








Finance Committee

26 February 2020, 14:00 to 16:00
Cwm George Meeting Room

Agenda

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|-------------|---|-------------------|
| 1. | 1. Preliminaries | |
| 1.1. | Welcome & Introductions | John Union |
| 1.2. | Apologies for Absence | John Union |
| 1.3. | Declarations of Interest | John Union |
| 1.4. | Minutes of the Committee Meeting held on 29th January 2020 | John Union |
| |  1.4. UNCONFIRMED MINUTES OF THE FINANCIAL COMMITTEE Jan 2020 1.pdf | (11 pages) |
| 1.5. | Action Log | John Union |
| 1.6. | Chairs Action taken since last meeting | John Union |
| 2. | Items for Review and Assurance | |
| 2.1. | Financial Performance 2019/20 | Christopher Lewis |
| |  2.1 Finance Report for Month 10 new format.pdf | (21 pages) |
| 2.2. | Clinical Boards in Escalation | Steve Curry |
| 2.3. | Cost Reduction Programme | Andrew Gough |
| |  2.3 Cost Reduction Programme Progress Finance Committee February 2020.pdf | (5 pages) |
| 2.4. | Finance Risk Register 2019/20 & 2020/21 | Andrew Gough |
| |  2.4a Finance Risk Register February 2020.pdf | (2 pages) |
| |  2.4b. Finance Risk Register 2019-20 - Appendix 1.pdf | (6 pages) |
| |  2.4c. Finance Risk Register 2020-21 - Appendix 2.pdf | (6 pages) |
| 2.5. | Finance Committee -Terms Of Reference | Nicola Foreman |
| |  2.5a Terms of Reference - covering report.pdf | (2 pages) |



2.5b Finance Committee TOR 2020v2.pdf

(6 pages)

2.6. Finance Committee – Annual Workplan

Nicola Foreman



2.6a Covering report - work plan 2020.21.pdf

(2 pages)



2.6b Finance Committee Work Plan 2020.21.pdf

(2 pages)

2.7. Committee Annual Report

Nicola Foreman



2.7a FC Annual Report - covering report.pdf

(2 pages)



2.7b FC Annual Report.pdf

(4 pages)

2.8. 2020/21 IMTP Financial Plan – Update (Verbal)

Bob Chadwick

3. Items for Noting and Information

3.1. Month 10 Financial Monitoring Returns



3.1a CV Financial Monitoring Returns 2019-20 -
Month 10.pdf

(11 pages)



3.1b Month 10 - Cardiff Vale ULHB - Monitoring
Return Tables.pdf

(13 pages)

4. Items to bring to the attention of the Board

John Union

5. Date and time of next Meeting

Wednesday 25th March 2019 at 2pm, Cefn Mably Meeting Room, Woodland House

**CONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 29th JANUARY 2019
CEFN MABLY MEETING ROOM, WOODLAND HOUSE**

Present:

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Interim Chair (Board)
Aaron Fowler	AF	Head of Corporate Governance
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer

In Attendance:

Geoff Walsh	DT	Director of Capital Estates & Facilities
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Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Abigail Harris	AH	Executive Director of Strategic Planning
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

FC 19/151	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 19/152	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 19/153	DECLARATIONS OF INTEREST The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 19/154	MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 18th DECEMBER 2019	

	<p>The minutes of the meeting held on 18th December 2019 were reviewed for accuracy and were agreed as a true and accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 18th December 2019 were approved by the Committee as an accurate record.</p>	
FC 19/155	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>The Finance Committee was advised that there were no outstanding Actions.</p> <p>Resolved – that:</p> <p>The Finance Committee noted that there were no outstanding Actions.</p>	
FC 19/156	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 19/157	<p>CRI MENTAL HEALTH ACCOMODATION</p> <p>The Director of Capital Estates and Facilities presented a paper in support of a fast track Business Justification Case (BJC) for Community Mental Health Services currently located at the Links building at CRI and Global Link.</p> <p>The Committee was informed that the BJC considered future accommodation options for the following 2 services:</p> <ol style="list-style-type: none"> 1. The Dispensing and Treatment Team based at the Links Building CRI where there were serious pressing concerns about the poor state of repair of the building which currently required fortnightly monitoring by the Capital, Estates and Facilities team. 2. UHB wide Mental Health Services which had transferred to Global Link upon the closure of the Whitchurch site. <p>The BJC detailed four options for future accommodation and also outlined the process followed by the Health Board to determine a preferred option. The preferred way forward was to construct a small modular building on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team with the remaining mental health services relocating from Global Link to refurbished 2nd floor blocks 11 & 4 of the main CRI building. In addition to addressing the immediate concerns surrounding the condition of the Links building this option would maintain the provision of the DATT service within the immediate neighbourhood and minimise the risk of service disruption for the patient group.</p>	

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	<p>It was noted that there was a small increase in revenue costs of £28k per annum arising from the proposals.</p> <p>Longer term proposals which would be subject to a separate Business Case would consider demolition and replacement of the existing Link building to enable the DATT service, Community Addictions Unit and the locality CMHT to be co-located in an appropriate facility.</p> <p>The BJC asked for approval to invest £5.133m from the All Wales Capital Programme with part of the investment being made available to support capital spend incurred to the end of 2019/20.</p> <p>The UHB Interim Chair (CJ) asked for clarification of the capital costs which would be incurred in 2019/20 and the Director of Capital Estates and Facilities confirmed that funding received in 2019/20 would cover initial fees and design work.</p> <p>The Finance Committee Chair (JU) asked for assurance that the relatively small level of additional costs £0.028m p.a. would be managed through the UHB's planning process and the Director of Finance acknowledged that the costs would need to be considered in future planning cycles.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the process followed in the development of the BJC and supported the preferred option for the provision of a Modular Building to accommodate the DATT service and the refurbishment of Blocks 4 & 11 on the 2nd floor of the main CRI Building.</p>	
FC 19/158	<p>FINANCE REPORT AS AT MONTH 9</p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 9 and highlighted that the UHB had reported an in month underspend of £0.731m and a year to date deficit of £1.220m. In addition the committee was informed that the £1.5m cost pressure associated with the Welsh Risk Pool was now incorporated within the year end forecast break-even position.</p> <p>It was noted that in addition to the impact of recovery actions that part of the improvement in month 10 could be a result of a seasonal reduction in spend in December.</p> <p>The Finance Committee Chair (JU) asked whether the UHB decision to slow down non-essential expenditure would have had an impact on December's expenditure and in reply the Director of Finance indicated that the decision to defer non-essential/non-core posts and discretionary non-pay spend would not of had a significant influence on December expenditure. The Director of Finance added that the financial improvement in December was linked to the slowdown in bank, agency and overtime expenditure and that the UHB needed to</p>	

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<p>Bricknell Helen 02/19/2020 14:02:15</p>	<p>consider if it could continue to maintain the reduced level of spend on these pay areas going forwards.</p> <p>The UHB Interim Board Chair (CJ) acknowledged the progress made by the organisation in reducing the deficit in month and noted that the UHB's financial position at month 9 was now broadly in line with the planned profile.</p> <p>The number of measures on the Finance Dashboard which were RAG rated Red had not changed in month and 4 measures were RAG rated Red namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target</p> <p>Performance against both income and non pay was broadly balanced in month. The Deputy Director of Finance advised the Committee that the in month income position included an adverse provision of c.£0.2m which was based on the assumption that the in month slowdown in expenditure would also result in a reduction in activity chargeable to other organisations. The significant underspend against Primary Care Contractors within the month was a consequence of updated information on new GMS enhanced services.</p> <p>Referring to the written finance report provided with the committee papers the Interim Board Chair (CJ) asked for clarification of any issues particularly in respect of patient safety arising from Cardiff & Vale provider performance in cardiology and transcatheter aortic valve replacement. In response the Chief Operating Officer indicated that the UHB was over-performing against Cardiology targets, however waiting times for cardiac surgery had been in escalation with WHSCC for some time. In this context the UHB was in the final stages of agreeing outsourcing capacity where required. It was also noted that the UHB was also pursuing an increase in internal capacity and had recently added anaesthetic and nursing capacity to the cardiac surgery service.</p> <p>Pay budgets had reported an in month underspend of £0.804m in December and it was suggested that this was partly due to a slow down over Christmas.</p> <p>The Deputy Director of Finance indicated that aggregate performance against delegated budgets was broadly flat in month and that the cumulative overspend against delegated budgets had moved from £8.696m to £8.718m in December. Picking up on the cumulative overspend against delegated budgets the Interim Board Chair (CJ) asked whether this would influence the 2020/21 budget setting process. The Deputy Director of Finance confirmed that the underlying deficit carried forward to 2020/21 does not include operational costs pressures experienced in 2019/20 and that these are expected to be managed by Clinical Boards in 2020/21.</p>	
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<p>Bricknell Helen 02/19/2020 14:02:15</p>	<p>The Chief Operating Officer indicated that Clinical Boards had identified the main drivers of 2019/20 operational overspends and that the management of these pressures would need to be factored into 2020/21 plans. It was noted that the management of nursing pressures would remain a focal point for the UHB and that the management of budget pressures would be included on the 2020/21 Risk Register.</p> <p>The Finance Committee Chair (JU) noted that the majority of the overspend against delegated budgets was covered by an underspend against Central budgets and asked whether this underspend was likely to recur in 2020/21. In response the Deputy Director of Finance confirmed that the surplus against Central budgets was in part a consequence of non recurrent movements in liabilities and provisions as well as slippage against new services and therefore any central surplus was not expected to be as material in 2020/21.</p> <p>The Committee was reminded that the UHB was unlikely to reduce its underlying deficit to the planned level of £4m by year end as a result of a shortfall of c £7.5m against recurrent savings targets the underlying deficit going into 2020/21 was likely to be circa £11.5m. The Interim Board Chair (CJ) noted that the underlying deficit of £11.5 carried forward to 2020/21 represented a significant reduction compared to the UHB's underlying deficit coming into the year. The Director of Finance added that the in year reduction had been achieved despite a number of material savings schemes not progressing.</p> <p>It was noted that the UHB's PSPP performance was unchanged and continued to exceed the 95% target; cash plans remained on target with the UHB not expecting to request additional cash support in 2019/20; net capital expenditure to the end of December was 50% of the UHB's approved Capital Resource Limit which in turn reflected the timing of confirmed funding and the associated increase in capital expenditure expected towards the tail end of the year.</p> <p>In concluding the Deputy Director of Finance highlighted that the key risk to the Plan was the management of budgets to deliver a balanced financial position by year end and that the assessment of this risk had fallen from £2.5m to £2.0m in month.</p> <p>In response to a query from the Finance Committee Chair (JU) it was noted that the UHB's share of the overspend at the Welsh Risk Pool was unchanged in month and remained at £1.5m.</p> <p>ASSURANCE was provided by:</p> <ul style="list-style-type: none">• The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned. <p>Resolved – that:</p>	
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	<p>The Finance Committee noted that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;</p> <p>The Finance Committee noted the £1.220m deficit at month 9;</p> <p>The Finance Committee noted the key risks in delegated budgets and the Welsh Risk Pool</p> <p>The Finance Committee noted the plan to deliver a break even position by year end.</p>	
FC 19/159	<p>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</p> <p>The Deputy Director of Finance presented an update on the Plans To Deliver A Break Even Position stating that plans had been adjusted for issues which had emerged in December as follows:</p> <ul style="list-style-type: none"> • The UHB position had improved by £0.731m in December, primarily as a result of performance against Central Budgets. Aggregate Clinical Board performance was broadly flat in month. • A full savings programme was in place although some schemes remained in amber status. • At month 9 Clinical Boards were reporting a cumulative overspend of £8.718m which was £0.496m higher than the original forecast. The surplus against Central Budgets was £0.484m better than expected leaving the UHB's deficit £0.012m above the forecast profile to reach breakeven at the end of December. • Clinical Board Recovery actions are back loaded which remained a risk if Clinical Board performance continued at the rate established in the first 9 months of the year. • In recognition of the improved forecast position for PCIC and Specialist Services at month 9 the Risk Adjusted Delegated Budget Forecast had been reduced by £0.638m. These reductions were supplemented by a further forecast improvement of £0.920m against central budgets which had arisen as a result of funding for digital investments and a reduction in forecast in year expenditure on new initiatives. As a consequence the UHBs risk adjusted profile had fallen by £1.588m in December from £2.221m to a deficit of £0.633m. • Proposals to address the residual £0.6m risk adjusted forecast deficit were listed as follows: Plans to secure additional funding for Lightfoot, the South Wales Plan and Invest to Save schemes; Clinical Board mitigating actions; Deferral of recruitment to non- 	

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	<p>essential posts until 31st March 2020 (via vacancy scrutiny panel); and the continuation of controls to reduced discretionary expenditure.</p> <ul style="list-style-type: none"> There were still a number of risks to the delivery of a break even position as follows: closing down the residual £0.6m risk; Securing the additional funding for the South Wales Plan and Lightfoot; the management of the risk adjusted position across a number of areas; turning the final amber savings schemes to green as soon as possible; unexpected events as the UHB is not holding a contingency; Clinical Board improvement plans; and the management of the £1.5m Welsh Risk pool cost pressure that is subject to change. <p><u>Comments were received as follows:</u></p> <ul style="list-style-type: none"> The UHB Interim Board Chair (CJ) noted that it was encouraging that the UHB was still developing savings schemes and that there was circa £2m of red pipeline schemes within the 2019/20 savings plan which could unfold into 2020/21 if they were not realised in the current year. The UHB Interim Board Chair (CJ) enquired whether the UHB was in receipt of written documentation from Welsh Government in support of the assumed additional funding for Lightfoot and the Director of Finance confirmed that the allocation had not yet been confirmed at that this represented a risk. <p>Resolved – that:</p> <p>The Finance Committee noted the plans and actions required to deliver a break even position in 2019/20.</p>	
FC19/159	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation remained at 3 of which one Board namely Medicine was in escalation for Finance performance.</p> <p>In answer to a query from the Finance Committee Chair (JU) the Chief Operating Officer confirmed that the threshold level of the current escalation process was effective and added that the focus would now shift towards 2020/21 as the year end approached.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
FC19/160	<p>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</p>	

