021
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Finance</b>				
<b>Report Author (Title):</b>	<b>Assistant Director of Finance</b>				

### Background and current situation:

This report highlights the 2020/21 Finance Risk Register risk categorisation by severity of risk as at 24<sup>th</sup> March 2020. The detailed 2020/21 risk register is shown in Appendix 1.

Following the most recent review the number of risks identified in each category is shown below:

#### 2020/21 UHB Financial Risks at 24<sup>th</sup> March 2021

Risk Category	Risk Score	Number of Risks as at 24 March 2021
Extreme Risk	20 - 25	2
High Risk	12 - 16	0
Moderate Risk	4 - 10	3
Low Risk	1 - 3	1

A summary of the **Extreme Risks** are shown below:

**Fin01/20** – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.

**Fin03/20** – Delivery of £29.0m (3.5%) CIP

The Finance Committee is asked to note the COVID-19 financial plan risk (FIN10/20). Surge capacity COVID-19 is shown in appendix 2 as a sub-set to the main risk register.

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

The Finance Committee will be kept up to date regarding any additions to the Risk Registers or any change in risk assessment.

All risks have been reviewed in the month. Key updates for the month:

**FIN06/20** – Nursing Position. Whilst there continue to be pressures against nursing budgets that

will continue into 2021/22 the position will not impact on the delivery of the 2020/21 financial plan. Therefore the risk is now reported as low. Request to remove from risk register.

**Recommendation:**

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2020/21 risk register
- **AGREE** that risk FIN06/20 can be removed from the risk register.
- **NOTE** the risks highlighted in the Surge Capacity sub set-risk register

**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	
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**Equality and Health Impact Assessment Completed:**

Not Applicable

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Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol





CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Initial Risk Rating			Existing Controls	Assurance	Current Risk Rating			Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Target Risk Rating if Controls in Place			Date of Next Review	Level of assurance required
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						Impact / Consequence	Likelihood	Score		
Fin01/20	Finance	Jan-20	The opening underlying deficit in 20/21 is planned to be £11.5m. The IMTP planned c/f underlying deficit in 2021/22 is £4m.	Director of Finance	5	4	20	Governance reporting and monitoring arrangements through the Finance Committee and Board	Limited Assurance	5	4	20	Adequate but more Action Required	Identification of 3.5% savings plan whilst managing and addressing budget pressures.	Progress against the underlying deficit is to be managed by Management Executive.	Assistant Director of Finance	Mar-21	5	4	20	Mar-21	Management
Fin02/20	Finance	Jan-20	Manage Budget pressures	Director of Finance	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	Limited Assurance	4	1	4	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21. An operational underspend of £0.502m was reported at month 11.	Progress to be monitored and managed by Management Executive.	Assistant Director of Finance	Mar-21	3	1	3	Mar-21	Management
Fin03/20	Finance	Jan-20	Deliver 3.5% CIP (£29m)	Director of Finance	5	4	20	3.5% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Health Board Wide Schemes being led by Executive Directors Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews.	Limited Assurance	5	4	20	Adequate but more Action Required	£11.330m savings identified as green or amber against target of £29m as at w/c 17th February 2020. Following COVID-19 impact, £8.630m savings are currently identified as green or amber	Savings tracker updated weekly with WG being kept informed of our progress against savings target through monthly monitoring returns.	Assistant Director of Finance	Mar-21	5	4	20	Mar-21	Management
Fin06/20	Finance	Feb-20	Management of Nursing overspend	Director of Finance	4	4	16	Progress to be monitored through Nursing Productivity Group and Executive / Clinical Board Performance Reviews.	Limited Assurance	3	1	3	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21.	Progress on delivery against nursing budgets is to be managed by Management Executive.	Assistant Director of Finance	Mar-21	3	1	3	Mar-21	Management
Fin10/20	Finance	Feb-20	COVID-19 financial plan impact	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Directors of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	5	1	5	Optimum Controls/NFA Required	The Health Board is forecasting net COVID costs totalling £161.179m matched by WG COVID income based on the resource assumptions in the NHS Wales Operating Framework.	1. Modelling of anticipated patient flows, and the resultant workforce, equipment and operational requirements is managed through Gold command; 2. Financial modelling and forecasting is co-ordinated on a regular basis; 3. Financial reporting to WG on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision making.	Assistant Director of Finance	Mar-21	3	1	3	Mar-21	Management
Fin12/20	Finance	Jan-21	Untaken Annual Leave 2020/21	Director of Finance	4	3	12	WG will be providing funding to cover our accrual for untaken annual leave. As per WG requirement, we have had to forecast what that is likely based upon best current information available. The current expectation from WG is that they will fund the UHB this forecast and that the UHB will need to manage the variance of the final actual accrual compared to forecast which could lead to a funding surplus or deficit.	Limited Assurance	4	2	8	Optimum Controls/NFA Required	Untaken annual leave provision of £8.8m in excess of 2019/20 position assumed to be fully funded by WG.	Annual leave returns to be collated though Clinical Boards in February in order to confirm provision.	Assistant Director of Finance	Mar-21	3	1	3	Mar-21	Management

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st completing the risk register

assessment, prior to them being added to the Risk Register

UHB Refere
Divisio nal / Direct orate Refere nce
Previo us
Date entere Risk / Issue (Includ
Link to
Existin
Curren t Risk Ranki ng:- This is
Adequ acy of existin
Summ ary of
Target Risk
Date
Revie w
Date of
Risk Owner
Direct
Assuri ng

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint/ Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint / Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Critical report	Totally unacceptable level or quality of treatment/service  Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on  Gross failure to meet national standards
<b>Human resources/organisational development/staffing / competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale No staff attending mandatory/ key professional training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key professional training on an ongoing basis
<b>Statutory duty/inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement prohibition notices Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required Severely critical report

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<b>Adverse publicity/ reputation</b>	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly)  Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
<b>Service/business interruption</b>	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
<b>Environmental impact</b>	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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### Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

### Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
<b>Frequency</b> How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
<b>Probability</b> Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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**Table 3 - Risk Scoring = Consequence x Likelihood (C x L)**

Consequence Score	Likelihood Score				
	1	2	3	4	5
<b>5 - Catastrophic</b>	5	10	15	20	25
<b>4 - Major</b>	4	8	12	16	20
<b>3 - Moderate</b>	3	6	9	12	15
<b>2 - Minor</b>	2	4	6	8	10
<b>1 - Negligible</b>	1	2	3	4	5

**For grading risk, the scores obtained from the risk matrix are assigned grades as follows**

<b>1 - 3 = Low Risk</b>	<b>Quick, easy measures implemented immediately and further action planned for when resources permit</b>
<b>4 - 10 = Moderate Risk</b>	<b>Actions implemented as soon as possible but no later than a year</b>
<b>12 - 16 = High Risk</b>	<b>Actions implemented as soon as possible but no later than six months</b>
<b>20 - 25 = Extreme Risk</b>	<b>Requires urgent action. The UHB Board is made aware and it implements immediate corrective action</b>

