



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – Month 4 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Rebecca Hayes, Senior Finance Business Partner

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the report, attached at Appendix 1, is to outline Hywel Dda University Health Board's (HDdUHB) financial position to the end of the financial year 2022/23 against the Annual Plan.

The monthly reporting to Welsh Government (WG) is in line with the written report provided to the Sustainable Resources Committee and Board.

Cefndir / Background

Health Board's revised draft Financial Plan is to deliver a deficit of £62.0m, after savings of £12.4m; this is a deterioration of £37.0m from our initial £25.0m deficit Plan.

Month 4 position:

- The Month 4 Health Board financial position is an overspend of £4.7m, which is made up of £2.6m operational variance and an original deficit plan of £2.1m; this is after recognising £0.3m of assumed WG transitional funding for COVID-19 and £0.2m for Exceptional Energy costs. £1.1m of savings schemes were delivered in line with identified plans.
- Of the £2.6m overspend in-month, £1.4m relates to undelivered savings plans against the original target and £1.2m relates to operational pressures. These pressures are mainly being experienced within our Unscheduled Care teams, but also within Facilities, Radiology and Medicines Management.
- Confirmation has been received of WG funding to match the costs of the COVID-19 programmes (Tracing, Testing, Mass Vaccinations and PPE; Month 4, £1.1m).
- The Health Board has received confirmation of WG funding to match the costs of the COVID-19 programmes (Tracing, Testing, Mass Vaccinations and PPE), and has received initial guidance from WG to assume that funding will be provided to offset the

transitional costs of COVID-19 of £6.8m and the Exceptional Energy, Health and Social Care Levy and Real Living Wage commissioned services costs of £20.6m.

End of Year Forecast

- Health Board's revised draft Financial Plan is to deliver a deficit of £62.0m, after savings of £12.4m; this recognises the inadequate level of assurance around the identification of a further £17.0m of savings schemes deliverable within the current financial year against our initial £25.0m deficit Plan. The further deterioration of £20.0m recognises the fruition of the operational variation risk and a transfer into the Core position of COVID-19 responses that were initially planned to be decommissioned, but have been deemed necessary to continue.
- Following feedback from WG regarding the revised draft Financial Plan, the Board have further challenged teams to urgently identify management actions to reduce the organisation's expenditure trajectory, on an in-year basis as a minimum.

Asesiad / Assessment

The Health Board's key targets are as follows:

- 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.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	62.0	16.7	16.6	Low*
Savings	£'m	12.4	4.6	4.6	Low**
Capital	£'m	30.6	4.3	4.3	Low
Non-NHS PSPP	%	95.0	95.0	96.3	Low
Period end cash	£'m	4.0	4.0	2.8	High***

* The Health Board is forecasting a financial outturn position of £62.0m in line with the re-submitted draft annual plan, which is £37.0m higher than the previous planned deficit of £25.0m. Whilst the delivery risk to the revised deficit of £62.0m is considered to be Low, this is an unacceptable level of deficit and urgent management actions are required to address the underlying position. There is a significant risk that the revised deficit plan may not be accepted by WG. The re-submitted Plan has been phased in line with the Months 1-3 Actual results and the Month 3 forecast. This decision was taken to prevent reporting to the organisation a Year to date (YTD) or in-month "underspend" against a flat profile of the £62.0m draft deficit as this was considered a misleading message.

** Whilst the delivery of planned savings schemes are on track, the revised annual limit is £17.0m lower than the original plan due to an inadequate level of assurance around the identification of deliverable savings schemes; this lower level of savings has contributed to the increase in the planned deficit of £62.0m. Furthermore, of the identified savings schemes of £12.4m, only a small number are currently assessed as recurrent, with a full year effect of £0.5m. This is contributing to the deterioration in the underlying deficit to £76.5m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of our Target Operating Model.

*** If WG do not fund the cash consequences of the revenue deficit, there is a significant risk to the period end cash position.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to note and discuss the financial position as at Month 4.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1432 (score 20) Delivery of the Health Board's draft interim Financial Plan for 2022/23 1199 (score 16) Achieving financial sustainability.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termiau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare

	FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities NICE – National Institute for Health and Care Excellence OOH – Out of Hours PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	The impact on patient care is assessed within the savings schemes.
Gweithlu: Workforce:	The report considers the financial implications of our workforce.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.

YTD Financial Performance and EoY Forecast Month 4 2022/23

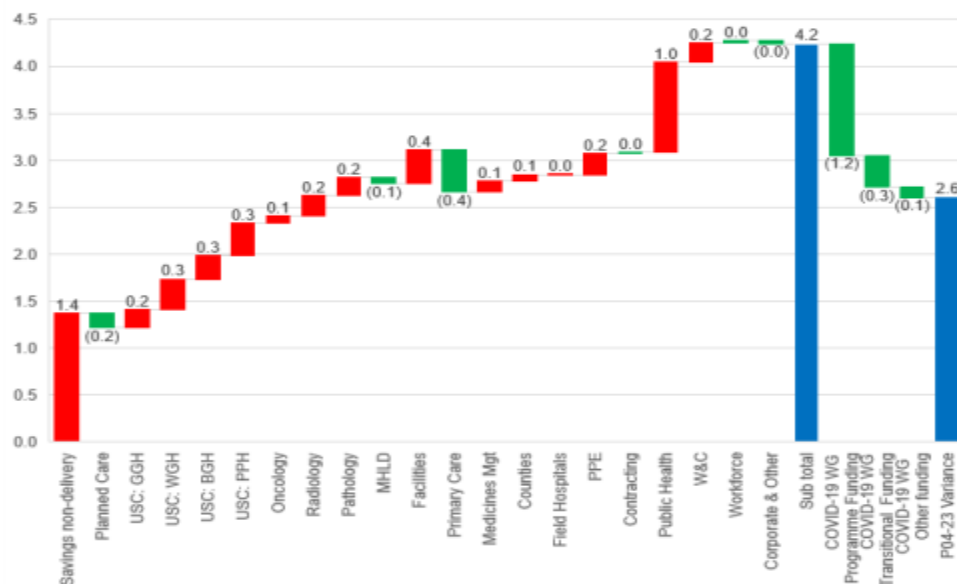
Health Board's revised draft Financial Plan is to deliver a deficit of £62.0m, after savings of £12.4m; this recognises the inadequate level of assurance around the identification of a further £17.0m of savings schemes deliverable within the current financial year against our original £25.0m deficit Plan. The further deterioration of £20.0m recognises the fruition of the operational variation risk and a transfer into the Core position of COVID-19 responses that were initially planned to be decommissioned, but have been deemed necessary to continue.

Financial position	Month 3 £'m	Month 4 £'m	YTD £'m	EOY £'m
Original Planned deficit	2.1	2.1	8.3	25.0
Undelivered Savings plans	0.8	1.4	5.2	17.0
Operational variance (including transfers from COVID-19)	0.3	1.2	3.1	20.0
COVID-19 expenditure	2.2	1.6	10.0	25.1
Operational variance before WG COVID-19 funding	5.4	6.3	26.6	87.1
WG COVID-19 funding: 'Programme' costs	(1.3)	(1.1)	(5.3)	(15.2)
WG COVID-19 funding: 'Other' costs	(0.3)	(0.2)	(0.5)	(3.1)
WG COVID-19 funding: 'Transitional' costs	(0.6)	(0.3)	(4.2)	(6.8)
Reported financial position	3.2	4.7	16.6	62.0

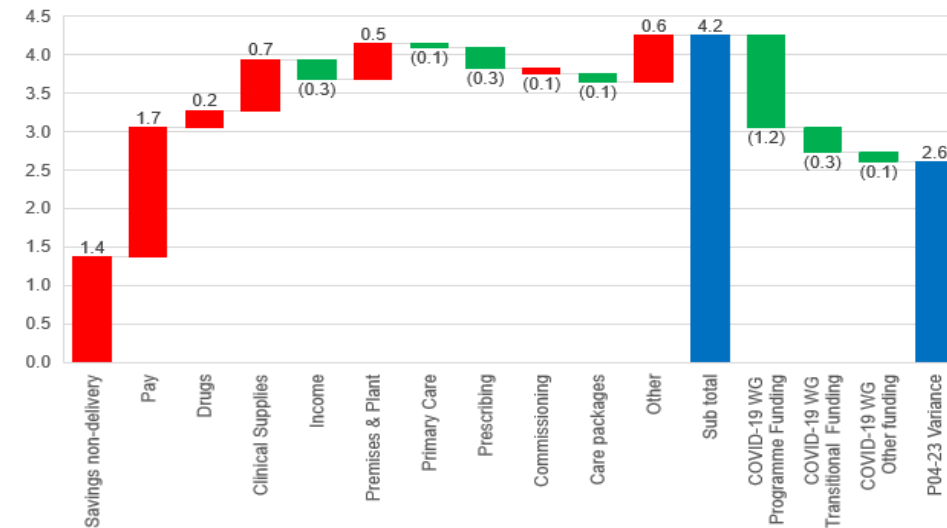
- Confirmation received of WG funding to match costs of COVID-19 programmes (Tracing, Testing, Mass Vaccinations and PPE), and initial WG guidance received to assume funding provided to offset transitional costs of COVID-19 and the Exceptional Energy, Health and Social Care Levy and Real Living Wage commissioned services costs of £20.6m.
- There is a significant risk to the revised deficit plan of £62.0m as it is not acceptable to Welsh Government (WG). Further, if WG do not fund the cash consequences of the revenue deficit, there is a significant risk to the period end cash position.
- Following feedback from WG regarding the revised draft Financial Plan, the Board have further challenged teams to urgently identify management actions to reduce the organisation's expenditure trajectory, on an in-year basis as a minimum.

Executive Summary: Key drivers of in-month position

In-month operational variance by Directorate



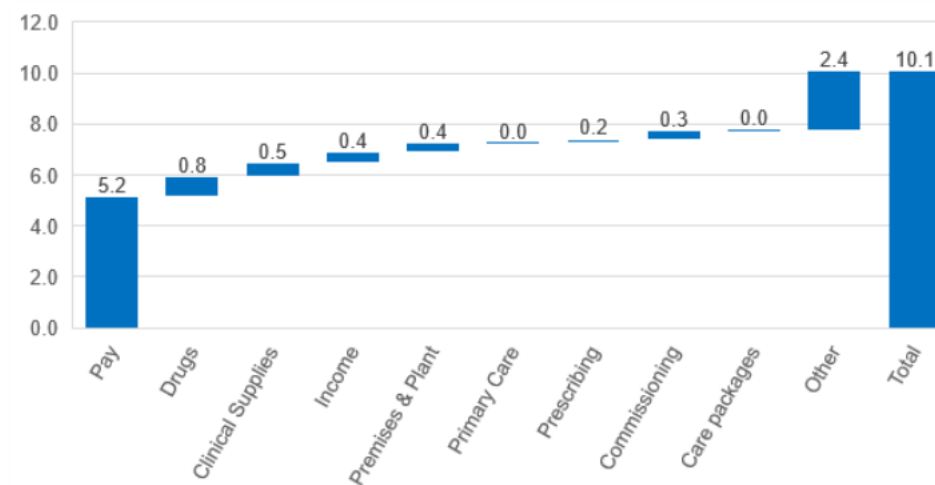
In-month operational variance by Subjective



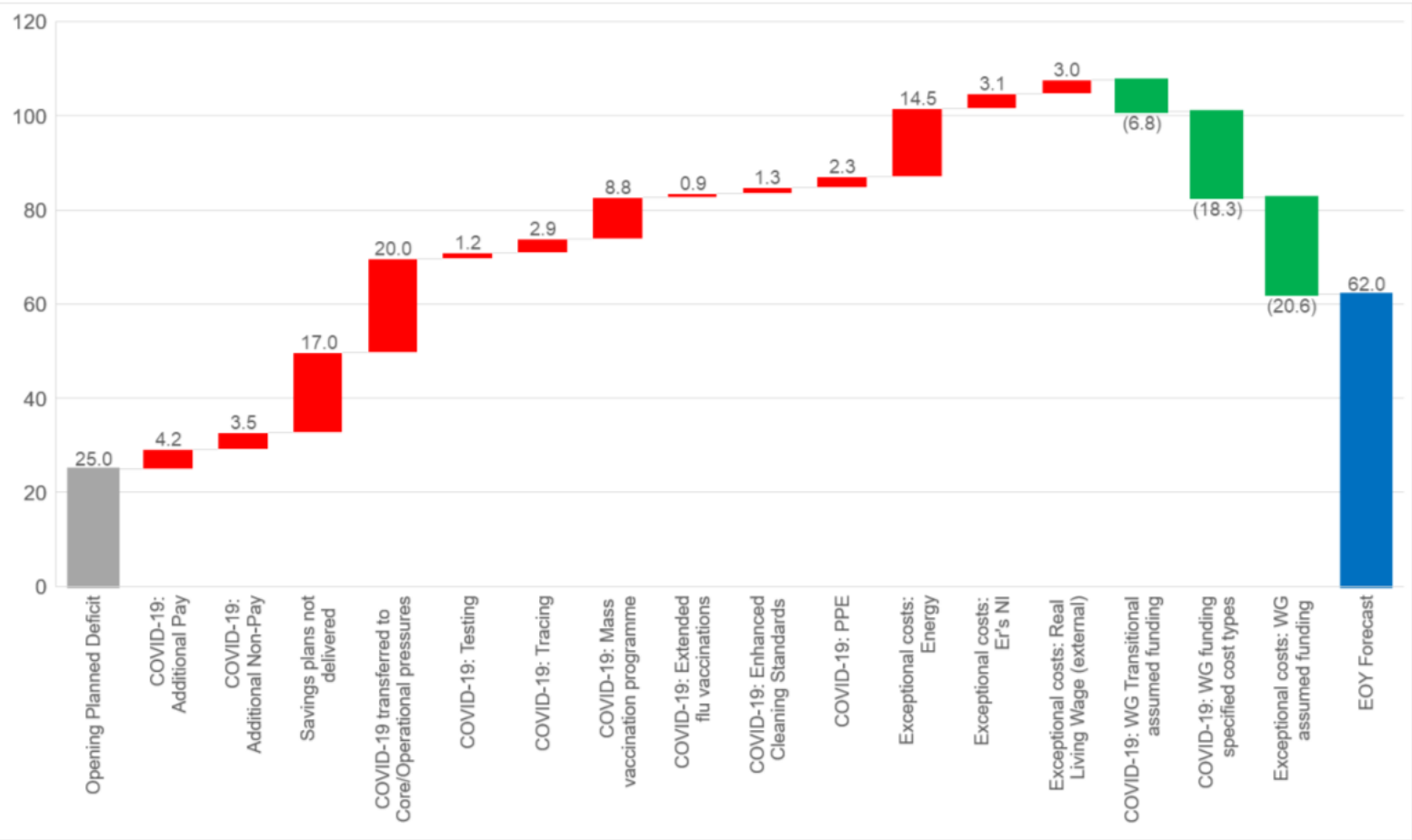
Directorate over-spends were primarily driven by:

- **Savings non-delivery £1.4m:** in-month value of savings undelivered by the organisation;
- **Unscheduled Care £1.1m:** continuation of site pressures where high levels of vacancies and activity are resulting in high variable pay expenditure across all four acute sites;
- **Facilities £0.4m:** in core areas, by increasing cost of utilities and provisions and loss of revenue in canteens and external vendors. COVID-19 expenditure relates to on-going expenditure in relation to enhanced cleaning standards across all HB sites and remedial works to HB estates.

YTD actual by Subjective (COVID-19 only)



End of Year Financial Position: 2022/23



The revised draft Financial Planned Deficit of £62.0m is considered unacceptable and unsupportable by WG.

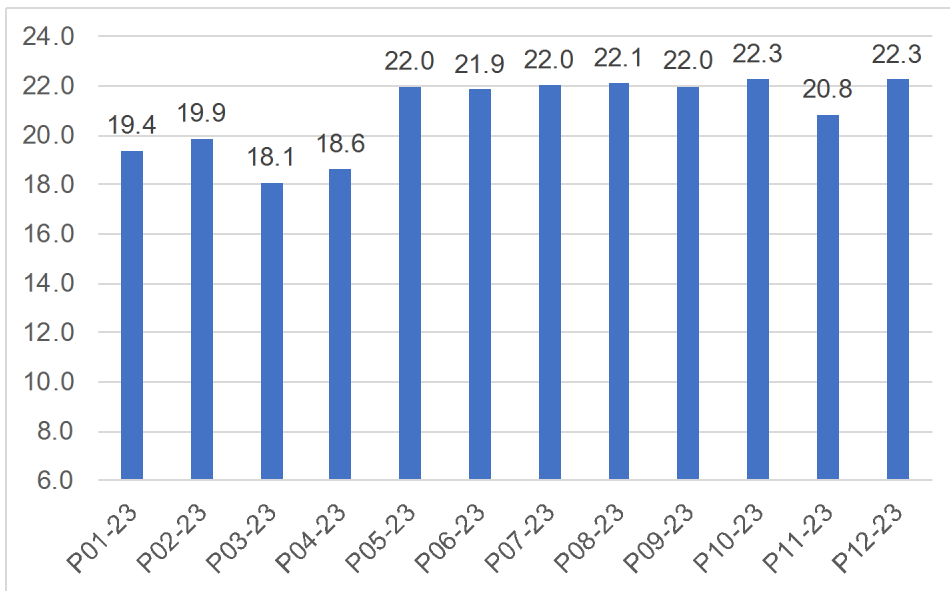
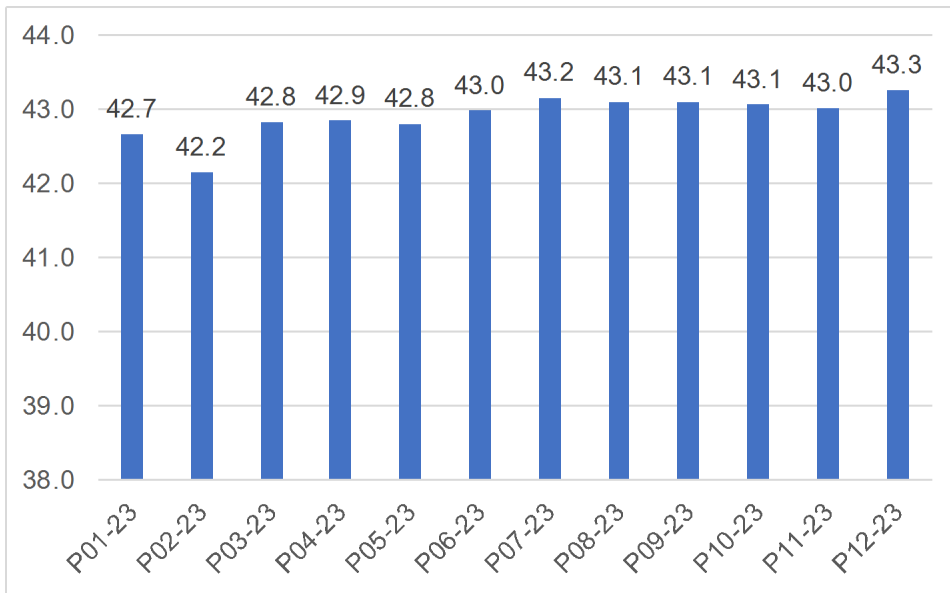
The Health Board needs to demonstrate that it is able to manage its financial position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care.

If this trend continues without full mitigation:

- there will be insufficient assurance of this duty;
- there is significant risk to the Health Board's cash resources;
- the planned budgetary realignment to formalise the requirements of the Nurse Staffing Act (25A & Other wards) will be impeded.

Following the WG COVID-19 de-escalation guidance published in May 2022 there was an expectation of accelerated de-commissioning of schemes and potentially a re-classification into Recovery of some schemes providing additional capacity. Whilst some schemes have been decommissioned successfully, a significant proportion have been transferred into the Core position which has impacted the overall forecast due to no longer being eligible for WG funding. These decisions need to be considered as part of the wider concern regarding financial sustainability.