	<p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At 31st December 2019 £16.597m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a surplus of £0.252m. £14.313m of the identified schemes were recurrent. • Schemes totalling £13.505m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 31st December 2019 leaving a surplus of £0.705m. The recurrent effect of the identified schemes in 2020/21 was £4.332m. The recurrent position of corporate schemes was being reviewed on a scheme by scheme basis. Further work was focusing on a number of areas highlighted through both the Efficiency Framework and the UHB's own internal benchmarking and analysis. <p>The Committee was informed that the main concern was the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p>Turning to 2020/21 Cost Reduction Plans the Assistant Director of Finance highlighted that:</p> <ul style="list-style-type: none"> • As at 22nd January 2020 £4.860m had been identified as Green or Amber against the devolved 3.5% 2020/21 savings target of £29.000m. The Assistant Director of Finance indicated that Welsh Government had confirmed that the shortfall against the 2020/21 was a concern in respect of the 2020/21 IMTP and further progress was required to provide assurance of delivery in 2020/21. <p>The UHB Interim Board Chair (CJ) asked for confirmation that the UHB's savings programmes would not have a detrimental impact on Patient Safety and the Assistant Director of Finance confirmed that there was no detrimental impact and that this would be confirmed in future reports.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the progress against the £29.145m UHB savings requirement for 2019/20.</p> <p>The Finance Committee noted the progress against the £29.000m UHB savings requirement for 2020/21.</p>	
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<p>FC19/161</p>	<p>RISK REGISTER</p> <p>The Assistant Director of Finance asked the Finance Committee to note the risks highlighted within the 2019/20 Risk Register.</p> <p>Three risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21; • Management of Budget pressures; • Management of Nursing overspend - £2.436m at month 9 <p>The Finance Committee was asked to note the risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend was assessed to be £1.5m at month 9 was now included in the UHB's year end forecast position. It was noted that the risk associated with cardiac outsourcing was rated a moderate risk and in this context the Finance Committee agreed that this should remain on the risk register.</p> <p>Moving onto the 2020/21 Risk Register the Assistant Director of Finance Indicated that the register reflected the financial issues and risks included in the 2020/21 IMTP.</p> <p>Three risks were categorized as extreme risks (Red) on the 2020/21 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22; • Management of Budget pressures; • Delivery of the 3.5% CIP (£29.0m) <p>Two further risks relating to the management of internal investments within the £3m investment reserve and commissioning risks particularly in respect of WHSCC and EASC were also included on the Register.</p> <p>The Finance Committee Chair asked whether the Welsh Risk Pool should be included on the Risk Register and the Assistant Director of Finance informed the Committee that the UHB had been instructed by Welsh Government to include an additional commitment of £1.5m for the Welsh Risk Pool within the 2020/21 IMTP to cover any additional costs arising from the Welsh Risk Pool and that at this stage this was considered to provide sufficient cover.</p> <p>The UHB Interim Board Chair (CJ) noted that the 2020/21 planned reduction in the underlying deficit represented a smaller movement than that achieved in 2019/20 and in response the Director of Finance indicated that this reflected a balanced view of the proportion of the 2020/21 3.5% CRP that could be delivered on a recurrent basis.</p> <p>Resolved – that:</p>	
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	<p>The Finance Committee noted the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee noted the value of risk associated with the 2019/20 Welsh Risk Pool overspend where the UHB share now estimated at £1.5m.</p> <p>The Finance Committee noted the risks highlighted within the 2020/21 risk register.</p>	
FC19/162	<p>2020/21 IMTP FINANCIAL PLAN</p> <p>The Assistant Director of Finance referred the Finance Committee to the draft Financial Plan narrative which would be presented with the IMTP papers at the January 2020 Board meeting.</p> <p>The Committee was informed that the submission was broadly consistent with the IMTP presentation which was provided to the previous meeting of the Finance Committee. The IMTP included a balanced financial plan for each of the 3 years from 2020/21 to 2022/23. The underlying deficit carry forward to 2020/21 was £11.5m which was £7.5m more than originally planned primarily because the target level of recurrent savings had not been delivered in 2019/20.</p> <p>The Finance Committee was advised that the plans which would be submitted to Welsh Government had changed from the draft plans provided with the papers to both the Finance Committee and Board in respect of the following 2 issues:</p> <ul style="list-style-type: none"> • Following advice from Welsh Government the further additional increases of £1.5m to Welsh Risk Pool costs included in year 2 & 3 of the plan had been removed. The additional Welsh Risk Pool cost in year 1 of the plan remained and this additional cost effectively rolled over into the baseline for following years. As a consequence of excluding the additional incremental cost in years 2 & 3 the overall savings requirement over the 3 years fell by £3m. • The plan now excluded the additional resource requirements arising from plans to meet RTT and winter pressures. The IMTP to be submitted to Welsh Government indicated that detailed delivery plans which articulate resource requirements for RTT and Winter Plan are being finalised. <p>The Director of Finance indicated that Welsh Government feedback on the financial plan supporting the IMTP was generally positive and that the main concern highlighted by Welsh Government was the rate of progress in identifying the savings required by the plan.</p> <p>The UHB Interim Board Chair (CJ) asked if the 2 financial amendments in relation to the Welsh Risk Pool and the resourcing of RTT and the winter plan could be flagged to the January Board meeting prior to a decision on whether to approve the IMTP. In response the Director of</p>	

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	<p>Finance confirmed that the 2 amendments would be brought to the attention of the Board.</p> <p>Resolved – that:</p> <p>The Finance Committee:</p> <ul style="list-style-type: none"> • NOTED the financial plan to be included in the 2020/21 IMTP and the two amendments in relation to the cost of the Welsh Risk Pool and resourcing of RTT and the Winter Plan. 	
FC 19/163	<p>MONTH 9 FINANCIAL MONITORING RETURNS</p> <p>These were noted for information.</p> <p>It was noted that the written narrative in support of the Tables would be relayed to Committee members following the meeting.</p>	
FC 19/164	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</p> <p>The Director of Finance confirmed that the amendments to Financial Plan supporting the IMTP in relation to the Welsh Risk pool and the resourcing of RTT and the winter plan would be brought to the attention of the Board meeting on January 30th 2020.</p>	
FC 19/165	<p>DATE OF THE NEXT MEETING OF THE COMMITTEE</p> <p>Wednesday 26th February; 2.00pm; Cwm George Meeting Room, Ground Floor, HQ, Woodland House</p>	

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Report Title:	Finance Report for the Period Ended 31 th January 2020									
Meeting:	Finance Committee						Meeting Date:	February 26 th 2020		
Status:	For Discussion	x	For Assurance	x	For Approval		For Information		x	
Lead Executive:	Executive Director of Finance									
Report Author (Title):	Deputy Director of Finance									

Background and current situation:

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received from Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of the plan. The financial plan for 2019/20 requires the delivery of a £31.245m savings target.

A summary of this plan is provided in Table 1.

Table 1: 2019/20 IMTP

	Approved IMTP £m
b/f underlying deficit	(36.3)
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
In Year Financial Plan	36.3
Planned Surplus/(Deficit) 2019/20	0.0

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against 3 year financial break even duty

	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass or fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.000	(36.725)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was

in 2016/17. The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18 and 2018/19 and that the forecast balanced 2019/20 outturn position also results in a breach of financial duty at the end of 2019/20.

At month 10, the UHB is reporting an overspend of £0.989m against this plan which represents an improvement of £0.231m on the position reported at the end of December. This reported position remains broadly in line with the expected profile and the UHB is continuing to focus management attention to deliver a break even position by the year end.

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

Month 10 financial performance was broadly in line with plans. Budget holders have been requested to seek further financial improvements and get to as good a position as possible so that the residual financial risk can be managed in the final 2 months of the year and the approved IMTP delivered. To support this the UHB has taken action to slow down discretionary pay and non pay expenditure.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end. These are reviewed on a monthly basis.

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Assessment and Risk Implications

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

Table 3: Finance Dashboard @ January 2020

Measure	n	STATUS REPORT					Time Period
		January 2020	RAG Rating		Latest Trend	Target	
Financial balance: remain within revenue resource limits	36	£0.989m deficit at month 10.	R		9	2019/20 Break-Even	M10 2019-20
Remain within capital resource limits.	37	Expenditure at the end of January was £29.534m against a plan of £30.855m.	G		9	Approved planned expenditure £56.855m	M10 2019-20
Reduction in Underlying deficit	36a	£7.5m shortfall against the recurrent savings plan target at month 10 (see below).	R		9	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M10 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£16.345m in year schemes identified at Month 10. £3m shortfall against recurrent schemes.	R		9	£16.345m	M10 2019-20
Delivery of £9.750m recurrent/non recurrent corporate target	36c	£9.750m in year schemes identified at month 10. £4.5m shortfall against recurrent schemes	R		9	£9.750m	M10 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.4% in January	G		9	95% of invoices paid within 30 days	M10 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £0.676 m	G		9	To remain within Cash Limit	M10 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £4.584m	G		9	To Maintain Positive Cash Balance	End of January 2019

Month 10 Cumulative Financial Position

Financial performance in month 10 was in line with the profiled plan to reach break even at year end. The UHB reported position at month 10 is a £0.989m cumulative adverse variance. This is an improvement of £0.231m on the £1.220m adverse position reported at month 9 and reflects the application of corporate opportunities within the month as previously profiled.

The UHB has plans to recover the year to date deficit and deliver a break even position by year end. The UHB's financial position improved again this month and remains on the profiled plan to reach break even at year end. The plan includes measures to manage the £1.5m liability that has arisen on the Welsh Risk Pool.

Performance against the forecast trajectory in order to achieve break-even has been updated in month to reflect the month 10 reported position and this is included in Appendix 6. This shows that the recovery in the period of September to January is expected to continue over the remaining 2 months of the year resulting in a break even position at the end of March.

Table 4 analyses the operating variance between income, pay and non pay.

Table 4: Summary Financial Position for the period ended 31st January 2020

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(123.244)	(123.220)	0.023	(1,196.099)	(1,197.589)	(0.502)	(1,480.146)	(1,480.146)	0.000
Pay	54.308	53.936	(0.372)	536.573	533.608	(2.965)	639.125	639.125	0.000
Non Pay	68.936	69.053	0.117	659.527	663.982	4.455	841.020	841.020	0.000
Variance to Plan £m	0.000	(0.231)	(0.231)	0.000	0.000	0.989	0.000	0.000	0.000

Income

The year to date and in month financial position for income is shown in Table 5.

Table 5: Income Variance @ January 2020

Income	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Research & Development	(0.969)	(0.930)	0.039	(8.338)	(8.638)	(0.300)
Revenue Resource Limit	(82.683)	(82.683)	0.000	(799.554)	(800.542)	0.000
Accommodation & Catering	(0.377)	(0.372)	0.005	(3.737)	(3.591)	0.146
Education & Training	(3.321)	(3.306)	0.015	(32.630)	(32.572)	0.058
Injury Cost Recovery Scheme (CRU) Income	(0.180)	(0.221)	(0.041)	(1.804)	(2.108)	(0.304)
NHS Patient Related Income	(28.265)	(28.321)	(0.057)	(267.635)	(267.939)	(0.305)
Non Revenue Resource Limit	(1.109)	(1.109)	0.000	(15.595)	(15.595)	(0.000)
Other Operating Income	(6.215)	(6.170)	0.044	(65.807)	(65.478)	0.328
Overseas Patient Income	(0.007)	(0.008)	(0.001)	(0.074)	(0.146)	(0.072)
Private Patient Income	(0.117)	(0.098)	0.019	(0.925)	(0.979)	(0.054)
Total £m	(123.244)	(123.220)	0.023	(1,196.099)	(1,197.589)	(0.502)

A surplus of £0.502m is reported against income budgets. The main variances to note are:

- £0.328m adverse cumulative variance against other operating income where there has been an under recovery of income against targets for: NICU/PICU due to activity; the Radiopharmacy Unit and St Mary's Pharmaceutical Units due to closure and production issues; rental income due to vacant retail spaces including the pharmacy outpatients scheme.
- £0.057m in month surplus on NHS patient related income following the confirmation of December activity which was better than forecasted.
- £0.039m in month adverse variance on R&D income following a slowdown in the level of commercial income.
- A £0.041m surplus in income in month from the Compensation Recovery Unit following the receipt of a relatively high value of cash in month.

LTA Provider Performance

The UHB receives circa £300m income from its contracts with WHSSC, LHBs and other commissioners, in addition to non-contractual flows. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

There is an improvement of £0.060m in the Month 10 LTA position. The overall provider position is a favourable cumulative variance of £0.316m. The LTA position with LHBs is underperforming, this is mainly driven by under delivery within Orthopaedics. This is offset by over performance on the WHSSC and non-welsh LTA's. The overall performance against plan at Month 10 is summarized in Table 6 below.

Table 6: Month 10 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	(237.197)	(197.132)	(197.579)	(0.447)
Aneurin Bevan	(30.536)	(25.449)	(25.411)	0.038
Other LHBs	(40.298)	(33.629)	(33.325)	0.304
Non-Welsh	(3.730)	(3.729)	(3.940)	(0.211)
	(311.761)	(259.939)	(260.255)	(0.316)

Pay

In total pay budgets are showing a cumulative underspend of £2.965m as reported in Table 7.

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

Pay	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Additional clinical services	2.130	2.053	(0.077)	20.429	20.156	(0.273)
Management, admin & clerical	6.575	6.400	(0.176)	64.205	63.641	(0.564)
Medical and Dental	13.953	13.717	(0.236)	136.036	134.804	(1.232)
Nursing (registered)	16.177	16.201	0.024	161.498	161.015	(0.483)
Nursing (unregistered)	4.175	4.573	0.397	41.851	45.192	3.340
Other staff groups	8.093	7.930	(0.164)	81.332	79.259	(2.072)
Scientific, prof & technical	3.203	3.063	(0.140)	31.222	29.542	(1.680)
Total £m	54.308	53.936	(0.372)	536.573	533.608	(2.965)

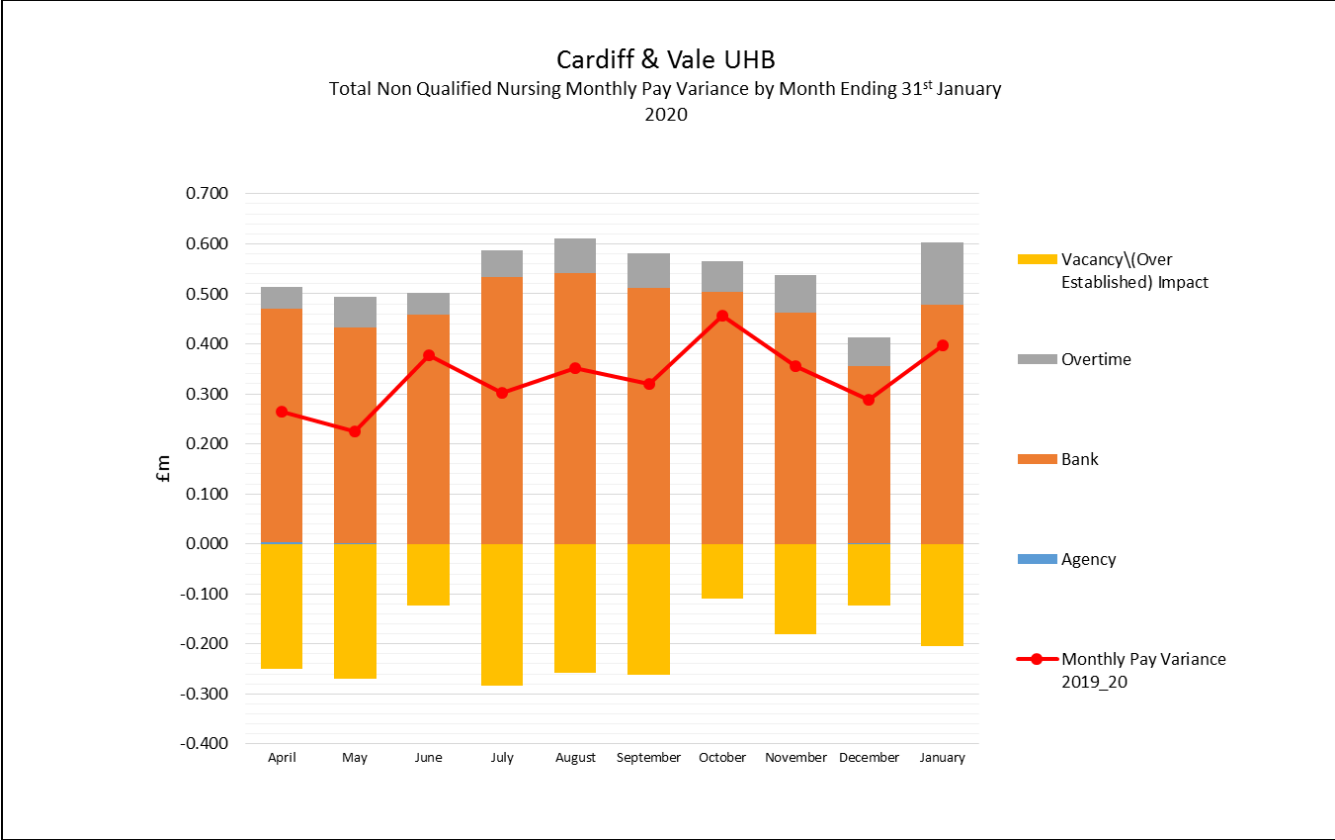
Total pay budgets are underspent by £2.965m at the end of January after an in month underspend of £0.372m

The recent improvement in the rate of overspend against the nursing budget slowed down in month due to a number of service pressures.

The in month underspend on medical and dental continues as a result of a number of vacant posts.