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CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Initial Risk Rating			Existing Controls	Assurance	Current Risk Rating			Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Target Risk Rating if Controls in Place			Date of Next Review	Level of assurance required
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						Impact / Consequence	Likelihood	Score		
Fin01/20 DHH	Finance	Apr-20	COVID-19 financial plan impact Dragons Heart Hospital(DHH)	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Reasonable Assurance	2	2	4	Adequate but more Action Required	Failure to reach agreement on key out-standing issues with key partner.	Current forecast cost of the DHH Project are at £58m. Of this WG has provided allocations totalling £45.382m (£43.182m revenue and £2.200m capital). The UHB anticipates an additional £12.557m funding and is aligned with WG understanding on this. The contract period ended on 31 January 2021. The key outstanding items concern the value payable to enable the re-establishment of the permanent pitch in the Principality Stadium and the claims relating to sponsors losses. These are provided for in the forecast project out-turn. Blues costs nearing finalisation. within project parameters.	Assistant Director of Finance	Mar-21	1	1	1	Mar-21	Management
Fin02/20 DHH	Finance	Apr-20	Costs exceeding forecast ranges due to unforeseen technical and/or market forces factors	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Reasonable Assurance	2	2	4	Adequate but more Action Required	WG Funding assumptions and intentions understood	Last material item out to market test. Estimated value is included within forecast project out-turn. Possibility of dispute regarding main contractor costs (immaterial value to overall project) and with regard to WRU sponsor (main risk concerns possibility for legal fees).	Assistant Director of Finance	Mar-21	1	1	1	Mar-21	Management
Fin03/20 DHH	Finance	Apr-20	Damage and alteration to the stadium driving reinstatement cost above current project provision	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG. Joint Re-instatement Process operated by UHB and WRU and advised by Mott McDonald in place.	Limited Assurance	2	2	4	Adequate but more Action Required	WG Funding assumptions and intentions understood	Last major out-standing issues concerns the Principality pitch re-instatement which has been professionally estimated and included in forecast out-turn. This item is out to market test.	Assistant Director of Finance	Mar-21	1	1	1	Mar-21	Management
Fin04/20 DHH	Finance	Apr-20	Cost of delays in vacating the stadium leading to consequential claim by the WRU and Cardiff Blues	Director of Finance	5	4	20	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Limited Assurance	1	1	1	Adequate but more Action Required	Agreement of plan and funding with WG	The UHB met its key deadlines to ensure that there was not a breach leading to claims based on delay. The project did incur additional costs to hire the Blues playing and training facilities in January due to weather delays in the re-instatement of the Blues' pitch. These had already been incorporated within the forecasts out-turn as a potential variable. The claim by the WRU in respect of a sponsor is ongoing and is being presented to the UHB Board in February 2021. The treatment of 'consequential' cost and income claim by the WRU and Blues has been discussed with WG with regard to the correct diligence and accounting treatment. This will be the subject of an Accountable Officer letter to be sent from the UHB to WG.	Assistant Director of Finance	Mar-21	1	1	1	Mar-21	Management
Fin05/20 DHH	Finance	May-20	In many instances there is only a letter of intent in place with contractors as opposed to a formal contract	Director of Finance	4	4	16	Oversight arrangements in place at Board level and through the command structure. Expenditure Plans developing controlled through COVID-19 Strategic Gold Command and Director of Operations. Capital and Revenue expenditure to be claimed through WG	Reasonable Assurance	3	2	6	Adequate but more Action Required	Agreement of plan and funding with WG	The ESG contract has been signed by ESG and signed and sealed by the UHB. WG authorisation for the final estimated values for all four main contractors has been secured. Contract negotiations are at an advanced stage for the WRU but held up by the sponsorship issue. The Mott McDonald contract is with Mott McDonald for final agreement. A closure agreement has been agreed with the Blues which will be shortly finalised. It is still the UHB intention to successfully conclude all 4 contracts.	Assistant Director of Finance	Mar-21	1	1	1	Mar-21	Management
Fin06/20 DHH	Finance	Sep-20	Period between egress from the DHH (31 October 2020) and availability of the new Surge Hospital (Mid to late November)	Director of Finance / COO	5	4	20	DHH Programme Board continues with its work concentrating on operational stand by, cost control, decommissioning, reinstatement and egress. DHH Programme Board has reported via SBAR to Management Executive the key egress dates it is working to in conjunction with all partners. On current trajectory there will be a gap between availability of the DHH surge capacity and the new Surge Hospital capacity at UHW. A recommendation has been made to Management Executive that the COO considers emergency capacity to support a surge in COVID admissions during the gap period. The option to extend at the DHH is uncertain and carries significant financial penalty.	Reasonable Assurance	1	1	1	Adequate but more Action Required	Agreement of an internal clinical and operational plan to step up available capacity within the UHB footprint to breach the gap in surge capacity if needed as a result of increased COVID admissions.	Lakeside Wing is operational from December with final capacity to be handed over by the ned of January	DHH Programme Director/Assistant Director of Finance	Sep-20	1	1	1	Mar-21	Management
Fin07/20 DHH	Finance	Oct-20	Failure to deliver new Surge Hospital on time on budget to ready state for operational usage	Director of Finance	4	4	16	A Surge Hospital Programme Board is being established. This partially mirrors the DHH Programme Board which continues to operate effectively. The new Board retains the experience of a number of DHH Programme Board members alongside the new partners. The build project will be led by Capital & Estates alongside the main contractors, Darlows and other cost advisors. It is crucial that the appropriate clinical and operational groups feed into the design and fit out of the new build to enable the initial bed capacity to be fit for purpose as early as possible.	Reasonable Assurance	1	1	1	Adequate but more Action Required	Surge Hospital Programme Board due to convene on 14 Sep 2020	1st Phase (166 beds) of Lakeside Wing delivered on time in November 2020. 2nd Phase on course for similar delivery in February 2021. Generally on budget although NHS accounting processes are causing some concern about capital availability due to the consideration of additional capitalisation of equipment and infrastructure assets transferred from the DHH. These hadn't been taken into account when have bidding for capital funding from Welsh Government.	Director of Planning/Director of Finance	Sep-20	1	1	1	Mar-21	Management

st completing the risk register

assessment, prior to them being added to the Risk Register

UHB Refere
Divisio nal / Direct orate Refere nce
Previo us
Date entere Risk / Issue (Includ
Link to
Existin
Curren t Risk Ranki ng:- This is
Adequ acy of existin
Summ ary of
Target Risk
Date
Revie w
Date of
Risk Owner
Direct
Assuri ng



	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
<b>Domains</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint/ Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint / Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Critical report	Totally unacceptable level or quality of treatment/service  Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on  Gross failure to meet national standards
<b>Human resources/organisational development/staffing / competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale No staff attending mandatory/ key professional training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key professional training on an ongoing basis
<b>Statutory duty/inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement prohibition notices Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required Severely critical report
<b>Adverse publicity/reputation</b>	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly)  Total loss of public confidence
<b>Business objectives/projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
<b>Service/business interruption</b>	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
<b>Environmental impact</b>	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

### Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

### Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
<b>Frequency</b> How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
<b>Probability</b> Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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**Table 3 - Risk Scoring = Consequence x Likelihood (C x L)**

Consequence Score	Likelihood Score				
	1	2	3	4	5
<b>5 - Catastrophic</b>	5	10	15	20	25
<b>4 - Major</b>	4	8	12	16	20
<b>3 - Moderate</b>	3	6	9	12	15
<b>2 - Minor</b>	2	4	6	8	10
<b>1 - Negligible</b>	1	2	3	4	5

