

Finance Committee Meeting

Wed 27 April 2022, 14:00 - 16:00

Agenda

14:00 - 14:00
0 min

1. Standing Items

1.1. Welcome and Introductions

Rhian Thomas

1.2. Apologies for Absence

Rhian Thomas

1.3. Declarations of Interest

Rhian Thomas

1.4. Minutes of the previous Committee meeting – 23 March 2022

Rhian Thomas

📄 1.4 Unconfirmed Public Finance Committee Minutes March 23 2022.pdf (6 pages)

1.5. Action log following the meeting held on 23 March 2022

Rhian Thomas

📄 1.5. Action Log For 27 April 2022 Finance Committee Meeting.pdf (1 pages)

1.6. Chair's Actions since previous meeting

Rhian Thomas

14:00 - 14:00
0 min

2. Items for Review and Assurance

2.1. Financial Report – Month 12

Paul Emmerson

📄 2.1 Finance Report for the Period Ended 31st March 2022.pdf (20 pages)

2.2. Cost Reduction Programme

Catherine Phillips

2.3. Financial Tracker System for Corporate and Clinical Board

Catherine Phillips/Caroline Bird

📄 2.2&2.3 Savings and Tracker 2022-23.pdf (3 pages)

2.4. Escalation of Corporate Directorates and Clinical Boards

Caroline Bird

📄 2.4 Escalation of Clinical Boards and Corporate Departments.pdf (4 pages)

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2.5. Capital Programme

Catherine Phillips

14:00 - 14:00 **3. Items for Approval / Ratification**
0 min

3.1. Revenue and Capital Funding and Service Implications

Catherine Phillips/Caroline Bird

14:00 - 14:00 **4. Items for Information and Noting**
0 min

4.1. Financial Monitoring Returns – Month 12

Hywel Pullen

14:00 - 14:00 **5. AOB**
0 min

14:00 - 14:00 **6. Review and Final Closure**
0 min

6.1. Items to be deferred to Board / Committee

Rhian Thomas

6.2. Date and time of next meeting

Wednesday 25 May 2022 at 2pm Via MS Teams

Mohamed Sarah
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**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 23rd MARCH 2021
VIRTUAL MEETING via TEAMS**

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – Information Communication & Technology
Charles Janczewski	CJ	Board Chair
Akmal Hanuk	AH	Independent Member – Community
Mike Jones	MJ	Independent Member – Trade Union
Susan Elsmore	SE	Independent Member – Local Authority
Caroline Bird	CB	Interim Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Nicola Foreman	NF	Director of Corporate Governance
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)

Secretariat:

Paul Emmerson	PE	Senior Finance Manager
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Apologies:

Ruth Walker	RW	Executive Nurse Director
Suzanne Rankin	SR	Chief Executive

FC 22/03/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting. The Finance Committee Chair (RT) noted that the Deputy Director of Finance was retiring and thanked Chris for his service to the Committee.	ACTION
FC 22/03/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 22/03/003	DECLARATIONS OF INTEREST	

	The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 22/03/004	<p>MINUTES OF THE COMMITTEE MEETING HELD ON 16th FEBRUARY 2022</p> <p>The minutes of the meeting held on 26th February 2022 were reviewed and confirmed to be an accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 16th February 2022 were approved by the Committee as an accurate record.</p>	
FC 22/03/005	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>There were no outstanding actions.</p>	
FC 22/03/006	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 22/02/007	<p>FINANCIAL PERFORMANCE MONTH 11</p> <p>The Deputy Director of Finance summarised the key points within the Month 11 Finance Report.</p> <p>At month 11, the UHB reported an underspend of £0.287m against its plan. During the 11 months to the end of February the UHB incurred gross expenditure of circa. £95m relating to the management of COVID 19, which was assumed to be offset by Welsh Government COVID 19 funding leaving an operating surplus of £0.287m.</p> <p>The full year gross COVID funding was now £119.375m .</p> <p>Moving onto the Finance Dashboard it was highlighted that there were three areas flagged as red, being the delivery of the recurrent £12.000m 1.5% target which in turn adversely impacted on the carried forward underlying deficit. In addition, the creditor payment compliance had remained marginally below 95% and this was also now flagged as red.</p> <p>The Committee was informed that the UHB still expected to report a breakeven position at year end.</p> <p>Table 5 illustrated that the UHB had a operational surplus of £0.287m at Month 11. The pay position at month 10 was an operational underspend of £9.4m and the additional gross COVID 19 pay expenditure was nearly £45m. There was an operational overspend of £10.5m on non-pay budgets which was offset by the reported underspends against pay and income budgets.</p> <p>The Finance Committee Chair (RT) noted that the operational overspend against pay reported by the Medicine Clinical Board was a recurrent issue and</p>	

asked if this was reflected in the assumptions underpinning the 2022/23 plan. In response, the Deputy Director of Finance reflected that the UHB did not generally apply additional budget to areas which were overspending. It was noted that nursing pressures in the Clinical Board had been accentuated by COVID due to the demands on nursing time which in turn had increased demand for nursing cover which included agency. In this context, it was expected that nursing pressures would reduce as the impact of COVID receded. In addition, the Committee was informed that all nursing establishments has been fully funded and signed off by the Executive Director of Nursing and that the UHB was working to increase its nursing capacity through both local and international recruitment.

In response to a query from the Independent Member – Local Authority (SE) the Interim Chief Operating Officer confirmed that the UHB continued to monitor presentations with COVID at the Emergency Department as well as bed occupancy due to COVID. The data collected did not presently suggest the same level of demand which had been observed in previous waves.

The Committee was informed that a step up in forecast gross COVID 19 expenditure was expected in the final month of the year in part due to the notification in the later part of the year of some of the funding streams. The Committee was advised that the UHB had plans in place to utilise the funding in full.

Similarly, plans were in place to utilise the full year forecast reductions in planned expenditure were circa £8m.

Picking up on this theme the Finance committee Chair (RT) noted that there were a number of reported areas where expenditure was expected to step up in the final month and asked for further assurance around the process to ensure that this was effectively managed. The UHB Chair (CJ) echoed the request for further assurance and the Executive Director of Finance indicated that the UHB would review the level of detail included in report to provide additional assurance to the Committee.

The Deputy Director confirmed that the detailed plans to utilise the full year forecast reductions in planned expenditure had been shared previously with Committee members and that these were progressing with oversight from the UHB's Management Executive.

The Executive Director of Finance added that the detailed management of plans to use Covid Recovery funding was administered through the Chief Operating Officer and that the UHB had an established process to manage its capital expenditure through the Capital Management Group which had been meeting on a more regular basis towards year end to ensure that plans were executed to maximise the benefit to the UHB.

In reply to a further query from the Finance Committee Chair (RT), the Chief Operating Officer confirmed that the UHB could not rollover recovery funding to the following year and that a separate recovery allocation had been confirmed for 2022/23. It was confirmed that there was slippage against some recovery of the original schemes and that this had allowed the UHB to invest in other schemes as well as supporting the operational position.

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The UHB was confident that the £16m savings target would be broadly achieved this year, however, as previously noted further progress needed to be made on recurrent schemes as the forecast year end underlying deficit of £25.3m would increase if the current gap against the recurrent savings target did not improve.

Moving on the Committee was informed that the UHB was expecting a positive cash position at year end. Welsh Government had provided the UHB with additional working cash support of circa £26.5m in year and the UHB needed to review how much of this would need to be drawn down in year.

The UHB's public sector payment compliance performance remained marginally below the target of 95%.

At month 11, the UHB had an approved Capital Resource Limit (CRL) of circa £67m and cumulative expenditure of circa £24m was reported against this.

Since the month end, the capital resource limit had increased by a further £3.2m. To provide further assurance to the Committee that the UHB would broadly balance expenditure against its capital resource limit in year, the Committee was informed that:

- There were orders raised of £64m of which £22m were receipted and/or invoiced.
- There were further orders to raise of £8m and £50m overall to be receipted/invoiced
- Delivery of the Capital Plan is still expected in 2021/22, however over 70% of orders were still to be receipted in the last two weeks of 2021/22. A high percentage of the outstanding medical and IT equipment orders would need to be vested to ensure ownership within 21/22 (£20-30m).