End of Year Financial Position: 2022/23 Expenditure Profile



Pay

The profile of forecast staffing costs is driven by:

- Continued acute pressures, particularly within Emergency Departments resulting in a continued reliance on Agency to backfill vacancies and sickness;
- Additional resource to deliver step up in Urgent and Emergency Care plans, implementation of Integrated Localities plans and PACU in PPH;
- Additional resource to deliver additional capacity within Elective Recovery plans;
- No assumptions yet included in the Month 4 forecast in respect of the confirmed pay awards in line with WG guidance, as payments will be made from Month 6 (with back-pay in Month 6). While this will impact pay actual profiles, the impact is expected to be fully funded by WG.

Non-Pay (including Prescribing and Drugs)

The step up in actual expenditure in the later part of the year is primarily due to the step up in Recovery plans linked to the new day surgery units. Non pay costs are also anticipated to increase due to the exceptional utility costs being incurred across the Health Board premises and also price inflation across consumables and contractual services. Prescribing baseline drug price increases of 23p per item and growth in the volume of items issued by Primary Care contractors are also significant factors.

Financial Position 2022/23: Savings identification

- Of the original £29.4m requirement, £12.4m have been identified as Green schemes, as a minimum on a non-recurrent basis; only a small number are currently assessed as recurrent, with a full year effect of £0.5m. This is contributing to the deterioration in the underlying deficit to £76.5m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of our Target Operating Model.
- In-month delivery of £1.1m, which is in line with the Green savings scheme plans.
- The Savings forecast has remained unchanged in Month 4 compared to what was identified in Month 1.

	Monthly Performance			Year to Date Performance			Annual 2022-23 & Full Year Effect			
Savings Delivery (£'000)	Mth Plan	Mth Act	Mth Var	YTD Plan	YTD Act	YTD Var	Year Plan	Year Act	Year Var	FYE Plan
Recurrent	11	11	0	42	42	0	342	316	26	919
Amber On Track	0	0	0	0	0	0	38	38	0	150
Green On Track	11	11	0	42	42	0	192	192	0	258
Low value	0	0	0	0	0	0	112	86	26	512
Non Recurrent	1,064	1,064	0	4,569	4,569	0	12,061	12,061	0	0
Amber Under Delivery	0	0	0	0	0	0	120	120	0	0
Amber On Track	0	0	0	0	0	0	5,265	5,265	0	0
Green On Track	1,064	1,064	0	4,569	4,569	0	6,676	6,676	0	0
Grand Total	1,075	1,075	0	4,610	4,610	0	12,403	12,377	26	919

Executive Owner (£'m)	Accepted Red	In-Progress Red	Rejected Black	Rejected Black
Alison Shakeshaft	0.0		0.0	0.1
Andrew Carruthers	0.0	2.1	14.5	10.9
Health Board Wide	0.0	0.0	26.9	
Huw Thomas	0.0	0.7	4.5	
Jill Paterson	0.0	3.0	5.7	0.0
Jo McCarthy	0.0	0.0		0.1
Lisa Gostling	0.0		5.0	
Mandy Rayani	0.0	0.2	0.7	
Phil Kloer			0.0	
Grand Total	0.0	6.0	57.2	11.2

- Opportunities not yet converted into savings schemes are summarised to the left by Executive Lead, who are focusing weekly to progress and prioritise.
- Further management actions are required to reduce the organisation's expenditure trajectory, on an in-year basis as a minimum, which may not be as a formal savings scheme but as an in-year decision regarding future expenditure plans.

Executive Summary

	<p>Health Board's revised draft Financial Plan is to deliver a deficit of £62.0m, after savings of £12.4m; this recognises the inadequate level of assurance around the identification of a further £17.0m of savings schemes deliverable within the current financial year against our initial £25.0m deficit Plan. The further deterioration of £20.0m recognises the fruition of the operational variation risk and a transfer into the Core position of COVID-19 responses that were initially planned to be decommissioned, but have been deemed necessary to continue.</p>
Revenue	<ul style="list-style-type: none"> The Month 4 Health Board financial position is an overspend of £4.7m, which is made up of £2.6m operational variance and an original deficit plan of £2.1m; this is after recognising £0.3m of assumed WG transitional funding for COVID-19 and £0.2m for Exceptional Energy costs. £1.1m of savings schemes were delivered in line with identified plans. Of the £2.6m overspend in-month, £1.4m relates to undelivered savings plans against the original target and £1.2m relates to operational pressures. These pressures are mainly being experienced within our Unscheduled Care teams, but also within Facilities, Radiology and Medicines Management.
Projection	<ul style="list-style-type: none"> The Health Board has received confirmation of WG funding to match the costs of the COVID-19 programmes (Tracing, Testing, Mass Vaccinations and PPE), and has received initial guidance from WG to assume that funding will be provided to offset the transitional costs of COVID-19 of £6.8m and the Exceptional Energy, Health and Social Care Levy and Real Living Wage commissioned services costs of £20.6m. Since our initial plan submission, each Executive Director and their respective leadership teams have been reviewing their operational plans to deliver a step change through a Target Operating Model approach; the basis for our transformation improvement programmes, supported by our Planning Objective structure and governance. Whilst these have yielded benefits, such as our recovery plan to deliver dedicated ring-fenced wards for elective procedures, they are unfortunately not sufficient to improve the financial outlook. The Health Board continues to have to commit expenditure at a consistent rate to maintain services whilst experiencing significant system demand and challenges. Of the identified savings schemes of £12.4m, only a small number are currently assessed as recurrent, with a full year effect of £0.5m. This is contributing to the deterioration in the underlying deficit to £76.5m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of our Target Operating Model.
Savings	<ul style="list-style-type: none"> It is the Board's aspiration that a Target Operating Model can be constructed to focus delivery of services in the most optimum way for our patients and population, and is a critical part of the approach to the medium-term outlook. This will also align with the design assumptions set out in the Health Board's A Healthier Mid and West Wales strategy and Programme Business Case.
Next Steps	<ul style="list-style-type: none"> Following feedback from WG regarding the revised draft Financial Plan, the Board have further challenged teams to urgently identify management actions to reduce the organisation's expenditure trajectory, on an in-year basis as a minimum. We are committed to addressing/mitigating our challenges to get back on track with our financial roadmap; a weekly progress report is being presented to the Executive Team to retain sufficient strategic focus on this key deliverable. Assessment of historic investment decisions for value opportunities, including COVID-19 costs transferred to baseline.

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. 					
Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
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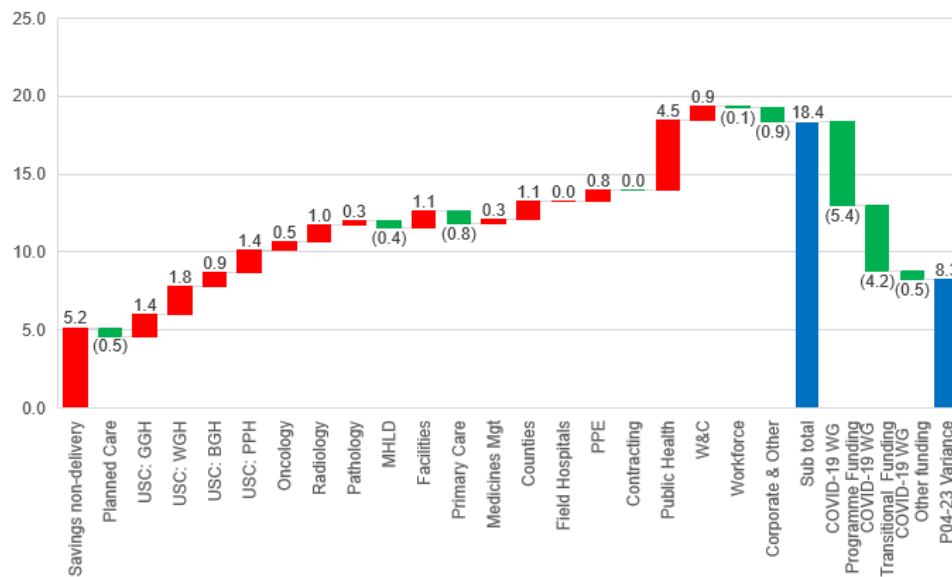
* The Health Board is forecasting a financial outturn position of £62.0m in line with the re-submitted draft annual plan, which is £37.0m higher than the previous planned deficit of £25.0m. Whilst the delivery risk to the revised deficit of £62.0m is considered to be Low, this is an unacceptable level of deficit and urgent management actions are required to address the underlying position. There is a significant risk that the revised deficit plan may not be accepted by Welsh Government. The re-submitted Plan has been phased in line with the Months 1-3 Actual results and the Month 3 forecast. This decision was taken to prevent reporting to the organisation a YTD or in-month "underspend" against a flat profile of the £62.0m draft deficit as this was considered a misleading message.

** Whilst the delivery of planned savings schemes are on track, the revised annual limit is £17.0m lower than the original plan due to an inadequate level of assurance around the identification of deliverable savings schemes; this lower level of savings has contributed to the increase in the planned deficit of £62.0m. Furthermore, of the identified savings schemes of £12.4m, only a small number are currently assessed as recurrent, with a full year effect of £0.5m. This is contributing to the deterioration in the underlying deficit to £76.5m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of our Target Operating Model.

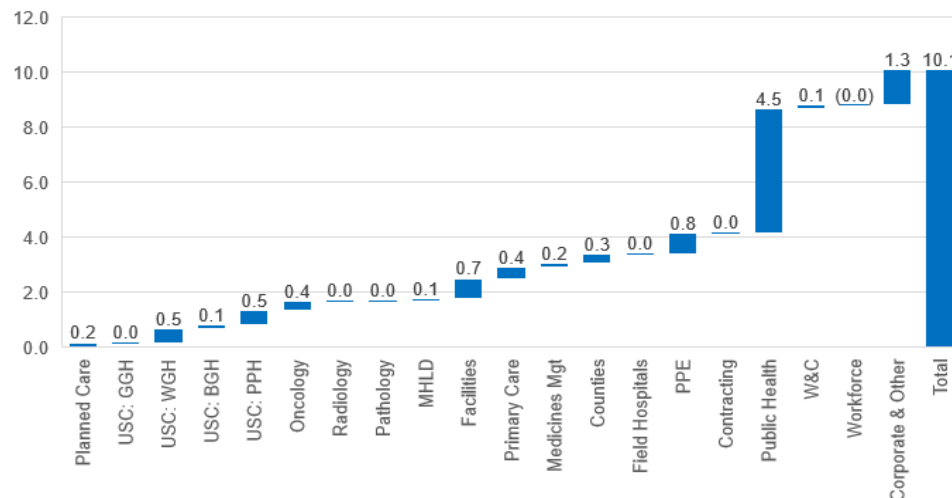
*** If WG do not fund the cash consequences of the revenue deficit, there is a significant risk to the period end cash position.

Revenue Summary

YTD variance by Directorate (against Plan)



YTD actual by Directorate (COVID-19 only)

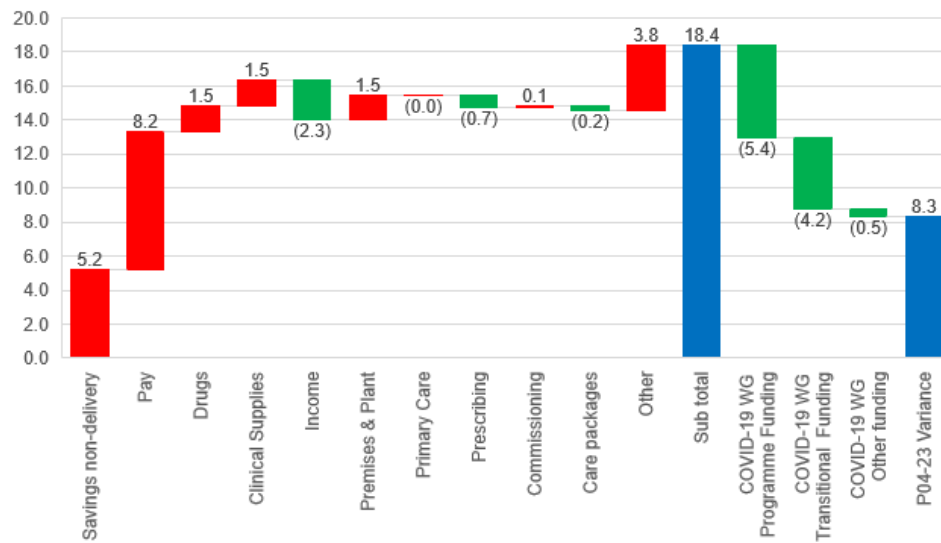


Key drivers of YTD position

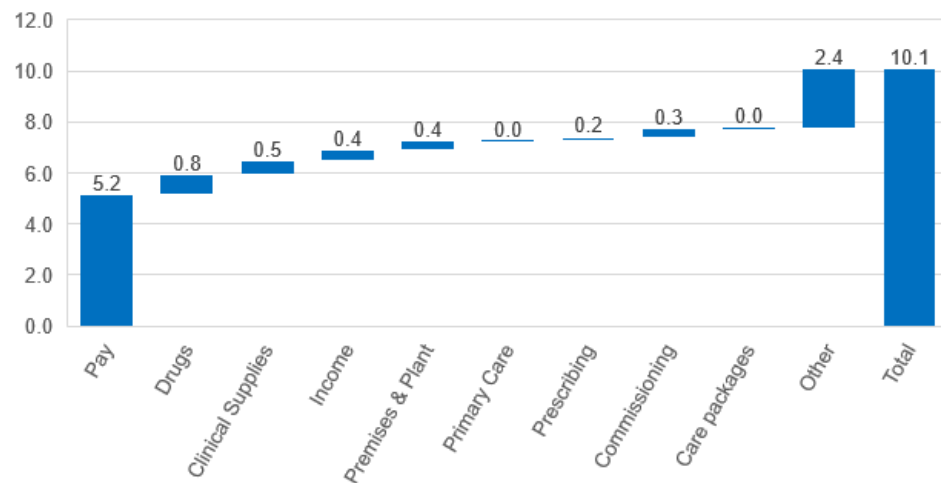
- **Savings non delivery £5.2m:** YTD value of savings undelivered by the organisation (against the original Plan requiring delivery of £29.4m);
- **Unscheduled care £5.5m:** Continuation of site pressures where high levels of vacancies and activity are resulting in high variable pay expenditure across all four acute sites;
- **Radiology £1.0m:** Workforce pressures due to vacancies and sickness resulting in high variable pay expenditure across all four acute sites and use of private providers to review reports;
- **Facilities £1.1m:** Overspends are driven in core areas by the increasing cost of utilities and provisions and the loss of revenue in the Canteen and external vendors. COVID-19 expenditure relates to on-going expenditure in relation to enhanced cleaning standards across all HB estate and remedial works to HB estate;
- **Counties £1.1m:** Pressures in District Nursing services due to sickness and vacancies resulting in bank and agency usage. Additional capacity in Community Hospitals created to support discharges from Acute sites;
- **Public Health £4.5m:** Primarily driven by costs associated with the Health Board's on-going response to COVID-19 in regards to TTP and Mass Vaccinations;
- **WG Programme Funding £(5.4)m:** YTD funding in respect of COVID-19 programme schemes has been included in the position;
- **WG Transitional Funding £(4.2)m** YTD funding has been assumed within the position to match transitional support costs in line with the Health Board's plan to exit, wherever possible, COVID-19 specific activities.

Revenue Summary

YTD variance by Subjective (against Plan)



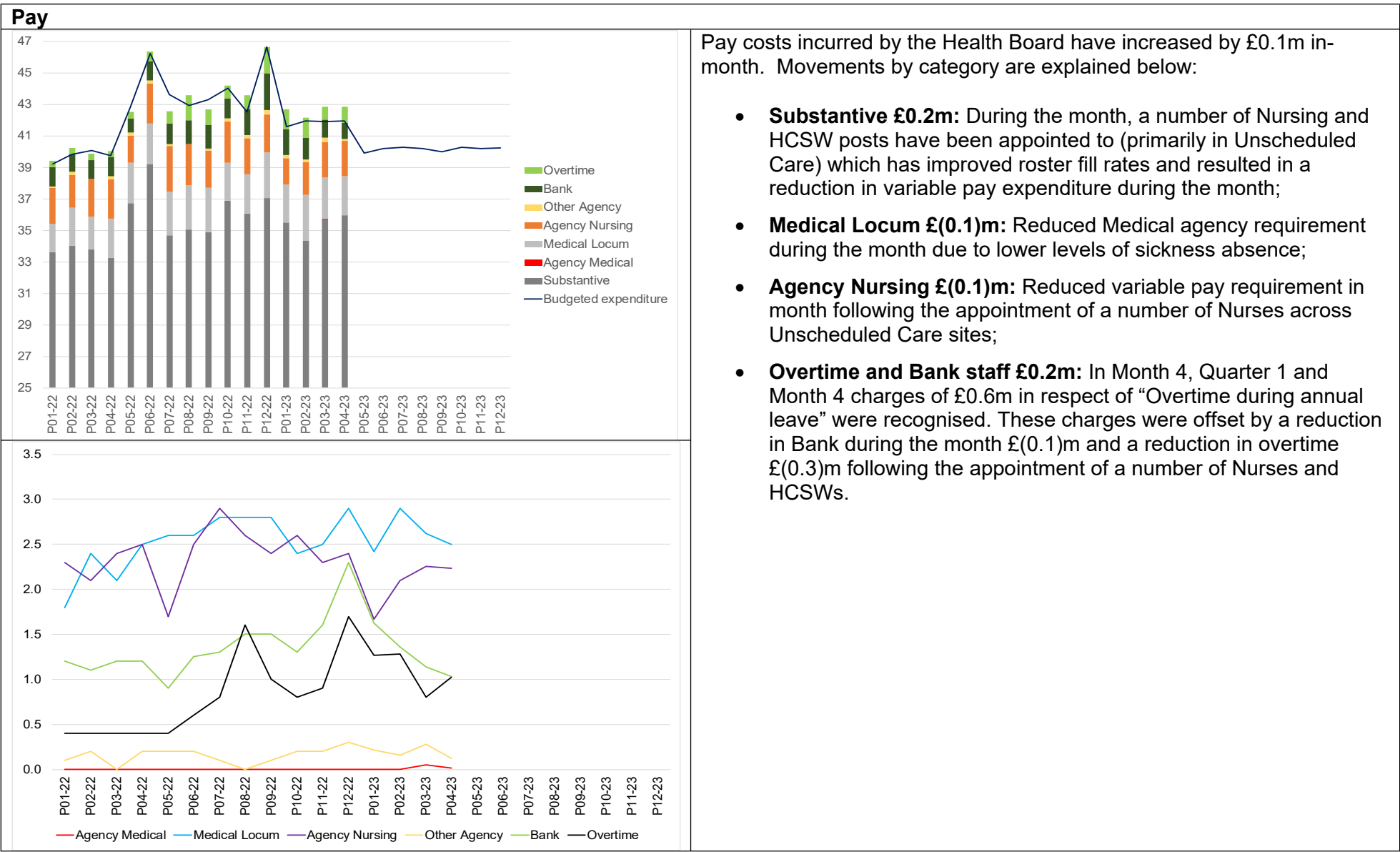
YTD actual by Subjective (COVID-19 only)



Key drivers of YTD position

- **Savings non delivery £5.2m:** YTD value of savings undelivered by the organisation (against the original Plan requiring delivery of £29.4m);
- **Pay £8.2m:** Continued high levels of variable pay expenditure across various staff groups due to high levels of vacancies across the Health Board and on-going pressures in Unscheduled Care. Continued COVID-19 pay expenditure is primarily supporting the Health Board's response in respect of TTP, Mass Vaccination and enhanced cleaning standards;
- **Drugs £1.5m:** Oncology activity and price growth, increases in use of high cost drugs following changes in clinical guidelines and a general increase in drugs in line with increased emergency treatment within Unscheduled Care.
- **Income £(2.3)m:** Primarily driven by the in-month recognition of Value Based Healthcare funding offset by consultancy charges in "Other". Recognition of rebates from British Gas for CHP underperformance in previous years. Recognition of over achievement in income for the Education Service liaison offset by increased pay costs;
- **Premises & Plant £1.5m:** Primarily driven by remedial work to Health Board estate and IT infrastructure costs;
- **WG Programme Funding £(5.4)m:** YTD funding in respect of COVID-19 programme schemes has been included in the position;
- **WG Transitional Funding £(4.2)m** YTD funding has been assumed within the position to match transitional support costs in line with the Health Board's plan to exit, wherever possible, COVID-19 specific activities.