**For grading risk, the scores obtained from the risk matrix are assigned grades as follows**

<b>1 - 3 = Low Risk</b>	<b>Quick, easy measures implemented immediately and further action planned for when resources permit</b>
<b>4 - 10 = Moderate Risk</b>	<b>Actions implemented as soon as possible but no later than a year</b>
<b>12 - 16 = High Risk</b>	<b>Actions implemented as soon as possible but no later than six months</b>
<b>20 - 25 = Extreme Risk</b>	<b>Requires urgent action. The UHB Board is made aware and it implements immediate corrective action</b>

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<b>Report Title:</b>	<b>Draft Annual Report 2020/21 – Finance Committee</b>						
<b>Meeting:</b>	<b>Finance Committee</b>				<b>Meeting Date:</b>	24 <sup>th</sup> March 2021	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>						
<b>Report Author (Title):</b>	<b>Finance Manager (Resource Management)</b>						

### Background and current situation:

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Finance Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval

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

The Annual Report for the Finance Committee has been developed based upon the requirements set out in its Terms of Reference.

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

The attached Annual Report 2020/21 of the Finance Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference. The Committee has achieved an overall attendance rate of 94% for the year to February and is scheduled to meet on thirteen occasions during the year.

### Recommendation:

The Finance Committee is asked to:

**REVIEW** the draft Annual Report 2020/21 of the Finance Committee.

**RECOMMEND** the Annual Report to the Board for approval.

### 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*

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

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

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

Prevention	x	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		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 gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol



GIG  
CYMRU  
NHS  
WALES

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

# Annual Report ~~of~~ ~~the~~of the Finance Committee 2020~~19~~/~~21~~0

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## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members, one of which is the Independent Member – Finance. During the financial year 2020/21 the Committee comprised of three Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Finance (Executive Lead for the Committee), Chief Executive, Deputy Chief Executive, Executive Director of Finance, Chief Operating Officer, Executive Director of Workforce and Organisational Development, Executive Director of Strategy and Engagement, Executive Director of Nursing, Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

## 3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet 13 times during the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. A meeting has been held in each month except August. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 94.83% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2020 to 24<sup>th</sup> February 2021 as set out below:

Members	29th April 2020	27th May 2020	24th June 2020	29th July 2020	26th August 2020	23rd Sept. 2020	28th Oct. 2020	25th Nov. 2020	6th Jan. 2021	27th Jan. 2021	24th Feb. 2021	17th March 2021 *	24th March 2021	Attendance Rate to Feb. 2021
Dr Rhian Thomas (Committee Chair from May 2020)*	Yes	Yes	Yes	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	n/a	n/a	91%
John Union (Independent Member - Finance)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a	100%
Charles Janczewski (UHB Board Chair)	Yes	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a	91%
Overall Attendance to February 2021 (based on 3 Independent members)	100%	100%	100%	67%	100%	67%	100%	100%	100%	100%	100%	-	-	94%

\* The Meeting of 29th April 2020 was chaired by the Independent Member - Finance

The Meeting of 17th March 2021 is an additional meeting open to all Board members to discuss the direction of the 2021/22 Financial Plan.

Members	24th April 2019	29th May 2019	26th June 2019	29th July 2019	25th Sept. 2019	30th Oct. 2019	27th Nov. 2019	18th Dec 2019	29th Jan. 2020	26th Feb. 2020	25th March 2020	Attendance to Feb 2020
John Antoniazzi (Chair)	Yes	Yes	Yes	Yes	Yes	Apols.	n/a	n/a	n/a	n/a	n/a	83%
John Union (Vice Chair)	Yes	Yes	Apols.	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	n/a	80%
Charles Janczewski	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	100%
Michael Imperato						Yes	n/a	n/a	n/a	n/a	n/a	100%
Dr Rhian Thomas										Yes	n/a	100%
Overall Attendance to February 2020 (based on 3 Independent members)	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	66.67%	66.67%	100.00%		83%

#### 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on ~~24<sup>th</sup>~~ February 20~~21~~~~19~~ and are recommended for approval and were approved at by the Board on ~~25<sup>th</sup>~~ March 20~~21~~~~19~~.

#### 5.0 WORK UNDERTAKEN

During the financial year 20~~20~~~~19~~/2~~1~~~~0~~, the following standing items were considered and reviewed at each Finance Committee:

- Finance Report for previous month
- ~~Cost Reduction Programme and Cross Cutting Theme~~
- Finance Risk Register
- ~~Clinical Boards in Escalation ( June to March meetings)~~
- ~~Plans to Deliver a Break Even Position ( September to March meetings)~~

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government is also noted at each Committee Meeting.

In addition the following items were discussed at Finance Committee meetings:

- ~~April 2019~~
- ~~Integrated Medium Term Plan 2019-22~~

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- ~~Costing and Value Update~~

## July 20~~2019~~

- NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery
- ~~Committee Review Effectiveness~~

## ~~Sept~~November 20~~2019~~

- 2020/21 IMTP Value Based Healthcare and its use in decision making at Cardiff & Vale UHB

## October 2020

- COVID 19 Financial Allocations

## November 2020

- Committee Effectiveness Review 2019-20 Results and Actions

•

## December 2020 (meeting held January 6<sup>th</sup> 2021) 2019

- ~~Indemnity clause within Data Processing Contracts~~ Financial Plan 2021/22
- ~~2020/21 IMTP~~
- 

## January 202~~10~~

- ~~Business Case – Community Mental Health Services Rationalisation~~
- Financial Plan 2021/22
- 2021/22 Workplan
- ~~2020/21 IMTP Financial Plan~~

## February 202~~10~~

- Terms of Reference
- Finance Committee Work Plan
- ~~Finance Committee Annual Report~~
- Financial Plan 2021/22
- ~~2020/21 IMTP~~

## 6.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

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## 7.0 OPINION

The Committee is of the opinion that the **draft** Finance Committee Report 202019/210 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Dr John Union Rhian Thomas

Committee ~~Vice~~ Chair

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## THE WELSH GOVERNMENT FINANCIAL COMMENTARY

### FINANCIAL POSITION FOR THE ELEVEN MONTH PERIOD ENDED 28<sup>th</sup> FEBRUARY 2021

#### INTRODUCTION

The Welsh Government wrote to the UHB on 19th March 2020 to confirm that whilst the UHB 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.

**At month 11, the UHB is reporting an underspend of £0.502m against this plan. During the 11 months to the end of February the UHB incurred net expenditure of £135.826m relating to the management of COVID 19 which is offset by Welsh Government COVID 19 funding leaving an operating surplus of £0.502m.**

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4.

#### BACKGROUND

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government at the end of January 2020 for its consideration. A summary of the submitted 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>

These financial monitoring returns have been prepared against the UHB's submitted IMTP which includes a balanced position for 2020/21. This report details the financial position of the UHB for the period ended 28<sup>th</sup> February 2021. The UHB has separately identified COVID 19 and non COVID 19 expenditure against its submitted plan in order to assess the financial impact of COVID 19.

A full commentary has been provided to cover the tables requested for the month 11 financial position.

The response to the queries raised in the month 10 financial monitoring returns is set out in an attachment to this commentary.

