



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>10th March 2022</b>	<b>Agenda Item</b>	<b>5.2</b>
<b>Report Title</b>	<b>Annual Accounts Update</b>		
<b>Report Author</b>	Andrew Biston, Assistant Director of Finance (Accounting & Governance)		
<b>Report Sponsor</b>	Darren Griffiths, Director of Finance & Performance		
<b>Presented by</b>	Andrew Biston, Assistant Director of Finance (Accounting & Governance)		
<b>Freedom of Information</b>	Closed		
<b>Purpose of the Report</b>	The purpose of this paper is to update the Audit Committee on the plans in place to close the Annual Accounts for the year ending 31st March 2022.		
<b>Key Issues</b>	<p>The report sets out: -</p> <ul style="list-style-type: none"> <li>a) The timetable, key dates and milestones for the submission of the Annual Accounts for 2021/22;</li> <li>b) the arrangements in place for the review and adoption of the Annual Accounts;</li> <li>c) the approach for accounting for capital issues, including the need for off-site storage of capital equipment;</li> <li>d) the approach for accounting for primary care accruals;</li> <li>e) the approach for accounting for field hospital decommissioning costs</li> <li>f) the approach for accounting for untaken annual leave</li> <li>g) the anticipated movements in key provisions;</li> <li>h) the approach for accounting for pensions annual allowance charges</li> <li>i) the transfer of Laundry Services</li> <li>j) the update on the process for undertaking year end stock counts</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the annual accounts timetable and the proposed accounting methodologies as described above</li> </ul>		

## ANNUAL ACCOUNTS UPDATE 2021/22

### 1. INTRODUCTION

- 1.1. The purpose of this paper is to update the Audit Committee on the plans in place to close the Annual Accounts for the year ending 31<sup>st</sup> March 2022.

### 2. BACKGROUND

- 2.1. A very detailed and comprehensive closedown timetable with supporting guidance notes has been developed and made available to all staff within the Directorate through the Finance Portal SharePoint site and the Microsoft Teams Finance channel. The closedown timetable has also been e-mailed to NHS Wales Shared Services Partnership (NWSSP) and Audit Wales colleagues.
- 2.2. Once the final version of the Manual for Accounts is received, which is expected in March 2022 this will also be placed on the Finance Portal SharePoint site for easy access.
- 2.3. The key dates and milestones from the main Annual Accounts Closure Timetable are summarised in the table below:

Annual Accounts Task	Deadline
Issue NHS Debtor Balance Statements to other NHS Wales bodies (WG Deadline)	5th April 2022
Sign off date for Agreement of NHS Wales Debtors & Creditors (WG Deadline)	8th April 2022
Issue Income transactions to NHS Wales bodies (WG deadline)	12th April 2022
Sign off date for agreement of NHS Wales Income & Expenditure (WG Deadline)	21st April 2022
Finalise Health Board Outturn Position (HB set)	12th April 2022
Close Health Board old year financial ledger (HB set)	12th April 2022
Submit LMS to Welsh Government (WG Deadline)	22nd April 2022
Preparation of draft Accounts for Senior Finance Team review (HB set)	25th April 2022
Submission of draft Accounts (WG Deadline)	29th April 2022 (Noon)
Submission of Audited Accounts (WG Deadline)	15th June 2022 (Noon)

### 3. GOVERNANCE AND RISK ISSUES

- 3.1. The Audit Committee meeting already scheduled for Thursday 19<sup>th</sup> May 2022, will receive the draft Annual Accounts, Annual Governance Statement and the Remuneration Report.
- 3.2. A special meeting of the Audit Committee has been arranged for Wednesday 8th June 2022, to review the full audited statements and reports, with a Board

meeting afterwards to formally adopt them on the same day. The deadline for submission is noon on Wednesday 15<sup>th</sup> June 2022.

- 3.3. In closing the accounts the following key issues are drawn to the attention of the Committee and Audit Wales with regards to the technical accounting treatment that will be employed by Swansea Bay University Health Board (SBUHB) in closing the draft annual accounts.

