

Executive Summary

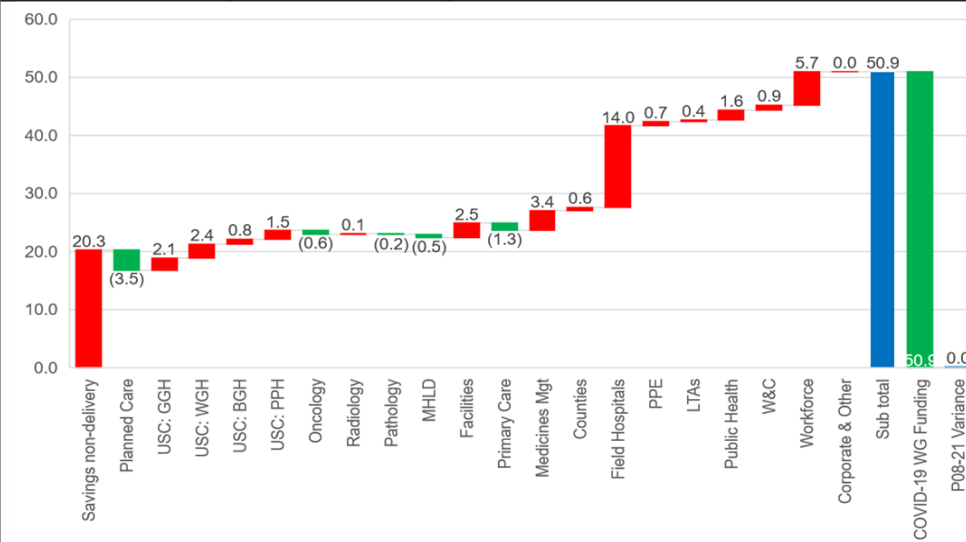
	<p>The Health Board's agreed Financial Plan is to deliver a deficit of £25m, after savings of £34.2m</p> <p>The impact of the COVID-19 pandemic presents an unprecedented significant risk to the financial position.</p>
Revenue	<ul style="list-style-type: none"> The Month 8 Health Board financial position is breakeven against a deficit plan of £2.1m, after utilising the required balance of WG funding for COVID-19, having offset the cost reductions recognised due to reduced operational activity levels.
Projection	<ul style="list-style-type: none"> Following confirmation of additional funding from WG in Month 6, the Health Board is forecasting to deliver the planned deficit of £25m. The Month 8 financial position was in line with the forecast, reflecting that despite significant operational pressures arising from increased prevalence of COVID-19, there is limited risk of any significant increase in Workforce expenditure given the restricted supply. Further, the Health Board has identified potential slippage in respect of planned operational expenditure, which has been repurposed. <ul style="list-style-type: none"> £30.8m savings requirement included in the Financial Plan are not expected to deliver due to the operational focus being diverted to respond to COVID-19, and where identified schemes are not supportive of the response needed. Discussions are on-going on the implications of this on funding, or our underlying deficit. The Health Board has reviewed the schemes identified to deal with implementing social distancing measures and other COVID-19 needs in the context of those that are deliverable by 31st March 2021 and the knowledge that no further COVID-19 specific capital funding is available from Welsh Government. The Health Board has prioritised its urgent COVID-19 and non-COVID-19 schemes and has used the balance of its discretionary allocation to progress these, significantly reducing the balance of the capital risk to £0.8m in Month 8. This risk for 2020/21 is now based only on the funding gap against committed COVID-19 schemes and funding released to date for these. It is anticipated that Welsh Government will release the funding for these schemes as the actual expenditure is incurred. The projection includes the cost of maintaining the LTA block arrangements; as a net commissioner, the impact of this is estimated to be £15.7m compared to actual activity levels.
Savings	<ul style="list-style-type: none"> In-month delivery of £0.4m, which is slightly below plan of identified savings schemes, which is directly attributable to the COVID-19 pandemic. Green and Amber plans of £5.6m identified to Month 8, against which the forecast delivery is uncertain given the impact of the COVID-19 pandemic. At this stage, with COVID-19 demand modelling indicating that the pandemic may impact the remainder of the financial year, it is assumed that delivery will be adversely affected for the full year.
Next Steps	<ul style="list-style-type: none"> Continue to work with Planning, Workforce and Operational colleagues to ensure alignment of the financial forecast and any changes to operational plans in response to the pandemic, in addition to responding to the Ministerial Brief dated 10 December 2020 regarding the framework of actions to mitigate the potential risk of harm in the system. Undertake a deep dive review of savings and cost reduction opportunities and further review of reserves to understand potential in year slippage. Continue to work with Welsh Government to understand the level of future funding arrangements, as these remain uncertain.

Executive Summary

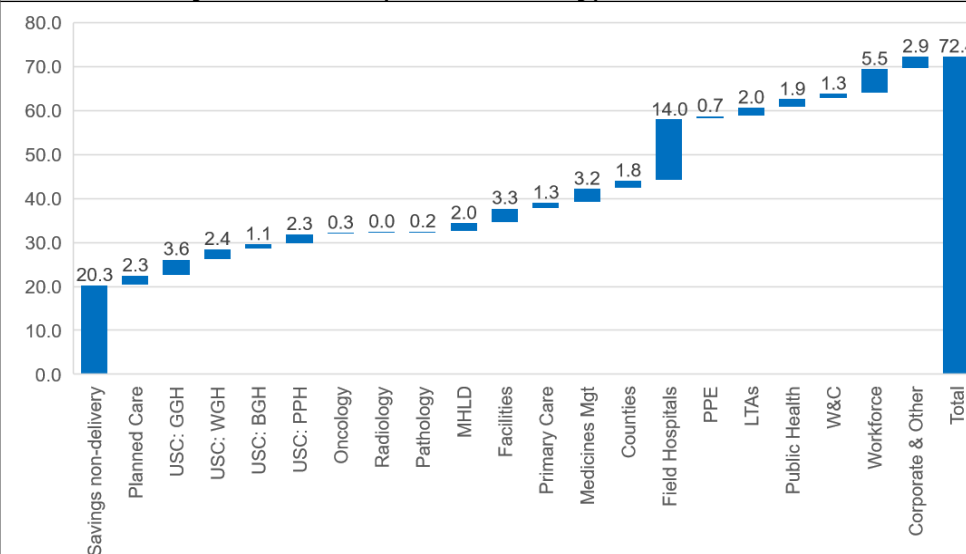
	Summary of key financial targets																																				
	<p>The Health Board's key targets are as follows:</p> <ul style="list-style-type: none">• Revenue: to contain the overspend within the Health Board's planned deficit• Savings: to deliver savings plans to enable the revenue budget to be achieved• Capital: to contain expenditure within the agreed limit• PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice• Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m. <table><tr><th>Key target</th><th></th><th>Annual limit</th><th>YTD limit</th><th>Actual delivery</th><th>Forecast Risk</th></tr><tr><td>Revenue</td><td>£'m</td><td>25.0</td><td>16.7</td><td>16.7</td><td>Medium</td></tr><tr><td>Savings</td><td>£'m</td><td>34.2</td><td>22.8</td><td>1.8</td><td></td></tr><tr><td>Capital</td><td>£'m</td><td>28.1</td><td>17.5</td><td>17.5</td><td>Low</td></tr><tr><td>Non-NHS PSPP</td><td>%</td><td>95.0</td><td>95.0</td><td>94.3</td><td>Medium</td></tr><tr><td>Period end cash</td><td>£'m</td><td>4.0</td><td>4.0</td><td>2.3</td><td>Medium</td></tr></table> <p>Following confirmation of additional funding from WG in Month 6, the Health Board is forecasting to deliver the planned deficit of £25m. The risk is considered to be Medium, recognising that the Health Board has limited risk of any significant increase in Workforce expenditure given the restricted supply, and has identified potential slippage on planned operational expenditure which has been repurposed.</p> <p>The Health Board has reviewed the schemes identified to deal with implementing social distancing measures and other COVID-19 needs in the context of those that are deliverable by 31st March 2021 and the knowledge that no further COVID-19 specific capital funding is available from Welsh Government. The Health Board has prioritised its urgent COVID-19 and non-COVID-19 schemes and has used the balance of its discretionary allocation to progress these. The balance of the capital risk in 2020/21 is therefore significantly reduced from the £14.3m reported in Month 7 to £0.8m in Month 8. This risk for 2020/21 is now based only on the funding gap against committed COVID-19 schemes and funding released to date for these. It is anticipated that Welsh Government will release the funding for these schemes as the actual expenditure is incurred.</p> <p>The Non-NHS PSPP risk continues to be rated Medium given the increase in volume of supplier payments due to the impact of COVID-19 and due to not achieving the PSPP target in September 2020. However, the action plan developed in relation to pharmacy is working effectively and the Health Board achieved its target in October and November. This risk will remain Medium until the cumulative position achieves 95%.</p>	Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk	Revenue	£'m	25.0	16.7	16.7	Medium	Savings	£'m	34.2	22.8	1.8		Capital	£'m	28.1	17.5	17.5	Low	Non-NHS PSPP	%	95.0	95.0	94.3	Medium	Period end cash	£'m	4.0	4.0	2.3	Medium
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Revenue Summary

YTD variance by Directorate (against Plan)



YTD actual by Directorate (COVID-19 only)



Key drivers of YTD position:

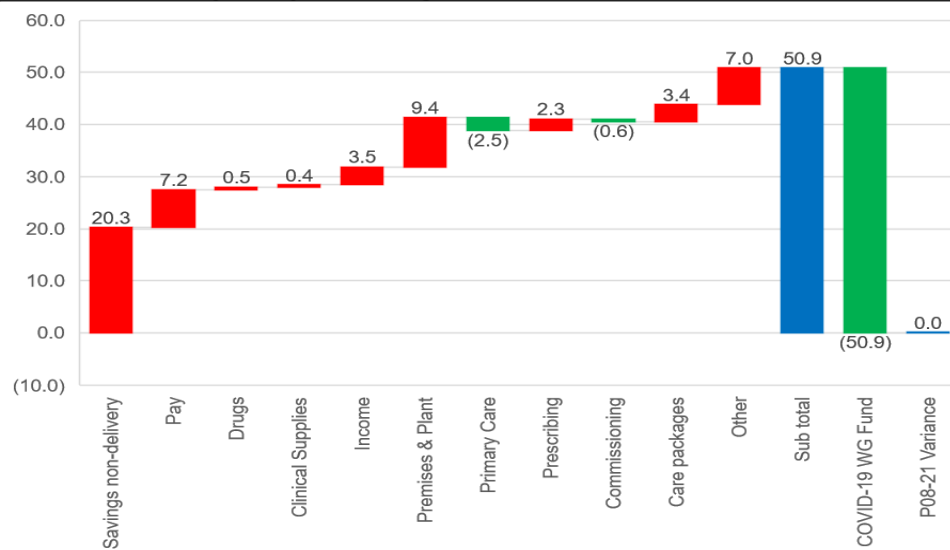
- **Savings non-delivery (£20.3m):** As a direct consequence of COVID-19, directorates have been unable to execute or identify additional savings plans as efforts are re-purposed to respond to the pandemic.
- **Planned Care (-£3.5m):** Underspend primarily driven by a reduction in non-pay due to reduced activity in elective services.
- **Medicines Management (£3.4m):** Pressures continue in Primary Care prescribing due to continued increases in the cost per item for Category M and baseline drugs. The directorate has also been impacted by changes in NCSO drugs at various points.
- **Field Hospitals (£14.0m):** The cost of setting up, de-commissioning and operating the various Field Hospitals with the Health Board's localities in response to the COVID-19 pandemic.
- **Workforce (£5.7m):** Fixed term staff recruited in response to the COVID-19 pandemic who have not yet been assigned to a directorate.
- **WG Funding (-£50.9m):** Funding has been received from WG to offset the cost of the Health Board's response to the COVID-19 pandemic.

Key drivers of COVID-19 YTD position over and above what is reported above:

- **LTAs (£2.0m):** Loss in Non Contract Activity (NCA) income as lockdown restrictions have impacted the tourism industry which in turn has reduced visitors outside of Hywel Dda accessing services.
- **Facilities (£3.3m):** Additional Porters and Domestics recruited in response to the pandemic. Work and maintenance carried out to adapt sites, additional laundry costs and lost revenue.
- **Unscheduled Care (All sites) (£9.4m):** Increase in variable pay for Medical, Nursing and HCA staff, Medical pay enhancements, PPE expenditure (up to Month 7; from Month 8, recorded centrally) and issue of home care drugs to avoid unnecessary Hospital contacts.

Revenue Summary

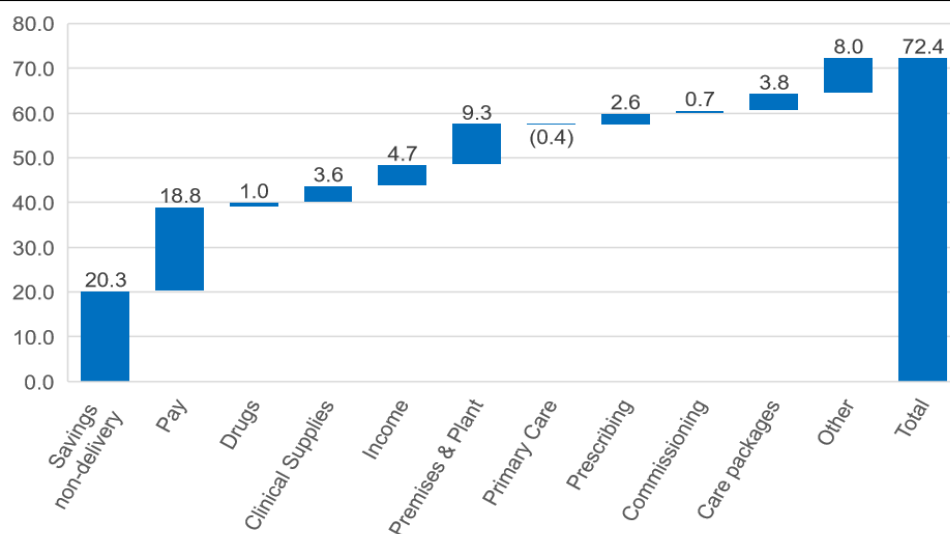
YTD variance by Subjective (against Plan)



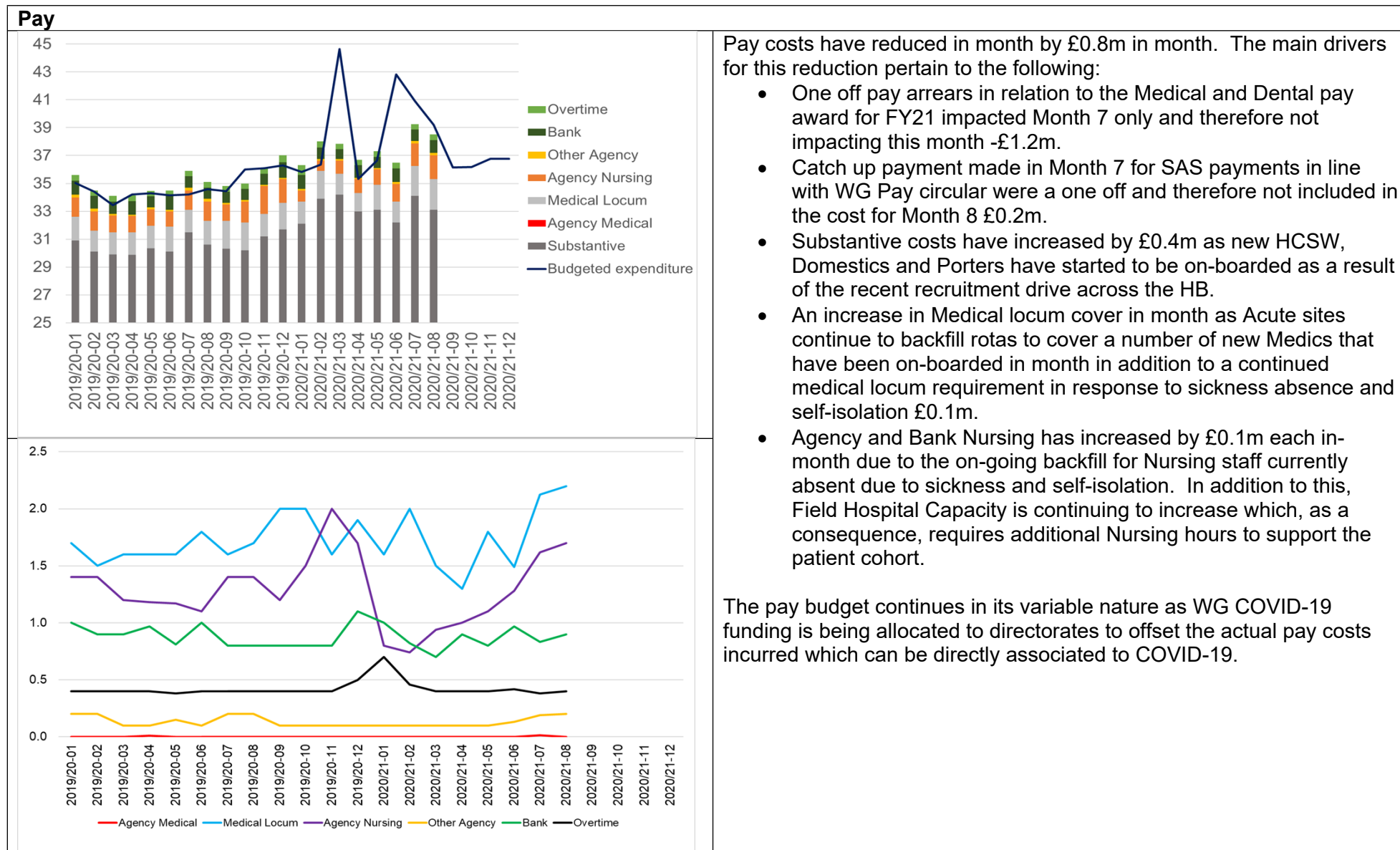
Key drivers of YTD position:

- **Savings non-delivery (£20.3m):** As a direct consequence of COVID-19, directorates have been unable to execute or identify additional savings plans as efforts are re-purposed to respond to the pandemic.
- **Pay (£7.2m):** See detailed analysis in key subjective summary slides.
- **Drugs & Clinical supplies (£0.9m):** The overspend is primarily driven by the costs of PPE expenditure, home care drugs being provided to patients (as a result of COVID-19) and Medicines Management pressures (stated above) offset by reduced activity in elective services within Planned Care and Podiatry.
- **Income (£3.5m):** As referenced in the previous slide, income generated from NCA activity has been impacted by the lockdown restrictions; there has also been a deterioration in income within Hospital sites due to lower patient numbers accessing commercial and hospitality facilities.
- **Premises costs (£9.4m):** Primarily driven by the cost of setting up, de-commissioning and operating the various Field Hospitals with the Health Board's localities.
- **Prescribing (£2.3m):** See detailed analysis in key subjective summary slides.
- **Care packages (£3.4m):** Additional costs have been incurred due to the expedited discharge of CHC Patients and patients being placed in out of area accommodation.
- **WG Funding (-£50.9m):** Funding has been received from WG to offset the cost of the Health Board's response to the COVID-19 pandemic.