Key Subjective Summary



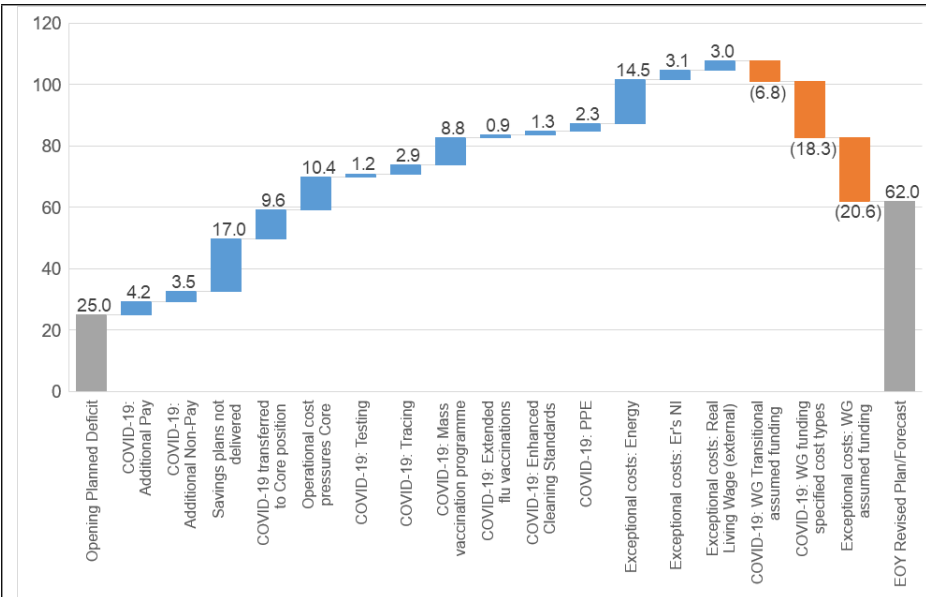
Key Subjective Summary

<div>CHC</div> <div><table><tr><th>Period</th><th>Actual expenditure</th><th>Budgeted expenditure</th></tr><tr><td>P01-22</td><td>4.2</td><td>4.2</td></tr><tr><td>P02-22</td><td>4.4</td><td>4.3</td></tr><tr><td>P03-22</td><td>4.8</td><td>4.4</td></tr><tr><td>P04-22</td><td>4.5</td><td>4.3</td></tr><tr><td>P05-22</td><td>4.2</td><td>4.2</td></tr><tr><td>P06-22</td><td>5.0</td><td>4.3</td></tr><tr><td>P07-22</td><td>4.5</td><td>4.3</td></tr><tr><td>P08-22</td><td>4.4</td><td>4.3</td></tr><tr><td>P09-22</td><td>4.6</td><td>4.3</td></tr><tr><td>P10-22</td><td>4.8</td><td>4.3</td></tr><tr><td>P11-22</td><td>4.2</td><td>4.2</td></tr><tr><td>P12-22</td><td>3.9</td><td>4.2</td></tr><tr><td>P01-23</td><td>4.2</td><td>4.2</td></tr><tr><td>P02-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P03-23</td><td>4.2</td><td>4.2</td></tr><tr><td>P04-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P05-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P06-23</td><td>4.2</td><td>4.2</td></tr><tr><td>P07-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P08-23</td><td>4.2</td><td>4.2</td></tr><tr><td>P09-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P10-23</td><td>4.3</td><td>4.2</td></tr><tr><td>P11-23</td><td>3.9</td><td>4.2</td></tr><tr><td>P12-23</td><td>4.3</td><td>4.2</td></tr></table></div>	Period	Actual expenditure	Budgeted expenditure	P01-22	4.2	4.2	P02-22	4.4	4.3	P03-22	4.8	4.4	P04-22	4.5	4.3	P05-22	4.2	4.2	P06-22	5.0	4.3	P07-22	4.5	4.3	P08-22	4.4	4.3	P09-22	4.6	4.3	P10-22	4.8	4.3	P11-22	4.2	4.2	P12-22	3.9	4.2	P01-23	4.2	4.2	P02-23	4.3	4.2	P03-23	4.2	4.2	P04-23	4.3	4.2	P05-23	4.3	4.2	P06-23	4.2	4.2	P07-23	4.3	4.2	P08-23	4.2	4.2	P09-23	4.3	4.2	P10-23	4.3	4.2	P11-23	3.9	4.2	P12-23	4.3	4.2	<p>Continuing Health Care expenditure has remained flat in-month due to a small reduction in client numbers within the Community based/Home care support category where there a number of high cost packages of care being offset by a net increase in LD and FNC patients.</p>
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Key Subjective Summary

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Financial Projection



Key Assumptions

- The direct impact of COVID-19, including programme expenditure (in respect of mass vaccination programmes, Testing, Tracing, and PPE) is modelled up to a twelve-month scenario within the current forecast;
- All assumed WG COVID-19 and Exceptional Costs (Energy, Health and Social Care Levy and Real Living Wage commissioned services) funding is based on the current forecast costs on a match-basis.

Assurance

- Executive led Use of Resources Group which scrutinises business cases, opportunities and financial governance.
- Performance to be monitored monthly through robust Directorate Use of Resources meetings.

Concerns

- There has been a net deterioration in the underlying deficit of £68.9m in 2021/22 to the current assessment for 2022/23 of £76.5m based on the re-submission of the Annual Plan, which was not the expected outcome of the revised planning cycle during Quarter 1.

Next Steps

- Following feedback from WG regarding the revised draft Financial Plan, the Board have further challenged teams to urgently identify management actions to reduce the organisation's expenditure trajectory, on an in-year basis as a minimum.
- Continue to engage with partner organisations to develop plans to address the issues within the Social Care system.
- The anticipated progress against the development of a Target Operating Model (TOM) since the initial submission of the Plan in March has not been delivered and limited in-year benefits have been identified to date. It does, however, remain our aspiration that a TOM can be constructed to focus our delivery of services in the most optimum way for our patients and population, with this forming a critical part of our approach to the medium-term outlook. This will align with the design assumptions set out in our strategy and Programme Business Case. A weekly progress report is being presented to the Executive Team to retain sufficient strategic focus on this key deliverable.
- Assessment of historic investment decisions for value opportunities, including COVID-19 costs transferred to baseline.

Savings schemes

Risk-assessed directorate savings profile, delivery and forecast																																																																									
<div><table><tr><th>Period</th><th>Original Target Profile</th><th>Actual delivery</th><th>Low risk</th><th>Medium risk</th></tr><tr><td>2022/23-1</td><td>2,400</td><td>1,000</td><td>1,000</td><td>0</td></tr><tr><td>2022/23-2</td><td>2,300</td><td>900</td><td>900</td><td>0</td></tr><tr><td>2022/23-3</td><td>3,100</td><td>1,700</td><td>1,700</td><td>0</td></tr><tr><td>2022/23-4</td><td>2,500</td><td>1,100</td><td>1,100</td><td>0</td></tr><tr><td>2022/23-5</td><td>2,200</td><td>0</td><td>750</td><td>0</td></tr><tr><td>2022/23-6</td><td>2,200</td><td>0</td><td>750</td><td>0</td></tr><tr><td>2022/23-7</td><td>2,800</td><td>0</td><td>1,300</td><td>0</td></tr><tr><td>2022/23-8</td><td>2,400</td><td>0</td><td>1,000</td><td>0</td></tr><tr><td>2022/23-9</td><td>2,200</td><td>0</td><td>800</td><td>0</td></tr><tr><td>2022/23-10</td><td>2,700</td><td>0</td><td>1,200</td><td>0</td></tr><tr><td>2022/23-11</td><td>2,300</td><td>0</td><td>900</td><td>0</td></tr><tr><td>2022/23-12</td><td>2,400</td><td>0</td><td>1,000</td><td>0</td></tr></table></div>					Period	Original Target Profile	Actual delivery	Low risk	Medium risk	2022/23-1	2,400	1,000	1,000	0	2022/23-2	2,300	900	900	0	2022/23-3	3,100	1,700	1,700	0	2022/23-4	2,500	1,100	1,100	0	2022/23-5	2,200	0	750	0	2022/23-6	2,200	0	750	0	2022/23-7	2,800	0	1,300	0	2022/23-8	2,400	0	1,000	0	2022/23-9	2,200	0	800	0	2022/23-10	2,700	0	1,200	0	2022/23-11	2,300	0	900	0	2022/23-12	2,400	0	1,000	0	<div><h3>Concerns</h3><ul style="list-style-type: none">• Whilst the focus of the Health Board is on identifying and implementing recurrent schemes, the current combination of capacity and COVID-19 pressures being experienced operationally has diverted significant managerial resource. This has meant that, of the original required £29.4m, only £12.4m have been identified, largely on a non-recurrent basis.• A key factor in worsening the current financial outturn draft Plan is the recognition of the risk surrounding delivery assurance over the opportunities that have been incorporated into the plan of £17.0m.</div> <div><h3>Next Steps</h3><ul style="list-style-type: none">• Having the clarity of the opportunities has enabled the team to buy into the areas that need to be influenced and changed, but we are yet to agree and have sight of detailed plans that illustrate a clear route to delivery through our planning framework.• This is our key priority and linked to the Target Operating Model. Whilst discussions have been extremely positive in aligning priorities around this approach and the areas of opportunity, we have come to recognise that the impact of delivery for the 2022/23 financial year is only going to be very modest, given the complexities involved within the fragility of the system pressures.• The Board recognise the need to develop opportunities for change through Use of Resources groups (Directorate level and Executive Level) as a matter of urgency.• If the re-submitted draft annual plan is approved, the £17.0m savings gap will instead form part of the planned deficit of £62.0m.</div>			
Period	Original Target Profile	Actual delivery	Low risk	Medium risk																																																																					
2022/23-1	2,400	1,000	1,000	0																																																																					
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<div><h3>Assurance</h3><ul style="list-style-type: none">• Of the original £29.4m requirement, £12.4m have been identified as Green schemes, as a minimum on a non-recurrent basis.• All schemes are now assessed as Green.• The Plan re-submission is aligned to delivery of the identified savings schemes of £12.4m only.• In-month delivery of 1.1m, which is in line with the Green savings scheme plans.</div>																																																																									

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 Sustainable Resources Committee meeting, to be held on 22nd August 2022. All Tables will be appended.</p>																				
Table A: Movement	<p>Opening section of Table A reflects the latest version of the Financial Plan, with Line 1 (Underlying b/f position) being that submitted in the Month 12 2021/22 MMR Tables. The COVID-19 forecast modelling is based on an up to 12-month scenario, whereby it is assumed that COVID-19 will continue to have a transitional financial impact over the full year, however the response required is now significantly reduced from the prior year following de-escalation guidance received in May 2022. An Action is now with the Board and Executive Team regarding scrutiny of all choices to move costs from COVID-19 to the Core baseline by professional leads in advance of July Board meeting. All remaining COVID-19 expenditure has been assumed to be non-recurrent.</p> <p>The Non-COVID-19 WG funding (Line 4) of £61.746 is taken from the MDS re-submission; £54.0m is classified as recurrent and £7.8m (in respect of Exceptional Energy) is classified as non-recurrent. A breakdown is provided below, indicating which funding items are confirmed and which have been assumed as this stage in line with the WG guidance provided as part of the financial planning cycle:</p> <table> <tr> <th>Item</th><th>£'m</th></tr> <tr> <td>Core Uplift – confirmed</td><td>18.969</td></tr> <tr> <td>Planned and Unscheduled Care Sustainability – confirmed</td><td>21.742</td></tr> <tr> <td>Mental Health Core Uplift – confirmed</td><td>2.450</td></tr> <tr> <td>Value Based Recovery – confirmed</td><td>1.897</td></tr> <tr> <td>Urgent and Emergency Care – confirmed</td><td>2.800</td></tr> <tr> <td>Employer's National Insurance (Exceptional) – assumed</td><td>3.040</td></tr> <tr> <td>Real Living Wage for Commissioned Services (Exceptional) – assumed</td><td>3.086</td></tr> <tr> <td>Energy costs (Exceptional) – assumed</td><td>7.762</td></tr> <tr> <td>Total</td><td>61.746</td></tr> </table>	Item	£'m	Core Uplift – confirmed	18.969	Planned and Unscheduled Care Sustainability – confirmed	21.742	Mental Health Core Uplift – confirmed	2.450	Value Based Recovery – confirmed	1.897	Urgent and Emergency Care – confirmed	2.800	Employer's National Insurance (Exceptional) – assumed	3.040	Real Living Wage for Commissioned Services (Exceptional) – assumed	3.086	Energy costs (Exceptional) – assumed	7.762	Total	61.746
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Appendix 1: Monitoring return tables

Table	Commentary														
	<p><u>Plan Profile</u></p> <p>The Health Board's resubmitted Plan reflected the aggregated forecasted run rate income and expenditure, which Directorates are held to account against each month and are required to provide explanations for any deviations to both the in-month and end of year forecast. Due to the resubmitted plan currently not being acceptable, the normal process to allocate out a phased budget and manage a straight line deficit has not been undertaken, other than the historically accepted £25.0m deficit. The forecasting cycle is iterative (i.e. Directorates are asked each month for the explanation compared to the previous month on a rolling basis), each month's deviations will provide a cumulative narrative versus the resubmitted plan position. We therefore consider the current profile to reflect the best mechanism against which to hold Directorates to account, and also to ensure the messaging to the organisation is one supporting the need for urgent management action to reduce expenditure trajectories.</p> <p>Months 1-4 YTD represents less of a variance to a straight-line profile of the £62.0m forecast deficit, which is largely due to the higher COVID-19 transitional expenditure in Quarter 1 (which was assumed to be funded, versus any transfers from COVID-19 to Core post Quarter 1 being unfunded) and step up in Recovery Plans later in the year linked to the new day surgery units.</p> <p><u>Movements in Plan and Forecast</u></p> <p>Further work has been undertaken to fully reconcile the movements between the original Plan submitted in March, the Month 1 MMR submission and the re-submitted Plan and MMR submission for Month 3.</p> <p>The Month 3 submission provided narrative regarding the movement in operational cost pressures and COVID-19 between the original March Plan and the Month 3 revised Plan. The below provides a reconciliation between the original Plan, the Month 1 MMR and Month 3 MMR/revised Plan for further clarity.</p> <table> <tr> <th>Item</th><th>Reported Deficit £'m</th></tr> <tr> <td>Original March Plan</td><td>25.0</td></tr> <tr> <td>Savings non-delivery</td><td>17.0</td></tr> <tr> <td>Transitional COVID-19 transferred to Core in Unscheduled Care and Facilities</td><td>12.1</td></tr> <tr> <td>Net operational (Underspend)/Overspend</td><td>4.4</td></tr> <tr> <td>Mitigating items assumed in Month 1 forecast subject to assessment in revised Plan*</td><td>(16.5)</td></tr> <tr> <td>Month 1 MMR</td><td>42.0</td></tr> </table>	Item	Reported Deficit £'m	Original March Plan	25.0	Savings non-delivery	17.0	Transitional COVID-19 transferred to Core in Unscheduled Care and Facilities	12.1	Net operational (Underspend)/Overspend	4.4	Mitigating items assumed in Month 1 forecast subject to assessment in revised Plan*	(16.5)	Month 1 MMR	42.0
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Month 1 MMR	42.0														

Appendix 1: Monitoring return tables

Table	Commentary		
	Transitional COVID-19 transferred to Core (between Month 1 and 3)**	7.5	
	Cost pressures within Core Radiology, Pathology, Oncology and Women and Children System Pressures	3.9	
	Net operational (Underspend)/Overspend (following Month 1 transfer to Core)	8.6	
	Month 3 MMR/Plan	62.0	
<p>* In Month 1 operational deviation from Plan was £0.95m; the reported Operational Risk was £5.0m to recognise the in-month position and also based on an expectation that forecast pressures were potentially overstated and gains understated. As the revised Financial Plan process was underway, it was expected that mitigating items of £11.5m would be identified during this process. In Month 2 the reported Operational Risk was £10.0m following a second month of operational overspends and reflective of the progress towards mitigation plans as part of the revised Planning cycle.</p> <p>**The movement in Transitional Responses between Month 1 and Month 3 was a reduction of £8.5m, of which, £7.5m was transferred to Core and £1.0m was decommissioned/reduced in forecast.</p>			

Appendix 1: Monitoring return tables

Table	Commentary																						
Table A1: Underlying Position	<p>Table A1 has been completed based on the Financial Plan re-submission Tables for 2022/23, adjusted as follows:</p> <table> <tr> <th>Item</th><th>£'m</th></tr> <tr> <td>MDS Forecast FYE outturn (opening pressure less all savings)</td><td>(34.0)</td></tr> <tr> <td>FYE "Red" Pipeline included in MDS not included in Table A as not "Finalised"/non-recurrent schemes</td><td>(29.0)</td></tr> <tr> <td>Correction to Green/Amber schemes FYE only</td><td>0.2</td></tr> <tr> <td>Assumption correction from non-recurrent to recurrent re WG funding in respect of Employer's National Insurance (Exceptional) £3.0m, Real Living Wage (Exceptional) £3.1m and Urgent and Emergency Care £2.8m</td><td>8.9</td></tr> <tr> <td>Table A Opening IMTP from March submission</td><td>(53.9)</td></tr> <tr> <td>Recognition of COVID-19 Transitional responses transferred to Core</td><td>(14.6)</td></tr> <tr> <td>Recognition of COVID-19 Transitional responses transferred to Core (FYE re Q1)</td><td>(2.6)</td></tr> <tr> <td>Recognition of COVID-19 Programme responses transferred to Core</td><td>(0.9)</td></tr> <tr> <td>Recognition of Core cost pressures in Oncology, Radiology and Pathology</td><td>(4.5)</td></tr> <tr> <td>Table A Opening IMTP from June submission</td><td>(76.5)</td></tr> </table> <p>The net deterioration in the underlying deficit from 2021/22 of £68.9m to the current assessment for 2022/23 of £76.5m is due to:</p> <ul style="list-style-type: none"> • Recognition of a transfer into the Core position of COVID-19 responses that were initially planned to be decommissioned, but have been deemed necessary to continue (and FYE of such). • Recognition of Core cost pressures in Oncology, Radiology and Pathology. • The investment of the Planned and Unscheduled Care Sustainability allocation recurrently against new Recovery (primarily demountable theatre capacity and Ophthalmology activity) and Sustainability schemes (Integrated Localities and Urgent and Emergency Care), investment in statutory changes in Nurse Staffing acuity levels and the levelling up of resourcing requirements within Unscheduled Care, predominately recognising our variable pay run rates and Emergency Department rostering and recognising investments made at risk in the prior year. Following discussions with WG and FDU colleagues we understand that we will need to demonstrate the linkages of investments to elective activity increases; further work has been conducted to provide sufficient evidence and assurance. <p>A breakdown of the investments are provided below:</p>	Item	£'m	MDS Forecast FYE outturn (opening pressure less all savings)	(34.0)	FYE "Red" Pipeline included in MDS not included in Table A as not "Finalised"/non-recurrent schemes	(29.0)	Correction to Green/Amber schemes FYE only	0.2	Assumption correction from non-recurrent to recurrent re WG funding in respect of Employer's National Insurance (Exceptional) £3.0m, Real Living Wage (Exceptional) £3.1m and Urgent and Emergency Care £2.8m	8.9	Table A Opening IMTP from March submission	(53.9)	Recognition of COVID-19 Transitional responses transferred to Core	(14.6)	Recognition of COVID-19 Transitional responses transferred to Core (FYE re Q1)	(2.6)	Recognition of COVID-19 Programme responses transferred to Core	(0.9)	Recognition of Core cost pressures in Oncology, Radiology and Pathology	(4.5)	Table A Opening IMTP from June submission	(76.5)
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Appendix 1: Monitoring return tables