The Committee was informed that the UHB's Capital Planning, Procurement and Financial Accounting Teams were working hard to ensure that orders were fulfilled to meet the Capital Plan. The Finance Committee Chair (RT) acknowledged the diligence of the Teams in the management of the UHBs capital plan and the UHB Chair (CJ) endorsed the acknowledgement.

The Independent Member (JU) enquired if the UHB retained a list of capital projects which could be implemented at short notice if additional capital resource was offered by Welsh Government and the Deputy Director of Finance confirmed that this was still the case.

Resolved – that:

The Finance Committee **noted** the reported underspend of £0.287m at month 11;

	<p>The Finance Committee noted the gross month 11 financial impact of COVID 19 which was assessed at £94.957m and that this was matched with anticipated income;</p> <p>The Finance Committee noted the forecast breakeven which is consistent with the financial plan submitted to Welsh Government on 30th June and assumes additional funding of £140.688m to manage the impact of COVID 19 in 2021/22, including confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall;</p> <p>The Finance Committee noted that COVID 19 reductions in planned care expenditure can be used to to mitigate financial risks in the plan and support system resilience;</p> <p>The Finance Committee noted that following confirmation of an additional £26.517m working cash to support Resource Limit only allocations issued in previous years, the UHB is now forecasting a positive year end cash balance.</p> <p>The Finance Committee noted the 2021/22 brought forward Underlying Deficit of £25.3m and that the forecast carry forward of £25.3m into 2022/23 is dependent upon delivery of the £12m recurrent savings target which required the identification of a further £4.4m savings schemes.</p> <p>The Finance Committee noted the UHB is forecasting a breakeven position at the year end in line with the submitted annual financial plan. In order to achieve this the key risk that needs to be managed is to utilise the resources that have been allocated to the UHB;</p> <p>The Finance Committee noted that the UHB is forecasting a broadly balanced position against its capital resource limit at year end and will need to continually monitor the position so that progress can be pro-actively managed to achieve this.</p>	
<p>FC 22/03/008</p>	<p>FINANCE RISK REGISTER</p> <p>The Interim Deputy Director of Finance presented the 2021/22 Finance Risk Register to the Committee.</p> <p>The following risks identified on the 2021/22 Risk Register, which were both related to the underachievement against the recurrent savings target remained categorized as extreme risks (Red):</p> <ul style="list-style-type: none"> • Maintaining the underlying deficit of £25.3m on line with the draft annual plan; • Delivery of the recurrent element of the CIP (£12.0m). <p>The Committee was advised that the red rated risks had already been discussed as part of the previous agenda item.</p> <p>The Committee was informed that the 2022/23 Risk Register would be presented to the next meeting.</p> <p>Resolved – that:</p>	

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	The Finance Committee noted the risks highlighted within the 2021/22 risk register.	
FC 22/03/009	MONTH 11 FINANCIAL MONITORING RETURNS These were noted for information.	
FC 22/03/010	ITEMS TO BRING TO THE ATTENTION OF THE BOARD There were no items to bring to the attention of the Board.	
FC 22/03/011	DATE OF THE NEXT MEETING OF THE COMMITTEE Wednesday 26th April 2022 2.00pm; Virtual Meeting via Teams	

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FINANCE COMMITTEE – PUBLIC MEETING

ACTION LOG

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
			No Outstanding Actions		

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Report Title:	Finance Report for the Period Ended 31st March 2022		Agenda Item no.	2.1
Meeting:	Finance Committee	Public	x	Meeting Date: 27th April 2022
		Private		
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information
Lead Executive:	Executive Director of Finance			
Report Author (Title):	Deputy Director of Finance			
Main Report				
Background and current situation:				

The Health Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2021 which focused on delivering in-year financial stability and maintaining the current level of underlying deficit. The draft plan included a planned deficit of £21.3m in 2021/22 and if delivered would have ensured that the underlying position stabilised and did not deteriorate. Following submission of the draft plan, Welsh Government issued updated planning guidance and asked the UHB to assume non recurrent COVID funding to cover the initial planning deficit of £21.3m caused by COVID impacting on the delivery of 2020/21 savings plans. The UHB then planned for a break-even year end position and the finalised financial plan was submitted to Welsh Government on the 30th June 2021.

A summary of the core financial plan submitted is provided in Table 1.

Table 1: 2021/22 Core Draft plan

	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(21.3)
Adjustment for non recurrent items in previous year (note 1)	(21.3)	(4.0)
b/f underlying deficit	(25.3)	(25.3)
Net Allocation Uplift (including LTA inflation) (note 2)	19.4	
Draft Cost Pressures Assessment (note 3)	(27.4)	
Investments	(4.0)	
Recurrent Cost Improvement Plans 1.5% (note 4)	12.0	
Non Recurrent Cost Improvement Plans 0.5% (note 5)	4.0	
Planned Surplus/(Deficit) 2021/22	(21.3)	
Non Recurrent COVID Funding to cover slippage in 2020/21 Recurrent saving schemes	21.3	
Updated Core Draft Financial Plan 2021/22 £m	0.0	

In addition to the core financial plan of the Health Board summarized in Table 1, the UHB also incurred additional COVID 19 costs in respect of response and recovery. These costs are considered to be in addition to the core financial plan and the UHB has confirmed additional funding to fully cover these costs.

The UHB's provisional year end revenue outturn is a surplus of £0.216m which is broadly in line with the break-even position previously forecast. The UHB is also reporting that it stayed within its Capital Resource limit. Creditor payment compliance was marginally below the 95% target. The Finance Committee is asked to note reported performance is provisional at this stage as the draft accounts have not yet been finalised and will be subject to Audit Wales scrutiny. The year-end reported position is, however, not expected to materially change.

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

	surplus/(deficit) £m	surplus/(deficit) £m	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	0.058	(36.667)	Fail
2020/21	0.090	(9.724)	Fail
2021/22 Draft	0.216	0.364	Pass

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. The table above shows the UHB reported a surplus in 2019/20, 2020/21 and is reporting a draft surplus in 2021/22. The tables also outline that the UHB breached its statutory financial duty in 2016/17, 2017/18, 2018/19, 2019/20 & 2020/21 and that the forecast balanced 2020/21 outturn position results in a pass of financial duty at the end of 2021/22.

Assessment and Risk Implications

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

Table 3: Finance Dashboard @ March 2022

Measure	STATUS REPORT				
	March 2021	Rating	Latest Trend	Target	Time Period
Deliver 2021/22 Draft Financial Plan	Draft year-end breakeven at month 12. £0.216m operational surplus at month 12.	G	🟡	Deliver 2021/22 Planned Breakeven	M12 2021-22
Remain within capital resource limits.	Expenditure at the end of March was £70.948m against a plan of £70.989m.	G	🟡	Approved planned expenditure £70.989m	M12 2021-22
Maintenance (no deterioration) of Underlying deficit	£25.3m assessed underlying deficit (ULD) position b/f to month 1. Year End ULD £29.7m	R	🟡	2021/22 plan to ensure no deterioration in £25.3m underlying deficit	M12 2021-22
Delivery of recurrent £12.000m 1.5% target	£7.576m forecast at month 11.	R	🟡	£12.000m	M12 2021-22
Delivery of £4m non recurrent target	£8.676m identified at month 11.	G	🟢	£4.000m	M12 2021-22
Creditor payments compliance 30 day Non NHS	Cumulative 93.1% at the end of March.	R	🔴	95% of invoices paid within 30 days	M12 2021-22
Remain within Cash Limit	The UHB reported a positive cash balance at the end of 2021/22 in line with the forecast breakeven.	G	🟡	To remain within Cash Limit	M12 2021-22
Maintain Positive Cash Balance	Cash balance = £4.607m	G	🟡	To Maintain Positive Cash Balance	End of March 2022

Month 12 Cumulative Financial Position

The Welsh Government monthly financial monitoring returns continue to capture and monitor costs due to COVID 19 that are over and above LHB core plans. The draft financial position reported to Welsh Government for month 12 is a surplus of £0.216m and this is summarised in Table 4.