## **A. CAPITAL ISSUES**

### **i. De-recognition**

The approach developed by the All Wales Technical Accounting Group (TAG) Capital Sub Group for use since 2009/10, will again be used by Swansea Bay Health Board in 2021/22. This will require revaluations from the District Valuer where schemes completing in-year have total works and fees costs exceeding £0.5m. Subject to completion of some schemes leading up to year-end, there are 11 schemes that we anticipate will require revaluation this year.

### **ii. Storage of Equipment**

At this stage, the Health Board has plans for 7 new items of equipment to be held in off-site storage on the 31st March 2022. There are a number of other building schemes due to complete and receive delivery during March 2022 which involve large equipment items. If there is any delay in the works element of these schemes there may be a need to hold equipment off-site for a short period of time. There are also a large number of individual equipment purchases which if delivery is delayed may also need to be taken in to off-site storage. For all items held in this way, the agreed NHS Wales vesting process will be followed.

### **iii. IFRS 16**

IFRS 16 Leases supersedes IAS 17 Leases and was planned to be effective in the public sector from 1<sup>st</sup> April 2020. This was initially delayed to 1<sup>st</sup> April 2021 due to the COVID-19 pandemic and subsequently deferred again to 1<sup>st</sup> April 2022 for NHS organisations following representations to Treasury by the Department of Health and Welsh Government. For the 2021/22 accounts a disclosure note will be provided containing high level information on the estimated impact going forward to the Statement of Financial Position.

## **B. PRIMARY CARE ACCRUALS**

The format of the working papers for Primary Care Accruals will be the same as that used since 2010/11, and will provide clear linkages and audit trails from the Annual Accounts back to the General Ledger.

The Health Board has again reviewed the accounting methodologies used across the primary care accrual areas, taking into consideration actual outturn values against accrual values, whether there have been any amendments to primary care

contracts in year and the continuing impact of the COVID-19 pandemic to determine whether any changes are required for 2021/22.

The outcome of this work has concluded the following: -

**i. GMS - PADMs (Personally Administered Drugs & Appliances)**

The methodology used for PADMS was amended in 2013/14 to look at the rolling twelve months in order to exclude high expenditure trends in the autumn months, which is due to the Vaccination & Immunisation Programmes, particularly influenza. The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2018/19	245,188	287,926	42,738	17%
2019/20	287,925	232,428	-55,497	-19%
2020/21	232,428	197,570	-34,858	-15%

There is no change proposed for 2022/22. However, with the ongoing impact of the pandemic there may be delays in claims and an additional accrual may be required. There will be a detailed review by a Senior Finance Manager and Heads of Primary Care.

**ii. GMS Enhanced Services**

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2018/19	312,784	459,763	146,979	47%
2019/20	773,762	441,284	-332,478	-43%
2020/21	1,501,119	802,219	-698,900	-46%

It is proposed to calculate accruals for the enhanced services based on expenditure trends.

However, in 2020/21 due to COVID-19 the requirement to deliver many enhanced services was suspended by Welsh Government, with a national agreement to protect payments based on the 2019/20 actuals. For 2021/22, for the first 6 months of the year the agreement continued with additional payments to be made to pre COVID spend levels. Since October 2021 practices are expected to fully deliver services and be reimbursed accordingly. Therefore an accrual will need to be made for any enhanced services taking into consideration the change in delivery during 2021/22.

In line with previous years, it is proposed that all other service lines will be reviewed and accrual values based on the prior year's approach and/or

expenditure trends within each local area. In addition, a Senior Finance Manager review will be completed prior to finalisation of the accruals to ensure that no scheme is overlooked.

**iii. GMS QOF (Quality and Outcomes Framework) / QAIF ( Quality Assurance and Improvement Framework)**

From 1<sup>st</sup> October 2019, QAIF was introduced as part of the 2019/20 GMS contract reform, replacing the quality and outcomes framework. Under both schemes, GP Practices achieve a certain level of points and these are multiplied by a financial value per point to establish the payments due.

