

Finance Committee

25 November 2020, 14:00 to 16:00

Via Teams

Agenda

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|-------------|---|--------------|
| 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 28th October 2020 | Rhian Thomas |
| |  1.4b UNCONFIRMED MINUTES OF THE FINANCE COMMITTEE OCTOBER 2020.pdf | (9 pages) |
| 1.5. | Action Log | Rhian Thomas |
| |  1.5. Action Log For Nov 2020 Finance Committee.pdf | (1 pages) |
| 1.6. | Chairs Action taken since last meeting | Rhian Thomas |
| 2. | Items for Review and Assurance | |
| 2.1. | Financial Performance Month 6 | Andrew Gough |
| |  2.1 Finance Position Report for Month 7.pdf | (27 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 November 2020.pdf | (2 pages) |
| |  2.2a Finance Risk Register November 2020-21 - Appendix 1.pdf | (6 pages) |
| |  2.2b Surge Hospital Finance Risk Register November 2020-21 - Appendix 2.pdf | (5 pages) |
| 3. | Items for Noting and Information | |
| 3.1. | Month 6 Financial Monitoring Returns | |
| |  3.1a CV Financial Monitoring Returns 2020-21 - Month 7 Final.pdf | (13 pages) |
| |  3.1b Month 07 - Cardiff Vale ULHB - Monitoring | (13 pages) |

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3.2. Committee Effectiveness Review 2019-20 Results and Actions

- a. Committee Effectiveness Results
- b. Committee Effectiveness Action Plan

	3.2 Self Assessment of Committee Effectiveness.pdf	(2 pages)
	3.2a Appendix 1 Committee Effectiveness Results.pdf	(9 pages)
	3.2b Appendix 2 Committee Effectiveness Action Plan.pdf	(2 pages)

4. Items to bring to the attention of the Board

Rhian Thomas

5. Date and time of next Meeting

Wednesday 30th December 2020 at 2 pm, Virtual Meeting via Teams

**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 28rd OCTOBER 2020
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
Andrew Gough	AG	Assistant Director of Finance
Steve Curry	SC	Chief Operating Officer
Chris Lewis	CL	Interim Director of Finance
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer

In Attendance:

Ian Virgil	IV	Internal Audit
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Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Abigail Harris	AH	Executive Director of Strategic Planning
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FC 20/094	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
FC 20/095	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
FC 20/096	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 20/097	MINUTES OF THE COMMITTEE MEETING HELD ON 23rd SEPTEMBER 2020	

	<p>The minutes of the meeting held on 23rd September 2020 were reviewed for accuracy and were agreed as a true and accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 23rd September 2020 were approved by the Committee as an accurate record.</p>	
FC 20/098	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>The Finance Committee was advised that there were no outstanding Actions.</p> <p>Resolved – that:</p> <p>The Finance Committee noted that there were no outstanding Actions.</p>	
FC 20/099	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC20/100	<p>PRESENTATION ON COVID 19 FINANCIAL ALLOCATIONS</p> <p>The Interim Director of Finance introduced a presentation on financial allocations and the NHS Wales Operating for Q3/Q4 2020/21.</p> <p>The Committee was informed that Welsh Government had secured an additional £800m stabilisation fund to increase NHS COVID 19 resources to £1.3bn and that this was split into two parts being (1) National Allocations and (2) Allocations to NHS Organisations.</p> <p>National allocations supported the following national priorities: Test Trace Protect; PPE above historic levels; Set-up, de-commissioning, and consequential losses of approved Field Hospital developments; extension of the flu vaccination programme; Independent sector provision (Q1 to Q3 funding confirmed. Q4 funding assumed); Funding for NHS and jointly commissioned packages of care (first 6 months of the year confirmed with consideration being given to extend to the full year); and Urgent and Emergency care fund. At month 6, the UHB was assuming the funding for planned purposes, subject to confirmation on approval of a Q3 Q4 plans. It was noted that the national allocations were ring fenced and any slippage would be returned to Welsh Government.</p> <p>In addition to the national allocations a further £371.4m of new allocations were made to NHS Organisations based on their formula share derived from the national funding model. The UHB's indicative share of the new allocations was £50.1m based on a formula share of 13.5%. The funding was non recurrent and there was an expectation</p>	

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	<p>that organizations would work collaboratively to ensure system stability in 2020/21.</p> <p>It was noted that the funding was not expected to cover a recovery in waiting times or Covid 19 vaccination plans and that there was still uncertainty over the provision of the £2.7m funding for Q4 Independent Sector Provision and £2.0m of costs recovery from urgent and emergency care monies to fund the UHB's winter plan.</p> <p>The following queries were raised:</p> <p>The UHB Chair (CJ) asked if the national allocations covered the running costs of Field Hospitals and the Interim Director of Finance confirmed that they did not. The Committee was informed that the running costs were generally staff costs and non pay costs not covered by national allocations. The running costs would be incurred ordinarily in providing services on main hospital sites.</p> <p>The Independent Member (Estates) (JU) asked for clarification of the funding to support the additional 400 bed surge capacity at the UHW site and it was confirmed that the capital costs were being funded through a further capital allocation of circa £33m which was in addition to the £153m COVID revenue allocation. It was confirmed that running costs which included the deployment of existing staff were included in the expenditure forecast but did not necessarily attract a specific additional allocation.</p> <p>In response to a query from the UHB Chair (CJ) the Director of Finance confirmed that the UHB was scheduled to meet with Welsh Government in the following week so that areas of uncertainty in the UHBs Q3/Q4 plan could be tested and clarified.</p> <p>Following a query from the UHB Chair (RT), the Interim Director of Finance confirmed that there was no assurance of further funding from Welsh Government if the UHB did not remain with its planning assumptions. In this context the chief executive confirmed that the plan was based on Welsh Government advice and national modelling of the Covid 19 pandemic.</p> <p>The Finance Committee Chair (RT) asked whether the forecast break even position assumed savings from the curtailment of elective work during the pandemic. It was confirmed that this was case although it was highlighted that the savings were assumed to abate as elective work increased in the later part of the year. In this context the UHB Chair (CJ) indicated that where resources were available to the UHB it should maximise the safe investment in elective services so that waiting lists could be minimized.</p>	
<p>FC 20/101</p> <p><i>Printed by Helen 17/10/2020 13:59:15</i></p>	<p>FINANCIAL PERFORMANCE MONTH 7</p> <p>The Assistant Director of Finance informed the Committee that at month 6, the UHB had reported an underspend of £0.271m and that the key reason for the improvement in the financial position in month 6</p>	

was the receipt of further additional Welsh Government funding to cover the additional costs arising from the impact of COVID 19.

The reported position included net expenditure of £79.143m arising from the management of COVID 19 which was offset by an equal amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.271m.

The Executive opinion noted that in managing the impact of COVID 19, the initial financial focus was on justifying additional expenditure incurred in dealing with COVID 19. Welsh Government had now set out the resources available to support the COVID 19 response and there was an expectation that NHS bodies would manage within these resources to deliver their original planned position which in the case of the UHB was a break even position by year end. . In addition the UHB needed to avoid adding recurrent expenditure to the UHB's underlying position to support the recovery from this period.

The UHB Chair (CJ) noted that Welsh Government had made a substantial commitment in supporting the UHB and that there was now an expectation that the UHB would operate within its resource allocation. The UHB Chair also supported the Executive opinion that moving forwards the UHB needed to avoid adding further recurrent commitments to its baseline position.

Three out of the eight measures on the Finance Dashboard remained RAG rated red namely: the reduction in the underlying deficit to £4m; the delivery of the recurrent £25m 3% devolved savings target; and the delivery of the £4m non recurrent savings target. Following the confirmation of further Welsh Government COVID funding in month 6 the UHB now expected to remain within both its revenue resource limit and cash limit in 2020/21 and the RAG rating had moved from Red to Green in month 6 for these measures. Performance against the targets for creditor compliance payments; the maintenance of a positive cash balance; and remaining within the capital resource limit was also RAG rated green.

The Assistant Director of Finance addressed cumulative financial performance and highlighted that within the additional COVID 19 expenditure of £86.159m at month 6, the sum of £45.125m related to the Dragons Heart Hospital (DHH) with further expenditure of £41.034m being incurred in Clinical Boards.

COVID 19 was also adversely impacting on the UHB savings programme where there was an underachievement of £8.461m against the month 6 target of £14.648m. It was noted that performance had improved by £1.709m on the shortfall at month 5 following the release of circa £3.614m of non recurrent balance sheet opportunities. The shortfall in savings was expected to continue until the COVID 19 pandemic passed.

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Elective work had been significantly curtailed during the first 6 months of the year as part of the UHB response to COVID 19 and this was the main reason behind a £14.155m reduction in planned expenditure.

The net expenditure due to COVID 19 was £79.143m and this was matched by the same amount of additional Welsh Government COVID funding. In addition the UHB also had a small operating underspend of £0.271m leading to a net reported surplus at month 6.

The Assistant Director of Finance confirmed that Table 4 of the written report provided a breakdown of the £79.143m of additional Welsh government COVID 19 funding supporting the month 6 position and aligned with the Funding Headings outlined in the earlier presentation on COVID 19 Financial Allocations.

The UHB Chair (CJ) noted the shift towards a breakeven position at month 6 and requested the incorporation of a monthly forecasting graph in future reports which included any unfunded costs arising from the management of COVID 19.

ACTION POINT

Turning to expenditure headings the Assistant Director of Finance indicated that a surplus of £73.460m was reported against income targets at month 6 as a result of the additional Welsh Government funding of £79.143m for COVID 19 offset by net COVID 19 expenditure of £5.582m and an operational overspend of £0.101m. The key COVID 19 costs were largely unchanged from the previous month and related to income reductions arising from reduced footfall and activity in retail and restaurant services; the Injury Cost Recovery Scheme; patient related English NHS non contracted income; dental patient charges income; laboratories and Radiopharmacy and private patients. It was noted that income from the Injury Cost Recovery Scheme had again held up in month and showed sign of returning to pre pandemic levels.

The pay position at month 6 was a deficit of £13.076m made up of a net COVID 19 expenditure of £19.082m and an operational underspend of £6.006m. Additional COVID 19 pay costs had been incurred across all Clinical Boards and the main costs were for medical, nursing and ancillary staff in the Medicine Clinical Boards and in Facilities. The additional COVID pay costs were in part netted down by nursing staff savings in the specialist and surgical clinical boards.

Non pay budgets reported a deficit of £60.112m at month 6 comprising of net COVID 19 expenditure of £54.479m and an operational overspend of £5.634m. The majority of additional non pay COVID 19 expenditure related to plant and premises costs at the Dragon's Heart Hospital with slippage against savings schemes and additional expenditure relating to PPE also adding to the total. It was noted that the net additional non pay costs of £54.479m arising as a

Interim
Director of
Finance

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consequence of COVID 19 had been netted down by £14.105m for reductions in non pay costs mainly arising from reduced levels consumables associated with elective activity.

Turning to the financial forecast for 2020/21 outlined in table 9 of the written report the Assistant Director of Finance noted that the additional costs of managing Covid 19 were expected to continue and that the net expenditure arising as a result of COVID 19 was expected to increase from the £79.143m reported at month 6 to a cumulative total of £153.306 at the year end. The net expenditure arising as a result of COVID 19 was now expected to be matched by additional Welsh Government funding based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4. The UHB's non COVID operational position was expected to remain broadly balanced as the year progressed and the UHB expected to meet its break even duty in 2020/21.

It was noted that the revised forecast year-end break even position was an improvement when compared to month 5 primarily as a result of the confirmation of further additional COVID 19 Welsh Government funding.

The month 6 forecast assumed the £153.306m of additional Welsh Government COVID 19 funding which was as outlined on Table 10 of the written Report as follows:

- Dragons Heart Hospital - £60.789m
- UHB's allocation share of Allocations to NHS Organisations - £50.100m
- Funding reflecting COVID workforce costs month 1 to 3 - £11.016m
- Local Authority Test, Trace and Protect (TTP) - £7.300m
- PPE Funding - £6.632m
- UHB TTP costs - £3.081m
- NHS and Jointly commissioned packages of Care - £3.024m
- Independent Sector Provision- £2.700m
- Flu Vaccine Extension - £2.650m
- Transformation Discharge - £1.251m
- Mental Health Services - £0.503m
- GMS DES - £0.210m
- Urgent and Emergency Care Funding - £4.050m

The Finance Committee was informed that the key assumptions underpinning the forecast were still subject to variation in the remainder of the year and the following key issues were highlighted:

- Dragons Hearth Hospital (DHH) revenue costs were estimated at circa £65.9m including capital costs.
- The UHB had developed alternative plans which had been approved Welsh Government to establish a 400 bed facility for surge capacity on the UHW site .

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- Costs and assumed funding for additional capacity commissioned from the independent sector were included up until the end of the year.
- A further pressure had arisen in month 5 around the cost of an enhanced flu vaccination programme. This was now costed at £2.650m for 2020/21 and was included in the forecast. The forecast cost of a mass COVID vaccination programme was being assessed and was excluded from the current forecast.
- Slippage against savings plans had improved by £3.8m in month to £20.5m following the release of non recurrent opportunities.
- The forecast cost of COVID 19 regional Test, Trace and Protect (TTP) was included in the forecast at c £10.6m.

Turning to performance against delegated budgets it was noted that the largest operational pressures within Clinical Boards were reported in Medicine where the main pressure was against nursing, and in Women & Children where there were pressures against medical staff and non pay. The Committee was informed that the in month improvement in PCIC reflected nursing vacancies and updated GMS enhanced services and prescribing data. The overall operational position had improved in month, however, this would still need to be monitored to ensure that the position was maintained as there was variation across Clinical Boards.

Moving on to the UHBs underlying deficit the Assistant Director Of Finance reported that as a result of the savings slippage the forecast year end underlying deficit was £25.2m which was £21.2m more than the planned £4m identified in the submitted IMTP.

In addition, the UHB had identified a number of further areas where expenditure could impact upon the underlying position. The risks totalling £3.4m were not exhaustive and were set out in a table at Appendix 6.

The Committee was informed that the balance sheet was outlined at Appendix 2 of the report and that the increase in the carrying value of property, plant & equipment since the start of the year was largely due to the impact of capital spend.

The UHB cash balance at the end of August was c £9.0m and the UHB was now forecasting a positive year end cash balance in line with the financial forecast.

PSPP performance continued to exceed the 95% target.

Capital expenditure was satisfactory with net expenditure to the end of September being 39% of the UHB's approved Capital Resource Limit (CRL). The Committee was informed that the UHB has requested a further 2.5m COVID 19 capital funding to support the provision of elective and routine services through the creation of green zones. £1.043m of the funding had been confirmed and the

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	<p>UHB has reprioritized its discretionary capital plan to mitigate the remaining risk.</p> <p>In conclusion, the Assistant Director of Finance highlighted that at month 6, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided. The UHB also has a capital risk to manage if further COVID 19 funding is not secured from Welsh Government.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the month 6 financial impact of COVID 19 which is assessed at £79.143m;</p> <p>The Finance Committee noted the additional Welsh Government funding of £79.143m assumed within the month 6 position;</p> <p>The Finance Committee noted the month 6 reported financial position being a surplus of £0.271m;</p> <p>The Finance Committee noted the break even position which assumes additional Welsh Government funding of £153.306m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions;</p> <p>The Finance Committee noted the risks that are being managed on the capital programme</p> <p>The Finance Committee noted the revised forecast 2020/21 carry forward Underlying Deficit is £25.2m and the risks identified that, if not managed, could increase this.</p>	
<p>FC 20/102</p>	<p>FINANCE RISK REGISTER</p> <p>The Assistant Director of Finance (AG) presented the Finance Risk register.</p> <p>Following confirmation of additional non recurrent Welsh Government funding, the risk in respect of the impact of COVID-19 on the financial plan had been re-assigned from an extreme to a moderate risk in September, thus reducing the number of extreme risks by one in month.</p> <p>The two remaining extreme risks were noted as being:</p> <p>Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.</p> <p>Fin03/20 – Delivery of £29.0m (3.5%) CIP</p> <p>In respect of the risk Fin02/20 the Finance Committee Chair (RT) asked how the UHB was facilitating the management of budget pressures by</p>	

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	<p>Clinical Boards and the Chief Operating Officer (COO) confirmed that there was a weekly group meeting with Clinical Boards which was chaired by the COO where pressure points were addressed and that issues were also discussed at the monthly OPG.</p> <p>The Interim Director of Finance informed the Committee that the remaining extreme risks were not expected to change in year unless Welsh Government provided recurrent funding to cover the shortfall in recurrent savings which had arisen due to the constraints in progressing saving schemes during the pandemic.</p> <p>Resolved - that:</p> <p>The Finance Committee noted the risks highlighted in the 2020/21 risk register.</p> <p>The Finance Committee noted the risks highlighted in the Dragon's Heart Hospital/Surge Capacity sub set risk register.</p>	
FC 20/103	<p>MONTH 6 FINANCIAL MONITORING RETURNS</p> <p>These were noted for information.</p>	
FC 20/104	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD</p> <p>There were no items to bring to the attention of the Board.</p>	
FC 20/105	<p>DATE OF THE NEXT MEETING OF THE COMMITTEE</p> <p>Wednesday 25th November 2.00pm; Virtual Meeting via Teams</p>	

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FINANCE COMMITTEE

ACTION LOG

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
FC 20/101	28.10.20	FORECAST TO BREAK EVEN AT MONTH 6.	Monthly forecasting graph to be included in future finance performance reports. The graph should include any unfunded costs arising from the management of COVID 19.	Interim Director of Finance	Complete – Monthly forecasting graph included in Month 7 Finance Report. .

