

# SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD

## FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

### Statutory background

The Local Health Board was established on 1st April 2019 under statutory instrument 2019 No.349 (W.83), the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendment) Order 2019.

This statutory instrument transferred the principal local government area of Bridgend from Abertawe Bro Morgannwg University Local Health Board to Cwm Taf University Local Health Board in addition to confirming that Abertawe Bro Morgannwg University Local Health Board is renamed and is to be known as Swansea Bay University Local Health Board.

Swansea Bay University Local Health Board is responsible for the provision of healthcare services for the populations falling under the local government areas of Swansea and Neath Port Talbot.

On 1st April 2019 all staff property, assets and liabilities relating to services provided to the local government area of Bridgend transferred from Swansea Bay University Local Health Board to Cwm Taf Morgannwg Local Health Board. This transfer was undertaken in line with the Local Health Boards (Area Change) (transfer of Staff, Property and Liabilities) (Wales) Order 2019. The transfer was accounted for under absorption accounting rules.

The health board's predecessor organisation Abertawe Bro Morgannwg University Health Board was established on 1st October 2009 following the merger of the former Abertawe Bro Morgannwg University NHS Trust, Swansea Local Health Board, Neath Port Talbot Local Health Board and Bridgend Local Health Board, providing services to the local government areas of Swansea, Neath Port Talbot and Bridgend.

### Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2021-22. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

### COVID-19

The 2021/22 financial year continued to provide challenges for the health board due to the COVID-19 pandemic with further waves of infection and pressures on the service to not only deal with the ongoing pandemic, but to also undertake the mass COVID-19 vaccination programme at the same time as attempting to recover from COVID through reducing the backlog of patients waiting for treatment for non-COVID illness. In recognition of the challenges faced and the increased costs incurred during the pandemic, the health board received specific additional COVID-19 revenue funding of £130.407m and additional capital funding of £7.038m, the details of which are disclosed in Note 34.2 of these accounts. The increased costs associated with the ongoing impact of and recovery from the pandemic manifest themselves in notes 3.1 to 3.3 of the accounts. Whilst the income shown in note 4 has increased during the year as services begin to return to normal, there remain areas where income is below pre-pandemic levels.

The health board also received Government Granted assets of £0.707m comprising items supplied by the Department of Health. Of this sum £0.621m are capital assets with the remaining £0.086m relating to revenue equipment.

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £000	2020-21 £000
Expenditure on Primary Healthcare Services	3.1	194,075	189,358
Expenditure on healthcare from other providers	3.2	279,082	287,515
Expenditure on Hospital and Community Health Services	3.3	933,099	898,888
		<b>1,406,256</b>	1,375,761
Less: Miscellaneous Income	4	(297,902)	(283,717)
<b>LHB net operating costs before interest and other gains and losses</b>		<b>1,108,354</b>	1,092,044
Investment Revenue	5	0	0
Other (Gains) / Losses	6	(249)	(33)
Finance costs	7	5,156	4,975
<b>Net operating costs for the financial year</b>		<b>1,113,261</b>	<b>1,096,986</b>

See note 2 on page 27 for details of performance against Revenue and Capital allocations.

[The notes on pages 8 to 74 form part of these accounts.](#)

**Other Comprehensive Net Expenditure**

	<b>2021-22</b>	2020-21
	<b>£000</b>	£000
Net (gain) / loss on revaluation of property, plant and equipment	<b>(10,891)</b>	<b>(6,486)</b>
Net (gain) / loss on revaluation of intangibles	<b>0</b>	0
(Gain) / loss on other reserves	<b>0</b>	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	<b>0</b>	0
Net (gain)/loss on revaluation of financial assets held for sale	<b>0</b>	0
Impairment and reversals	<b>0</b>	0
Transfers between reserves	<b>0</b>	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	<b>0</b>	0
Reclassification adjustment on disposal of available for sale financial assets	<b>0</b>	0
Other comprehensive net expenditure for the year	<b>(10,891)</b>	<b>(6,486)</b>
<b>Total comprehensive net expenditure for the year</b>	<b>1,102,370</b>	<b>1,090,500</b>

The notes on pages 8 to 74 form part of these accounts.