- The QAIF consists of three domains; **Quality Assurance (QA)**, **Quality Improvement (QI)** and **Access**.
- The points available for QAIF are:
- QA-382, QI – 185 and Access - 125

The total QA and QI points equal 567 points, equivalent to the previous year QOF, with Access points being introduced in 2019/20. A total of 692 points are therefore available

The current value of QAIF points have been kept at £179 per point.

The Access standards have remained in place for 2021/22, although some of the requirements have been stood down due to COVID-19 and therefore the assumption is that there will be full achievement for 2021/22 for which an accrual will be made at year end. QAIF achievement at the end of the 2020/21 cycle was counted at a full 100% and paid in full in December 2021, therefore it is proposed to make a full accrual in 2021/22.

The QoF / QAIF variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
			£	%
2018/19	1,769,520	1,514,133	-255,387	-14%
2019/20	2,504,520	1,627,019	-877,501	-35%
2020/21	1,823,033	1,175,528	-647,505	-35%

**Accrual Formula for 2021/22**

2021/22 points achieved (capped at a maximum of 567 points) + Access Points of 125  Adjusted for Practice Weighting	X	£179 per point
---	---	----------------

#### iv. Pharmacy Contract

For the past 5 years, the run rate for November to January has been used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October.

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2018/19	3,291,791	3,393,088	101,297	3%
2019/20	3,745,223	3,447,896	-297,327	-8%
2020/21	3,638,189	3,606,146	-32,043	-1%

No changes are proposed for the approach to calculating the accruals for 2021/22 for the core contract. A number of enhanced services continue to be suspended due to COVID-19 with contractors receiving alternative COVID-19 payments. Ring-fenced enhanced services, access payments, independent prescribing monies and workforce payments will be accrued in full.

#### v. Primary Care Prescribing

Since 2014/15, a methodology which combines both prescribing and calendar days within the month with a 50/50 weighting to both has been set to accrue for February and March.

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2018/19	10,351,226	10,341,478	-9,748	0%
2019/20	10,611,178	11,542,656	931,478	9%
2020/21	11,965,960	11,915,000	-50,960	0%

Since 2017/18 the methodology for calculating the accrual is based on the average monthly costs for the period October to January (i.e. the most recent 4 months data).

However, in March 2020, the start of the COVID-19 pandemic had an unprecedented impact on Primary Care Prescribing. At draft accounts stage, Welsh Government advice was to accrue for February and March costs on the same basis as in previous years. As can be seen from the table above this resulted in a significant under accrual at draft accounts stage. This was a pattern seen across Wales and due to the extension of the deadline date for the 2019/20

audited annual accounts of the end of June, actual information for February and March was available prior to final accounts submission which is not normally the case. Welsh Government in association with the Prescription Pricing authority calculated the additional costs for health boards on an average basis compared to the average of previous years and health boards were instructed to change their accrual in line with these calculations, with the increase funded by Welsh Government.

Since then although there has been some monthly variation in the number of items prescribed and an increase in the price per item as there has been an escalation in the Prescribing of drugs such as DOACs in response to the pandemic, generally this has stabilised and so there is no proposed change in the accrual methodology.

However, information published in February and March will again be used as in previous years to assess whether there are any other drugs where the cost and/or associated volumes is likely to have an adverse or favourable material impact. This work cannot be finalised until the end of March, but will be used to consider whether an adjustment will be needed to the overall accrual value.

## **C. ACCOUNTING FOR FIELD HOSPITAL COSTS**

### **i. Decommissioning Costs – Bay Studios Field Hospital**

The lease for the Bay Studios Field Hospital has been extended to July 2022. It is planned that the site will be decommissioned during 2022/23. A revenue provision was made in the 2020/21 accounts under IAS37. This provision will be retained in the 2021/22 accounts.

## **D. ACCRUAL FOR UNTAKEN ANNUAL LEAVE**

Since the implementation of IFRS accounting in 2009, the health board has accrued for untaken annual leave in accordance with a methodology agreed with Audit Wales. The value has been calculated by staff group by obtaining details of untaken annual leave from a minimum 10% sample of staff who have been contacted either individually or through their ward manager. The total number of days untaken annual leave has been grossed up from this sample using the average cost by staff group.