Table 4: Month 12 Financial Position 2021/22

	Cumulative Month 12 £m
COVID 19 Additional Expenditure	119.376
Welsh Government COVID funding received / assumed	(119.376)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(21.300)
Operational position (Surplus) / Deficit	21.084
Financial Position £m (Surplus) / Deficit £m	(0.216)

The month 12 surplus of £0.216m reflects the operational performance of the UHB with all COVID costs funded.

Welsh Government has confirmed COVID 19 funding. The UHB is reporting a draft operating surplus of £0.216m at year end. COVID 19 allocations have met the additional COVID costs and operating pressures that have arisen from the management of COVID 19 and the reductions arising in planned expenditure have been utilized to offset non COVID operational pressures and support system resilience.

The additional COVID 19 expenditure in the year to month 12 was £119.376m.

The additional COVID 19 expenditure is matched by the additional Welsh Government funding outlined in the table 5 below:

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Table 5: Welsh Government COVID 19 Funding assumed at month 12 2021/22

	Month 12
	£m
COVID 19 Testing	(3.159)
COVID 19 Tracing	(13.158)
COVID 19 Vaccination including COVID Vaccine Allergy SLA	(13.420)
Extended Flu vaccination	(1.137)
Field Hospital / Surge - Recovery of Over Accrual	0.803
Cleaning Standards	(0.806)
PPE	(3.984)
Continuing Care and Funded Nursing Care	(2.348)
Urgent and Emergency Care	(1.740)
COVID 19 Local Response	(49.935)
COVID 19 Recovery	(26.865)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.761)
Covid 19: Pay Increase	(0.826)
COVID 19: Recovery Of NHS Bonus Accrual	1.759
COVID 19: Health Checks For People With a Learning Disability	(0.085)
COVID 19: Same Day Emergency Care	(0.808)
COVID 19: Cluster Funding	(0.266)
COVID 19: Health and Social Care Winter Plan	(1.304)
COVID 19: Winter Pressures Enhanced Service Community Pharmacy Payment	(0.375)
COVID 19: National Antiviral Service Funding	(0.050)
COVID 19: ICF Children With Complex Needs	(0.700)
COVID 19: Care Home Workers Immunisation Programme	(0.008)
COVID 19: Covid Therapeutic (Treatment) Medicines	(0.203)
Sub Total COVID funding confirmed/assumed £m	(119.376)
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(21.313)
Total COVID funding confirmed/assumed £m	(140.689)

The UHB has a small operational surplus of £0.216m at Month 12 and Table 6 analyses the reported position between income, pay and non pay.

Table 6: Summary Financial Position for the period ended 30th March 2022

Income/Pay/Non Pay	Budget	Actual	Gross Expenditure Due To COVID 19	Reductions in Planned Expenditure Due To COVID 19	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Assumed	Welsh Government COVID 19 Funding 2020/21 Savings Shortfall	Operational Variance (Fav)/Adv	Total Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
In Month									
Income	(182.640)	(148.218)	0.398		0.398	(0.398)		(1.263)	(1.263)
Pay	95.382	106.479	9.122	(0.115)	9.007	(9.122)		2.091	2.091
Non Pay	87.259	101.724	14.900	(0.924)	13.976	(14.900)		(0.756)	(0.756)
Sub Total £m	(0.000)	59.987	24.419	(1.039)	23.380	(24.419)	0.000	0.072	0.072
COVID funding due to non delivery of 2020/21 recurrent Savings	0.000					(1.776)	1.776	0.000	0.000
Variance to Plan £m	(0.000)	59.987	24.419	(1.039)	23.380	(26.195)	1.776	0.072	0.072
Cumulative									
Income	(1,614.149)	(614.708)	4.827		4.827	(4.827)		(2.679)	(2.679)
Pay	755.692	800.500	54.025	(1.947)	52.078	(54.025)		(7.271)	(7.271)
Non Pay	858.456	930.868	60.524	(6.427)	54.097	(60.524)		9.734	9.734
Sub Total £m	0.000	1,116.659	119.376	(8.374)	111.002	(119.376)	0.000	(0.216)	(0.216)
COVID funding due to non delivery of 2020/21 recurrent Savings	0.000					(21.313)	21.313	0.000	0.000
Variance to Plan £m	0.000	1,116.660	119.376	(8.374)	111.002	(140.689)	21.313	(0.216)	(0.216)

Income

The year to date and in month financial position for income is shown in Table 7:

Table 7: Income Variance @ March 2022

	Expenditure Due To COVID 19	in Planned Expenditure Due To COVID 19	Expenditure Due To COVID 19	Government COVID 19 Funding Assumed	Variance (Fav)/Adv	Variance
	£m	£m	£m	£m	£m	£m
In Month						
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	0.000	0.000
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.127	0.000	0.127	(0.127)	0.073	0.073
Education & Training	0.000	0.000	0.000	0.000	(0.113)	(0.113)
Injury Cost Recovery Scheme (CRU) Income	0.000	0.000	0.000	0.000	(0.011)	(0.011)
NHS Patient Related Income	0.106	0.000	0.106	(0.106)	(0.781)	(0.781)
Other Operating Income	0.097	0.000	0.097	(0.097)	(0.360)	(0.360)
Overseas Patient Income	0.006	0.000	0.006	(0.006)	0.021	0.021
Private Patient Income	0.062	0.000	0.062	(0.062)	(0.008)	(0.008)
Research & Development	0.000	0.000	0.000	0.000	(0.085)	(0.085)
Variance to Plan £m	0.398	0.000	0.398	(0.398)	(1.263)	(1.263)
Cumulative						
Revenue Resource Limit (RRL)	0.000	0.000	0.000	0.000	0.000	0.000
RRL Welsh Govt. COVID 19 Funding	0.000	0.000	0.000	0.000	0.000	0.000
Welsh Government Income (Non RRL)	0.000	0.000	0.000	0.000	0.000	0.000
Accommodation & Catering	0.842	0.000	0.842	(0.842)	(0.006)	(0.006)
Education & Training	0.000	0.000	0.000	0.000	(0.124)	(0.124)
Injury Cost Recovery Scheme (CRU) Income	0.000	0.000	0.000	0.000	0.075	0.075
NHS Patient Related Income	0.103	0.000	0.103	(0.103)	(2.586)	(2.586)
Other Operating Income	3.198	0.000	3.198	(3.198)	(0.078)	(0.078)
Overseas Patient Income	0.044	0.000	0.044	(0.044)	(0.006)	(0.006)
Private Patient Income	0.640	0.000	0.640	(0.640)	0.064	0.064
Research & Development	0.000	0.000	0.000	0.000	(0.018)	(0.018)
Variance to Plan £m	4.827	0.000	4.827	(4.827)	(2.679)	(2.679)

The income position at month 12 is an underspend of £2.679m. This position is achieved after consideration of additional Welsh Government income of ££4.287m in recognition of income losses cause by COVID 19 disruption.

The key COVID 19 income reductions continued in month contributing to cumulative income losses of:

- £0.842m shortfall on accommodation and catering income as a result of a reduction in restaurant services;
- £3.198m deficit against Other Operating Income. The majority of the deficit (£2.782m) is a result of reduced General Dental Services activity leading to a loss of Dental Patient Charges income;
- £0.640m adverse variance against private patient income following the re-planning of non COVID activity.

The increase in the operating surplus reported against income in month was in part due to the return of income provided to Aneurin Bevan for the 111 service of circa £0.5m alongside the agreement of year end income charges and the receipt of Commercial R & D income in month 12.