**Statement of Financial Position as at 31 March 2022**

		<b>31 March 2022 £000</b>	31 March 2021 £000
	<b>Notes</b>		
<b>Non-current assets</b>			
Property, plant and equipment	11	<b>542,917</b>	488,388
Intangible assets	12	<b>5,542</b>	5,249
Trade and other receivables	15	<b>120,572</b>	96,637
Other financial assets	16	<b>0</b>	0
<b>Total non-current assets</b>		<b>669,031</b>	590,274
<b>Current assets</b>			
Inventories	14	<b>9,372</b>	9,415
Trade and other receivables	15	<b>65,390</b>	93,670
Other financial assets	16	<b>0</b>	0
Cash and cash equivalents	17	<b>4,398</b>	1,270
		<b>79,160</b>	104,355
Non-current assets classified as "Held for Sale"	11	<b>0</b>	532
<b>Total current assets</b>		<b>79,160</b>	104,887
<b>Total assets</b>		<b>748,191</b>	695,161
<b>Current liabilities</b>			
Trade and other payables	18	<b>(237,873)</b>	(199,286)
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(24,449)</b>	(47,019)
<b>Total current liabilities</b>		<b>(262,322)</b>	(246,305)
<b>Net current assets/ (liabilities)</b>		<b>(183,162)</b>	(141,418)
<b>Non-current liabilities</b>			
Trade and other payables	18	<b>(30,916)</b>	(33,815)
Other financial liabilities	19	<b>0</b>	0
Provisions	20	<b>(126,206)</b>	(102,490)
<b>Total non-current liabilities</b>		<b>(157,122)</b>	(136,305)
<b>Total assets employed</b>		<b>328,747</b>	312,551
<b>Financed by :</b>			
<b>Taxpayers' equity</b>			
General Fund		<b>282,899</b>	273,547
Revaluation reserve		<b>45,848</b>	39,004
<b>Total taxpayers' equity</b>		<b>328,747</b>	312,551

The financial statements on pages 2 to 7 were approved by the Board on 8th June 2022 and signed on its behalf by:

Chief Executive and Accountable Officer      Mark Hackett

Date: 8th June 2022

[The notes on pages 8 to 74 form part of these accounts.](#)

## Statement of Changes in Taxpayers' Equity

### For the year ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity for 2021-22</b>			
Balance as at 31 March 2021	273,547	39,004	312,551
Adjustment	0	0	0
<b>Balance at 1 April 2021</b>	273,547	39,004	312,551
Net operating cost for the year	(1,113,261)		(1,113,261)
Net gain/(loss) on revaluation of property, plant and equipment	0	10,891	10,891
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	4,047	(4,047)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
<b>Total recognised income and expense for 2021-22</b>	(1,109,214)	6,844	(1,102,370)
Net Welsh Government funding	1,091,784		1,091,784
Notional Welsh Government Funding	26,782		26,782
<b>Balance at 31 March 2022</b>	282,899	45,848	328,747
Included in Net Welsh Government Funding:			
Welsh Government Covid 19 Capital Funding	7,038		7,038
Welsh Government Covid 19 Revenue Funding	130,407		130,407

The notes on pages 8 to 74 form part of these accounts.

## Statement of Changes in Taxpayers' Equity

### For the year ended 31 March 2021

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity for 2020-21</b>			
<b>Balance at 1 April 2020</b>	310,914	32,544	<b>343,458</b>
Net operating cost for the year	(1,096,986)		<b>(1,096,986)</b>
Net gain/(loss) on revaluation of property, plant and equipment	0	6,486	<b>6,486</b>
Net gain/(loss) on revaluation of intangible assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale	0	0	<b>0</b>
Impairments and reversals	0	0	<b>0</b>
Other reserve movement	0	0	<b>0</b>
Transfers between reserves	26	(26)	<b>0</b>
Release of reserves to SoCNE	0	0	<b>0</b>
Transfers to/from LHBs	0	0	<b>0</b>
<b>Total recognised income and expense for 2020-21</b>	<b>(1,096,960)</b>	<b>6,460</b>	<b>(1,090,500)</b>
Net Welsh Government funding	1,034,272		<b>1,034,272</b>
Notional Welsh Government Funding	25,321		<b>25,321</b>
<b>Balance at 31 March 2021</b>	<b>273,547</b>	<b>39,004</b>	<b>312,551</b>
 Included in Net Welsh Government Funding:			
Welsh Government Covid 19 Capital Funding	8,549		8,549
Welsh Government Covid 19 Revenue Funding	148,947		148,947

The notes on pages 8 to 74 form part of these accounts.