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Report Title:	Finance Report for the Period Ended 31 st October 2020						
Meeting:	Finance Committee			Meeting Date:	25 th November 2020		
Status:	For Discussion	x	For Assurance	x	For Approval	For Information	x
Lead Executive:	Interim Executive Director of Finance						
Report Author (Title):	Assistant Director of Finance						

Background and current situation:

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

Table 1: 2020/21 IMTP

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

At month 7, the UHB is reporting an underspend of £0.362m against this plan. During the 7 months to the end of October net expenditure of £88.478m arose from the management of COVID 19 which is offset by the same amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.362m.

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

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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 @ October 2020

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

Month 7 Cumulative Financial Position

The Welsh Government has made amendments to the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 7 is a surplus of £0.362m following

an in month surplus of £0.091m in month and this is summarised in Table 3.

Table 3: Month 7 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	94.720
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	10.426
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(15.390)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(1.278)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	88.478
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.362)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(88.478)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.362)

This shows that the in month net expenditure of £9.335m due to COVID 19 was matched by and equal amount of additional Welsh Government funding to cover the costs arising from the impact of COVID 19.

The additional COVID 19 expenditure in the 7 months to the end of October was £88.478m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs which allowed for significant expansion. At month 7 revenue costs of £47.925m relate to the Dragon's Heart Hospital (DHH) and these are detailed in **Appendix 5**. The fall in DHH in month costs relates to expenditure profiling of Dragon's Heart Hospital set up and decommissioning costs.

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

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

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

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

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

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

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

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

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

Table 5: Summary Financial Position for the period ended 31st October 2020

Income/Pay/Non Pay	Budget	Actual	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Received	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m
In Month						
Income	(123.505)	(123.264)	0.444	0.000	(0.203)	0.241
Income - Welsh Govt. COVID 19 Funding Received	0.000	(9.335)	0.000	(9.335)	0.000	(9.335)
Pay	58.442	60.037	2.351	0.000	(0.756)	1.594
Non Pay	65.063	72.473	6.541	0.000	0.868	7.409
Variance to Plan £m	(0.000)	(0.090)	9.336	(9.336)	(0.091)	(0.091)
Cumulative						
Income	(831.387)	(825.461)	6.026	0.000	(0.100)	5.926
Income - Welsh Govt. COVID 19 Funding Received	0.000	(88.478)	0.000	(88.478)	0.000	(88.478)
Pay	389.541	404.212	21.433	0.000	(6.762)	14.671
Non Pay	441.846	509.365	61.020	0.000	6.500	67.520
Variance to Plan £m	(0.000)	(0.362)	88.478	(88.478)	(0.362)	(0.362)

Income

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

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Table 6: Income Variance @ October 2020

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

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

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

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

COVID activity.

The in month improvement on the operational position is mainly a result of a relatively high level of non contractual critical care activity.

Pay

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

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

Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Medical and Dental	0.836	0.000	0.000	0.836	0.290	1.126
Nursing (registered)	0.883	0.005	(0.172)	0.717	(0.325)	0.392
Nursing (unregistered)	0.246	0.000	0.000	0.246	0.207	0.452
Scientific, prof & technical	0.021	0.000	0.000	0.021	(0.175)	(0.154)
Additional clinical services	(0.025)	0.000	0.000	(0.025)	(0.117)	(0.142)
Management, admin & clerical	0.092	(0.002)	0.000	0.090	(0.273)	(0.183)
Other staff groups	0.458	0.008	0.000	0.466	(0.362)	0.104
Total £m	2.510	0.012	(0.172)	2.351	(0.756)	1.594
Cumulative						
Medical and Dental	7.576	(0.177)	0.000	7.399	(1.001)	6.398
Nursing (registered)	5.256	0.040	(1.544)	3.751	(1.902)	1.849
Nursing (unregistered)	2.305	0.000	0.000	2.305	1.091	3.396
Scientific, prof & technical	0.232	(0.032)	0.000	0.200	(0.806)	(0.606)
Additional clinical services	0.432	0.000	0.000	0.432	(0.736)	(0.304)
Management, admin & clerical	1.126	0.028	0.000	1.154	(1.646)	(0.492)
Other staff groups	6.171	0.021	0.000	6.192	(1.762)	4.430
Total £m	23.097	(0.121)	(1.544)	21.433	(6.762)	14.671

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

The main additional COVID 19 pay costs are for medical and nursing staff in the Medicine Clinical Board where additional costs of £8.091m have been incurred. Additional costs of £2.844m have been incurred in capital and estates for ancillary staff. Significant additional pay costs have also been incurred across all other Clinical Boards. Some of these costs are netted down by nursing staff savings in the Specialist and Surgical Clinical Boards.

Cumulative operational pay underspends are reported by all Clinical Boards bar the Medicine Clinical Board where there is an operational overspend of £0.733m primarily as a result of nursing costs. The largest operational pay underspends are on registered nursing staff in the Mental Health, Specialist and PCIC Clinical Boards, support staff in Capital estates and management and administrative staff in the Women & Children Clinical Board.

Non Pay

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

Table 8: Non Pay Variance @ October 2020

Non Pay	COVID 19 Additional Expenditure £m	COVID 19 Non Delivery of Planned Savings £m	COVID 19 Reductions In Planned Expenditure £m	Net Expenditure Due to COVID 19 £m	Operational Variance (Fav)/Adv £m	Total Variance £m
In Month						
Drugs / Prescribing	0.366	(0.004)	(0.162)	0.200	(0.273)	(0.073)
Clinical services & supplies	(1.214)	0.030	(0.573)	(1.757)	2.305	0.548
General supplies & services	2.356	0.007	(0.011)	2.352	(1.868)	0.485
Establishment expenses	0.103	0.001	0.000	0.105	(0.125)	(0.020)
Premises & fixed plant	2.773	0.016	0.000	2.789	0.414	3.203
Continuing healthcare	0.151	0.000	0.000	0.151	0.219	0.370
Commissioned Services	0.038	0.000	(0.006)	0.032	(0.300)	(0.268)
Primary Care Contractors	0.259	0.000	(0.248)	0.011	0.031	0.042
Other non pay	0.779	1.894	(0.015)	2.658	0.465	3.123
Total £m	5.611	1.945	(1.015)	6.541	0.868	7.409
Cumulative						
Drugs / Prescribing	2.682	(0.562)	(2.751)	(0.631)	1.895	1.264
Clinical services & supplies	4.363	(0.241)	(7.833)	(3.710)	0.717	(2.994)
General supplies & services	5.487	0.023	(0.236)	5.274	0.706	5.980
Establishment expenses	0.399	(0.093)	0.000	0.305	(0.996)	(0.690)
Premises & fixed plant	47.098	(0.094)	0.000	47.004	1.994	48.999
Continuing healthcare	1.573	(1.773)	(0.010)	(0.210)	0.560	0.351
Commissioned Services	0.271	(0.010)	(1.819)	(1.558)	(0.752)	(2.310)
Primary Care Contractors	0.788	(0.291)	(2.367)	(1.870)	(0.504)	(2.373)
Other non pay	2.988	13.531	(0.105)	16.415	2.880	19.294
Total £m	65.650	10.490	(15.121)	61.020	6.500	67.520

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

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

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

The COVID 19 related costs have been netted down by £15.121m for reductions in non pay costs mainly arising from reduced levels consumables associated with elective activity, adjustments to dental contracts, reduced non contracted activity (NCA) and slippage on investment programmes.

The main issues driving the £6.500m operational overspend against non pay were as follows;

- £1.895m overspend against drugs and prescribing primarily due to pressures against primary care GP prescribing and drug costs in specialist services.

- £1.994m adverse variance against premises and fixed plant due to additional IT spend, security costs, community equipment and a number of overspends across Clinical Boards. Part of the overspend on premises and fixed plant costs has arisen from the use of estates contractors and these costs are offset by a related underspend of £0.839m against vacant posts in Capital Estates.
- £2.880m adverse variance against other non-pay mainly due to non COVID related savings slippage alongside a non recurrent in month pressure due to a revision of reserve commitments.

Forecast Net Expenditure Due to COVID 19

Whilst the UHB expects the non COVID related operational position to remain broadly balanced as the year progresses, the additional costs arising from plans to manage COVID 19 are expected to continue. The latest forecast of net expenditure due to COVID 19 in 2020/21 is £151.726m. This is offset by confirmed additional COVID 19 funding of £151.726m as summarised in table 9.

Table 9: Summary of Forecast COVID 19 Net Expenditure

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

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

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

The forecast additional Welsh Government funding is based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4 and totals £151.276m as outlined in table 10 below:

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

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

The key financial planning assumptions are:

Dragons Heart Hospital

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

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

COVID and Winter Surge Capacity / Lakeside Wing

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

particularly difficult. The UHBs assessment is that of the 400 beds provided in this proposed facility, 50 would be developed as winter surge beds. The remainder would be kept as surge beds to use if there was a significant demand. The UHB's bed capacity plan maintains some of the initial bed expansion created in the UHB's GOLD capacity plan (wards in Barry and St David's Hospital as well as the conversion of a physiotherapy area at UHW), but some of the beds originally identified as conversion to COVID-19 beds are required as the UHB brings back on line more non-COVID-19 activity.

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

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

Increasing Non-Covid Activity

Throughout the pandemic the UHB has maintained core essential services with the prioritisation of need based upon clinical-stratification rather than time-based stratification.

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

The UHB has been able to achieve this through:

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

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

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

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

Costs of Spire /St. Joseph's are included in the forecast to the 31st of March totaling £2.700m. Funding up until 31st December has been confirmed by Welsh Government and it has been

assumed that this arrangement will continue for the rest of the financial year. As such the UHB has assumed a further £2.7m Welsh Government funding for this.

Regional Test, Trace and Protect (TTP)

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

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

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

Enhanced Flu Vaccination Programme

The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost which is estimated at £1.903m and is assumed to be funded. This has been calculated in line with the recent guidance and assumes that the UHB will receive circa 14.3% of the 440,000 vaccines being made available to Wales.

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

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

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

Personal Protective Equipment

In line with the planning guidance the UHB is assuming that its COVID 19 costs of PPE will be fully funded. At month 7 these are assessed at £6.884m.

Urgent and Emergency Care Funding

The UHB continues to shape its unscheduled care plans around the goals of the national urgent and emergency care framework and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4:

1. 111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time.
2. 24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and admission to hospital.
3. Ambulatory emergency care to enable patients to safely bypass the Emergency

Department and prevent unnecessary admission.

4. Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome

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

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

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

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

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

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

Savings Programme 2020-21

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

Financial Performance of Clinical Boards

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

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Table 11: Financial Performance for the period ended 31st October 2020

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

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

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

Savings Programme

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

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

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

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

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

Underlying Financial Position

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

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

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Table 13: Summary of Underlying Financial Position

	Forecast Position @Month 7		
	Submitted IMTP £m	Non Recurrent £m	Recurrent Position £m
b/f underlying deficit	(11.5)	0.000	(11.500)
Net Allocation Uplift (inc LTA inflation)	36.1		36.1
Cost Pressures	(50.6)		(50.6)
Investments	(3.0)		(3.0)
Recurrent Cost Improvement Plans	25.0		25.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(0.0)	4.0	(4.0)
In Year Movements			
Non Delivery of Planned Savings (due to COVID- 19)	(19.9)	1.4	(21.3)
Revenue cost DHH	(62.7)	(62.7)	
Operational Expenditure Cost Increase Due To Covid-19	(92.2)	(92.2)	
Planned Operational Expenditure Cost Reduction Due To Covid-19	20.9	20.9	
Slippage on Planned Investments Due To Covid-19	2.2	2.2	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assumption	151.7	151.7	
Revised Forecast Surplus/(Deficit) 2020/21	0.0	25.3	(25.3)

In addition, the UHB has identified a number of areas where expenditure could impact upon the underlying position. These risks are set out in **Appendix 6** and further work is required to either mitigate them or manage them within a deliverable 2021/22 financial plan. The list of new/potential recurrent commitments of £3.4m is not exhaustive and further detailed work will continue in order to identify recurrent impacts.

Balance Sheet

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

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

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

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

Cash Flow Forecast

The closing cash balance at the end of October was £12.951m which is higher than planned. The month end balance is expected to fall back to circa £4m at the end of November. The UHB is predicting a positive cash balance at the end of 2020/21 in line with the improved financial

forecast as shown at **Appendix 3**.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance is 96.1% at the end of October and continues to meet the 95% performance target.

Capital Resource Limit (CRL)

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

Table 12: Progress against Capital Resource Limit @ October 2020

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

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

approved capital resource limit of £81.587m as at the 23rd October 2020 comprising of £14.548m discretionary funding and £67.039m towards specific projects (including Rookwood Replacement, CRI Links, Cystic Fibrosis Service, CT Scanners & COVID-19 capital works and equipment)

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this. The UHB has however requested further COVID 19 funding especially to support the provision of elective and routine services through the creation of green zones. The value of this is £2.5m and to date £1.043m of the funding has been confirmed and the UHB has reprioritized its discretionary capital plan to mitigate the remaining risk.

Key Risks

At month 7, following confirmation of additional funding assumptions, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided

Recommendation:

The Finance Committee is asked to:

- **NOTE** the month 7 financial impact of COVID 19 which is assessed at £88.478m;
- **NOTE** the additional Welsh Government COVID 19 funding of £88.478m assumed within the month 7 position.
- **NOTE** the month 7 reported financial position being an operational surplus of £0.362m;
- **NOTE** the forecast break even position which assumes additional Welsh Government funding of £151.726m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions;
- **NOTE** the risks that are being managed on the capital programme;
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit of £25.3m and the

risks identified that, if not managed, could increase this.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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2020/21 SAVING SCHEMES

2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,855	839	0	839	10	5,016
Surgery	4,081	690	24	714	0	3,367
Specialist Services	3,582	305	0	305	0	3,277
Mental Health	2,608	28	0	28	0	2,580
CD&T	2,897	1,120	5	1,124	0	1,773
Children & Women	3,149	695	37	731	0	2,418
Medicine	3,330	585	0	585	0	2,745
Capital Estates and Facilities	2,289	412	145	558	1,622	1,731
Corporate Executives	1,209	61	0	61	102	1,148
SubTotal Clinical Boards	29,000	4,735	211	4,946	1,734	24,054
Health Board Wide Schemes		4,147	0	4,147	13,900	(4,147)
Total	29,000	8,882	211	9,093	15,634	19,908

2020-21 Full Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC Clinical Board	5,047	839	0	839	10	4,208
Surgery	3,518	603	63	666	0	2,853
Specialist Services	3,088	105	0	105	0	2,983
Mental Health	2,248	21	0	21	0	2,227
CD&T	2,497	1,063	6	1,069	0	1,429
Children & Women	2,715	477	44	521	0	2,194
Medicine	2,871	241	0	241	0	2,630
Capital Estates and Facilities	1,973	53	145	198	23	1,775
Corporate Executives	1,042	30	0	30	0	1,012
SubTotal Clinical Boards	25,000	3,432	258	3,690	33	21,310
Health Board Wide Schemes:					13,900	
Total	25,000	3,432	258	3,690	13,933	21,310