YTD actual by Subjective (COVID-19 only)



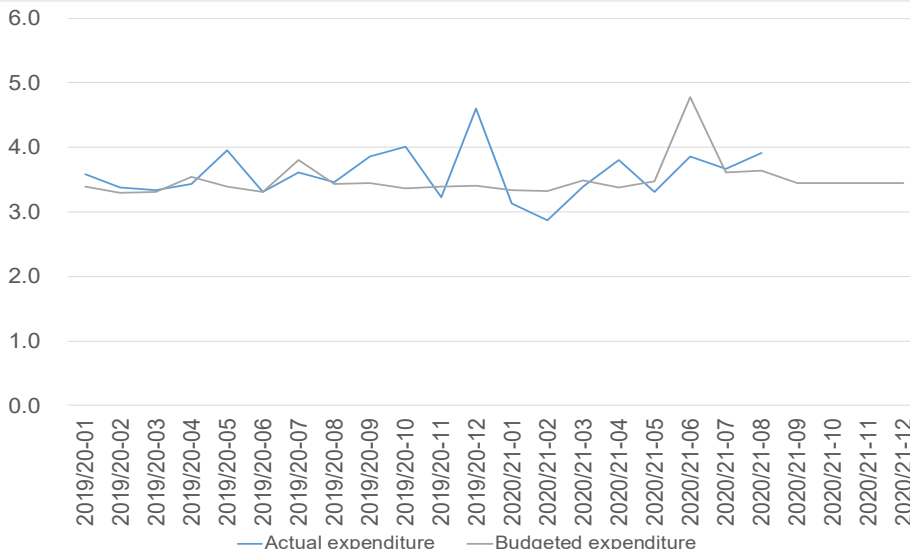
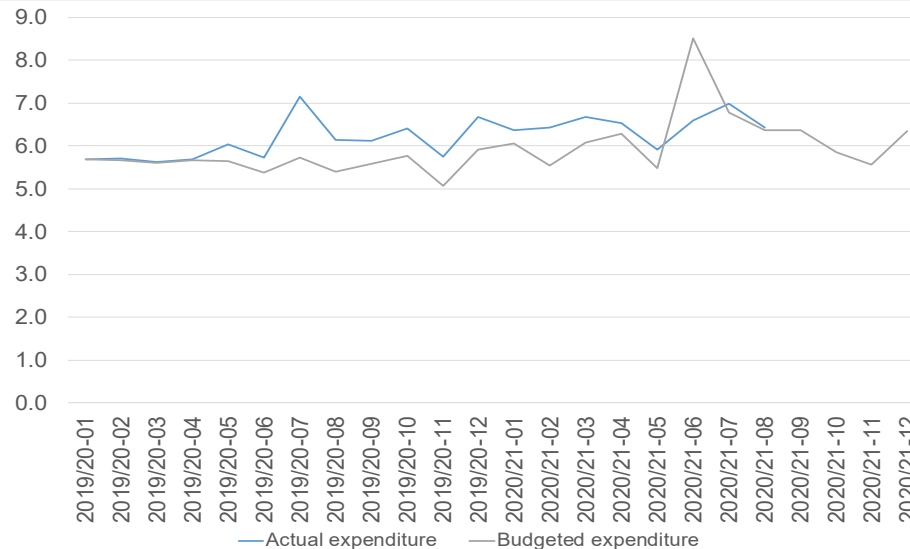
Key Subjective Summary



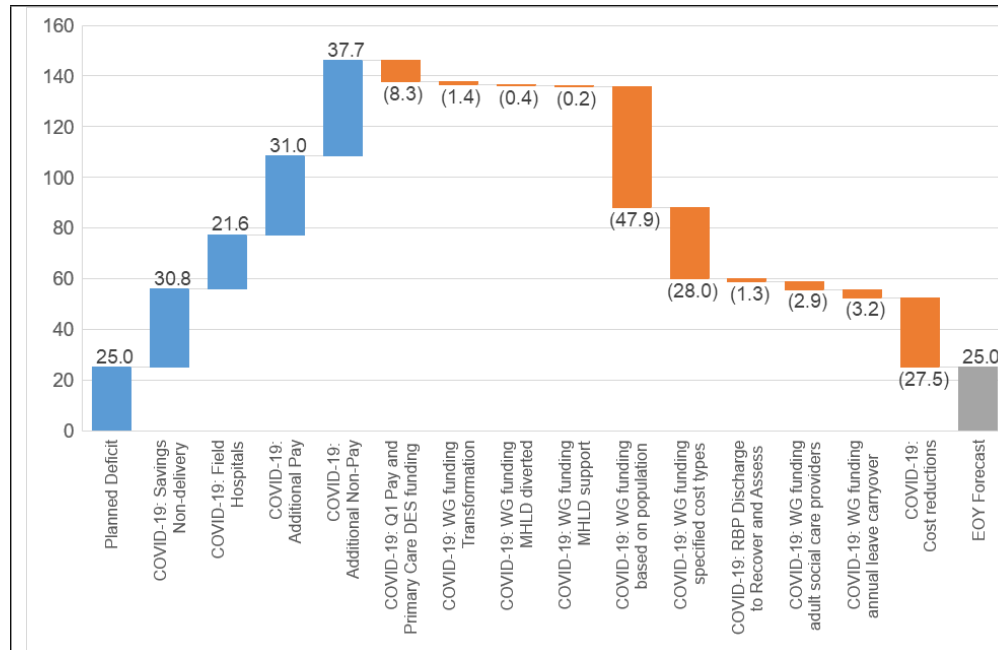
Key Subjective Summary

<p>CHC</p> <p>— Actual expenditure — Budgeted expenditure</p>	<p>Continuing Health Care expenditure has decreased by £2.2m in month primarily due to the one-off charge in Month 7 in relation to Adult Social Care Provider Support costs being recognised of £1.6m. There was also a reduction of £0.4m following the YTD recognition of delivery of a savings scheme within CHC for Pembrokeshire.</p> <p>A number of packages have been reduced in-month in the General Nursing, EMI and Funded Nursing categories. A number of Care Homes have not been able to accept new clients due to COVID-19 embargos following outbreaks at the residences impacting patient flow from Acute sites. Retrospective recoveries have also been recognised in-month for three Mental Health clients.</p>
<p>Secondary Care Drugs</p> <p>— Actual expenditure — Budgeted expenditure</p>	<p>Drug expenditure has increased in month by £0.2m due to:</p> <ul style="list-style-type: none"> • PPH has experienced higher than anticipated charges for Homecare drugs as a number of Wards have had to be re-configured and Outpatient clinics suspended as a result of an increase in COVID-19 activity at the site of £0.1m. • Increased growth in Haematology drugs (especially Daratumumab) of £0.1m.

Key Subjective Summary

<div><h3>Clinical Supplies and Services</h3><table><tr><th>Month</th><th>Actual expenditure</th><th>Budgeted expenditure</th></tr><tr><td>2019/20-01</td><td>3.5</td><td>3.4</td></tr><tr><td>2019/20-02</td><td>3.3</td><td>3.3</td></tr><tr><td>2019/20-03</td><td>3.3</td><td>3.3</td></tr><tr><td>2019/20-04</td><td>3.4</td><td>3.4</td></tr><tr><td>2019/20-05</td><td>3.9</td><td>3.4</td></tr><tr><td>2019/20-06</td><td>3.3</td><td>3.4</td></tr><tr><td>2019/20-07</td><td>3.6</td><td>3.8</td></tr><tr><td>2019/20-08</td><td>3.4</td><td>3.4</td></tr><tr><td>2019/20-09</td><td>3.8</td><td>3.4</td></tr><tr><td>2019/20-10</td><td>4.0</td><td>3.4</td></tr><tr><td>2019/20-11</td><td>3.2</td><td>3.4</td></tr><tr><td>2019/20-12</td><td>4.5</td><td>3.4</td></tr><tr><td>2020/21-01</td><td>3.1</td><td>3.4</td></tr><tr><td>2020/21-02</td><td>2.9</td><td>3.4</td></tr><tr><td>2020/21-03</td><td>3.4</td><td>3.5</td></tr><tr><td>2020/21-04</td><td>3.8</td><td>3.4</td></tr><tr><td>2020/21-05</td><td>3.3</td><td>3.4</td></tr><tr><td>2020/21-06</td><td>3.8</td><td>4.8</td></tr><tr><td>2020/21-07</td><td>3.6</td><td>3.6</td></tr><tr><td>2020/21-08</td><td>3.9</td><td>3.6</td></tr><tr><td>2020/21-09</td><td>3.5</td><td>3.5</td></tr><tr><td>2020/21-10</td><td>3.5</td><td>3.5</td></tr><tr><td>2020/21-11</td><td>3.5</td><td>3.5</td></tr><tr><td>2020/21-12</td><td>3.5</td><td>3.5</td></tr></table></div>	Month	Actual expenditure	Budgeted expenditure	2019/20-01	3.5	3.4	2019/20-02	3.3	3.3	2019/20-03	3.3	3.3	2019/20-04	3.4	3.4	2019/20-05	3.9	3.4	2019/20-06	3.3	3.4	2019/20-07	3.6	3.8	2019/20-08	3.4	3.4	2019/20-09	3.8	3.4	2019/20-10	4.0	3.4	2019/20-11	3.2	3.4	2019/20-12	4.5	3.4	2020/21-01	3.1	3.4	2020/21-02	2.9	3.4	2020/21-03	3.4	3.5	2020/21-04	3.8	3.4	2020/21-05	3.3	3.4	2020/21-06	3.8	4.8	2020/21-07	3.6	3.6	2020/21-08	3.9	3.6	2020/21-09	3.5	3.5	2020/21-10	3.5	3.5	2020/21-11	3.5	3.5	2020/21-12	3.5	3.5	<p>Clinical supply costs have increased by £0.4m as a direct consequence of increased activity throughout Acute sites and in the Community. This is further impacted by the continued price increase of PPE compared to previous months.</p>
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<div><h3>Primary Care Prescribing</h3><table><tr><th>Month</th><th>Actual expenditure</th><th>Budgeted expenditure</th></tr><tr><td>2019/20-01</td><td>5.7</td><td>5.7</td></tr><tr><td>2019/20-02</td><td>5.7</td><td>5.7</td></tr><tr><td>2019/20-03</td><td>5.6</td><td>5.7</td></tr><tr><td>2019/20-04</td><td>5.7</td><td>5.7</td></tr><tr><td>2019/20-05</td><td>6.0</td><td>5.7</td></tr><tr><td>2019/20-06</td><td>5.7</td><td>5.7</td></tr><tr><td>2019/20-07</td><td>7.1</td><td>5.7</td></tr><tr><td>2019/20-08</td><td>6.1</td><td>5.4</td></tr><tr><td>2019/20-09</td><td>6.1</td><td>5.4</td></tr><tr><td>2019/20-10</td><td>6.4</td><td>5.7</td></tr><tr><td>2019/20-11</td><td>5.7</td><td>5.1</td></tr><tr><td>2019/20-12</td><td>6.6</td><td>6.0</td></tr><tr><td>2020/21-01</td><td>6.4</td><td>6.0</td></tr><tr><td>2020/21-02</td><td>6.4</td><td>5.5</td></tr><tr><td>2020/21-03</td><td>6.6</td><td>6.0</td></tr><tr><td>2020/21-04</td><td>6.5</td><td>6.3</td></tr><tr><td>2020/21-05</td><td>5.9</td><td>5.5</td></tr><tr><td>2020/21-06</td><td>6.6</td><td>8.5</td></tr><tr><td>2020/21-07</td><td>6.9</td><td>6.9</td></tr><tr><td>2020/21-08</td><td>6.4</td><td>6.4</td></tr><tr><td>2020/21-09</td><td>6.4</td><td>6.4</td></tr><tr><td>2020/21-10</td><td>5.9</td><td>6.0</td></tr><tr><td>2020/21-11</td><td>5.6</td><td>5.6</td></tr><tr><td>2020/21-12</td><td>6.3</td><td>6.3</td></tr></table></div>	Month	Actual expenditure	Budgeted expenditure	2019/20-01	5.7	5.7	2019/20-02	5.7	5.7	2019/20-03	5.6	5.7	2019/20-04	5.7	5.7	2019/20-05	6.0	5.7	2019/20-06	5.7	5.7	2019/20-07	7.1	5.7	2019/20-08	6.1	5.4	2019/20-09	6.1	5.4	2019/20-10	6.4	5.7	2019/20-11	5.7	5.1	2019/20-12	6.6	6.0	2020/21-01	6.4	6.0	2020/21-02	6.4	5.5	2020/21-03	6.6	6.0	2020/21-04	6.5	6.3	2020/21-05	5.9	5.5	2020/21-06	6.6	8.5	2020/21-07	6.9	6.9	2020/21-08	6.4	6.4	2020/21-09	6.4	6.4	2020/21-10	5.9	6.0	2020/21-11	5.6	5.6	2020/21-12	6.3	6.3	<p>Prescribing costs have reduced by 0.6m in-month as the growth rate has reduced, however this is based on one month of data and may not be reflective of an annual trend. WP-10 costs are lower than previous months, in addition to Category M and NCSO, as a result of the reduced level of growth.</p>
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Financial Projection



Key Assumptions

- Funding for the balance of the additional WG allocation of £47.9m is assumed to be fully utilised in future months to offset the impact of COVID-19; funding to match the forecast cost of specific items (as defined by WG) has also been assumed in future months;
- Field Hospital profiling is based on local modelling as a most 'realistic' assessment;
- Field Hospital staffing has been modelled on a substantive costs basis, assuming a minimum of 50% deployed staff resource – no premium for Agency workers is included given the finite supply;
- Any increased demand modelling for staffing within Field Hospitals is assumed to be fulfilled through deployment of existing staff, predominately without the ability to backfill due to supply constraints;
- Existing Services modelling is profiled to March 2021 and assumes some level of reinstated elective services.

Assurance

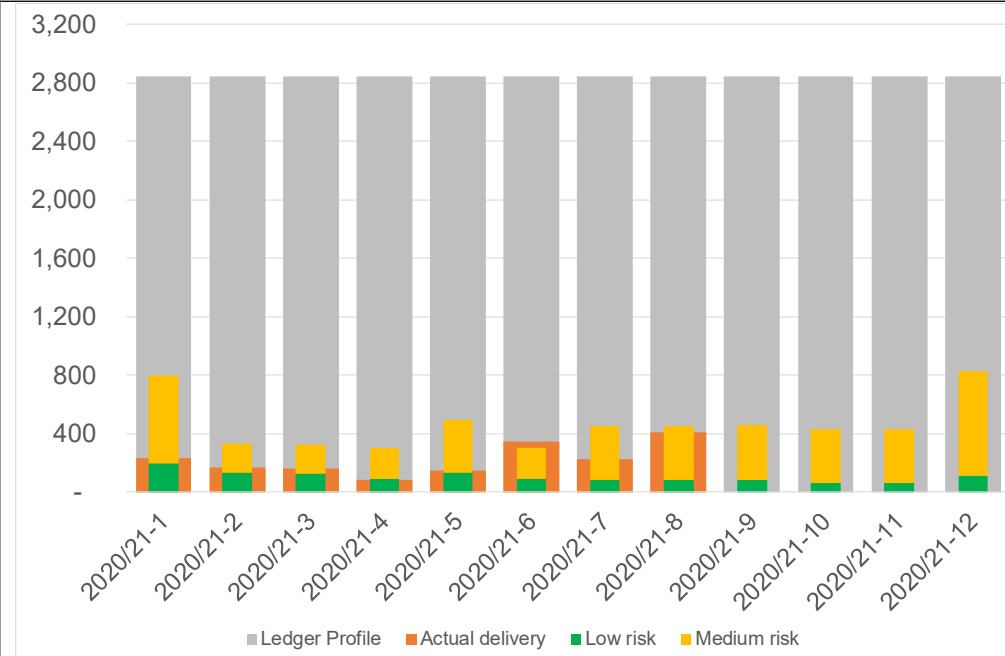
- Improved assurance methods have been established, aligning to managers across the Health Board and the Regional Partnership Board.
- Performance monitored monthly through System Engagement meetings for the highest risk Directorates.
- Following confirmation of additional funding from WG in Month 6, the Health Board is forecasting to deliver the planned deficit of £25m. The Month 8 financial position was in line with forecast, reflecting that despite significant operational pressures arising from increased prevalence of COVID-19, there is limited risk of any significant increase in Workforce expenditure given the restricted supply. Further, the Health Board has identified potential slippage in respect of planned operational expenditure, which has been repurposed.

Next Steps

- Clarity as to what current escalation measures can be safely and appropriately de-escalated/decommissioned and which ceased/deferred services/activities can be recommenced.
- Continue to work with Welsh Government to understand the level of additional revenue and capital funding available.
- Deep dive into savings and cost reduction opportunities.

Savings and turnaround actions

Risk-assessed directorate savings profile, delivery and forecast



Assurance

- Green and Amber plans of £5.6m identified to Month 8, against which the forecast delivery is uncertain given the impact of the COVID-19 pandemic. At this stage, with COVID-19 demand modelling indicating that the pandemic may impact the remainder of the financial year, it is assumed that delivery will be adversely affected for the full year.
- In-month delivery of £0.4m, which is below plan, which is directly attributable to the COVID-19 pandemic.
- The Opportunities Framework is being refreshed to identify alternative ways of working in response to COVID-19 that may result in cost reductions/formal savings schemes identified.

Concerns

- The unprecedented circumstances mean that operational focus is diverted to the organisation's response to COVID-19, and therefore not on the delivery or identification of further savings schemes that are not supportive of the response to the pandemic. Both identified and as yet unidentified savings schemes included in the Financial Plan are therefore at risk of non-delivery.
- Discussions are on-going for additional funding to support the non-delivery of the Health Board's savings target on a recurrent basis.

Next Steps

- The Value Framework, alongside existing financial governance arrangements, is to be further developed and embedded into the organisation's decision-making processes.
- Deep dive assessment of identified schemes not delivering.