For the 2020/21 financial year, the impact of COVID-19 was anticipated to significantly increase the amount of untaken annual leave and as a result the all Wales Technical Accounting Group in conjunction with Deputy Directors of Finance developed a methodology to ensure the consistent calculation of this accrual across NHS Wales.

The key principles applied in calculating the accrual were:

- The accrual was calculated over the staff group headings as per the Annual Accounts.

- The untaken annual leave was determined using information from the most appropriate system for the staff group. For the health board the systems used included ESR for corporate staff, Allocate and Health Roster for nursing staff, Kronos for those staff on the Kronos system, Intrepid for medical staff.
- The calculation was again based on a sample of staff and local judgement was used to validate systems reports where it appeared that the system had been incorrectly updated or not updated for leave taken. This included sample checking the untaken leave identified by the system with the relevant department where appropriate.

The increase in the accrual for the health board for 2020/21 was £13.281m which was funded by Welsh Government.

For the 2021/22 financial year, Welsh Government issued a pay circular in December 2021 which included the requirement for all organisations to have in place a mechanism for the buy-back of untaken annual leave carried forward from previous years and from this financial year, including the additional leave day announced as part of the pay circular.

Following meetings of the all Wales Deputy Directors of Finance (DDOF) s and all Wales Technical Accounting Groups (TAG) in January 2022 it was agreed that the sample process used in previous years would not be sufficient given the option/need to make payments to staff. It was therefore agreed that the process for 2021/22 would require the calculation to be by individual staff member and would be calculated as follows:

- Utilise local data sources (ESR, Roster, Manual etc.) to identify level of untaken annual leave as at the end of January and planned leave for February and March by employee.
- Validation of this data to be undertaken during February with managers and staff.
- Calculation of the annual leave accrual to be completed as requested by Welsh Government by 11<sup>th</sup> March 2022 for inclusion in the month 11 monitoring returns

This approach is particularly resource intensive and the workforce team has taken on 5 temporary staff to collect and validate this information, supported by significant input from the Finance Department to support the accrual process and ultimately the payment to any staff who wish to sell back annual leave.

Following the agreement of this approach, the Chair of TAG in conjunction with Welsh Government colleagues met with Audit Wales on 4<sup>th</sup> February 2022 to agree this approach, seek Audit Wales agreement to fix the year end accrual based on this exercise and to confirm that audit work on the accrual would focus on this calculation and not look at differences between actual and the accrual which may materialise after 31<sup>st</sup> March 2022.



Agreement was obtained as to this approach by Audit Wales as well as confirmation that the accrual will be audited based on the month 11 calculation as the amount to be included in the year end accounts.

The calculation basis for the accrual will be as follows:

- 2021/22 pay rates
- The 1.25% NI increase will be included as the payment for any leave bought back by the health board will be made post 1st April 2022.
- The apprenticeship levy will be included.

As per the manual for accounts, the accrual should include pensions at the full rate of 20.6% (which includes the 6.3% directly funded by Welsh Government). Although the sell back of leave is non-pensionable it is felt that the true cost of covering untaken annual leave is at premium time. The staff who will cover the additional leave available to staff will be paid either at enhanced rate (if they are part time) at overtime rate if they are full time or through the use of bank and agency staff. Therefore the view is that the calculation of all untaken leave with the 20.6% pension contribution is more likely to reflect the true costs of the untaken annual leave.

Welsh Government have confirmed that funding is available to support any increase in the annual leave accrual between 2020/21 and 2021/2. Initial estimates based on the annual leave position as at the end of January is an increase of £3.5m for the health board.

## **E. MOVEMENT IN KEY PROVISIONS**

### **I. Early Retirement Pension Provision / Permanent Injury**

There has been a further change in the Discount Factors to be applied in line with the draft Manual for Accounts issued by Welsh Government in December 2021. This directs health boards to use -1.30% this year (-1.03% 2020/21). This will result in a financial cost of £0.285m this year.