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Appendix 2

Balance Sheet as at 31st October 2020

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

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APPENDIX 3

CASHFLOW FORECAST AT THE END OF OCTOBER 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	134,620	99,200	101,500	83,800	77,520	92,495	97,405	73,490	103,225	77,801	96,811	72,799	1,110,666
WG Revenue Funding - Non Cash Limited (NCL)	1,600	1,500	1,435	1,510	660	1,265	1,330	1,060	975	1,260	1,260	5,524	19,379
WG Revenue Funding - Other (e.g. invoices)	1,308	1,271	2,919	1,339	1,596	1,381	3,001	1,263	1,263	1,554	2,635	4,298	23,830
WG Capital Funding - Cash Limit	13,100	4,000	4,000	4,000	6,000	2,500	3,000	11,000	9,000	9,000	5,000	10,987	81,587
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Income from other Welsh NHS Organisations	54,611	45,256	47,524	56,980	33,653	47,691	56,508	35,984	53,271	37,890	41,019	49,195	559,580
Other - (Specify in narrative)	11,911	3,736	4,851	11,409	5,068	6,656	13,888	6,092	5,641	13,574	5,435	11,275	99,535
TOTAL RECEIPTS	217,150	154,963	162,229	159,039	124,498	151,988	175,131	128,888	173,375	141,079	152,159	154,078	1,894,577
PAYMENTS													
Primary Care Services : General Medical Services	5,816	4,468	8,805	4,351	4,377	6,865	4,897	4,596	7,518	4,544	4,544	7,518	68,298
Primary Care Services : Pharmacy Services	219	189	115	87	65	81	90	81	240	480	240	240	2,128
Primary Care Services : Prescribed Drugs & Appliances	13,902	8,639	7,986	14,801	3	7,661	14,557	0	15,220	0	7,610	7,610	97,990
Primary Care Services : General Dental Services	1,902	1,959	2,011	2,001	2,282	2,186	2,350	2,115	2,100	2,100	2,100	2,100	25,205
Non Cash Limited Payments	1,928	2,235	2,014	1,701	1,831	1,904	1,558	1,829	1,895	1,895	1,895	1,895	22,579
Salaries and Wages	53,294	55,612	56,237	56,072	54,957	53,597	55,459	56,006	54,614	54,891	55,499	55,237	661,473
Non Pay Expenditure	103,118	63,632	60,123	55,255	53,816	55,082	59,734	62,366	57,087	63,087	61,240	55,269	749,810
Capital Payment	9,740	6,975	6,191	2,331	2,513	3,984	10,078	5,800	9,000	9,000	5,000	10,975	81,587
Other items (Specify in narrative)	21,838	15,111	17,641	22,372	4,669	15,749	22,443	5,005	25,743	5,010	14,010	16,743	186,334
TOTAL PAYMENTS	211,756	158,821	161,123	158,969	124,513	147,110	171,165	137,798	173,416	141,007	152,138	157,587	1,895,402
Net cash inflow/outflow	5,394	(3,858)	1,106	70	(15)	4,878	3,966	(8,909)	(41)	72	21	(3,508)	
Balance b/f	1,410	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,041	4,000	4,072	4,093	
Balance c/f	6,804	2,946	4,052	4,122	4,107	8,985	12,951	4,041	4,000	4,072	4,093	585	

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Appendix 4

PROGRESS AGAINST CRL AS AT 31st OCTOBER 2020

Approved CRL issued October 23rd 2020 £'000s		81,587				
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Reprovision of Rookwood Hospital	3,502	3,382	(120)	4,662	6,041	1,379
MRI Scanner 19/20 Slippage	255	255	0	250	255	5
Cystic Fibrosis Service	2,222	2,041	(181)	3,734	3,734	0
Well Being Hub - Maelfa	245	245	(0)	245	245	0
Well Being Hub - Penarth	33	30	(3)	224	224	0
CT Scanner- Emergency Unit	0	0	0	427	427	0
CT Scanner- Emergency Unit	0	0	0	233	233	0
ICF-CRI Chapel	1,526	1,344	(182)	2,633	2,633	0
Major Trauma Centre	185	292	107	605	605	0
CRI Links	2,371	2,067	(304)	4,805	4,805	0
Pharmacy equipment	30	30	0	28	30	2
Covid 19 -Mobile CT Scanner	600	600	0	600	600	0
Covid 19-digital/inpatient/critical care beds	1,071	1,030	(41)	1,071	1,071	0
Covid 19- slippage from 19/20 (monitors & mobile x ray)	742	494	(248)	742	742	0
Covid 19 oxygen infrastructure works at uhw	371	370	(1)	350	371	21
Covid 19-HCID Development uhw	6,250	5,764	(486)	6,250	6,250	0
Covid 19-digital devices	589	341	(248)	589	589	0
COVID 19 - Works to St David's Hospital	136	110	(26)	136	136	0
COVID 19 - Works to Barry Hospital	239	203	(36)	239	239	0
COVID - 19 Funding requirements for 2020-21 (Tranche 1 – June 2020)	571	670	99	1,027	1,027	0
COVID 19 - Funding requirements for 2020-21 (Tranche 2 – July 2020)	3,680	3,868	188	3,916	3,916	0
COVID 19 - Additional surge capacity at UHW	18,300	17,499	(801)	33,230	33,230	0
COVID 19 - Green Zones	1,043	1,238	195	1,043	2,515	1,472
Sub Total	43,962	41,875	(2,086)	67,039	69,918	2,879
Discretionary:						
I.T.	131	118	(13)	1,250	600	(650)
Equipment	239	914	675	2,467	1,093	(1,374)
Statutory Compliance	459	597	138	2,800	2,800	0
Estates	3,894	3,356	(538)	8,498	7,643	(855)
Sub Total	4,723	4,985	262	15,015	12,136	(2,879)
Donations:						
Charitable Funds Equipment	0	0	0	467	467	0
Sub Total	0	0	0	467	467	0
Asset Disposals:						
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Sub Total	0	0	0	0	0	0
CHARGE AGAINST CRL	48,685	46,860	(1,825)	81,587	81,587	0
PERFORMANCE AGAINST CRL (Under)/Over £'000s			(34,727)		0	

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

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

	2020/21	2021/22	2020/21	2021/22
	£000	£000	£000	£000
Estimated Costs	£	£	£	£
Set up costs - capital	2686	0	2686	0
Set up costs - revenue	46785	0	46785	0
Running costs - pay	441	0	441	0
Running costs - non pay	15521	0	15521	0
Total estimated costs	65433	0	65433	0

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Running costs - pay (additional costs only)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Medical and Dental - establishment	10	22	-2	6	0									36	36
Medical and Dental - agency / locum														0	
Nursing - establishment	12	65	34	0	0									111	111
Nursing - bank														0	
Nursing - agency														0	
Prof Scientific and Technical - establishment	1	5	13	0	0									19	19
Prof Scientific and Technical - agency														0	
AHP - establishment	7	22	16	4	0									49	49
AHP - agency														0	
Healthcare Scientists - establishment	2	18	0	0	0									20	20
Healthcare Scientists - agency														0	
Estates / Ancillary staff - establishment	0	56	27	-10	0									73	73
Estates / Ancillary staff - agency				133	0									133	133
Admin and Clerical - establishment														0	
Admin and Clerical - agency														0	
Students														0	
HcAs														0	
Portering														0	
Domestics														0	
Catering														0	
IT														0	
Total running costs - pay (additional costs only)	32	188	88	133	0	441	441								

Running costs - non pay	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Rent														0	
Business rates														0	
Utility costs														0	
Laundry costs														0	
Catering costs														0	
Cleaning costs														0	
Waste disposal costs														0	
Security costs														0	
Transport costs														0	
Personal Protective Equipment														0	
Drugs	14	8	1			-5								18	18
Medical gases	0	17	28	7	7	-6	7							60	60
M&SE - consumables	86	98	45	2	0	156								387	387
Stationery														0	
Telephony costs														0	
CHC costs														0	
Discharge to assess/recover costs														0	
Insurance														0	
IT														0	
Maintenance														0	
Site management														0	
Decommissioning Costs					908	-235	169	909	5282	430	2500			9963	9963
Consequential Losses			204	-126	64	217	348	980	361	1288	200			3536	3536
Other costs (specify below)															
Mitie - soft FM running costs	194	206	750	0	0	0								1150	1150
Hard FM, e.g electrical contractors, plumbing contractors	130	122	112	-133	0	0								231	231
Other costs	120	0	197	0	0	-145	4							176	176
														0	0
														0	0
														0	0
														0	0
														0	0
														0	0
														0	0
														0	0
Total running costs - non pay	544	451	1337	-250	979	-18	528	1889	5643	1718	2700	0	15521	16902	0

Summary	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Sunk Costs	Variable
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Total Setup Costs	34987	8992	-3802	603	3608	-61	2272	1472	728	525	147	0	49471	49471	0
Total Running Costs	576	639	1425	-117	979	-18	528	1889	5643	1718	2700	0	15962	17343	0
Total Costs	35563	9631	-2377	486	4587	-79	2800	3361	6371	2243	2847	0	65433	66814	0

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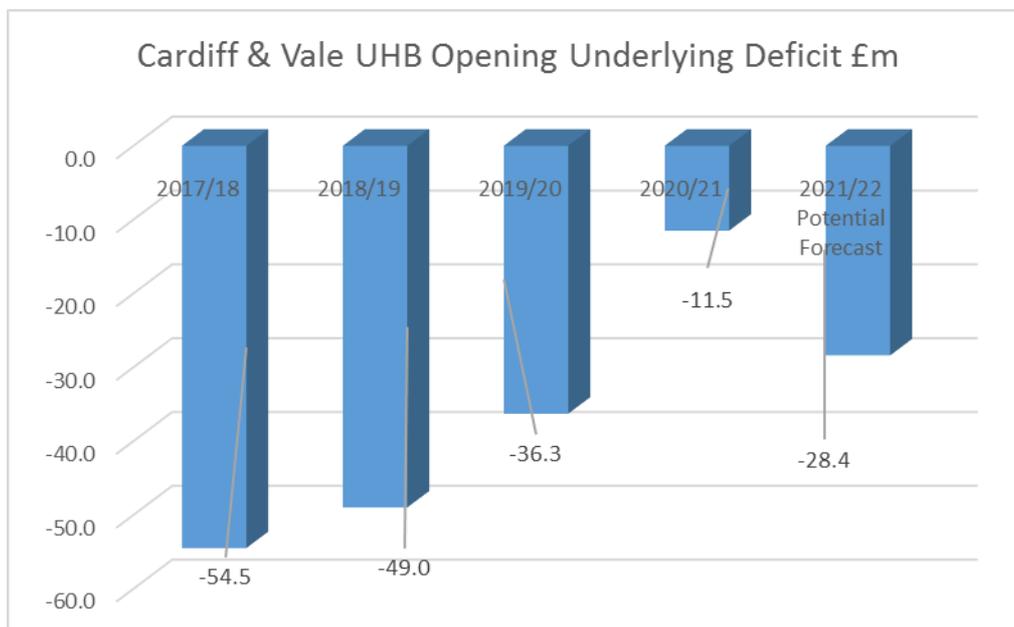
POTENTIAL UNDERLYING DEFICIT

	£m
Assessed underlying deficit at month 7	(25.3)
New/potential recurrent commitments	
CAV 24/7	(1.8)
PART (To be first call on investment funding)	(0.8)
EU junior doctor rota	(0.5)
Cardiac services Landough	tbc
Critical care capacity	tbc
PACU dislocation from ITU	tbc
Primary Care switch to DOACs	tbc
Potential Closing underlying deficit position £m	(28.4)

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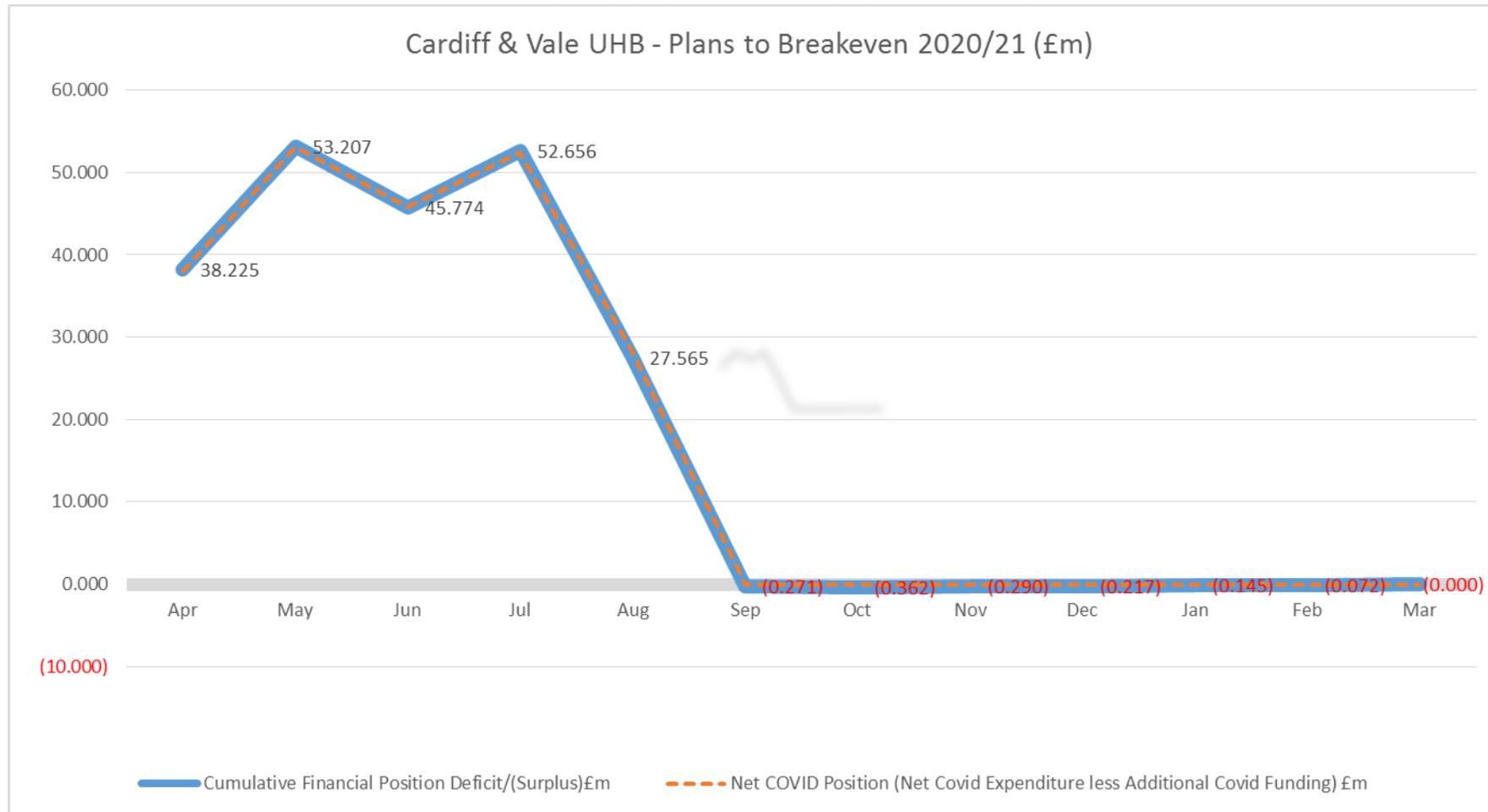
Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



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Cardiff & Vale UHB – Plans to Break Even



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Report Title:	Finance Risk Register			
Meeting:	Finance Committee			Meeting Date: 25 th November 2020
Status:	For Discussion	For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Assistant Director of Finance			

Background and current situation:

This report highlights the 2020/21 Finance Risk Register risk categorisation by severity of risk as at 25th November 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 25th November 2020

Risk Category	Risk Score	Number of Risks as at 25 November 2020
Extreme Risk	20 - 25	2
High Risk	12 - 16	3
Moderate Risk	4 - 10	6
Low Risk	1 - 3	0

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:

FIN10/20 – COVID 19 financial plan impact. Risk remains moderate following confirmation of in

year non-recurrent WG COVID funding.

FIN02/20 – Manage budget pressures. Risk remains Moderate following the continuation of operational underspend now at £0.362m at month 7.

FIN08/20 – Winter Plan. Risk remains high. Awaiting confirmation on bids through the WG Urgent and Emergency Care Fund.