Table	Commentary	
	Recovery and Sustainability Investment	£'m
	Additional Investments 2022-23	
	New Day Surgery Unit Prince Philip Hospital	5.2
	Ophthalmology: Cataracts	0.5
	Ophthalmology: Glaucoma	0.8
	Services commissioned from other organisations	1.4
	Urgent and Emergency Care	2.8
	Integrated Locality Planning	0.5
	Total New Additional Investments 2022-23	11.2
	Total Ring fencing increased elective bed capacity (<i>split across 5 wards totalling 46 beds</i>)	4.6
	Activity investments previously made at risk	
	Diagnostic Recovery Developments	0.7
	Cancer and Orthopaedic prehab to rehab, Outpatient and recovery support	2.5
	Increased seat capacity within Oncology	2.1
	Ophthalmology: Wet AMD	0.4
	Rehabilitation intervention post recovery	0.6
	Integrated Locality Planning – Community Clinic infrastructure	0.6
	Acuity increases across wards for RN's and HCSW's to support bed plans	2.3
	Diagnostic support across Pathology and Radiology	3.8
	Designated pathway for Cancer and GS single use scopes for ENT	0.3
	Total Activity investments previously made at risk	13.3
	Total Recovery and Sustainability	29.1

Appendix 1: Monitoring return tables

Table	Commentary
Table A2: Risks and Opportunities	<p>Risks</p> <p>As there has been no confirmation of the availability of WG COVID-19 Transitional funding or Exceptional Costs funding, there is a risk to the financial position should that funding not be available to the Health Board.</p> <p>A risk in relation to Primary Care Prescribing has been recognised of £2.4m in relation to baseline drugs. An increase in the growth rate (volume of items) has been evidenced in the April and May datasets and the impact of this in relation to Months 1 and 2 has been included in the Month 4 position. The impact of the increase in growth has not been modelled beyond Month 2 as it is possible that this trend will not continue as the growth in May could be attributed to a movement towards 56 day prescribing periods (but at present there is no information available to quantify the possible impact); also, due to the Jubilee Bank Holidays on 2nd and 3rd June, prescribing activity may have increased during the last week of May (which may present as a reduction in items per prescribing day in the June PARS report due at the end of August). Therefore, given the lack of certainty regarding the drivers of the increased growth in Months 1 and 2, a highly likely risk has been recognised until further clarity is available.</p> <p>Opportunities</p> <p>There are no quantifiable opportunities to report in the Month 4 submission, however the Target Operating Model is listed as it is hoped that this work will identify opportunities.</p> <p>There is potentially an Opportunity for an Accountancy Gain in relation to the Annual Leave Carryover provision should Welsh Government/Health Board confirm the intention to return to the standard policy by the end of 2022/23.</p>
Table B: Monthly position	<p>The forecast has been calculated using Directorate projections of both the “non-COVID-19” and COVID-19 profiled positions as a basis. Finance Business Partners forecast against income and expenditure categories aligned to the subjective hierarchy; this has then been mapped into SCNE categories for the purposes of Table B. All Reserves have been allocated to Directorates to manage as part of the financial planning cycle.</p> <p>Section B has been completed based on the above consolidated forecasts. The correlation between this and the Directorate analysis of the underlying deficit in Table A1 will be reviewed following the submitted revised Plan after Q1, when further clarity is expected regarding the drivers of the underlying position.</p> <p>The Health Board’s in-month result was £0.1m lower compared to the Month 3 forecast. A high level analysis of key movements is summarised below. Please note that the narrative relates to the Non-COVID movements only. Pay commentary is included within section B2 and COVID-19 commentary is included within the narrative for Section B3.</p>

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Revenue Resouce Limit £(0.6)m: Re-phasing of the RRL. • Primary Care contractor £0.9m: Expenditure in relation to Cluster projects has been incurred in-month which was anticipated later in the year. • Primary Care – Drugs & appliances £0.4m: Overspend due to April and May actual baseline price inflation and item growth higher than modelled (datasets are received two months in arrears). Overspend in-month against WP10 issues also incurred in relation to Oncology and Pathology drugs. • Provided Services - Pay £0.7m: See explanation in the narrative for section B2. • Provider Services – Non Pay £(1.0)m: Review of services contracted with Pembrokeshire Council resulted in a release of accruals held within the area following the cessation of services. Reduction in the timing of expenditure associated with Redress and Personal injury recognised in-month. • Secondary Care Drugs £0.4m: Lower than anticipated Secondary Care Drug usage in-month due to lower than anticipated activity in Oncology and some Elective services. A lower than anticipated usage of drugs was also evident across all four Unscheduled Care sites. • Healthcare services provided by other NHS bodies £0.8m: YTD recognition of WHSCC and EASC Pay Award expenditure £0.4m, higher than anticipated costs recognised within the Swansea Bay UHB LTA in relation to an increase in ITU plus additional charges for Cardiology, Orthopaedics and General Surgery £0.2m. Unanticipated charge in relation to “Certificate of Sponsorship” SLA with Velindre charged in month £0.2m. This was offset by the YTD recognition of further underperformance in the latest WHSSC risk-share. • Continuing Care and Funded Nursing Care £(1.8)m: YTD retrospective inflationary payment to CHC and FNC contractors did not occur in-month as previously forecast. This is now scheduled to take place in Month 5. • Other Private & Voluntary Sector £0.4m: Out of Area beds within Mental Health commissioned in-month and the Health Board have processed third sector invoices in relation to CAVO on behalf of the Local Authority. <p>The Health Board’s EoY forecast has not deviated from the forecast submitted in Month 3. Please note that the narrative relates to the Non-COVID movements only. Pay commentary is included within section B2 and COVID-19 commentary is included within the narrative for Section B3. The key drivers are summarised below:</p>

Appendix 1: Monitoring return tables

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	<table><tr><th>Category</th><th>Movement to COVID-19 forecast</th><th>Non COVID</th></tr><tr><td>Revenue Resource Limit</td><td>(9,816)</td><td>0 (9,816)</td></tr><tr><td>Welsh NHS Local Health Boards & Trusts Income</td><td>(116)</td><td>0 (116)</td></tr><tr><td>Welsh Government Income (Non RRL)</td><td>47</td><td>0 47</td></tr><tr><td>WHSSC Income</td><td>192</td><td>0 192</td></tr><tr><td>Other Income</td><td>341</td><td>0 341</td></tr><tr><td>Primary Care Contractor (excluding drugs, including non resource limited expenditure)</td><td>1,799</td><td>1,809 (10)</td></tr><tr><td>Primary Care - Drugs & Appliances</td><td>2,717</td><td>0 2,717</td></tr><tr><td>Provided Services - Pay</td><td>(517)</td><td>(274) (244)</td></tr><tr><td>Provider Services - Non Pay (excluding drugs & depreciation)</td><td>5,734</td><td>439 5,295</td></tr><tr><td>Secondary Care - Drugs</td><td>(457)</td><td>(29) (428)</td></tr><tr><td>Healthcare Services Provided by Other NHS Bodies</td><td>923</td><td>0 923</td></tr><tr><td>Losses, Special Payments and Irrecoverable Debts</td><td>(13)</td><td>0 (13)</td></tr><tr><td>Continuing Care and Funded Nursing Care</td><td>(995)</td><td>0 (995)</td></tr><tr><td>Other Private & Voluntary Sector</td><td>221</td><td>6 215</td></tr><tr><td>Joint Financing and Other</td><td>42</td><td>0 42</td></tr><tr><td>DEL Depreciation\Accelerated Depreciation\Impairments</td><td>(0)</td><td>0 (0)</td></tr><tr><td>AME Donated Depreciation\Impairments</td><td>(2)</td><td>0 (2)</td></tr><tr><td>Total movement</td><td>99</td><td>1,951 (1,852)</td></tr></table>	Category	Movement to COVID-19 forecast	Non COVID	Revenue Resource Limit	(9,816)	0 (9,816)	Welsh NHS Local Health Boards & Trusts Income	(116)	0 (116)	Welsh Government Income (Non RRL)	47	0 47	WHSSC Income	192	0 192	Other Income	341	0 341	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	1,799	1,809 (10)	Primary Care - Drugs & Appliances	2,717	0 2,717	Provided Services - Pay	(517)	(274) (244)	Provider Services - Non Pay (excluding drugs & depreciation)	5,734	439 5,295	Secondary Care - Drugs	(457)	(29) (428)	Healthcare Services Provided by Other NHS Bodies	923	0 923	Losses, Special Payments and Irrecoverable Debts	(13)	0 (13)	Continuing Care and Funded Nursing Care	(995)	0 (995)	Other Private & Voluntary Sector	221	6 215	Joint Financing and Other	42	0 42	DEL Depreciation\Accelerated Depreciation\Impairments	(0)	0 (0)	AME Donated Depreciation\Impairments	(2)	0 (2)	Total movement	99	1,951 (1,852)
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AME Donated Depreciation\Impairments	(2)	0 (2)																																																								
Total movement	99	1,951 (1,852)																																																								
	<ul style="list-style-type: none">• Primary Care drugs & appliances £2.7m: The full year forecast for Primary Care prescribing has been adjusted based on the April and May actual datasets (data is received two months in arrears); the impact of price inflation on baseline drugs has been modelled for the full year and the impact of growth has not been extended beyond May as described in Section A2 above.• Provider Services – Non Pay £5.3m: The exceptional energy forecast has increased following a re-assessment based on the latest rates provided by NWSSP. Forecasts have been adjusted by FBP teams to reflect the continued inflationary pressures in the market affecting food prices, consumables and contractual prices. This increase has been offset by the revision to the forecasted Pembrokeshire Council expenditure.• Healthcare Services provided by other NHS bodies £0.9m: EoY forecast has increase to reflect the full year value of the Pay Award charges in respect of WHSSC and EASC, full year adjustment recognising the change in activity with Swansea																																																									

Appendix 1: Monitoring return tables

Table	Commentary																
	<p>Bay UHB and recognition of COVID-19 recovery funding. These increases have been offset with the forecasted reduction to the Health Board's WHSSC risk share.</p> <ul style="list-style-type: none"> • Continuing Care and Funded Nursing Care £(1.0)m: Forecasts have been reduced following the cessation of some high value packages of Care within the Community and Mental Health. <p>DEL depreciation estimates reflect the non cash return submitted in June; IFRS 16 depreciation represents only transitional leases as instructed, and excludes expected renewals and new leases in the year.</p> <p>The JET meeting on 13th July 2022 resulted in the following actions, the response to which is covered within this return.</p> <table border="1"> <thead> <tr> <th>No</th><th>Action</th></tr> </thead> <tbody> <tr> <td>Action 9</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To share the cost drivers of the HB's financial position with WG.</td></tr> <tr> <td>Action 10</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan The HB to give serious consideration to achieving traction in its planned Savings Plan.</td></tr> <tr> <td>Action 11</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To review the proposed management of risks and their impact upon the HB's financial position, as presented in the HB Plan.</td></tr> <tr> <td>Action 12</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To include ST and CJ in a detailed forensic discussion of the HB's Plan is required, given the close relationship between many planning aspects and issues relating to clinical quality.</td></tr> <tr> <td>Action 13</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To provide details of the workings underlying the HB Plan to WD Delivery Unit.</td></tr> <tr> <td>Action 14</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To expedite solutions in terms of balancing financial aspects included in the HB's Plan, as we are already in Q2 and to assure WG that the organisation has made a reasonable assessment of all challenges involved.</td></tr> <tr> <td>Action 15</td><td>Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan</td></tr> </tbody> </table>	No	Action	Action 9	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To share the cost drivers of the HB's financial position with WG.	Action 10	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan The HB to give serious consideration to achieving traction in its planned Savings Plan.	Action 11	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To review the proposed management of risks and their impact upon the HB's financial position, as presented in the HB Plan.	Action 12	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To include ST and CJ in a detailed forensic discussion of the HB's Plan is required, given the close relationship between many planning aspects and issues relating to clinical quality.	Action 13	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To provide details of the workings underlying the HB Plan to WD Delivery Unit.	Action 14	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan To expedite solutions in terms of balancing financial aspects included in the HB's Plan, as we are already in Q2 and to assure WG that the organisation has made a reasonable assessment of all challenges involved.	Action 15	Section 2: Ministerial Priorities and National Programmes: Financial Year 2022/23 Outlook: HB Plan
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Appendix 1: Monitoring return tables

Table	Commentary				
		To work with WG (JG and SS-E) to re-review the financial aspects of the HB’s Plan and to work together to progress its development.			
Table B2: Pay and agency	See key subjective section above.				
	<u>Section A</u>				
	<u>Movement against in-month Pay forecast</u>				
	The Health Board’s in-month result was breakeven against the Month 3 forecast however there were changes between staff groups.				
	During Month 4, charges were processed by payroll in respect of Months 1 – 4 liability against the “Overtime during annual leave” ruling. The impact to the Health Board in-month was £0.6m and the breakdown by staff group is provided below:				

Appendix 1: Monitoring return tables

Table	Commentary																																												
	<p>The Pay Award for 2022/23 has now been confirmed, however we have not modelled the impact of this within the Month 4 submission as we await confirmation of the timing at which WG would require this – we understand that the YTD payments will be made in Month 6.</p> <p>Please note that the narrative relates to the Non-COVID movements only. Pay commentary is included within section B2 and COVID-19 commentary is included within the narrative for Section B3. The key drivers are summarised below:</p> <ul style="list-style-type: none">• Nursing and Midwifery £(0.2)m: The underspend against forecast is primarily driven by delays in the anticipated recruitment of International Nurses due to a combination of delays in them moving, examination failures and delays in Nurses receiving their PIN.• Allied Health Professionals £(0.1)m: Underspend primarily driven following the identification of an error in Month 3 where a number of agency shifts were charged twice with the correcting reversals impacting the in-month position. A task and finish group are assessing the process error and will introduce additional controls to prevent this re-occurring. <p><u>Movement against EoY Pay forecast</u></p> <p>The Health Board’s EoY forecast has decreased by £0.5m compared to the Month 3 forecast. Please note that the narrative relates to the Non-COVID movements only. Pay commentary is included within section B2 and COVID-19 commentary is included within the narrative for Section B3. The key drivers are summarised below:</p> <table><tr><th>Category</th><th>Movement to forecast</th><th>COVID-19</th><th>Non COVID</th></tr><tr><td>Administrative, Clerical & Board Members</td><td>(43)</td><td>(51)</td><td>8</td></tr><tr><td>Medical & Dental</td><td>85</td><td>(7)</td><td>92</td></tr><tr><td>Nursing & Midwifery Registered</td><td>(29)</td><td>(73)</td><td>44</td></tr><tr><td>Prof Scientific & Technical</td><td>117</td><td>(1)</td><td>118</td></tr><tr><td>Additional Clinical Services</td><td>205</td><td>(171)</td><td>376</td></tr><tr><td>Allied Health Professionals</td><td>(1,034)</td><td>18</td><td>(1,052)</td></tr><tr><td>Healthcare Scientists</td><td>1</td><td>15</td><td>(14)</td></tr><tr><td>Estates & Ancillary</td><td>211</td><td>(4)</td><td>215</td></tr><tr><td>Students</td><td>(2)</td><td>0</td><td>(2)</td></tr><tr><td>Total movement</td><td>(489)</td><td>(274)</td><td>(215)</td></tr></table>	Category	Movement to forecast	COVID-19	Non COVID	Administrative, Clerical & Board Members	(43)	(51)	8	Medical & Dental	85	(7)	92	Nursing & Midwifery Registered	(29)	(73)	44	Prof Scientific & Technical	117	(1)	118	Additional Clinical Services	205	(171)	376	Allied Health Professionals	(1,034)	18	(1,052)	Healthcare Scientists	1	15	(14)	Estates & Ancillary	211	(4)	215	Students	(2)	0	(2)	Total movement	(489)	(274)	(215)
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Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Additional Clinical Services £0.4m: Primarily driven by the re-classification of HCSWs from COVID-19 to Non COVID-19 in line with the Health Board de-escalation plans. • Allied Health Professionals £(1.1)m: Full year recognition of the Month 3 AHP accrual error correction (which had been incorrectly modelled into future months in the Month 3 forecast).
Table B3: COVID-19	<p><u>Section A</u></p> <p>The Reporting and Forecasting Principles Paper developed internally in 2020/21, 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. This Paper outlines the process henceforth in terms of the decision-making framework for Use of Resources Group and the flow of decisions/information from that forum to inform financial forecasting. Exit plans for all COVID-19 transitional schemes have been reviewed by the operational teams; £9.4m has been transferred to the Core position or decommissioned as part of the Plan resubmission either in Month 3 or from Month 4. An Action is now with the Board and Executive Team regarding scrutiny of all choices to move costs from COVID-19 to the Core baseline by professional leads on an on-going basis.</p> <p>The key operational drivers of the “Other” classification are as follows, categorised by treatment:</p> <p>Decommissioned by Quarter 1:</p> <ul style="list-style-type: none"> • Additional WAST vehicle to support discharge; <p>Decommissioned after Quarter 1:</p> <ul style="list-style-type: none"> • Community bed capacity for step down facilities (Tregaron); <p>Transferred to Core in full (YTD correction in Month 3):</p> <ul style="list-style-type: none"> • Primary Care Prescribing (significant price increase in April 2020, All-Wales approach deemed due to COVID-19); <p>Transferred to Core post Quarter 1:</p> <ul style="list-style-type: none"> • Drugs: acute changes to treatment regimes (Cancer patients switched from intravenous to sub cutaneous, PPH switched from hospital to home setting); • Housekeeping activities (in addition to Enhanced Cleaning Standards) for additional waste, laundry, front of house duties, cleaning and maintenance (Porters, Domestic staff, Maintenance staff); • Community bed capacity for step down facilities (Amman Valley); • Pathway duplication, leading to additional staffing requirements (variable pay and fixed term resource for Red pathways on Emergency and Women & Children streaming, General Surgery Medics supporting pathways in PPH);

Appendix 1: Monitoring return tables

Table	Commentary
	<ul style="list-style-type: none"> • Designated COVID-19 Acute bed capacity for Red pathways, increased acuity in Critical Care and ward remodels (BGH Y Banwy Annex 12 beds (3 RN, 6 HCSW), GGH Padarn ward 16 beds, PPH ward remodel); • Secondary Care drug regime changes (Homecare, Primary Care Prescribing in relation to Vitamin B tablets, DOACs etc, Oncology, Pathology haematology, specific and supportive COVID-19 drugs); • COVID-19 absence cover; <p>Continuing post Quarter 1:</p> <ul style="list-style-type: none"> • Long COVID-19 Service; • Enhanced Cleaning Standards; • Investigation and learning from Nosocomial Cases; • PPE (programme expenditure); • Loss of Dental (GDS) income; • Community bed capacity for step down facilities (Llys y Bryn); • Maintenance remediation. • Designated COVID-19 Acute bed capacity for Red pathways (Puffin ward WGH); • Enhanced PACU Service; • Equipment storage, including bariatric beds and Field Hospital equipment. <p>The actual Month 4 costs were £0.1m higher than forecast in Month 3, primarily due to the following reasons:</p> <ul style="list-style-type: none"> • Tracing £0.2m: Retrospective charges from Local Authorities relating to 2021/22 recognised. <p>The Health Board's EoY forecast has increased by £2.0m compared to the Month 3 forecast. The key drivers are summarised below:</p> <ul style="list-style-type: none"> • Mass Vaccinations £1.8m: Recognition of Primary Care support in respect of the COVID-19 booster campaign following the adoption of guidance from the of All-Wales JCVI. • Additional Clinical Services £(0.2)m: Primarily driven by the re-classification of HCSWs from COVID-19 to Non COVID-19 in line with the Health Board de-escalation plans. • Non Pay – PPE £0.3m: Extrapolation in forecast based on charges incurred in Month 4. <p><u>Section B</u></p>