### **II. Defence Fee Provision For Probability 3 (possible) Successful Legal Claims**

As is the case for previous years, in order to comply with the requirements of IAS 37: Accounting for Provisions, Welsh Government has issued guidance regarding the accounting treatment of defence fees for legal claims where the chance of success is deemed as possible (Probability 3: 6-49%).

For the defence legal costs provision of claims within the possible category, the obligating event is a claim being received in respect of Clinical Negligence or Personal Injury.

It is probable, when considering the possible claims as a cohort, that this obligating event may lead to a future transfer of economic benefit in that the organisation may incur some costs in investigating the alleged claim, and therefore a provision

is required for the possible claims as a cohort and for which a reliable estimate can be made based on local information held for similar cases. The estimate cannot be made reliably on a claim by claim basis; rather the analysis of historical information covering a three year period should be used.

The table below shows the prescribed accounting treatment to be applied for all claims based on their probability of success:

<b>Probability of Success of Claim</b>	<b>Accounting Treatment</b>
<b>Certain 95-100% Success</b>	<b><i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i></b>
<b>Probable 50- 95% Success.</b>	<b><i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i></b>
<b>Possible 6-49% Success</b>	<b><i>Defence Fee Provision Required – Provision to be based on the Welsh Health Legal Services quantum reports</i></b> - Organisations with numerous claims should base the provision on three year's historical cost data. Note there may be different % values for clinical negligence and personal injury cases, and the % values will be calculated using the methodology agreed.
<b>Remote 0- 5% success</b>	<b><i>No provision or contingent liability required</i></b>

In 2020/21 the Health Board provided on the basis outlined in the table above with the percentages used to provide for probability 3 cases being 10.55% for Clinical Negligence cases and 57.99% for Personal Injury cases. An exercise has been undertaken to update the percentages to be used provide for probability 3 cases taking into account the most recent 3 years actual payments made, which has resulted in revised percentages to be used of 10.83% for Clinical Negligence cases and 50.17% for Personal Injury cases.

### **III. Accounting for Redress Provisions**

At the end of the 2018/19 financial year responsibility for reimbursement of redress cases moved from Welsh Government to Welsh Risk Pool. At the same time, Welsh Risk Pool changed the accounting requirement for redress cases from a cash basis to an accruals basis therefore requiring provisions to be included in the 2018/19 accounts for redress cases for the first time. This accounting treatment is

again in place for 2021/22 with provisions for redress cases being included in the accounts based on estimated claim costs provided locally by the Patient Feedback Team. As all payments made in respect of redress cases with the exception of the claimants legal costs (capped at £1,920) are reimbursable from Welsh Risk Pool, the provision will be offset by a corresponding Welsh Risk Pool debtor.

#### **IV. GP Indemnity Scheme**

As of 1<sup>st</sup> April 2019, Welsh Government introduced a state backed future liabilities scheme for GP's and their staff to reimburse claims for clinical negligence against General Practice. The scheme covers claims relating to treatment post 1<sup>st</sup> April 2019 and is operated through Welsh Risk Pool. As there is no historical data for such claims the full estimated defence cost will be provided for. As all payments made in respect of such cases are reimbursable from Welsh Risk Pool, the provision will be offset by a corresponding Welsh Risk Pool debtor.

#### **F. PENSIONS ANNUAL ALLOWANCE CHARGE**

In December 2019, Welsh Government confirmed that clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the tax year (2019/20) face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold would be able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31<sup>st</sup> July 2021). The NHS employer would then make a contractually binding commitment to pay them a corresponding amount on retirement.

For the 2019/20 accounts no disclosure with regard to this policy was required as the information to determine whether a provision or contingent liability was required was not available. For the 2020/21 accounts a narrative contingent liability note was disclosed detailing the scheme as insufficient information was available to support a provision. For the 2021/22 accounts it is still uncertain as to whether a provision or contingent liability will be required for the future costs of this commitment by NHS bodies. Welsh Government is working with the NHS Pensions Agency to identify the estimated costs for each health body and there may be a requirement for each health body to disclose a provision in the 2021/22 accounts together with identification of the number of staff who have taken up this option. In the event that a provision is required there will no impact to the reported position of the health board as Welsh Government have advised that the provision will be backed off by a debtor to Welsh Government similar to the process for the Welsh Risk Pool.