Appendix 1: Monitoring return tables

Table	Commentary																																
Board Governance Arrangements	<p>In the absence of the Director of Finance, the Deputy Director of Finance, Mr Andrew Spratt, is authorised to approve and sign this report. In the absence of the Chief Executive, the Director of Operations, Mr Andrew Carruthers, is authorised to approve and sign this report.</p> <p>This body of this report (including Appendix 1 and 2) will be presented to the next Finance Committee meeting, to be held on 22nd December 2020. All Tables will be appended.</p>																																
Table A: Movement	<p>Opening section of Table A reflects the latest IMTP submission.</p> <p>Line 1 does not reflect the Month 12 reported underlying position from 2019/20 of £46.109m; the IMTP submission is a more accurate reflection of the opening underlying position, as the Month 12 submission included the FYE of a number of savings schemes that will now not deliver a 'step up' from 2019/20 due to the impact of COVID-19.</p> <p>The WG funding (Line 4) of £33.745m is taken from the IMTP submission. A breakdown is provided below:</p> <table> <tr> <th>Item</th><th>£'m</th></tr> <tr> <td>Core Uplift</td><td>12.9</td></tr> <tr> <td>Recurrent Adjustment</td><td>10.0</td></tr> <tr> <td>A4C</td><td>5.3</td></tr> <tr> <td>Strategic Support for Core Team</td><td>1.6</td></tr> <tr> <td>Additional Cluster Funding</td><td>1.3</td></tr> <tr> <td>DEL depreciation</td><td>1.0</td></tr> <tr> <td>Prevention and Early Years</td><td>0.5</td></tr> <tr> <td>Delivery Plan</td><td>0.4</td></tr> <tr> <td>Precision Medicine</td><td>0.2</td></tr> <tr> <td>Paramedic banding</td><td>0.2</td></tr> <tr> <td>Dental Innovation</td><td>0.1</td></tr> <tr> <td>Critical Care</td><td>0.1</td></tr> <tr> <td>Gender Identity</td><td>0.1</td></tr> <tr> <td>Other</td><td>0.05</td></tr> <tr> <td>Total</td><td>33.75</td></tr> </table>	Item	£'m	Core Uplift	12.9	Recurrent Adjustment	10.0	A4C	5.3	Strategic Support for Core Team	1.6	Additional Cluster Funding	1.3	DEL depreciation	1.0	Prevention and Early Years	0.5	Delivery Plan	0.4	Precision Medicine	0.2	Paramedic banding	0.2	Dental Innovation	0.1	Critical Care	0.1	Gender Identity	0.1	Other	0.05	Total	33.75
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Appendix 1: Monitoring return tables

Table	Commentary
	<p>The FYE of Savings yet to be identified has been set equal to the IMTP submission as at this stage it is not known whether the impact of COVID-19 will affect 2021/22.</p> <p>On line 14, the FYE is less than the in-year due to the impact of COVID-19 being more significant on the delivery of in-year recurring savings schemes than has been assumed on the FYE of recurring savings schemes. This is largely due to the assumption that the in-year delivery will fall into the later part of the financial year due to COVID-19; it is then assumed that next financial year would benefit from a full year's delivery.</p> <p>Directorate projections have been adjusted to ensure that there is no double-count of the projected non-delivery of savings</p> <p>The phasing of the cost pressures has been aligned with the deficit profile in Table B – please refer to Section Table B for the basis of this calculation.</p> <p>Line 22 reports the:</p> <ul style="list-style-type: none"> • Q1 COVID-19 funding received from WG in relation to Pay, Primary Care DES and Field Hospital Set Up Costs (for Ceredigion and Pembrokeshire). As requested, the Pay funding not utilised in Month 3 of £47k has been phased into Month 4. • Month 5 Field Hospital set up costs of £3.4m is recognised in Month 5 to match the costs accrued; these figures are provisional and potentially subject to minor refinement once invoices are received from the Local Authority. Following confirmation of the 'specific' funding streams available, the balance of future set up costs has been assumed to be funded based on the current forecast. • Contact Tracing of £4.1m is phased in line with the Month 8 TTP submission. Following confirmation of the 'specific' funding streams available in Month 6, the balance of antigen and antibody testing (£1.2m) has been assumed to be funded based on the current forecast. • Mental Health Improvement Fund for Q1 and Q2 of £0.4m is phased into Month 6. • Transformation Optimise Flow and Outcomes of £1.4m: the Health Board is working with the Regional Partnership Board to finalise plans; it is currently assumed that the phasing of expenditure will fall in the final 4 months of the year, with the YTD costs being recognised in Month 9. • We reviewed the spilt of consequential losses and rent for the Month 6 return using the following methodology, this will remain the methodology for the remainder of the financial year:

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> ○ Cost Per Square Foot = Annual Rental Income (what a property of that size would be worth as a commercial income); ○ Actual Cost Per Month minus Annual Rental Income ; ○ Consequential Losses = residual difference between Actual Cost Per Month - Annual Rental Income • Following confirmation of the 'specific' funding streams available, the consequential losses (£6.6m) are assumed to be funded based on the current forecast. • Following confirmation of the 'specific' funding streams available, the all Field Hospital decommissioning costs (£4.3m) are assumed to be funded based on the current forecast. • Following confirmation of the 'specific' funding streams available, the PPE costs of £3.0m are assumed to be funded based on the current forecast. This has increased since Month 7 due to the price increases experienced for specific PPE items in Month 6, 7 and 8 (fully recognised from Month 7 following validation); this is anticipated to continue for some months. • Following confirmation of the 'specific' funding streams available, Flu immunisations costs of £1.4m are assumed to be funded based on the current forecast. The associated costs are disclosed on Line 108 of Table B3 in total, but represent drugs, primary care DES and pay costs in Section A as shown in Appendix 1, section B3. • Mental Health Support for Voluntary Sector Service Provision (£0.2m) has been recognised. • RPB Discharge to Recover and Assess (£1.3m) has now been classified as COVID-19 funding and is included in line 22 and the associated costs are disclosed in Table B3 within Pay, private sector costs and equipment costs. • Additional WG funding of £47.9m to mitigate the impact of COVID-19 has been recognised. • Annual Leave carryover provision (£3.2m): this is included in Line 22, and associated costs disclosed in Line 52 of Table B3, within Line 10 of Table B and broken down by staff group within Table B2. The costs have been assumed to be accrued in Month 12 and are based on an assessment of ESR data, taking those staff that had not taken at least 50% of their annual leave entitlement balance and assuming that cohort would carryover 5 days of leave. An All-Wales methodology will be agreed at the upcoming TAG meeting, and therefore this calculation is subject to refinement. • COVID-19 mass vaccination programme (£0.8m): this is included in Line 22, and the associated costs are included in the relevant lines of Section A (see Table B3 Section below) and in totality on Line 107. • Support for Adult Social Care Providers (£2.9m): this is included in Line 22, and associated costs also included in Table B3 within the CHC line. The YTD costs (£1.6m) have been phased into Month 7 as this is when the

Appendix 1: Monitoring return tables

Table	Commentary
	<p>I&E impact and funding has been recognised. The balance is phased into Month 9 and 12, however this is subject to refinement as it will depend on the timing of providers seeking support.</p> <p>As operational planning is refined, we expect greater clarity on trends and our expected cost base as services resume in their revised structure.</p> <p>In Month 6, the operational variation YTD in Line 26 was reclassified to Table B3, Section D, as the cost reductions are the result of lower levels of activity directly or indirectly attributable to the COVID-19 pandemic.</p> <p>The Welsh Risk Pool risk share is understood to be assessed as a potential £1.3m. There was £1.5m held in Reserves in line with the guidance provided during the Financial Planning process, of which the uncommitted £175k has been included in the forecast. No costs or corresponding release of Reserves has been recognised in the YTD Month 8 position given that this is an initial assessment and it has not been confirmed that these costs will be charged to the Health Board. See Appendix 1, Table B commentary for details of phasing assumptions as at Month 8.</p> <p>The forecasting framework for the Health Board is a key objective for the Finance function in 2020/21 and this will aim to deliver forecasting by Directorate with a split between recurrent and non-recurrent items. For Month 8, it has been assumed that all cost pressures are non-recurrent given the unprecedented situation.</p>
Table A1: Underlying Position	Table A1 has been completed based on the IMTP submission Tables for 2020/21.
Table A2: Risks	<p><u>Risks</u></p> <p>The following risks have been removed from the Month 8 submission:</p> <ul style="list-style-type: none"> • Field Hospitals (-£6.3m): This risk has been removed as workforce/recruitment plans would not be fulfilled to drive this level of expenditure due to lack of supply, and current Workforce plans assess that this would need to be fulfilled by deploying existing staffing resource at £nil additional cost, however this may affect quality (such as Nursing ratios) and may mean some services are ceased or become fragile.

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Agency premium in Field Hospitals (-£2.1m): This risk has been removed as current Workforce assessments have concluded that it is highly unlikely that there would be sufficient supply in the market to fulfil such a requirement. • Increased elective activity (-£1.2m): This risk has been removed as the operational pressures seen in Month 8 of both Winter and COVID-19 demands on capacity are not expected to allow this level of non-urgent elective activity. • Asylum seekers health needs (£-0.25m): This risk has been removed given the minimal costs incurred to date and the confirmation of funding for those costs. • COVID-19 vaccination programme (-£0.9m): Following the announcement of vaccinations being offered to patients, the Public Health directorate are currently working with partner organisations to prepare for a mass vaccination programme which commenced in December 2020. This has been removed from risks and included in the Month 8 forecast at the revised figure of £0.8m. • Benefit in Kind liability for staff accommodation during COVID-19 covered by the HB (-£0.5m): in line with a number of other Health Boards in Wales, the Health Board has opted to cover any benefit-in-kind liability arising from the provision of accommodation to staff resulting from measures to address the COVID-19 pandemic which would otherwise be a liability to individual staff members. This has been removed from risks and included in the Month 8 forecast. <p>The forecast does not include a significant increase in 'RTT' expenditure, however this has not been included as a risk as it is highly unlikely that there will be capacity to achieve this in the current financial year, based on current levels of capacity.</p> <p>Opportunities</p> <p>The focus continues to be on the development of the Opportunities Framework, which is currently undergoing a review and refresh exercise to identify and progress alternative ways of working in response to COVID-19 which may result in a reduction to costs without impacting on the quality of the service.</p> <ul style="list-style-type: none"> • Welsh Risk Pool liability (£0.2m): The latest forecast provided by NWSSP of the Health Board's contribution towards the WRP will result in slippage on the reserve of £0.2m; this has been removed from the schedule of Opportunities and included in the forecast.

Appendix 1: Monitoring return tables

Table	Commentary
Table B: Monthly position	<p>The Health Board's in month result, in terms of deficit, was in line with the Month Eight forecast, however, was lower than the forecast in Actual terms. Key drivers in month include:</p> <ul style="list-style-type: none"> • RRL (-£4.0m): re-phasing of the RRL and additional COVID-19 funding recognised in month. • Primary Care Contractor (-£0.7m): The main drivers behind this variance are due to lower than anticipated claims by GMS Contractors in relation to Enhanced Services, charges in relation to premises and rate rebates were unknown at the time of forecasting, higher than anticipated level of Dental under performance and delays to Cluster spending plans due to the increase in COVID-19 activity across the locality. • Provider services-Non Pay (-£1.5m): Continued delays in Local Authority invoicing for ICF expenditure and TTP recharges compared to the level forecast; whilst progress has been made, discussions are still on-going with Local Authority Leads to issue invoices more frequently. A delay in the installation of a new system within Out of Hours resulted in anticipated charges being delayed into future months and finally, a temporary marquee in Paediatric services was removed earlier than forecast resulting in anticipated charges not being realised. • Healthcare: Other NHS (-£0.6m): A YTD adjustment to the WHSSC LTA and a continuation of High Cost Drugs underperformance against the contract with Swansea Bay UHB were recognised in month. • Continuing Care and Funded Nursing Care (-£0.4m): This was due to a recognition of the delivery of a savings scheme in Pembrokeshire being brought forward as negotiations were completed sooner than expected and a net decrease in CHC and FNC clients as a number of Care homes were temporarily closed to new residents following COVID-19 outbreaks in line with infection prevention and control guidelines. <p><u>Committed Reserves & Contingencies</u></p> <p>Outstanding reserves were again assessed by the Senior Finance team as part of the month end review process with the outcome documented in Table B (Sub section E). Please note for some of the material reserves, the following assumptions have been made:</p> <ul style="list-style-type: none"> • CHC: Additional funding will be required from January 2021 to support further inflationary uplifts. Negotiations are still taking place with LA colleagues and these are due to be finalised in early Q4. • COVID-19 reserves: Both ring-fenced and general reserves for COVID-19 will be used to offset expenditure throughout the rest of the year directly attributable to the pandemic. • IMTP Plans: Due to delays in implementing IMTP plans as Service Managers' attention was focused on Directorate's response plans to COVID-19, allocations have been re-phased to enable Service Managers to prepare and re-set directorate services as the impact of COVID-19 reduces.

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • ICF: Due to COVID-19, finalisation and tracking of progress against committed plans with the Regional Partnership Board have been delayed. We have been given assurance that the Local Authority expenditure plans are committed, and also understand that there have been significant delays in the receipt of invoices from Local Authority partners. An YTD 'catch up' of invoicing delays is expected to be achieved ahead of Month 9, with an improvement already noted. Slippage against existing plans of up to £1m has been identified by the RPB, primarily in relation to Dementia, however replacement schemes are in the process of being identified to repurpose the funds to an appropriate scheme in-year. • Variable pay: This reserve has been focused on the period November 2020 to February 2021 in line with previous year's trends of surge activity in Unscheduled Care. Forecasts have been assumed on a straight-line basis, however the phasing of this will be matched to costs incurred by Acute sites. • Welsh Risk Pool: It has been assumed that this will be phased from Month 9 (YTD) then over Q4. <p>The forecast has been calculated using Directorate projections of both the "non-COVID-19" and COVID-19 profiled positions as a basis.</p> <p><u>"Non-COVID-19" projections</u></p> <p>Directorates do not forecast at a level of detail to allow the split of income and expenditure into the Table B headings. However, as the best proxy, we have taken the appropriate 'run rate' from Months 1 - 7 and assumed that this continues in the same proportions and applied this to the future month forecasted Actuals; we have then overlaid one-off adjustments included in the projections and classified these into the relevant Table B heading.</p> <p>As the level of COVID-19 additional expenditure going forward each month is expected to exceed cost reductions resulting from COVID-19, the expectation is that the additional WG COVID-19 funding will be utilised to report a position in line with the YTD planned deficit for Months 7-9.</p> <p><u>Expenditure Profile for future months</u></p> <p>The forecast recognises that significant increases in Workforce expenditure will not be possible given supply restrictions, and the Ministerial Brief confirms the existing operational plans to prioritise and deploy existing staff to the best patient outcomes possible. Therefore, the financial forecast for Pay expenditure does not include a significant increase in respect of recruitment plans or additional Agency resource. The 'step up' of c.£550k per month, primarily relates to the decision to fund the Benefit in Kind liability for staff accommodation in response to COVID-19 and the</p>

Appendix 1: Monitoring return tables

Table	Commentary
	<p>additionality of the COVID-19 mass vaccination programme, for which additional staff are already within the recruitment pipeline.</p> <p>There is also a 'step up' of expenditure within Non-Pay, which relates to the delayed Local Authority invoicing for both TTP and ICF, the Health Board's required contribution to the Welsh Risk Pool, Field Hospital decommissioning costs, required HMRC provisions in respect of an historic Home Technology scheme and the COS Heading 14 ruling, and the investment in Delta. There is also an increased requirement to fund bed and mattress replacements, in addition to obsolete medical equipment replacements. Due to consultant shortages in Radiology, there is an increased level of expenditure in respect of RROL externally provided activity.</p> <p>This is after accounting for the potential flexibilities discussed during the WG Month 6 review, which have been repurposed as described above.</p>
Table B2: Pay and agency	<p>For in-month commentary, please see the key subjective summary section.</p> <p>The Month 8 pay forecast has increased compared to Month 7 by £0.6m. Key drivers to this are documented below:</p> <ul style="list-style-type: none"> • Medical & Dental (£2.0m): Further SAS payments in line with WG circulars were paid in November and a balance assumed in future months (£0.5m). Following an increase in COVID-19 prevalence, Months 7 and 8 have required significantly more internal and agency cover was required to cover vacant posts, sickness and staff requiring to self-isolate; this trend is expected to continue. • Nursing & Midwifery (£1.0m): Similarly to Medical & Dental, Nursing resources have been significantly impacted by the increase in COVID-19 prevalence across the locality resulting in higher than anticipated overtime payments, Bank and Agency usage to cover vacancies, sickness and self-isolation during Months 7 and 8, which is expected to continue for the remainder of the financial year. In addition, a number of Nursing students have now graduated and have been recruited on a substantive basis. A further £0.3m has been included in relation to planned Nursing requirement during the mass vaccination programme, the majority of which are already in the process of on-boarding. These costs have been offset by a reduction in Nursing spend within the Field Hospitals following a revision to planned bed capacity and deployment assumptions. • Additional Clinical Services (-£0.8m): Forecasted spend has been reduced in line with a reduction in planned activity at Field Hospital sites.

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Estates & Ancillary (-£1.0m): Forecasted spend has been reduced in line with a reduction in planned activity at Field Hospital sites resulting in a lower requirement for Porters and Domestics. A revision has also been made to reduce the anticipated level of recruitment of bank staff following advice from workforce colleagues. • Students (-£0.6m): Students have now graduated and following a delay in recruitment as a result of COVID-19 have now been appointed on a substantive basis.
Table B3: COVID-19	<p>The forecast figures have been refined in Month 8 to reflect our best estimate of a realistic scenario given YTD activity and costs incurred. The key drivers of the change in forecast are detailed below.</p> <p><u>Section A</u></p> <p>The Reporting and Forecasting Principles Paper developed internally, based on the WG guidance, has been applied consistently to identify and quantify the additionality of costs incurred in response to the COVID-19 pandemic. A draft of this document has been shared with FDU for feedback and has been shared in the Deputy Directors of Finance Forum. This Paper outlines the process henceforth in terms of the decision-making framework for Gold Strategic Group and the flow of decisions/information from that forum to inform financial forecasting. This will include a regular review of the use of Reserves funds and the use of funds where there is no committed obligation.</p> <p>The actual Month 8 costs saw a decrease against forecast of £0.3m. Key drivers to this are documented below:</p> <ul style="list-style-type: none"> • Nursing & Midwifery (Establishment) (-£0.3m): Field Hospital forecasts were assumed to have 28 beds in operation, however, only 14 beds were utilised for part of the month which resulted in a lower than planned requirement. • Nursing & Midwifery (Agency) (£0.1m): Higher than anticipated COVID-19 activity and also backfill for staff required to self-isolate or on sick leave relating to COVID-19 resulted in additional Agency Nurse requirement. • Nursing & Midwifery (Student) (-£0.1m): Students have now graduated and following a delay in recruitment as a result of COVID-19 have now been appointed on a substantive basis. • Estates & Ancillary (Other temp) (-£0.2m): The Month 7 forecast assumption for the timing of on-boarding of Porters and Domestics has not materialised in Month 8, and following discussion with Workforce colleagues, future months have also been forecast to be lower in line with Field Hospital demand. • Additional costs in Primary Care (-£0.2m): Assumed Flu activity did not materialise in month and actuals have been re-phased in the forecast based on revised information from the service. • Additional costs in Private Sector (£0.1m): Higher than anticipated out of area placement costs within MHL.