### **MOVEMENT OF OPENING FINANCIAL PLAN TO FORECAST OUTTURN (TABLE A)**

Table A sets out the financial plan and latest position at month 11 for which the following should be noted:

- LTA inflation that was passed to the UHB from other Health Boards;
- The UHBs £29m 2020/21 savings target was established before the implications of managing COVID 19 were worked through. COVID 19 is adversely impacting on the UHB savings programme with substantial underachievement against the annual savings plan. This is unlikely to improve due to the ongoing impact of the COVID 19 pandemic;
- The forecast position reflects the assessed COVID 19 costs in Table B3;
- The additional forecast costs are being supported by Welsh Government COVID 19 funding as per the resource planning assumptions set out by WG and the assumptions included in the UHB Q3 Q4 plan;
- Some of the identified savings schemes have a larger full year impact;
- The forecast underlying deficit has moved from a planned £4m as per the IMTP to £25.3m due to slippage against the recurrent saving target.

### **UNDERLYING POSITION (TABLE A1)**

This table sets out the opening and forecast underlying financial position of the UHB.

**The opening position was an underlying deficit of £11.5m and if the plan is fully delivered this would reduce to £4.0m by the year end. The achievement of this is very much dependent upon delivering the full year impact of 2020/21 savings schemes. The latest assessment is that as a result of the impact of COVID 19 the forecast delivery of savings schemes remains at circa £21.3m less than planned and this would increase the underlying deficit to £25.3m.**

## OVERVIEW OF KEY RISKS & OPPORTUNITIES (TABLE A2)

Table A2 reflects the forecast contained in Table B3. This has been updated this month and will continue to be reviewed on a monthly basis.

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

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

The forecast cost of UHB provided TTP services is £2.666m which is £0.216m less than the allocation confirmed to date of £2.882m. The UHB forecast includes the assumption that Welsh Government will recover the excess funding of £0.216m and the UHB expects a resource limit adjustment to be actioned before the end of March.

The UHBs estimate of its 2020/21 annual leave provision remains unchanged at £9.713m. This equates to an average of 4 annual leave days and is an increase of £8.798m on 2019/20 (£0.915m provided). The UHB has therefore included anticipated income of £8.798m in Table A and this is summarized below:

Staff Group	Number of Employees	Estimated 2020/21 Annual Leave accrual £'000s	2019/20 Annual Leave accrual £'000s	Increase in Annual Leave accrual included in Table B 3 £'000s	Average Days
Administrative, Clerical & Board Members	2,691	1,163	110	1,053	3
Medical & Dental	1,470	4,466	421	4,045	8
Nursing & Midwifery Registered	4,726	1,682	158	1,524	2
Prof Scientific & Technical	893	462	43	418	2
Additional Clinical Services	3,233	649	61	588	2
Allied Health Professionals	1,096	515	48	466	2
Healthcare Scientists	536	407	38	369	4
Estates & Ancillary	1,363	369	35	335	2
Students	20		0	0	
<b>Total</b>	<b>16,028</b>	<b>9,713</b>	<b>915</b>	<b>8,798</b>	<b>4</b>

The cost impact has been included in Table B3.

In arriving at this provision, a combination of local systems, service manager and business partner local knowledge and professional judgement has been used.

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

## ACTUAL YEAR TO DATE (TABLE B)

Table B confirms the year to date surplus of £0.502m and reflects the analysis contained in the annual operating plan in Table A. A Summary of the surplus of £0.502m for the year to date is shown in Table 2.

**Table 2: Summary Financial Position for the period ended 28<sup>th</sup> Feb 2021**

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

The additional COVID 19 expenditure in the 11 months to the end of February was £138.922m. £54.033m of the additional costs related to the Dragon's Heart Hospital (DHH) and there was also £84.889m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £18.320m against the month 11 target. Further material improvement is not anticipated until the COVID 19 pandemic passes.

Elective work has been curtailed during this period as part of the UHB response to COVID 19 and this has seen a £19.769m reduction in planned expenditure. The UHB has also seen slippage as a commissioner of £1.647m on its WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 is £135.826m. This is matched by the additional Welsh Government funding outlined in the table 3 below:



**Table 3: Welsh Government COVID Funding supporting the position as at 28<sup>th</sup> February 2021**

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

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

#### **PAY AND AGENCY (TABLE B2)**

The UHB has recorded agency expenditure of £12.346m for the 11 months to the end of February 2021. The majority of agency expenditure relates to nursing where expenditure of £8.706m is reported. £5.215m of the cumulative agency expenditure has been incurred to provide cover in respect of COVID 19. It is assumed that agency cost will broadly continue at the level established at month 11 for the remainder of the year.

#### **COVID 19 ANALYSIS (TABLE B3)**

The UHB continues to progress its plans and is forecasting a breakeven year end position based upon the resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4.

The Financial forecast is based on the UHB COVID "central" scenario as detailed in the Q3/Q4 plan.

At month 11 the UHB is forecasting net expenditure due to COVID-19 to be £161.179m. The COVID year-end forecast position is breakeven following receipt/confirmation of £161.179m Welsh Government (WG) funding which includes Urgent and Emergency Care funding as summarised in the following table:

**Table 4: Summary of Forecast COVID 19 Net Expenditure**

	Forecast Year-End Position £m
COVID 19 Additional Expenditure	163.936
COVID 19 Non Delivery of Savings Plans	20.370
COVID 19 Reductions in Planned Expenditure	(20.685)
COVID 19 Release of Planned Investments	(2.443)
<b>Net Expenditure Due To COVID 19</b>	<b>161.179</b>
Welsh Government COVID funding received / assumed	(161.179)
<b>Net COVID 19 Forecast Position (Surplus) / Deficit £m</b>	<b>(0.000)</b>

This forecast includes funding received/assumed from Welsh Government totaling £161.179m as outlined below:

**Table 5: Welsh Government COVID Funding supporting the forecast year end position as at 28<sup>th</sup> February 2021**

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

The key financial planning assumptions are:

### Dragons Heart Hospital

Within this forecast the Dragon's Heart Hospital costs are now assessed at £57.954m with a further £2.368m capital costs. The revenue cost of £57.954m represents set-up, decommissioning and consequential losses costs of £55.740m and running costs of £2.218m. The UHB continues to work to



maximise value for money in the remaining occupancy, removal and reinstatement phases of the project and is hopeful that this will continue to reduce the overall cost of the project.

Dragons Heart Hospital consequential loss compensation costs of £2.550m are included in the 2020/21 forecast. These costs represent the best forecast that can be modelled at this time for events that might reasonably have been held at the Principality Stadium and Cardiff Arms Park in the period May 2019 to January 2020 but cannot be due to the continued occupancy of the Dragon's Heart Hospital to 10<sup>th</sup> November 2020. The forecast includes £6.741m of decommissioning costs for the DHH including reinstatement of the stadium.

### **COVID Surge Capacity / Lakeside Wing**

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

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

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

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

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

The UHB has been able to achieve this through:

- Establishment of Protected Elective Surgery Units ('Green zones') in UHW and UHL;
- Use of Independent Hospital capacity;

- A refreshed Outpatients Transformation Programme, clinically led across primary and secondary care.