The underspend against management, admin and clerical and other staff groups is in part due to vacancy management in support of cost pressures.

Table 8 – Non Qualified Nursing Staff Pay Variance

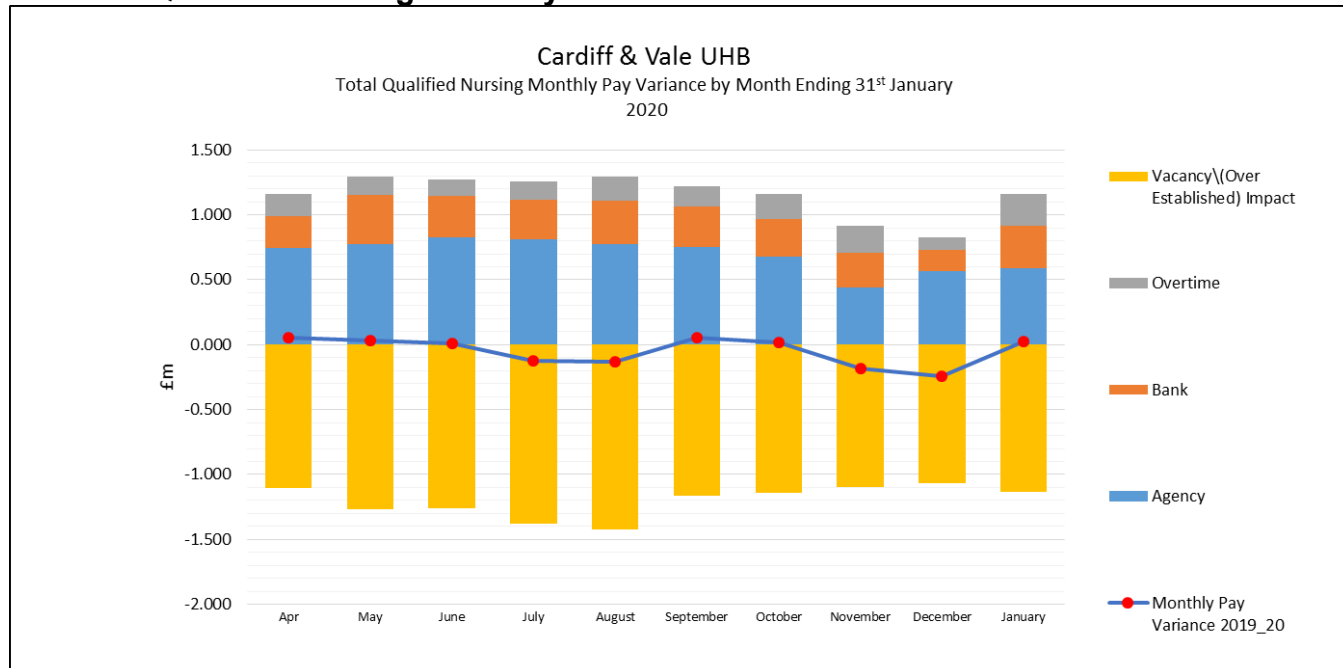


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	(0.001)	0.001
Bank	0.479	4.745
Overtime	0.124	0.657
Adverse Impact	0.601	5.404
Vacancy\ (Over Established) Impact	(0.204)	(2.064)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.397	3.340

Table 8 indicates that the £3.340m adverse variance against non-qualified nursing assistants is due to overspends of £4.745m on bank staff and £0.657m on overtime which is partly offset by an underspend against established posts.

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Table 9 - Qualified Nursing Staff Pay Variance

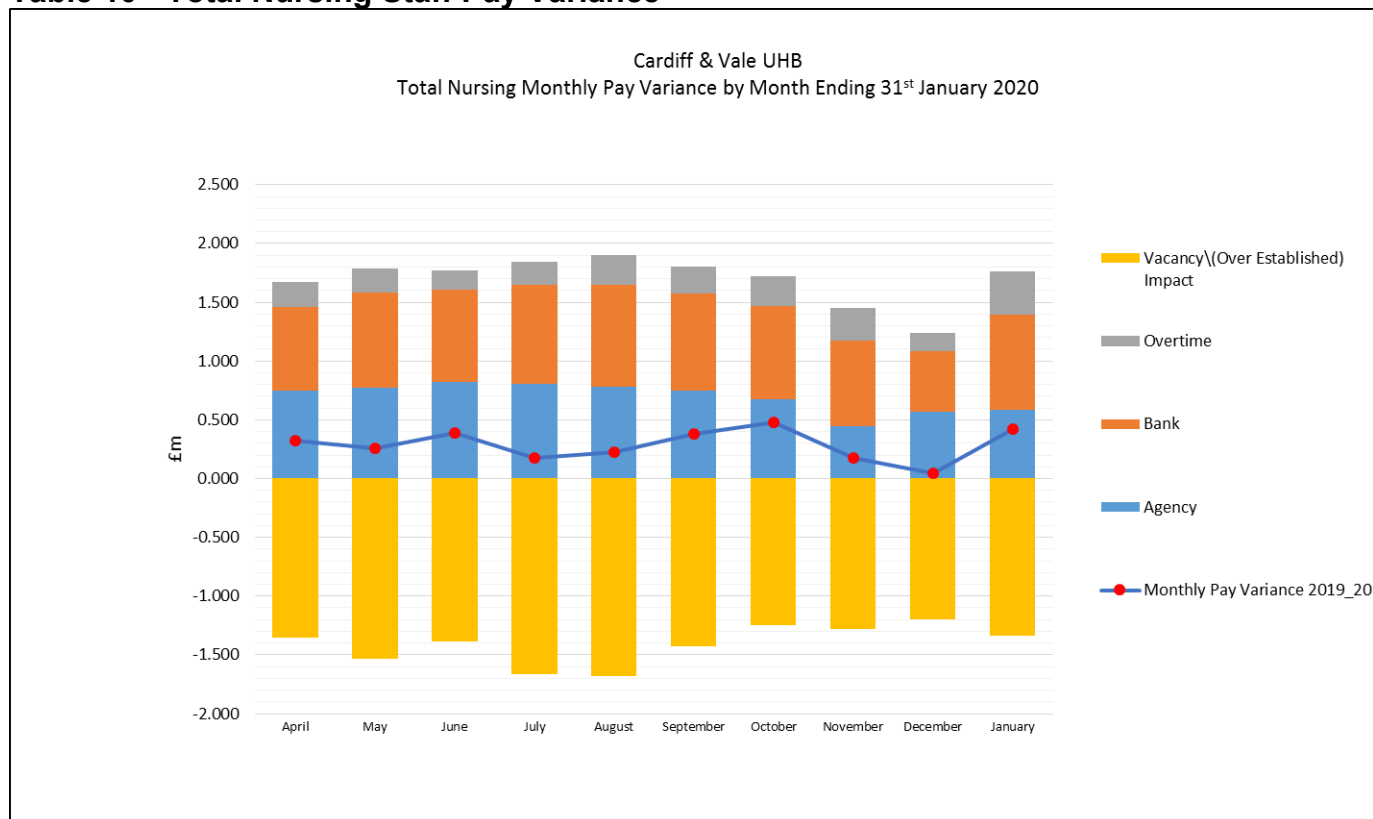


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.588	6.958
Bank	0.326	2.931
Overtime	0.246	1.670
Adverse Impact	1.159	11.559
Vacancy\ (Over Established) Impact	(1.136)	(12.043)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	0.024	(0.483)

Table 9 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

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Table 10 - Total Nursing Staff Pay Variance



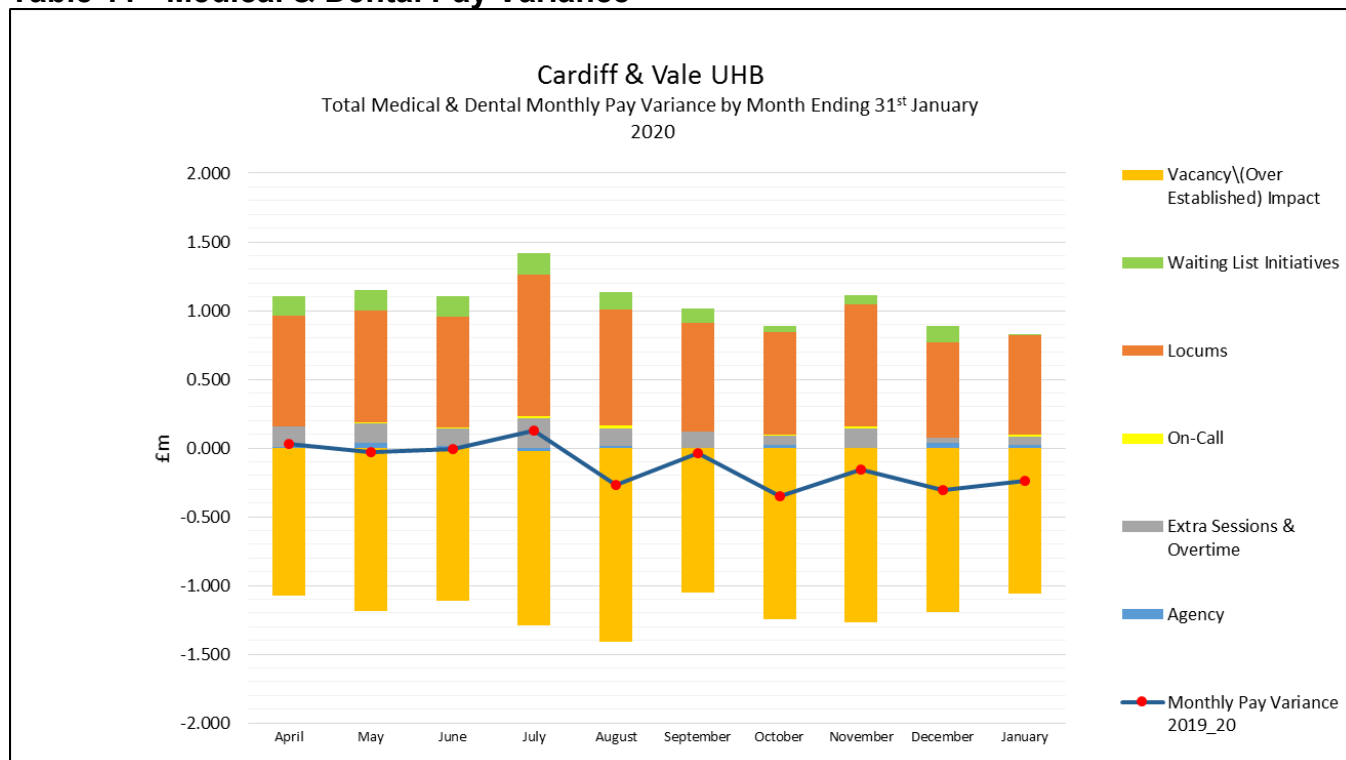
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.587	6.960
Bank	0.804	7.676
Overtime	0.370	2.327
Adverse Impact	1.761	16.963
Vacancy\((Over Established)\) Impact	(1.340)	(14.106)
Total Pay Variance - (Fav)/Adv £m	0.421	2.857

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £2.857m more than budget. The £14.106m surplus against established posts is offset by a £16.963m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2019/20.

Table 11 shows financial performance against medical and dental pay budgets. This identifies that the majority of the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an underspend of £1.232m at month 10.

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Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.023	0.127
Extra Sessions & Overtime	0.057	1.193
On-Call	0.018	0.095
Locums	0.726	8.156
Waiting List Initiatives	0.001	1.049
Adverse Impact	0.826	10.620
Vacancy\ (Over Established) Impact	(1.063)	(11.852)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.236)	(1.232)

Non Pay

Table 12 highlights an overspend of 4.455m against non pay budgets following a £0.117m overspend in month.

The key operational pressure areas are:

- An overspend against drug budgets primarily in medicine and primary care which continued in January with a reported in month overspend of £0.159m.

- Premises and fixed plant where key cost drivers are: increased spend on estates contractors to cover vacancies in substantive posts during a workforce modernisation programme; energy costs; and the significant cost of security on the vacant sites at Lansdowne and Whitchurch. £0.785m of the overspend on estates contractor costs is

offset by staff underspends of £0.720m on vacant posts.

- High levels of CHC growth as a consequence of increasing numbers particularly in the first half of the year in respect of palliative care, learning difficulties and high cost mental health placements
- Pressures against commissioned services relate to the recognition of the UHB's contribution to the WHSCC budget and additional costs of hospice care. The improvement in month 10 primarily relates to slippage against new services.
- The cumulative overspend against clinical services and supplies is a result of theatre consumables, growth in community beds and dressings, genomics activity and additional spend on wheelchairs at ALAS.

Table 12: Non Pay Variance @ January 2020

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	9.414	9.623	0.209	88.733	90.182	1.449
Commissioned Services	14.912	14.819	(0.093)	144.037	145.005	0.968
Continuing healthcare	5.382	5.803	0.421	55.274	57.232	1.957
Drugs / Prescribing	13.385	13.545	0.159	126.890	129.902	3.013
Establishment expenses	1.711	1.612	(0.099)	10.865	11.043	0.178
General supplies & services	0.776	0.818	0.042	7.455	7.779	0.324
Other non pay	6.505	6.019	(0.486)	52.623	47.138	(5.484)
Premises & fixed plant	2.946	3.131	0.186	28.447	31.298	2.850
Primary Care Contractors	13.904	13.683	(0.221)	145.202	144.402	(0.800)
Total £m	68.936	69.053	0.117	659.527	663.982	4.455

LTA Commissioner Performance

The UHB spends circa £165m on central commissioning of healthcare services for its population mainly through contracts with WHSSC, LHBs and Velindre. There has been a favourable movement in M10 for WHSSC of £0.104m due to the release of WHSSC reserves. However, £0.650m cumulative overspend to M10 driven by the C&V provider performance. This is due to Cardiology, TAVI, paediatric oncology, Neurosurgery, Spinal implants, ALAS, BMT and melanoma drugs. The LHB position is £0.132m adverse to M10. Favourable performance on Velindre drugs has been negated by Radiology over performance. The year to date commissioner position is shown in Table 13.

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Table 13: Month 10 LTA Commissioner Position

Expenditure - C&V Commissioner			(fav) / adv
Annual Budget £m	YTD Profile £m	YTD Actual £m	YTD Variance £m
WHSSC	126.765	105.509	106.162
Velindre	17.495	14.579	14.409
LHBs	20.254	16.980	17.112
Other / NCAs	1.329	1.106	1.134
	165.843	138.173	138.817
			0.644

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the ten months to 31st January 2020 by Clinical Board is shown in Table 14.

Table 14: Financial Performance for the period ended 31st January 2020

Clinical Board	M9 Budget Variance £m	M10 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	(0.032)	(0.027)	0.006	(0.26%)
Capital Estates & Facilities	1.033	1.103	0.070	1.98%
Children & Women	1.212	1.306	0.094	1.40%
Clinical Diagnostics & Therapies	1.100	1.050	(0.050)	1.17%
Executives	(0.312)	(0.425)	(0.112)	(1.24%)
Medicine	3.417	3.660	0.243	3.69%
Mental Health	0.066	0.142	0.076	0.21%
PCIC	1.746	1.653	(0.094)	0.57%
Specialist	(1.137)	(1.184)	(0.047)	(0.81%)
Surgery	1.624	1.622	(0.002)	1.27%
SubTotal Delegated Position	8.718	8.900	0.182	0.00%
Central Budgets	(7.498)	(7.912)	(0.414)	(4.24%)
Total	1.220	0.989	(0.231)	0.08%

Delegated budgets are £8.900m overspent for the year to date, following an in month overspend of £0.182m. The in month overspend against delegated budgets is offset by a underspend of £0.414m against central budgets which includes the planned release of corporate opportunities.

Further detail on the Performance of Executive Directorate Budgets is provided at **Appendix 5**.

The financial performance on delegated budgets remains the key financial risk facing the UHB. Clinical Boards have been tasked with improving their financial performance which requires the delivery of recovery measures and this will be managed through the normal performance management and escalation processes.