Appendix 1: Monitoring return tables

Table	Commentary
	<p>The Planned funding on line is based on forecasts as at Month 3 following the Plan resubmission.</p> <p><u>Annual Leave Provision</u></p> <p>The b/f provision from 2021/22 was £12,781,765 and the 'sell back' payment processed in the June 2022 payroll run is £815,143, and in the July 2022 payroll a further £53,904 leaving a current provision of £11,912,718. We understand that payroll have received a number of amendments to applications to carry over or sell leave from the 2021/22 year despite being after the agreed deadline and errors have been identified in some submissions which has meant that not all submissions could be processed and have been returned to line managers for clarification. The majority of the errors have been resolved through July's payruns, however there is a risk that a small amount some may fall into the August payrun. Therefore, the above provision will be amended for the revised 'sell back' value with the latest information from payroll.</p> <p>Work is on-going to assess the applicable proportion of back fill costs that will be incurred when staff take additional leave during this financial year.</p>
Table C3: Savings Tracker	<p>The re-submitted MDS reflects the Green savings schemes identified (with £5.6m of Amber schemes being now assessed as Green), however this has largely been on a non-recurrent basis. It is the Board's aspiration to deliver a Target Operating Model to address the challenges which will allow us to get back on track with our financial roadmap and provide further assurance around the delivery of additional and alternative (recurrent) opportunities operationally.</p> <p>A key factor in worsening the current financial outturn projection is the risk surrounding delivery assurance over the opportunities that have been incorporated into the plan. Having the clarity of the opportunities has enabled the team to buy into the areas that need to be influenced and changed, but we are yet to agree and have sight of detailed plans that illustrate a clear route to delivery through our planning framework.</p>
Table D: Welsh NHS Assumptions	All LTA agreements are agreed and signed.
Table E: Resource limits	<p>The Health Board's planning assumptions are that it will receive resource allocation income of £1,021,913m from Welsh Government in the 2022/23 financial year. This comprises of notified allocation of £966.664m and allocations pending of £55.249m.</p> <p>Pending allocations in relation to specific programme COVID-19 costs (Testing, Tracing, COVID-19 mass vaccination programme, and PPE) are considered to be confirmed on a match-funded basis. It is currently assumed, following initial guidance from WG during the financial planning cycle, that match-funding will also be available for the transitional costs of COVID-19, which also includes Enhanced Cleaning Standards. Specific funding confirmation letters have been received for fixed sums in respect of the</p>

Appendix 1: Monitoring return tables

Table	Commentary
	<p>Long COVID-19 Service, Nosocomial COVID-19, Extended Flu vaccinations and Loss of Dental (GDS) Income, however we are only anticipating the amount of funding currently forecast to be needed to match costs. All COVID-19 funding values are based on the Month 4 Directorate forecasts.</p> <p>The assumed transitional funding has been classified by theme based on the additional 'Other COVID-19' template submitted as part of the supplementary MMR templates.</p> <p>IFRS 16 depreciation and revenue allocation adjustment figures represent only transitional leases as instructed, and excludes expected renewals and new leases in the year.</p> <p>The Ring fenced funding template has been completed. Please note that the Recovery profile will be reviewed and restated for the Month 5 submission; the expenditure plans span multiple Directorates which makes the collation of the Health Board position challenging in the timeframe in the requested level of detail. We will work to resolve this for the Month 5 submission to clarify both the YTD and EoY expenditure. Please also note that the MHL D SIF 'uncommitted' line is due to a combination of the 'slippage' schemes funding bids submitted to WG (where funding was issued w/c 8th August and time is needed to work with the service to understand the level of commitment against these schemes) and the Quarter 1 funding where recruitment plans have not yet come to fruition.</p>

Appendix 1: Monitoring return tables

Table	Commentary			
Table F: Statement of Financial Position		2022-23 Opening balance £m	30th July 2022 £'m	Movement £'m
	Non-Current assets			
	Fixed Assets	334	342	8
	Other non current assets	69	70	1
		403	412	9
	Current Assets			
	Inventories	10	10	0
	Trade and other Receivables	54	55	1
	Cash	2	3	1
	Total Assets	469	480	11
	Liabilities			
	Trade and other Payables	-176	-152	24
	Provisions	-92	-92	-0
	Total Liabilities	-268	-244	24
	Net Assets less Liabilities	201	236	35
	Financed by:			
	General Fund	169	204	35
	Revaluation Reserve	32	32	0
	Total Funding	201	236	35
	<p>There is an increase in the total for non-current assets of £9m since the end of 2021/22. This is due to a increase in fixed assets of £8m as a result of additional assets amounting to £15.6m which has been offset by a reduction in depreciation of £8.2m.</p> <p>There is an increase in the total for current assets of £2m since the end of 2021/22 (£1m trade and other receivables and £1m in cash).</p> <p>There is a decrease of £24m in the total for liabilities since the end of 2021/22. This is due to a decrease of £21m in trade payables (due to timing of year end reversals), a decrease of £13m in Non-NHS accruals (capital accruals £4.4m, CHC £5m, RTT £1.2m, Informatics £1.4m, ICF £1.1m, Public Health £3.2m, maintenance accruals £1.8m and nurse agency £1.1m, offset by an increase in prescribing accruals £6.3m), offset by an increase of £12.7m in capital payables.</p>			

Appendix 1: Monitoring return tables

Table	Commentary
Table G: Cashflow	<div><div><div>10,000</div><div>5,000</div><div>0</div><div>5,000</div><div>10,000</div><div>15,000</div><div>20,000</div><div>25,000</div><div>30,000</div></div><div>Receivables and Cash</div><div>Payables</div><div><div>Over 90 days</div><div>60-90 days</div><div>30-60 days</div><div>Under 30 days</div><div>Cash</div></div><div><div>Jul-21</div><div>Aug-21</div><div>Sep-21</div><div>Oct-21</div><div>Nov-21</div><div>Dec-21</div><div>Jan-22</div><div>Feb-22</div><div>Mar-22</div><div>Apr-22</div><div>May-22</div><div>Jun-22</div><div>Jul-22</div></div></div> <div><ul style="list-style-type: none">Balances owed to the Health Board from income collected from sources other than Welsh Government are £2.9m.With regards to the Health Board's Aged Payables position, at the end of July 2022 £14m was owed to suppliers, of which £9.1m are less than 30 days old.</div>

Appendix 1: Monitoring return tables

Table	Commentary																																																								
	<div><table><tr><th>Month</th><th>Draw down (£m)</th><th>WG maximum cash balance (£m)</th><th>Cash balance (£m)</th></tr><tr><td>Jul-21</td><td>92</td><td>4.6</td><td>2.5</td></tr><tr><td>Aug-21</td><td>86</td><td>4.3</td><td>3.5</td></tr><tr><td>Sep-21</td><td>79</td><td>4.0</td><td>3.3</td></tr><tr><td>Oct-21</td><td>85</td><td>4.3</td><td>2.8</td></tr><tr><td>Nov-21</td><td>91</td><td>4.5</td><td>2.2</td></tr><tr><td>Dec-21</td><td>94</td><td>4.7</td><td>1.8</td></tr><tr><td>Jan-22</td><td>82</td><td>4.1</td><td>2.5</td></tr><tr><td>Feb-22</td><td>102</td><td>4.6</td><td>7.0</td></tr><tr><td>Mar-22</td><td>112</td><td>5.1</td><td>2.0</td></tr><tr><td>Apr-22</td><td>108</td><td>4.9</td><td>-1.8</td></tr><tr><td>May-22</td><td>93</td><td>4.5</td><td>1.5</td></tr><tr><td>Jun-22</td><td>94</td><td>4.7</td><td>2.0</td></tr><tr><td>Jul-22</td><td>97</td><td>4.8</td><td>2.8</td></tr></table></div> <ul style="list-style-type: none">• The closing balance is £2.8m.• The Health Board has an approved cash limit of £981.9m split between revenue £951.3m and capital £30.6m.• Cumulative cash drawn down to Month 4 is £389.8m.• The full year deficit reflects the forecast outturn of the financial position.• The cumulative position highlights that capital cash has been used for revenue payments. This position will be rectified in the next couple of months.	Month	Draw down (£m)	WG maximum cash balance (£m)	Cash balance (£m)	Jul-21	92	4.6	2.5	Aug-21	86	4.3	3.5	Sep-21	79	4.0	3.3	Oct-21	85	4.3	2.8	Nov-21	91	4.5	2.2	Dec-21	94	4.7	1.8	Jan-22	82	4.1	2.5	Feb-22	102	4.6	7.0	Mar-22	112	5.1	2.0	Apr-22	108	4.9	-1.8	May-22	93	4.5	1.5	Jun-22	94	4.7	2.0	Jul-22	97	4.8	2.8
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Appendix 1: Monitoring return tables

Table	Commentary
Table H: PSPP	No update required for Month 4.
Table I: Capital RLM	As identified in WG dashboard additional discretionary capital contribution is required for the Womens & Childrens scheme. Provision has been made for the deposit on purchase of land for the Cross Hands Primary Care Scheme.
Table J: Capital In Year Schemes	It is not anticipated at this stage that there will be any slippages in 2022/23 capital allocations, therefore all schemes have been assigned a low risk rating.
Table K: Capital disposals	No disposals are currently expected other than equipment disposals which will be reported when they occur.
Table M: Aged debtors	As of the 31 st July there are no invoices outstanding over 11 weeks
Table N: GMS	This table is not required in Month 4.
Table O: Dental	This table is not required in Month 4.

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 3 2022/23	Health Board Response
<p>The £20.000m deterioration from the Month 2 deficit position of £42.000m has been explained in the MMR and AO Letter in two different ways:</p> <p>1) Movement from Month 2 MMR position – c.£9.000m of costs being reclassified from Covid-19 to Operational and the full year impact of in-year pressures (mainly within unscheduled care teams) experienced in Months 1 and 2 of c.£11.000m.</p> <p>2) Movement since Draft Opening Plan – c. £20.000m reflects reclassification of Covid-19 costs to Operational since the Draft Opening Plan and the Month 3 MMR submission. This explanation indicates that the c£11m in-year Operational pressures were in the Original Plan as Covid-19 costs and had been removed by the time the Monitoring commenced; however, these costs were still coming through the position at Months 1 & 2 as the additional Operational YTD run rate.</p> <p>Please confirm the above understanding is an accurate reflection of the £20.000m movement. (Action Point 3.1)</p>	<p>Further work has been undertaken to fully reconcile the movements between the original Plan submitted in March, the Month 1 MMR submission and the re-submitted Plan and MMR submission for Month 3.</p> <p>Please refer to Appendix 1, section Table A above.</p>
<p>I note that the forecast is based on the anticipated receipt of Welsh Government funding of £20.672m for Covid-19 Expenditure and £13.888m for Operational Exceptional costs (Energy, NIC & RLW-Social Care). The funding for Covid non-programme areas and Operational Exceptional costs, has been anticipated at risk (Table A2).</p> <p>Whilst I acknowledge the movements to date, all organisations are again requested to fully review the forecast Covid expenditure (Table B3) for Month 4. (Action Point 3.2)</p>	<p>Our COVID-19 expenditure continues to be scrutinised and is a key focus area for Executive-led Use of Resources meetings with Directorates. There has been a reduction of £0.3m in respect of Transitional responses.</p>
<p>Movement of Opening Financial Plan to Forecast Outturn (Table A)</p> <p>Please reflect the impact of the movement to the latest WRP risk sharing position in your Table A at Month 4. (Action Point 3.3)</p>	<p>This has been included in Table A for Month 4.</p>
<p>Overview and Key Risks and Opportunities (Table A2)</p> <p>Your narrative indicates there could be a potential Accountancy Gain linked to the Annual Leave Accrual, of c£8.000m to £10.000m, if requirements return to previous standards. It is not clear if this estimate considers the applicable proportion of back fill costs that will be incurred when the staff take back their additional leave during this year. (Action Point 3.4)</p>	<p>Work is on-going to assess the applicable proportion of back fill costs that will be incurred when staff take additional leave during this financial year.</p>

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 3 2022/23	Health Board Response
<p>Monthly Positions (Table B) Following WHSSC increasing the risk sharing surplus from c. £0.500m to c.£8.400m at Month 3; please confirm how your share of this surplus has been reflected within your forecast outturn at Month 3. (Action Point 3.5)</p>	<p>The Month 3 share of the surplus was £0.6m which was assumed to be required to partly offset the Pay Award income expectation for WHSSC and EASC. The increased Month 4 share of the revised surplus of £1.1m should now fully offset the Pay Award income expectation for WHSSC and EASC, however as discussed with WG colleagues we remain unclear as to whether this should have been included within our Financial Plan and the mechanisms for a Pay Award recharge with WHSSC and EASC.</p>
<p>I note that the July CHC spend is forecast to increase by c. £2.000m when compared to June, with c.£0.500m appearing to reflect an expenditure deferral from Month 3. Please provide further details to support this projected increase in July CHC expenditure. (Action Point 3.6)</p>	<p>The increase is due to the backdated element of the CHC inflationary increase for 2022/23 being anticipated in Month 4 in the Month 3 submission (£5.1m full year total inflationary uplift anticipated in the Financial Plan). The uplift has been agreed but not yet transacted in the database and therefore not yet enacted. It is now anticipated that the YTD correction will be paid in Month 5.</p>
<p>The narrative confirms that the annual non pay expenditure forecast has partly increased due to costs associated with the Programme Business Case for the planned new Hospital. Please provide further details on these costs and confirm that they are correctly assessed as Revenue, and not Capital. (Action Point 3.7)</p>	<p>The P03-23 Non pay forecast for PBC increased by £800k due to the recognition of expenditure in relation to land appraisal for site selection carried out by MACE and BDP.</p> <p>The Programme Business Case is currently at a very early stage of planning with a range of options being considered, therefore there is insufficient certainty that expenditure currently being incurred will result in an asset for use by the Health Board. Therefore we have concluded the most appropriate accounting treatment is to expense these costs through revenue currently.</p>
<p>There are several categories within the SoCNE where future month spend is relatively straight-lined, I trust that these expenditure profiles will be refined for Month 4. (Action Point 3.8)</p>	<p>Some smaller categories are modelled based on an average run rate as this is considered to be the most accurate representation (WHSSC and WG income). Losses is based on our profiles budget due to the volatility of charges.</p>

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 3 2022/23	Health Board Response
<p>Cash Flow (Table M) You will be aware that only the original c£25m outturn deficit for 22/23 (which was no worse than the 21/22 position), would have been considered for Strategic Cash Assistance. The deterioration above this deficit has been assessed as not financially supportable which refers to Resource and Cash cover. I also note that you needed to request substantial additional cash above your original monthly requirement, which led to the WG HSS Department needing to seek additional coverage from Central Finance to meet your requirements. Please ensure that your initial monthly cash requirement requests are robust. (Action Point 3.9)</p>	<p>Noted.</p>
<p>Movement of Opening Financial Plan to Forecast Outturn (Table A) The narrative states that the revised plan (Line 14) has not been phased using a straight-line method to prevent the reporting of misleading movements. To eliminate these movements however, the spend should be correctly phased on line 2 and the RRL (Line 7 of Table A) phasing should be used to smooth the profile, so that the deficit is phased on a straight-lined basis in Table A. (Action Point 3.10)</p>	<p>The Health Board's resubmitted Plan reflected the aggregated forecasted run rate income and expenditure, which Directorates are held to account against each month and are required to provide explanations for any deviations to both the in-month and end of year forecast. Due to the resubmitted plan currently not being acceptable, the normal process to allocate out a phased budget and manage a straight line deficit has not been undertaken, other than the historically accepted £25.0m deficit. The forecasting cycle is iterative (i.e. Directorates are asked each month for the explanation compared to the previous month on a rolling basis), each month's deviations will provide a cumulative narrative versus the resubmitted plan position. We therefore consider the current profile to reflect the best mechanism against which to hold Directorates to account, and also to ensure the messaging to the organisation is one supporting the need for urgent management action to reduce expenditure trajectories.</p> <p>Months 1-4 YTD represents less of a variance to a straight-line profile of the £62.0m forecast deficit, which is largely due to the higher COVID-19 transitional expenditure in Quarter 1 (which was assumed to be funded, versus any transfers from COVID-19 to Core post Quarter 1 being</p>

Appendix 2: Monitoring return reply letter

Reply Letter Action – Month 3 2022/23	Health Board Response
	unfunded) and step up in Recovery Plans later in the year linked to the new day surgery units.
<p>Monthly Position (Table B) Please ensure that Section D is updated for the latest DEL depreciation forecast. Any movements from the latest non cash submission should be explained in the narrative. (Action Point 3.11)</p>	This submission reflects the latest forecast.
<p>Resource Limits (Table E) Your response to Action Point 2.5 confirms that the Health Board is anticipating funding for the interim (RLW) increase in payments to Bands 1 & 2 which was implemented in April, pending the final agreement being made via the pay negotiations process later this year. I note that the 21/22 RLW band 1 & 2 is being included (£0.199m) in Table E; however, please clarify on which free text line the interim 22/23 funding is being anticipated. (Action Point 2.5)</p>	We will confirm following our Day 9 submission as to the assessment for 2021/22 as the £0.199m was modelled in response to Helen Arthur's letter in respect of costs from 1 April 2022.
<p>Statement of Financial Position (Table F) I note that the opening cash balance reported in Table F of £1.901m is £0.336m higher than the closing balance within the 21/22 Final Accounts submission, with a corresponding difference also reported in the Trade and Other Payables line. Please review and ensure the Table F opening SoFP is consistent with the Final Accounts. (Action Point 3.12)</p>	We have adjusted the opening balance on the SoFP so that the cash balance in the cashflow tab equates back to the cash figure in the SoFP (avoiding a validation error). The figure in the accounts includes cash and cash equivalents whereas the cashflow is just cash.

Hywel Dda ULHB				Period : Jul-22	
Table A - Movement of Operating Financial Plan to Forecast Outturn					
This Table is currently showing 0 errors					
Line 14 should reflect the corresponding amounts included within the latest MTP/AOP submission to WG					
Lines 1 - 14 should not be adjusted after Month 1					
	In Year Effect	Non Recurring	Recurring	FYE of Recurring	
	£'000	£'000	£'000	£'000	
1	Underlying Position bnfed from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-68,888	0	-68,888	-68,888
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-67,224	-3,762	-59,462	-62,008
3	Planned Expenditure For Covid-19 (Negative Value)	-23,196	-23,196	0	0
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	61,746	7,792	53,954	53,954
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	23,196	23,196	0	0
6	Planned Capital Income (Positive Value)	0	0	0	0
7	RRL Profile - planning only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	12,366	12,061	305	487
9	Planned (Finalised) Net Income Generation	0	0	0	0
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0	0	0
12		0	0	0	0
13	Planning Assumptions still to be finalised at Month 1	0	0	0	0
14	Opening MTP - Annual Operating Plan	-62,000	12,061	-74,061	-76,595
15	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0	0	0
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
18	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
19	Additional in Year Identified Savings - Forecast	0	0	0	0
20	Variance to Planned RRL & Other Income	0	0	0	0
21	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	1,950	1,950	0	0
22	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0	0	0
23	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction)	-1,950	-1,950	0	0
24	In Year Accounting Gains (Positive Value)	0	0	0	0
25	Net In Year Operational Variance to MTP/AOP (material gross amounts to be listed separately)	0	0	0	0
26	Unscheduled Care and Facilities and Radiology operational pressures	30	30		
27	Unscheduled savings to mitigate operational pressures	-30	-30		
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		-62,000	12,061	-74,061	-76,595
37					
38					
39					
40	Forecast Outturn (- Deficit / + Surplus)	-62,000			
41	Covid-19 - Forecast Outturn (- Deficit / + Surplus)	0			
42	Operational - Forecast Outturn (- Deficit / + Surplus)	-62,000			

	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	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-5,741	-22,963	-68,888
2	-4,884	-4,541	-4,260	-5,230	-5,701	-6,038	-6,129	-6,140	-6,123	-6,141	-6,623	-6,233	-18,895	-67,224
3	-2,906	-3,312	-2,239	-1,815	-1,496	-1,853	-1,702	-1,862	-1,896	-1,894	-1,823	-1,638	-9,972	-23,196
4	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146	5,146	20,552	61,746
5	2,806	3,312	2,239	1,815	1,496	1,853	1,702	1,862	1,896	1,894	1,823	1,638	9,972	23,196
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	1,013	869	1,652	1,075	743	748	1,319	1,004	789	1,229	803	1,022	4,608	12,366
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	-4,446	-4,268	-3,204	-4,690	-5,680	-5,893	-5,413	-5,739	-5,936	-5,814	-5,623	-5,816	-16,608	-76,595
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	-119	30	-212	855	-645	-109	-12	-16	-12	-119	-1,950
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	59	-7	-7	-7	-7	-7	-7	-7	-9	59	0
26												30	0	30
27												-30	0	-30
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	-4,446	-4,268	-3,204	-4,690	-5,680	-5,893	-5,413	-5,739	-5,936	-5,814	-5,623	-5,816	-16,608	-76,595
37	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39														
40	-4,446	-4,268	-3,204	-4,690	-5,680	-5,893	-5,413	-5,739	-5,936	-5,814	-5,623	-5,816	-16,608	-76,595
41	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	-4,446	-4,268	-3,204	-4,690	-5,680	-5,893	-5,413	-5,739	-5,936	-5,814	-5,623	-5,816	-16,608	-76,595