The reductions in non pay costs due to reduced elective capacity is now assessed and forecast to be £20.685m over the year. This included activity steadily increasing throughout quarter 3 & 4 aligned to the COVID "central" scenario through the use of established green zones at UHW and UHL but not returning to pre-COVID levels.

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

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

Costs of Spire /St. Joseph's are included in the forecast to the 31<sup>st</sup> of March totaling £2.237m. Funding up until 31<sup>st</sup> March has now been confirmed by Welsh Government.

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

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

The TTP service went live on 1st June 2020. The forecast includes TTP costs (separately identified on TTP template) of £9.318m. This includes Local Authority costs of £6.652m and Heath Board TTP costs totalling £2.666m.

In relation to COVID tracing, it is noted that Welsh Government funding will now be recovered where there is a legitimate revision of the forecast costs.

### **Enhanced Flu Vaccination Programme**

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

## COVID Vaccination Programme

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

The costs are shown in table B3 as directed. The forecast pay costs are all shown within lines reference 3-10 until more detail of recruitment becomes available for future months when pay will then be analysed over the relevant pay line.

## Personal Protective Equipment

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

## Urgent and Emergency Care Funding

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

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

## Savings Programme 2020-21 (TABLE C, C1 & C2)

The assessed slippage against the UHB £29m savings plan is forecast to be £20.370m and this includes the release of non-recurrent opportunities. A number of the UHB's high impact schemes were based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. It is not anticipated that significant progress will be made to improve this position until the pandemic passes. However, the UHB continues to identify and maximise all potential savings opportunities available. Schemes that are continuing to develop and progress include procurement and medicines management.

## Financial Risks and Uncertainties

The financial plan sets out the UHBs best assessment of income and costs based upon alignment of capacity, activity, service and finances of the COVID "central" scenario.

## **INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)**

LTA Heads of Agreements have been agreed and signed with the five Health Boards (Swansea Bay University, Cwm Taf Morgannwg, Powys, Hywel Dda, Aneurin Bevan) with which the UHB holds contracts. In addition, LTA Heads of Agreements have been agreed and signed off with WHSSC and Velindre.

## **INCOME ASSUMPTIONS 2020/21 (TABLE E)**

Table E outlines the UHB's 2020/21 resource limit.

Similar to practice in previous years, the UHB forecast continues to exclude £1.028m of recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). The UHB is assuming that Welsh Government will continue to provide resource cover for this.

A number of significant allocations totalling c £25m remain to be confirmed at the end of February. As a consequence the UHB continues to review the scheduling of payment runs to enable the management of cash within the confirmed drawing limit as it approaches year end.

## **BALANCE SHEET - STATEMENT OF FINANCIAL POSITION (TABLE F)**

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

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

Overall trade debtors have increased by £35.1m since the start of the year. Amounts due from the Welsh Risk Pool in respect of clinical negligence have increased by £16m since the start of the year. In addition to this NHS invoice accruals have increased by £21m.

During February there was a £1.7m reduction in the overall carrying value of debtors. £2m related to the timing of payments due from Cardiff Council in respect of the pooled CHC Fund.

The value of Trade and other payables has decreased by around £2.2m since the start of the year. This mainly relates to the decrease in the levels of trade and NHS creditors being offset by an increase in non NHS accruals when compared to the year end.

The carrying value of trade creditors increased by £1.1m in February reflecting the increase in capital and NHS creditors in month.

The forecast balance sheet reflects the UHB's latest non cash estimates (M10) and its anticipated capital funding.

### **CASH FLOW (TABLE G)**

The closing cash balance at the end of February was £21.563m. NWSSP accounts payable systems issues from an essential upgrade in month resulted in a backlog of invoices. The issue has now been resolved and additional resource is in place to ensure that this is cleared by the end of March.

The UHB is predicting a positive cash balance at the end of 2020/21 in line with the improved financial forecast.

### **CAPITAL SCHEMES (TABLES I, J & K)**

Capital progress for the year to date was satisfactory with net expenditure to the end of February being 80% of the UHB's approved Capital Resource Limit.

Planned expenditure for the year reflects the latest CRL received from Welsh Government dated 3<sup>rd</sup> March, 2021.

Attention is drawn to the following figures shown in Table I:

1. The forecast overspend ascribed to the Rookwood Hospital Replacement Scheme repays funding drawn down but not spent in previous years, this is managed within the discretionary forecast.
2. The forecasted £0.812m overspend relating to Green and Amber relates to the unapproved funding on the CRL. This is currently assumed to be managed within the discretionary forecast but without the remaining approval the containment of capital costs within the CRL continues to be at risk.

All other schemes are assumed to be within annual forecast. In month variances are as a result of phasing of schemes impacted by COVID 19 delays / brought forward works.

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this.

Included within the other schemes section is the digital element of the Mass Vaccination Programme. The works costs on the short term leased premises is assumed to be revenue in nature.

### **AGED WELSH NHS DEBTORS (TABLE M)**



At the 28<sup>th</sup> February 2021 there were five invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. One invoice remains outstanding with Swansea Bay all others have since been resolved.

## OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within the Finance Committee and Board papers. These monitoring returns will be taken to the 24<sup>th</sup> March 2021 meeting of the Finance Committee for information.

## CONCLUSION

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.

The reported position includes the cost of plans developed to manage the impact of COVID 19 where the additional net costs are £135.826m for the period to date. Following confirmation of the NHS Wales Operating Framework for quarter 3 / quarter 4 2020/21 these costs are assessed to be fully funded as per the planning assumptions.

The UHB's is reporting a small operational surplus of £0.502m at month 11 and is forecasting a breakeven position at year end.

  
.....  
**LEN RICHARDS**  
**CHIEF EXECUTIVE**

11<sup>th</sup> March 2021

  
.....  
**CATHERINE PHILLIPS**  
**EXECUTIVE DIRECTOR OF**  
**FINANCE**

11<sup>th</sup> March 2021

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Feb 21

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG  
Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	-11 500	0	-11 500	-11 500
2 New Cost Pressures - as per 3 year plan (Negative Value)	-53 639	-1 867	-51 772	-51 772
3 Opening Cost Pressures	-65 139	-1 867	-63 272	-63 272
4 Welsh Government Funding (Positive Value)	31 622	1 866	29 756	29 756
5 Identified Savings Plan (Positive Value)	10 512	1 376	9 136	9 136
6 Planned Net Income Generated (Positive Value)	239	20	219	219
7 Planned Accountancy Gains (Positive Value)	43	43	0	0
8 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10 Provider Income (LTA/SLA)	4 520	0	4 520	4 520
11 Planning Assumptions still to be finalised at Month 1	18 202	2 561	15 641	15 641
12 IMTP / Annual Operating Plan	0	4 000	-4 000	-4 000
13 Reversal of Planning Assumptions still to be finalised at Month 1	-18 202	-2 561	-15 641	-15 641
14 Month 1 Planned Savings - Forecast Underachievement Due To Covid-19	-8 545	-963	-7 582	-7 285
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	26	-31	57	6
16 Additional In Year Identified Savings - Forecast (Positive Value)	3 129	1 501	1 628	1 705
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	-119	23	-142	-120
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	3 344	3 344	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	161 179	161 179		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-164 032	-164 032		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	20 685	20 685		
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive)	2 443	2 443		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-27	-27		
27 Urgent & Emergency Care Funding	0	0		
28 WRP Risk Share	-658	-658		
29 Cost Pressure Reserve - Medicines	658	658		
30 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	119	119		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	25 679	-25 679	-25 334