Recommendation:

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2020/21 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



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	Dec-20	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	5	2	10	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21. A small operational underspend of £0.362m was reported at month 7.	Progress to be monitored and managed by Management Executive.	Assistant Director of Finance	Mar-21	5	1	5	Dec-20	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, £9.092m 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	Dec-20	Management
Fin04/20	Finance	Jan-20	Manage internal investments within £3m envelope	Director of Finance	4	4	16	Internal investment plan agreed - business cases continue to be approved through the Business Case Approval Group (BCAG)	Reasonable assurance	4	2	8	Optimum Controls/NFA Required	None	No new revenue or capital business investments should be progressed unless related to the response to COVID-19 or otherwise expressly approved by Welsh Government.	Assistant Director of Finance	Mar-21	4	2	8	Dec-20	Management
Fin05/20	Finance	Jan-20	Commissioning Risks	Director of Finance	3	3	9	Regular performance/LTA meetings with other providers/WHSSC and internal commissioning group.	Reasonable assurance	3	3	9	Optimum Controls/NFA Required	IMTP commissioner / provider sign off and agreement	None	Assistant Director of Finance	Mar-21	3	2	6	Dec-20	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	4	3	12	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	4	3	12	Dec-20	Management
Fin07/20	Finance	Feb-20	Deliver RTT within resources available	Director of Finance	4	4	16	The UHB will continue to work closely with WG to ensure appropriate resources are made available to maintain progress against the national operating framework.	Limited Assurance	4	3	12	Adequate but more Action Required	None	Position will continually be assessed as planned care workstreams come back online in line with Q3/Q4 plan.	Assistant Director of Finance	Mar-21	4	2	8	Dec-20	Management
Fin08/20	Finance	Feb-20	Winter pressures managed within available resources	Director of Finance	4	4	16	Winter plan for 2020/21 developed in partnership with Local Authorities and signed off by Management Executive	Limited Assurance	4	3	12	Adequate but more Action Required	None	WG do not require a separate winter plan in 2020/21. WG Winter Protection Plan published and Urgent and Emergency Care funding confirmed. Bids currently being submitted.	Assistant Director of Finance	Mar-21	3	3	9	Dec-20	Management
Fin09/20	Finance	Feb-20	Cardiac outsourcing	Director of Finance	3	3	9	Potential to need to outsource up to 50 patients at an estimated cost of £0.020m per patient	Reasonable assurance	3	3	9	Adequate but more Action Required	None	None	Assistant Director of Finance	Mar-21	3	3	9	Dec-20	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	2	10	Optimum Controls/NFA Required	The Health Board is forecasting net COVID costs totalling £151.726m 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	5	2	10	Dec-20	Management
Fin11/20	Finance	Feb-20	COVID-19 Test, Trace, Protect (TTP)	Director of Finance	3	3	9	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	3	2	6	Optimum Controls/NFA Required	The contact tracing service is hosted by Cardiff Council on behalf of the 3 organisations. The TTP service went live on 1st June. Local authority income of £7.3m confirmed by WG against local authority costs of £6.655m and a total TTP forecast cost of £9.801m.	Detailed TTP forecast projections are submitted to WG on a monthly basis through the monthly monitoring returns	Assistant Director of Finance	Mar-21	3	2	6	Dec-20	Management

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Guidance Notes to assist completing the risk register
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UHB Reference No:- This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.
Divisional / Directorate Reference No:- Each Division / Directorate should have a unique numbering system for the risks that they enter onto the register. It should contain the initials of the Division, a consecutive number and the year e.g. Mental Health = MH, Children's and Women's = CW, Primary, Community & Intermediate & Older Persons = PCIO, Dental = Den, Diagnostics & Therapeutics = DT, Medicine = M, Surgical Services = SS, Specialist Services = SpS. MH 01/10, SPS 01/10 etc. (Note - as this register is in the developmental stage please advise Melanie Westlake if there are alternative initials to be used).
Previous Reference No:- Whilst the UHB is in the process of consolidating and updating registers it will be necessary to include the previous reference number for audit purposes. This will be populated by the Risk Management Department.
Date entered onto original Register:- as above
Risk / Issue (Including Impact):- The Risk or Issue is the event that could cause an incident or hinder the achievement of objectives. A risk is something that may happen. An issue is already occurring. The impact is the effect that the Risk or Issue will have on the UHB.
Link to UHB Core Objectives:- List here, the main Strategic Goal that links to the risk being assessed.
Existing Controls:- Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.
Current Risk Rating:- Assess the current impact on the UHB using Tables 1,2 & 3.
Ranking:- This is the ranking of the risk e.g. The highest risk will score 25 and be ranked at 1, those that score 20 will be ranked at 2 etc.
Adequacy of existing controls:- Indicate how well controlled you feel the risk / issue is i.e. No control, Inadequate controls, Adequate but more action required and Optimum / NFA required.
Summary of Additional Controls Required:- Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
Target Risk Rating if Controls in Place:- What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
Date of Last Review:- When was the Risk Assessment / Control measures last reviewed.
Review completed by:- This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.
Risk Owner:- Who is the lead for taking the actions proposed relating to this risk. This should be Divisional Director, Board Secretary, Assistant Director etc.
Director Lead:- Who is the lead Director for this risk.
Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	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
Quality/complaints/audit	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
Human resources/organisational development/staffing/competence	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
Statutory duty/inspections	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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Adverse publicity/ reputation	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
Business objectives/ projects	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
Finance including claims	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
Service/business interruption	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
Environmental impact	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
Frequency 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
Probability 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 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

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

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

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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	3	3	9	Adequate but more Action Required	WG Funding assumptions and intentions understood	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. 4. Fundamental assurance will only be secured on final confirmation of full Welsh Government Funding. WG have issued a £35m allocation based on certification and invoices received to date. This is less than liabilities incurred to date not yet invoiced and less than forecast project costs. Welsh Government have not given any indication that the additional cost will not be funded once cost are finalised and appropriate documentation is in place.	Assistant Director of Finance	Mar-21	3	3	9	Dec-20	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	Most build, opex and decommissioning costs are now known reducing the risk for these material phases of the project. Most variability now lies in final reinstatement costs per risks identified below	Assistant Director of Finance	Mar-21	2	2	4	Dec-20	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	Limited Assurance	4	4	16	Adequate but more Action Required	WG Funding assumptions and intentions understood	Reinstatement Process is a key component of the exit strategy plan. A Reinstatement Steering Group has been established between Mott McDonald, WRU and UHB and its arrangements are incorporated in the contract to be signed with the WRU. There is an obligation for the WRU to work within a 'fair and reasonable' cost base for reinstatement. There is damage to WRU estate as a result of the pace of build. Multiple surveys and market testing processes have been undertaken under the oversight of the joint Re-instatement Process. The pitch at the Blues was damaged beyond reasonable repair resulting from the extended load period upon it and is being replaced, also incurring the extended cost of hiring alternative facilities whilst this is commissioned. Key risks remain in respect of the main Principality Stadium relating to the impactation on the pitch, potential damage to the sprinkler system and the functionality of the roof. These cannot be fully assessed until decommissioning is substantially completed.	Assistant Director of Finance	Mar-21	3	3	9	Dec-20	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	2	5	10	Adequate but more Action Required	Agreement of plan and funding with WG	Assuming that the project does not overrun into February 2021 the consequential losses have become more defined in recent weeks as all 4 Autumn matches are being played at the Parc y Scarlets instead of London venues. The consequential cost impact of this is being worked through but better understood. Discussions continue in respect of the sponsorship breaches resulting from the WRU playing away from the stadium, although the scale of likely claim is better understood. A fixed settlement for conferences and stadium tours has been concluded. Good progress has been made in the WRU contract which remains in negotiation. The replacement of the Blues pitch will lead to additional consequential cost and income loss claim by the Blues in the period to 31 December 2020 and possibly into January 2021. The cost implications of this are understood.	Assistant Director of Finance	Mar-21	2	5	10	Dec-20	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	3	9	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. Negotiations continue for Mott McDonald. The nature of the Blues legal agreement is under consideration because the UHB has already egressed the site but financial commitments in terms of the reinstatement and consequential costs and income loss remain. It is still the UHB intention to successfully conclude all 4 contracts.	Assistant Director of Finance	Mar-21	2	2	4	Dec-20	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	3	2	6	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.	The UHB has vacated the DHH operationally and its contractors are now decommissioning the site. The Lakeside Wing is on programme to be commissioned by 25th November if required in the current Autumn 2020 surge. Contingency plans remain in place if the UHB footprint is exceeded in the small gap remaining between facility availability.	DHH Programme Director/Assistant Director of Finance	Sep-20	3	2	6	Dec-20	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	Reasonable Assurance	2	2	4	Adequate but more Action Required	Surge Hospital Programme Board due to convene on 14 Sep 2020	Lakeside Wing facilities and operational planning has identified and developed all required operating procedures and workforce plans to be able to open the initial 166 bed complement.	Director of Planning/Dir of Finance	Sep-20	2	2	4	Dec-20	Management

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Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.
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Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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Consequence score (severity levels) and examples of descriptors					
	1	2	3	4	5
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Quality/complaints/audit	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
Human resources/ organisational development/staffing/ competence	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
Statutory duty/ inspections	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
Adverse publicity/ reputation	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
Business objectives/ projects	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
Finance including claims	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
Service/business interruption	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
Environmental impact	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
Frequency 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
Probability 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 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

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

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

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THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE SEVEN MONTH PERIOD ENDED 31st OCTOBER 2020

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 7, the UHB is reporting an underspend of £0.362m against this plan. During the 7 months to the end of October the UHB incurred net expenditure of £88.478m relating to the management of COVID 19 which is offset by Welsh Government COVID 19 funding leaving an operating surplus of £0.362m.

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

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/f underlying deficit	(11.5)
Net Allocation Uplift (including LTA inflation)	36.2
Cost Pressures	(50.7)
Investments	(3.0)
Recurrent Cost Improvement Plans 3%	25.0
Non Recurrent Cost Improvement Plans 0.5%	4.0
Planned Surplus/(Deficit) 2020/21	0.0

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 31st October 2020. The UHB has separately identified non COVID 19 and 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 7 financial position.

The response to the queries raised in the month 6 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 7 for which the following should be noted:

- Assumed LTA inflation that was passed to the UHB from other Health Boards;
- **The breakeven financial forecast is dependent upon LTA block arrangements continuing for the rest of the financial year.**
- 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. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes;
- The forecast position reflects the assessed COVID 19 costs in Table B3;
- It is assumed additional forecast costs will be supported by Welsh Government COVID 19 funding and the UHBs capitation share of both the Welsh Government Sustainability fund and Urgent and Emergency Care fund.
- 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 this is 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 costs outlined **exclude** the cost of a mass COVID vaccination.

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

At month 7 the estimated costs are not included in either table B3 or Table B. It is assumed that Welsh Government will provide resource coverage for any additional costs arising in 2020/21.

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

ACTUAL YEAR TO DATE (TABLE B)

Table B confirms the year to date surplus of £0.362m and reflects the analysis contained in the annual operating plan in Table A. A Summary of the surplus of £0.362m for the year to date is shown in Table 2.

Table 2: Summary Financial Position for the period ended 31st October 2020

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	94.720
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	10.426
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(15.390)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(1.278)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	88.478
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.362)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(88.478)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.362)

The additional COVID 19 expenditure in the 7 months to the end of October was £94.720m. Within this, the costs of the Dragon's Heart Hospital are significant, especially the set up costs. At month 7 additional costs of £47.925m related to the Dragon's Heart Hospital (DHH).

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

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

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

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

The net expenditure due to COVID 19 is £88.478m. This is matched by the additional Welsh Government funding outlined in the table 3 below:

Table 3: Welsh Government COVID Funding supporting the position as at October 31st 2020

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

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

PAY AND AGENCY (TABLE B2)

The UHB has recorded agency expenditure of £7.045m for the 7 months to the end of October 2020. The majority of agency expenditure relates to nursing where expenditure of £5.146m is reported. £2.529m 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 7 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 7 the UHB is forecasting net expenditure due to COVID-19 to be £151.726m. The COVID year-end forecast position is breakeven following receipt/confirmation of £151.726m Welsh Government (WG) funding that includes Urgent and Emergency Care funding. This is summarised in the following table:

Table 4: Summary of Forecast COVID 19 Net Expenditure

	Forecast Year-End Position £m
COVID 19 Additional Expenditure	154.949
COVID 19 Non Delivery of Savings Plans	19.908
COVID 19 Reductions in Planned Expenditure	(20.893)
COVID 19 Release of Planned Investments	(2.238)
Net Expenditure Due To COVID 19	151.726
Welsh Government COVID funding received / assumed	(151.726)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	0.000

- The breakeven financial forecast is dependent upon LTA block arrangements continuing for the rest of the financial year.
- The forecast position reflects the assessed COVID 19 costs included within the MDS;
- It is assumed additional forecast costs will be supported by Welsh Government COVID 19 funding and the UHBs capitation share of both the Welsh Government Sustainability fund and Urgent and Emergency Care fund.
- It is assumed Independent Sector Spire activity is funded to 31st March
- The current forecast excludes the cost of a mass COVID vaccination programme which is currently being assessed.

This forecast includes funding received/assumed from Welsh Government totaling £151.726m as outlined below:

Table 5: Welsh Government COVID Funding supporting the forecast year end position as at October 31st 2020

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

The key financial planning assumptions are:

Dragons Heart Hospital

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

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

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COVID and Winter Surge Capacity / Lakeside Wing

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

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

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

Increasing Non-Covid Activity

Throughout the pandemic the UHB has maintained core essential services with the prioritisation of need based upon clinical-stratification rather than time-based stratification.

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

The UHB has been able to achieve this through:

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

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

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

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

Costs of Spire /St. Joseph’s are included in the forecast to the 31st of March totaling £2.700m. Funding up until 31st December has been confirmed by Welsh Government and it has been assumed that this arrangement will continue for the rest of the financial year. As such the UHB has assumed a further £2.7m Welsh Government funding for this.

Regional Test, Trace and Protect (TTP)

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

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

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

Enhanced Flu Vaccination Programme

The costing of the programme is based on fees payable to GPs as this is the main delivery route for immunisations. The estimated cost which is estimated at £1.903m and is assumed to be funded. This has been calculated in line

with the recent guidance and assumes that the UHB will receive circa 14.3% of the 440,000 vaccines being made available to Wales.

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

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

At month 7 the estimated costs are not included in either table B3 or Table B. It is assumed that Welsh Government will provide resource coverage for any additional costs arising in 2020/21.

Personal Protective Equipment

In line with the planning guidance the UHB is assuming that its COVID 19 costs of PPE will be fully funded. At month 6 these are assessed at £6.884m.

Urgent and Emergency Care Funding

The UHB continues to shape its unscheduled care plans around the goals of the national urgent and emergency care framework and specifically the four priority areas which the unscheduled care board have identified for quarter 3-4:

1. 111 / contact first models to enable patients with urgent care needs to be signposted to the right place, first time.
2. 24/7 same day / urgent primary care models of care to enable people to access care in their local community, preventing unnecessary attendance at Emergency Departments and admission to hospital.
3. Ambulatory emergency care to enable patients to safely bypass the Emergency Department and prevent unnecessary admission.
4. Embedding the four discharge to recover then assess pathways to prevent unnecessary admission and enable a home first approach to improve experience and outcome

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

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

The UHB has established a 24/7 phone first triage approach, targeting citizens who would traditionally have walked up to the Emergency

Department. The focus is on reducing footfall through the Emergency Department as social distancing has significantly reduced the capacity in the waiting area and the UHB does not want to create queues around UHW where it is not safely able to protect and prioritise patients.

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

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

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

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

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

Financial 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. The key financial risks and uncertainties are:

- Assumed Q4 funding for the independent hospital provision which has yet to be confirmed. This is assessed at £2.7m.
- Bids against the Urgent and Emergency Care Fund are yet to be confirmed.
- Continuation of block contract arrangements in Q3 and Q4. The NHS is unable to undertake the same levels of elective activity that it did pre COVID 19. Any movement away from block contracts to previous cost and volume contracts will significantly impact upon the delivery of this financial plan.
- The financial plan has been based upon the UHB COVID "central" scenario, and the actual scale of impact will largely determine the resource requirements linked to workforce availability.

Dependent upon clarification of resource assumptions and the scale of a second COVID wave, further mitigating actions and identification of financial opportunities may be required to manage these and other risks and to support system resilience.

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.

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 £27.8m since the start of the year. Amounts due from the Welsh Risk Pool in respect of clinical negligence have increased by £15.8m since the start of the year. In addition to this NHS invoice accruals have increased by £8.7m.

During October there was a £9.8m reduction in the overall carrying value of debtors. Of this, £5m 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 reduced by around £17.2m since the start of the year. This mainly relates to a significant reduction in the levels of trade creditors compared to the year end, the timing of the £7m contractual pharmacy payment and £5m in amounts due to Cardiff Council in respect of the timing of the CHC Pool payments. This has been offset by an increase in capital creditors £5.9m (covid schemes).

The carrying value of trade creditors increased by £3.4m in October largely reflecting the timing of the UHB's £7.2m quarterly payment into the Pooled CHC fund.

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

CASH FLOW (TABLE G)

The closing cash balance at the end of October was £12.951m which is higher than planned. The month end balance is expected to fall back to circa £4m at the end of November.

The UHB is now 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 September being 57% of the UHB's approved Capital Resource Limit.

Planned expenditure for the year reflects the latest CRL received from Welsh Government dated 23rd October, 2020.

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 Oxygen infrastructure scheme incurred additional costs, this will be managed within the discretionary capital budget.
3. The forecasted £1.472m 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 in line with 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.

AGED WELSH NHS DEBTORS (TABLE M)

At the 31st October 2020 there were seven invoices raised by the UHB against other Welsh NHS bodies which had been outstanding for more than 17 weeks. Five have since been paid and a credit note is to be issued for invoice 518503 to Cwm Taf.

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 25th November 2020 meeting of the Finance Committee for information.

CONCLUSION

The Welsh Government wrote to the UHB on 19th March 2020 to inform it whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19.

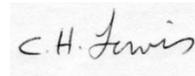
The reported position includes the cost of plans developed to manage the impact of COVID 19 where the additional net costs are £88.478m for the period to date. Following confirmation of the NHS Wales Operating Framework for quarter 3 / quarter 4 2020/2 these costs are assessed to be fully funded as per the planning assumptions.

The UHB's is reporting a small operational surplus of £0.362m at month 7 and is forecasting a breakeven position at year end.