Pay

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

Table 8: Analysis of pay expenditure by staff group @ March 2022

Pay	Gross Expenditure Due To COVID 19	Reductions in Planned Expenditure Due To COVID 19	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Assumed	Operational Variance (Fav)/Adv	Total Variance
In Month	£m	£m	£m	£m	£m	£m
Medical and Dental	2.033	0.000	2.033	(2.033)	1.100	1.100
Nursing (registered)	1.425	(0.115)	1.310	(1.425)	1.196	1.196
Nursing (unregistered)	1.043	0.000	1.043	(1.043)	0.902	0.902
Scientific, prof & technical	0.237	0.000	0.237	(0.237)	0.056	0.056
Additional clinical services	0.235	0.000	0.235	(0.235)	0.072	0.072
Management, admin & clerical	1.290	0.000	1.290	(1.290)	0.272	0.272
Other staff groups	2.858	0.000	2.858	(2.858)	(1.507)	(1.507)
Total £m	9.122	(0.115)	9.007	(9.122)	2.091	2.091
Cumulative						
Medical and Dental	10.738	0.000	10.738	(10.738)	2.800	2.800
Nursing (registered)	16.230	(1.947)	14.283	(16.230)	(3.475)	(3.475)
Nursing (unregistered)	9.266	0.000	9.266	(9.266)	4.228	4.228
Scientific, prof & technical	1.758	0.000	1.758	(1.758)	(2.795)	(2.795)
Additional clinical services	1.530	0.000	1.530	(1.530)	(1.770)	(1.770)
Management, admin & clerical	7.743	0.000	7.743	(7.743)	(1.753)	(1.753)
Other staff groups	6.760	0.000	6.760	(6.760)	(4.505)	(4.505)
Total £m	54.025	(1.947)	52.078	(54.025)	(7.271)	(7.271)

The pay position at month 12 is an operational underspend of £7.271m. The additional gross COVID 19 expenditure of £54.025m is matched by £54.025m of COVID 19 funding.

Significant COVID 19 pay costs have been incurred for medical and nursing staff especially in the Medicine Clinical Board where there are cumulative additional costs of £15.950m and in the PCIC Clinical Board where additional costs of £12.907m are reported across all staff groups. Additional COVID 19 pay costs have also been incurred across all other Clinical Boards bar Genomics. Some of these costs are offset by nursing staff savings in the Surgical Clinical Board.

The in month operational overspend of £2.091m reported against pay has arisen following the re-assessment of annual corporate provisions and accruals.

The main change in COVID pay costs from previous months relates to the inclusion of the following COVID related costs in month 12:

- Additional Annual Leave Accrual £2.4m
- Additional Study Leave Accrual -Training Grade Doctors £0.6m

Operational pay remains balanced or in surplus in all Clinical Boards except the Medicine Clinical Board where there is an operational overspend of £3.615m primarily as a result of nursing pressures.

Non Pay

The year to date and in month financial position for non pay is shown in Table 9.

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Table 9: Non Pay Variance @ March 2022

Non Pay	Gross Expenditure Due To COVID 19	Reductions in Planned Expenditure Due To COVID 19	Net Expenditure Due To COVID 19	Welsh Government COVID 19 Funding Assumed	Operational Variance (Fav)/Adv	Total Variance
In Month	£m	£m	£m	£m	£m	£m
Drugs / Prescribing	0.210	0.000	0.210	(0.210)	0.928	0.928
Clinical services & supplies	0.636	(0.444)	0.192	(0.636)	(0.685)	(0.685)
General supplies & services	0.637	0.000	0.637	(0.637)	(0.160)	(0.160)
Establishment expenses	0.347	0.000	0.347	(0.347)	1.819	1.819
Premises & fixed plant	0.808	0.000	0.808	(0.808)	2.286	2.286
Continuing healthcare	0.042	0.000	0.042	(0.042)	0.503	0.503
Commissioned Services	0.341	(0.390)	(0.049)	(0.341)	(0.142)	(0.142)
Primary Care Contractors	0.076	(0.027)	0.049	(0.076)	(1.160)	(1.160)
Other non pay	11.802	(0.063)	11.739	(11.802)	(4.146)	(4.146)
Total £m	14.900	(0.924)	13.976	(14.900)	(0.756)	(0.756)
Cumulative						
Drugs / Prescribing	2.823	0.000	2.823	(2.823)	1.674	1.674
Clinical services & supplies	4.463	(3.533)	0.930	(4.463)	2.530	2.530
General supplies & services	5.322	0.000	5.322	(5.322)	1.999	1.999
Establishment expenses	0.923	0.000	0.923	(0.923)	2.227	2.227
Premises & fixed plant	5.455	0.000	5.455	(5.455)	5.473	5.473
Continuing healthcare	2.353	0.000	2.353	(2.353)	2.267	2.267
Commissioned Services	1.878	(1.266)	0.612	(1.878)	(1.278)	(1.278)
Primary Care Contractors	3.136	(0.889)	2.247	(3.136)	(2.945)	(2.945)
Other non pay	34.172	(0.739)	33.433	(34.172)	(2.214)	(2.214)
Total £m	60.524	(6.427)	54.097	(60.524)	9.734	9.734

There is an operational overspend of £9.734m on non pay budgets. The additional gross COVID 19 expenditure of £60.524m is matched by £60.524m of COVID 19 funding.

Key COVID 19 costs related to non pay include :

- £5.322m expenditure on general supplies and services primarily relating to PPE;
- £5.455m expenditure on Premises and Fixed Plant including £2.968m in relation to the mass vaccination centres, £1.884m in capital and estates and £0.256m relating to energy, utilities and rates at the Lakeside Surge Hospital.
- £34.172m on other non pay primarily due to the Local Authority TTP Team and healthcare activity commissioned from the Independent sector, costs associated with overseas nurse recruitment and estates costs associated with operating from a number of temporary premises.

A reduction in planned expenditure of £6.427m is reported against non pay costs mainly arising from reduced levels of consumables associated with elective activity and adjustments to dental contracts.

The main issues driving the £9.734m operational overspend against non pay were :

- £2.267m overspend against Continuing Healthcare as a result of pressures in the Mental Health Clinical Board where there is an operational overspend of £2.098m against continuing healthcare budgets;
- £5.473m adverse variance against premises and fixed plant where overspends are reported across all Clinical Boards. £1.184m of the overspend relates to Capital Estates where additional contractor costs, which are offset by a corresponding pay underspend, are included. A further £1m has been recognised in Central budgets at month 12 in respect of non COVID related dilapidation provisions.
- £5.473m adverse variance against clinical services and supplies where overspends are reported in the majority of Clinical Boards both in month and cumulatively.
- The in month favourable swing against other non pay reflects the release of non recurrent opportunities against centrally managed budgets.

Gross Expenditure Due to COVID 19

Gross COVID 19 expenditure is £119.376m and is summarised in table 10:

Table 10: Summary of Forecast COVID 19 Gross Expenditure

	Month 12
	£m
COVID 19 Testing	2.851
COVID 19 Tracing	12.863
COVID 19 Vaccination	12.559
Extended Flu vaccination	1.534
Field Hospital / Surge - Recovery of Over Accrual	(0.803)
Cleaning Standards	0.855
PPE	5.322
Continuing Care and Funded Nursing Care	2.311
Urgent and Emergency Care	1.828
COVID 19 Local Response	48.160
COVID 19 Recovery including National schemes	26.490
COVID 19: Annual Leave Accrual	2.340
COVID 19: Adferiad Programme - Long Covid Recovery	0.815
COVID 19: Additional Funding Allocation For PACU	0.000
COVID 19: Community Health Checks for Chronic Conditions	0.000
COVID 19: Pay Increase	0.826
COVID 19: Recovery Of NHS Bonus Accrual	(1.793)
COVID 19: Health Checks For People With a Learning Disability	0.064
COVID 19: Same Day Emergency Care	0.249
COVID 19: Cluster Funding	0.266
COVID 19: Health and Social Care Winter Plan	1.304
COVID 19: Winter Pressures Enhanced Service Community Payment	0.375
COVID 19: National Antiviral Service Funding	0.050
COVID 19: ICF Children With Complex Needs	0.700
COVID 19: Care Home Workers Immunisation Programme	0.008
COVID 19: Covid Therapeutic (Treatment) Medicines	0.203
Gross Expenditure Due To COVID 19 £m	119.376

COVID 19 Funding

The funding for COVID 19 is £140.689m which matches the gross costs and includes £21.313m in support of the planning deficit identified in the initial draft plan as outlined below in Table 11.