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m.

At month 10 the UHB has a fully identified savings programme to deliver against the £26.095m savings target as summarised in Table 15.

Table 15: Progress against the 2019/20 Savings Programme at Month 10

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.095	26.095	0.000

The latest position is shown in **Appendix 1**.

Further work will continue on the savings programme to convert the key remaining amber schemes to green as soon as possible.

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The recurrent underlying deficit in 2018/19 b/f into 2019/20 was £36.3m. Successful delivery of the 2019/20 plan would have reduced this to £4m by the year end. The achievement of this is very much dependent upon delivering the full year impact of 2019/20 savings schemes. The latest assessment is that this remains circa £7.5m less than planned and this would increase the underlying deficit to £11.5m. This is now the opening position included in the 2020/21 IMTP. This is shown in Table 16.

Table 16: Summary of Underlying Financial Position

	2019/20 Plan £m	Forecast Position @ Month 10	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	36.261	0.000	36.261
Income	(56.610)		(56.610)
Cost pressures less mitigating actions	51.594		51.594
Less CIPs (includes income generation & NR accountancy gains)	(26.345)	11.500	(14.845)
Release of Remaining Investment Reserve & operational underspend at WEQAS	(4.900)		(4.900)
Deficit £m	0.000	11.500	11.500

Balance Sheet

The balance sheet at month 10 is detailed in **Appendix 2**.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the impact of annual indexation and capital spend.

Overall trade debtors have increased by £15.0m (8.2%) since the start of the year mainly due to an increase in amounts due from the Welsh Risk Pool in respect of clinical negligence cases and an increase in NHS invoice accruals. The in month decrease of £8.7m was primarily a consequence of the timing of payments and receipts to and from the pooled CHC Fund alongside a fall in outstanding balances on the Accounts Receivable Control Account.

The carrying value of Inventory is principally the same as the previous month and the in year increase in carrying value is £0.295m.

The value of Trade and other payables has fallen by around £25.9m (14.1%) since the start of the year following a reduction in capital creditors, a reduction in clinical negligence accruals and the settlement of year end liabilities. There was a £9.3m fall in the level of outstanding creditors in January, mainly relating to Cardiff Council re the CHC Pooling arrangements and a reduction in cash creditors.

Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of January 2020 the UHB had a forecast year end cash surplus of £0.676m. The UHB will continue to monitor this position with a view to revising the requirement if necessary.

The UHB's cash balance at the end of January was £4.584m.

A detailed monthly cash flow is shown in **Appendix 3**.

Public Sector Payment Compliance

The UHB's cumulative performance to the end of January fell by 0.3% from 96.7% to 96.4%.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of January 2020 is summarised in Table 17 and detailed in **Appendix 4**.

Table 17: Progress against Capital Resource Limit @ January 2020

	£m
Planned Capital Expenditure at month 10	30.855
Actual net expenditure against CRL at month	29.534
Variance against planned Capital Expenditure at month	(1.321)

Capital progress for the year to date is satisfactory with net expenditure to the end of January being 52% of the UHB's approved Capital Resource Limit. This reflects the approval of an additional £14.686m funding since November where the associated expenditure is profiled into the tail end of the year. The UHB had an approved capital resource limit of £56.855m at the end

of January 2020 comprising of £13.889m discretionary funding and £42.966m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement, MRI Scanners, Pharmacy Equipment, Imaging Equipment, Digital Priorities, Cystic Fibrosis, Major Trauma Centre, Wellbeing hubs at Maelfa and Penarth and Chapel at CRI).

Key Risks and Recovery Actions

The key financial risk is now assessed as the management of operational pressures, including the Welsh Risk Pool. In overall terms this has been assessed at circa £0.500m and the UHB has taken action to slow down discretionary pay and non pay expenditure to strengthen mitigating actions to manage this.

The plans to deliver a break even position will be monitored monthly by the Finance Committee.

Recommendation:

The Finance Committee is asked to:

- **NOTE** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;
- **NOTE** the £0.989m deficit at month 10;
- **NOTE** the key risks in delegated budgets and the Welsh Risk Pool;
- **NOTE** the plan to deliver a break even position by year end.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	<p>Yes / No / Not Applicable</p> <p><i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i></p>								

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Appendix 1

2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,871	262	4,133	517	(833)
Surgery	2,300	2,556	0	2,556	375	(256)
Specialist Services	2,019	2,145	62	2,207	0	(188)
Corporate Execs	681	696	0	696	20	(15)
Mental Health	1,470	1,445	25	1,470	100	0
CD&T	1,633	1,266	409	1,675	574	(42)
Children & Women	1,775	1,558	76	1,634	225	141
Medicine	1,877	1,142	218	1,360	38	517
Capital Estates and Facilities	1,290	883	0	883	267	407
Total	16,345	15,562	1,052	16,614	2,116	(269)
Corporate	12,800	13,005	500	13,505	0	(705)
Total	29,145	28,567	1,552	30,119	2,116	(974)

2019-20 Full Year Effect

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,880	338	4,218	0	-918
Surgery	2,300	2,198	0	2,198	560	102
Specialist Services	2,019	1,977	62	2,039	0	-20
Corporate Execs	681	697	0	697	0	0
Mental Health	1,470	1,102	50	1,152	100	318
CD&T	1,633	1,010	0	1,010	574	623
Children & Women	1,775	579	293	872	245	903
Medicine	1,877	1,049	514	1,563	84	314
Capital Estates and Facilities	1,290	541	23	564	0	726
Total	16,345	13,033	1,280	14,313	1,563	2,032
Corporate	12,800	4,332	0	4,332	0	8,468
Total	29,145	17,365	1,280	18,645	1,563	10,500

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Appendix 2

BALANCE SHEET AS AT 31st JANUARY 2020

	Opening Balance 1 st April 2019	Closing Balance 31 st Jan. 2020
Non-Current Assets	£'000	£'000
Property, plant and equipment	675,904	691,021
Intangible assets	2,902	2,175
Trade and other receivables	21,432	35,248
Other financial assets		
Non-Current Assets sub total	700,238	728,444
Current Assets		
Inventories	16,926	17,221
Trade and other receivables	176,987	178,177
Other financial assets		
Cash and cash equivalents	1,219	4,583
Non-current assets classified as held for sale	1,906	644
Current Assets sub total	197,038	200,625
TOTAL ASSETS	897,276	929,069
Current Liabilities		
Trade and other payables	174,685	149,308
Other financial liabilities		
Provisions	129,087	131,499
Current Liabilities sub total	303,772	280,807
NET ASSETS LESS CURRENT LIABILITIES	593,504	648,262
Non-Current Liabilities		
Trade and other payables	9,095	8,586
Other financial liabilities		
Provisions	24,862	31,547
Non-Current Liabilities sub total	33,957	40,133
TOTAL ASSETS EMPLOYED	559,547	608,129
FINANCED BY:		
Taxpayers' Equity		
General Fund	443,904	491,355
Revaluation Reserve	115,643	116,774
Total Taxpayers' Equity	559,547	608,129

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Appendix 3

CASH FLOW FORECAST AS AT 31st JANUARY 2020

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	91,830	92,150	73,290	73,685	82,585	76,520	83,570	84,720	72,730	80,455	75,095	62,613	949,243
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,555	1,685	1,210	1,560	1,390	1,415	1,455	1,680	1,678	17,813
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	1,255	2,108	2,396	1,307	3,026	2,711	1,411	1,582	1,433	6,069	25,808
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	4,900	4,440	3,400	4,150	3,550	2,741	16,424	56,855
Sale of Assets	0	1,200	0	166	0	0	0	0	0	0	2,507	260	4,133
Income from other Welsh NHS Organisations	39,794	47,109	39,129	53,252	50,677	34,006	43,675	52,139	48,290	49,502	41,913	37,577	537,063
Other - (Specify in narrative)	14,126	6,259	5,137	12,752	6,892	4,176	13,884	5,729	5,187	12,775	6,444	9,207	102,568
TOTAL RECEIPTS	157,095	150,563	119,816	147,368	148,135	122,119	150,155	150,089	133,183	149,319	131,813	133,828	1,693,483
PAYMENTS													
Primary Care Services : General Medical Services	5,495	4,343	8,338	4,816	4,261	6,402	4,755	4,395	7,316	4,514	4,549	7,530	66,714
Primary Care Services : Pharmacy Services	165	136	176	124	132	145	150	133	196	540	481	300	2,678
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	3	7,987	15,385	3	7,473	16,118	7,630	8,004	7,710	0	92,516
Primary Care Services : General Dental Services	1,835	1,877	1,926	2,054	1,786	1,900	1,941	2,150	1,797	1,843	1,963	1,915	22,987
Non Cash Limited Payments	1,957	1,861	2,088	2,215	2,005	2,182	1,984	2,100	2,195	1,837	2,069	2,050	24,543
Salaries and Wages	51,454	51,583	50,105	51,135	51,185	50,037	51,844	52,355	51,304	51,256	51,272	51,633	615,163
Non Pay Expenditure	68,366	54,158	46,656	61,896	45,187	52,173	63,042	44,351	44,200	63,098	45,956	47,985	637,068
Capital Payment	6,335	2,613	3,087	3,268	4,047	3,649	4,470	3,227	3,743	3,383	3,676	17,487	58,985
Other items (Specify in narrative)	10,691	19,637	7,881	14,604	22,839	6,045	14,147	23,994	15,963	14,598	14,675	8,298	173,372
TOTAL PAYMENTS	153,116	151,593	120,260	148,099	146,827	122,536	149,806	148,823	134,344	149,073	132,351	137,198	1,694,026
Net cash inflow/outflow	3,979	(1,030)	(444)	(731)	1,308	(417)	349	1,266	(1,161)	246	(538)	(3,370)	
Balance b/f	1,219	5,198	4,168	3,724	2,993	4,301	3,884	4,233	5,499	4,338	4,584	4,046	
Balance c/f	5,198	4,168	3,724	2,993	4,301	3,884	4,233	5,499	4,338	4,584	4,046	676	

Bricknell Helen
02/19/2020 14:02:15

PROGRESS AGAINST CRL AS AT 31st JANUARY 2020

Approved CRL issued January 30 th 2020 £'000s	56.855
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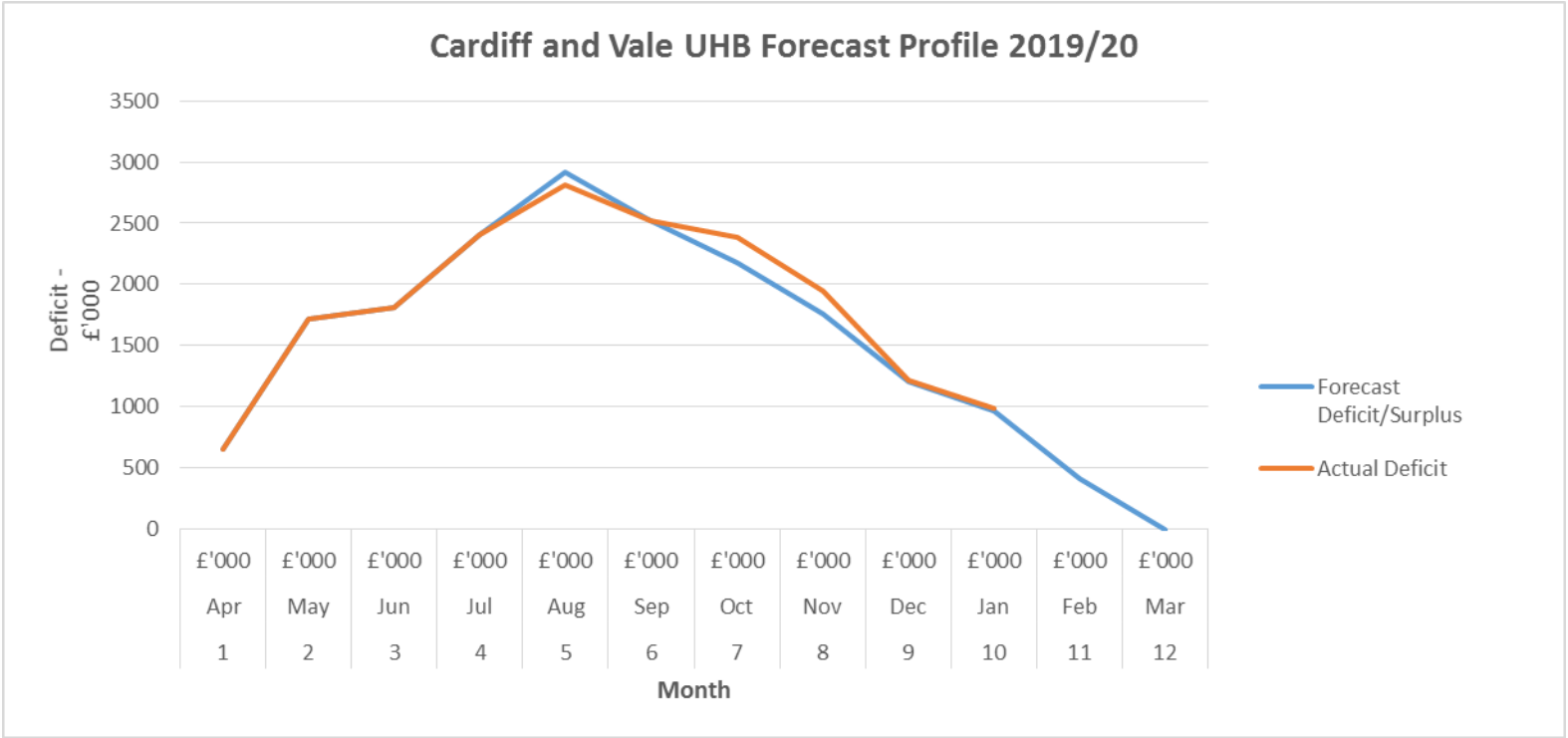
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FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

Corporate Executive Directorate	M10 Budget Variance £m
Chief Executive Officer	(0.027)
Chief Operating Officer	0.012
Director of Finance	(0.009)
Director of Governance	0.003
Director of Nursing	(0.158)
Director of Planning	0.014
Director of Public Health	0.019
Director of Therapies	(0.054)
Director of Transformation	(0.053)
Director of Workforce	(0.008)
Medical Director	(0.165)
Total £m	(0.425)

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Report Title:	2019/20 and 2020/21 Cost Reduction Programme							
Meeting:	Finance Committee					Meeting Date:	26 th February 2020	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information	x
Lead Executive:	Executive Director of Finance							
Report Author (Title):	Assistant Director of Finance							

Background and current situation:

The UHB started the year with a total savings requirement of £31.245m in 2019/20. This report summarises progress against the 2019/20 UHB devolved 2% savings programme of £16.345m. The report also summarises progress against the £14.900m corporate and high value opportunities target.

PROGRESS AGAINST DEVOLVED CRP REQUIREMENT 2019-20

As at 31st January 2020 £16.614m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m. There is therefore a surplus of £0.269m. Of the £16.614m identified schemes, £14.313m is recurrent 2020/21.

There is an expectation that all Clinical Boards get 100% of schemes in green as soon as possible.

PROGRESS AGAINST CORPORATE AND HIGH VALUE OPPORTUNITIES TARGET

The Corporate savings target of £14.900m has been reduced by £2.100m to £12.800m and this reflects the release of the UHBs remaining investment reserve.

As at 31st January 2020 £13.505m had been identified as Green or Amber against the £12.800m corporate and high value opportunities target. Of the £13.505m identified schemes, £4.332m is recurrent in 2020/21. The recurrent position is currently being reviewed on a scheme by scheme basis.

A significant amount of work is underway to address this shortfall focusing on a number of areas highlighted through both the Efficiency Framework and our own internal benchmarking and analysis.

The Finance Committee is asked to note that none of these measures has a detrimental impact upon patient safety or service delivery.