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Drugs (-£0.2m): Assumed Flu activity did not materialise in month and actuals have been re-phased in the forecast based on revised information from the service. • PPE (£0.5m): Continuation of increased prices in the unit cost of PPE provided by NWSSP on the WHS feed. • Local Authority Spend (-£0.3m): Assumed charge for prior month was lower than accrued, requiring a correction in-month. £Nil impact to FY forecast as actuals have been re-phased following discussions with LA colleagues. <p>In respect of the GDS contract, the YTD loss of income to the end of Month 8 is £1.7m; the projected loss for the full year is £2.737m.</p> <p>In respect of the Dental contract, the YTD loss of income to the end of Month 8 is £1.9m; the projected loss for the full year is £2.926m.</p> <p>Costs as a result of lost income relate to reduced sales at Acute sites' Canteen's, shops and revenue received from commercial providers operating within Hospital sites. The projected full year loss on income is forecast to be £0.35m.</p> <p>The forecast for COVID-19 (Section A) has increased by £3.7m in Month 8 compared to what was reported in Month 7. Below are the key drivers of the movement between Month eight and Month seven forecasts:</p> <ul style="list-style-type: none"> • Nursing & Midwifery (Establishment) (-£1.1m): Field Hospital forecasts were been adjusted based on revised bed numbers from Service colleagues which will result in a lower Nurse requirement, offset by a small increase for the COVID-19 mass vaccination programme. • Additional Clinical Services (Establishment) (-£0.8m): See comments in relation to Nursing & Midwifery (Establishment) • Allied Health Professionals (Establishment) (-£0.5m): See comments in relation to Nursing & Midwifery (Establishment) • Estates & Ancillary (Establishment) (-£1.2m): Revised assumptions for the on-boarding of Porters and Domestic staff in line with Field Hospital demand. • Nursing & Midwifery (Agency) (£0.4m): The forecast has increased due to higher COVID-19 activity assumed last month based on the latest modelling intelligence. Cover for staff self-isolating or on sick leave relating to COVID-19 has also been revised in line with a higher prevalence of COVID-19. • Nursing & Midwifery (Student) (-£0.6m): Students have now graduated and following a delay in recruitment as a result of COVID-19 have now been appointed on a substantive basis.

Appendix 1: Monitoring return tables

Table	Commentary																								
	<ul style="list-style-type: none">• Estates & Ancillary (Other temp) (-£0.3m): Revised assumptions for the on-boarding of Porters and Domestics in line with Field Hospital and Acute site demand.• Other Pay (£3.2m): An estimate of the required provision for the Annual Leave Carryover has been recognised for the first time in Month 8; on-going discussions in the TAG forum is expected to provide a consistent calculation methodology across Wales from Month 9.• Additional costs in Private Sector (£1.2m): RPB Discharge to recover and assess (£1.3m) expenditure recognised as COVID-19 related expenditure.• Equipment costs (Beds) (£0.2m): RPB Discharge to recover and assess expenditure recognised in month for the remainder of the year.• PPE (£1.2m): The increased cost of PPE has been extrapolated for the remainder of the year following advice from Service colleagues.• Transformation Optimise Flow (£1.4m): Transformation monies recognised to be spent from December to the end of the financial year. <p>Section A1</p> <p>Field Hospitals represent the only significant change in capacity in response to the pandemic. Bed numbers have been reviewed based on current local demand modelling.</p> <p>The Table shows Field Hospital forecasts from a County perspective, with the corresponding bed capacity as per the revised demand model assumed for Month 8.</p> <p>A schedule of expenditure has also been included for the GMS Extended Hours DES, Flu immunisation spend and Test, Trace and Protect.</p> <p>The Flu Immunisations expenditure is included in the following lines of Section A:</p> <table><tr><th>Expenditure</th><th>Table B3 Line</th><th>YTD Month 8</th><th>EOY</th></tr><tr><td>Primary Care DES</td><td>Additional costs in Primary Care (line 59)</td><td>£51k</td><td>£500k</td></tr><tr><td>Vaccinations</td><td>Drugs (line 70)</td><td>£91k</td><td>£826k</td></tr><tr><td>Consumables</td><td>M&SE consumables (line 80)</td><td>£Nil</td><td>£28k</td></tr><tr><td>Staff costs to deliver</td><td>Establishment Nursing (line 5)</td><td>£1k</td><td>£88k</td></tr><tr><td>Total</td><td></td><td>£143k</td><td>£1.442k</td></tr></table>	Expenditure	Table B3 Line	YTD Month 8	EOY	Primary Care DES	Additional costs in Primary Care (line 59)	£51k	£500k	Vaccinations	Drugs (line 70)	£91k	£826k	Consumables	M&SE consumables (line 80)	£Nil	£28k	Staff costs to deliver	Establishment Nursing (line 5)	£1k	£88k	Total		£143k	£1.442k
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Total		£143k	£1.442k																						

Appendix 1: Monitoring return tables

Table	Commentary																																						
	<p>The costs associated with the COVID-19 Mass Vaccination programme has now been factored into the forecast (both costs and income):</p> <table><tr><th>Expenditure</th><th>Table B3 Line</th><th>YTD Month 8</th><th>EOY</th></tr><tr><td>Staff costs to deliver</td><td>Pay Establishment (lines 3, 4, 5, 7, 8)</td><td>£nil</td><td>£585k</td></tr><tr><td>Booking Co-ordinators</td><td>Local Authority (line 95)</td><td>£nil</td><td>£87k</td></tr><tr><td>Equipment purchases</td><td>Equipment (other) (line 73)</td><td>£nil</td><td>£25k</td></tr><tr><td>Consumables</td><td>M&SE consumables (line 80)</td><td>£nil</td><td>£8k</td></tr><tr><td>Rent of 4 sites</td><td>Rent (line 84)</td><td>£nil</td><td>£64k</td></tr><tr><td>Transport</td><td>Transportation (line 89)</td><td>£nil</td><td>£12k</td></tr><tr><td>Utilities</td><td>Utility costs (line 90)</td><td>£nil</td><td>£8k</td></tr><tr><td>Total</td><td></td><td>£nil</td><td>£789k</td></tr></table>			Expenditure	Table B3 Line	YTD Month 8	EOY	Staff costs to deliver	Pay Establishment (lines 3, 4, 5, 7, 8)	£nil	£585k	Booking Co-ordinators	Local Authority (line 95)	£nil	£87k	Equipment purchases	Equipment (other) (line 73)	£nil	£25k	Consumables	M&SE consumables (line 80)	£nil	£8k	Rent of 4 sites	Rent (line 84)	£nil	£64k	Transport	Transportation (line 89)	£nil	£12k	Utilities	Utility costs (line 90)	£nil	£8k	Total		£nil	£789k
Expenditure	Table B3 Line	YTD Month 8	EOY																																				
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Total		£nil	£789k																																				
	<p><u>Section B</u></p> <p>The unprecedented circumstances mean that operational focus is diverted to the organisation’s response to COVID-19, and therefore not on the delivery or identification of further savings schemes that are not supportive of the response to the pandemic. A review is currently in progress to identify schemes for prioritisation should the demands of COVID-19 allow.</p>																																						
	<p><u>Section C</u></p> <p>Cost reductions have been identified for the full year, however have been phased down as the year progresses given the expectation that a number of services will be gradually reinstated. These assumptions will continue to be refined.</p> <p>The cost reductions have now been reduced in relation to Planned Care based on the assumption of considerable increases in elective care activity.</p>																																						
	<p><u>Section D</u></p> <p>Part of a number of Reserve items has been included in the forecast to offset the impact of COVID-19 following additional scrutiny in Month 7; this will continue to be regularly reviewed and refined in line with the scrutiny of assurances provided by others as described in the main body of this report.</p>																																						

Appendix 1: Monitoring return tables

Table	Commentary
	<p>Further decisions will be taken by the Executive Team and Gold Strategic Group as the year progresses and plans can be made with more certainty.</p> <p><u>Field Hospital figures included in Section A and separate templates</u></p> <p>The Field Hospital demand model has been revised from the local model based on Rt of 1.1, being the most 'reasonable worst case scenario' to a local model which has been adjusted to reflect a more 'realistic' scenario.</p> <p>All decommissioning costs are assumed to fall into the current financial year. VAT on set-up costs has been recognised for Bluestone and Parc Y Scarlets Barn, following the latest guidance.</p> <p>The bed capacity profile has been provided by Field Hospital sites and can be observed in table B3 (Section A1) of the presentation.</p>
Table C3: Savings Tracker	<p>The Table has been completed based on current green and amber schemes.</p> <p>Any negative values reported in the in-month Actuals column relates to a correction of previous month actuals, meaning that the YTD figure is correct.</p> <p>The date to 'go Green' for all Amber schemes has been set as 1 January 2021, however this will be dependent on the continuing impact of the pandemic.</p> <p>The Risk to delivery on Amber Schemes has been set at £nil where the in-year delivery is forecast to be £nil. The remaining Amber schemes have not been assessed given the level of non-delivery already forecast due to the impact of COVID-19.</p> <p>The in-month delivery was significantly higher than forecast in Month 8 (£0.3m) due to early delivery of the Pembrokeshire MHL D CHC scheme after negotiations with Local Authority were concluded.</p> <p><u>Areas of immediate focus:</u></p> <ul style="list-style-type: none"> Accelerating the delivery of Healthier Mid and West Wales; significant areas of community shift already in place and Transforming Mental Health has been largely delivered. Realising benefits of this on a BAU basis.

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Completing work on unpacking deficit at a locality level to address variability in activity and cost base, guiding future efforts to shift resources into community. Locality based reporting delivered in draft for overall system perspective to support better integration with planning and transformation. • Embedding and rolling out work and learning from COVID-19 response, in particular: • Performance excellence framework and approach • Digital benefits realisation • Prevention and population health • Improved procurement support • Better configuration of services as part of the recovery plan • Alignment and focus across corporate teams with operational teams • Value Based Healthcare: DrDoctor implemented and collecting PROMs in first conditions, executive education programme launched. <p>Whilst the focus of the Health Board is on identifying and implementing recurrent schemes, the current combination of Winter capacity and COVID-19 pressures being experienced operationally has diverted significant managerial resource. The schemes will be reviewed with a view to de-risking existing Amber schemes and gaining further assurance over the future forecast delivery.</p>
Table D: Welsh NHS Assumptions	We agreed and signed all income and expenditure contracts with Welsh Health Board colleagues within the national deadline (end of March). All agreements are within expected limits and indicative finance and activity plans were detailed within each contract.
Table E: Resource limits	<p>The Health Board's planning assumptions are that it will receive resource allocation income of £992.1m from Welsh Government in the 2020/21 financial year. This comprises of notified allocation of £950.4 m and allocations pending of £41.7m.</p> <p>Pending allocations in relation to specific COVID-19 costs (PPE, Field Hospital set-up, decommissioning and consequential losses, Antigen and Antibody testing, COVID-19 mass vaccination programme and Flu Immunisations) are based on the Month 8 Directorate forecast.</p>

Appendix 1: Monitoring return tables

Table	Commentary			
Table F: Statement of Financial Position				
		2020-21 Opening balance £m	30 Nov 2020 £'m	Movement £'m
	Non Current assets			
	Fixed Assets	280	277	-3
	Other non current assets	58	43	-15
		338	320	-18
	Current Assets			
	Inventories	9	9	0
	Trade and other Receivables	69	66	-3
	Cash	2	2	0
	Total Assets	418	397	-21
	Liabilities			
	Trade and other Payables	-120	-123	-3
	Provisions	-98	-78	20
	Total Liabilities	-218	-201	17
	Net Assets less Liabilities	201	196	-5
	Financed by:			
	General Fund	173	165	-8
	Revaluation Reserve	28	31	3
	Total Funding	201	196	-5
	<p>The movement since the end of 2019/20 in non-current assets is £18m. This is mainly due to a decrease of £15m in other assets, attributable to a decrease in the Welsh Risk Pool debtor as a result of medical negligence claims.</p> <p>The movement since the end of 2019/20 in current assets is £3m. This is due to a decrease in trade and other receivables.</p> <p>The movement since the end of 2019/20 in liabilities is £17m. This is due to a decrease of £20m in provisions, offset by an increase of £3m in trade and other payables.</p>			

Appendix 1: Monitoring return tables

Table	Commentary																																																																																				
Table G: Cashflow	<div><table><caption>Estimated Cash Flow Data (in £ thousands)</caption><thead><tr><th>Month</th><th>Under 30 days</th><th>30-60 days</th><th>60-90 days</th><th>Over 90 days</th><th>Cash</th></tr></thead><tbody><tr><td>Nov-19</td><td>10,000</td><td>1,000</td><td>500</td><td>500</td><td>3,000</td></tr><tr><td>Dec-19</td><td>8,000</td><td>1,000</td><td>500</td><td>500</td><td>2,500</td></tr><tr><td>Jan-20</td><td>8,000</td><td>1,000</td><td>500</td><td>500</td><td>2,000</td></tr><tr><td>Feb-20</td><td>9,000</td><td>1,000</td><td>500</td><td>500</td><td>2,500</td></tr><tr><td>Mar-20</td><td>11,000</td><td>1,000</td><td>500</td><td>500</td><td>2,000</td></tr><tr><td>Apr-20</td><td>12,000</td><td>2,000</td><td>1,000</td><td>500</td><td>3,000</td></tr><tr><td>May-20</td><td>10,000</td><td>2,000</td><td>1,000</td><td>500</td><td>4,000</td></tr><tr><td>Jun-20</td><td>8,000</td><td>2,000</td><td>1,000</td><td>500</td><td>2,000</td></tr><tr><td>Jul-20</td><td>8,000</td><td>1,000</td><td>500</td><td>500</td><td>3,000</td></tr><tr><td>Aug-20</td><td>9,000</td><td>1,000</td><td>500</td><td>500</td><td>3,000</td></tr><tr><td>Sep-20</td><td>10,000</td><td>1,000</td><td>500</td><td>500</td><td>2,000</td></tr><tr><td>Oct-20</td><td>9,000</td><td>1,000</td><td>500</td><td>500</td><td>2,500</td></tr><tr><td>Nov-20</td><td>9,000</td><td>1,000</td><td>500</td><td>500</td><td>2,000</td></tr></tbody></table></div> <div><ul style="list-style-type: none">Income collected from sources other than Welsh Government is collected through the invoicing process. It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to the Health Board are £3.8m in Month 8.It is also important that the Health Board pays its suppliers promptly. At the end of Month 8, £9.4m was owed to suppliers, of which £7.7m are less than 30 days old.</div>	Month	Under 30 days	30-60 days	60-90 days	Over 90 days	Cash	Nov-19	10,000	1,000	500	500	3,000	Dec-19	8,000	1,000	500	500	2,500	Jan-20	8,000	1,000	500	500	2,000	Feb-20	9,000	1,000	500	500	2,500	Mar-20	11,000	1,000	500	500	2,000	Apr-20	12,000	2,000	1,000	500	3,000	May-20	10,000	2,000	1,000	500	4,000	Jun-20	8,000	2,000	1,000	500	2,000	Jul-20	8,000	1,000	500	500	3,000	Aug-20	9,000	1,000	500	500	3,000	Sep-20	10,000	1,000	500	500	2,000	Oct-20	9,000	1,000	500	500	2,500	Nov-20	9,000	1,000	500	500	2,000
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Appendix 1: Monitoring return tables

Table	Commentary																																																								
	<div><div>Cash</div><div><table><tr><th>Month</th><th>Draw down (£'m)</th><th>WG maximum cash balance (5% of draw down) (£'m)</th><th>Cash balance (£'m)</th></tr><tr><td>Nov-19</td><td>85</td><td>4.25</td><td>3.5</td></tr><tr><td>Dec-19</td><td>73</td><td>3.65</td><td>3.2</td></tr><tr><td>Jan-20</td><td>79</td><td>3.95</td><td>2.6</td></tr><tr><td>Feb-20</td><td>82</td><td>4.1</td><td>2.9</td></tr><tr><td>Mar-20</td><td>79</td><td>4.0</td><td>2.2</td></tr><tr><td>Apr-20</td><td>86</td><td>4.25</td><td>2.8</td></tr><tr><td>May-20</td><td>83</td><td>4.15</td><td>4.5</td></tr><tr><td>Jun-20</td><td>86</td><td>4.25</td><td>1.5</td></tr><tr><td>Jul-20</td><td>83</td><td>4.15</td><td>2.8</td></tr><tr><td>Aug-20</td><td>69</td><td>3.45</td><td>3.0</td></tr><tr><td>Sep-20</td><td>83</td><td>4.15</td><td>2.0</td></tr><tr><td>Oct-20</td><td>86</td><td>4.3</td><td>2.6</td></tr><tr><td>Nov-20</td><td>70</td><td>3.5</td><td>2.2</td></tr></table></div><div><ul style="list-style-type: none">• The closing balance of £2.2m did not exceed 5% of the total monthly draw down from Welsh Government.• The Health Board has an approved cash limit of £963.2m split between revenue £935.1m and capital £28.1m.• Cumulative cash draw down to month 8 is £646.46m.• The cashflow has been updated to reflect our request for strategic and working balances cash support. The total request is £18.9m which is split between working balances support of £2.9m (revenue £1.5m and capital £1.4m) and strategic cash support of £16m. This will leave us with a balance of £1m split equally between capital and revenue cash.</div></div>	Month	Draw down (£'m)	WG maximum cash balance (5% of draw down) (£'m)	Cash balance (£'m)	Nov-19	85	4.25	3.5	Dec-19	73	3.65	3.2	Jan-20	79	3.95	2.6	Feb-20	82	4.1	2.9	Mar-20	79	4.0	2.2	Apr-20	86	4.25	2.8	May-20	83	4.15	4.5	Jun-20	86	4.25	1.5	Jul-20	83	4.15	2.8	Aug-20	69	3.45	3.0	Sep-20	83	4.15	2.0	Oct-20	86	4.3	2.6	Nov-20	70	3.5	2.2
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Appendix 1: Monitoring return tables