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Table 11: Summary of Forecast COVID 19 Funding

	Month 12
	£m
COVID 19 Testing	(3.159)
COVID 19 Tracing	(13.158)
COVID 19 Vaccination including COVID Vaccine Allergy SLA	(13.420)
Extended Flu vaccination	(1.137)
Field Hospital / Surge - Recovery of Over Accrual	0.803
Cleaning Standards	(0.806)
PPE	(3.984)
Continuing Care and Funded Nursing Care	(2.348)
Urgent and Emergency Care	(1.740)
COVID 19 Local Response	(49.935)
COVID 19 Recovery	(26.865)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.761)
Covid 19: Pay Increase	(0.826)
COVID 19: Recovery Of NHS Bonus Accrual	1.759
COVID 19: Health Checks For People With a Learning Disability	(0.085)
COVID 19: Same Day Emergency Care	(0.808)
COVID 19: Cluster Funding	(0.266)
COVID 19: Health and Social Care Winter Plan	(1.304)
COVID 19: Winter Pressures Enhanced Service Community Pharmacy Payment	(0.375)
COVID 19: National Antiviral Service Funding	(0.050)
COVID 19: ICF Children With Complex Needs	(0.700)
COVID 19: Care Home Workers Immunisation Programme	(0.008)
COVID 19: Covid Therapeutic (Treatment) Medicines	(0.203)
Sub Total COVID funding confirmed/assumed £m	(119.376)
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(21.313)
Total COVID funding confirmed/assumed £m	(140.689)

It should be noted that the funding was provided as follows:

- Testing, tracing, COVID vaccination, PPE, cleaning standards, CHC and FNC packages of care are based upon forecast costs at month 8;

The full year gross COVID forecast moved by £0.001m in the month from £119.375m at month 11 to £119.376m at month 12, as the result of additional funding being made available for COVID Therapeutic (Treatment) Medicines and the extended Flu Campaign. The additional funding was partly offset by a reduction in the funding for Urgent and Emergency Care.

COVID Local Response

Full year forecasting was a challenge all year given the range of potential COVID trajectories which meant that the organisation needed to remain COVID ready. Key cost drivers within the UHB's local COVID response included:

- Site footprint (green, amber, red zones including transitional care beds)
- Reduced Dental income
- Critical Care revised layout
- Reduced private patient/overseas income
- Reduced restaurant and retail income

- GP OOH
- Laboratory support
- Mental Health out of area placements impact
- Use of the Independent Sector

Resuming Non-Covid Activity and COVID Recovery

Throughout the pandemic the UHB has maintained core essential services. Given the uncertainty brought about by COVID 19 the UHB continues to operate in 4 week planning cycles, with prioritisation of need based upon clinical-stratification rather than time-based stratification.

There is increased focus on planning the recovery of the system, which will present a long term challenge. The organisation is progressing its recovery plans in line with its recovery funding. The UHB had £13.660m funding confirmed in tranche 1 and £11.536m confirmed in tranche 2. In addition it has secured £2.216m further funding for national recovery schemes. The UHB is now progressing its recovery plans in line with its recovery proposals. This is a challenge given the constraints on workforce and internal and external capacity.

Urgent and Emergency Care

The UHB continues to shape its unscheduled care plans around the goals of the national urgent and emergency care framework. Costs included relate to urgent primary care centres and CAV 24/7.

Progress on the Application of Resources Available Due to Reductions in Planned Expenditure Caused by the Impact of COVID 19

In 2020/21 the Welsh Government expectation was that reductions in planned expenditure were used to offset the costs of COVID 19. A change in approach from Welsh Government on 2021/22 on the application of reductions in planned expenditure gave the UHB financial flexibility to offset financial risks in its plan and to support system resilience and help deliver 2021/22 and 2022/23 plans and priorities.

The UHB progressed additional plans to fully utilise this resource by the year end.

At month 12, the full year forecast reductions in planned expenditure were reported at £8.374m and this resource was utilised to mitigate risks, support system resilience and progress UHB priorities.

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for month 12 by Clinical Board is shown in Table 12.

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Table 12: Financial Performance for the period ended 31st March 2022

Clinical Board	Gross Expenditure Due To COVID 19 £m	Reductions in Planned Expenditure due to COVID 19 £m	Net Expenditure Due to COVID 19 £m	Welsh Government COVID 19 Funding Assumed £m	Operational Position (Surplus) / Deficit Variance £m	Total (Surplus) / Deficit Variance £m
In Month						
All Wales Genomics Service	0.000	0.000	0.000	0.000	0.070	0.070
Capital Estates & Facilities	0.347	0.000	0.347	(0.347)	1.235	1.235
Children & Women	0.880	0.000	0.880	(0.880)	0.096	0.096
Clinical Diagnostics & Therapies	0.740	0.000	0.740	(0.740)	0.260	0.260
Surge Hospitals	0.000	0.000	0.000	0.000	0.135	0.135
Executives	1.860	0.000	1.860	(1.860)	0.244	0.244
Medicine	1.864	0.000	1.864	(1.864)	0.720	0.720
Mental Health	0.437	0.000	0.437	(0.437)	0.008	0.008
PCIC	3.669	(0.027)	3.642	(3.669)	1.042	1.042
Specialist	0.816	(0.438)	0.378	(0.816)	0.868	0.868
Surgery	2.511	(0.184)	2.327	(2.511)	0.307	0.307
SubTotal Delegated Position £m	13.125	(0.649)	12.476	(13.125)	4.985	4.985
Central Budgets	11.294	(0.390)	10.904	(11.294)	(4.913)	(4.913)
Total Variance pre COVID -19 Funding	24.419	(1.039)	23.381	(24.419)	0.072	0.072
Cumulative						
All Wales Genomics Service	0.000	0.000	0.000	0.000	(0.026)	(0.026)
Capital Estates & Facilities	4.918	0.000	4.918	(4.918)	1.501	1.501
Children & Women	5.134	0.000	5.134	(5.134)	(0.083)	(0.083)
Clinical Diagnostics & Therapies	4.319	0.000	4.319	(4.319)	0.279	0.279
Surge Hospitals	0.000	0.000	0.000	0.000	0.137	0.137
Executives	6.281	0.000	6.281	(6.281)	(0.296)	(0.296)
Medicine	18.473	0.000	18.473	(18.473)	4.998	4.998
Mental Health	2.691	0.000	2.691	(2.691)	0.941	0.941
PCIC	41.387	(0.889)	40.498	(41.387)	(0.858)	(0.858)
Specialist	5.917	(2.564)	3.353	(5.917)	0.071	0.071
Surgery	10.755	(3.655)	7.100	(10.755)	1.705	1.705
SubTotal Delegated Position £m	99.876	(7.108)	92.768	(99.876)	8.367	8.367
Central Budgets	19.500	(1.266)	18.234	(19.500)	(8.583)	(8.583)
Total Variance £m	119.376	(8.374)	111.003	(119.376)	(0.216)	(0.216)

Delegated budgets are £8.367m overspent for the 12 months to the end of March 2022, which is a deterioration of £4.985m in month. The operational deficit of £8.367m against delegated budgets is offset by a £8.583m underspend against central budgets leaving a reported underspend of £0.216m at month 12.

Savings Programme

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 12, £16.252m Green and Amber savings were delivered against the target as outlined in table 13 below:

Table 13: Savings Schemes at Month 12

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	16.000	16.252	0.252

Whilst the UHB met the £16m target will be achieved this year, the gap against the UHB's recurrent target has remained stable in month at £4.424m and this in turn has increased the planned underlying deficit moving into 2022/23.

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

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The UHB's accumulated underlying deficit brought forward into 2021/22 was £25.3m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic. An illustration of the year on year movement in the underlying deficit is shown at **Appendix 2**.

Delivery of the UHB's draft financial plan would have ensured that the underlying position did not deteriorate in 2021/22. The shortfall of £4.4m against the recurrent savings has left an underlying deficit of £29.7m to carry forward to 2022/23 as shown in Table 14.