.....
MARTIN DRISCOLL
DEPUTY CHIEF EXECUTIVE

12th November 2020



.....
CHRIS LEWIS
INTERIM DIRECTOR OF
FINANCE

12th November 2020

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	CARDIFF & VALE ULHB
Period is showing :	OCT 20
TABLE A : MOVEMENT	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	CARDIFF & VALE ULHB IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR OCT 20 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Bricknell Helen
11/18/2020 13:59:15

Cardiff & Vale ULHB

Period : Oct 20

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	362	0

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11/18/2020 13:59:15

Table A - Movement of Opening Financial Plan to Forecast Outturn

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	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	-8,526	-1,001	-7,525	-7,282
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	3,057	1,451	1,605	1,737
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)	3,887	3,887	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
21 Additional In Year Welsh Government Funding (Positive Value)	0	0	0	0
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	151,726	151,726	0	0
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-154,949	-154,949	0	0
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	20,893	20,893	0	0
25 (Positive Value)	2,238	2,238	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-4	-4	0	0
27 Urgent & Emergency Care Funding	0	0	0	0
28 WRP Risk Share	-658	-658	0	0
29 Cost Pressure Reserve - Medicines	658	658	0	0
30	0	0	0	0
31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
34	0	0	0	0
35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40 Forecast Outturn (- Deficit / + Surplus)	0	25,702	-25,702	-25,306

	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	-6,708	-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	-31,289	-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	-37,998	-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	18,777	31,622
5	401	401	450	934	948	954	977	977	1,129	1,102	1,102	1,136	5,066	10,512
6	19	19	19	24	20	20	20	20	20	20	20	20	140	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	2,637	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	11,336	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	-11,336	-18,202
14	-102	-80	-228	-620	-1,309	-746	-809	-812	-964	-943	-943	-971	-3,894	-8,526
15	-152	-199	-101	-126	577	0	0	0	0	0	0	0	0	0
16	204	159	148	259	326	224	215	313	332	308	281	288	1,535	3,057
17	-14	6	-13	-16	-15	-6	7	-13	-13	-13	-13	-13	-53	-119
18	0	0	0	0	239	3,614	-2	0	0	0	0	36	3,851	3,887
19													0	0
20													0	0
21													0	0
22			11,016	306	35,022	32,799	9,335	12,288	15,264	12,483	13,098	10,117	88,478	151,726
23	-38,440	-17,289	-5,330	-6,564	-11,077	-7,460	-8,561	-12,485	-14,900	-11,662	-12,156	-9,027	-94,720	-154,949
24	2,522	4,240	2,921	1,627	1,885	965	1,230	1,464	1,429	983	889	737	15,390	20,893
25	0	168	679	89	244	142	-44	193	193	192	192	192	1,278	2,238
26	-395	-89	172	-391	636	-252	151	412	-46	-42	-42	-118	-168	-4
27													0	0
28													0	0
29													658	658
30													0	0
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	-72	-72	-72	-72	-72	362	0

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Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

Section A - By Spend Area	M20 - Full Year Budget of Activity				YTD	
	Underlying Position Uf	Recurring Savings Total	Recurring Absolute Income Total	Subtotal	Recurring Full Year Effect of Underlying Position Uf	Underlying Position Uf
	£000	£000	£000	£000	£000	£000
10 Pay - Administration, Clinical & Board Members	11,150			11,150	(1,125)	12,275
11 Pay - Medical & Dental	11,550			11,550	(1,217)	12,767
12 Pay - Nursing & Midwifery Management	24,500			24,500	(1,425)	25,925
13 Pay - Administrative Support Services	105			105	(11)	116
14 Pay - Administrative Support Services	105			105	(11)	116
15 Pay - Health Care Support	225			225	(23)	248
16 Pay - Estates & Facilities	355			355	(36)	391
17 Pay - Finance	10			10	(1)	9
18 Non Pay - Supplies and services - Clinical	7,807			7,807	(1,214)	9,021
19 Non Pay - Supplies and services - Support	(2,700)			(2,700)	1,150	(1,550)
20 Non Pay - Consultancy Services	135			135	0	135
21 Non Pay - Employment	355			355	(35)	390
22 Non Pay - Transport	165			165	0	165
23 Non Pay - Training	155			155	(22)	133
24 Non Pay - External Contractors	12,075			12,075	(1,221)	13,296
25 Health Care Provision to other Orgs - Hospital Care	12,545			12,545	(1,255)	13,800
26 Health Care Provision to other Orgs - Health System	11,254			11,254	(256)	11,510
27 Health Care Provision to other Orgs - HSCIC	14,820			14,820	(1,214)	16,034
28 Health Care Provision to other Orgs - Social	11,200			11,200	(11)	11,211
29 Health Care Provision to other Orgs - Private Care	11,200			11,200	(11)	11,211
30 Total	(11,200)	0	0	(11,200)	(13,890)	25,090

Section B - By Directorate	M20 - Full Year Budget of Activity				YTD	
	Underlying Position Uf	Recurring Savings Total	Recurring Absolute Income Total	Subtotal	Recurring Full Year Effect of Underlying Position Uf	Underlying Position Uf
	£000	£000	£000	£000	£000	£000
1 Children Care	0			0	(2,362)	(2,362)
2 Health Care	0			0	(2,716)	(2,716)
3 Children's Services	0			0	(2,716)	(2,716)
4 Community Services	0			0	(1,828)	(1,828)
5 Specialist Care	(1,500)			(1,500)	1,420	(680)
6 Unpublished Care	26,500			26,500	(1,420)	27,920
7 Children's Services	0			0	(1,217)	(1,217)
8 Community Services	0			0	(11)	(11)
9 Children's Services	0			0	(11)	(11)
10 Specialist Care	11,150			11,150	(256)	11,396
11 Support Services (i.e. Admin & Facilities)	11,550			11,550	(11)	11,561
12 Total	(11,200)	0	0	(11,200)	(13,890)	25,090

TABLE A1 - Underlying Position

Underlying Position Uf agrees to all Analysis	OK
Underlying Position Uf agrees to all Analysis	OK
Underlying Position Uf agrees to Table A1	OK
Underlying Position Uf agrees to Table A	OK

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Period : Oct 20

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	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	(3)	Medium
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 COVID Vaccination Programme Part year cost 2020/21	(5,480)	Low
13 Independent sector provision - Quarter 4	(2,700)	Low
14 COVID 19 costs	(2,000)	Low
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26 Total Risks	(10,183)	
Further Opportunities (positive values)		
27 COVID 19 costs	2,000	Low
28		
29		
30		
31		
32		
33		
34 Total Further Opportunities	2,000	
35 Current Reported Forecast Outturn	0	
36 IMTP / AOP Outturn Scenario	0	
37 Worst Case Outturn Scenario	(8,183)	
38 Best Case Outturn Scenario	2,000	

Table A2 - Risks

Risks reported negative	ok
Opportunities reported positive	ok
Description completed	ok
Likelihood completed	ok

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Period : Oct 20

Table B3 - COVID-19 Analysis

A - Additional Expenditure

	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	year-end position
REF	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Enter as positive values														
1	Pay (Additional costs due to Cf19)													
2	Establishment & Bank Additional Hours:													
3	69	156	235	295	206	277	118	93	116	110	110	110	1,023	1,861
4	598	1,065	1,459	1,146	1,131	760	832	1,186	1,219	1,279	1,270	1,270	7,010	13,236
5	181	585	434	452	446	362	448	377	1,091	1,142	1,093	1,093	8,859	9,556
6	1	49	53	44	35	19	26	25	25	25	25	25	227	301
7	179	305	338	469	370	312	231	538	700	819	769	769	2,224	5,830
8	34	195	191	190	117	67	74	37	37	37	37	37	778	1,095
9	19	18	18	18	4	11	0	6	6	3	3	3	24	44
10	264	635	474	325	393	326	236	298	326	348	348	348	2,783	4,565
11	1,363	3,199	3,451	2,819	2,662	1,814	1,865	3,121	3,520	3,763	3,677	3,769	16,927	34,778
12	Agency:													
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	0	0	18	12	0	0	0	0	0	0	0	0	30	30
15	238	463	364	382	402	316	441	421	496	486	486	486	3,529	4,842
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	29	13	9	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	88	67	86	284	56	150	59	90	113	90	132	86	1,118	77
21	352	554	527	598	467	480	499	526	564	591	591	633	3,481	6,380
22	Returners (Provide WTE to the right):													
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	29	29	23	17	8	4	3	6	5	5	5	5	113	137
25	26	38	9	3	8	7	5	5	5	5	5	5	183	151
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	55	57	32	19	16	11	8	11	10	10	10	10	198	248
32	Students (Provide WTE to the right):													
33	77	112	150	(113)	7	1	0	0	0	0	0	0	233	233
34	0	147	79	44	9	0	0	0	0	0	0	0	197	197
35	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	0	579	680	559	110	62	16	9	9	9	9	9	1,907	1,951
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	77	838	727	490	153	89	41	37	78	78	64	64	2,415	2,731
41	Other Temp Staff (Provide WTE to the right):													
42	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	0	52	79	60	55	16	0	18	18	18	18	18	262	361
44	0	52	26	0	0	0	0	18	18	18	18	18	78	166
45	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	0	78	66	(144)	0	0	0	0	0	0	0	0	0	0
47	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	0	163	171	(84)	65	20	0	41	41	41	41	41	359	564
51	Other (Specify below and in narrative)													
52														
53														
54														
55														
56	1,850	4,627	4,698	3,843	3,303	2,431	2,819	3,726	4,210	4,480	4,384	4,517	23,380	44,707

Section A - Additional Operational Expenditure agrees to Table A	OK
Section B - Total Expenditure Reduction agrees to Table A	OK
Section C - Total Slippage agrees to Table A	OK

	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	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	2.00	2.80	2.40	1.80	1.80	0.50	0.50	0.50	0.50	0.50	0.50	0.50
24	8.00	8.00	2.30	1.60	1.60	1.00	1.00	1.00	1.00	1.00	1.00	1.00
25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	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	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	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	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	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	7.80	8.60	4.60	3.40	3.40	2.10	1.50	1.50	1.50	1.50	1.50	1.50
32	7.00	15.00	14.90	2.00	2.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33	0.00	42.00	0.00	29.61	29.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	0.00	284.32	299.75	226.86	46.18	45.00	0.00	0.00	0.00	0.00	0.00	0.00
36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40	7.00	341.32	314.65	256.47	66.56	66.00	0.00	0.00	0.00	0.00	0.00	0.00
41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42	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	0.00	0.00	7.33	4.33	2.65	0.40	0.00	0.00	0.00	0.00	0.00	0.00
44	0.00	9.00	4.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47	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	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	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51	0.00	15.00	11.63	4.33	2.60	0.40	0.00	0.00	0.00	0.00	0.00	0.00

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57	Non Pay (Additional costs due to C19)														
58	Accommodation Costs	14	228	37	392	47	0	126	50	41	41	37	41	822	1,643
59	Additional costs in Primary Care	123	776	311	2,366	211	20	250	201	668	654	647	1,701	769	3,109
60	Additional costs in Private Sector including via WHS2C	112	0	0	1,113	29	191	112	115	115	915	915	915	297	3,932
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals	31,492	8,733	(3,892)	(3,736)	0	0	2,147	1,577	718	522	147	0	33,299	41,174
62	Catering Costs	0	34	(1)	0	0	0	(5)	4	0	0	0	0	35	74
63	CCTV	11	21	20	0	0	0	1,362	192	1	0	0	0	1,362	3,017
64	Cleaning Costs	31	48	(4)	25	(8)	(3)	10	11	11	11	11	11	99	153
65	Costs as a result of lost income (inc. R.A. services & private patients)	591	1,610	1,092	727	507	616	436	722	708	614	590	626	5,998	9,296
66	COVID-19 Testing Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Discommissioning costs	0	0	0	0	858	(285)	269	909	5,282	430	2,500	0	842	9,863
68	Discharge to assist	0	0	0	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	0	0	0
70	Drug re. Medical Costs	338	858	810	1,869	274	268	356	318	339	311	339	344	2,957	4,175
71	Equipment costs - beds	153	22	12	2,056	1	49	0	0	0	0	0	0	2,081	2,931
72	Equipment costs - ventilators	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Equipment costs - other specific in narrative	0	292	0	2,473	189	96	117	46	34	19	19	19	3,148	3,398
74	Estates/Security costs	1,383	315	899	(1,146)	20	53	73	79	162	22	34	34	1,637	1,939
75	External Project Management Costs	0	11	(13)	173	178	44	103	44	44	44	44	44	557	771
76	Insurance	0	0	0	0	1	0	0	0	0	0	0	0	1	1
77	IT Costs	392	(97)	108	828	(136)	58	68	72	85	56	56	55	1,223	1,648
78	Leasehold Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79	Legal Fees	0	0	1	49	25	25	28	13	12	0	0	0	128	190
80	M&SE - consumables	786	749	581	344	844	(742)	198	187	183	176	188	178	3,619	3,532
81	Mortuary/Funeral Expenses	77	13	10	4	0	0	0	3	5	5	5	5	34	97
82	PFGE	965	(367)	786	185	0	830	2,052	893	422	417	417	418	4,796	5,884
83	Rent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
84	Rent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85	Provision of existing services to external facilities e.g. Haemophilia services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
86	Telephony	0	0	0	35	0	1	30	0	0	0	0	0	62	62
87	Temporary LTA Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
88	Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0
89	Transportation	0	0	1	0	4	3	4	3	3	3	3	3	10	25
90	Utility costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
91	Other costs (specifically below and in narrative)	249	(80)	25	(102)	240	169	(35)	101	95	95	95	93	466	847
92	Transfer of Canteen Supplies to IRL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
93	Fresh Hospital Compensation payments	0	0	0	16	(16)	7	68	40	40	40	40	40	65	365
94	Blood Analysis Managed contract	0	0	0	(10)	64	217	348	980	361	1,288	200	0	707	3,636
95	Local Authority Street	0	0	0	0	0	0	0	0	0	0	0	0	0	0
96	Local Authority Street	0	0	0	0	0	0	0	0	0	0	0	0	0	0
97	TOTAL ADDITIONAL NON PAY EXPENDITURE	36,590	12,462	722	2,721	7,773	8,028	6,847	8,749	18,680	7,182	7,772	4,510	71,340	110,242
98	TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)	39,440	17,393	5,330	6,564	11,877	7,466	6,564	13,485	14,800	11,852	12,156	9,227	94,720	154,849

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

REF	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
98	Enter as positive values													
98	Major Projects - Capacity Change Expenditure (due to C19)													
99	33,000	9,372	(2,377)	172	4,547	(81)	2,800	3,361	6,371	2,243	2,647	0	47,826	62,747
100	0	0	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	0	0
102	0	0	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	0	0
104	0	0	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	0	0
106	0	0	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	0	0
108	0	0	0	0	0	0	240	174	505	491	486	8	240	1,904
109	1	0	0	0	0	0	0	0	0	0	0	0	1	1
110	33,001	9,372	(2,377)	881	4,855	419	3,873	5,139	8,534	4,287	4,851	1,226	50,121	74,452
110	TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE													

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

REF	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
98	Enter as positive values													
98	Major Projects - Bed Capacity (due to C19)													
99	10	40	10	0	0	0	0	0	0	0	0	0	60	60
100	0	0	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	0	0
102	0	0	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	0	0
104	0	0	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	0	0
106	0	0	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	0	0
108	0	0	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	0	0
110	10	40	10	0	0	0	0	0	0	0	0	0	60	60
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY													

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B - Non Delivery of Planned Savings Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Positive values</i>														
111 Non Delivery of Planned Savings (due to C19)														
112 Non Delivery of Finalised (M1) Savings	102	80	228	620	1,309	746	809	812	964	943	943	971	3,894	8,526
113 Non Delivery of Savings Equipment tested treatment at M1	2,017	2,069	3,827	3,488	448	(2,447)	1,129	638	1,022	1,453	1,080	1,047	6,932	11,382
114 TOTAL NON DELIVERY OF PLANNED SAVINGS	2,119	2,149	4,055	3,998	1,757	(1,701)	1,965	1,450	1,994	1,996	2,023	2,018	10,826	19,908

C - Planned Operational Expenditure Cost Reduction Due To C19

	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Negative values</i>														
115 Expenditure Reductions (due to C19)	(2,157)	(2,771)	(1,354)	(1,117)	(1,338)	(351)	(773)	(751)	(746)	(695)	(695)	(569)	(9,900)	(12,330)
116 Reduction of non-pay costs due to reduced elective activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117 Reduction of outsourcing costs due to reduced planned activity	0	0	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	0	0
119 Nursing bed closures in Surgery	(150)	(151)	(155)	(277)	(369)	(285)	(43)	0	0	0	0	0	(756)	(756)
120 Reduction in premium nursing costs	(108)	(275)	(293)	24	(94)	(289)	(158)	(115)	(115)	(115)	(115)	(109)	(1,173)	(1,742)
121 Other non-consulted services	(107)	(114)	(85)	(267)	(157)	49	(90)	(59)	(53)	(25)	(25)	(25)	(1,327)	(1,392)
122 Patient provisions	0	(79)	0	(27)	(6)	(27)	(6)	(11)	0	0	0	0	(126)	(126)
123 CDS Contract	0	(850)	(427)	0	0	(636)	(196)	(204)	(204)	0	0	0	(2,199)	(2,518)
124 Release of Cost Pressure Reserve	0	0	0	0	0	0	(34)	(34)	(34)	(34)	(34)	(34)	(136)	(136)
125 TOTAL EXPENDITURE REDUCTION (Agrees to Table A)	(2,521)	(4,240)	(2,921)	(1,627)	(1,885)	(651)	(1,310)	(1,464)	(1,420)	(883)	(889)	(737)	(15,390)	(20,893)