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-958	-10 542	-11 500
2	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-4 470	-49 169	-53 639
3	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-5 428	-59 711	-65 139
4	2 783	2 733	2 752	2 648	2 646	2 592	2 623	2 623	2 535	2 552	2 552	2 584	29 038	31 622
5	401	401	450	934	948	954	977	977	1 129	1 102	1 102	1 136	9 376	10 512
6	19	19	19	24	20	20	20	20	20	20	20	20	219	239
7	0	0	0	0	0	43	0	0	0	0	0	0	43	43
8													0	0
9													0	0
10	377	377	377	377	377	377	377	377	377	377	377	377	4 143	4 520
11	1 849	1 899	1 831	1 446	1 437	1 443	1 432	1 432	1 367	1 378	1 378	1 311	16 891	18 202
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-1 849	-1 899	-1 831	-1 446	-1 437	-1 443	-1 432	-1 432	-1 367	-1 378	-1 378	-1 311	-16 891	-18 202
14	-102	-80	-228	-620	-1 309	-746	-809	-807	-972	-922	-942	-1 008	-7 537	-8 545
15	-152	-199	-101	-126	577	0	0	-1	1	0	-7	33	-7	26
16	204	159	148	259	326	224	215	318	340	299	297	340	2 789	3 129
17	-14	6	-13	-16	-15	-6	7	-13	-13	-13	-13	-13	-106	-119
18	0	0	0	0	239	3 614	-2	34	50	-591	0	0	3 344	3 344
19													0	0
20													0	0
21													0	0
22			11 016	306	35 022	32 799	9 335	10 281	12 556	13 178	11 334	25 353	135 826	161 179
23	-38 440	-17 289	-5 330	-6 564	-11 077	-7 460	-8 561	-9 417	-11 873	-12 101	-10 836	-25 085	-138 947	-164 032
24	2 522	4 240	2 921	1 627	1 885	965	1 230	299	1 234	1 418	1 428	915	19 770	20 685
25	0	168	679	89	244	142	-44	142	31	98	98	796	1 647	2 443
26	-395	-89	172	-391	636	-252	151	629	-158	-95	301	-535	508	-27
27													0	0
28												-658	0	-658
29												658	0	658
30								66	13	13	13	13	106	119
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	-38 225	-14 982	7 433	-6 882	25 091	27 836	91	99	-158	-95	294	-502	502	0

Saunders Nathan  
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Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Annual leave accrual	(2 000)	Medium
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(2 000)	
	Further Opportunities (positive values)		
27	COVID 19 costs	2 000	Low
28	Annual leave accrual	2 000	Medium
29			
30			
31			
32			
33			
34	Total Further Opportunities	4 000	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	0	
38	Best Case Outturn Scenario	4 000	



Cardiff & Vale ULHB

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Table B3 - COVID-19 Analysis

A - Additional Expenditure

REF	Enter as positive values	1	2	3	4	5	6	7	8	9	10	11	12
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	69	156	235	265	206	(27)	118	128	217	348	387	572
4	Medical & Dental	598	1 085	1 459	1 146	1 131	760	832	864	901	1 333	1 105	1 188
5	Nursing & Midwifery Registered	181	546	424	452	446	362	448	585	853	1 144	972	1 105
6	Prof Scientific & Technical	1	49	53	44	35	19	26	19	34	50	27	47
7	Additional Clinical Services	179	325	338	469	370	312	231	367	693	958	813	1 067
8	Allied Health Professionals	34	185	151	150	117	67	74	113	125	193	181	179
9	Healthcare Scientists	19	16	18	(32)	4	(1)	0	0	0	(0)	24	5
10	Estates & Ancillary	282	835	474	325	293	339	235	219	223	379	346	470
11	Sub total Establishment & Bank Additional Hours	1 363	3 196	3 151	2 819	2 602	1 831	1 965	2 295	3 047	4 405	3 854	4 633
12	Agency:												
13	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0
14	Medical & Dental	0	0	18	12	0	0	0	0	0	0	0	0
15	Nursing & Midwifery Registered	238	465	384	282	402	316	441	359	397	374	371	358
16	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
17	Additional Clinical Services	0	0	0	0	0	0	0	0	0	43	0	0
18	Allied Health Professionals	29	32	29	10	10	8	0	8	0	0	0	0
19	Healthcare Scientists	0	0	0	0	0	0	0	7	5	28	9	15
20	Estates & Ancillary	89	57	96	294	55	155	59	24	24	(52)	137	54
21	Sub total Agency	355	554	527	598	467	480	499	398	426	393	517	427
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0
24	Medical & Dental	29	29	23	17	8	4	3	4	5	4	4	5
25	Nursing & Midwifery Registered	25	28	9	3	8	7	5	5	10	10	10	10
26	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
27	Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0
28	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
29	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
30	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
31	Sub total Returners	55	57	32	19	16	11	8	9	15	14	14	15
32	Students (Provide WTE to the right):												
33	Medical & Dental	77	112	150	(113)	7	1	0	0	0	(0)	(0)	0
34	Nursing & Midwifery Registered	0	147	(3)	44	9	0	0	0	0	0	0	0
35	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
36	Additional Clinical Services	0	579	580	559	110	62	16	8	5	14	28	41
37	Allied Health Professionals	0	0	0	0	27	26	25	24	24	8	0	0
38	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
39	Estates & Ancillary	0	0	0	0	0	0	0	0	38	0	0	0
40	Sub total Students	77	838	727	490	153	89	41	32	67	22	28	41
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	0	0	0	0	10	4	5	5	5	3	2	5
43	Medical & Dental	0	52	79	60	55	16	0	87	58	53	67	63
44	Nursing & Midwifery Registered	0	52	26	0	0	0	0	30	30	30	30	30
45	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0
46	Additional Clinical Services	0	78	66	(144)	0	0	0	0	6	12	8	4
47	Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0
48	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	0	182	171	(84)	65	20	5	123	98	99	106	102
51	Other (specify below and in narrative)												
52	Annual Leave Accrual												8 798
53													
54													
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	1 850	4 827	4 608	3 843	3 303	2 431	2 519	2 855	3 653	4 932	4 520	14 016