Table 14: Summary of Forecast Underlying Financial Position

	Submitted Draft Plan £m	Draft Position @Month 12	
		Non Recurrent £m	Recurrent Position £m
b/f underlying deficit	(25.3)	0.0	(25.3)
Net Allocation Uplift (inc LTA inflation)	19.4		19.4
Cost Pressures	(27.4)		(27.4)
Investments	(4.0)		(4.0)
Recurrent Cost Improvement Plans	12.0		12.0
Non Recurrent Cost Improvement Plans	4.0	4.0	
Submitted 2020/21 IMTP £m	(21.3)	4.0	(25.3)
In Year Movements			
Operational Expenditure Cost Increase Due To Covid-19	119.4	119.4	
Planned Operational Expenditure Cost Reduction Due To Covid-19	8.4	8.4	
COVID 19 Welsh Govt. Funding based on Q3/Q4 planning assumptions	(119.4)	(119.4)	
COVID 19 Welsh Govt. Funding for the non delivery of 2020/21 recurrent savings	21.3	21.3	
In Year Operational Pressures including Unidentified Savings Gap	(8.6)	(8.4)	
Shortfall against Recurrent Cost Improvement Plans			(4.4)
Provisional Draft Surplus 2021/22	(0.2)	25.3	(29.7)

Balance Sheet

The balance sheet at month 12 is detailed in **Appendix 3**. The opening balances at the beginning of April 2021 reflect the closing balances in the 2020/21 Annual Accounts approved by the UHB's Board.

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. Updated indices are reflected.

Overall trade debtors have increased by £63m since the start of the year. This largely relates to amounts due from the Welsh Risk Pool (circa £54m) in respect of clinical negligence. This is in part reflects the increase in provisions.

The value of Trade and other payables has increased by around £29m since the start of the year. This mainly relates to the completion of the capital programme in March.

Cash Flow Forecast

The closing cash balance at the end of March, was £4.607m which is detailed in **Appendix 4**.

The UHB remain within its authorised cash limit and maintained a positive cash balance in year.

Public Sector Payment Compliance

The UHB's public sector payment compliance performance was 93.1% at the end of March which is slightly below the target of 95%.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of March 2022 is summarised in Table 15 and detailed in **Appendix 5**.

Table 15: Progress against Capital Resource Limit @ March 2021

	£m
Planned Capital Expenditure at month 12	70.989
Actual net expenditure against CRL at month	70.948
Variance against planned Capital Expenditure at month 12	(0.041)

The UHB successfully delivered its £70.989m Capital programme in 2021/22 with a surplus of £0.041m against the allocation.

This was an exceptional achievement by the Procurement and Capital Team with the programme heavily weighted to the end of the year following the late availability of WG slippage funding. £47m of the capital programme was delivered in March.

The Capital Programme is due to be audited in May /June and will be reported in detail at the July Capital Management Group (CMG).

Key Risks

The UHB's provisional year end position is a £0.216m surplus on the revenue and a £0.041m surplus on capital which is subject to External Audit scrutiny and review. At this point in time the UHB does not expect any risks to materially affect the reported year end position.

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

The UHB is reporting a provisional year end surplus of £0.216m against its resource limit which is broadly in line with the break-even position within the original plan.

The full year gross COVID forecast moved by £0.001m in the month from £119.375m at month 11 to £119.376m at month 12, as the result of additional funding being made available for Community Pharmacy, ICF Children With Complex Needs and the Antiviral Service. The additional funding was partly offset by a reduction in the funding for the extended flu campaign where final funding is now confirmed.

Delivery of the core financial plan included a 2% (£16.0m) savings requirement and this was met in year. However, there was a shortfall of £4.424m against the recurrent target savings which has led to a corresponding increase to the underlying deficit carried forward into 2022/23.

There were £8.4m on reductions in planned expenditure for which expenditure plans were developed and successfully implemented.

Recommendation:

The Board / Committee are requested to:

- **NOTE** the provisional draft year end revenue surplus of £0.216m against the planned break even position;
- **NOTE** that the year end capital position is a underspend of £0.041m against a CRL of £70.989m;
- **NOTE** the gross month 12 financial impact of COVID 19 is assessed at £119.376m and is matched with anticipated income;
- **NOTE** that the breakeven position is consistent with the financial plan submitted to Welsh Government on 30th June and included additional funding of £140.689m to manage the impact of COVID 19 in 2021/22 and this incorporated confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall;
- **NOTE** that COVID 19 reductions in planned care expenditure were used to mitigate financial risks in the plan and support system resilience;
- **NOTE** that the UHB remained within its authorised cash limit..
- **NOTE** the revised forecast 2020/21 carry forward Underlying Deficit of £29.7m;

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention		Long term	x	Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

No

Safety: Yes/No

No

Financial: Yes

As detailed in the report.

Workforce: Yes/No

No

Legal: Yes/No	
No	
Reputational: Yes/No	
Yes, if forecast financial position is not delivered.	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
No	
Decarbonisation: Yes/No	
No	
Approval/Scrutiny Route:	
Finance Committee	Date: 23 rd March 2022

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2021/22 SAVING SCHEMES

2021-22 In-Year Effect

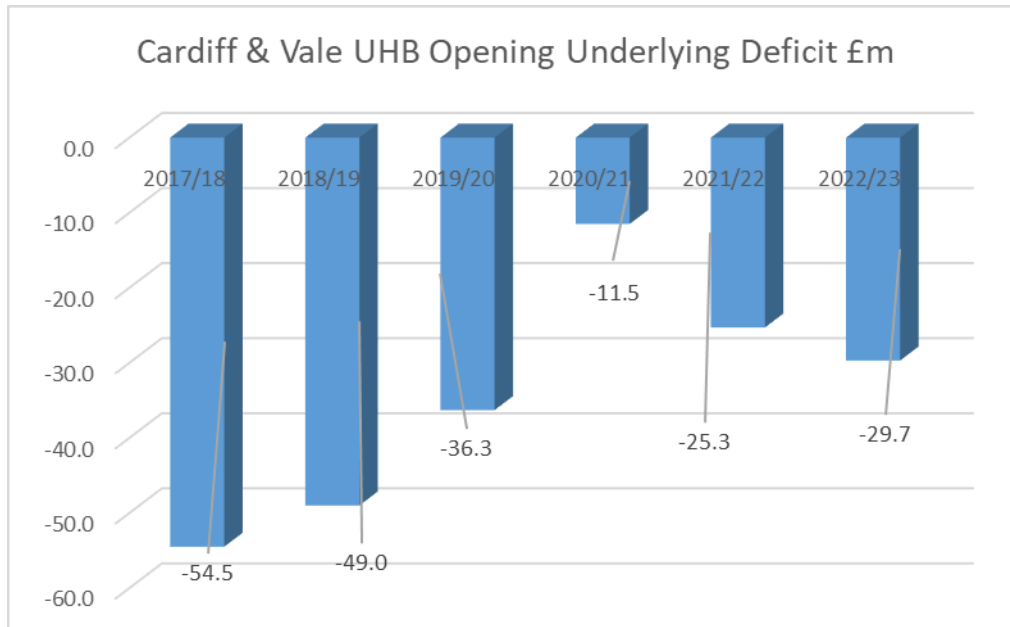
Clinical Board	21-22 Target 2%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	946	955	0	955	0	-8
Children and Women	1,303	1,304	0	1,304	0	-1
Clinical Diagnostics and Therapeutics	1,199	1,067	0	1,067	0	132
Corporate Executives	500	500	0	500	0	0
Medicine	1,378	1,378	0	1,378	0	-0
Mental Health	1,079	701	0	701	0	378
Primary, Community and Intermediate Care	2,423	2,488	0	2,488	0	-66
Specialist Services	1,482	1,482	0	1,482	0	0
Surgical Services	1,689	1,377	0	1,377	0	311
Sub Total Clinical Boards £'000	12,000	11,252	0	11,252	0	747
Healthboard Wide	4,000	5,000	0	5,000	0	-1,000
Total £'000	16,000	16,252	0	16,252	0	-253

2021-22 Full Year Effect

Clinical Board	21-22 Target 1.5%	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	789	797	0	797	0	-8
Children and Women	1,086	451	0	451	0	635
Clinical Diagnostics and Therapeutics	999	533	0	533	0	466
Corporate Executives	417	187	0	187	0	230
Medicine	1,148	757	0	757	0	391
Mental Health	899	100	0	100	0	799
Primary, Community and Intermediate Care	2,019	1,325	0	1,325	0	694
Specialist Services	1,235	1,085	0	1,085	0	150
Surgical Services	1,407	342	0	342	0	1,066
Sub Total Clinical Boards £'000	10,000	5,576	0	5,576	0	4,424
Healthboard Wide	2,000	2,000	0	2,000	0	0
Total £'000	12,000	7,576	0	7,576	0	4,424