Table	Commentary
Table H: PSPP	<p>The Health Board did not achieve its PSPP target of paying 95% of its non-NHS invoices within 30 days in September 2020 which has meant a cumulative position of 94.7%.</p> <p>The main reason for failure was due to staffing issues in PPH pharmacy with a number of staff in the Homecare team affected during the Covid-19 pandemic having to self-isolate and systems not in place to enable home working. However, the action plan developed in relation to pharmacy is working effectively and the Health Board achieved its target in October and November. This risk will remain medium until the cumulative position achieves 95%.</p> <p>A task and finish group, led by TAG and NHS Wales P2P group, is looking at ways to ensure NHS invoices are processed more efficiently and to ensure NHS PSPP target is achieved across Wales.</p>
Table I: Capital RLM	<p>An estimate of the future forecast of COVID-19 spend for 2020/21 has been reflected within the Month 8 return. If all the expenditure plans are delivered in year and no additional funding is available this will lead to a shortfall of £0.841m against the 2020/21 Capital Resource Limit. This is a significant reduction in the capital risk being shown against the CRL from the position in M7.</p> <p>This is due to a review of the COVID-19 feasibility schemes, which has been undertaken by the Capital Planning and Operational Teams to understand what schemes remains deliverable by the 31st March 2021. These schemes were then prioritised along with non-COVID capital schemes. In a paper presented to the Gold Command Group the balance of the Health Board's discretionary capital programme has been allocated to fund the highest priorities. The remaining shortfall now relates to the original COVID - 19 capital schemes where WG are releasing funding based on actual costs.</p> <p>The reported capital expenditure on COVID-19 for M8 includes the equipping and oxygen costs for the Field Hospitals, but excludes the design, build and restoration costs and estimates.</p> <p>Variances between AWCP / DCP schemes plan and forecast is attributable to scheme paybacks between 2019/20 and 2020/21. Schemes where this can be seen are Women & Children's Scheme, Imaging Equipment, Bronglais MRI scheme and the Cardigan Scheme</p>

Appendix 1: Monitoring return tables

Table	Commentary
	Further to the above the Health Board is anticipating further funding from the sale of Cardigan Health Centre of £0.300m and pending allocation of £0.350m for Withybush Fire PBC, bringing the total capital spend to £29.225m for 2020/21. This is excluded from the Month 8 financial position.
Table J: Capital In Year Schemes	The sale of the old Cardigan Hospital site was completed in May 2020 for £0.450m, part of the Full Business Case approval conditions was that the proceeds of the sale were to be returned to Welsh Government. The Health Board has received confirmation that these proceeds can be retained and reinvested in our Discretionary plan
Table K: Capital disposals	The Health Board has disposed of Cardigan Hospital in May 2020.
Table M: Aged debtors	There are no aged debts in Month 8.
Table N: GMS	<p>The Table has been completed for Quarter 2.</p> <p>The following principles have been followed in preparing the Table:</p> <ul style="list-style-type: none"> • All expenditure has been included in the YTD and forecast columns in the tables irrespective of whether it has been classified as COVID-19 or “non-COVID-19”; • Expenditure in the GMS Table that has been categorised as COVID-19 relates to the Easter Bank Holiday Enhanced Service and amounts to £0.2m.
Table O: Dental	<p>The Table has been completed for Quarter 2.</p> <p>The following principles have been followed in preparing the Table:</p> <ul style="list-style-type: none"> • All expenditure has been included in the YTD and forecast columns in the tables irrespective of whether it has been classified as COVID-19 or “non-COVID-19”; • The Table contains expenditure relating to the net loss of PCR income due to COVID-19 in the current year. This amounts to £0.5m in the YTD with a full year projected outturn of £1.1m

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response
<p>You are currently reporting that all Covid-19 costs will be fully funded and that the WG Covid Stability Funding will be utilised in full to meet the impact of your response to the pandemic.</p> <p>There is a concern however, that your submission does not meet the expectation of a robust forecast as it contains numerous statements in your supporting narrative that indicate significant uncertainty and risks. A repeated message in your submission is that the outturn is dependent on assurances provided by a range of teams across the Health Board and across the RPB on the drivers of spend and that these assurances may not materialise. Given that your Board has developed a Q3/4 plan and will shortly be moving into the final four months of the year, it is vital that you are in a position to provide assurance on the accuracy of your forecast position. (Action Point 7.1)</p>	<p>Due to the timing of the Month 7 submission after the WG review discussion in relation to Month 6, there was insufficient time to follow the Health Board's governance process in both the assessment of risks and scrutinising potential flexibilities. This has now been resolved ahead of the Month 8 submission.</p>
<p>For the second consecutive month, the year to date deficit position of £14.583m is understated (c. £0.390m @ Month 7) as a consequence of the Health Board phasing in Covid-19 funding to offset the operational year to date savings underachievement. Your narrative acknowledges this error but also states that this 'will unwind over the future months as the impact of savings forecast phasing unwinds'. I would like to clarify again, that Covid-19 funding should not be used to offset operational pressures (unless formally agreed by WG via the Accountable Officer correspondence route), even on an interim basis. I trust that this error will not reoccur at Month 8. (Action Point 7.2)</p>	<p>This has been corrected in the Month 8 submission.</p>
<p>Movement of Opening Financial Plan to Forecast (Table A) As referenced in your response to Action Point 8.1, please ensure that any funding associated with the Urgent and Emergency Care fund (e.g. RPB: Discharge to Recover and Assess (D2RA) pathways) is reported on Line 22 of Table A as a Covid-19 funding item, with the corresponding spend via Table B3. (Action Point 6.1)</p>	<p>This has now been included on Line 22 of Table A and the associated costs are included in Table B3.</p>

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response
<p>Overview of Key Risks & Opportunities (Table A2) Following challenge, I note the value of the Risks has significantly reduced this month; however they remain at material levels. I specifically draw attention to the £6.3m of potential further costs at the Field Hospitals, £2.1m Agency ‘premium’ costs linked to potential issues with recruitment and £1.2m elective activity. It is the lack of uncertainty on these material issues, which gives rise to the concern on the accuracy of your forecast position and a requirement to address this. (Action Point 7.3)</p>	<p>These risks have been removed in Month 8 with an explanation of the reasoning included in Appendix 1, Section A2.</p>
<p>Please ensure that your assessment of the ‘Mass Covid Vaccination Programme’, is included in your Table B3 (you may include a corresponding anticipated income item on Line 22). (Action Point 7.4)</p> <p>Mass Covid-19 Vaccination costs should be reported on Line 107 of Section A1 within Table B3, with your narrative providing a quantified breakdown of where these costs (e.g. pay, primary care and drugs) are being reported within Section A.</p>	<p>The expenditure has been included in Table B3 (Section A) and summarised in Section A1 on line 107. The corresponding pending allocation has been recognised in Table B and E and is included on Line 22 of Table A.</p> <p>A breakdown of expenditure is provided in Appendix 1, Section B3.</p>
<p>Monthly Positions (Table B) Your response to Action Point 6.2 does not explain why non pay expenditure is due to materially increase within future months. Please provide a supporting explanation for the material ‘step-up’ in future non pay expenditure. (Action Point 6.2)</p>	<p>Please refer to Appendix 1, Section B where explanations of the increased expenditure profile are provided for the material items.</p>
<p>I refer to your response that a ‘formal reserves assurance schedule’ will be shared via a separate cover as a matter of urgency. This update is particularly important as Section E indicates that the value of the Covid-19 reserve spend has materially increased in the Month 8-12 profile, compared to the same period last month; indicating there is further potential flexibility. I trust that this</p>	<p>The formal letter of assurance from the Accountable Officer was shared with WG and FDU colleagues and discussed during the Month 7 review meeting with the DoF. The flexibilities and mitigating items are explained in Appendix 1, Section B.</p>

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response																								
<p>schedule will be submitted imminently, with a copy also being submitted to our FDU colleagues. In addition, please ensure that a description is included against each item (E.G. Line 49) reported in Table B Section E. (Action Point 4.6)</p> <table><tr><td></td><td>Month 6 Forecast year-end position</td><td>Month 7 Forecast year-end position</td><td></td></tr><tr><td></td><td>Mth 8 - 12</td><td>Mth 8 -12</td><td>Movement</td></tr><tr><td>Reserves Heading</td><td>£000</td><td>£000</td><td>£000</td></tr><tr><td>COVID-19: Ringfenced funding</td><td>10,931</td><td>13,262</td><td>2,331</td></tr><tr><td>COVID-19: Pay</td><td>9,244</td><td>16,271</td><td>7,027</td></tr><tr><td>COVID-19: Non pay</td><td>13,866</td><td>22,835</td><td>8,969</td></tr></table>		Month 6 Forecast year-end position	Month 7 Forecast year-end position			Mth 8 - 12	Mth 8 -12	Movement	Reserves Heading	£000	£000	£000	COVID-19: Ringfenced funding	10,931	13,262	2,331	COVID-19: Pay	9,244	16,271	7,027	COVID-19: Non pay	13,866	22,835	8,969	<p>The Line references have been included in the Reserves Heading narrative of Section E.</p>
	Month 6 Forecast year-end position	Month 7 Forecast year-end position																							
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<p>I refer to your response to Action Point 6.2 and 6.3 where you highlight the potential risk that there could be flexibilities in the future pay and non pay expenditure profiles, although assurances appear to have been provided by Health Board and RPB colleagues. A similar wording also appears on Page 1, Page 2 and Page 8. This forms part of the concern discussed at the start of this letter. The expectation being that your Month 8 narrative will provide enhanced assurance that these expenditure profiles are viable. If applicable, any material amendments to profiles in any expenditure category should be referenced and explained in your narrative. (Action Point 7.5)</p>	<p>Please refer to Appendix 1, Section B where explanations of the increased expenditure profile are provided for the material items.</p>																								
<p>Pay Expenditure Analysis (Table B2)</p> <p>As per the below schedule, there are again revisions to the annual pay spend categories at Month 7 which your narrative confirms reflect refinements identified as part of your pay forecasting process. This supports the concern that your data is materially and continuous fluid. Please provide the reasons</p>	<p>The methodology was amended to move from using the prior month as the base figure for extrapolation, adjusting for one offs, to using the YTD average as the base figure for extrapolation, adjusting for one-offs. Appendix 1, Section B2, provides an explanation of the</p>																								

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response																																																
<p>(i.e. what is has changed in the methodology\driver of the values) for the below, highlighted (yellow), annual pay category expenditure movements. (Action Point 7.6)</p> <table><tr><th></th><th>Month 7</th><th>Month 6</th><th></th></tr><tr><th></th><th>Forecast year-end position</th><th>Forecast year-end position</th><th>Movement</th></tr><tr><td>Administrative, Clerical & Board Members</td><td>64,193</td><td>65,020</td><td>827</td></tr><tr><td>Medical & Dental</td><td>100,115</td><td>98,978</td><td>(1,137)</td></tr><tr><td>Nursing & Midwifery Registered</td><td>147,089</td><td>147,622</td><td>533</td></tr><tr><td>Prof Scientific & Technical</td><td>16,777</td><td>17,023</td><td>246</td></tr><tr><td>Additional Clinical Services</td><td>64,372</td><td>63,988</td><td>(384)</td></tr><tr><td>Allied Health Professionals</td><td>29,311</td><td>30,517</td><td>1,206</td></tr><tr><td>Healthcare Scientists</td><td>10,705</td><td>10,885</td><td>180</td></tr><tr><td>Estates & Ancillary</td><td>30,998</td><td>29,689</td><td>(1,309)</td></tr><tr><td>Students</td><td>2,566</td><td>2,225</td><td>(341)</td></tr><tr><td>TOTAL PAY EXPENDITURE</td><td>466,126</td><td>465,948</td><td>(178)</td></tr></table>		Month 7	Month 6			Forecast year-end position	Forecast year-end position	Movement	Administrative, Clerical & Board Members	64,193	65,020	827	Medical & Dental	100,115	98,978	(1,137)	Nursing & Midwifery Registered	147,089	147,622	533	Prof Scientific & Technical	16,777	17,023	246	Additional Clinical Services	64,372	63,988	(384)	Allied Health Professionals	29,311	30,517	1,206	Healthcare Scientists	10,705	10,885	180	Estates & Ancillary	30,998	29,689	(1,309)	Students	2,566	2,225	(341)	TOTAL PAY EXPENDITURE	466,126	465,948	(178)	<p>changes in forecast from Month 7 to Month 8; this will be provided each month.</p>
	Month 7	Month 6																																															
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Administrative, Clerical & Board Members	64,193	65,020	827																																														
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<p>Covid-19 Analysis (Table B3) Please provide a supporting explanation for the Carmarthenshire Field Hospital annual forecast spend increasing by c. £2.300m. (Action Point 7.7)</p>	<p>The increase was driven by the increased bed capacity requirements based on the modelling in Month 7, however this has now reduced in Month 8 following challenges on the ability to resource the level of beds with additional staff; the revised Month 8 model assumes a minimum of 50% deployment of existing staff.</p>																																																
<p>In addition, please provide a supporting explanation for the pay reserve release (Line 128) in Section D which has increased by c. £1.100m. (Action Point 7.9)</p>	<p>A number of Pay Reserves were identified as not required and included in Section D, these mainly related to Therapies IMTP recruitment plans where it has not been possible to fill vacancies and an element of the Variable Pay Reserve created through the IMTP cycle. Whilst still in Reserves as the slippage is profiled into</p>																																																

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response
	future months, these should not have been included as Committed Reserves in Section E of Table B. This has been corrected in the Month 8 submission.
Please ensure that the TTP total and profile reported on Line 109 of Table B3 agrees to your separate TTP Template. (Action Point 7.10)	This has been completed.
Savings (Table C, C1, C2 & C3) As requested in Action Point 5.9, please expand the ‘Savings’ section of Appendix 1 to discuss future month savings delivery assumptions (e.g. increases in the final quarter and the focus being given to finalising the plans to enable them to imminently move from Amber to Green). (Action Point 5.9)	See Appendix 1, Section C3.
Tracker (Table C3) There are seven (Ref: 1, 5, 6, 97,102,103 and 104) schemes reported in the Tracker which have nil in year savings but have a FYE savings value (totalling £0.367m). In order to ensure that the projected c/f underlying deficit position reported in Tables A and A1 are not understated, please review the Tracker to ensure there are no FYE forecast savings delivery values against those schemes with nil in year delivery. (Action Point 7.11)	Table C3 has been updated to correct the FYE of schemes with £nil in-year delivery forecast to £nil FYE.
Monthly Positions (Table B) As requested in Action Point 5.12, please report the SoCNE Line references (e.g. Line 10 Provider Services Pay) against each item listed in Section E to highlight where it is being profiled within the SoCNE (Section A). (Action Point 5.12)	This has been completed in the Month 8 submission.
I note that the reported non cash charges reflect the November non cash submission; please ensure that any further revisions to DEL and AME non cash charges are reflected in the Tables (Table B and E) and are fully explained within your supplementary narrative. If the changes are material, please ensure that you inform us as soon as possible via email also. (Action Point 7.12)	Noted.

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 7 2020/21	Health Board Response
<p>It is noted that you are not currently factoring any additional costs into your forecast outturn, relating to the potential increase in the Annual Leave Accrual due to Covid. I can confirm that the cost impact of any increase must be recorded in the Covid Table (B3) on free text line 52 within the Pay section. A sufficiently detailed and quantified analysis must also be provided in the narrative to support the categories (lines) and profile of where these costs are recorded in Table B2 (Pay Analysis), along with confirmation of your methodology and when the value will be fixed (if not already). A corresponding anticipated Covid allocation may be included in Table A, line 22. (Action Point 7.13)</p>	<p>This has been included in the Month 8 submission in line with this guidance.</p>
<p>We note that there is an element of PPE costs recorded in the TTP Template and as this is a specific budget/funding area, we request that organisations include all PPE costs on line 82 of Table B3 only. Please could you therefore remove these costs from the TTP Template at Month 8 and show them instead on the PPE line of B3 (you can of course, also assume the PPE funding). (Action Point 7.14)</p>	<p>This has been amended in the Month 8 TTP submission. As the only charge in relation to PPE was in Month 2, a credit has been recognised in Month 8 to remove this from the YTD and EOY position. There are no future forecast PPE costs for TTP.</p>
<p>I note your response to Action Point 5.4 that a simplified Executive Summary is currently being developed following feedback from WG and from the Finance Committee. Please provide a progress update within your Month 8 narrative. (Action Point 7.15)</p>	<p>A revised summary will be taken to the December Finance Committee, and therefore there is currently the expectation that this will be implemented for the Month 9 submission.</p>

Table A - Movement of Opening Financial Plan to Forecast Outturn

		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)	-47 498	0	-47 498	-47 498
2	New Cost Pressures - as per 3 year plan (Negative Value)	-45 865	0	-45 865	-45 865
3	Opening Cost Pressures	-93 363	0	-93 363	-93 363
4	Welsh Government Funding (Positive Value)	33 745	0	33 745	33 745
5	Identified Savings Plan (Positive Value)	5 592	2 320	3 272	3 350
6	Planned Net Income Generated (Positive Value)	450	0	450	450
7	Planned Accountancy Gains (Positive Value)	0	0	0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Planning Assumptions still to be finalised at Month 1	28 576	0	28 576	30 818
12	IMTP / Annual Operating Plan	-25 000	2 320	-27 320	-25 000
13	Reversal of Planning Assumptions still to be finalised at Month 1	-28 576	0	-28 576	-30 818
14	Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-2 199	-483	-1 716	-1 204
15	Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	-11	302	-314	-366
16	Additional In Year Identified Savings - Forecast (Positive Value)	0	0	0	0
17	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	0	0	0	0
18	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0		
20	Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21	Additional In Year Welsh Government Funding (Positive Value)	0	0		
22	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	93 531	93 531		
23	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-90 262	-90 262		
24	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	18 063	18 063		
25	Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	9 443	9 443		
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	13	13		
27	Category M, NCSO, NOACs in Primary Care Prescribing	0	0		
28		0	0		
29		0	0		
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	Forecast Outturn (- Deficit / + Surplus)	-25 000	32 926	-57 925	-57 388