Table A1 - Underlying Position

Section A - By Spend Area	MTP	Full Year Effect of Actions		Subtotal	New Savings / Year Effect of Undigested Deregulation £'000	MTP
	Underlying Position at £'000	Recurring Savings (Pw) £'000	Recurring Allocations (Income Pw) £'000			Underlying Position at £'000
1 Pay - Administration, Clinical & Board Members	(264)			(264)	(200)	(1,184)
2 Pay - Medical & Dental	(10,496)			(10,496)	4,330	(8,166)
3 Pay - Nursing & Midwifery Registered	(6,267)			(6,267)	(1,103)	(8,467)
4 Pay - Prof Scientific & Technical	(1,814)			(1,814)	500	(814)
5 Pay - Additional Clinical Services	(1,110)			(1,110)	3,605	(1,110)
6 Pay - Allied Health Professionals	1,874			1,874	0	1,874
7 Pay - Healthcare Support Staff	99			99	0	99
8 Pay - Estates & Facilities	25			25	(207)	(207)
9 Pay - Students	0			0	0	0
10 Non Pay - Supplies and services - clinical	(12,140)			(12,140)	(8,707)	(20,700)
11 Non Pay - Supplies and services - general	(1,419)			(1,419)	(1,000)	(6,419)
12 Non Pay - Catering Services	(812)			(812)	0	(812)
13 Non Pay - Entertainment	(985)			(985)	(100)	(1,485)
14 Non Pay - Transport	(419)			(419)	0	(1,219)
15 Non Pay - Premises	(4,139)			(4,139)	0	(6,039)
16 Non Pay - External Contractors	(1,889)			(1,889)	0	(2,889)
17 Health Care Provided by other Orgs - Welsh LHBs	(5,197)			(5,197)	0	(9,197)
18 Health Care Provided by other Orgs - Welsh Trusts	(1,738)			(1,738)	0	(2,738)
19 Health Care Provided by other Orgs - NHS/SC	(12,258)			(12,258)	0	(19,258)
20 Health Care Provided by other Orgs - English	0			0	0	0
21 Health Care Provided by other Orgs - Private / Other	(8,607)			(8,607)	0	(8,607)
22 Total	(88,888)	0	0	(88,888)	(7,817)	(76,585)

Section B - By Directorate	MTP	Full Year Effect of Actions		Subtotal	New Savings / Year Effect of Undigested Deregulation £'000	MTP
	Underlying Position at £'000	Recurring Savings (Pw) £'000	Recurring Allocations (Income Pw) £'000			Underlying Position at £'000
1 Primary Care	(1,165)			(1,165)	0	(1,165)
2 Mental Health	1,810			1,810	0	1,810
3 Community Health Care	(1,264)			(1,264)	0	(1,264)
4 Commissioned Services	(11,817)			(11,817)	0	(11,817)
5 Uncontracted Care	(11,869)			(11,869)	7,055	(6,514)
6 Uncontracted Care	(46,000)			(46,000)	(5,120)	(50,000)
7 Children & Young People	(5,365)			(5,365)	0	(5,365)
8 Community Services	77			77	0	77
9 Specialist Services	(8,187)			(8,187)	(6,212)	(10,399)
10 Executive & Corporate Areas	(3,176)			(3,176)	0	(3,176)
11 Support Services (inc. Estates & Facilities)	(1,223)			(1,223)	(252)	(1,450)
12 Total	(88,888)	0	0	(88,888)	(7,817)	(76,585)

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£ '000	Likelihood
Opportunities to achieve IMTP/AOP (positive values)			
1	Rad 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	(1,120)	Medium
5	Continuing Healthcare		
6	Prescribing	(2,434)	High
7	Pharmacy Contract		
8	WHSIC 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	COVID-19 transitional funding not yet confirmed	(6,833)	Low
14	Extrabudgetary items funding not yet confirmed	(21,000)	Low
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(28,873)	
Further Opportunities (positive values)			
27	Target Operating Model		
28	Annual Leave Carryover provision		
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	(62,000)	
36	IMTP / AOP Outturn Scenario	(62,000)	
37	Worst Case Outturn Scenario	(91,873)	
38	Best Case Outturn Scenario	(62,000)	

Table B - Monthly Positions

[illegible]

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure													
REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	Administrative, Clerical & Board Members	6,415	6,432	6,444	6,384	6,461	6,471	6,490	6,485	6,485	6,485	6,485	6,484
2	Medical & Dental	9,365	9,369	9,367	9,364	9,399	9,425	9,425	9,427	9,427	9,451	9,444	9,444
3	Nursing & Midwifery Registered	13,881	13,881	14,135	14,134	14,171	14,260	14,300	14,312	14,347	14,327	14,299	14,299
4	Prof Scientific & Technical	1,306	1,375	1,359	1,310	1,404	1,466	1,488	1,488	1,495	1,479	1,479	1,755
5	Additional Clinical Services	6,122	6,025	6,068	6,153	6,109	6,109	6,126	6,109	6,092	6,092	6,092	6,092
6	Allied Health Professionals	3,043	3,041	3,124	3,091	2,922	2,925	2,936	2,936	2,936	2,936	2,936	2,936
7	Healthcare Scientists	879	863	867	862	868	868	868	868	868	868	868	868
8	Estates & Ancillary	2,509	2,432	2,359	2,475	2,488	2,442	2,432	2,434	2,433	2,432	2,432	2,433
9	Students	3	3	3	3	3	3	3	3	3	3	3	3
10	TOTAL PAY EXPENDITURE	43,822	43,223	43,884	43,997	43,913	44,094	44,278	44,222	44,229	44,177	44,133	44,378
Analysis of Pay Expenditure													
11	LARS Provided Services - Pay	42,671	42,155	42,637	42,661	42,610	42,698	43,165	43,110	43,108	43,067	43,034	43,383
12	Other Services (incl. Primary Care) - Pay	952	1,068	1,037	1,346	1,104	1,108	1,113	1,111	1,111	1,110	1,109	1,115
13	Total - Pay	43,623	43,223	43,674	44,007	43,913	44,094	44,278	44,222	44,229	44,177	44,133	44,378
B - Agency / Locum (premium) Expenditure													
Analysed by Type of Staff													
REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	Administrative, Clerical & Board Members	27	28	30	9	1		1	1	1		1	1
2	Medical & Dental	409	646	627	459	551	451	551	551	551	551	551	551
3	Nursing & Midwifery Registered	1,871	2,109	2,258	2,284	2,110	2,110	2,210	2,210	2,210	2,280	2,160	2,210
4	Prof Scientific & Technical	2	2	2	2	12	12	12	12	12	12	12	12
5	Additional Clinical Services	2	2	1	18	4	4	4	4	4	4	4	4
6	Allied Health Professionals	125	131	118	47	55	55	55	55	55	55	55	55
7	Healthcare Scientists	48	35	55	55	23	23	18	18	18	18	18	18
8	Estates & Ancillary	16	6	21	16	12	12	12	12	12	12	12	99
9	Students	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,372	2,863	2,989	2,792	2,782	2,712	2,867	2,867	2,867	2,867	2,787	2,867
11	Agency/Locum (premium) % of pay	5.4%	6.6%	6.8%	6.2%	6.2%	6.2%	6.5%	6.5%	6.5%	6.5%	6.2%	6.5%
C - Agency / Locum (premium) Expenditure													
Analysed by Reason for Using Agency/Locum (premium)													
REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	Vacancy	1,858	2,357	2,338	2,429	2,397	2,362	2,504	2,438	2,420	2,481	2,418	2,405
2	Maternity/Paternity/Adoption Leave	0	0	0	0	0	0	0	0	0	0	0	0
3	Special Leave (Paid) - inc. compassionate leave, interview	2	2	3	3	3	3	3	3	3	3	3	3
4	Special Leave (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Other Pressures/Site Pressures)	180	238	239	222	220	217	229	241	240	240	221	222
7	Annual Leave	0	0	0	0	0	0	0	0	0	0	0	0
8	Sickness	56	72	72	75	74	75	78	82	81	84	75	76
9	Reinstatement Duties	0	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	0
11	WOL	0	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	0
13	COVID-19	298	327	342	33	49	49	44	44	44	44	44	44
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,372	2,863	2,989	2,792	2,782	2,712	2,867	2,867	2,867	2,867	2,787	2,867

A - Additional Expenditure

[illegible]

A5	Field Hospital / Surge (Additional costs due to C19 enter as positive value - actual/forecast)														
114	Provider Pay (Establishment, Temp & Agency)													0	0
115	Administrative - Clinical & Board Members													0	0
116	Medical & Dental													0	0
117	Nursing & Midwifery Registered													0	0
118	Prof Scientific & Technical													0	0
119	Additional Clinical Services													0	0
120	Allied Health Professionals													0	0
121	Healthcare Scientists													0	0
122	Estates & Ancillary													0	0
123	Students													0	0
124	Sub total Field Hospital / Surge Provider Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125	Primary Care Contractor (including drugs)													0	0
126	Primary Care - Drugs													0	0
127	Secondary Care - Drugs													0	0
128	Provider - Non Pay Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7													0	0
129	Provider - Non Pay (Accommodating Costs)													0	0
130	Healthcare Services Provided by Other NHS Bodies													0	0
131	Non Healthcare Services Provided by Other NHS Bodies													0	0
132	Continuing Care and Funded Nursing Care													0	0
133	Other Private & Voluntary Sector													0	0
134	Joint Financing and Other (includes Local Authority)													0	0
135	Joint Financing and Other - (Compensation for Consequential Losses)													0	0
136	Other (only use with WS agreement & state SCNEI line ref)													0	0
137														0	0
138														0	0
139														0	0
140	Sub total Field Hospital / Surge Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
141	TOTAL FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
142	PLANNED FIELD HOSPITAL / SURGE EXPENDITURE (in Opening Plan)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
143	MOVEMENT FROM OPENING PLANNED FIELD HOSPITAL / SURGE EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A6	Cleaning Standards (Additional costs due to C19 enter as positive value - actual/forecast)														
144	Provider Pay (Establishment, Temp & Agency)													0	0
145	Administrative - Clinical & Board Members													0	0
146	Medical & Dental													0	0
147	Nursing & Midwifery Registered													0	0
148	Prof Scientific & Technical													0	0
149	Additional Clinical Services													0	0
150	Allied Health Professionals													0	0
151	Healthcare Scientists													0	0
152	Estates & Ancillary	85	90	117	91	112	112	112	112	112	112	111	111	383	1,276
153	Students													0	0
154	Sub total Cleaning Standards Provider Pay	85	90	117	91	112	112	112	112	112	112	111	111	383	1,276
155	Primary Care Contractor (including drugs)													0	0
156	Primary Care - Drugs													0	0
157	Secondary Care - Drugs													0	0
158	Provider - Non Pay Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7													0	0
159	Provider - Non Pay (Accommodating Costs)													0	0
160	Healthcare Services Provided by Other NHS Bodies													0	0
161	Non Healthcare Services Provided by Other NHS Bodies													0	0
162	Continuing Care and Funded Nursing Care													0	0
163	Other Private & Voluntary Sector													0	0
164	Joint Financing and Other (includes Local Authority)													0	0
165	Other (only use with WS agreement & state SCNEI line ref)													0	0
166														0	0
167														0	0
168	Sub total Cleaning Standards Non Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
169	TOTAL CLEANING STANDARDS EXPENDITURE	85	90	117	91	112	112	112	112	112	112	111	111	383	1,276
170	PLANNED CLEANING STANDARDS EXPENDITURE (in Opening Plan)	85	90	117	91	112	112	112	112	112	112	111	111	383	1,276
171	MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A7	Other Additional costs due to C19 enter as positive value - actual/forecast														
172	Provider Pay (Establishment, Temp & Agency)													0	0
173	Administrative - Clinical & Board Members	7	10	8	5	42	42	42	42	42	42	42	42	39	985
174	Medical & Dental	20	118	88	31	35	35	35	35	35	35	35	35	284	844
175	Nursing & Midwifery Registered	472	382	353	53	58	58	58	58	58	58	58	58	1,889	1,724
176	Prof Scientific & Technical				2	5	5	5	5	5	5	5	5	7	47
177	Additional Clinical Services	179	162	89	31	45	45	45	45	45	45	45	45	471	831
178	Allied Health Professionals	12	20	14	14	34	34	34	34	34	34	34	34	68	332
179	Healthcare Scientists	27	10	24	19	5	5	5	5	5	5	5	5	89	99
180	Estates & Ancillary	165	48	24	25	2	3	3	3	3	3	3	3	267	295
181	Students													0	0
182	Other (only use with WS Agreement & state SCNEI line ref)													0	0
183														0	0
184														0	0
185														0	0
186	Sub total Other C-19 Provider Pay	891	751	628	197	228	227	222	222	222	222	222	222	2,439	4,254
187	Primary Care Contractor (including drugs)													0	0
188	Primary Care - Drugs													0	0
189	Secondary Care - Drugs	540	355	304	87	87	87	87	87	87	87	87	87	391	1,088
190	Provider - Non Pay Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A7	187	240	189	5	23	23	23	23	23	23	23	23	831	815
191	Provider - Non Pay (Accommodating Costs)	79	32	88	86	78	78	78	78	78	78	78	78	325	847
192	Healthcare Services Provided by Other NHS Bodies	119	253	177	222	185	185	185	185	185	185	185	185	771	2,291
193	Non Healthcare Services Provided by Other NHS Bodies													288	295
194	Continuing Care and Funded Nursing Care													0	0
195	Other Private & Voluntary Sector - (Private Healthcare Providers)	50	0	17	19	17	17	17	17	17	18	18	18	0	0
196	Joint Financing and Other (includes Local Authority)													0	0
197	Other (only use with WS agreement & state SCNEI line ref)													0	0
198														0	0
199														0	0
200														0	0
201														0	0
202														0	0
203														0	0
204														0	0
205														0	0
206	Sub total Other C-19 Non Pay	778	1,144	334	299	390	390	390	390	391	391	391	398	2,822	5,743
207	TOTAL OTHER C-19 EXPENDITURE	1,669	1,895	962	496	618	617	612	612	613	613	613	620	5,061	10,072
208	PLANNED OTHER C-19 EXPENDITURE (in Opening Plan)	1,669	1,895	962	496	618	617	612	612	613	613	613	620	5,061	10,072
209	MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
210	TOTAL ADDITIONAL EXPENDITURE DUE TO COVID	2,868	3,812	2,239	1,814	1,468	1,467	1,464	1,464	1,465	1,466	1,466	1,491	10,991	23,198
211	PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (in Opening Plan)	2,868	3,812	2,239	1,814	1,468	1,467	1,464	1,464	1,465	1,466	1,466	1,491	10,991	23,198
212	MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E	Additional Welsh Government Funding for C19														
	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000	
Enter as Positive values															
241	PLANNED WS FUNDING FOR COVID-19	2,009	3,812	2,239	1,815	1,499	1,553	1,702	1,895	1,858	1,884	1,523	1,838	9,972	23,198
242	MOVEMENTS FROM OPENING PLANNED WS FUNDING FOR COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
243	TOTAL ACTUAL / FORECAST WS FUNDING FOR COVID-19	2,009	3,812	2,239	1,814	1,499	1,553	1,702	1,895	1,858	1,708	1,523	1,838	10,991	23,198
244	ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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	FTD as %age of FY FTD variance as %age of FTD Budget/Past	Assessment		Full In-Year forecast		Full-Year Effect of Resource Savings £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000				Green £'000	Amber £'000	non recording £'000	recording £'000	
1	Budget/Past	0	0	0	0	0	0	0	200	0	0	0	0	0	200	200	200	0	200	0	
2	CHC and Funded Nursing Care	0	0	0	0	0	0	0	200	0	0	0	0	0	200	0.00%	200	0	200	0	0
3	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Budget/Past	100	100	100	100	100	100	100	100	100	100	100	100	400	1,200	1,200	1,200	0	1,200	0	0
5	Commissioned Services	100	100	100	100	100	100	100	100	100	100	100	100	400	1,200	33.33%	1,200	0	1,200	0	0
6	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0
7	Budget/Past	49	48	53	51	49	53	48	51	53	148	148	153	198	900	22.08%	900	0	900	0	0
8	Medicines Management (Primary & Secondary Care)	49	48	53	51	49	53	48	51	53	148	148	153	198	900	22.08%	900	0	900	0	0
9	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0
10	Budget/Past	43	43	50	46	40	67	67	64	86	78	423	100	211	1,365	3.07%	3,070	0	3,070	0	365
11	Non Pay	43	43	50	46	40	67	67	64	86	78	423	100	211	1,365	45.02%	3,070	0	2,758	254	0
12	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0
13	Budget/Past	821	879	589	598	528	528	528	557	557	558	558	557	558	2,655	7.05%	7,050	0	7,050	0	102
14	Pay	821	879	589	598	528	528	528	557	557	558	558	557	558	2,655	37.68%	7,050	0	7,050	51	0
15	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0
16	Budget/Past	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	Primary Care	0	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	0	0	0	0
19	Budget/Past	1,013	889	1,052	1,075	743	748	748	1,319	1,004	789	1,229	993	1,022	4,600	12.36%	12,368	0	12,368	325	467
20	Total	1,013	889	1,052	1,075	743	748	748	1,319	1,004	789	1,229	993	1,022	4,600	37.27%	12,368	0	12,368	325	0
21	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0
22	Variance in month	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
23	In month achievement against	8.19%	7.02%	13.38%	8.70%	0.01%	6.05%	10.67%	8.12%	0.38%	0.94%	7.30%	8.27%								

Table D - Income/Expenditure Assumptions						
Annual Forecast						
LHB/Trust		Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure
		£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	3,869	529	4,398	36,272	3,295
2	Aneurin Bevan University	368	627	995	300	16
3	Betsi Cadwaladr University	4,991	179	5,170	238	4
4	Cardiff & Vale University	345	279	624	5,740	834
5	Coventry & Warwickshire University	493	72	565	483	297
6	Hywel Dda University			0		
7	Phryni	7,810	1,047	8,857	198	70
8	Public Health Wales	2,738	442	3,180	1,788	563
9	Valindia		5,136	5,136	15,205	7,431
10	NHSUW			0		
11	DHCUW	453		453	3,761	
12	Wales Ambulance Services		417	417	2,334	3,008
13	WHSIC	1,735		1,735	85,380	(1,879)
14	EASIC			0	31,619	
15	HEW		8,564	8,564		3,043
16	NHS Wales Executive			0		
17	Total	22,900	17,292	40,192	183,206	16,673