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Year on Year Movement in Cardiff & Vale UHB Underlying Deficit



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Cardiff & Vale UHB Balance Sheet as at 31st March 2022

	Opening Balance 1 st April 2021	Closing Balance 31st March 2022
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	742,355	791,132
Intangible assets	2,238	1,435
Trade and other receivables	6,649	34,500
Other financial assets		
Non-Current Assets sub total	751,242	827,067
Current Assets		
Inventories	16,684	20,391
Trade and other receivables	190,014	225,850
Other financial assets		
Cash and cash equivalents	3,637	4,607
Non-current assets classified as held for sale		
Current Assets sub total	210,335	250,848
TOTAL ASSETS	961,577	1,077,915
Current Liabilities		
Trade and other payables	219,106	248,630
Other financial liabilities	0	
Provisions	133,674	169,881
Current Liabilities sub total	352,780	418,511
NET ASSETS LESS CURRENT LIABILITIES	608,797	659,404
Non-Current Liabilities		
Trade and other payables	8,126	7,805
Other financial liabilities	0	
Provisions	10,514	30,298
Non-Current Liabilities sub total £'000s	18,640	38,103
TOTAL ASSETS EMPLOYED £'000s	590,157	621,301
FINANCED BY:		
Taxpayers' Equity		
General Fund	479,113	503,294
Revaluation Reserve	111,044	118,007
Total Taxpayers' Equity £'000s	590,157	621,301

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CASHFLOW FORECAST AT THE END OF MARCH 2022

	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)	103,150	98,720	97,875	95,990	80,875	96,715	97,170	94,080	93,625	77,235	88,230	119,391	1,143,056
WG Revenue Funding - Non Cash Limited (NCL)	1,195	1,590	1,320	1,320	810	1,235	905	1,040	1,225	1,180	975	1,156	13,951
WG Revenue Funding - Other (e.g. invoices)	2,787	1,285	1,319	1,674	2,642	1,327	1,437	2,975	28	2,091	2,709	3,181	23,454
WG Capital Funding - Cash Limit	7,750	2,500	1,000	2,500	3,855	4,485	2,670	2,010	2,610	6,270	7,455	20,246	63,351
Sale of Assets			0	0	0	0	0	0	0	0	0	0	0
Income from other Welsh NHS Organisations	39,174	38,782	43,254	46,383	35,596	40,416	36,425	41,127	48,934	42,639	43,925	51,369	508,023
Other - (Specify in narrative)	4,694	12,133	5,097	11,559	9,933	3,382	6,771	14,663	8,779	4,669	10,212	6,510	98,401
TOTAL RECEIPTS	158,749	155,010	149,865	159,426	133,711	147,559	145,378	155,895	155,201	134,084	153,506	201,853	1,850,236
PAYMENTS													
Primary Care Services : General Medical Services	5,287	4,770	8,512	5,705	4,577	6,907	4,920	4,644	8,536	6,459	5,235	6,634	72,185
Primary Care Services : Pharmacy Services	149	111	109	89	99	78	104	87	214	688	427	275	2,430
Primary Care Services : Prescribed Drugs & Appliances	16,063	4	8,617	16,449	3	8,645	7,479	8,307	16,570	3	8,467	8,311	98,918
Primary Care Services : General Dental Services	2,003	2,115	2,154	2,143	2,516	2,257	2,537	2,206	2,165	2,307	2,297	2,281	26,982
Non Cash Limited Payments	1,615	2,234	1,693	1,769	2,182	1,749	1,748	1,926	1,819	1,795	1,880	1,803	22,214
Salaries and Wages	57,573	65,877	62,686	56,243	57,310	60,951	61,105	57,785	58,284	59,496	59,052	59,154	715,515
Non Pay Expenditure	58,849	72,825	54,303	68,579	60,450	59,731	58,320	76,960	57,891	54,786	71,503	84,734	778,929
Capital Payment	10,624	2,666	3,316	2,989	2,666	2,012	2,107	2,271	2,456	2,155	2,671	29,357	65,291
Other items (Specify in narrative)	5,440	4,833	7,958	5,405	4,209	5,795	4,338	4,486	7,265	6,340	4,901	5,832	66,802
TOTAL PAYMENTS	157,602	155,434	149,348	159,371	134,013	148,126	142,657	158,671	155,201	134,028	156,432	198,381	1,849,266
Net cash inflow/outflow	1,147	(425)	516	55	(302)	(567)	2,721	(2,777)	0	56	(2,926)	3,471	
Balance b/f	3,637	4,784	4,359	4,875	4,931	4,628	4,062	6,782	4,006	4,006	4,062	1,136	
Balance c/f	4,784	4,359	4,875	4,931	4,628	4,062	6,782	4,006	4,006	4,062	1,136	4,607	

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PROGRESS AGAINST CRL AS AT 31st MARCH 2022

Approved CRL issued March 30th 2022 £'000s		70,989				
Performance against CRL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	F'cast £'000	Var. £'000
All Wales Capital Programme:						
Rookwood reprovision at Llandough	400	731	331	400	731	331
SARC's OBC Fees	390	373	(17)	390	373	(17)
Maelfa Wellbeing Hub	9,788	9,166	(622)	9,788	9,166	(622)
National Programmes – Fire	592	626	34	592	626	34
National Programmes – Infrastructure	807	815	8	807	815	8
National Programmes – Decarbonisation	847	785	(62)	847	785	(62)
National Programmes – Mental Health	50	66	16	50	66	16
Eye Care - e-referral system	149	149	0	149	149	0
National Programmes – Imaging	3,216	3,052	(164)	3,216	3,052	(164)
YnysSaff Sexual Assault Referral Centre at Cardiff Royal Infirmary – Interim	681	693	12	681	693	12
Developing Genomics Partnership Wales -FBC	2,765	2,971	206	2,765	2,971	206
Telephone Handling and Enquiry Management systems (MIAS)	351	146	(205)	351	146	(205)
New Substation and Medical gas upgrade at university Hospital Llandough	2,409	1,929	(480)	2,409	1,929	(480)
National programmes – Imagining – UHW DR Rooms	1,200	1,256	56	1,200	1,256	56
National programmes – Imagining – UHL Fluoroscopy	630	630	0	630	630	0
ICF - Barry Hospital Feasibility	75	16	(59)	75	16	(59)
ICF - respite accommodation - Complex Health Needs	100	81	(19)	100	81	(19)
ICF - North Cardiff H&WB Centre	75	16	(59)	75	16	(59)
Covid-19 Recovery Plans -2021-22	5,982	3,591	(2,391)	5,982	3,591	(2,391)
Additional capital funding-November	8,396	8,524	128	8,396	8,524	128
HEPMA	113	135	22	113	135	22
DPIF – LINC Digital funding.	179	167	(12)	179	167	(12)
Fees - CAVOC Theatre Development 2021-22	370	198	(172)	370	198	(172)
Sequencing Capacity for All Wales Medical Genomics Service – Equipme	923	1,085	162	923	1,085	162
Additional DPIF Capital funding - 21/22	1,875	1,740	(135)	1,875	1,740	(135)
Sexual Assault Referral Centre –Equipment	30	30	0	30	30	0
Neurophysiology suite and eye care equipment.	150	261	111	150	261	111
Expansion of the Endoscopy Unit at University Hospital Llandough – 2021-	250	1,267	1,017	250	1,267	1,017
SWAN IT equipment	20	20	0	20	20	0
Additional Capital Funding – January 2022	4,386	4,358	(28)	4,386	4,358	(28)
DPIF - Cardiff LDR	76	59	(17)	76	59	(17)
Eye care equipment – January 2022.	299	299	0	299	299	0
SDEC - Additional Funding 2021-22	2,642	5,169	2,527	2,642	5,169	2,527
Major Trauma & Hybrid Theatres Fees	1,406	750	(656)	1,406	750	(656)
Additional Funding for Genomics Partnership Wales – Equipment - Decem	231	231	0	231	231	0
Refit - Phase 2	3,180	4,779	1,599	3,180	4,779	1,599
DPIF - Software licenses for Vyair hardware-Lung function integration	35	35	0	35	35	0
Sub Total	55,068	56,202	1,134	55,068	56,202	1,134
Discretionary:						
I.T.	1,765	2,535	770	1,765	2,535	770
Equipment	2,500	2,500	0	2,500	2,500	0
Statutory Compliance	2,800	2,800	0	2,800	2,800	0
Estates	8,856	8,314	(542)	8,856	8,314	(542)
Sub Total	15,921	16,149	228	15,921	16,149	228
Other schemes:						
DHH Equipment	126	126	0	126	126	0
Sub Total	126	126	0	126	126	0
Capital grants:						
DH Assets	126	126	0	126	126	0
Sub Total	126	126	0	126	126	0
Donations:						
Capital Donation / Government Grant Income	0	1,374	1,374	0	1,374	1,374
Sub Total	0	1,374	1,374	0	1,374	1,374
Asset Disposals:						
Broad Street Clinic	0	0	0	0	0	0
Whitchurch	0	0	0	0	0	0
Equipment	0	29	29	0	29	29
Sub Total	0	29	29	0	29	29
CHARGE AGAINST CRL	70,989	70,948	(41)	70,989	70,948	(41)
PERFORMANCE AGAINST CRL (Under)/Over £'000s						
		(41)			(41)	