	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	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-3 958	-31 665	-47 498
2	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-3 822	-30 577	-45 865
3	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-7 780	-62 242	-93 363
4	2 812	2 812	2 812	2 812	2 812	2 812	2 812	2 812	2 812	2 812	2 812	2 812	22 497	33 745
5	798	330	320	304	493	304	449	450	460	428	428	828	3 449	5 592
6	38	38	38	38	38	38	38	38	38	38	38	38	300	450
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8													0	0
9													0	0
10													0	0
11	2 049	2 517	2 527	2 543	2 354	2 543	2 399	2 398	2 388	2 420	2 419	2 019	19 330	28 576
12	-2 084	-2 084	-2 083	-2 084	-2 083	-2 083	-2 083	-2 083	-2 083	-2 083	-2 084	-2 083	-16 667	-25 000
13	-2 049	-2 517	-2 527	-2 543	-2 354	-2 543	-2 399	-2 398	-2 388	-2 420	-2 419	-2 019	-19 330	-28 576
14	-566	-124	-133	-22	-99	-129	-133	-194	-199	-103	-103	-394	-1 400	-2 199
15	0	0	0	-196	-249	170	-109	383	2	-5	-5	-5	0	-11
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19													0	0
20													0	0
21													0	0
22	0	0	10 737	47	3 686	25 538	7 994	6 126	8 656	7 649	7 419	15 679	54 128	93 531
23	-4 190	-7 486	-9 374	-6 541	-8 974	-4 548	-7 784	-5 648	-7 585	-6 805	-6 658	-14 669	-54 545	-90 262
24	2 136	3 313	1 971	1 441	2 753	1 757	1 445	703	677	686	770	411	15 519	18 063
25	61	53	441	75	146	2 796	1 034	1 021	839	992	991	992	5 628	9 443
26	569	701	-42	405	669	-2 302	-5	6	-3	-47	-132	194	1	13
27	-166	-302	-484	402	-21	571							0	0
28													0	0
29													0	0
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	-6 289	-8 445	-1 494	-9 015	-6 526	19 227	-2 041	-2 084	-2 084	-2 135	-2 220	-1 894	-16 667	-25 000

Table A1 - Underlying Position

Section A - By Spend Area		IMTP	Full Year Effect of Actions		
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal
		£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members	(964)			(964)
2	Pay - Medical & Dental	(10 496)			(10 496)
3	Pay - Nursing & Midwifery Registered	(5 302)			(5 302)
4	Pay - Prof Scientific & Technical	(1 414)			(1 414)
5	Pay - Additional Clinical Services	(3 918)			(3 918)
6	Pay - Allied Health Professionals	1 874			1 874
7	Pay - Healthcare Scientists	99			99
8	Pay - Estates & Ancillary	25			25
9	Pay - Students	0			0
10	Non Pay - Supplies and services - clinical	(1 939)			(1 939)
11	Non Pay - Supplies and services - general	(711)			(711)
12	Non Pay - Consultancy Services	(632)			(632)
13	Non Pay - Establishment	(2 065)			(2 065)
14	Non Pay - Transport	(129)			(129)
15	Non Pay - Premises	(2 515)			(2 515)
16	Non Pay - External Contractors	(1 424)			(1 424)
17	Health Care Provided by other Orgs – Welsh LHBs	(2 139)			(2 139)
18	Health Care Provided by other Orgs – Welsh Trusts	(1 644)			(1 644)
19	Health Care Provided by other Orgs – WHSSC	(5 386)			(5 386)
20	Health Care Provided by other Orgs – English	0			0
21	Health Care Provided by other Orgs – Private / Other	(8 820)			(8 820)
22	Total	(47 498)	0	0	(47 498)

Section B - By Directorate		IMTP	Full Year Effect of Actions		
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal
		£'000	£'000	£'000	£'000
1	Primary Care	(1 839)			(1 839)
2	Mental Health	1 694			1 694
3	Continuing HealthCare	(2 763)			(2 763)
4	Commissioned Services	(2 811)			(2 811)
5	Scheduled Care	(9 737)			(9 737)
6	Unscheduled Care	(24 597)			(24 597)
7	Children & Women's	(5 408)			(5 408)
8	Community Services	766			766
9	Specialised Services	(437)			(437)
10	Executive / Corporate Areas	(1 842)			(1 842)
11	Support Services (inc. Estates & Facilities)	(524)			(524)
12	Total	(47 498)	0	0	(47 498)

New, Recurring, Full Year Effect of Unmitigated £'000	IMTP Underlying Position c/f £'000
	(964)
	(10 496)
	(5 302)
	(1 414)
	(3 918)
	1 874
	99
	25
	0
(2 731)	(4 670)
(712)	(1 423)
	(632)
	(2 065)
	(129)
	(2 515)
(1 558)	(2 982)
	(2 139)
	(1 644)
(4 890)	(10 276)
	0
	(8 820)
(9 891)	(57 389)

New, Recurring, Full Year Effect of Unmitigated Pressures (- £'000	IMTP Underlying Position c/f £'000
(779)	(2 618)
	1 694
(711)	(3 474)
(4 890)	(7 701)
	(9 737)
	(24 597)
	(5 408)
	766
(1 952)	(2 389)
(1 559)	(3 401)
	(524)
(9 891)	(57 389)

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

Table B - Monthly Positions

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			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		
1	Revenue Resource Limit	Actual/F'cast	70 825	70 074	77 037	76 682	77 478	97 213	87 080	79 983	87 156	85 826	85 527	97 228	636 372	992 109
2	Capital Donation / Government Grant Income	Actual/F'cast	0	0	0	20	0	0	7	0	0	120	0	206	27	353
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1 859	2 379	1 297	1 997	2 533	2 451	2 404	2 173	2 137	2 137	2 137	2 137	17 093	25 640
4	WHSSC Income	Actual/F'cast	190	174	204	213	219	201	195	243	205	205	205	205	1 639	2 459
5	Welsh Government Income (Non RRL)	Actual/F'cast	122	158	112	141	147	181	168	110	142	142	142	142	1 139	1 709
6	Other Income	Actual/F'cast	1 985	1 449	1 744	1 588	1 764	1 810	1 429	2 077	1 681	1 681	1 681	1 681	13 846	20 571
7	Income Total		74 981	74 234	80 394	80 641	82 141	101 856	91 283	84 586	91 321	90 111	89 692	101 599	670 116	1 042 840
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	10 051	9 679	10 102	10 268	9 908	9 606	9 585	10 148	10 970	11 020	10 884	10 870	79 347	123 091
9	Primary Care - Drugs & Appliances	Actual/F'cast	6 368	6 418	6 668	6 535	5 917	6 585	6 992	6 423	6 854	6 327	6 047	6 839	51 906	77 974
10	Provided Services - Pay	Actual/F'cast	36 319	38 066	37 790	36 664	37 343	36 446	39 264	38 451	38 882	38 916	38 974	42 068	300 343	459 183
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	6 400	6 445	9 645	6 994	9 824	7 540	8 840	8 821	12 363	11 977	11 774	15 137	64 509	115 760
12	Secondary Care - Drugs	Actual/F'cast	3 199	2 883	3 387	3 803	3 312	3 853	3 665	3 911	3 919	3 868	3 880	3 801	28 013	43 481
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	12 433	12 867	12 329	12 995	12 788	12 575	14 952	12 705	13 192	13 236	13 370	13 370	103 644	156 812
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	8	8	8	8	8	1	8	7	7	7	7	7	56	84
15	Continuing Care and Funded Nursing Care	Actual/F'cast	4 729	4 432	4 255	4 330	4 120	4 110	6 377	4 173	5 223	4 799	4 799	5 399	36 526	56 745
16	Other Private & Voluntary Sector	Actual/F'cast	43	113	116	84	90	105	95	99	102	102	102	102	745	1 153
17	Joint Financing and Other	Actual/F'cast	48	131	104	37	102	57	125	97	94	94	94	94	701	1 076
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	158	135	135	148	175	156	126	149	143	143	143	143	1 182	1 754
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	1 458	1 458	1 458	1 605	1 539	1 539	1 720	1 630	1 599	1 699	1 781	1 776	12 407	19 262
23	AME Donated Depreciation\Impairments	Actual/F'cast	55	45	(4 109)	6 185	3 541	56	1 575	57	58	58	58	3 888	7 405	11 467
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Cost - Total	Actual/F'cast	81 269	82 680	81 888	89 656	88 667	82 629	93 324	86 670	93 406	92 246	91 912	103 493	686 783	1 067 840
27	Net surplus/ (deficit)	Actual/F'cast	(6 288)	(8 446)	(1 494)	(9 015)	(6 526)	19 227	(2 041)	(2 084)	(2 084)	(2 135)	(2 220)	(1 894)	(16 667)	(25 000)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (defi	(16 667)	
29. Actual YTD surplus/ (defi	(14 583)	
30. Current month actual surp	(2 084)	
31. Average monthly surplus/	(2 083)	Trend ▼
32. YTD /remaining months	(4 167)	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	(25 004)
34. Year to Date Trend Scenario	(25 000)

E. Committed Reserves & Contingencies

			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		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
46	CHC: CHC & FNC (Line 15)	Forecast Only										176	176	176	0	527
47	COVID-19: Non-Pay (Line 11)	Forecast Only									4 637	3 451	3 271	4 256	0	15 615
48	COVID-19: Pay (Line 10)	Forecast Only									2 237	2 371	2 479	2 472	0	9 559
49	COVID-19: Ring fenced Non Pay (Line 11)	Forecast Only									1 829	1 789	1 784	5 981	0	11 384
50	COVID-19: Ring fenced Primary Care Prescribing (Line 9)	Forecast Only									236	236	197	118	0	786
51	COVID-19: Ring fenced Primary Care Contractor (Line 8)	Forecast Only									150	149	50	49	0	398
52	Elective IMTP Funding: Pay (Line 10)	Forecast Only									33	33	33	33	0	130
53	Estates: IMTP Funding: Non Pay (Line 11)	Forecast Only									53	53	53	53	0	213
54	Frailty project: Pay (Line 10)	Forecast Only									35	35	35	35	0	142
55	ICF: Non pay (Line 11)	Forecast Only									1 386	1 386	1 386	1 386	0	5 544
56	ICF: Pay (Line 10)	Forecast Only									424	424	424	424	0	1 696
57	IMTP Non pay: Non Pay (Line 11)	Forecast Only									75	75	75	75	0	298
58	IMTP Pay: Other: Pay (Line 10)	Forecast Only									60	60	60	60	0	240
59	Major Trauma: Pay (Line 10)	Forecast Only									16	16	16	16	0	64
60		Forecast Only													0	0
61	Passthrough to Commissioners: Healthcare Services (Line 13)	Forecast Only									214	214	214	214	0	858
62		Forecast Only													0	0
63		Forecast Only													0	0
64		Forecast Only													0	0
65		Forecast Only													0	0
66		Forecast Only													0	0
67		Forecast Only													0	0
68	Variable pay: Pay (Line 10)	Forecast Only									995	995	995		0	2 986
69		Forecast Only													0	0
70	Welsh Risk Pool: Non Pay (Line 11)	Forecast Only									994	110	110	110	0	1 325
71		Forecast Only													0	0
72		Forecast Only													0	0
73	Nurse Staffing: Pay (Line 10)	Forecast Only									65	65	65	65	0	262
74	Total		0	0	0	0	0	0	0	0	13 440	11 640	11 425	15 523	0	52 027
	Phasing		0%	0%	0%	0%	0%	0%	0%	0%	26%	22%	22%	30%	0%	

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	5 217	5 329	5 268	5 255	5 289	5 302	5 409	5 369	5 492	5 469	5 462	5 889	42 438	64 750
2	Medical & Dental	8 315	9 202	8 523	7 651	8 208	7 372	9 482	9 130	8 586	8 550	8 539	8 596	67 882	102 152
3	Nursing & Midwifery Registered	11 665	11 766	11 737	11 814	11 993	12 091	12 808	12 732	12 857	12 874	12 869	12 840	96 607	148 047
4	Prof Scientific & Technical	1 367	1 412	1 398	1 387	1 419	1 408	1 415	1 368	1 427	1 421	1 419	2 100	11 174	17 541
5	Additional Clinical Services	5 188	5 247	5 294	5 289	5 328	5 260	5 215	5 157	5 424	5 453	5 461	5 898	41 978	64 213
6	Allied Health Professionals	2 329	2 337	2 347	2 365	2 399	2 422	2 458	2 412	2 473	2 462	2 459	2 652	19 070	29 115
7	Healthcare Scientists	841	884	842	893	908	874	871	866	946	937	936	1 941	6 979	11 739
8	Estates & Ancillary	2 239	2 396	2 722	2 444	2 435	2 403	2 346	2 319	2 578	2 651	2 731	2 937	19 303	30 201
9	Students	0	377	482	489	256	143	142	7	10	10	10	124	1 896	2 052
10	TOTAL PAY EXPENDITURE	37 161	38 950	38 613	37 587	38 235	37 275	40 147	39 359	39 792	39 827	39 886	42 978	307 327	469 810
Analysis of Pay Expenditure															
11	LHB Provided Services - Pay	36 319	38 066	37 790	36 664	37 343	36 446	39 264	38 451	38 882	38 916	38 974	42 068	300 343	459 183
12	Other Services (incl. Primary Care) - Pay	842	884	823	923	892	829	883	908	910	911	912	910	6 984	10 628
13	Total - Pay	37 161	38 950	38 613	37 587	38 235	37 275	40 147	39 359	39 792	39 827	39 886	42 978	307 327	469 810

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	10	11	11	13	10	5	2	(4)	0	0	0	0	58	58
2	Medical & Dental	313	369	319	313	475	424	474	492	524	522	521	521	3 179	5 266
3	Nursing & Midwifery Registered	843	748	948	1 028	1 112	1 288	1 617	1 636	1 673	1 673	1 672	1 670	9 220	15 908
4	Prof Scientific & Technical	0	11	0	0	0	0	0	0	0	0	0	0	11	11
5	Additional Clinical Services	3	11	5	0	1	1	12	8	6	6	6	6	42	65
6	Allied Health Professionals	68	60	58	76	78	73	115	76	81	80	80	80	604	925
7	Healthcare Scientists	8	31	0	37	22	24	26	39	38	37	37	37	188	338
8	Estates & Ancillary	3	0	6	27	(6)	30	36	43	44	44	44	44	140	316
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	1 248	1 241	1 347	1 494	1 693	1 845	2 282	2 290	2 365	2 363	2 361	2 357	13 441	22 886
11	Agency/Locum (premium) % of pay	3,4%	3,2%	3,5%	4,0%	4,4%	4,9%	5,7%	5,8%	5,9%	5,9%	5,9%	5,5%	4,4%	4,9%

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	834	711	1 031	1 075	1 305	1 473	1 552	1 641	1 688	1 681	1 679	1 676	9 622	16 347
2	Maternity/Paternity/Adoption Leave	3	2	3	3	4	4	5	5	5	5	5	5	28	48
3	Special Leave (Paid) – inc. compassionate leave, interview	1	1	1	1	1	1	2	2	2	2	2	2	10	16
4	Special Leave (Unpaid)	0		1	1	1	1	2	2	2	2	2	2	8	14
5	Study Leave/Examinations	0				0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	0				0	0	0	0	0	0	0	0	0	0
7	Annual Leave	0				0	0	0	0	0	0	0	0	0	0
8	Sickness	40	35	55	57	70	78	83	88	90	90	90	89	506	865
9	Restricted Duties	0				0	0	0	0	0	0	0	0	0	0
10	Jury Service	0				0	0	0	0	0	0	0	0	0	0
11	WLI	0				0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0				0	0	0	0	0	0	0	0	0	0
13	COVID-19	370	492	256	356	313	286	640	554	578	584	584	584	3 266	5 596
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	1 248	1 241	1 347	1 494	1 693	1 845	2 282	2 290	2 365	2 363	2 361	2 357	13 441	22 886

Table B3 - COVID-19 Analysis

A - Additional Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)														
2	Establishment & Bank Additional Hours:														
3	Administrative, Clerical & Board Members	0	76	48	54	10	57	59	52	113	113	113	113	356	810
4	Medical & Dental	181	1 034	703	85	104	(521)	194	128	78	78	78	78	1 909	2 222
5	Nursing & Midwifery Registered	108	259	217	355	208	210	288	192	377	442	442	434	1 836	3 531
6	Prof Scientific & Technical	12	2	8	1	27	28	1	1	1	1	1	1	79	83
7	Additional Clinical Services	176	108	175	132	135	129	206	278	342	392	397	398	1 339	2 868
8	Allied Health Professionals	35	28	58	61	42	39	22	12	19	19	19	19	297	373
9	Healthcare Scientists	0	2	4	6	15	12	12	0	13	8	8	8	52	90
10	Estates & Ancillary	0	81	78	78	122	94	84	93	147	147	147	147	630	1 218
11	Sub total Establishment & Bank Additional Hours	512	1 590	1 291	770	665	48	866	755	1 091	1 201	1 206	1 199	6 497	11 195
12	Agency:														
13	Administrative, Clerical & Board Members	0	0	0	0	0	8	0	0	0	0	0	0	8	8
14	Medical & Dental	107	19	174	110	189	94	182	87	108	108	108	108	962	1 395
15	Nursing & Midwifery Registered	263	458	48	227	134	155	348	425	430	436	436	436	2 058	3 795
16	Prof Scientific & Technical	0	0	0	0	0	2	0	0	0	0	0	0	2	2
17	Additional Clinical Services	0	0	1	0	0	0	0	3	0	0	0	0	4	4
18	Allied Health Professionals	0	15	17	4	9	0	76	2	5	5	5	5	124	144
19	Healthcare Scientists	0	0	0	0	0	27	33	37	35	35	35	35	97	237
20	Estates & Ancillary	0	0	16	15	(20)	0	0	0	0	0	0	0	11	11
21	Sub total Agency	370	492	256	356	313	286	640	554	578	584	584	584	3 266	5 596
22	Returners (Provide WTE to the right):														
23	Administrative, Clerical & Board Members													0	0
24	Medical & Dental													0	0
25	Nursing & Midwifery Registered													0	0
26	Prof Scientific & Technical													0	0
27	Additional Clinical Services													0	0
28	Allied Health Professionals													0	0
29	Healthcare Scientists													0	0
30	Estates & Ancillary													0	0
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):														
33	Medical & Dental	41	34	0	1	0	0	0	0	0	0	0	0	77	77
34	Nursing & Midwifery Registered	0	374	469	455	103	95	137	8	5	5	5	5	1 642	1 663
35	Prof Scientific & Technical	0	0	0	0	31	0	0	0	0	0	0	0	31	31
36	Additional Clinical Services	0	0	3	36	119	37	4	2	1	1	1	1	202	206
37	Allied Health Professionals	0	2	0	0	0	0	0	0	0	0	0	0	2	2
38	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Sub total Students	41	410	472	493	253	132	141	11	6	6	6	6	1 953	1 979
41	Other Temp Staff (Provide WTE to the right):														
42	Administrative, Clerical & Board Members	0	33	25	69	100	67	55	63	64	64	64	64	412	668
43	Medical & Dental	0	35	96	91	80	32	32	45	40	40	40	40	411	571
44	Nursing & Midwifery Registered	13	39	36	51	36	29	26	35	35	35	45	45	266	427
45	Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Additional Clinical Services	231	323	449	372	317	197	186	181	168	168	178	178	2 255	2 946
47	Allied Health Professionals	3	3	3	0	47	87	18	0	0	0	0	0	162	162
48	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	Estates & Ancillary	292	257	794	490	447	440	375	330	353	435	517	517	3 425	5 246
50	Sub total Other Temp Staff	539	690	1 403	1 073	1 027	851	693	654	660	742	844	844	6 930	10 020
51	Other (specify below and in narrative)														
52													3 165	0	3 165
53														0	0
54														0	0
55														0	0
56	TOTAL ADDITIONAL PAY EXPENDITURE	1 462	3 182	3 422	2 692	2 258	1 318	2 340	1 973	2 336	2 533	2 641	5 798	18 646	31 954