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

To date the value of Green and Amber schemes identified totals £30.119m against the UHB savings target of £29.145m. However, £11.474m of savings identified are non-recurrent

To ensure we achieve our financial objectives for 2019/20 and deliver against our IMTP commitments we need to progress the savings programme as a matter of urgency to have 100% CIP schemes in green.

As at w/c 17th February 2020 £11.330m had been identified as Green or Amber against the devolved 3.5% 2020/21 savings target of £29.000m.

Progress against the 2020/21 target will be closely monitored with an expectation that 80% green and amber schemes are identified by 31st March.

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

Whilst there are plans in place to deliver the 2019/20 CIP target across the UHB, further recurrent schemes need to be identified to ensure we start 2020/21 in the best possible position.

ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The weekly reported CIP tracker.

Recommendation:

The Finance Committee is asked to:

NOTE the progress against the revised £29.145m UHB savings requirement for 2019/20.

NOTE the progress against the revised £29.000m UHB savings requirement for 2020/21.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

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Savings Tracker Summary

2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,871	262	4,133	517	(833)
Surgery	2,300	2,556	0	2,556	375	(256)
Specialist Services	2,019	2,145	62	2,207	0	(188)
Corporate Execs	681	696	0	696	20	(15)
Mental Health	1,470	1,445	25	1,470	100	0
CD&T	1,633	1,266	409	1,675	574	(42)
Children & Women	1,775	1,558	76	1,634	225	141
Medicine	1,877	1,142	218	1,360	38	517
Capital Estates and Facilities	1,290	883	0	883	267	407
Total	16,345	15,562	1,052	16,614	2,116	(269)
Corporate	12,800	13,005	500	13,505	0	(705)
Total	29,145	28,567	1,552	30,119	2,116	(974)

Full Year Effect in 2020/21

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,880	338	4,218	0	-918
Surgery	2,300	2,198	0	2,198	560	102
Specialist Services	2,019	1,977	62	2,039	0	-20
Corporate Execs	681	697	0	697	0	0
Mental Health	1,470	1,102	50	1,152	100	318
CD&T	1,633	1,010	0	1,010	574	623
Children & Women	1,775	579	293	872	245	903
Medicine	1,877	1,049	514	1,563	84	314
Capital Estates and Facilities	1,290	541	23	564	0	726
Total	16,345	13,033	1,280	14,313	1,563	2,032
Corporate	12,800	4,332	0	4,332	0	8,468
Total	29,145	17,365	1,280	18,645	1,563	10,500

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2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	5,855	1,731	388	2,119	383	3,736
Surgery	4,081	367	107	474	336	3,607
Specialist Services	3,582	1,838	902	2,740	588	842
Mental Health	2,608	0	500	500	190	2,108
CD&T	2,897	338	381	718	843	2,179
Children & Women	3,149	110	48	158	433	2,991
Medicine	3,330	72	0	72	433	3,258
Capital Estates and Facilities	2,289	302	47	349	0	1,940
Execs	1,209			0		1,209
Total	29,000	4,758	2,373	7,130	3,205	21,870
Health Board Wide		0	4,200	4,200	6,000	(4,200)
Total	29,000	4,758	6,573	11,330	9,205	17,670

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Report Title:	Finance Risk Register				
Meeting:	Finance Committee			Meeting Date:	26 th February 2020
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assisstant Director of Finance				

Background and current situation:

This report highlights the 2019/20 Finance Risk Register risk categorisation by severity of risk as at 31st January 2020. The detailed 2019/20 risk register is shown in Appendix 1.

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

2019/20 UHB Financial Risks at 31st January 2020

Risk Category	Risk Score	Number of Risks as at 31 January 2020
Extreme Risk	20 - 25	3
High Risk	12 - 16	2
Moderate Risk	4 - 10	8
Low Risk	1 - 3	0

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

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

Fin01/19 – Reducing underlying deficit from £36.3m to £4.0m in line with approved IMTP.

Fin02/19 – Management of budget pressures. Month 10 overspends reported in Medicine Clinical Board (£3.660m), PCIC (£1.653m), Surgery (£1.622m)

Fin09/19 – Management of nursing position £2.436m overspend at month 9.

The Finance Committee is asked to note the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend is assessed to be £1.5m.

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

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

Recommendation:

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2019/20 risk register
- **NOTE** the value of risk associated with the 2019/20 Welsh Risk Pool overspend where the UHB share is now estimated at £1.5m
- **NOTE** the risks highlighted within the 2020/21 risk register

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	
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Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Trust and integrity

Ymddiriedaeth ac uniondeb

Personal responsibility

Cyfrifoldeb personol

					Current Risk Rating					Target Risk Rating if Controls in Place								
Categories	CB/Dir Ref No	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Existing Controls	Impact / Consequence	Likelihood	Score	Adequacy Existing Controls	Summary of Additional Controls Required	Impact / Consequence	Likelihood	Score	Date of Last Review	Review Completed By	Date of Next Review	Risk Owner	Exec Lead	Assuring committee
Finance	Fin01/19	Mar-19	The opening underlying deficit in 19/20 is £36.3m. The IMTP planned c/f underlying deficit in 2020/21 is £4m. Forecast underlying deficit £11.5m.	Governance reporting and monitoring arrangements through the Finance Committee and Board	5	4	20	Adequate but more Action Required	Progress against the underlying deficit is to be managed by Management Executive.	4	3	12	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin02/19	Mar-19	Manage Budget pressures	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Break even plans have been requested from all Clinical Boards. Progress to be reviewed through Executive Performance Reviews with Clinical Boards. Significant overspends at month 10: Medicine Clinical Board £3.660m PCIC £1.653m Surgery £1.622m	5	4	20	Adequate but more Action Required		4	2	8	Jan-20	Assistant Director of Finance	Feb-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin03/19	Mar-19	Deliver 2% Recurrent CIP (£16.4m) - Full CIP plan in place at month 10.	2% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Project Management Office in place to support the identification of cross cutting CIPs. Executive lead identified for each cross cutting theme. Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews. Shortfalls at month 10: Medicine Clinical Board £0.517m Children & Women £0.141m Capital, Estates & Facilities £0.407m	3	2	6	Adequate but more Action Required	Escalation process led by Chief Executive.	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin04/19	Mar-19	Develop and deliver Corporately led financial opportunities of £12.8m to achieve year end break even position - Full CIP plan in place at month 10.	CIP target clearly communicated. CIP tracker in place to monitor weekly progress. Executive lead identified for each Corporate Scheme	2	3	6	Adequate but more Action Required	Progress against Corporate schemes is to be managed by Management Executive.	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin05./19	Mar-19	Manage internal investments within £4m envelope	When Internal investment plan agreed business cases to be approved through the Business Case Approval Group (BCAG)	3	2	6	Optimum Controls/NFA Required	Internal investments will not be agreed until the UHB has a full savings programme in place.	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin06/19	Mar-19	Deliver RTT within resources available (Baseline£10.5m 19/20) Additional £6.1m funding agreed with WG	The UHB will continue to work closely with WG to ensure appropriate resources are made available to maintain progress.	4	3	12	Adequate but more Action Required	Monthly meetings with the COO, progress report to be received through performance review meetings and regular dialogue with WG.	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin07/19	Mar-19	Winter pressures managed within (£3.3m control total 19/20)	Winter plan for 2019/20 developed in partnership with Local Authorities and signed off by Management Executive	4	3	12	Adequate but more Action Required	Progress report to be received through performance review meetings.	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin08/19	Mar-19	Commissioning Risks	Regular performance/LTA meetings with other providers/WHSSC and internal commissioning group.	3	3	9	Optimum Controls/NFA Required	None	3	2	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin09/19	Mar-19	Management of Nursing overspend - £2.857m month 10 (£1.8m month 12 2018/19)	Progress to be monitored through Nursing Productivity Group and Executive / Clinical Board Performance Reviews.	4	5	20	Adequate but more Action Required	Escalation process led by Chief Executive	3	4	12	Jan-20	Assistant Director of Finance	Feb-20	The Board	Chief Operating Officer / Director of Nursing	Finance Committee
Finance	Fin10/19	Mar-19	Containment of IT developments	Internal investment plan agreed with business cases to be approved through the Business Case Approval Group (BCAG) / Capital Management Group.	3	2	6	Optimum Controls/NFA Required	Internal investments will not be agreed until the UHB has a full savings programme in place. Possibility of digital funding from WG.	2	3	6	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Transformation	Finance Committee
Finance	Fin12/19	Jul-19	Research & Development expenditure plan to align with WG Policy. Up to £0.5m.	The UHB will continue to work closely with WG and the R&D Office to ensure appropriate allocation of resources.	3	2	6	Optimum Controls/NFA Required	None	2	2	4	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin13/19	Aug-19	Welsh Risk Pool - £1.5m	Welsh Risk Pool estimates has been included within the UHB breakeven forecast. The UHB will continue to work closely with WG .	3	3	9	Optimum Controls/NFA Required	None	2	2	4	Jan-20	Assistant Director of Finance	Feb-20	The Board	Director of Finance	Finance Committee
Finance	Fin14/19	Nov-19	Cardiac surgery outsourcing	Potential to need to outsource up to 50 patients at an estimated cost of £0.020m per patient	3	3	9	Optimum Controls/NFA Required	None	2	2	4	Jan-20	Assistant Director of Finance	Feb-20	The Board	Chief Operating Officer	Finance Committee

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Assuri ng

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

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

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Likelihood Score (L)

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

Likelihood Score

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

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

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

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

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

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					Initial Risk Rating					Current Risk Rating								Target Risk Rating if Controls in Place				
CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Impact / Consequence	Likelihood	Score	Existing Controls	Assurance	Impact / Consequence	Likelihood	Score	Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Impact / Consequence	Likelihood	Score	Date of Next Review	Level of assurance required
Fin01/20	Finance	Jan-20	The opening underlying deficit in 20/21 is planned to be £11.5m. The IMTP planned c/f underlying deficit in 2021/22 is £4m.	Director of Finance	5	4	20	Governance reporting and monitoring arrangements through the Finance Committee and Board	Limited Assurance	5	4	20	Adequate but more Action Required	Identification of 3.5% savings plan whilst managing and addressing budget pressures.	Progress against the underlying deficit is to be managed by Management Executive.	Assistant Director of Finance	Jan-20	3	2	6	Feb-20	Management
Fin02/20	Finance	Jan-20	Manage Budget pressures	Director of Finance	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Break even plans have been requested from all Clinical Boards. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	Limited Assurance	5	4	20	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21.	Escalation process led by Chief Executive	Assistant Director of Finance	Jan-20	3	2	6	Feb-20	Management
Fin03/20	Finance	Jan-20	Deliver 3.5% CIP (£29m)	Director of Finance	5	4	20	3.5% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Health Board Wide Schemes being led by Executive Directors Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews.	Limited Assurance	5	4	20	Adequate but more Action Required	£11.330m savings identified as green or amber against target of £29m as at w/c 17th February 2020.	Escalation process led by Chief Executive	Assistant Director of Finance	Jan-20	2	3	6	Feb-20	Management
Fin04/20	Finance	Jan-20	Manage internal investments within £3m envelope	Director of Finance	4	4	16	When Internal investment plan agreed business cases to be approved through the Business Case Approval Group (BCAG)	Reasonable assurance	4	4	16	Adequate but more Action Required	Final investemnt schedule to be agreed	Internal investments will not be agreed until the UHB has a full savings programme in place.	Assistant Director of Finance	Jan-20	2	2	4	Feb-20	Management
Fin05/20	Finance	Jan-20	Commissioning Risks	Director of Finance	3	3	9	Regular performance/LTA meetings with other providers/WHSSC and internal commisioning group.	Reasonable assurance	3	3	9	Adequate but more Action Required	IMTP commisioner / provider sign off and agreement	None	Assistant Director of Finance	Jan-20	2	2	4	Feb-20	Management

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Target Risk
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Date of
Risk Owner
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Assuri ng

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

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

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Likelihood Score (L)

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

Likelihood Score

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

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

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

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

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

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Report Title:	Finance Committee – Terms of Reference					
Meeting:	Finance Committee – Terms of Reference				Meeting Date:	26 th February 2020
Status:	For Discussion	x	For Assurance		For Approval	x For Information
Lead Executive:	Director of Corporate Services					
Report Author (Title):	Director of Corporate Services					

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Finance Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

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

The Finance Committee Terms of Reference were last reviewed in February 2019 and approved by the Board in March 2019 therefore, only a few changes have been recommended.

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

The Terms of Reference for the Finance Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2019.

Recommendation:

The Finance Committee is asked to:

APPROVE the changes to the Terms of Reference for the Finance Committee and **RECOMMEND** the changes to the Board for approval.

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Shaping our Future Wellbeing Strategic Objectives <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>									
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance							
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x						
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology							
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us							
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives							
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

Finance Committee

Terms of Reference

Reviewed by Finance Committee: 26th February 2020

Approved by Board : 27th March 2020

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1. Introduction

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below. ~~This will be an interim arrangement whilst the Health Board is working with the Welsh Government during the period of "Targeted Intervention".~~

2. Constitution and Purpose

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to:-

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. Delegated Powers

The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to:-

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Approve and monitor the IMTP financial plan
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards
- Review the Financial Risk Register

4. Authority

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:-

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- Employee (and all employees are directed to co-operate with any legitimate request made by the Committee)
- Other committee, sub-committee or group set up by the Board to assist in the delivery of its functions

May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees to task and finish groups to carry out on its behalf specific aspects of Committee business.

6. Membership

Members

Chair – Independent Member – Finance
~~Two~~ Three independent Members of the Board

In attendance

Chief Executive
 Executive Director of Finance
 Chief Operating Officer
 Executive Director of Workforce and Organisational Development
 Executive Director of Strategic Planning
 Executive Nurse Director
 Director of Corporate Governance
 Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Member Appointments

The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by the Independent Member for Finance~~Estates~~ and supported by a Vice Chair who shall also be an Independent Member.

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Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role
- Ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme

7. Committee Meetings

Quorum

At least two Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters

8. Relationship and Accountabilities with the Board and Its Committees/Groups

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains the overall responsibility and accountability for ensuring the quality and safety of healthcare good financial management for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

- Planning and co-ordination of Board and Committee business
- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

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The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report to each Board meeting on the Committee's key activities via the Chair's report
- Ensure the public minutes of each meeting of the Committee are presented to the Board meeting
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

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Report Title:	Finance Committee – Annual Workplan 2020-21						
Meeting:	Finance Committee				Meeting Date:	26.02.2020	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The purpose of the report is to provide Members of the Finance Committee with the opportunity to review the Finance Committee Work Plan 2020/21 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

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

The work plan for the Finance Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda).

Recommendation:

The Finance Committee is asked to:

REVIEW the Work Plan 2020/21;

APPROVE the Work Plan 2020/21;

RECOMMEND approval to the Board of Directors.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are	x	9. Reduce harm, waste and variation sustainably making best use of the	x

entitled to expect					resources available to us				
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time				x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				x
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							



Finance Committee Work Plan 2019 - 20									
A -Approval D- discussion I - Information	Exec Lead	27-mar	24-apr	29-mai	26-jun	31-jul	28-aug	25-sep	30-okt
Agenda Item									
Financial Report	RC	D	D	D	D	D	D	D	D
Cost Reduction Programme	RC	A	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	RC/SC	D	D	D	D	D	D	D	D
IMTP Financial Plan	RC								D
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D
Review of Financial Risk Register	RC	D	D	D	D	D	D	D	D
Finance Committee Governance									
Annual Work Plan	NF								
Self assessment of effectiveness	NF		D						
Review Terms of Reference	NF								
Produce annual Finance Committee Annual Report	NF								
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D

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Finance Committee Work Plan 2020 - 21													
A -Approval D- discussion I - Information	Exec Lead	29-apr	27-mai	24-jun	29-jul	26-aug	23-sep	28-okt	25-nov	30-des	27-jan	24-feb	24-mar
Agenda Item													
Financial Report	RC	D	D	D	D	D	D	D	D	D	D	D	D
Cost Reduction Programme	RC	D	D	D	D	D	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	RC/SC	D	D	D	D	D	D	D	D	D	D	D	D
IMTP Financial Plan	RC									D			
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D	D	D	D	D
Review of Financial Risk Register	RC	D	D	D	D	D	D	D	D	D	D	D	D
Finance Committee Governance													
Annual Work Plan	NF											A	
Self assessment of effectiveness	NF	D											
Review Terms of Reference	NF											A	
Produce annual Finance Committee Annual Report	NF											A	
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A	A	A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D	D	D	D	D

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Report Title:	Draft Annual Report 2019/20 – Finance Committee						
Meeting:	Finance Committee				Meeting Date:	26.02.19	
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Finance Manager (Resource Mangement)						

Background and current situation:

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

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

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

The Draft Annual Report for the Finance Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda).