Table E - Resource Limits		STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue or Resource Limit	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit	Total Capital Resource Limit	Total Capital Drawing Limit
1. BASE ALLOCATION		HCHS	Pharmacy	Dental	GMS	Resource Limit				
1. LATEST ALLOCATION LETTER/SCHEDULE REF:		23	1	2	4	2	1	2	4	
2. Total Confirmed Funding		800,041	21,889	19,824	74,930	966,664		951,345	30,649	30,649
2. ANTICIPATED ALLOCATIONS										
3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall	1,269				1,269	NR			
4	DEL Non Cash Depreciation - Buildings	5,970				5,970	NR			
5	DEL Non Cash Depreciation - Accelerated	0				0				
6	DEL Non Cash Depreciation - Impairment	0				0				
7	DEL Non Cash Depreciation - IFRS 16 Leases	1,987				1,987	NR			
8	AMR Non Cash Depreciation - IFRS 16 Leases (Peppercom)	0				0				
9	AMR Non Cash Depreciation - Donated Assets	735				735	NR			
10	AMR Non Cash Depreciation - Impairment	0				0				
11	AMR Non Cash Depreciation - Impairment Reversals	0				0				
12	Removal of Donated Assets / Government Grant Receipts	(100)				(100)				
13	Total COVID-19 (see below analysis)	21,294	0	0	0	21,294		21,294		
14	Removal of IFRS 16 Leases (Reversal)	(1,911)				(1,911)	NR			
15	Energy (Price Increases)	14,480				14,480	NR	14,480		
16	Employers NI Increases (1.25%)	3,085				3,085	R	3,085		
17	Road User Charge	3,040				3,040	R	3,040		
18	Children & Young Peoples Mental Health & Emotional Wellbeing	200				200	R	200		
19		0				0		0		
20	Memory Assessment Services West Wales RRB	384				384	R	384		
21	EASC/WASST Improvements in MH emergency calls	42				42	R	42		
22	Pharmacy, Delivering a healthier Wales - Digital Supporting Tool	20				20	R	20		
23	ICF Diabetes	1,249				1,249	R	1,249		
24	WASSIC Cancers	85				85	R	85		
25	Urgent and Emergency Care	2,800				2,800	R	2,800		
26	Neighbourhood District Funding: Diabetic Nurse Specialist (Y1 2 of 2)	29				29	NR	29		
27	Neighbourhood District Funding: Development of a Peer Coach Role for District Nursing (Y1 2 of 2)	88				88	NR	88		
28	Neighbourhood District Funding: Development of Community HCBW Workforce (Y1 2 of 2)	85				85	NR	85		
29	Six Goals for Urgent and Emergency Care Programme, Six Goals Improvement Programme 14	160				160	NR	160		
30	Careers	121				121	NR	121		
31	HWHW (Healthy Weight, Healthy Wales, Obesity)	374				374	NR	374		
32	Wales Risk Pool	(2,716)				(2,716)	NR	(2,716)		
33	B1-2 Pay Award	199				199	R	199		
34	Overtime during Annual Leave (MT-12 2021/22)	150				150	NR	150		
35	Value Based Health Care	375				375	NR	375		
36	VBHC: Atrial Fibrillation Redesign regional response	216				216	NR	216		
37	HPV Vaccination	218				218	NR	218		
38	Pump-prime Funding for dedicated nurse staffing levels operational leads	68				68	NR	68		
39	SAI Advocate	60				60	NR	60		
40	Syndrome without a name	55				55	NR	55		
41	Overtime during Annual leave (MT-4 2022/23)	618				618	R	618		
42	MHLD Alternatives to admission	384				384	NR	384		
43	MHLD Primary care liaison and tier 0/1	125				125	NR	125		
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56	Total Anticipated Funding	65,249	0	0	0	65,249		47,300	0	0
3. TOTAL RESOURCES & BUDGET RECONCILIATION										
57	Confirmed Resources Per 1. above	800,041	21,889	19,824	74,930	966,664		951,345	30,649	30,649
58	Anticipated Resources Per 2. above	65,249	0	0	0	65,249		47,300	0	0
59	Total Resources	805,290	21,889	19,824	74,930	1,021,913		998,645	30,649	30,649
ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE		Allocated Total	Anticipated HCHS	Anticipated Pharmacy	Anticipated Dental	Anticipated GMS	Total RRL			
		£'000	£'000	£'000	£'000	£'000	£'000			
60	Testing (inc Community Testing)		1,212				1,212			
61	Tracing	1,328	1,597				2,925			
62	Mass COVID-19 Vaccination					8,823	8,823			
63	PPE		2,251				2,251			
64	Extended Flu	943					943			
65	Cleaning Standards		1,276				1,276			
66	Long Covid		578				578			
67	A2. Increased bed capacity specifically related to COVID-19		3,057				3,057			
68	A3. Other Capacity & facilities costs		1,082				1,082			
69	B1. Prescribing changes directly related to COVID symptoms		776				776			
70	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance		988				988			
71	D1. Discharge Support		269				269			
72	D2. Support for National Programmes through Shared Service						0			
73	D3. Other Services that support the ongoing COVID response		482	384			866			
74	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income		1,089				1,089			
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90	Total Funding	3,852	21,294	0	0	0	25,146			

Table F - Statement of Financial Position For Monthly Period		Opening Balance	Closing Balance	Least Closing Balance
To complete from Month 1		Beginning of	End of	End of
		Apr 22	Jul 22	Mar 23
		£'000	£'000	£'000
Non-Current Assets				
1	Property, plant and equipment	311,562	335,152	335,114
2	Intangible assets	2,794	2,533	2,533
3	Trade and other receivables	168,964	173,044	168,904
4	Other financial assets	0	0	0
5	Non-Current Assets sub total	483,240	411,729	406,551
Current Assets				
6	Inventory	10,399	10,411	10,399
7	Trade and other receivables	53,285	93,252	53,285
8	Other financial assets	0	0	0
9	Cash and cash equivalents	1,901	2,838	(62,400)
10	Non-current assets classified as held for sale	0	0	0
11	Current Assets sub total	65,585	106,473	1,694
12	TOTAL ASSETS	488,125	468,198	408,245
Current Liabilities				
13	Trade and other payables	175,716	130,070	175,716
14	Borrowings (Trust Only)	0	0	0
15	Other financial liabilities	0	0	0
16	Provisions	22,400	27,993	27,993
17	Current Liabilities sub total	198,116	167,963	203,709
18	NET ASSETS LESS CURRENT LIABILITIES	270,709	313,136	204,536
Non-Current Liabilities				
19	Trade and other payables	0	12,653	0
20	Borrowings (Trust Only)	0	0	0
21	Other financial liabilities	0	0	0
22	Provisions	70,059	64,086	64,086
23	Non-Current Liabilities sub total	70,059	76,739	64,086
24	TOTAL ASSETS EMPLOYED	200,650	236,397	140,449
FINANCED BY:				
Taxpayers' Equity				
25	General Fund	168,450	204,200	168,252
26	Resignation Reserve	32,200	32,188	32,188
27	FSC (Trust only)	0	0	0
28	Retained earnings (Trust Only)	0	0	0
29	Other reserves	0	0	0
30	Total Taxpayers' Equity	200,650	236,397	140,449
EXPLANATION OF ALL PROVISIONS		Opening Balance	Closing Balance	Closing Balance
		Beginning of	End of	End of
		Apr 22	Jul 22	Mar 23
31	EXPLANATION OF ALL PROVISIONS			
32	COVID-19	83,819	83,830	83,830
33	Redress	939	790	736
34	Personal injury	4,910	4,574	4,574
35	Defence fees	1,461	1,325	1,325
36	2015-20 Scheme Pays - Reimbursement	900	900	900
37	Pensions	11	6	6
38	Other	708	686	686
39	Total Provisions	92,459	92,078	92,078
ANALYSIS OF WELSH NHS RECEIVABLES (current month)			£'000	
41	Welsh NHS Receivables Aged 0 - 10 weeks		657	
42	Welsh NHS Receivables Aged 11 - 16 weeks		0	
43	Welsh NHS Receivables Aged 17 weeks and over		0	
44	ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
45	Capital	20,504	19,013	20,504
46	Revenue	105,212	130,710	105,212
ANALYSIS OF CASH (opening, current & closing)		£'000	£'000	£'000
47	Capital	480	3,368	500
48	Revenue	1,411	(3,501)	(62,500)

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	93,127	91,127	91,127	94,127	83,127	105,399	77,172	86,372	93,872	77,873	86,972	18,390	998,845	
2 WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(127)	(127)	(127)	(127)	(127)	(399)	(172)	(172)	(172)	(172)	(172)	(172)	(2,066)	
3 WG Revenue Funding - Other (e.g. invoices)	466	121	0	240	500	500	500	500	500	500	500	500	4,857	
4 WG Capital Funding - Cash Limit - LHB & SHA only	14,300	1,300	2,500	2,700	0	3,500	1,058	1,058	1,058	1,058	1,058	1,058	30,649	
5 Income from other Welsh NHS Organisations	6,226	3,722	6,802	2,705	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	39,455	
6 Short Term Loans - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0	
7 PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0	
8 Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0	
9 Sale of Assets	0	0	0	69	0	0	0	0	0	0	0	0	69	
10 Other - (Specify in narrative)	3,645	2,063	2,963	1,528	6,898	2,879	3,079	3,079	4,229	5,579	3,879	4,330	43,609	
11 TOTAL RECEIPTS	117,847	98,206	103,285	101,242	92,866	114,378	85,637	93,937	101,987	88,538	94,737	24,987	1,116,218	
PAYMENTS														
12 Primary Care Services - General Medical Services	5,629	5,169	6,513	5,029	4,672	4,672	4,672	4,672	4,672	4,672	4,672	4,672	59,716	
13 Primary Care Services - Pharmacy Services	3,332	0	2,618	1,938	1,900	3,000	0	1,900	3,000	0	1,900	3,000	20,368	
14 Primary Care Services - Prescribed Drugs & Appliances	11,460	0	5,805	6,074	6,304	13,000	0	6,500	13,000	0	6,500	12,500	81,143	
15 Primary Care Services - General Dental Services	1,471	1,410	1,403	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	1,400	17,234	
16 Non Cash Limited Payments	(117)	(221)	(225)	(125)	(172)	(172)	(172)	(172)	(172)	(172)	(172)	(172)	(2,066)	
17 Salaries and Wages	41,285	42,438	41,464	42,053	42,804	43,795	44,171	44,171	44,295	44,171	44,171	44,295	518,977	
18 Non Pay Expenditure	42,221	43,987	44,532	42,317	34,077	43,515	33,440	34,171	34,011	33,690	34,979	25,052	444,901	
19 Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0	
20 PDC Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0	
21 Capital Payment	13,480	1,044	1,118	2,350	2,885	3,500	1,058	1,058	1,058	1,058	1,058	1,128	30,715	
22 Other Items (Specify in narrative)	2,622	871	76	6	483	700	500	500	700	500	500	600	8,108	
23 TOTAL PAYMENTS	121,384	94,716	102,708	100,636	93,816	112,464	85,119	93,968	102,816	85,365	94,658	32,626	1,179,119	
24 Net cash inflow/outflow	(3,537)	3,490	566	607	(750)	1,915	(81)	29	(29)	(31)	79	(65)	(65)	
25 Balance b/f	1,901	(1,816)	1,674	2,230	2,837	2,077	3,992	3,910	3,939	3,911	3,880	3,959	39,715	
26 Balance c/f	(1,636)	1,674	2,230	2,837	2,077	3,992	3,910	3,939	3,911	3,880	3,959	(60,000)		

Table H - PSPP													
30 DAY COMPLIANCE													
PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1 % of NHS Invoices Paid Within 30 Days - By Value	95.0%	99.9%	4.9%		-95.0%		-95.0%		-95.0%	99.9%	4.9%	95.0%	0.0%
2 % of NHS Invoices Paid Within 30 Days - By Number	95.0%	99.7%	0.7%		-95.0%		-95.0%		-95.0%	99.7%	0.7%	95.0%	0.0%
3 % of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	97.0%	2.0%		-95.0%		-95.0%		-95.0%	97.0%	2.0%	95.0%	0.0%
4 % of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.3%	1.3%		-95.0%		-95.0%		-95.0%	96.3%	1.3%	95.0%	0.0%
10 DAY COMPLIANCE													
PROMPT PAYMENT OF INVOICE PERFORMANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
5 % of NHS Invoices Paid Within 10 Days - By Value		58.1%								58.1%		75.0%	
6 % of NHS Invoices Paid Within 10 Days - By Number		67.1%								67.1%		50.0%	
7 % of Non NHS Invoices Paid Within 10 Days - By Value		64.4%								64.4%		50.0%	
8 % of Non NHS Invoices Paid Within 10 Days - By Number		30.6%								30.6%		50.0%	

Table I - Capital Resource / Expenditure Limit Management					30,649		
Approved CRL / CEL issued at : 25.7.22							
Ref:	Performance against CRL / CEL	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	Gross expenditure (accrued, to include capitalised finance leases) All Wales Capital Programme: Schemes:						
1	Gangell - Fire Enforcement works - Phase 1	1,239	1,239	0	6,027	6,027	0
2	Withybush - Fire Enforcement works - Phase 1	1,526	1,526	0	6,959	6,959	(0)
3	Neonwales - Phase II - main	283	286	3	806	1,067	261
4	123 - Multi-site projects	0	0	0	373	319	(54)
5	PPH Demonstration	674	674	0	1,669	1,800	131
6	Fire Enforcement Works - Withybush Hospital - Decant Ward Fees	118	118	0	106	105	(1)
7	Withybush - Fire Enforcement works fees - Phase 2	11	11	0	935	936	1
8	National Programme - Decarbonisation	34	34	0	555	654	99
9	National Programme - Fire	33	33	0	125	125	0
10	National Programme - Mental Health	46	46	0	430	425	(5)
11	National Programme - Imaging	89	89	0	314	295	(19)
12	National Programme - Imaging - CT Scanner PPH	9	9	0	1,385	1,383	(2)
13	National Programme - Imaging - CT Scanner BGR	6	6	0	1,385	1,386	1
14	National Programme - Imaging - DR Rooms	64	64	0	1,068	1,070	2
15	National Programme - Imaging - Fluoroscopy Rooms	0	0	0	2,820	2,822	2
16	Cross Hands Primary - Care scheme	50	50	0	0	99	99
17	EDV funding 21/22	0	0	0	0	423	423
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
41				0			0
42	Sub Total	4,089	4,089	0	25,359	26,034	675
	Discretionary:			0			0
43	IT	73	73	0	200	200	0
44	Equipment	0	0	0	1,703	1,703	0
45	Statutory Compliance	9	9	0	512	512	0
46	Utilities	25	25	0	1,814	1,814	0
47	Other	92	92	0	1,061	386	(675)
48	Sub Total	199	199	0	5,290	4,615	(675)
	Other Schemes:			0			0
49	Donated additions	100	100	0	100	100	0
50	Equipment disposals	0	0	0	69	69	0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56	Sub Total	100	100	0	169	169	0
57	Total Expenditure	4,388	4,388	0	30,818	30,818	(0)
	Less:						
	Capital grants:			0			0
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:			0			0
77		100	100	0	100	100	0
78	Sub Total	100	100	0	100	100	0
	Asset Disposals:			0			0
79	Equipment	69	69	0	69	69	0
80				0			0
81				0			0
82				0			0
83				0			0
84	Sub Total	69	69	0	69	69	0
85				0			0
86	Technical Adjustments			0			0
87	CHARGE AGAINST CRL / CEL	4,219	4,219	0	30,649	30,649	(0)
88	PERFORMANCE AGAINST CRL / CEL (Under/Over)		(24,430)				

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	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	Gargelli - Fire Enforcement works - Phase 1	RE	6,027	6,027	115	280	294	550	579	578	579	578	579	578	579	578	1,239	6,027	Low
2	Withybush - Fire Enforcement works - Phase 1	RE	6,959	6,959	328	451	1	746	675	675	675	675	675	675	675	708	1,203	6,959	Low
3	Neonates - Phase II - main	KJ	1,067	1,067	120	94	28	40	227	39	60	37	50	49	117	200	288	1,067	Low
4	IGS - Multi-site projects	RE	319	319	0	0	0	0	41	41	41	41	41	41	41	32	0	319	Low
5	PPH Demountables	KJ	1,900	1,900	390	(15)	144	56	518	0	0	0	407	400	0	0	575	1,900	Low
6	Fire Enforcement Works - Withybush Hospital- Decant Ward Fees	RE	188	188	3	65	2	48	70	0	0	0	0	0	0	0	118	188	Low
7	Withybush - Fire Enforcement works less - Phase 2	RE	936	936	0	6	3	3	102	180	157	239	199	45	5	37	12	936	Low
8	National Programme - Decarbonisation	RE	604	604	0	0	43	(10)	412	50	50	50	36	0	0	23	33	604	Low
9	National Programme - Fire	RE	125	125	5	3	(8)	33	33	33	26	0	0	0	0	0	33	125	Low
10	National Programme - Mental Health	LC	420	420	0	0	0	48	138	130	37	39	28	0	0	0	48	420	Low
11	National Programme - Imaging	GR	256	256	16	24	7	62	50	60	50	17	0	0	0	0	89	256	Low
12	National Programme - Imaging - CT Scanner PPH	GR	1,383	1,383	0	2	0	6	394	394	394	193	0	0	0	0	8	1,383	Low
13	National Programme - Imaging - CT Scanner BPH	GR	1,386	1,386	0	4	1	1	0	0	0	394	394	394	198	0	6	1,386	Low
14	National Programme - Imaging - DR Rooms	GR	1,070	1,070	0	1	30	33	88	178	246	230	141	68	54	0	64	1,070	Low
15	National Programme - Imaging - Fluoroscopy Rooms	GR	2,822	2,822	0	0	0	0	0	0	0	328	328	328	328	1,510	0	2,822	Low
16	Cross Hands Primary Care scheme	RD	99	99	0	14	30	6	7	7	7	7	7	7	7	0	60	99	Low
17	EDV funding 2102	GR	423	423	0	0	0	0	0	0	423	0	0	0	0	0	0	423	Low
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
34	Sub Total		26,034	26,034	983	929	575	1,602	3,335	2,355	2,745	2,828	2,845	2,585	2,004	3,248	4,089	26,034	
Discretionary:																			
35	IT	AT	200	200	0	34	16	22	80	0	10	21	0	10	36	1	72	200	Low
36	Equipment	GR	1,702	1,702	0	0	0	0	152	200	139	136	150	36	378	82	0	1,702	Low
37	Statutory Compliance	RE	513	513	0	2	6	2	18	44	66	67	20	22	103	113	9	513	Low
38	Estates	RE	1,815	1,815	1	3	7	14	75	141	169	201	255	245	284	410	29	1,814	Low
39	Other	Various	385	385	2	30	39	15	42	42	42	42	42	42	42	0	82	385	Low
40	Sub Total		4,616	4,616	3	78	67	63	337	477	506	457	487	355	903	615	199	4,615	
Other Schemes:																			
41	Donated additions	Various	100	100				100									100	100	
42	Equipment disposals	Various	69	69											69		0	69	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
61	Sub Total		169	169	0	0	0	100	0	0	0	0	0	0	69	0	100	169	
62	Total Capital Expenditure		30,619	30,619	986	1,004	642	1,765	3,672	2,832	3,551	3,285	3,312	2,940	2,976	3,863	4,387	30,618	

Table K - Capital Disposals									
A: In Year Disposal of Assets									
	Description	Date of Ministerial Approval to Dispose (Land & Buildings only) MM/YY (text format, e.g. Apr 22)	Date of Ministerial Approval to Retain Proceeds > £5m MM/YY (text format, e.g. Apr 22)	Date of Disposal MM/YY (text format, e.g. Feb 23)	NBV £'000	Sales Receipts £'000	Cost of Disposals £'000	Gain/ (Loss) £'000	Comments
1	Equipment disposals	n/a	n/a	Jul 22	69	69	0	0	
2								0	
3								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	Total for in-year				69	69	0	0	

Table M - Debtors Schedule									
						11 weeks before end of Jul 22 + 15 May 2022		17 weeks before end of Jul 22 + 03 April 2022	
Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
			0.00	0.00		0.00	0.00		
Invoices paid since the end of the month									
Total outstanding as per M01 submission date						0.00	0.00		

Table N - General Medical Services
Operating Expenditure - ring fenced GMS budget
Required from Month 6