Table B3 - COVID-19 Analysis
A - Additional Expenditure (continued)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
57	Non Pay (Additional costs due to C19)														
58	Accommodation Costs	0	0	0	0	0	13	0	0	0	0	0	0	13	13
59	Additional costs in Primary Care	0	34	511	276	290	180	263	312	420	470	320	319	1 866	3 395
60	Additional costs in Private Sector including via WHSSC	0	64	88	66	57	42	43	187	237	281	264	264	547	1 592
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals	14	8	2 436	25	3 474	90	408	14	0	0	0	0	6 469	6 469
62	Catering Costs	19	27	2	99	(1)	35	(13)	0	0	0	0	0	169	169
63	CHC	122	147	245	249	155	242	1 653	1	601	1	1	601	2 814	4 017
64	Cleaning Costs	42	46	43	10	12	9	7	58	32	32	32	32	227	355
65	Costs as a result of lost income (inc SLA, services & private patients)	32	315	130	47	49	0	0	0	0	0	0	0	573	573
66	Covid-19 Testing Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Decommissioning costs	0	0	0	0	0	0	191	0	0	0	0	4 147	191	4 338
68	Discharge to assess	0	158	88	18	0	(88)	0	0	0	0	0	0	176	176
69	Discharge to recover	0	8	4	15	8	0	12	5	7	7	7	7	52	80
70	Drugs inc Medical Gases	104	15	39	128	51	257	160	195	418	367	378	300	949	2 410
71	Equipment Costs - beds	49	86	187	44	31	88	8	0	45	60	60	55	493	713
72	Equipment costs - ventilators	331	76	0	9	0	0	0	0	1	1	1	1	416	420
73	Equipment costs - other (specific in narrative)	59	116	0	132	180	299	125	175	122	127	112	112	1 086	1 559
74	Estates/Security costs	490	293	280	208	166	147	106	101	99	109	109	109	1 791	2 218
75	External Project Management Costs	0	0	0	0	0	0	4	50	17	10	6	6	54	92
76	Insurance	0	0	0	0	0	1	1	1	1	1	1	1	3	6
77	IT Costs	42	22	11	44	11	61	28	(10)	11	11	10	9	210	251
78	Laundry Costs	6	79	35	44	3	24	2	44	19	29	34	44	237	364
79	Legal Fees	0	0	0	5	5	2	17	4	1	1	1	1	33	37
80	M&SE - consumables	182	336	270	246	418	510	285	285	408	322	320	317	2 533	3 899
81	Mortuary/Funeral Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
82	PPE	136	84	114	101	69	48	360	737	350	350	350	350	1 650	3 050
83	Rates	0	0	22	(15)	2	2	2	1	2	2	2	2	15	22
84	Rent	645	1 112	865	871	610	(3 237)	125	(1)	61	61	67	67	991	1 247
85	Reprovision 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	0	0	10	6	0	0	0	0	0	16	17
87	Temporary LTA Arrangements	332	799	516	309	215	0	9	0	0	0	0	0	2 181	2 181
88	Training	0	4	19	3	0	0	2	2	2	2	2	2	30	38
89	Transportation	3	4	5	17	9	17	(0)	123	32	32	32	32	177	304
90	Utility Costs	120	15	42	39	26	104	21	28	30	30	30	30	394	516
91	Other costs (specify below and in narrative)	0	0	0	0	0	69	168	135	136	211	136	211	372	1 066
92	Consequential losses (Field Hospitals)				0	28	3 812	432	480	448	448	448	448	4 752	6 545
93	Primary Care Prescribing	0	456	0	859	388	492	403	408	381	379	363	403	3 007	4 533
94	Transformation Optimise Flow and Outcomes and MHLd support (Months 9-12)	0	0	0	0	0	0	0	0	700	230	230	256	0	1 416
95	Local Authority spend	0	0	0	0	460	0	616	340	669	698	701	745	1 416	4 229
96	TOTAL ADDITIONAL NON PAY EXPENDITURE	2 728	4 304	5 952	3 849	6 716	3 230	5 445	3 675	5 249	4 272	4 018	8 871	35 899	58 308
97	TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)	4 190	7 486	9 374	6 541	8 974	4 548	7 784	5 648	7 585	6 805	6 658	14 669	54 545	90 262

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
REF	<i>Enter as positive values</i>														
98	Major Projects: Capacity Change Expenditure (due to C19)														
99	Carmarthenshire Field Hospitals	8	175	317	282	3 296	712	569	419	397	390	386	1 998	5 780	8 951
100	Pembrokeshire Field Hospital	663	880	2 685	687	913	358	476	431	466	466	466	2 768	7 092	11 259
101	Ceredigion Field Hospitals	5	38	526	54	90	67	240	33	27	27	27	261	1 052	1 392
102														0	0
103	GMS Extended Hours DES Cost			203										203	203
104														0	0
105														0	0
106														0	0
107	COVID-19 mass vaccination programme									132	229	214	214	0	789
108	Flu immunisations							40	102	420	419	275	184	142	1 442
109	Test, Trace, Protect Costs	126	95	5	0	527	13	186	499	957	957	958	1 001	1 451	5 323
110	TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE	802	1 187	3 736	1 023	4 826	1 150	1 511	1 484	2 399	2 488	2 326	6 425	15 719	29 359

B - Non Delivery of Planned Savings Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	year-end position £'000
	<i>Enter as Positive values</i>														
111	Non Delivery of Planned Savings (due to C19)														
112	Non Delivery of Finalised (M1) Savings	566	124	133	22	99	129	133	194	199	103	103	394	1 400	2 199
113	Non delivery of Savings Assumed but not finalised at M1	2 049	2 422	2 622	2 543	2 354	2 543	2 399	2 398	2 388	2 420	2 419	2 019	19 330	28 576
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	2 615	2 546	2 755	2 565	2 453	2 672	2 532	2 592	2 587	2 523	2 522	2 413	20 730	30 775

Table B3 - COVID-19 Analysis
C - Planned Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Negative values														
115	Expenditure Reductions (due to C19)														
116	Reduction of non pay costs due to reduced elective activity	(1 078)	(1 302)	(570)	(493)	(624)	(428)	(306)	0	(26)	0	0	(156)	(4 801)	(4 983)
117	Reduction of outsourcing costs due to reduced planned activity	0	0	0										0	0
118	Reduction of travel and expenses	0	0	(420)	(169)	(150)	(150)	(160)	(224)	(160)	(160)	(160)	(125)	(1 273)	(1 878)
119	Catering	(58)	(61)	(31)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(295)	(411)
120														0	0
121	Nursing Agency	(500)	(600)	(400)	(300)	(250)	(250)	(50)						(2 350)	(2 350)
122	Dental GDS reduced contractual payments	0	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(1 050)	(1 650)
123	Other Acute Services, CHC treatment, admission regimes/deaths and Secondary Care drugs	0	(500)	0	0	(1 100)	(300)	(300)	(300)	(312)	(347)	(431)	49	(2 500)	(3 541)
124	Unscheduled Care Various	(500)	(700)	(400)	(300)	(450)	(450)	(450)	0	0	0	0	0	(3 250)	(3 250)
125	TOTAL EXPENDITURE REDUCTION (Agrees to Table A)	(2 136)	(3 313)	(1 971)	(1 441)	(2 753)	(1 757)	(1 445)	(703)	(677)	(686)	(770)	(411)	(15 519)	(18 063)

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

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Negative values														
126	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)													0	0
127	NICE/HCD Reserve					(140)	140								
128	Pay Reserves						(400)	(200)	(215)	(368)	(520)	(520)	(520)	(815)	(2 743)
129	Non-Pay Reserves							(463)	(463)	(463)	(463)	(463)	(463)	(926)	(2 777)
130	Commisioning Reserves							(21)	(21)	(21)	(21)	(21)	(21)	(41)	(123)
131	Other slippage on planned investments/repurposed funding						(2 456)	(200)	(200)					(2 856)	(2 856)
132	WHSSC slippage	(61)	(53)	(441)	(75)	(6)	(80)	69	(123)	12	11	12	11	(770)	(724)
133	Primary Care Reserves							(220)						(220)	(220)
134														0	0
135														0	0
	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	(61)	(53)	(441)	(75)	(146)	(2 796)	(1 034)	(1 021)	(839)	(992)	(991)	(992)	(5 628)	(9 443)
137	NET EXPENDITURE DUE TO Covid-19	4 608	6 666	9 717	7 590	8 528	2 667	7 837	6 516	8 656	7 649	7 419	15 679	54 128	93 531

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan	Green £'000	Amber £'000	on recurring £'000	recurring £'000	
1	CHC and Funded Nursing Care	Budget/Plan	425	25	25	25	25	25	58	58	58	58	58	58	663	895		895	0			
2		Actual/F'cast	0	43	24	(36)	0	20	18	421	38	38	38	38	489	639	76,54%	639	0	414	225	250
3		Variance	(425)	18	(1)	(61)	(25)	(4)	(40)	363	(20)	(20)	(20)	(20)	(174)	(256)	(26,22%)	(256)	0			
4	Commissioned Services	Budget/Plan	1	1	1	1	1	1	34	34	34	34	34	34	75	212		210	2			
5		Actual/F'cast	0	0	0	0	0	1	(1)	33	33	33	33	33	33	167	20,00%	167	0	0	167	200
6		Variance	(1)	(1)	(1)	(1)	(1)	(0)	(35)	(1)	(1)	(1)	(1)	(1)	(41)	(45)	(55,36%)	(43)	(2)			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	17	17	17	17	17	17	17	17	17	17	17	17	133	200		200	0			
8		Actual/F'cast	17	17	17	3	13	13	13	13	13	17	17	17	107	170	62,75%	170	0	0	170	200
9		Variance	(0)	0	0	(13)	(3)	(3)	(3)	(3)	(3)	0	0	0	(27)	(30)	(20,00%)	(30)	0			
10	Non Pay	Budget/Plan	200	131	127	131	321	132	208	209	219	213	213	343	1 461	2 448		1 618	830			
11		Actual/F'cast	107	38	36	14	31	203	97	101	106	179	179	289	628	1 381	45,46%	1 123	259	912	469	860
12		Variance	(92)	(93)	(91)	(118)	(290)	71	(111)	(108)	(113)	(34)	(34)	(54)	(833)	(1 067)	(57,00%)	(495)	(572)			
13	Pay	Budget/Plan	156	156	151	130	130	130	132	132	132	106	106	377	1 117	1 837		1 176	661			
14		Actual/F'cast	108	108	110	106	101	108	79	71	73	54	54	54	791	1 024	77,23%	1 024	0	813	211	269
15		Variance	(48)	(48)	(40)	(25)	(28)	(22)	(53)	(61)	(59)	(52)	(52)	(323)	(326)	(813)	(29,16%)	(152)	(661)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	798	330	320	304	493	304	449	450	460	428	428	828	3 449	5 592		4 099	1 493			
20		Actual/F'cast	232	206	187	86	146	345	206	639	263	320	320	430	2 048	3 382	60,57%	3 123	259	2 139	1 243	1 780
21		Variance	(566)	(124)	(133)	(218)	(348)	41	(242)	189	(197)	(108)	(108)	(398)	(1 400)	(2 210)	(40,60%)	(976)	(1 235)			
22	Variance in month	(70,94%)	(37,44%)	(41,54%)	(71,57%)	(70,48%)	13,40%	(53,99%)	42,09%	(42,79%)	(25,17%)	(25,17%)	(48,07%)	(40,60%)								
23	In month achievement against FY forecast	6,86%	6,10%	5,54%	2,55%	4,31%	10,21%	6,11%	18,90%	7,78%	9,47%	9,47%	12,72%									

Table D - Income/Expenditure Assumptions
Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000	Contracte d Expenditu re £'000	Non Contracted Expenditur e £'000	Total Expenditure £'000
1	Swansea Bay University	4 474	(382)	4 092	35 861	706	36 567
2	Aneurin Bevan University	351	192	543	264	202	466
3	Betsi Cadwaladr University	4 518		4 518	276		276
4	Cardiff & Vale University	324	220	544	5 740	640	6 380
5	Cwm Taf Morgannwg University	456	75	531	453	235	688
6	Hywel Dda University	0		0	0		0
7	Powys	7 883	703	8 586	188	223	411
8	Public Health Wales	2 168		2 168	2 454		2 454
9	Velindre	3 264		3 264	15 059		15 059
10	NWSSP			0			0
11	NWIS			0			0
12	Wales Ambulance Services	117		117	4 589		4 589
13	WHSSC	1 629		1 629	77 671	(1 053)	76 618
14	EASC			0	24 308		24 308
15	HEIW	7 004		7 004	3		3
16	NHS Wales Executive			0			0
17	Total	32 188	808	32 996	166 866	953	167 819

Table E - Resource Limits		STATUS OF ISSUED RESOURCE LIMIT ITEMS				Revenue Resource Limit	Recurring (R) or Non Recurring (NR)	Revenue Drawing Limit	Capital Resource Limit	Total Capital Drawing Limit
		HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	£'000		£'000	£'000	£'000
1. BASE ALLOCATION										
1	LATEST ALLOCATION LETTER/SCHEDULE REF:	54	3	5	6					
2	Total Confirmed Funding	837 839	21 133	17 956	73 499	950 427		935 109	28 125	28 125
2. ANTICIPATED ALLOCATIONS										
3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall	146				146	NR			
4	DEL Non Cash Depreciation - Strategic	3 797				3 797	NR			
5	DEL Non Cash Depreciation - Accelerated					0				
6	DEL Non Cash Depreciation - Impairment					0	NR			
7	AME Non Cash Depreciation - Donated Assets	679				679	NR			
8	AME Non Cash Depreciation - Impairment	10 788				10 788	NR			
9	AME Non Cash Depreciation - Impairment Reversals					0				
10	Removal of Donated Assets / Government Grant Receipts	(353)				(353)	NR			
11						0				
12	Substance Misuse	2 039				2 039	R	2 039		
13						0				
14	Prevention and Early Years	742				742	R	742		
15						0				
16						0				
17	A Healthier Wales - Blades for Children	22				22	R	22		
18	A Healthier Wales - Rehab, Reablement and Recovery	25				25	R	25		
19	A Healthier Wales - AHP AAC	8				8	R	8		
20						0				
21						0				
22						0				
23						0				
24						0				
25	Clinical Excellence Awards	47				47	NR	47		
26						0				
27	Calman Registrars (SpR)	12				12	NR	12		
28						0				
29						0	NR	0		
30						0				
31	COVID-19: TTP including IT, Antigen and Antibody (HB and LA)	2 994				2 994	NR	2 994		
32	COVID-19: Annual leave carryover accrual	3 165				3 165	NR			
33	COVID-19: Field Hospitals set up costs	552				552	NR	552		
34	COVID-19: Field Hospitals decommissioning costs	4 338				4 338	NR	4 338		
35	COVID-19: Field Hospitals consequential losses	6 544				6 544	NR	6 544		
36	COVID-19: PPE	2 496				2 496	NR	2 496		
37	COVID-19: Flu Immunisations	1 442				1 442	NR	1 442		
38	COVID-19: COVID-19 mass vaccination programme	789				789	NR	789		
39	RPB: Discharge to Recover and Assess (D2RA) pathways	1 290				1 290	NR	1 290		
40	Endometriosis WHIG funding (six months pro-rata)	25				25	NR	25		
41	AAC funding Speech (SALT)	95				95	NR	95		
42						0				
43						0				
44						0				
45						0				
46						0				
47						0				
48						0				
49						0				
50						0				
51						0				
52						0				
53						0				
54						0				
55						0				
56	Total Anticipated Funding	41 682	0	0	0	41 682		23 460	0	0
3. TOTAL RESOURCES & BUDGET RECONCILIATION										
57	Confirmed Resources Per 1. above	837 839	21 133	17 956	73 499	950 427		935 109	28 125	28 125
58	Anticipated Resources Per 2. above	41 682	0	0	0	41 682		23 460	0	0
59	Total Resources	879 521	21 133	17 956	73 499	992 109		958 569	28 125	28 125

Table F - Statement of Financial Position For Monthly Period		Opening Balance	Closing Balance	Closing Balance
		Beginning of Apr 20	End of Nov 20	End of Mar 21
	Non-Current Assets	£'000	£'000	£'000
1	Property, plant and equipment	278 649	275 560	277 845
2	Intangible assets	1 461	1 157	1 157
3	Trade and other receivables	58 101	42 589	58 101
4	Other financial assets	0	0	0
5	Non-Current Assets sub total	338 211	319 306	337 103
	Current Assets			
6	Inventories	9 216	9 158	9 216
7	Trade and other receivables	68 507	65 688	68 507
8	Other financial assets	0	0	0
9	Cash and cash equivalents	1 654	2 287	(17 982)
10	Non-current assets classified as held for sale	832	392	0
11	Current Assets sub total	80 209	77 525	59 741
12	TOTAL ASSETS	418 420	396 831	396 844
	Current Liabilities			
13	Trade and other payables	119 136	122 927	116 154
14	Borrowings (Trust Only)	0	0	0
15	Other financial liabilities	0	0	0
16	Provisions	39 837	37 378	37 378
17	Current Liabilities sub total	158 973	160 305	153 532
18	NET ASSETS LESS CURRENT LIABILITIES	259 447	236 526	243 312
	Non-Current Liabilities			
19	Trade and other payables	0	0	0
20	Borrowings (Trust Only)	0	0	0
21	Other financial liabilities	0	0	0
22	Provisions	58 365	40 492	40 492
23	Non-Current Liabilities sub total	58 365	40 492	40 492
24	TOTAL ASSETS EMPLOYED	201 082	196 034	202 820
	FINANCED BY:			
	Taxpayers' Equity			
25	General Fund	173 027	164 993	171 779
26	Revaluation Reserve	28 055	31 041	31 041
27	PDC (Trust only)	0	0	0
28	Retained earnings (Trust Only)	0	0	0
29	Other reserve	0	0	0
30	Total Taxpayers' Equity	201 082	196 034	202 820
		Opening Balance	Closing Balance	Closing Balance
		Beginning of Apr 20	End of Nov 20	End of Mar 21
	EXPLANATION OF ALL PROVISIONS			
31	Clinical negligence	92 541	70 574	70 574
32	Personal injury	3 203	4 941	4 941
33	Defence fees	1 673	1 569	1 569
34	Pensions	29	30	30
35	CHC	756	756	756
36				
37				
38				
39				
40	Total Provisions	98 202	77 870	77 870
	ANALYSIS OF WELSH NHS RECEIVABLES (current month)		£'000	
41	Welsh NHS Receivables Aged 0 - 10 weeks		1 579	
42	Welsh NHS Receivables Aged 11 - 16 weeks		0	
43	Welsh NHS Receivables Aged 17 weeks and over		0	
	ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44	Capital	8 355	5 219	6 869
45	Revenue	110 781	117 708	109 285
	ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46	Capital	240	138	500
47	Revenue	1 414	2 149	(18 482)