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

The attached Annual Report 2019/20 of the Finance Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference. The Committee has achieved an overall attendance rate of 81% for the year to January and is scheduled to meet on eleven occasions during the year.

Recommendation:

The Finance Committee is asked to:

REVIEW the draft Annual Report 2019/20 of the Finance Committee.

RECOMMEND the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	x	Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>							

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Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



GIG
CYMRU
NHS
WALES

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

Annual Report of the Finance Committee 2019/20

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1.0 INTRODUCTION

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

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members, one of which is the Independent Member – Finance. During the financial year 2019/20 the Committee comprised three Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Executive Lead for the Committee), Chief Executive, Deputy Chief Executive, Executive Director of Finance, Chief Operating Officer Executive Director of Workforce and Organisational Development, Executive Director of Strategy and Engagement, Executive Director of Nursing Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet 11 times during the period 1 April 2019 to 31 March 2020. A meeting was held in each month except August. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 81% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 29th January 2020 as set out below:

Members	24th April 2019	29th May 2019	26th June 2019	29th July 2019	25th Sept. 2019	30th Oct. 2019	27th Nov. 2019	18th Dec 2019	29th Jan. 2020	26th Feb. 2020	25th March 2020	Attendance to Jan 2020
John Antoniazzi (Chair)	Yes	Yes	Yes	Yes	Yes	Apols.	n/a	n/a	n/a	n/a	n/a	100%
John Union (Chair from Oct 19)	Yes	Yes	Apols.	Yes	Apols.	Yes	Yes	Yes	Yes	n/a	n/a	78%
Charles Janczewski	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a	100%
Michael Imperato						Yes	n/a	n/a	n/a	n/a	n/a	100%
Overall Attendance to January 2020 (based on 3 Independent members)	100.00%	100.00%	66.67%	100.00%	66.67%	100.00%	66.67%	66.67%	66.67%			81%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 27th February 2019 and were approved by the Board on 27th September 2018-28th March 2019

5.0 WORK UNDERTAKEN

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During the financial year 2019/20, the following standing items were considered and reviewed at each Finance Committee:

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

A summary of the Monthly Finance Monitoring Returns submitted to Welsh Government are also noted at each Committee Meeting.

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

April 2019

- Integrated Medium Term Plan 2019-22
- Costing and Value Update

July 2019

- Committee Review Effectiveness

November 2019

- 2020/21 IMTP

December 2019

- Indemnity clause within Data Processing Contracts
- 2020/21 IMTP

January 2020

- Business Case - Community Mental Health Services Rationalisation
- 2020/21 IMTP Financial Plan

February 2020

- Terms of Reference
- Finance Committee Work Plan
- Finance Committee Annual Report
- 2020/21 IMTP

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6.0 REPORTING RESPONSIBILITIES

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

7.0 OPINION

The Committee is of the opinion that the draft Finance Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Chair

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THE WELSH GOVERNMENT FINANCIAL COMMENTARY

FINANCIAL POSITION FOR THE PERIOD ENDED 31st JANUARY 2020

INTRODUCTION

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

At month 10, the UHB is reporting an overspend of £0.989m against this plan which represents an improvement of £0.231m on the position reported at the end of December. This reported position remains broadly in line with the expected profile and the UHB is continuing to focus management attention to deliver a break even position by the year end.

BACKGROUND

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received by Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of this plan. A summary of this plan is provided in Table 1.

Table 1: 2019/20 IMTP

	Approved IMTP £m
b/f underlying deficit	(36.3)
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
In Year Financial Plan	36.3
Planned Surplus/(Deficit) 2019/20	0.0

The UHB faces a number of financial challenges in the delivery of this Financial Plan and the key risks for 2019/20 are set out below:

- Achievement and delivery of the efficiency plan target.
- Management of Operational Pressures

- RTT and Winter Plan – Delivering planned levels of performance within the resources available.

These financial monitoring returns have been prepared against the UHB's approved IMTP which includes a balanced position for 2019/20. This report details the financial position of the UHB for the period ended 31st January 2020.

A full commentary has been provided to cover the tables requested for the month 10 financial position.

The response to the queries raised in the month 9 financial monitoring returns is set out in an attachment to this commentary.

FINANCIAL PLAN (TABLE A)

Table A sets out the financial plan and latest position at month 10 for which the following should be noted:

- Welsh Government funding includes the £10m operational plan allocation that has been made recurrent;
- The UHBs £31.245m savings target has been reduced in year by £5.150m to £26.095m. The reduction reflects the release of £2.1m from the UHBs investment reserve which cannot be applied as sufficient savings had not been made to support it and a reduction of £3.050m to reflect the anticipated operational underspend on WEQAS;
- The table has been amended to reflect guidance on accountancy gains and the Welsh Risk pool.

UNDERLYING POSITION (TABLE A1)

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

The opening position is an underlying deficit of £36.3m and the plan was to reduce this to £4.0m by the year end. The achievement of this however is very much dependent upon delivering the full year impact of 2019/20 savings schemes. The latest assessment is that this remains at circa £7.5m less than planned and this would increase the underlying deficit to £11.5m. This is now the opening position included in the 2020/21 IMTP.

RING FENCED ALLOCATIONS (TABLES B, N & O)

The UHB is not expecting to underspend on any of its ring fenced funding for Learning Disabilities, Depreciation, Mental Health Services, Renal Services, Palliative Care, Integrated Care Fund (ICF), Delivery Plan, Paramedic

banding, Clinical Desk enhancements, Genomics for Precision Medicine Strategy, GMS and Dental Services.

ACTUAL YEAR TO DATE AND FORECAST POSITION (TABLE B AND B1)

Table B confirms the year to date deficit of £0.989m.

The UHB has plans to recover this year to date deficit and deliver a break even position by year end. The UHB's financial position improved again this month and remains on the profiled plan to reach break even at year end. The plan include measures to manage the £1.5m liability that has arisen on the Welsh Risk Pool.

The forecast trajectory in order to achieve break-even is included in Table B. This shows that the recovery in the period September to January is expected to continue over the remaining 2 months of the year resulting in a break even position at the end of March.

Income and Expenditure Analysis

Table 2 analyses the year to date and forecast variance between Income, Pay and Non Pay.

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

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv	Budget	Forecast	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	(123.244)	(123.220)	0.023	(1,196.099)	(1,197.589)	(0.502)	(1,480.146)	(1,480.146)	0.000
Pay	54.308	53.936	(0.372)	536.573	533.608	(2.965)	639.125	639.125	0.000
Non Pay	68.936	69.053	0.117	659.527	663.982	4.455	841.020	841.020	0.000
Variance to Plan £m	0.000	(0.231)	(0.231)	0.000	0.000	0.988	0.000	0.000	0.000

The month 10 income variance is detailed in Table 3.

Table 3: Analysis of Income Budgets

Income	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Research & Development	(0.969)	(0.930)	0.039	(8.338)	(8.638)	(0.300)
Revenue Resource Limit	(82.683)	(82.683)	0.000	(799.554)	(800.542)	0.000
Accommodation & Catering	(0.377)	(0.372)	0.005	(3.737)	(3.591)	0.146
Education & Training	(3.321)	(3.306)	0.015	(32.630)	(32.572)	0.058
Injury Cost Recovery Scheme (CRU) Income	(0.180)	(0.221)	(0.041)	(1.804)	(2.108)	(0.304)
NHS Patient Related Income	(28.265)	(28.321)	(0.057)	(267.635)	(267.939)	(0.305)
Non Revenue Resource Limit	(1.109)	(1.109)	0.000	(15.595)	(15.595)	(0.000)
Other Operating Income	(6.215)	(6.170)	0.044	(65.807)	(65.478)	0.328
Overseas Patient Income	(0.007)	(0.008)	(0.001)	(0.074)	(0.146)	(0.072)
Private Patient Income	(0.117)	(0.098)	0.019	(0.925)	(0.979)	(0.054)
Total £m	(123.244)	(123.220)	0.023	(1,196.099)	(1,197.589)	(0.502)

A surplus of £0.502m is reported against income budgets. The main variances to note are:

- £0.328m adverse cumulative variance against other operating income where there has been an under recovery of income against targets for: NICU/PICU due to activity; the Radiopharmacy Unit and St Mary's Pharmaceutical Units due to closure and production issues; rental income due to vacant retail spaces including the pharmacy outpatients scheme.
- £0.057m in month surplus on NHS patient related income following the confirmation of December activity which was better than forecasted.
- £0.039m in month adverse variance on R&D income following a slowdown in the level of commercial income.
- A £0.041m surplus in income in month from the Compensation Recovery Unit following a relatively high value of receipted cash.

Financial performance against pay budgets is set out in Table 4 and this includes UHB pay within primary care.

Table 4: Analysis of Pay Budgets

Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	2.130	2.053	(0.077)	20.429	20.156	(0.273)
Management, admin & clerical	6.575	6.400	(0.176)	64.205	63.641	(0.564)
Medical and Dental	13.953	13.717	(0.236)	136.036	134.804	(1.232)
Nursing (registered)	16.177	16.201	0.024	161.498	161.015	(0.483)
Nursing (unregistered)	4.175	4.573	0.397	41.851	45.192	3.340
Other staff groups	8.093	7.930	(0.164)	81.332	79.259	(2.072)
Scientific, prof & technical	3.203	3.063	(0.140)	31.222	29.542	(1.680)
Total £m	54.308	53.936	(0.372)	536.573	533.608	(2.965)

Total pay budgets are underspent by £2.965m at the end of January after an in month underspend of £0.372m

The recent improvement in the rate of overspend against the nursing budget slowed down in month due to a number of service pressures

The in month underspend on medical and dental continues as a result of a number of vacant posts.

The underspend against management, admin and clerical and other staff groups is in part due to vacancy management in support of cost pressures.

Financial performance against non pay budgets is set out in Table 5.

Table 5: Analysis of Non Pay Budgets

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	9.414	9.623	0.209	88.733	90.182	1.449
Commissioned Services	14.912	14.819	(0.093)	144.037	145.005	0.968
Continuing healthcare	5.382	5.803	0.421	55.274	57.232	1.957
Drugs / Prescribing	13.385	13.545	0.159	126.890	129.902	3.013
Establishment expenses	1.711	1.612	(0.099)	10.865	11.043	0.178
General supplies & services	0.776	0.818	0.042	7.455	7.779	0.324
Other non pay	6.505	6.019	(0.486)	52.623	47.138	(5.484)
Premises & fixed plant	2.946	3.131	0.186	28.447	31.298	2.850
Primary Care Contractors	13.904	13.683	(0.221)	145.202	144.402	(0.800)
Total £m	68.936	69.053	0.117	659.527	663.982	4.455

Table 5 highlights an overspend of £4.455m against non pay budgets following a £0.117m overspend in month.

The key operational pressure areas are:

- An overspend against drug budgets primarily in medicine and primary care which continued in January with a reported in month overspend of £0.159m.
- Premises and fixed plant where key cost drivers are: increased spend on estates contractors to cover vacancies in substantive posts during a workforce modernisation programme; energy costs; and the significant cost of security on the vacant sites at Lansdowne and Whitchurch. £0.785m of the overspend on estates contractor costs is offset by staff underspends of £0.720m on vacant posts.
- High levels of CHC growth as a consequence of increasing numbers particularly in the first half of the year in respect of palliative care, learning difficulties and high cost mental health placements
- Pressures against commissioned services relate to the recognition of the UHB's contribution to the WHSCC budget and additional costs of hospice care. The improvement in month 10 primarily relates to slippage against new services.
- The cumulative overspend against clinical services and supplies is a result of theatre consumables, growth in community beds and dressings, genomics activity and additional spend on wheelchairs at ALAS.

SAVING PLANS (TABLE C, C1 AND C2)

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m

At month 10 the UHB has a fully identified savings programme to deliver against the £26.095m savings target as summarised in Table 6. The identified schemes include income generation schemes and accounting gains which are excluded from Table C.

Table 6: Progress against the 2019/20 Savings Programme at Month 10

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.095	26.095	0.000

Further work will continue on the savings programme to convert the remaining amber schemes to green as soon as possible.

INCOME/EXPENDITURE ASSUMPTIONS (TABLE D)

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

RESOURCE LIMITS 2018/19 (TABLE E)

Table E outlines the UHB's 2019/20 resource limit.

Similar to practice in previous years, the UHB forecast continues to exclude £1.028m of recurrent expenditure which has arisen following a change in the accounting treatment of UHB PFI schemes under International Financial Reporting Standards (IFRS). Welsh Government have confirmed that this accounting treatment will continue to apply in 2019/20.

In month 10 the UHB has included an additional anticipated allocation of £1.4m in respect of the In Hours Access Standards included within the new GMS Quality Assurance Improvement Framework.

RISK MANAGEMENT (TABLE F)

The key financial risks are now assessed as:

- Management of operational pressures within delegated budgets.
- Converting the remaining amber savings schemes to green.

Notwithstanding the fact that these risks are reducing, these risks will continue to be reviewed on a monthly basis.

STATEMENT OF FINANCIAL POSITION (TABLE G)

The opening balances at the beginning of April 2019 reflect the closing balances in the 2018/19 Annual Accounts approved by the UHB's Board on 30th May 2019.

The carrying value of property, plant & equipment is largely unchanged in month reflecting the parity between capital acquisitions and depreciation charges.

The carrying value of Inventory has remained largely the same as the previous month.

Overall trade debtors have increased by £15m since the start of the year. Amounts due from the Welsh Risk Pool in respect of clinical negligence have increased by £10.1m since the start of the year. In addition NHS invoice accruals have increased by £7.7m, largely relating to: money due from Welsh Government in respect of R&D funding; Welsh LHB's performance on UHB commissioned LTA's; and WHSCC in respect of additional activity. During January there was a £8.7m decrease in the overall carrying value of debtors. Of this, £4.5m related to the timing of payments due from Cardiff Council in respect of the pooled CHC Fund and £1.5m to the value of invoices on the Accounts Receivable Control Account.

The value of Trade and other payables has reduced by around £25.9m since the start of the year. The decrease reflects: a reduction of £6.0m in capital creditors, where the majority of the significant year end balance is now settled; a £5.3m reduction in clinical negligence settlements accrued; a £3.2m reduction in year-end settlements with WHSCC and other LHB's. There was a £9.3m fall in the level of outstanding creditors in January, mainly relating to £4.3m due to Cardiff Council re the CHC Pooling arrangements and a £1m reduction in cash creditors.

The carrying value of trade creditors was largely unchanged in month with the closing balance being £0.5m less than at the end of October.

At the date of submission, 2 invoices raised against the UHB by other Welsh NHS bodies had been outstanding for more than 17 weeks. The 2 invoices both raised by Velindre are invoice no. 1083036 - £500 & invoice no. 1084935 - £72. The UHB is pursuing a resolution to both outstanding invoices.

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

CASHFLOW FORECAST (TABLE H)

The closing cash balance for the month was largely as anticipated.

Amounts shown on the sale of assets line in Table I reflect the full value of sale proceeds expected to be received in year. The UHB intends to utilise the net book value element of this figure (£2.130) to support its capital commitments for the year.

The UHB understands the requirement to ensure that capital funding drawn down is broadly in line with the capital payments to the same date. The amount drawn down to date (when aggregated with internally generated receipts) is marginally higher than capital payments to the end of January and is expected to move to a balanced position in February.