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57	<b>Non Pay (Additional costs due to C19)</b>											
58	Accommodation Costs	14	228	37	392	47	0	124	41	41	41	41
59	Additional costs in Primary Care	123	78	31	236	21	20	259	93	278	2 105	1 006
60	Additional costs in Private Sector including via WHSSC	112	0	0	113	29	(9)	12	14	39	(20)	1 247
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals	31 402	8 733	(3 802)	(3 736)	3 593	(68)	2 147	1 453	556	156	28
62	Catering Costs	8	34	(1)	0	0	0	(5)	(0)	4	0	0
63	CHC	17	23	20	0	0	1 362	150	28	654	1 166	429
64	Cleaning Costs	31	48	(4)	25	(8)	11	(3)	0	1	8	0
65	Costs as a result of lost income (inc SLA, services & private patients)	591	1 610	1 092	727	927	616	435	614	745	387	731
66	Covid-19 Testing Units	5	6	9	16	(35)	61	(62)	5	0	0	0
67	Decommissioning costs	0	0	0	0	858	(285)	269	910	2 528	(13)	214
68	Discharge to assess	0	0	0	0	0	0	0	0	0	0	0
69	Discharge to recover	0	0	0	0	0	0	0	0	0	0	0
70	Drugs inc Medical Gases	336	848	810	(368)	274	298	358	355	208	346	568
71	Equipment Costs - beds	153	22	12	2 654	1	48	0	2	0	0	0
72	Equipment costs - ventilators	0	0	0	0	0	0	0	0	0	0	0
73	Equipment costs - other (specific in narrative)	3	282	5	2 473	189	96	117	(16)	85	(1)	22
74	Estates/Security costs	1 383	315	939	(1 146)	20	53	73	(22)	176	240	190
75	External Project Management Costs	5	11	(11)	171	178	44	153	75	34	122	(54)
76	Insurance	0	0	0	0	1	0	0	0	0	0	0
77	IT Costs	392	(97)	108	828	(135)	59	68	135	289	45	183
78	Laundry Costs	0	5	0	0	0	8	2	0	0	1	0
79	Legal Fees	0	0	1	49	25	25	25	13	0	(47)	0
80	M&SE - consumables	796	749	531	244	844	(743)	198	174	302	441	(38)
81	Mortuary/Funeral Expenses	7	13	10	4	0	0	0	0	0	0	0
82	PPE	963	(367)	706	165	630	2 003	693	959	679	742	358
83	Rates	0	0	0	0	0	0	0	0	8	23	25
84	Rent	0	0	0	0	0	0	0	0	0	3	0
85	Reprovision of existing services to external facilities e.g. Haemophilia services	0	0	0	0	0	0	0	0	0	0	0
86	Telephony	0	0	0	30	0	1	30	1	(30)	6	4
87	Temporary LTA Arrangements	0	0	0	0	0	0	0	0	0	0	0
88	Training	0	2	0	0	3	1	0	(0)	0	0	0
89	Transportation	0	0	1	0	4	3	4	2	2	4	14
90	Utility Costs	0	0	0	0	0	0	0	0	0	0	0
91	Other costs (specify below and in narrative)	249	(80)	25	(102)	240	169	(35)	635	234	(467)	147
92	Transfer of Cardiac Surgery to UHL	0	0	0	16	(16)	7	58	40	69	134	55
93	Field Hospital Compensation payments	0	0	204	(126)	64	217	348	(15)	102	518	(6)
94	Blood Analyser Managed contract	0	0	0	0	0	0	2	2	2	2	2
95	Local Authority Spend	0	0	0	54	18	1 032	622	1 064	1 213	1 227	1 149
96	<b>TOTAL ADDITIONAL NON PAY EXPENDITURE</b>	<b>36 590</b>	<b>12 462</b>	<b>722</b>	<b>2 721</b>	<b>7 773</b>	<b>5 029</b>	<b>6 042</b>	<b>6 562</b>	<b>8 220</b>	<b>7 170</b>	<b>6 316</b>
97	<b>TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)</b>	<b>38 440</b>	<b>17 289</b>	<b>5 330</b>	<b>6 564</b>	<b>11 077</b>	<b>7 460</b>	<b>8 561</b>	<b>9 417</b>	<b>11 873</b>	<b>12 101</b>	<b>10 836</b>

A1 - Major Projects : Change in Capacity Expenditure Due To C19 (subset of Table A)

REF	Enter as positive values	1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
98	<b>Major Projects: Capacity Change Expenditure (due to C19)</b>												
99	Dragons Heart Hospital	33 000	9 372	(2 377)	674	4 547	(91)	2 800	2 253	3 179	440	236	3 921
100	Covid-19 Testing Units	0	0	0	0	0	0	0	0	0	0	0	0
101		0	0	0	0	0	0	0	0	0	0	0	0
102		0	0	0	0	0	0	0	0	0	0	0	0
103		0	0	0	0	0	0	0	0	0	0	0	0
104		0	0	0	0	0	0	0	0	0	0	0	0
105		0	0	0	0	0	0	0	0	0	0	0	0
106		0	0	0	0	0	0	0	0	0	0	0	0
107	Mass COVID 19 Vaccination Programme	0	0	0	0	0	0	0	119	721	1 143	979	2 483
108	Extension to Flu Vaccination Programme	0	0	0	0	0	0	240	68	243	(285)	212	92
109	Test, Trace, Protect Costs	1	0	0	207	308	506	938	1 134	1 496	1 750	1 416	1 563
110	<b>TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE</b>	<b>33 001</b>	<b>9 372</b>	<b>(2 377)</b>	<b>881</b>	<b>4 855</b>	<b>415</b>	<b>3 978</b>	<b>3 574</b>	<b>5 639</b>	<b>3 048</b>	<b>2 843</b>	<b>8 059</b>

B - Non Delivery of Planned Savings Due To C19

B - Non Delivery of Planned Savings Due To C19		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Positive values													
111	Non Delivery of Planned Savings (due to C19)												
112	Non Delivery of Finalised (M1) Savings	102	80	228	620	1 309	746	809	807	972	922	942	1 008
113	Non delivery of Savings Assumed but not finalised at M1	2 017	2 069	1 827	1 469	448	(2 449)	1 152	498	977	1 670	1 081	971
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	2 119	2 149	2 056	2 089	1 757	(1 703)	1 960	1 305	1 948	2 592	2 024	1 979

C - Planned Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as Negative values													
115	Expenditure Reductions (due to C19)												
116	Reduction of non pay costs due to reduced elective activity	(2 157)	(2 771)	(1 354)	(1 117)	(1 338)	(391)	(773)	(234)	(616)	(808)	(842)	(317)
117	Reduction of outsourcing costs due to reduced planned activity	0	0	0	0	0	0	0	0	0	0	0	0
118	Reduction of travel and expenses	0	0	0	0	0	0	0	0	0	0	0	0
119	Nursing bed closures in Surgery	(150)	(151)	(155)	(277)	(269)	288	(43)	(150)	(207)	(261)	(222)	(175)

120	Reduction in premium running costs	(108)	(275)	(293)	24	(94)	(269)	(158)	(74)	(107)	(167)	(99)	(81)
121	Other non-contracted services	(107)	(114)	(680)	(267)	(157)	49	(50)	368	(115)	111	(17)	(107)
122	Patient provisions	0	(79)	(11)	9	(27)	(6)	(11)	(5)	(18)	(20)	(24)	(11)
123	GDS Contract	0	(850)	(427)	0	0	(636)	(196)	(204)	(171)	(273)	(224)	(224)
124	Release of Cost Pressure Reserve	0	0	0	0	0	0	0	0	0	0	0	0
125	<b>TOTAL EXPENDITURE REDUCTION (Agrees to Table A)</b>	<b>(2 522)</b>	<b>(4 240)</b>	<b>(2 921)</b>	<b>(1 627)</b>	<b>(1 885)</b>	<b>(965)</b>	<b>(1 230)</b>	<b>(299)</b>	<b>(1 234)</b>	<b>(1 418)</b>	<b>(1 428)</b>	<b>(915)</b>
		0	0	0	0	0	0	0	0	0	0	0	0