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

	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Negative values</i>														
126 Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)	0	(168)	(678)	(89)	(244)	(142)	44	(51)	(51)	(50)	(50)	(50)	(1,278)	(1,238)
127 WIP/SC, RCT Developments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
128	0	0	0	0	0	0	0	0	0	0	0	0	0	0
129	0	0	0	0	0	0	0	0	0	0	0	0	0	0
130	0	0	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	0	0
132	0	0	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	0	0
134	0	0	0	0	0	0	0	0	0	0	0	0	0	0
135	0	0	0	0	0	0	0	(142)	(142)	(142)	(142)	(142)	(708)	(708)
136 TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	0	(168)	(678)	(89)	(244)	(142)	44	(193)	(193)	(192)	(192)	(192)	(1,278)	(1,238)
137 NET EXPENDITURE DUE TO COVID-19	38,016	15,023	3,788	6,037	10,789	4,680	9,330	12,288	15,264	12,483	13,088	10,117	88,478	151,228

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Project ID	Project Name	Start Date	End Date	Phase	Activity	Priority	Owner	Status	Dependencies	Notes
001	Project A	2023-01-01	2023-01-31	Phase 1	Task A.1	High	John	Complete		
002	Project B	2023-02-01	2023-02-28	Phase 2	Task B.2	Medium	Jane	In Progress	001	
003	Project C	2023-03-01	2023-03-31	Phase 3	Task C.3	Low	Mike	On Hold		
004	Project D	2023-04-01	2023-04-30	Phase 4	Task D.4	High	Sarah	Complete		
005	Project E	2023-05-01	2023-05-31	Phase 5	Task E.5	Medium	David	In Progress	004	
006	Project F	2023-06-01	2023-06-30	Phase 6	Task F.6	Low	Emily	On Hold		
007	Project G	2023-07-01	2023-07-31	Phase 7	Task G.7	High	Chris	Complete		
008	Project H	2023-08-01	2023-08-31	Phase 8	Task H.8	Medium	Alex	In Progress	007	
009	Project I	2023-09-01	2023-09-30	Phase 9	Task I.9	Low	Rachel	On Hold		
010	Project J	2023-10-01	2023-10-31	Phase 10	Task J.10	High	Kevin	Complete		
011	Project K	2023-11-01	2023-11-30	Phase 11	Task K.11	Medium	Nancy	In Progress	010	
012	Project L	2023-12-01	2023-12-31	Phase 12	Task L.12	Low	Robert	On Hold		
013	Project M	2024-01-01	2024-01-31	Phase 13	Task M.13	High	Laura	Complete		
014	Project N	2024-02-01	2024-02-28	Phase 14	Task N.14	Medium	James	In Progress	013	
015	Project O	2024-03-01	2024-03-31	Phase 15	Task O.15	Low	Maria	On Hold		
016	Project P	2024-04-01	2024-04-30	Phase 16	Task P.16	High	Thomas	Complete		
017	Project Q	2024-05-01	2024-05-31	Phase 17	Task Q.17	Medium	Helen	In Progress	016	
018	Project R	2024-06-01	2024-06-30	Phase 18	Task R.18	Low	Benjamin	On Hold		
019	Project S	2024-07-01	2024-07-31	Phase 19	Task S.19	High	Sophia	Complete		
020	Project T	2024-08-01	2024-08-31	Phase 20	Task T.20	Medium	Lucas	In Progress	019	
021	Project U	2024-09-01	2024-09-30	Phase 21	Task U.21	Low	Olivia	On Hold		
022	Project V	2024-10-01	2024-10-31	Phase 22	Task V.22	High	Ethan	Complete		
023	Project W	2024-11-01	2024-11-30	Phase 23	Task W.23	Medium	Ava	In Progress	022	
024	Project X	2024-12-01	2024-12-31	Phase 24	Task X.24	Low	Noah	On Hold		
025	Project Y	2025-01-01	2025-01-31	Phase 25	Task Y.25	High	Isabella	Complete		
026	Project Z	2025-02-01	2025-02-28	Phase 26	Task Z.26	Medium	Mason	In Progress	025	
027	Project AA	2025-03-01	2025-03-31	Phase 27	Task AA.27	Low	Charlotte	On Hold		
028	Project AB	2025-04-01	2025-04-30	Phase 28	Task AB.28	High	William	Complete		
029	Project AC	2025-05-01	2025-05-31	Phase 29	Task AC.29	Medium	Amelia	In Progress	028	
030	Project AD	2025-06-01	2025-06-30	Phase 30	Task AD.30	Low	Oliver	On Hold		
031	Project AE	2025-07-01	2025-07-31	Phase 31	Task AE.31	High	Grace	Complete		
032	Project AF	2025-08-01	2025-08-31	Phase 32	Task AF.32	Medium	Henry	In Progress	031	
033	Project AG	2025-09-01	2025-09-30	Phase 33	Task AG.33	Low	Lily	On Hold		
034	Project AH	2025-10-01	2025-10-31	Phase 34	Task AH.34	High	Alexander	Complete		
035	Project AI	2025-11-01	2025-11-30	Phase 35	Task AI.35	Medium	Evelyn	In Progress	034	
036	Project AJ	2025-12-01	2025-12-31	Phase 36	Task AJ.36	Low	Isaac	On Hold		
037	Project AK	2026-01-01	2026-01-31	Phase 37	Task AK.37	High	Mia	Complete		
038	Project AL	2026-02-01	2026-02-28	Phase 38	Task AL.38	Medium	Nathan	In Progress	037	
039	Project AM	2026-03-01	2026-03-31	Phase 39	Task AM.39	Low	Abigail	On Hold		
040	Project AN	2026-04-01	2026-04-30	Phase 40	Task AN.40	High	Joseph	Complete		
041	Project AO	2026-05-01	2026-05-31	Phase 41	Task AO.41	Medium	Karen	In Progress	040	
042	Project AP	2026-06-01	2026-06-30	Phase 42	Task AP.42	Low	Samuel	On Hold		
043	Project AQ	2026-07-01	2026-07-31	Phase 43	Task AQ.43	High	Madison	Complete		
044	Project AR	2026-08-01	2026-08-31	Phase 44	Task AR.44	Medium	David	In Progress	043	
045	Project AS	2026-09-01	2026-09-30	Phase 45	Task AS.45	Low	Chloe	On Hold		
046	Project AT	2026-10-01	2026-10-31	Phase 46	Task AT.46	High	Matthew	Complete		
047	Project AU	2026-11-01	2026-11-30	Phase 47	Task AU.47	Medium	Victoria	In Progress	046	
048	Project AV	2026-12-01	2026-12-31	Phase 48	Task AV.48	Low	Christopher	On Hold		
049	Project AW	2027-01-01	2027-01-31	Phase 49	Task AW.49	High	Stephanie	Complete		
050	Project AX	2027-02-01	2027-02-28	Phase 50	Task AX.50	Medium	Andrew	In Progress	049	
051	Project AY	2027-03-01	2027-03-31	Phase 51	Task AY.51	Low	Madeline	On Hold		
052	Project AZ	2027-04-01	2027-04-30	Phase 52	Task AZ.52	High	Jonathan	Complete		
053	Project BA	2027-05-01	2027-05-31	Phase 53	Task BA.53	Medium	Katherine	In Progress	052	
054	Project BB	2027-06-01	2027-06-30	Phase 54	Task BB.54	Low	Benjamin	On Hold		
055	Project BC	2027-07-01	2027-07-31	Phase 55	Task BC.55	High	Emily	Complete		
056	Project BD	2027-08-01	2027-08-31	Phase 56	Task BD.56	Medium	Lucas	In Progress	055	
057	Project BE	2027-09-01	2027-09-30	Phase 57	Task BE.57	Low	Olivia	On Hold		
058	Project BF	2027-10-01	2027-10-31	Phase 58	Task BF.58	High	Ethan	Complete		
059	Project BG	2027-11-01	2027-11-30	Phase 59	Task BG.59	Medium	Ava	In Progress	058	
060	Project BH	2027-12-01	2027-12-31	Phase 60	Task BH.60	Low	Noah	On Hold		
061	Project BI	2028-01-01	2028-01-31	Phase 61	Task BI.61	High	Isabella	Complete		
062	Project BJ	2028-02-01	2028-02-28	Phase 62	Task BJ.62	Medium	Mason	In Progress	061	
063	Project BK	2028-03-01	2028-03-31	Phase 63	Task BK.63	Low	Charlotte	On Hold		
064	Project BL	2028-04-01	2028-04-30	Phase 64	Task BL.64	High	William	Complete		
065	Project BM	2028-05-01	2028-05-31	Phase 65	Task BM.65	Medium	Amelia	In Progress	064	
066	Project BN	2028-06-01	2028-06-30	Phase 66	Task BN.66	Low	Oliver	On Hold		
067	Project BO	2028-07-01	2028-07-31	Phase 67	Task BO.67	High	Grace	Complete		
068	Project BP	2028-08-01	2028-08-31	Phase 68	Task BP.68	Medium	Henry	In Progress	067	
069	Project BQ	2028-09-01	2028-09-30	Phase 69	Task BQ.69	Low	Lily	On Hold		
070	Project BR	2028-10-01	2028-10-31	Phase 70	Task BR.70	High	Alexander	Complete		
071	Project BS	2028-11-01	2028-11-30	Phase 71	Task BS.71	Medium	Evelyn	In Progress	070	
072	Project BT	2028-12-01	2028-12-31	Phase 72	Task BT.72	Low	Isaac	On Hold		
073	Project BU	2029-01-01	2029-01-31	Phase 73	Task BU.73	High	Mia	Complete		
074	Project BV	2029-02-01	2029-02-28	Phase 74	Task BV.74	Medium	Nathan	In Progress	073	
075	Project BV	2029-03-01	2029-03-31	Phase 75	Task BV.75	Low	Abigail	On Hold		
076	Project BW	2029-04-01	2029-04-30	Phase 76	Task BW.76	High	Joseph	Complete		
077	Project BX	2029-05-01	2029-05-31	Phase 77	Task BX.77	Medium	Karen	In Progress	076	
078	Project BY	2029-06-01	2029-06-30	Phase 78	Task BY.78	Low	Samuel	On Hold		
079	Project BZ	2029-07-01	2029-07-31	Phase 79	Task BZ.79	High	Madison	Complete		
080	Project CA	2029-08-01	2029-08-31	Phase 80	Task CA.80	Medium	David	In Progress	079	
081	Project CB	2029-09-01	2029-09-30	Phase 81	Task CB.81	Low	Chloe	On Hold		
082	Project CC	2029-10-01	2029-10-31	Phase 82	Task CC.82	High	Matthew	Complete		
083	Project CD	2029-11-01	2029-11-30	Phase 83	Task CD.83	Medium	Victoria	In Progress	082	
084	Project CE	2029-12-01	2029-12-31	Phase 84	Task CE.84	Low	Christopher	On Hold		
085	Project CF	2030-01-01	2030-01-31	Phase 85	Task CF.85	High	Stephanie	Complete		
086	Project CG	2030-02-01	2030-02-28	Phase 86	Task CG.86	Medium	Andrew	In Progress	085	
087	Project CH	2030-03-01	2030-03-31	Phase 87	Task CH.87	Low	Madeline	On Hold		
088	Project CI	2030-04-01	2030-04-30	Phase 88	Task CI.88	High	Jonathan	Complete		
089	Project CJ	2030-05-01	2030-05-31	Phase 89	Task CJ.89	Medium	Katherine	In Progress	088	
090	Project CK	2030-06-01	2030-06-30	Phase 90	Task CK.90	Low	Benjamin	On Hold		
091	Project CL	2030-07-01	2030-07-31	Phase 91	Task CL.91	High	Emily	Complete		
092	Project CM	2030-08-01	2030-08-31	Phase 92	Task CM.92	Medium	Lucas	In Progress	091	
093	Project CN	2030-09-01	2030-09-30	Phase 93	Task CN.93	Low	Olivia	On Hold		
094	Project CO	2030-10-01	2030-10-31	Phase 94	Task CO.94	High	Ethan	Complete		
095	Project CP	2030-11-01	2030-11-30	Phase 95	Task CP.95	Medium	Ava	In Progress	094	
096	Project CQ	2030-12-01	2030-12-31	Phase 96	Task CQ.96	Low	Noah	On Hold		
097	Project CR	2031-01-01	2031-01-31	Phase 97	Task CR.97	High	Isabella	Complete		
098	Project CS	2031-02-01	2031-02-28	Phase 98	Task CS.98	Medium	Mason	In Progress	097	
099	Project CT	2031-03-01	2031-03-31	Phase 99	Task CT.99	Low	Charlotte	On Hold		
100	Project CU	2031-04-01	2031-04-30	Phase 100	Task CU.100	High	William	Complete		

Project Name
 151115192020155915

Report Title:	Committee Effectiveness Review 2019-20 Results and Actions					
Meeting:	Finance Committee				Meeting Date:	25 Nov 2020
Status:	For Discussion	x	For Assurance		For Approval	x For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

SITUATION

It is good practice and good governance for Committees of the Board to undertake a self-assessment of their effectiveness on an annual basis, in line with the requirement of Standing Orders. This is done for all Committees of the Board.

This is the second review undertaken by the Committee. The survey questions were selected based on their inclusion as key considerations in the Good Governance Handbook and remained the same as last year's survey allowing comparison year on year to be made. Survey Monkey was again used as a tool to gather the feedback.

ASSESSMENT

Attached at appendix 1 are the results for the Committee Effectiveness review undertaken by Committee Members in addition to the Executive Director Lead for the Committee; where comments have been provided these are also included.

Attached at appendix 2 is a proposed action plan to improve the areas in which the results had either an 'adequate', 'needs improvement' or 'no' response to the questions asked. It is of note that there are a number of actions for improvement this year whereas last year the survey only had positive results however the survey period covered the pandemic which added additional pressures/challenges to the running of Committees and the arrival of a new Committee Chair which is acknowledged in the responses.

The action plan will provide opportunity to strengthen certain processes to ensure the Committee returns to its previous strong position.

RECOMMENDATION

The Committee is asked to:

- Note the results of the Committee's self-assessment Effectiveness Review for 2019-20.
- Approve the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.