The UHB does not expect to require additional cash support in 2019/20 and will continue to monitor this position with a view to managing payments to suppliers in March if required.

PUBLIC SECTOR PAYMENT COMPLIANCE (TABLE J)

The UHB's cumulative performance to the end of January is 96.4% which is an in month fall of 0.3%. The rate achieved exceeds the 95% target and is better than the cumulative rate achieved in 2018/19 (95.4%). During the same period, the UHB paid 77.1% of its NHS invoices by number within 30 days which is 0.6% better than the previous month and is considerably better than the 69.5% achieved for the same period in 2018/19. The largest area of underperformance remains genetics invoices received from English & Scottish NHS bodies which account for over 86% of the failures. A new system has recently been installed by the department, which should lead to improvement going forward.

CAPITAL SCHEMES (TABLES J, K, L)

Capital progress for the year to date remains satisfactory with net expenditure to the end of January being 52% of the UHB's approved Capital Resource Limit. This reflects the approval of an additional £14.686m funding since

November where the associated expenditure is profiled into the tail end of the year.

Planned spends for the year reflect the latest CRL received from Welsh Government dated 30th January 2020.

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

1. As outlined in the 2018/19 month 12 return, the 2018/19 slippage on the Rookwood Replacement, Rookwood Essential Maintenance and the Black and Grey Theatres Schemes has been re-provided by the UHB from discretionary capital funds in 2019/20.
2. The forecast in year underspend reported on the Neo Natal Scheme repays money that the UHB has spent on the project from its discretionary funds in previous financial years.
3. The forecast overspend ascribed to the Rookwood Hospital Replacement Scheme repays funding drawn down but not spent in previous years.
4. No significant slippage is anticipated on the allocations currently shown in the CRL. The main risk revolves around the installation cost of Replacement Imaging Equipment, where the UHB will look to agree a position with Welsh Government to manage the impact of any slippage.
5. The Neo Natal Scheme is currently behind the expected spend profile. The Health Board has written to request approval to utilise the remaining anticipated gain share on the scheme towards the CRI Links Building.
6. Expenditure on the Rookwood scheme is also behind where the UHB expected as a result of issues with partitioning on the first floor of CRI. This will be recovered by year end.
7. Overall expenditure on the discretionary programmes is in line with expectations.
8. Funding of £0.908m and £0.800m respectively was been agreed for The Well Being Hubs at Maelfa and Penarth in December. The £0.111m Maelfa underspend reflects the element over and above the 18/19 funded level.
9. The UHB has incurred expenditure in respect of The Major Trauma Hybrid Theatre at its own risk. If the business case is approved it is assumed that the expenditure will be recoverable.

10. Additional funding of £0.824m for the CRI chapel was agreed in January. Due to the timing of this allocation it is unlikely that the UHB will spend the total £0.824m in 2019/20, therefore the UHB with Welsh Government has discussed reducing the 19/20 allocation to £0.313m.
11. The Pharmacy Equipment, Digital Priorities Investment Fund, Cystic Fibrosis and the YE additional capital schemes are all expected to deliver as per forecast.

The spend profile shown in Table K reflects the actual spend in the first 10 months of 2019/20 and the forecasts also reflect spend profile information that the UHB has received from its cost advisors with regards to its major projects. The minimum forecast for all schemes in 2019/20 is £59.685m. All schemes are currently allocated low risk ratings except for the replacement of Imaging Equipment and CRI Chapel which are classified as medium risk for the reasons referred to above.

The figures shown in Table L reflect the three anticipated properties where disposals have or are expected to complete this year. The sales of Lansdowne and Amy Evans Hospitals have slipped from the dates originally anticipated, but both are still expected to complete in 2019/20. The UHB intends to offer Amy Evans at auction in February. The sale of land at Whitchurch Hospital is also included in Table L, however due to the link to the Velindre Business Case for a new Cancer Hospital the timing of this sale remains uncertain. The Neonatal Ventilators are now expected to be returned/disposed of in February 2020.

AGED WELSH NHS DEBTORS (TABLE M)

Fifteen UHB invoices with other Welsh NHS bodies were outstanding > 17 weeks as at January 31st. Seven have since been paid and the remaining 8 have been confirmed for payment in February.

OTHER ISSUES

The financial information reported in these monitoring returns aligns to the financial details included within Finance Committee and Board papers. These monitoring returns will be taken to the 26th February 2020 meeting of the Finance Committee for information.

CONCLUSION

The UHB has an approved IMTP with a financial plan that delivers a balanced position in 2019/20. To achieve this the UHB will need to manage operational pressures and identify and deliver a significant

savings programme. The UHB has a fully identified savings plan at month 10. The UHB's reported overspend is driven by operational pressures and is £0.989m at the end of January which is an improvement of £0.231m in the month. The UHB plans to recover this year to date deficit and deliver a break even position by the year end. Delivery of this plan will remain a key area of focus for the UHB.

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LEN RICHARDS
CHIEF EXECUTIVE

13th February 2020

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CHRIS LEWIS
DEPUTY DIRECTOR OF
FINANCE

13th February 2020

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

Forecast Outturn (i.e. Deficit / + Surplus) reconciles to Table B Forecast Outturn	On
In Year items have been analysed between Recurring & Non Recurring	On
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	On

	In Year Effect	Non Recurring	Recurring	FYE of Recurring
	£'000	£'000	£'000	£'000
1 Underlying Position In/Out from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	-36 261	0	-36 261	-36 261
2 New Cost Pressures - as per 3 year plan (Negative Value)	-51 594		-51 594	-51 594
3 Opening Cost Pressures	-87 855	0	-87 855	-87 855
4 Identified Savings Plan (Positive Value)	23 270	8 809	16 461	21 545
5 Savings / Mitigating Actions Yet To Be Identified (Positive Value)	3 553	2 553	1 000	4 382
6 Welsh Government Funding (Positive Value)	56 610		56 610	56 610
7 Net Income Generated (Positive Value)	1 289	85	1 224	1 272
8 Planned Contingency Gains (Positive Value)	1 000	1 000	0	0
9 Release of Uncommitted Contingencies & Reserves (Positive Value)				
10 Profit on Disposal of Asset / Wegas operational underspend	2 134	2 134	0	0
11 Opening Financial Plan	1	12 561	-12 560	-3 966
12 Cost Pressures In/Out from Previous Year - unidentified within 3 year plan (Negative Value)				
13 Opening Plan Savings - Forecast (Underachievement) / Overachievement	-3 372	-177	-3 195	-4 712
14 Additional In Year Identified Savings - Forecast (Positive Value)	3 318	1 994	1 324	2 825
15 Additional In Year Identified Contingency Gains (Positive Value)	2 808	2 808	0	0
16 Additional Net Income Generated (Positive Value)	-362	-16	-378	-411
17 Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	-3 553	-2 553	-1 000	-4 382
18 Release of Previously Committed Contingencies & Reserves (Positive Value)	2 100		2 100	2 100
19 Additional In Year Welsh Government Funding (Positive Value)	0			
20 Wegas operational underspend	1 250	1 250		
21 Operational Overspend	-2 320	664	-2 974	-2 974
22 Expenditure no longer occurring	0			
23 Mitigating Actions - Reduction in overspend in delegated budgets and underspends in reserves	1 631	1 631		
24 Welsh Risk Pool	-1 500	-1 500		
25	0			
26	0			
27	0			
28	0			
29	0			
30	0			
31	0			
32	0			
33	0			
34	0			
35	0			
36	0			
37	0			
38 Forecast Outturn (i.e. Deficit / + Surplus)	0	16 683	-16 683	-11 500

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
18													2 100
19													0
20				1 000			250						1 250
21	-658	-1 057	-93	-500	-407	-508	-360	-366		1 731			-2 320
22						800	500	800	400	-2 500			0
23									674	87	403	267	1 631
24										-1 500			-1 500
25													0
26													0
27													0
28													0
29													0
30													0
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32													0
33													0
34													0
35													0
36													0
37													0

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

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000
1	CHC and Funded Nursing Care	Budget/Plan	46	46	46	46	46	46	70	94	117	141	165	189	696	1 050		1 050	0		
2		Actual/F'cast	46	46	46	46	46	46	70	94	117	141	165	189	696	1 050	66.32%	1 050	0	0	1 050
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	121	121	127	149	149	149	316	316	316	316	316	415	2 080	2 811		2 173	1 104		
8		Actual/F'cast	121	121	127	149	149	149	436	277	277	277	277	325	2 084	2 686	77.58%	2 632	54	199	2 487
9		Variance	0	0	0	0	0	0	120	(39)	(39)	(39)	(39)	(90)	4	(125)	0.17%	459	(1 050)		
10	Non Pay	Budget/Plan	381	976	900	1 332	794	878	862	905	905	906	906	1 857	8 839	11 602		11 897	744		
11		Actual/F'cast	305	963	829	1 156	705	1 240	885	1 134	871	904	939	2 017	8 992	11 948	75.26%	11 253	695	6 127	5 821
12		Variance	(76)	(13)	(71)	(176)	(89)	363	23	229	(34)	(2)	33	160	153	346	1.73%	(644)	(49)		
13	Pay	Budget/Plan	403	331	370	875	667	671	693	703	705	705	705	772	6 122	7 599		7 712	708		
14		Actual/F'cast	380	316	433	647	616	633	669	701	681	646	651	951	5 721	7 324	78.12%	7 324	0	2 300	5 024
15		Variance	(23)	(15)	63	(228)	(51)	(38)	(23)	(2)	(24)	(59)	(53)	179	(401)	(275)	(6.55%)	(387)	(708)		
16	Primary Care	Budget/Plan	17	17	17	17	17	17	17	17	17	17	17	17	173	208		208	0		
17		Actual/F'cast	17	17	17	17	17	17	17	17	17	17	17	17	173	208	83.33%	208	0	0	208
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
19	Total	Budget/Plan	968	1 492	1 460	2 419	1 673	1 761	1 958	2 035	2 060	2 084	2 109	3 250	17 911	23 270		23 040	2 556		
20		Actual/F'cast	869	1 463	1 452	2 016	1 534	2 085	2 078	2 222	1 963	1 984	2 050	3 499	17 667	23 216	76.10%	22 467	749	8 626	14 590
21		Variance	(99)	(28)	(8)	(404)	(139)	324	120	187	(97)	(100)	(59)	249	(244)	(54)	(1.36%)	(572)	(1 807)		
22	Variance in month		(10.24%)	(1.91%)	(0.56%)	(16.68%)	(8.33%)	18.43%	6.12%	9.21%	(4.71%)	(4.80%)	(2.79%)	7.67%	(1.36%)						
23	In month achievement against FY forecast		3.74%	6.30%	6.25%	8.68%	6.61%	8.98%	8.95%	9.57%	8.46%	8.55%	8.83%	15.07%							

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Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
1	Changes in Staffing Establishment	Budget/Plan	203	138	142	395	395	395	485	495	497	497	497	497	3 640	4 633		4 415	508		
2		Actual/F'cast	183	121	144	168	362	355	359	379	398	388	389	428	2 856	3 674	77.75%	3 674	0	424	3 250
3		Variance	(20)	(17)	3	(227)	(33)	(40)	(126)	(116)	(99)	(109)	(107)	(69)	(784)	(960)	(21.53%)	(741)	(508)		
4	Variable Pay	Budget/Plan	61	64	66	317	117	121	130	130	130	130	130	130	1 264	1 524		1 324	200		
5		Actual/F'cast	61	63	69	296	93	109	99	115	111	101	112	164	1 116	1 392	80.18%	1 392	0	536	856
6		Variance	(0)	(1)	3	(21)	(24)	(12)	(31)	(14)	(19)	(29)	(17)	33	(148)	(132)	(11.70%)	68	(200)		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Agency / Locum paid at a premium	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	98	118		118	0		
11		Actual/F'cast	10	10	10	10	10	10	10	10	10	10	10	10	98	118	83.33%	118	0	18	100
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
13	Changes in Bank Staff	Budget/Plan	4	4	4	4	4	4	4	4	4	4	4	4	35	42		42	0		
14		Actual/F'cast	4	4	3	3	6	4	4	4	5	1	1	1	36	38	94.74%	38	0	26	12
15		Variance	0	0	(1)	(1)	2	0	0	0	2	(3)	(3)	(3)	1	(4)	2.86%	(4)	0		
16	Other (Please Specify)	Budget/Plan	126	115	150	150	141	141	65	65	66	65	65	132	1 085	1 282		1 813	0		
17		Actual/F'cast	123	118	207	170	146	156	198	193	158	147	139	349	1 615	2 103	76.79%	2 103	0	1 296	807
18		Variance	(3)	3	57	20	5	14	133	127	92	81	74	217	530	821	48.84%	290	0		
19	Total	Budget/Plan	403	331	370	875	667	671	693	703	705	705	705	772	6 122	7 599		7 712	708		
20		Actual/F'cast	380	316	433	647	616	633	669	701	681	646	651	951	5 721	7 324	78.12%	7 324	0	2 300	5 024
21		Variance	(23)	(15)	63	(228)	(51)	(38)	(23)	(2)	(24)	(59)	(53)	179	(401)	(275)	(6.55%)	(387)	(708)		

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
1	Reduced usage of	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
2	Agency/Locums paid at a premium	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
10	Other (Please Specify)	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	98	118		118	0		
11		Actual/F'cast	10	10	10	10	10	10	10	10	10	10	10	10	98	118	83.33%	118	0	18	100
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		
13	Total	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	98	118		118	0		
14		Actual/F'cast	10	10	10	10	10	10	10	10	10	10	10	10	98	118	83.33%	118	0	18	100
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0		

Full-Year Effect of Recurring Savings
£'000
1 050
0
4 049
6 597
7 805
208
19 710

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Full-Year Effect of Recurring Savings
£'000
5 324
930
0
100
12
1 440
7 805