Report Title:	2022/23 Savings and Tracker		Agenda Item no.	2.2/3
Meeting:	Finance Committee	Public	Meeting Date:	27 th April 2022
		Private		
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information
Lead Executive:	Executive Director of Finance			
Report Author:	Deputy Director of Finance (Strategy)			

Main Report

Background and current situation:

The UHB's draft financial plan includes a total savings requirement of £16m in 2022/23. This report summarises progress against the 2022/23 target, which is split between a £12m recurrent savings target and a £4m non recurrent savings target.

PROGRESS AGAINST THE CRP REQUIREMENT 2022/23

The Draft IMTP templates submitted to Welsh Government alongside the 2022/23 Financial Plan included detail of £12.378m green and amber schemes which had been identified against the overall £16m target. The total of £12.378m included green and amber schemes totaling £6.494m in respect of the recurrent element of the target.

Since submission of the draft financial plan, further progress has been made and the position in the week commencing 18th April 2022 is outlined below:

2022-23 in-year plans						
Clinical/Service Board	22-23 Target 2%	Green	Amber	Total Green & Amber	Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	946	188	14	202	0	745
Children and Women	1,303	724	500	1,224	69	79
Clinical Diagnostics and Therapeutics	1,199	635	76	711	0	488
Corporate Executives	500	290	0	290	0	210
Medicine	1,378	635	0	635	270	743
Mental Health	1,079	345	307	652	229	428
Primary, Community and Intermediate Care	2,423	1,108	603	1,711	15	712
Specialist Services	1,482	932	475	1,407	0	75
Surgical Services	1,689	1,045	650	1,695	300	-6
Sub Total Clinical Boards £'000	12,000	5,901	2,625	8,526	882	3,473
Corporate	4,000	0	4,000	4,000	0	0
Total £'000	16,000	5,901	6,625	12,526	882	3,473

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2022-23 full year impact recurrent schemes						
Clinical/Service Board	22-23 Target 1.5%	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Capital Estates and Facilities	946	195	14	209	50	737
Children and Women	1,303	46	325	371	64	932
Clinical Diagnostics and Therapeutics	1,199	328	107	435	0	763
Corporate Executives	500	0	0	0	0	500
Medicine	1,378	406	0	406	778	972
Mental Health	1,079	371	295	666	280	413
Primary, Community and Intermediate Care	2,423	935	1,340	2,275	250	148
Specialist Services	1,482	421	475	896	0	586
Surgical Services	1,689	267	1,000	1,267	600	422
Sub Total Clinical Boards £'000	12,000	2,969	3,556	6,525	2,022	5,474
Corporate		0	0	0	0	0
Total £'000	12,000	2,969	3,556	6,525	2,022	5,474

Further progress is required to close the gap against the 2022/23 savings target. Devolved budget holders have been given a deadline of 28 April to have green and amber schemes equating to 100% of the 2022/23 £16m target and 80% of the recurrent £12m target.

Recommendation:

The Finance Committee is asked to:

- NOTE the progress against the 2022/23 Savings Plan

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	Long term	X	Integration	Collaboration	Involvement
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: Yes	
This report provides an update on progress against the 2022/23 Savings Plan.	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Report Title:	Escalation of Clinical Boards and Corporate Departments		Agenda Item no.	2.4
Meeting:	Finance Committee	Public	x	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Interim Chief Operating Officer			
Report Author (Title):	Interim Chief Operating Officer			

Main Report

Background and current situation:

Executive Performance Reviews with the Clinical Boards form an integral part of the UHB's current Performance Management Framework. Whilst these reviews were stood down during the covid pandemic, Management Executive agreed on 11th April 2022 for reviews to be re-instated from May or June 2022.

The approach and structure originally agreed in April 2018 has been updated to ensure the regular reviews focus discussions on the key in-year priorities for the Health Board. Going forward, there will be ten operational performance reviews, chaired by the Chief Operating Officer, and two service reviews, chaired by the Chief Executive Officer, each year.

Finance and operational delivery will be covered in all ten operational reviews, with the Chief Operating Officer and Finance Director attending. In addition, performance against quality indicators (five reviews per annum) and performance against workforce indicators (five reviews per annum) will be also form part of the agenda. The Executive Nurse Director and/or Executive Medical Director will be in attendance when quality is on the agenda and the Executive Director of People and Culture will be in attendance for workforce.

Reporting and escalation arrangements will remain as previously agreed. Reporting arrangements will be through action notes. An 'Assessment of Performance and level of assurance' report – see Appendix 1 – will be completed at the time of the performance review. The lead Executive for each performance area will make a judgement on performance levels for their respective area and the Chief Operating Officer, as Chair, will make a judgement on progress against previously agreed actions / milestones, the complexity of the challenge and the overall level of assurance and recommendation to Management Executive.

The feedback to Management Executive will allow the Chief Executive Officer to form a view on the overall level of assurance for each Clinical Board. Where it is felt performance is not satisfactory or progressing and assurance is deemed limited escalation is at Chief Executive Officer Level – with the Chief Executive Officer either attending the next Operational Performance Review or scheduling an extraordinary meeting. This escalation would remain in place until such time that the performance is recovered to a level acceptable to the Chief Executive Officer.

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

- The Executive Performance Review structure with Clinical Boards has been updated to ensure the regular reviews focus discussions on the key in-year priorities for the Health Board. There will be ten operational performance reviews each year. Finance will be considered in all ten reviews
- Reporting and escalation arrangements will remain as previously agreed in April 2018 i.e.
 - Reporting arrangements will be through action notes.
 - An 'Assessment of Performance and level of assurance' report will be completed by the relevant Executives at the time of the review and feedback to Management Executive.

The feedback to Management Executive will allow the Chief Executive Officer to form a view on the overall level of assurance for each Clinical Board. Where it is felt performance is not satisfactory or progressing and assurance is deemed limited escalation is at Chief Executive Officer Level.

- A summary of the level of assurance for all Clinical Boards will be shared at Committee meetings

Recommendation:

The Committee is requested to:

- NOTE the performance review and escalation arrangements for Clinical Boards for 2022-23 onwards

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention	Long term	Integration	Collaboration	Involvement
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

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Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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Clinical Board Performance Reviews
Assessment of performance and level of assurance

Month:	August
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Clinical Board:	
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Progress against previously agreed actions:

Has the Clinical Board made sufficient progress against previously agreed actions / milestones	Yes / No
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Assurance on current performance levels:

	In-month assessment	Justification for current assurance level
Finance	Limited	
Operational Delivery	Substantial	
Quality	-	
Workforce	Adequate	

Trend of performance delivery - assurance levels over the last four months:

	Current month	July	June	May
Finance	Limited	Adequate	Adequate	Substantial
Activity	Substantial	Adequate	Adequate	Adequate
Quality	-	Substantial	-	Limited
Workforce	Substantial	-	Adequate	-
Overall	Adequate	Adequate	Adequate	Adequate

Complexity of the Challenge:

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Chair's recommendation:

Overall level of assurance	Limited / Adequate / substantial
Recommendation to Management Executive:	
Decision following Management Executive:	

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