Shaping our Future Wellbeing Strategic Objectives

The UHB objectives relevant to this report

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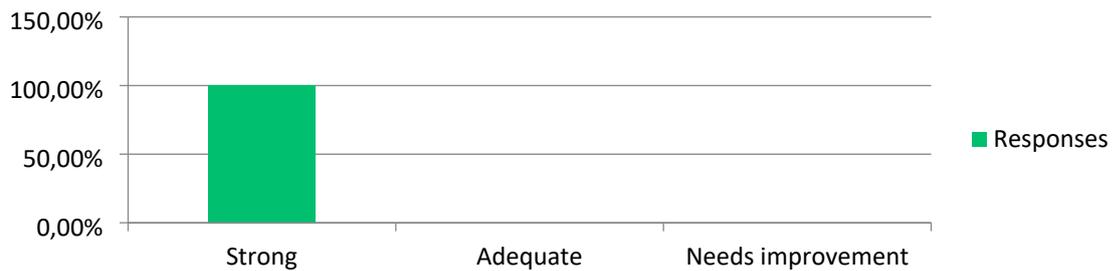
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver 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

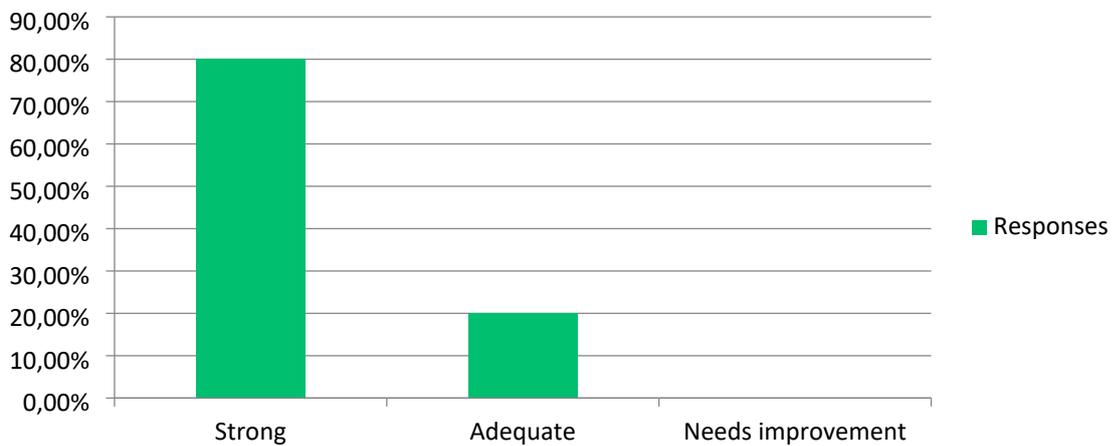
Prevention	Long term	x	Integration	Collaboration	Involvement
Equality and Health Impact Assessment Completed:	Not Applicable				



The Finance Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full board. NHS Handbook stat

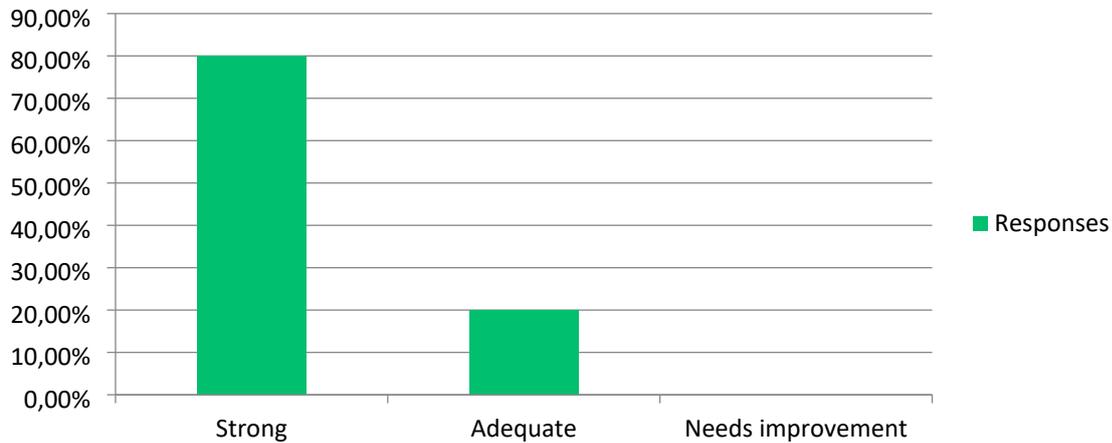


The board was active in its consideration of the Finance Committee composition. NHS Handbook status: 2 - should do

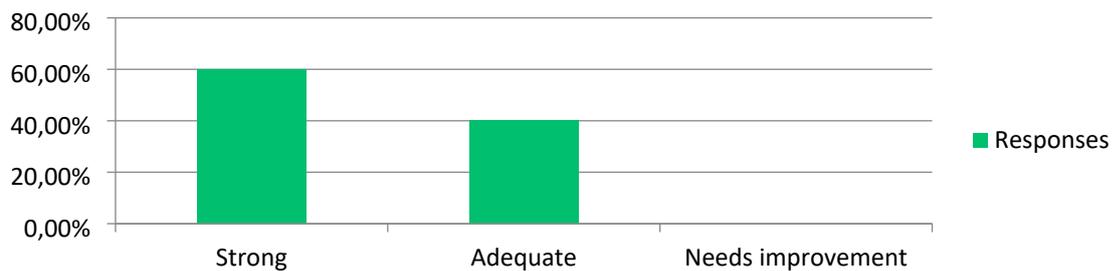


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The Finance Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.



The Finance Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.NH

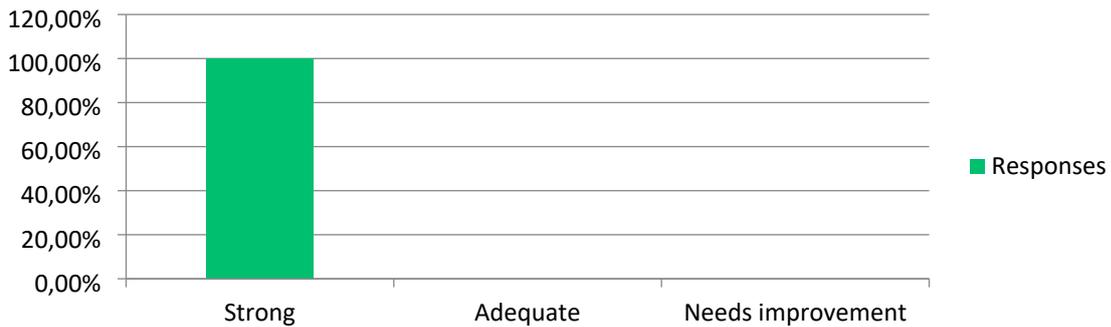


Comments

“Meeting packages are very comprehensive, usually with sufficient lead time for reading, but first sight of previous minutes happens just prior to next Committee. Perhaps there is scope to release these earlier”.

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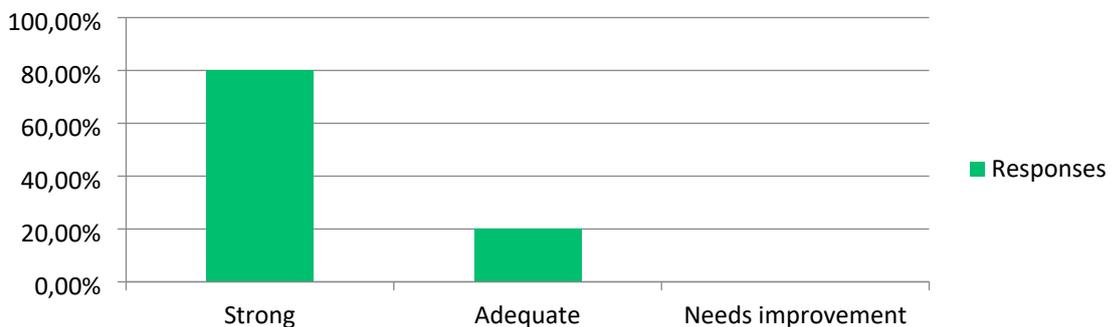
Finance Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee's responsibilities. NHS Handbook status: 2 - should do



Comments

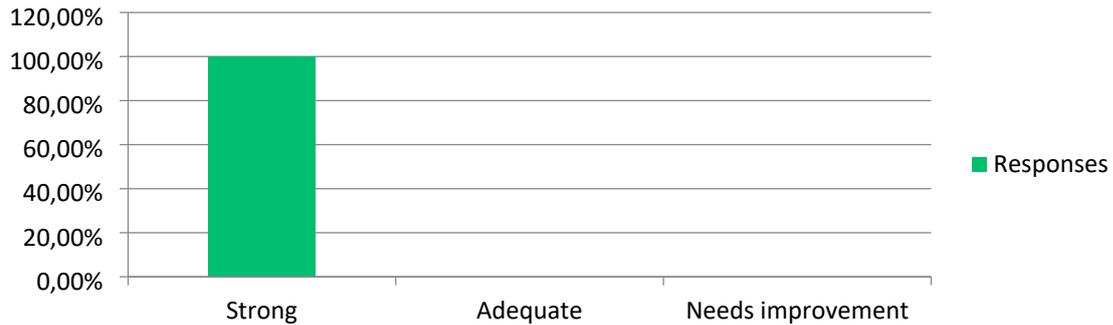
"Regular, monthly arrangement works well to keep on top of potential issues".

Appropriate internal or external support and resources are available to the Finance Committee and it has sufficient membership and authority to perform its role effectively. NHS Handbook status: 1 - must do

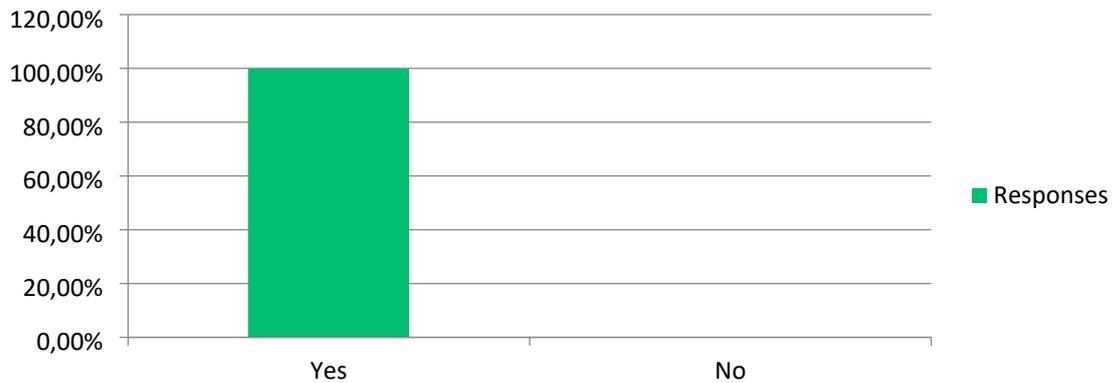


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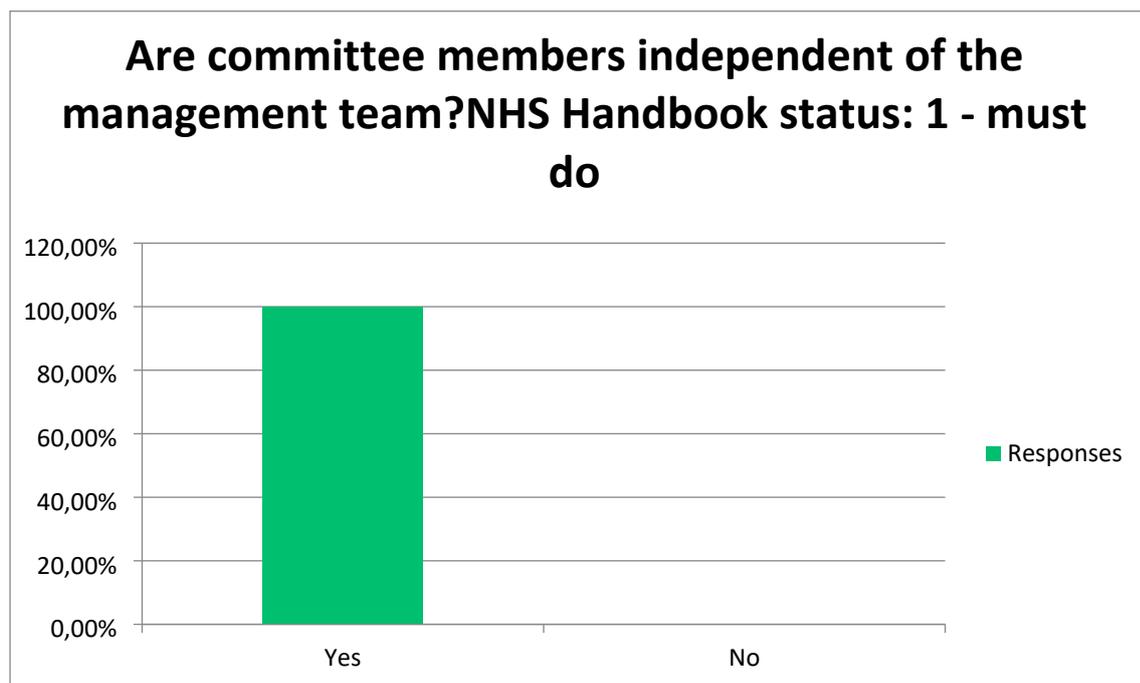
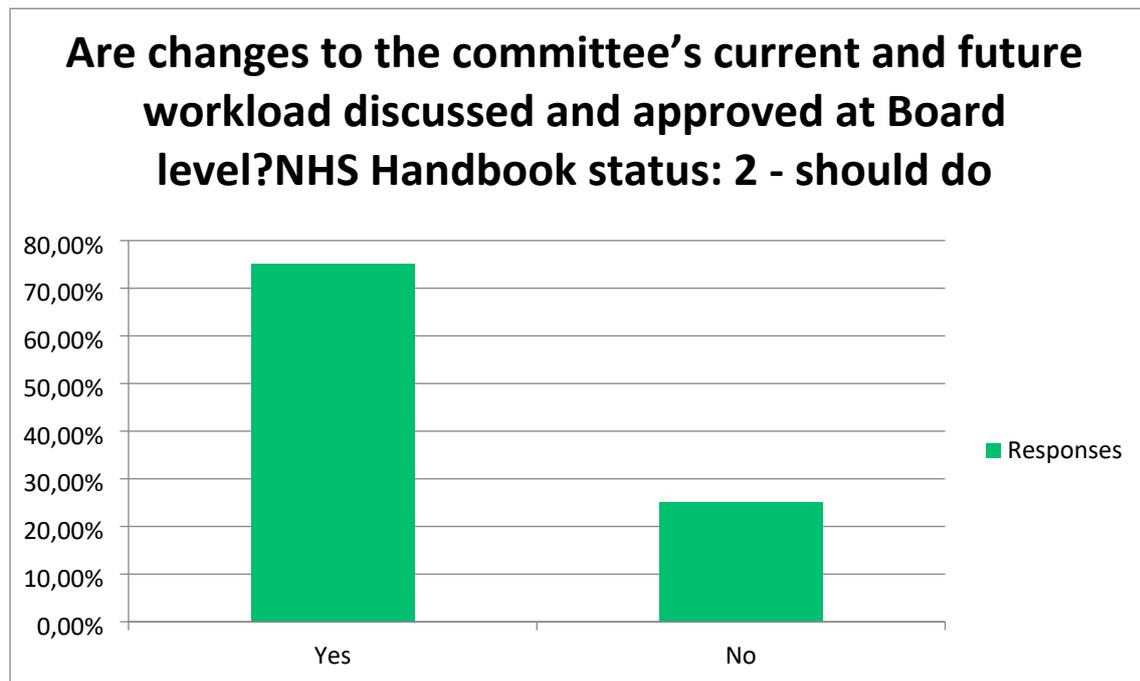
The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees. NHS Handbook status: 2 - should do



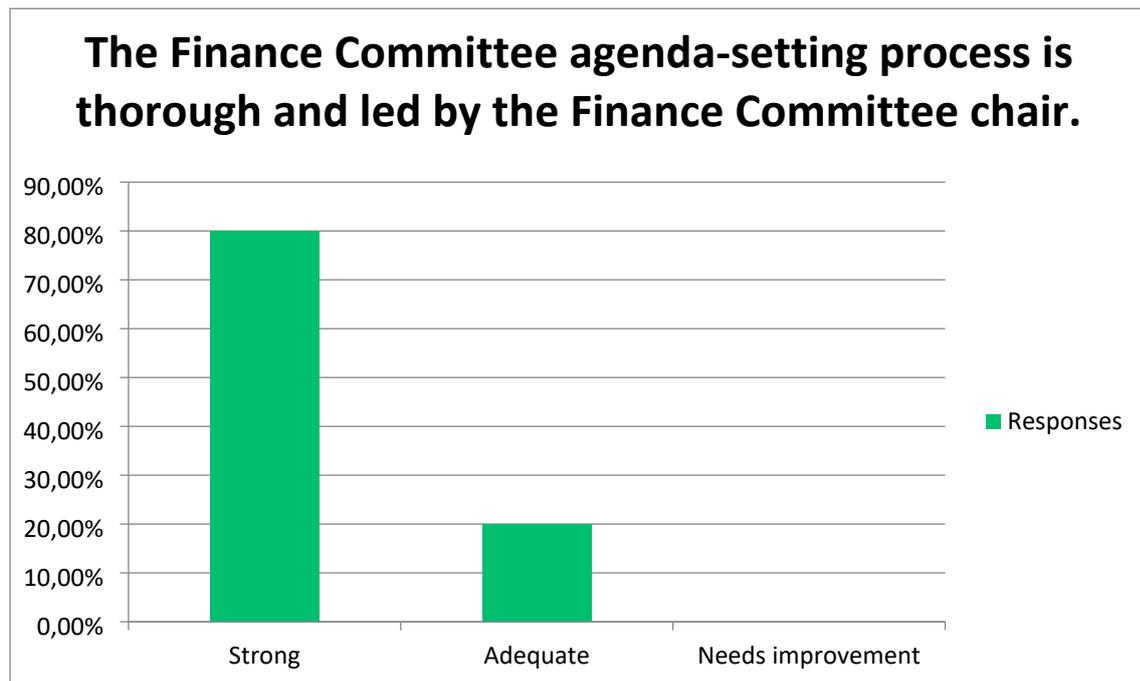
Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation? NHS Handbook status: 2 - should do