Full-Year Effect of Recurring Savings
£'000
0
0
0
100
100

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Helen

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Course	Section	Days	Time	Location	Prerequisites
ENGL 101	101	Mon	9:00-10:00	Room 101	ENGL 100
ENGL 101	102	Tue	10:00-11:00	Room 102	ENGL 100
ENGL 101	103	Wed	11:00-12:00	Room 103	ENGL 100
ENGL 101	104	Thu	12:00-13:00	Room 104	ENGL 100
ENGL 101	105	Fri	13:00-14:00	Room 105	ENGL 100
ENGL 101	106	Sat	14:00-15:00	Room 106	ENGL 100
ENGL 101	107	Sun	15:00-16:00	Room 107	ENGL 100
ENGL 101	108	Mon	16:00-17:00	Room 108	ENGL 100
ENGL 101	109	Tue	17:00-18:00	Room 109	ENGL 100
ENGL 101	110	Wed	18:00-19:00	Room 110	ENGL 100
ENGL 101	111	Thu	19:00-20:00	Room 111	ENGL 100
ENGL 101	112	Fri	20:00-21:00	Room 112	ENGL 100
ENGL 101	113	Sat	21:00-22:00	Room 113	ENGL 100
ENGL 101	114	Sun	22:00-23:00	Room 114	ENGL 100
ENGL 101	115	Mon	23:00-24:00	Room 115	ENGL 100
ENGL 101	116	Tue	24:00-25:00	Room 116	ENGL 100
ENGL 101	117	Wed	25:00-26:00	Room 117	ENGL 100
ENGL 101	118	Thu	26:00-27:00	Room 118	ENGL 100
ENGL 101	119	Fri	27:00-28:00	Room 119	ENGL 100
ENGL 101	120	Sat	28:00-29:00	Room 120	ENGL 100
ENGL 101	121	Sun	29:00-30:00	Room 121	ENGL 100
ENGL 101	122	Mon	30:00-31:00	Room 122	ENGL 100
ENGL 101	123	Tue	31:00-32:00	Room 123	ENGL 100
ENGL 101	124	Wed	32:00-33:00	Room 124	ENGL 100
ENGL 101	125	Thu	33:00-34:00	Room 125	ENGL 100
ENGL 101	126	Fri	34:00-35:00	Room 126	ENGL 100
ENGL 101	127	Sat	35:00-36:00	Room 127	ENGL 100
ENGL 101	128	Sun	36:00-37:00	Room 128	ENGL 100
ENGL 101	129	Mon	37:00-38:00	Room 129	ENGL 100
ENGL 101	130	Tue	38:00-39:00	Room 130	ENGL 100
ENGL 101	131	Wed	39:00-40:00	Room 131	ENGL 100
ENGL 101	132	Thu	40:00-41:00	Room 132	ENGL 100
ENGL 101	133	Fri	41:00-42:00	Room 133	ENGL 100
ENGL 101	134	Sat	42:00-43:00	Room 134	ENGL 100
ENGL 101	135	Sun	43:00-44:00	Room 135	ENGL 100
ENGL 101	136	Mon	44:00-45:00	Room 136	ENGL 100
ENGL 101	137	Tue	45:00-46:00	Room 137	ENGL 100
ENGL 101	138	Wed	46:00-47:00	Room 138	ENGL 100
ENGL 101	139	Thu	47:00-48:00	Room 139	ENGL 100
ENGL 101	140	Fri	48:00-49:00	Room 140	ENGL 100
ENGL 101	141	Sat	49:00-50:00	Room 141	ENGL 100
ENGL 101	142	Sun	50:00-51:00	Room 142	ENGL 100
ENGL 101	143	Mon	51:00-52:00	Room 143	ENGL 100
ENGL 101	144	Tue	52:00-53:00	Room 144	ENGL 100
ENGL 101	145	Wed	53:00-54:00	Room 145	ENGL 100
ENGL 101	146	Thu	54:00-55:00	Room 146	ENGL 100
ENGL 101	147	Fri	55:00-56:00	Room 147	ENGL 100
ENGL 101	148	Sat	56:00-57:00	Room 148	ENGL 100
ENGL 101	149	Sun	57:00-58:00	Room 149	ENGL 100
ENGL 101	150	Mon	58:00-59:00	Room 150	ENGL 100
ENGL 101	151	Tue	59:00-60:00	Room 151	ENGL 100
ENGL 101	152	Wed	60:00-61:00	Room 152	ENGL 100
ENGL 101	153	Thu	61:00-62:00	Room 153	ENGL 100
ENGL 101	154	Fri	62:00-63:00	Room 154	ENGL 100
ENGL 101	155	Sat	63:00-64:00	Room 155	ENGL 100
ENGL 101	156	Sun	64:00-65:00	Room 156	ENGL 100
ENGL 101	157	Mon	65:00-66:00	Room 157	ENGL 100
ENGL 101	158	Tue	66:00-67:00	Room 158	ENGL 100
ENGL 101	159	Wed	67:00-68:00	Room 159	ENGL 100
ENGL 101	160	Thu	68:00-69:00	Room 160	ENGL 100
ENGL 101	161	Fri	69:00-70:00	Room 161	ENGL 100
ENGL 101	162	Sat	70:00-71:00	Room 162	ENGL 100
ENGL 101	163	Sun	71:00-72:00	Room 163	ENGL 100
ENGL 101	164	Mon	72:00-73:00	Room 164	ENGL 100
ENGL 101	165	Tue	73:00-74:00	Room 165	ENGL 100
ENGL 101	166	Wed	74:00-75:00	Room 166	ENGL 100
ENGL 101	167	Thu	75:00-76:00	Room 167	ENGL 100
ENGL 101	168	Fri	76:00-77:00	Room 168	ENGL 100
ENGL 101	169	Sat	77:00-78:00	Room 169	ENGL 100
ENGL 101	170	Sun	78:00-79:00	Room 170	ENGL 100
ENGL 101	171	Mon	79:00-80:00	Room 171	ENGL 100
ENGL 101	172	Tue	80:00-81:00	Room 172	ENGL 100
ENGL 101	173	Wed	81:00-82:00	Room 173	ENGL 100
ENGL 101	174	Thu	82:00-83:00	Room 174	ENGL 100
ENGL 101	175	Fri	83:00-84:00	Room 175	ENGL 100
ENGL 101	176	Sat	84:00-85:00	Room 176	ENGL 100
ENGL 101	177	Sun	85:00-86:00	Room 177	ENGL 100
ENGL 101	178	Mon	86:00-87:00	Room 178	ENGL 100
ENGL 101	179	Tue	87:00-88:00	Room 179	ENGL 100
ENGL 101	180	Wed	88:00-89:00	Room 180	ENGL 100
ENGL 101	181	Thu	89:00-90:00	Room 181	ENGL 100
ENGL 101	182	Fri	90:00-91:00	Room 182	ENGL 100
ENGL 101	183	Sat	91:00-92:00	Room 183	ENGL 100
ENGL 101	184	Sun	92:00-93:00	Room 184	ENGL 100
ENGL 101	185	Mon	93:00-94:00	Room 185	ENGL 100
ENGL 101	186	Tue	94:00-95:00	Room 186	ENGL 100
ENGL 101	187	Wed	95:00-96:00	Room 187	ENGL 100
ENGL 101	188	Thu	96:00-97:00	Room 188	ENGL 100
ENGL 101	189	Fri	97:00-98:00	Room 189	ENGL 100
ENGL 101	190	Sat	98:00-99:00	Room 190	ENGL 100
ENGL 101	191	Sun	99:00-100:00	Room 191	ENGL 100
ENGL 101	192	Mon	100:00-101:00	Room 192	ENGL 100
ENGL 101	193	Tue	101:00-102:00	Room 193	ENGL 100
ENGL 101	194	Wed	102:00-103:00	Room 194	ENGL 100
ENGL 101	195	Thu	103:00-104:00	Room 195	ENGL 100
ENGL 101	196	Fri	104:00-105:00	Room 196	ENGL 100
ENGL 101	197	Sat	105:00-106:00	Room 197	ENGL 100
ENGL 101	198	Sun	106:00-107:00	Room 198	ENGL 100
ENGL 101	199	Mon	107:00-108:00	Room 199	ENGL 100
ENGL 101	200	Tue	108:00-109:00	Room 200	ENGL 100
ENGL 101	201	Wed	109:00-110:00	Room 201	ENGL 100
ENGL 101	202	Thu	110:00-111:00	Room 202	ENGL 100
ENGL 101	203	Fri	111:00-112:00	Room 203	ENGL 100
ENGL 101	204	Sat	112:00-113:00	Room 204	ENGL 100
ENGL 101	205	Sun	113:00-114:00	Room 205	ENGL 100
ENGL 101	206	Mon	114:00-115:00	Room 206	ENGL 100
ENGL 101	207	Tue	115:00-116:00	Room 207	ENGL 100
ENGL 101	208	Wed	116:00-117:00	Room 208	ENGL 100
ENGL 101	209	Thu	117:00-118:00	Room 209	ENGL 100
ENGL 101	210	Fri	118:00-119:00	Room 210	ENGL 100
ENGL 101	211	Sat	119:00-120:00	Room 211	ENGL 100
ENGL 101	212	Sun	120:00-121:00	Room 212	ENGL 100
ENGL 101	213	Mon	121:00-122:00	Room 213	ENGL 100
ENGL 101	214	Tue	122:00-123:00	Room 214	ENGL 100
ENGL 101	215	Wed	123:00-124:00	Room 215	ENGL 100
ENGL 101	216	Thu	124:00-125:00	Room 216	ENGL 100
ENGL 101	217	Fri	125:00-126:00	Room 217	ENGL 100
ENGL 101	218	Sat	126:00-127:00	Room 218	ENGL 100
ENGL 101	219	Sun	127:00-128:00	Room 219	ENGL 100
ENGL 101	220	Mon	128:00-129:00	Room 220	ENGL 100
ENGL 101	221	Tue	129:00-130:00	Room 221	ENGL 100
ENGL 101	222	Wed	130:00-131:00	Room 222	ENGL 100
ENGL 101	223	Thu	131:00-132:00	Room 223	ENGL 100
ENGL 101	224	Fri	132:00-133:00	Room 224	ENGL 100
ENGL 101	225	Sat	133:00-134:00	Room 225	ENGL 100
ENGL 101	226	Sun	134:00-135:00	Room 226	ENGL 100
ENGL 101	227	Mon	135:00-136:00	Room 227	ENGL 100
ENGL 101	228	Tue	136:00-137:00	Room 228	ENGL 100
ENGL 101	229	Wed	137:00-138:00	Room 229	ENGL 100
ENGL 101	230	Thu	138:00-139:00	Room 230	ENGL 100
ENGL 101	231	Fri	139:00-140:00	Room 231	ENGL 100
ENGL 101	232	Sat	140:00-141:00	Room 232	ENGL 100
ENGL 101	233	Sun	141:00-142:00	Room 233	ENGL 100
ENGL 101	234	Mon	142:00-143:00	Room 234	ENGL 100
ENGL 101	235	Tue	143:00-144:00	Room 235	ENGL 100
ENGL 101	236	Wed	144:00-145:00	Room 236	ENGL 100
ENGL 101	237	Thu	145:00-146:00	Room 237	ENGL 100
ENGL 101	238	Fri	146:00-147:00	Room 238	ENGL 100
ENGL 101	239	Sat	147:00-148:00	Room 239	ENGL 100
ENGL 101	240	Sun	148:00-149:00	Room 240	ENGL 100
ENGL 101	241	Mon	149:00-150:00	Room 241	ENGL 100
ENGL 101	242	Tue	150:00-151:00	Room 242	ENGL 100
ENGL 101	243	Wed	151:00-152:00	Room 243	ENGL 100
ENGL 101	244	Thu	152:00-153:00	Room 244	ENGL 100
ENGL 101	245	Fri	153:00-154:00	Room 245	ENGL 100
ENGL 101	246	Sat	154:00-155:00	Room 246	ENGL 100
ENGL 101	247	Sun	155:00-156:00	Room 247	ENGL 100
ENGL 101	248	Mon	156:00-157:00	Room 248	ENGL 100
ENGL 101	249	Tue	157:00-158:00	Room 249	ENGL 100
ENGL 101	250	Wed	158:00-159:00	Room 250	ENGL 100
ENGL 101	251	Thu	159:00-160:00	Room 251	ENGL 100
ENGL 101	252	Fri	160:00-161:00	Room 252	ENGL 100
ENGL 101	253	Sat	161:00-162:00	Room 253	ENGL 100
ENGL 101	254	Sun	162:00-163:00	Room 254	ENGL 100
ENGL 101	255	Mon	163:00-164:00	Room 255	ENGL 100
ENGL 101	256	Tue	164:00-165:00	Room 256	ENGL 100
ENGL 101	257	Wed	165:00-166:00	Room 257	ENGL 100
ENGL 101	258	Thu	166:00-167:00	Room 258	ENGL 100
ENGL 101	259	Fri	167:00-168:00	Room 259	ENGL 100
ENGL 101	260	Sat	168:00-169:00	Room 260	ENGL 100
ENGL 101	261	Sun	169:00-170:00	Room 261	ENGL 100
ENGL 101	262	Mon	170:00-171:00	Room 262	ENGL 100
ENGL 101	263	Tue	171:00-172:00	Room 263	ENGL 100
ENGL 101	264	Wed	172:00-173:00	Room 264	ENGL 100
ENGL 101	265	Thu	173:00-174:00	Room 265	ENGL 100
ENGL 101	266	Fri	174:00-175:00	Room 266	ENGL 100
ENGL 101	267	Sat	175:00-176:00	Room 267	ENGL 100
ENGL 101	268	Sun	176:00-177:00	Room 268	ENGL 100
ENGL 101	269	Mon	177:00-178:00	Room 269	ENGL 100
ENGL 101	270	Tue	178:00-179:00	Room 270	ENGL 100
ENGL 101	271	Wed	179:00-180:00	Room 271	ENGL 100
ENGL 101	272	Thu	180:00-181:00	Room 272	ENGL 100
ENGL 101	273	Fri	181:00-182:00	Room 273	ENGL 100
ENGL 101	274	Sat	182:00-183:00	Room 274	ENGL 100
ENGL 101	275	Sun	183:00-184:00	Room 275	ENGL 100
ENGL 101	276	Mon	184:00-185:00	Room 276	ENGL 100
ENGL 101	277	Tue	185:00-186:00	Room 277	ENGL 100
ENGL 101	278	Wed	186:00-187:00	Room 278	ENGL 100
ENGL 101	279	Thu	187:00-188:00	Room 279	ENGL 100
ENGL 101	280	Fri	188:00-189:00	Room 280	ENGL 100
ENGL 101	281	Sat	189:00-190:00	Room 281	ENGL 100
ENGL 101	282	Sun	190:00-191:00	Room 282	ENGL 100
ENGL 101	283	Mon	191:00-192:00	Room 283	ENGL 100
ENGL 101	284	Tue	192:00-193:00	Room 284	ENGL 100
ENGL 101</					

Case 11	Case 12	Case 13	Case 14	Case 15	Case 16	Case 17	Case 18	Case 19	Case 20	Case 21	Case 22	Case 23	Case 24	Case 25	Case 26	Case 27	Case 28	Case 29	Case 30	Case 31	Case 32	Case 33	Case 34	Case 35	Case 36	Case 37	Case 38	Case 39	Case 40	Case 41	Case 42	Case 43	Case 44	Case 45	Case 46	Case 47	Case 48	Case 49	Case 50	Case 51	Case 52	Case 53	Case 54	Case 55	Case 56	Case 57	Case 58	Case 59	Case 60	Case 61	Case 62	Case 63	Case 64	Case 65	Case 66	Case 67	Case 68	Case 69	Case 70	Case 71	Case 72	Case 73	Case 74	Case 75	Case 76	Case 77	Case 78	Case 79	Case 80	Case 81	Case 82	Case 83	Case 84	Case 85	Case 86	Case 87	Case 88	Case 89	Case 90	Case 91	Case 92	Case 93	Case 94	Case 95	Case 96	Case 97	Case 98	Case 99	Case 100
Case 11	Case 12	Case 13	Case 14	Case 15	Case 16	Case 17	Case 18	Case 19	Case 20	Case 21	Case 22	Case 23	Case 24	Case 25	Case 26	Case 27	Case 28	Case 29	Case 30	Case 31	Case 32	Case 33	Case 34	Case 35	Case 36	Case 37	Case 38	Case 39	Case 40	Case 41	Case 42	Case 43	Case 44	Case 45	Case 46	Case 47	Case 48	Case 49	Case 50	Case 51	Case 52	Case 53	Case 54	Case 55	Case 56	Case 57	Case 58	Case 59	Case 60	Case 61	Case 62	Case 63	Case 64	Case 65	Case 66	Case 67	Case 68	Case 69	Case 70	Case 71	Case 72	Case 73	Case 74	Case 75	Case 76	Case 77	Case 78	Case 79	Case 80	Case 81	Case 82	Case 83	Case 84	Case 85	Case 86	Case 87	Case 88	Case 89	Case 90	Case 91	Case 92	Case 93	Case 94	Case 95	Case 96	Case 97	Case 98	Case 99	Case 100

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This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		FORECAST YEAR END			
		Worst Case £'000	Likelihood	Best Case £'000	Likelihood
	Current Reported Forecast Outturn	0		0	
	Risks (negative values)				
1	Non delivery of Saving Plans/CIPs	(150)	Low		
2	Continuing Healthcare				
3	Prescribing				
4	Pharmacy Contract				
5	WHSSC Performance				
6	Other Contract Performance				
7	GMS Ring Fenced Allocation Underspend Potential Claw back				
8	Dental Ring Fenced Allocation Underspend Potential Claw back				
9	Operational pressures	(500)	Low		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
	Opportunities (positive values)				
23					
24					
25					
26					
27					
28					
29					
30	Total Risks /Opportunities	(650)		0	
31	Total Amended Forecast	(650)		0	

Bricknell Helen
02/19/2020 14:02:15