If a provision is included in the accounts the Auditor General for Wales (AGW) has indicated that the accounts will be qualified on a regulatory basis as he is of the opinion that such expenditure is irregular. Advice has been provided by TAG to Finance Directors that whilst this is the view of the AGW that there are indications that where provisions for such costs have been included in accounts in NHS England that no qualification has been made and that therefore there needs to be consistency across the UK in the audit opinion for such payments.

## **G. LAUNDRY TRANSFER TO NHS WALES SHARED SERVICES PARTNERSHIP**

With effect from 1<sup>st</sup> April 2021 all laundry services in Wales transferred from health boards to the NHS Wales Shared Services Partnership (NWSSP). This transfer required the identification of assets and liabilities relating to the laundry as at 31<sup>st</sup> March 2021 and the completion of formal S1 and S2 transfer documentation. These documents have now been completed and signed and all assets and liabilities have been transferred.

## **H. YEAR END STOCK COUNTS**

During the 2021/22 financial year the Omnicell stock system has been rolled out further across the Morriston Hospital Operating Theatres as well as within Singleton Hospital Operating Theatres. As a result the Theatre stock figures as at 31<sup>st</sup> March will be produced from this system rather than through manual stock counts. In addition to the pharmacy stocks and estates building and engineering materials this will mean that a large proportion of the year end stock figures will be produced from stores systems.

For the remaining areas of stock, manual stock counts will be undertaken as in previous years. However, due to the ongoing impact of COVID-19 and in order to provide a longer window for stock counts to be undertaken, staff in those departments have been provided with the stock count forms earlier than in previous years and have been advised that stock can be counted at any time between 15<sup>th</sup> February and the deadline of 22<sup>nd</sup> March 2022.

Audit Wales have advised that unlike previous years they will not be attending a stock count and are currently working through with their technical team if this will require an emphasis of matter comment on the stock values in the accounts. Audit Wales have advised that this will depend on whether the stock value is above the health board's materiality level for balance sheet which was not the case for the 2020/21 financial year. A further update is awaited from Audit Wales.

## **4. FINANCIAL IMPLICATIONS**

- 4.1 As this report details, the major accounting policies and methodologies to be used in calculating significant material estimates which have significant financial implications for the health board in terms of the year end accounts and financial outturn for the health board.
- 4.2 The process of identifying and getting agreement from Audit Wales of the principles to be applied ensures that in the event that there are variations between the significant estimates and the actual outturn figures when available in May and June that there should not be a requirement to make late amendments to the accounts after the draft accounts have been submitted to WG and the Audit Committee.

## **5. RECOMMENDATIONS**

5.1. The Audit Committee is asked to note and approve:

- a) The timetable, key dates and milestones for the submission of the Annual Accounts for 2021/22;
- b) the arrangements in place for the review and adoption of the Annual Accounts;
- c) the approach for accounting for capital issues, including the need for off-site storage of capital equipment;
- d) the approach for accounting for primary care accruals;
- e) the approach for accounting for field hospital decommissioning costs
- f) the approach for accounting for untaken annual leave
- g) the anticipated movements in other key provisions;
- h) the approach for accounting for pensions annual allowance charges
- i) the transfer of Laundry Services
- j) the update on the process for undertaking year end stock counts

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
There are no direct quality, safety and patient experience issues associated with this report.		
<b>Financial Implications</b>		
There are no direct financial implications associated with this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
There are no direct legal implications associated with this report.		
<b>Staffing Implications</b>		
The annual accounts preparation process is an intense period for Finance staff and as in previous years in order to ensure that the accounts are completed in accordance with the deadline there may be a requirement for staff to work overtime and/or over the Easter bank holidays.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
None		
<b>Report History</b>	This is an annual report to the Audit Committee. The previous report was presented to Audit Committee in March 2021.	
<b>Appendices</b>	There are no appendices to this report.	