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
Medical support payment	2					
Total Global Sum and MPFG	3					
GPAT Acquisition Payments	4					
GPAT Achievement Payments	5					
GPAT - Access Achievement Payments	6					
Total GPATs	7					
GPAT Enhanced Services (To equal data in Section A (i) Line 31)	8					
National Enhanced Services (To equal data in Section A (ii) Line 41)	9					
Local Enhanced Services (To equal data in Section A (iii) Line 94)	10					
Total Enhanced Services (To equal data in section A Line 95)	11					
GPATs Administered (To equal data in Section B Line 100)	12					
GPATs (To equal data in Section C Line 100)	13					
GPATs (To equal data in Section C Line 100)	14					
GPATs (To equal data in Section C Line 100)	15					
GPATs (To equal data in Section C Line 100)	16					
GPATs (To equal data in Section C Line 100)	17					
SUPPLEMENTARY INFORMATION						
Directed Enhanced Services Section A (i)		LINE NO.	£000's	£000's	£000's	£000's
Learning Disabilities	18					
Childhood Immunisation Scheme	19					
Minor Injuries	20					
Influenza & Pneumococcal Immunisation Scheme	21					
Services for Vulnerable Patients	22					
Minor Surgery Fees	23					
GPATs Administered	24					
GPATs Administered	25					
Care Homes	26					
GPATs Administered	27					
GPATs Administered	28					
GPATs Administered	29					
GPATs Administered	30					
GPATs Administered	31					
TOTAL Directed Enhanced Services (must equal line 8)						
National Enhanced Services Section A (ii)						
GPATs Administered	32					
GPATs Administered	33					
GPATs Administered	34					
GPATs Administered	35					
GPATs Administered	36					
GPATs Administered	37					
GPATs Administered	38					
GPATs Administered	39					
GPATs Administered	40					
GPATs Administered	41					
TOTAL National Enhanced Services (must equal line 9)						
Local Enhanced Services Section A (iii)						
GPATs Administered	42					
GPATs Administered	43					
GPATs Administered	44					
GPATs Administered	45					
GPATs Administered	46					
GPATs Administered	47					
GPATs Administered	48					
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GPATs Administered	89					
GPATs Administered	90					
GPATs Administered	91					
GPATs Administered	92					
GPATs Administered	93					
GPATs Administered	94					
GPATs Administered	95					
TOTAL Local Enhanced Services (must equal line 10)						
TOTAL Enhanced Services (must equal line 11)						

GENERAL MEDICAL SERVICES
Operating Expenditure

Required from Month 6

LHB Administered		Section B	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
General								
Doctors Retention Scheme Payments			87					
Locum Allowances - costs of adoption, paternity & maternity			88					
Locum Allowances - Cover for Sick Leave			89					
Locum Allowances - Cover for Suspended Doctors			90					
Prolonged Sick Leave			101					
Recruitment and Retention (including Golden Hello)			102					
Appraisal - Appraiser Costs			103					
Primary Care Development Scheme			104					
Partnership Payments - GP partners			105					
Partnership Payments - Non GP Partners			106					
Supply of syringes & needles			107					
Other (please provide detail below, this should reconcile to line 128)			108					
TOTAL LHB Administered (must equal line 132)			109					
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 SumMPD)			110					
GP checks			111					
GP surgery payments			112					
LHB Locally group costs			113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)			114					
Primary Care Initiatives			115					
Salaries GP costs			116					
Stationery & Distribution			117					
Training			118					
Transportation fees			119					
Practice equipment payments to GP practices			120					
Packaging and Storage			121					
Recycling			122					
GP Staff Payments			123					
			124					
			125					
Other			126					
TOTAL of Other Payments (must equal line 108)			127					
Premises		Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
National Beds			128					
Actual Beds - Health Centres			129					
Actual Beds - Clinics			130					
Cost Rent			131					
Contract - Winter Trade Refuse			132					
Rates, Water, sewerage etc			133					
Health centre Charges			134					
Improvement Grants			135					
All other Premises (please detail below which should reconcile to line 146)			136					
TOTAL Premises (must equal line 13)			137					
Analysis of Other Premises (line 137)			LINE NO.	£000's	£000's	£000's	£000's	£000's
DV Fees			138					
			139					
			140					
			141					
			142					
			143					
			144					
TOTAL of Other Premises (must equal line 137)			145					
Water/sewerage item			146					
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

Dispensing Data		LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)							
Dispensing Section		149					
Prescription Medical Practitioners - Personal Administration		150					
Dispensing Section Locality Payment		151					
Professional Fees and on-cost							
Dispensing Section		152					
Prescription Medical Practitioners - Personal Administration		153					
TOTAL DISPENSING DATA (must equal line 16)		154					

Table O - General Dental Services					
Operating Expenditure from the revenue allocation for the dental contract					
Required from Month 6					
SUMMARY OF DENTAL SERVICES FINANCIAL POSITION					
Expenditure Activities included in a DDS contract and / or FDS agreement	LINE NO	WG Allocation	Current Plan	Forecast Outturn	Variance
		£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				
Contract Value - General Dental Services	2				
Emergency Dental Services (in Out of hours)	3				
Additional Access	4				
Business Rates	5				
Domiliary Services	6				
Maternity/Childcare etc.	7				
Sedation services including GA	8				
Insurance payments	9				
Employer's Superannuation	10				
Other staff	11				
OTHER					
PLEASE DETAIL					
BELOW					
TOTAL DENTAL SERVICES EXPENDITURE	12				
agreement. This includes payments made under other arrangements e.g. GA under an SLA and DDS, plus	13				
Emergency Dental Services (in Out of hours)	14		£000's	£000's	£000's
Additional Access	15				
Sedation services including GA	16				
Continuing professional development	17				
Occupational Health / Infection G	18				
Green Am ByB - Oral Health in care homes	19				
Refund of patient charges	20				
Design & Build	21				
Other Community Dental Services	22				
Dental Education Training/Continual Training	23				
DBS/CPS checks	24				
Health Board staff costs associated with the delivery / monitoring of the dental contract	25				
Oral Surgery	26				
Orthodontics	27				
Special care dentistry e.g. WHC/2016/002	28				
Oral Health Promotion/Education	29				
Insurance expenditure in dental practices	30				
Alcohol Awareness	31				
CCO	32				
Travel Income	33				
Dental Practitioners	34				
Other Income	35				
Dental Staff Payment	36				
	37				
	38				
	39				
	40				
	41				
TOTAL OTHER (must equal line 13)	42				
	43				
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Budget Holder Accountable Officer Letters
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas (Director of Finance)
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt (Deputy Director of Finance)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Health Board is required to comply with the Budgetary Control Procedure (reference HDdUHB 065) which outlines and documents the budgetary control process and responsibilities of budget holders within the Health Board.

Cefndir / Background

The Health Board has a statutory duty to manage its services within the Revenue Resource Limit allocated from Welsh Government (WG). The Board therefore delegates responsibility for delivering a balanced budget to the Chief Executive within the framework of its Standing Orders and Standing Financial Instructions.

Following the Board's agreement of the Financial Plan (and therefore resource allocation), the Chief Executive will issue a formal Accountability Letter to each Budget Holder who in turn may further delegate to their subordinates, some, or all, of the budgets which have been delegated to them, although the Budget Holder will retain accountability in full for their budgets. Budget holders are responsible for providing the services within their respective budget and within the available financial resources delegated to them and is held accountable for managing within the budget.

The Budget Holder is asked to acknowledge their understanding and acceptance of the budget delegations by signing and returning the Accountability Agreement.

Asesiad / Assessment

Accountability letters were sent to the thirty-two Budget Holders on 5th May 2022.

The following Budget Holders were sent Accountability letters:

L4 Directorate	FY23 Budget (£)	Budget Holder	Replied	Date Accountability Letter Signed
L4: CENTRAL INCOME	-33,401,033	Shaun Ayres	Yes	23/06/22
L4: CHIEF EXECUTIVE	-24,699,298	Steve Moore	Yes	13/06/22
L4: ASST DIR OPS QUALITY & NURSING	738,782	Sian Passey	Yes	08/07/22
L4: CARMARTHENSHIRE COUNTY	23,665,828	Rhian Matthews (Dawson)	Yes	12/06/22
L4: CEREDIGION COUNTY	11,627,984	Peter Skitt	Yes	26/05/22
L4: PEMBROKESHIRE COUNTY	20,717,717	Elaine Lorton	Yes	31/07/22
L4: FACILITIES	40,580,412	Rob Elliot	Yes	20/05/22
L4: MENTAL HEALTH & LEARNING DISABILITIES	86,016,872	Liz Carroll	Yes	18/05/22
L4: ONCOLOGY & CANCER SERVICES	16,014,431	Lisa Humphrey	Yes	14/07/22
L4: OPERATIONS DIR MANAGEMENT (see * below)	16,045,741	Gareth Rees	Yes	18/05/22
L4: PLANNED CARE	111,667,936	Stephanie Hire	Yes	28/06/22
L4: PATHOLOGY	23,305,970	Dylan Jones	Yes	18/05/22
L4: RADIOLOGY	17,068,241	Gail Roberts-Davies	Yes	18/05/22
L4: UNSCHEDULED CARE BRONGLAIS	21,697,070	Matthew Willis	Yes	18/05/22
L4: UNSCHEDULED CARE GLANGWILI	43,243,696	Sarah Perry	Yes	18/05/22
L4: UNSCHEDULED CARE PRINCE PHILIP	29,805,195	Sarah Perry	Yes	18/05/22
L4: UNSCHEDULED CARE WITYBUSH	31,093,134	Janice Cole-Williams	Yes	18/05/22
L4: WOMEN & CHILDREN	41,697,374	Lisa Humphrey	Yes	18/07/22
L4: FINANCE	5,749,422	Andrew Spratt	Yes	06/05/22
L4: DIGITAL	13,536,399	Anthony Tracey	Yes	23/06/22
L4: PERFORMANCE	494,820	Catherine Evans	Yes	17/05/22
L4: STRATEGIC PLANNING	2,645,797	Lee Davies	Yes	14/06/22
L4: THERAPIES	21,403,203	Lance Reed	Yes	30/06/22
L4: HEALTH BOARD FINANCING	-938,627,199	Andrew Spratt	Yes	18/05/22
L4: LTAs WITH OTHER NHS PROVIDERS (see * below)	163,804,993	Shaun Ayres	Yes	23/06/22
L4: MEDICAL	4,079,216	John Evans	Yes	02/08/22
L4: NURSING	7,467,517	Mandy Rayani	Yes	13/07/22
L4: MEDICINES MANAGEMENT	84,239,878	Jenny Pugh-Jones	Yes	01/06/22
L4: PRIMARY CARE	116,366,035	Rhian Bond	TBC	TBC
L4: PRIMARY CARE MANAGEMENT	4,870,761	Rhian Bond	TBC	TBC
L4: PUBLIC HEALTH	10,304,529	Bethan Lewis	Yes	26/05/22
L4: WORKFORCE & ORGANISATIONAL DEVELOPMENT	10,888,141	Lisa Gostling	Yes	17/05/22

* The original issued Accountability Letters for the Operations Dir Management and LTAs with other NHS Providers have been restated to reflect an amendment of £3.1m to the budget values. This is in relation to the budget for part of the Non-Emergency Patient Transport Service commissioned from the Welsh Ambulance Services NHS Trust (WAST), the cost of which was previously incurred within Operations Dir Management and from FY23 is now incurred through a charge from the Welsh Health Specialised Services Committee (WHSSC) through the LTAs with other NHS Providers Directorate. A supporting internal SBAR has been drafted to detail the context, relevant Policy and governance.

The Primary Care and Primary Care Management Budget Holder is still to sign their Accountability Letters. The Budget Holder has confirmed that they are working with their Finance Business Partners to review and allocate budgets appropriately. Once these reviews have been completed the Budget Holder has confirmed that the Accountability Letters will be signed and returned.

Where a Budget Holder has requested formal delegation of part of their budget, Accountability Letters have been sent to the delegated budget holders.

The risks to budgets identified by Budget Holders are summarised below, all of which are expected to be managed by Budget Holders as set out in the Accountability Letter:

- The shortage of substantive staff means that in order to maintain the service HDdUHB is reliant on the use of Agency and bank staff which is at a premium cost in excess of the available budget.

- Increased drug costs arising from price increases and higher demand as patient numbers escalate.
- Other inflation increases, notably with commissioned services from third sector, utility, provisions and transport costs will put pressure on the non-pay budgets.
- The withdrawal of external/additional funding and grants, for example, Same Day Emergency Care (SDEC) which supports family liaison officer posts; funding arrangements with Local Authorities; Regional Integration Fund (RIF), will impact services provided by HDUHB.
- Winter pressures in 2022-23 when beds in Tregaron are re-opened.
- Costs in Ceredigion with on-going implementation of the Bronglais General Hospital (BGH) Strategy (linked to A Healthier Mid and West Wales).
- The dependence on aging equipment is becoming increasingly unreliable for users.
- The legacy of saving plans which have remained in Directorate budgets will prove challenging to meet.

Argymhelliad / Recommendation

The Committee is asked to note and discuss the status of the Accountability Letters issued to Budget Holders and also the key risks to financially managing within delegated budgets identified by Budget Holders.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	(new) (score 25) Delivery of the Health Board's draft interim Financial Plan for 2022/23. 1199 (score 16) Achieving financial sustainability.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Budget Holder returns
Rhestr Termiau: Glossary of Terms:	Welsh Government (WG) Hywel Dda University Health Board (HDUHB)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Integration Fund Financial Assurance
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas (Director of Finance)
SWYDDOG ADRODD: REPORTING OFFICER:	Rebecca Hayes (Senior Finance Business Partner)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update on the Regional Integration Fund (RIF) and provide an assessment of the status of approved project plans, given the Health Board is the Banker for the programme from Welsh Governments (WG) allocation of funds.

Cefndir / Background

The Health and Social Care Regional Integration Fund (RIF) is a five year fund to deliver a programme of change from April 2022 to March 2027.

The RIF builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and will seek to create sustainable system change through the integration of health and social care services.

Key features and values of the Fund include;

- A strong focus on prevention and early intervention;
- Developing and embedding national models of integrated care (also referred to as models of care);
- Actively sharing learning across Wales through Communities of Practice;
- Sustainable long term resourcing to embed and mainstream new models of care;
- Creation of long term pooled fund arrangements; and
- Consistent investment in regional planning and partnership infrastructure.

The aim of the RIF is that by the end of the five-year programme at least six new national models of integrated care will have established and mainstreamed so that citizens of Wales, wherever they live, can be assured of an effective and seamless service experience in relation to:

- Community based care – prevention and community coordination;
- Community based care – complex care closer to home;
- Promoting good emotional health and well-being;

- Supporting families to stay together safely, and therapeutic support for care experienced children;
- Home from hospital services; and
- Accommodation based solutions.

The Regional Partnership Board (RPB) assumption is that the match funding test will be managed at a project level, not a programme level.

The fund architecture for the RIF has been co-designed with Regional Partnership Boards RPB's -to further encourage the testing, embedding and mainstreaming of national integrated models of care. Partner match funding is expected from year one with 10% expected for accelerating change and 30% for embedding models.

The Health Board holds the RIF funding from Welsh Government (WG) on behalf of the Regional Partnership Board (RPB), with governance and decision making responsibilities residing with the RPB. The Integrated Executive Group (IEG) sits under the RPB as a further monitoring committee.

The Health Board provides monthly financial reporting from the consolidation of the Health Board and Local Authority projects within each programme. Third sector expenditure is commissioned and reported on by the appropriate statutory partner on a project-by-project basis. The local finance leads for each project from each organisation are accountable for managing all of the financial and outcomes based analysis. There must be a partnership approach to decision making across the region, and all partners are working together in a cohesive and collaborative manner in managing financial investments in projects.

The RPB is developing a memorandum of understanding to clearly set out the governance and accountability arrangements for decision making and managing investment of the RIF.

Asesiad / Assessment

When the new RIF programme was announced a Steering Group involving Health, Local Authority and Third Sector representatives was established with the purpose to discuss and agree projects and services to commission.

Alongside the Steering Group a Performance and Finance Group has been established, meeting on a bi-weekly basis and chaired by the RPB. The Group includes representatives from HDdUHB Finance and Local Authority leads and enables decisions regarding governance and reporting arrangements in respect of the Fund.

The Steering Group and Performance and Finance Group have collaborated and agreed RIF Principles for which Health, Local Authority and Third Sector organisations are to abide by in relation to RIF. These principles include further details of the funding allocations and match funding arrangements.

Funding Summary

The West Wales Regional Partnership Board have been allocated £18.7m in respect of RIF for financial year 2022/23 which has been split as follows;

RIF Project	Funding	Allocation
National Ringfenced Fund	100%	2,152,000
Regional Infrastructure Fund	75%	750,000
New model development	90%	4,731,912
National embedding fund	70%	11,041,128
Grand Total		18,675,040

Note – Where funding is less than 100% the WG expectation is for Health and LA to match fund the balance from within existing budgets or through non-financial means (for more information please refer to the RIF Principles above).

As part of the planning process the RPB have agreed funding allocations with each locality and issued accountability letters.

The status of the letters is as follows:

Locality	Status
Carmarthenshire	Signed and returned
Pembrokeshire	Confirmed acceptance, however physical signature awaited
Ceredigion	Response awaited, and highlighted to IEG for resolution

Current Position

Following the agreement of the funding allocation splits, Locality Leads were asked to provide financial plans aligned to the value of their allocations and to identify any additional plans that could be commissioned should there be any slippage in delivery of the original plans.

The below table illustrates the latest plans submitted by the Locality Leads.

RIF 2022-23	Regional	Carms	Cered	Pembs	Total Plan
National Ringfenced Fund (100%)	2,152,000	-	-	-	2,152,000
IAS	398,000				398,000
Dementia	1,249,000				1,249,000
Memory Assessment Services	384,000				384,000
Unpaid Carers Hospital Discharge Engagement	121,000				121,000
Regional Infrastructure Fund (75%)	1,158,072	-	-	-	1,158,072
Regional Infrastructure Fund (75% up to £750,000)	1,158,072				1,158,072
Over commitment to be managed by Project Leads *					
New model development and national embedding fund (90%)	-	1,819,295	1,296,198	1,551,473	4,666,965
1 Place based care – Prevention and community coordination		252,878	127,768	392,535	773,181
2 Place based care – complex care closer to home		127,268	632,963	434,976	1,195,207
3 Promoting good emotional health and wellbeing		368,895	293,000	392,640	1,054,535
4 Preventing children entering care and supporting children to remain with their families			242,467	189,500	431,967
5 Home from hospital		1,070,254		141,822	1,212,076
6 Accommodation based solutions					-
National embedding fund (70%)	-	6,843,519	2,306,100	4,172,974	13,322,593
1 Place based care – Prevention and community coordination		1,577,170	310,735	651,640	2,539,545
2 Place based care – complex care closer to home		925,749	206,668	327,296	1,459,712
3 Promoting good emotional health and wellbeing		135,880	49,833	134,358	320,072
4 Preventing children entering care and supporting children to remain with their families		957,812	156,620	455,133	1,569,565
5 Home from hospital		2,624,809	1,169,506	2,110,746	5,905,061
6 Accommodation based solutions		622,099	412,738	493,801	1,528,638
Regional Project Management (100% from New Model & National Embedding Funds)	-	205,421	264,107	130,106	599,634
Projected Plan Totals	3,310,072	8,868,235	3,866,405	5,854,553	21,899,265
Funding Allocated	2,902,000	7,571,059	3,154,608	5,047,343	18,675,010
Value of Plans exceeding the Funding Allocated	408,072	1,297,176	711,797	807,210	3,224,255

The Performance and Finance Group have provided a recommendation to the IEG for endorsement that Locality Leads are to urgently provide a prioritised project-level financial plan to align to their respective funding allocations, identifying sources of match funding. It is recognised that these plans are likely to be based on a part-year effect delivery given that some are yet to commence. Therefore, in addition, Locality Leads are to present any additional plans outside of their funding allocations in mitigation of these delays but are not to commit to expenditure in relation to those plans at this stage.

Once the in-year financial forecast for prioritised project plans are agreed, these additional plans can be considered and assurance provided that expenditure will not exceed available funding for each Locality.

Until project plans are aligned with the respective funding allocations, reporting of the year to date and full year forecast financial performance to key stakeholders and Welsh Government is not possible.

Argymhelliad / Recommendation

The Committee are asked to note and discuss the RIF position as at Month 4 2022/23 and the next steps in the management of project plans to ensure the funding allocation is not exceeded and Locality Leads prioritise their project plans within their allocated funds.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	(new) (score 25) Delivery of the Health Board's draft interim Financial Plan for 2022/23 1199 (score 16) Achieving financial sustainability.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Financial and Other submissions from Locality Leads
Rhestr Termiau: Glossary of Terms:	Integrated Care Fund (ICF) Transformation Fund (TF) Regional Integration Fund (RIF) Regional Partnership Board (RPB) Integrated Executive Group (IEG) Hywel Dda University Health Board (HDUHB)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Performance and Finance Group for RIF RPB IEG

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Patient and Quality implications are inherent within the report.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, Audit Wales, and with external stakeholders.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.