Table G - Monthly Cashflow Forecast														
		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													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	80 782	75 127	83 127	78 138	69 138	83 438	86 000	70 600	91 000	76 000	89 000	76 219	958 569
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(127)	(127)	(127)	(138)	(138)	(138)	0	(100)	0	0	0	0	(895)
3	WG Revenue Funding - Other (e.g. invoices)	108	2 665	419	122	122	168	370	143	650	650	650	650	6 717
4	WG Capital Funding - Cash Limit - LHB & SHA only	5 000	8 000	3 000	5 000	0	0	0	0	2 000	2 100	2 700	325	28 125
5	Income from other Welsh NHS Organisations	7 087	8 453	8 082	16 158	4 685	7 145	7 972	13 883	2 500	2 500	2 500	2 500	83 465
6	Short Term Loans - Trust only													0
7	PDC - Trust only													0
8	Interest Receivable - Trust only													0
9	Sale of Assets		450											450
10	Other - (Specify in narrative)	5 601	1 321	1 963	1 982	1 647	910	3 365	5 768	8 356	3 596	9 196	10 352	54 057
11	TOTAL RECEIPTS	98 451	95 889	96 464	101 262	75 454	91 523	97 707	90 294	104 506	84 846	104 046	90 046	1 130 488
	PAYMENTS													
12	Primary Care Services : General Medical Services	5 216	4 774	6 437	4 546	4 518	5 204	5 161	5 161	4 422	4 422	4 422	4 722	59 005
13	Primary Care Services : Pharmacy Services	1 535	1 403	1 486	2 065	0	877	1 952	0	400	472	500	500	11 190
14	Primary Care Services : Prescribed Drugs & Appliances	11 450	6 297	5 791	11 267	0	5 977	11 054	0	14 000	0	7 000	7 000	79 836
15	Primary Care Services : General Dental Services	1 078	1 056	1 103	1 110	1 387	1 331	1 427	1 184	1 250	1 250	1 250	1 250	14 676
16	Non Cash Limited Payments	84	34	74	(68)	19	3	(181)	28	(222)	(222)	(222)	(222)	(895)
17	Salaries and Wages	31 255	37 375	37 756	37 906	37 669	37 175	37 575	37 754	38 202	38 173	38 470	38 871	448 181
18	Non Pay Expenditure	34 176	34 925	41 584	35 603	28 379	35 542	32 633	41 855	38 190	37 173	42 873	51 017	453 950
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only													0
21	Capital Payment	6 835	4 219	862	1 506	1 204	2 661	1 635	2 181	2 000	2 100	2 700	672	28 575
22	Other items (Specify in narrative)	5 531	4 255	4 394	5 871	2 090	3 968	5 655	2 542	6 600	1 750	6 350	6 600	55 606
23	TOTAL PAYMENTS	97 160	94 338	99 487	99 806	75 266	92 738	96 911	90 705	104 842	85 118	103 343	110 410	1 150 124
24	Net cash inflow/outflow	1 291	1 551	(3 023)	1 456	188	(1 215)	796	(411)	(336)	(272)	703	(20 364)	
25	Balance b/f	1 654	2 945	4 496	1 473	2 929	3 117	1 902	2 698	2 287	1 951	1 679	2 382	
26	Balance c/f	2 945	4 496	1 473	2 929	3 117	1 902	2 698	2 287	1 951	1 679	2 382	(17 982)	
Table H - PSPP														
30 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95,0%	98,7%	3,7%	99,6%	4,6%		-95,0%		-95,0%	99,2%	4,2%	95,0%	0,0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95,0%	87,2%	-7,8%	92,7%	-2,3%		-95,0%		-95,0%	89,5%	-5,6%	92,0%	-3,0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95,0%	97,1%	2,1%	95,5%	0,5%		-95,0%		-95,0%	96,4%	1,4%	95,0%	0,0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95,0%	95,1%	0,1%	94,3%	-0,7%		-95,0%		-95,0%	94,7%	-0,3%	95,0%	0,0%
10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE		Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		46,5%		74,8%						69,9%		70,0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		65,3%		47,4%						46,9%		50,0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		36,9%		31,7%						34,6%		35,0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		33,9%		36,4%						35,1%		35,0%	

Table I - 2020-21 Capital Resource / Expenditure Limit Management

		£'000	28 125				
		Approved CRL / CEL issued at :		26.11.20			
Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases) All Wales Capital Programme: Schemes:						
1	Womens and Childrens - Phase II - Glangwili Hospital - Main works	3 533	3 533	0	6 488	6 686	198
2	Imaging Equipment	393	393	0	0	407	407
3	WGH MRI Scheme	57	57	0	1 440	1 500	60
4	Slippage from 19/20 (Statutory Fire and Estate Allocation)	181	181	0	315	315	0
5	Covid 19 - Digital	743	743	0	743	743	0
6	Covid 19 - IT Other	514	514	0	450	727	277
7	Covid 19 - Estates	203	203	0	0	203	203
8	Covid 19 - Equipment - Field Hospitals	3 482	3 482	0	3 725	3 757	32
9	Covid 19 - Equipment - Acute Sites	5 710	5 710	0	5 509	5 743	234
10	COVID 19 - Other	139	139	0	139	235	96
11	Cross Hands	32	32	0	0	32	32
12	Bronglais MRI	0	0	0	0	44	44
13	Cardigan	0	0	0	0	223	223
14	Advanced Fire Compliance works - Withybush	31	31	0	350	350	0
15	COVID 19 - Digital Spend IT	0	0	0	192	192	0
16	ICF - MCP - South Pembs Hospital Health and Social Care Resource Centre, Sunderland Ward	143	143	0	202	202	0
17	Covid 19 - PHW Molecular Hot lab PPH	28	28	0	0	40	40
18	COVID19- ED Streaming WGH/PPH/BGH/GGH	258	258	0	720	720	0
42	Sub Total	15 446	15 446	0	20 273	22 118	1 845
	Discretionary:						
43	I.T.	1 190	1 190	0	1 345	1 431	86
44	Equipment	614	614	0	1 262	1 348	86
45	Statutory Compliance	252	252	0	846	1 228	382
46	Estates	334	334	0	2 673	2 374	(299)
47	Other	130	130	0	1 726	507	(1 219)
48	Sub Total	2 520	2 520	0	7 852	6 888	(964)
	Other Schemes:						
49	Donated Assets	27	27	0	353	353	0
50	Disposal Cardigan Hospital			0	450	450	0
51				0			0
52				0			0
69	Sub Total	27	27	0	803	803	0
70	Total Expenditure	17 994	17 994	0	28 928	29 809	881
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77	Donated Assets	27	27	0	353	353	0
78	Sub Total	27	27	0	353	353	0
	Asset Disposals:						
79	Disposal - Cardigan Hospital	450	450	0	450	450	0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
90	Sub Total	450	450	0	450	450	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	17 517	17 517	0	28 125	29 006	881
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(10 608)			881	

Table J - In Year Capital Scheme Profiles																			
Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000Max. £'000		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
					April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	Womens and Childrens - Phase II - GGH - Main works	LH	6 686	6 686	229	207	310	314	444	478	771	779	670	675	710	1 098	3 533	6 686	Low
2	Imaging Equipment	AE	407	407	58	(7)	66	15	116	153	(10)	1	14	0	0	0	393	407	Low
3	WGH MRI Scheme	AE	1 500	1 500	0	0	0	0	0		10	47	300	300	350	493	57	1 500	Low
4	Slippage from 19/20 (Statutory Fire and Estate Allocation)	RE	315	315	12	17	5	0	0	15	122	10	42	43		0	181	315	Low
5	Covid 19 - Digital	AT	743	743	720	23			0		0						743	743	Low
6	Covid 19 - IT Other	AT	727	727				242	121	6	77	68	50	50		63	514	727	Low
7	Covid 19 - Estates	RE	203	203	29	62	37	59	9		7						203	203	Low
8	Covid 19 - Equipment - Field Hospitals	GR	3 757	3 757	2 474	593	379	519	27	122	(658)	26	275				3 482	3 757	Low
9	Covid 19 - Equipment - Acute Sites	GR	5 743	5 743		2 361			567	1 047	1 581	154	33				5 710	5 743	Low
10	COVID 19 - Other	GR	235	235					151		(12)			0	0	96	139	235	Low
11	Cross Hands	RD	32	32	7	24	(11)	0	0		11	1					32	32	Low
12	Bronglais MRI	AE	44	44	0	0	0	0			0					44	0	44	Low
13	Cardigan	PS	223	223	0	0	0	0			0					223	0	223	Low
14	WGH Advanced Fire Compliance work	RE	350	350					14			17	60	75	90	94	31	350	Low
15	COVID 19 IT Digital	AT	192	192									48	48	48	48	0	192	Low
16	ICF - MCP - South Pembs Hospital Health and Social Care Resource Centre, Sunderland Ward	RE	202	202						15	51	77	40	19	0	0	143	202	Low
17	PHW Molecular Hot lab PPH	AS	40	40						7	13	8	12		0	0	28	40	Low
18	COVID19- ED Streaming WGH/PPH/BGH/GGH	RE	718	720								258	200	200	60	0	258	718	Low
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33	</																		

Table K - Capital Disposals								
A: In Year Disposal of Assets								
	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000
1	Cardigan Hospital	December 2017	N/A	May 20	450	450		0
2	Cardigan Health Centre	December 2017	N/A	TBC				0
3	Neyland	TBC		TBC				0
4								0
5								0
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
	Total for in-year				450	450	0	0

Table M - Debtors Schedule										
17 weeks before end of Nov 20 = 03.08.2020										
Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments	

Table N - General Medical Services								
Operating Expenditure - ring fenced GMS budget								
SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION								
	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's		Year to Date £000's	
Global Sum	1						17 997	
MPIG Correction Factor	2						203	
Total Global Sum and MPIG	3	38 963	36 387	36 244	(143)		18 200	
Quality Aspiration Payments	4						513	
Quality Achievement Payments	5						0	
Quality Assurance Improvement Framework (QAIF)	6						1 925	
QAIF (In hours Access)	7						947	
Total Quality	8	5 938	6 113	6 128	15		3 385	
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9		2 732	2 473	(259)		219	
National Enhanced Services (To equal data in Section A (ii) Line 42)	10		1 727	302	(1 425)		52	
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11		2 192	3 506	1 314		2 176	
Total Enhanced Services (To equal data in section A Line 96)	12	9 844	6 651	6 281	(370)		2 447	
LHB Administered (To equal data in Section B Line 109)	13	2 040	6 660	7 925	1 265		4 173	
Premises (To equal data in section C Line 138)	14	4 821	4 923	4 330	(593)		2 168	
IM & T	15	231	30	4	(26)		2	
Out of Hours (including OOHDF)	16	4 826	5 952	5 615	(337)		2 781	
Dispensing (To equal data in Line 154)	17	5 608	5 661	5 260	(401)		2 749	
Total	18	72 271	72 377	71 787	(590)		35 905	
SUPPLEMENTARY INFORMATION								
Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's		£000's	
Learning Disabilities	19		77	30	(47)			
Childhood Immunisation Scheme	20		605	497	(108)		208	
Mental Health	21		37		(37)			
Influenza & Pneumococcal Immunisations Scheme	22		876	869	(7)			
Services for Violent Patients	23		16		(16)			
Minor Surgery Fees	24		349	171	(178)			
MENU of Agreed DES								
Asylum Seekers & Refugees	25		20	13	(7)			
Care of Diabetes	26			445	445			
Care Homes	27		679	410	(269)			
Extended Surgery Opening	28		73	38	(35)		11	
Gender Identity	29				0			
Homeless	30				0			
Oral Anticoagulation with Warfarin	31				0			
TOTAL Directed Enhanced Services (must equal line 9)	32		2 732	2 473	(259)		219	
National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's		£000's	
INR Monitoring	33		721	257	(464)		52	
Shared care drug monitoring (Near Patient Testing)	34				0			
Drug Misuse	35		116	45	(71)			
IUCD	36		237		(237)			
Alcohol misuse	37				0			
Depression	38				0			
Minor injury services	39				0			
Diabetes	40		653		(653)			
Services to the homeless	41				0			
TOTAL National Enhanced Services (must equal line 10)	42		1 727	302	(1 425)		52	
Table N - General Medical Services								
SUPPLEMENTARY INFORMATION (continued)								
Local Enhanced Services A (iii)	LINE NO.	£000's	£000's	£000's	£000's		£000's	
ADHD	43				0			
Asylum Seekers & Refugees	44				0			
Cardiology	45				0			
Care Homes	46				0			
Care of Diabetes	47				0			
Chiropody	48				0			
Counselling	49				0			
Depo - Provera (including Implanon & Nexplanon)	50				0			
Dermatology	51				0			
Dietetics	52				0			
DOAC/NOAC	53				0			
Drugs Misuse	54				0			
Extended Minor Surgery	55				0			
Gonaderlins	56				0			
Homeless	57				0			
HPV Vaccinations	58		3	198	195		70	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)	59		289	14	(275)			
Learning Disabilities	60				0			
Lithium / INR Monitoring	61				0			
Local Development Schemes	62				0			
Mental Health	63				0			
Minor Injuries	64				0			
MMR	65		4	5	1			
Multiple Sclerosis	66				0			
Muscular Skeletal	67				0			
Nursing Homes	68				0			
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)	69				0			
Osteopathy	70		12	15	3			

Phlebotomy	71		137	91	(46)		67
Physiotherapy (inc MT3)	72				0		
Referral Management	73				0		
Respiratory (inc COPD)	74				0		
Ring Pessaries	75				0		
Sexual Health Services	76		9	115	106		
Shared Care	77		291	112	(179)		
Smoking Cessation	78				0		
Substance Misuse	79		12		(12)		
Suturing	80				0		
Swine Flu	81				0		
Transport/Ambulance costs	82				0		
Vasectomy	83				0		
Weight Loss Clinic (inc Exercise Referral)	84				0		
Wound Care	85				0		
Zoladex	86		112	83	(29)		
COVID-19 ES	87		0	2 039	2 039		2 039
Shingles	88		33	25	(8)		
Treatment Room	89		1 017	534	(483)		
GMS Local Enhanced Services	90		35		(35)		
Specimen Transport	91			45	45		
Students	92		8		(8)		
Bank Holiday opening	93		230	230	0		
	94				0		
TOTAL Local Enhanced Services (must equal line 11)	95		2 192	3 506	1 314		2 176
TOTAL Enhanced Services (must equal line 12)	96		6 651	6 281	(370)		2 447
GENERAL MEDICAL SERVICES							
Operating Expenditure							
		WG Allocation	Current Plan	Forecast Outturn	Variance		Year to Date
LHB Administered	Section B	LINE NO.	£000's	£000's	£000's	£000's	£000's
Seniority		97					515
Doctors Retainer Scheme Payments		98					18
Locum Allowances consists of adoptive, paternity & maternity		99					219
Locum Allowances : Cover for Sick Leave		100					
Locum Allowances : Cover For Suspended Doctors		101					
Prolonged Study Leave		102					
Recruitment and Retention (including Golden Hello)		103					
Appraisal - Appraiser Costs		104					
Primary Care Development Scheme		105					
Partnership Premium		106					339
Supply of syringes & needles		107					5
Other (please provide detail below, this should reconcile to line 128)		108					3 077
TOTAL LHB Administered (must equal line 13)		109	2 040	6 660	7 925	(1 265)	4 173

Table N - General Medical Services						
Operating Expenditure (continued)						
Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPiG)	110					2 871
CRB checks	111					(9)
GP Locum payments	112					50
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					8
Training	118					20
Translation fees	119					8
	120					
Management salary costs apportioned	121					129
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					3 077
Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's
Notional Rents		129				751
Actual Rents: Health Centres		130				
Actual Rents: Others		131				980
Cost Rent		132				
Clinical Waste/ Trade Refuse		133				1
Rates, Water, sewerage etc		134				323
Health Centre Charges		135				
Improvement Grants		136				109
All other Premises (please detail below which should reconcile to line 146)		137				4
TOTAL Premises (must equal line 14)		138	4 821	4 923	4 330	593
Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Miscellaneous	139					4
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					4
Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					
GENERAL MEDICAL SERVICES						
Dispensing						
		WG	Current	Forecast	Variance	Year to
		Allocation	Plan	Outturn		Date
Dispensing Data	LINE NO.	£000's	£000's	£000's	£000's	£000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					1 261
Prescribing Medical Practitioners - Personal Administration	150					756
Dispensing Service Quality Payment	151					16
Professional Fees and on-cost						
Dispensing Doctors	152					479
Prescribing Medical Practitioners - Personal Administration	153					237
TOTAL DISPENSING DATA (must equal line 17)	154	5 608	5 661	5 260	401	2 749

Table O - General Dental Services						
Operating Expenditure from the revenue allocation for the dental contract						
SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1		17 085	13 827	(3 258)	8 502
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5		84	100	16	35
Domiciliary Services	6				0	
Maternity/Sickness etc.	7		89	20	(69)	7
Sedation services including GA	8				0	
Seniority payments	9		11	8	(3)	5
Employer's Superannuation	10		656	667	11	428
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12		4 077	4 339	262	1 747
TOTAL DENTAL SERVICES EXPENDITURE	13	18 246	22 002	18 961	(3 041)	10 724
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14			390		
Additional Access	15			20		
Sedation services including GA	16			386		226
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21			375		171
Other Community Dental Services inc WHC/2015/001	22			1 694		847
Dental Foundation Training/Vocational Training	23			401		103
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25			175		64
Oral Surgery	26			814		336
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29			50		
Other	30			34		
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			4 339		1 747
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44		(3 545)	(504)	3 041	(1 445)