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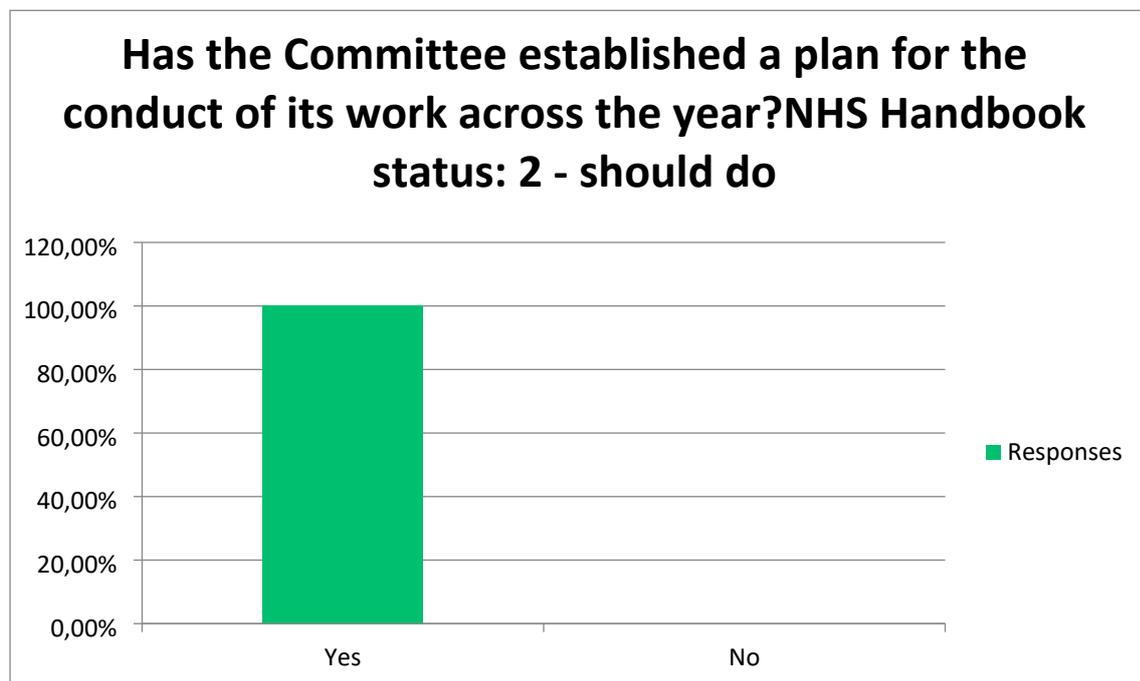


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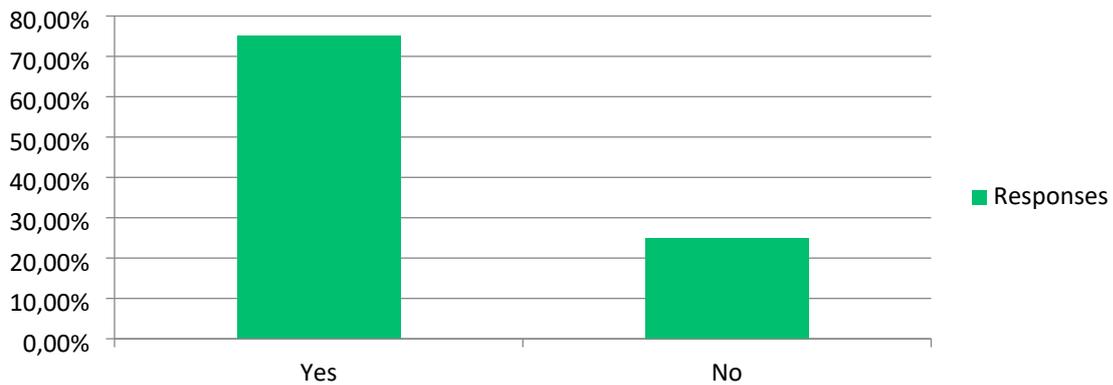
Comments

“As a new Chair - this is an evolving process as experience (specific to this Committee) is gained”.

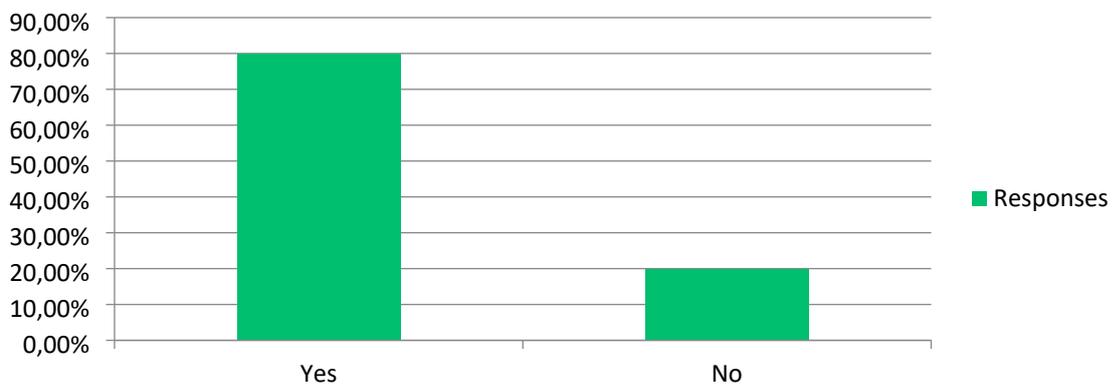


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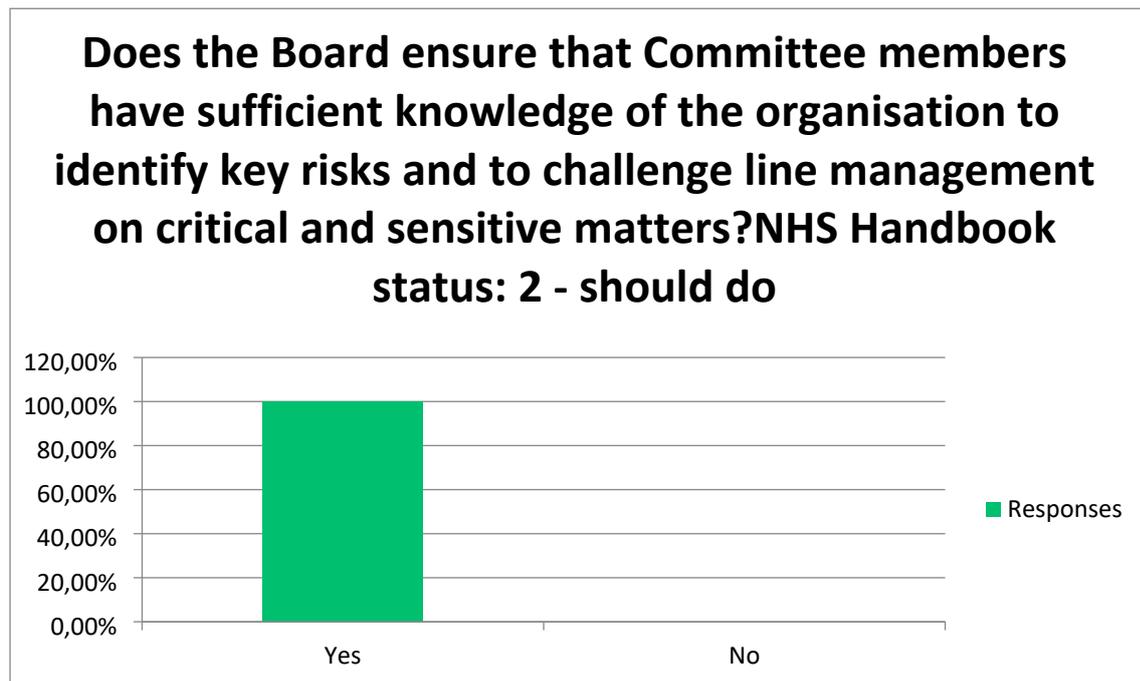
Has the committee formally considered how its work integrates with wider performance management and standards compliance? NHS Handbook status: 2 - should do



Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged? NHS Handbook status: 2 - should do

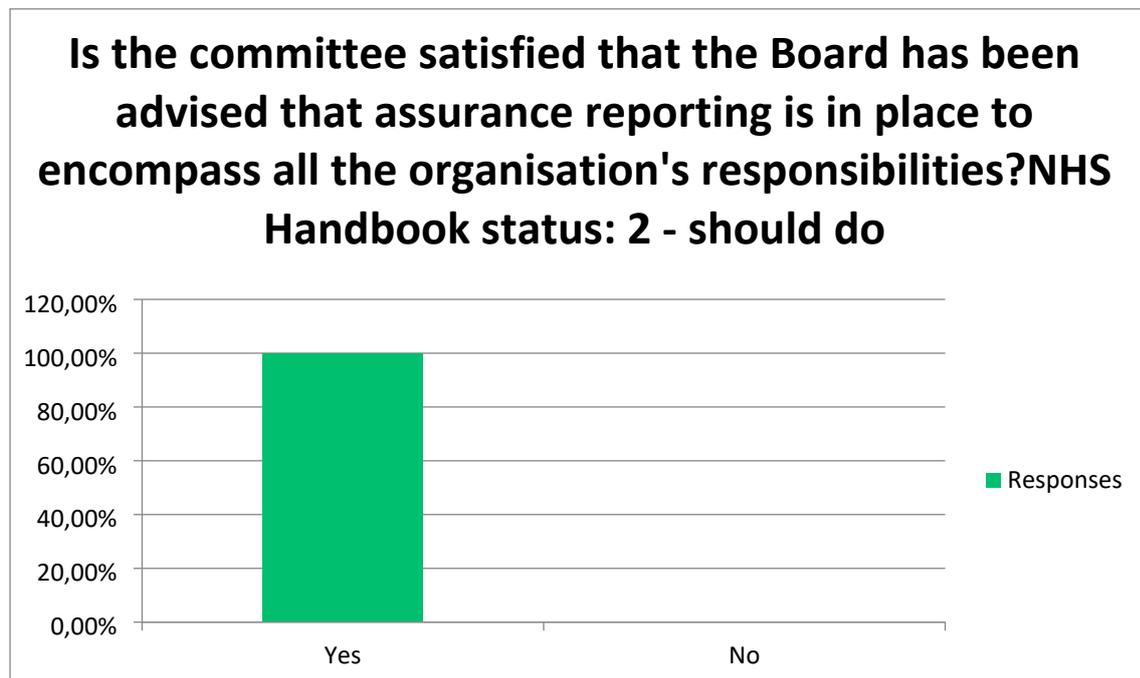


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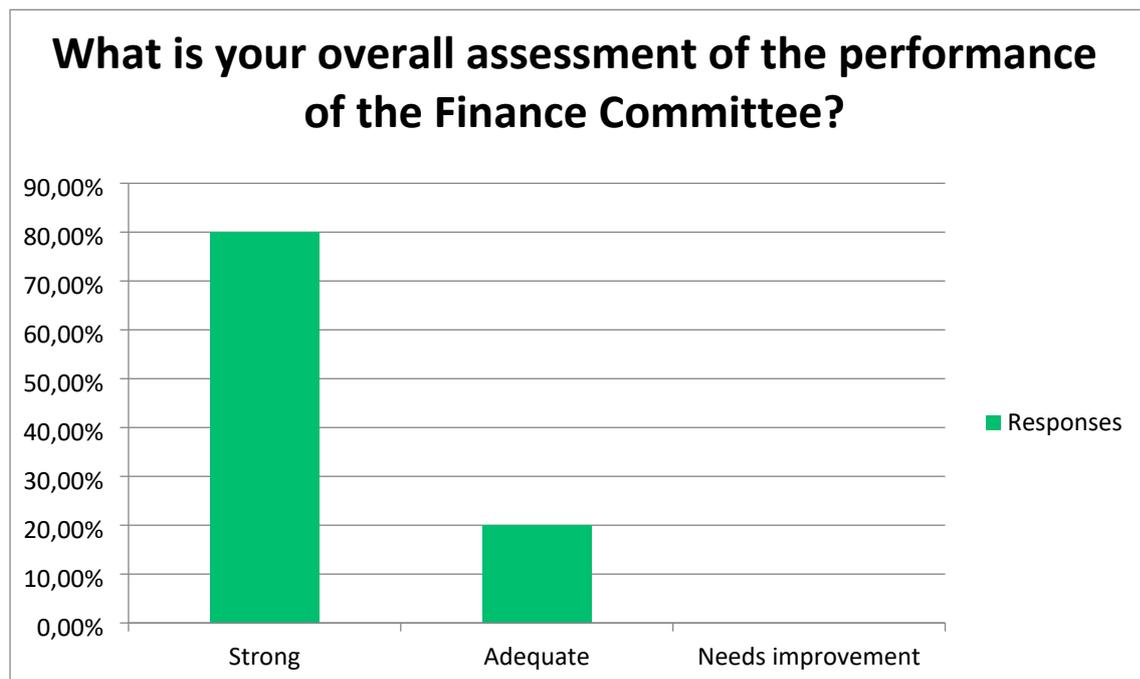
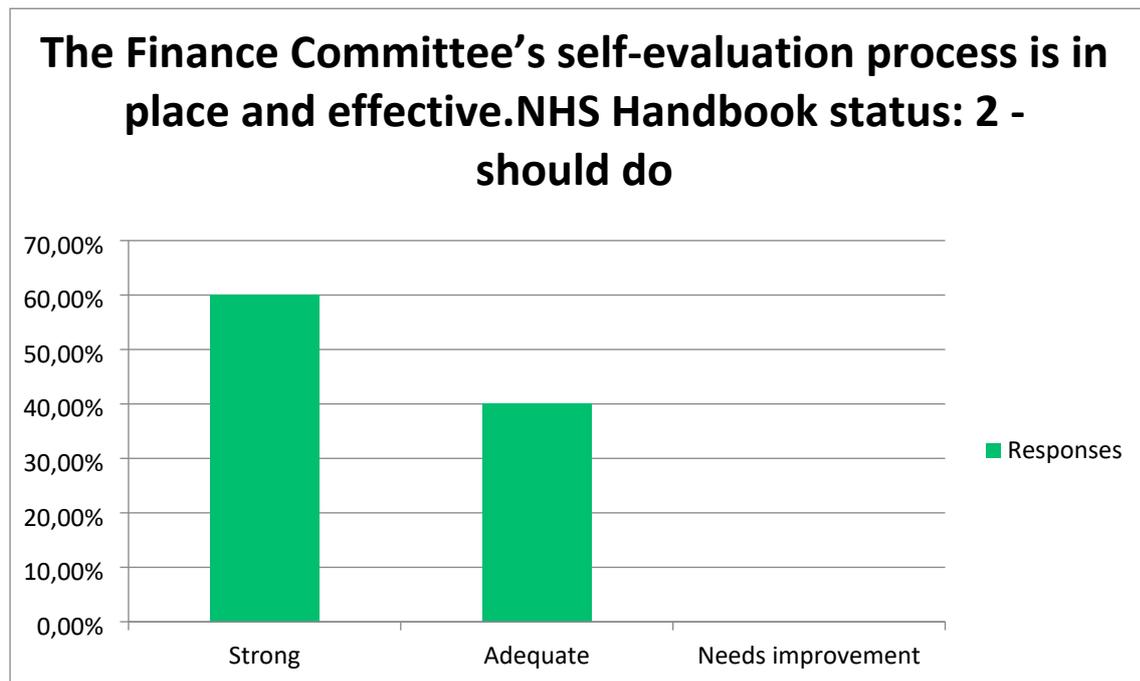


Comments

"The Chair ensures this when the Members are selected".



Bricknell Helen
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Comments

"This Committee is effective and provides good assurance to the Board".

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Finance Committee – Self Assessment 2020 Action Plan

Question asked	Action Required	Lead	Timescale to complete
The Board was active in its consideration of the Finance Committee composition.	Terms of Reference setting out Committee composition were reviewed and approved by the Board in March 2020. This annual review will continue.	Director of Corporate Governance	March 2021 for next review
The Finance Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.	The Chair and Vice Chair of the Committee are Independent Board Members and membership composition includes other Independent Members to ensure this standard is met.	Chair/Director of Corporate Governance	March 2021 for next review
The Finance Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.	Meeting packages to be reviewed and uploaded within the timescales set out within Standing Orders and timescales/process for provision of minutes to align with that of other Committees.	Head of Corporate Governance/ Secretariat	December 2020
Appropriate internal or external support and resources are available to the Finance Committee and it has sufficient membership and authority to perform its role effectively.	To consider at next agenda setting support and resources to be provided to improve the Committee's scrutiny and effectiveness.	Chair/Director of Corporate Governance	December 2020
Are changes to the Committee's current and future workload discussed and approved at Board level?	This will be achieved via the Committee Work plan which is signed off by the Board.	Director of Corporate Governance	March 2021 for next review
The Finance Committee agenda-setting process is thorough and led by the Finance Committee Chair.	The Committee work plan will support this. The Chair, with the support of the Director of Corporate Governance, will lead the agenda setting and ensure that items are appropriate.	Chair/Director of Corporate Governance	
Has the Committee formally considered how its work integrates with wider performance management and standards compliance?	Relevant performance management / standards to be collated for discussion and appropriate actions identified. Results will be fed back to the Committee.	Chair/Director of Corporate Governance	January 2021
Has the Committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?	Review to be undertaken to ensure alignment with Corporate Governance Department standards.	Head of Corporate Governance/ Secretariat	December 2020
The Finance Committee's self-evaluation process is in place and effective.	The Committee will continue its annual self-assessments and reflection in keeping with all other Committees of the Board.	Director of Corporate Governance	March 2021 for next review

Appendix 2

What is your overall assessment of the performance of the Finance Committee?	Completion of this action plan will improve the position.	Director of Corporate Governance	The March 2021 self-assessment will measure effectiveness of improvements made.
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