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Negative values												
126	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)												
127	WHSSC ICP Developments	0	(168)	(679)	(89)	(244)	(142)	44	(142)	(31)	(98)	(98)	(97)
128	Windows 10 Update slippage	0	0	0	0	0	0	0	0	0	0	0	(200)
129	Eyecare Sustainability Slippage	0	0	0	0	0	0	0	0	0	0	0	(275)
130		0	0	0	0	0	0	0	0	0	0	0	0
131		0	0	0	0	0	0	0	0	0	0	0	0
132		0	0	0	0	0	0	0	0	0	0	0	0
133		0	0	0	0	0	0	0	0	0	0	0	0
134		0	0	0	0	0	0	0	0	0	0	0	0
135	Slippage on Velindre Investments	0	0	0	0	0	0	0	0	0	0	0	(224)
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	0	(168)	(679)	(89)	(244)	(142)	44	(142)	(31)	(98)	(98)	(796)
137	NET EXPENDITURE DUE TO Covid-19	38 036	15 029	3 786	6 937	10 705	4 650	9 335	10 281	12 556	13 178	11 334	25 353
		0	0	0	0	0	0	0	0	0	0	0	0

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Period : Feb 21

Total YTD £'000	Forecast year-end position £'000
2 103	2 675
11 213	12 401
6 412	7 518
357	403
5 054	6 121
1 390	1 569
49	54
3 949	4 419
30 528	35 160
0	0
30	30
4 030	4 388
0	0
43	43
127	127
48	64
937	991
5 215	5 643
0	0
129	133
120	129
0	0
0	0
0	0
0	0
0	0
248	263
234	234
197	197
0	0
1 961	2 002
133	133
0	0
38	38
2 563	2 604
35	40
527	590
198	228
0	0
26	30
0	0
0	0
0	0
785	888
0	8 798
0	0
0	0
0	0
36 340	53 356

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1 006	1 048
4 250	5 172
1 537	2 449
40 462	40 854
39	39
3 850	4 224
109	126
8 475	9 203
6	6
4 481	6 741
0	0
0	0
4 033	4 485
2 893	2 893
0	0
3 255	3 269
2 221	3 066
728	772
1	1
1 876	2 065
16	16
91	116
3 498	3 641
34	39
7 532	8 210
56	81
3	3
0	0
43	47
0	0
6	6
33	37
0	0
1 016	1 476
363	423
1 306	2 550
10	12
6 379	7 605
99 607	110 676
138 947	164 032

Total YTD £'000	Forecast year-end position £'000
54 033	57 954
0	0
0	0
0	0
0	0
0	0
0	0
0	0
2 962	5 445
478	570
7 755	9 318
65 229	73 287

Total YTD £'000	Forecast year-end position £'000
7 537	8 545
10 758	11 729
18 295	20 274

Total YTD £'000	Forecast year-end position £'000
(12 401)	(12 718)
0	0
0	0
(1 596)	(1 771)

(1 619)	(1 700)
(980)	(1 087)
(193)	(204)
(2 982)	(3 205)
0	0
(19 770)	(20 685)

Total YTD £'000	Forecast year-end position £'000
(1 647)	(1 744)
0	(200)
0	(275)
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	(224)
(1 647)	(2 443)
135 826	161 179

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A - WTE of New Staff

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	<b>Returns:</b>	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
23	Administrative, Clerical & Board Members	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
24	Medical & Dental	2,00	2,80	2,40	1,80	1,80	1,30	0,50	0,50	0,50	0,50	0,50	0,50
25	Nursing & Midwifery Registered	5,80	5,80	2,20	1,60	1,60	1,60	1,00	1,00	2,00	2,00	2,00	2,00
26	Prof Scientific & Technical	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
27	Additional Clinical Services	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
28	Allied Health Professionals	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
29	Healthcare Scientists	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
30	Estates & Ancillary	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
31	<b>Sub total Returns</b>	<b>7,80</b>	<b>8,60</b>	<b>4,60</b>	<b>3,40</b>	<b>3,40</b>	<b>2,90</b>	<b>1,50</b>	<b>1,50</b>	<b>2,50</b>	<b>2,50</b>	<b>2,50</b>	<b>2,50</b>
32	<b>Students:</b>												
33	Medical & Dental	7,00	15,00	14,90	2,00	2,29	0,00	0,00	0,00	0,00	0,00	0,00	0,00
34	Nursing & Midwifery Registered	0,00	42,00	0,00	29,61	29,61	0,00	0,00	0,00	0,00	0,00	0,00	0,00
35	Prof Scientific & Technical	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
36	Additional Clinical Services	0,00	284,32	299,75	226,86	45,18	45,00	36,00	20,00	3,50	0,00	0,00	0,00
37	Allied Health Professionals	0,00	0,00	0,00	0,00	9,48	13,00	11,00	11,00	11,00	0,00	0,00	0,00
38	Healthcare Scientists	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
39	Estates & Ancillary	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	17,99	0,00	0,00	0,00
40	<b>Sub total Students</b>	<b>7,00</b>	<b>341,32</b>	<b>314,65</b>	<b>258,47</b>	<b>86,56</b>	<b>58,00</b>	<b>47,00</b>	<b>31,00</b>	<b>32,49</b>	<b>11,00</b>	<b>0,00</b>	<b>0,00</b>
41	<b>Other Temp Staff:</b>												
42	Administrative, Clerical & Board Members	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
43	Medical & Dental	0,00	6,00	7,33	4,33	2,60	0,40	0,00	4,04	6,54	5,54	5,54	5,54
44	Nursing & Midwifery Registered	0,00	9,00	4,50	0,00	0,00	0,00	0,00	7,27	7,27	7,27	7,27	7,27
45	Prof Scientific & Technical	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
46	Additional Clinical Services	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	2,00	2,00	2,00	1,00
47	Allied Health Professionals	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
48	Healthcare Scientists	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
49	Estates & Ancillary	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
50	<b>Sub total Other Temp Staff</b>	<b>0,00</b>	<b>15,00</b>	<b>11,83</b>	<b>4,33</b>	<b>2,60</b>	<b>0,40</b>	<b>0,00</b>	<b>11,31</b>	<b>15,81</b>	<b>14,81</b>	<b>14,81</b>	<b>13,81</b>

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A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values												
98	Major Projects: Bed Capacity (due to C19)												
99	Dragons Heart Hospital - Assumed occupancy to 31 October 2020 & 4 months decommissioning	10	40	10	0	0	0	0	0	0	0	0	0
100		0	0	0	0	0	0	0	0	0	0	0	0
101		0	0	0	0	0	0	0	0	0	0	0	0
102		0	0	0	0	0	0	0	0	0	0	0	0
103		0	0	0	0	0	0	0	0	0	0	0	0
104		0	0	0	0	0	0	0	0	0	0	0	0
105		0	0	0	0	0	0	0	0	0	0	0	0
106		0	0	0	0	0	0	0	0	0	0	0	0
107		0	0	0	0	0	0	0	0	0	0	0	0
108		0	0	0	0	0	0	0	0	0	0	0	0
109		0	0	0	0	0	0	0	0	0	0	0	0
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	10	40	10	0	0	0	0	0	0	0	0	0

Saunders Nathan  
03/17/2021 15:55:47