

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Overarching Financial Planning principles, subject to any funding decisions, that would be required by Directorates based on both identified cost pressures and distribution of base funding. Non-COVID-19 scenario Corporate planning principles COVID-19 scenario Right-sizing A4C WTE (pay scale and Modelled based on COVID-19 Centrally agreed CHC assumptions: pension), as this exercise matched 5.0% inflation, growth at 2019/20 levels prevalence as assessed in September budget to staff in post and therefore 2020: plus 5.5%: Actual cost already in run-rate; • Relatively flat profile for full 12 Prescribing modelled on current Pay pressures should only be months, representing running costs in Category M prices plus estimated further highlighted by Directorates through line with April and September 2020; increase from 1 October 2021 and item the planning cycle for variability of All items classified as Non-Recurrent: volume growth of 0.5%; WTE/number of sessions/overtime Field Hospitals utilised for Quarter 1 • Secondary Care Drugs based on Pharmacy team horizon scanning by only across Selwyn Samuel, rates. The FY21 Planning cycle was an Bluestone and Plascrug with peak drug and Directorate; Provision for WHSSC/EASC exception due to the transition to a requirement of 70 beds; transparent and accurate central All residual Field Hospital developments not yet finalised by calculation for all pay rates. decommissioning costs assumed to WHSSC: Medical and Dental cleanse is cost WG funded: Provision has not been made within the No other WG funding assumed; neutral: FY22 financial plan in respect of: NI and Pension adjustment represents **Risk that Primary Care Prescribing** Recovery Plans: no expenditure or alignment to the latest statutory recurrent base may be impacted and income assumption, nor operational become part of the Non-COVID-19 quidelines: plans to clear the backlog or achieve Uplift in WG funding first utilised to position in the future: RTT performance indicators; offset the cost of : Vanguard is in support of the delivery Savings: gap arising from the FY21 of essential services framework First 1% of A4C, Executive and requirement and new FY22 Medical & Dental Pay Awards criteria following inability to deliver requirement is not currently Medical & Dental Increments over Winter of 20-21. considered achievable given the Additional cost of Medical operational inability to support; Commitment Awards FY22 Any impact of price increases that may arise from the EU Exit.

Financial Plan 2021-22: Budget Setting and Management



Budget principles	 Base budgets (opening and new, inclusive of Reserves with the exception of the below) to be profiled in line with when actual costs are expected to be incurred at the start of each financial year via the relevant Finance Business Partner (FBP); Budgets will remain unchanged during the financial year with the exception of significant changes (e.g. OCPs, in-year allocations, budget virements and service changes etc.), which will need approval from ADoFs; Variances due to budget profiling will form part of explanation of in-month financial position – match accruals to budget is not permitted (accruals should not be made without evidence of expenditure); Base Reserves will be profiled and classified into expenditure types via the appropriate FBP; In-year WG allocations circulated to all SFBP to determine owner; 2 month period to agree and distribute to appropriate budget classifications and profile; after this period, if unresolved, budget will be allocated centrally as contribution to position. Corporate Reporting will manage and administer all in-year budget changes, and will profile unknown budgets in 1/12^{ths} if required 	
Exceptions	 ICF and Transformation projects; Pay Award and new Commitment Award funding; Revenue Consequences of Capital Schemes; Variable Day (aplit by Acute Site and Diapped Care); 	atch costs incurred in respect of: Approved future Investments and Service Developments; All-Wales risk share funds; Activity Recovery and Winter funding; All COVID-19 funding (which will be released centrally, not to Directorates);
Intended Outcomes	• Deturn aubmissions to Waleb Covernment are aligned with this reported expanditure, ansuring open communications with	
FY23 principles	 From FY23 onwards the following activities will occur: Annual right-sizing completed by Corporate Reporting for a Budget matched to Staff in post at point in time: Spine point on salary scale; M&D Enhancements; 	 all pay types. > M&D Commitment Awards; > Vacancy factor assumed in pension budget from FY23; > Reserves allocated from start of year;

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In order to gain suitable understanding and realism to the financial plans put forward by directorate areas, the February and March rounds of System Engagement Group Meetings (SEGs) will provide a deep dive in those cost categories that are under the influence of directorate areas.

As such, the agenda for the SEG meetings will be as follows, supported by consistent data prepared across all health board directorates:

- Holistic health board draft position
- Current assumptions
- Budget principles for FY22 and beyond
- Review opening position agreed with directorate managers
- Review specific areas of directorate cost categories
- Latest EoY forecast compared to proposed FY22 opening position

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- System engagement meetings held week commencing 21 Feb
- Welsh Government touchpoint meeting 3rd March
- Executive Team meeting 10th March
- Final draft: Finance Committee 23rd March
- Final: Board 25th March
- Other considerations
 - Accountable Officer Letter to WG re. expected deficit position and expected COVID response.