**Statement of Cash Flows for year ended 31 March 2022**

	<b>2021-22</b>	2020-21
	<b>£000</b>	£000
<b>Cash Flows from operating activities</b>	Notes	
Net operating cost for the financial year	<b>(1,113,261)</b>	(1,096,986)
Movements in Working Capital	27 <b>23,735</b>	46,677
Other cash flow adjustments	28 <b>80,729</b>	72,064
Provisions utilised	20 <b>(29,149)</b>	(16,280)
<b>Net cash outflow from operating activities</b>	<b>(1,037,946)</b>	(994,525)
<b>Cash Flows from investing activities</b>		
Purchase of property, plant and equipment	<b>(54,082)</b>	(41,817)
Proceeds from disposal of property, plant and equipment	<b>1,602</b>	175
Purchase of intangible assets	<b>(1,129)</b>	(642)
Proceeds from disposal of intangible assets	<b>0</b>	0
Payment for other financial assets	<b>0</b>	0
Proceeds from disposal of other financial assets	<b>0</b>	0
Payment for other assets	<b>0</b>	0
Proceeds from disposal of other assets	<b>0</b>	0
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(53,609)</b>	(42,284)
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,091,555)</b>	(1,036,809)
<b>Cash Flows from financing activities</b>		
Welsh Government funding (including capital)	<b>1,091,784</b>	1,034,272
Capital receipts surrendered	<b>0</b>	0
Capital grants received	<b>0</b>	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes	<b>2,899</b>	3,321
Cash transferred (to)/ from other NHS bodies	<b>0</b>	0
<b>Net financing</b>	<b>1,094,683</b>	1,037,593
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,128</b>	784
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2021</b>	<b>1,270</b>	486
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2022</b>	<b>4,398</b>	1,270

The notes on pages 8 to 74 form part of these accounts.

## Notes to the Accounts

### 1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2021-22 Manual for Accounts. The accounting policies contained in that manual follow the 2021-22 Financial Reporting Manual (FReM) in accordance with International Accounting Standards in conformity with the requirements of the Companies Act 2006, except for IFRS 16 Leases, which is deferred until 1 April 2022; to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### 1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### 1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.



Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

#### **1.4. Employee benefits**

##### **1.4.1. Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

##### **1.4.2. Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34, other information within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

## 1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

## 1.6. Property, plant and equipment

### 1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

### 1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-18 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver

services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### **1.6.3. Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## **1.7. Intangible assets**

### **1.7.1. Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

## Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### 1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### **1.11. Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### **1.11.1. The NHS Wales organisation as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the SoCNE.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

#### **1.11.2. The NHS Wales organisation as lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Wales organisation net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the NHS Wales organisation's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### **1.12. Inventories**

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is

considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

### **1.13. Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

### **1.14. Provisions**

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### **1.14.1. Clinical negligence and personal injury costs**

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2021-22 and 2020-21. The WRP is hosted by Velindre NHS Trust.

#### **1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)**

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

### **1.15. Financial Instruments**

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

### **1.16. Financial assets**

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### **1.16.1. Financial assets are initially recognised at fair value**

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### **1.16.2. Financial assets at fair value through SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.



### **1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### **1.16.4. Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

### **1.16.5. Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

### **1.17. Financial liabilities**

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

**1.17.1. Financial liabilities are initially recognised at fair value**

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

**1.17.2. Financial liabilities at fair value through the SoCNE**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

**1.17.3. Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

**1.18. Value Added Tax (VAT)**

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**1.19. Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

**1.20. Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

**1.21. Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisation accounts for all losses and special payments gross (including assistance from the WRP).

The NHS Wales organisation accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

## **1.22. Pooled budget**

The NHS Wales organisation has entered into a pooled budget with the City & County of Swansea and Neath Port Talbot County Borough Council Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pooled budget is hosted by the City & County of Swansea. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

## **1.23. Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

## **1.24. Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these

claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

#### 1.24.1. Provisions

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

#### 1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability.
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
<b>Probable</b>	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
<b>Certain</b>	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

\* Personal injury cases - Defence fee costs are provided for at 100%.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

#### 1.24.3 Annual Leave Accrual

In line with International Accounting Standard (IAS) 19, the Health Board has included in its accounts an accrual for untaken annual leave as at 31st March 2022. The impact of Covid-19 and the availability of staff across the service due to sickness absence and the requirement for staff to shield has had a significant impact on the ability of staff to take annual leave during both 2020-21 and 2021-22.

For the 2020-21 financial year employees who were unable to take their annual leave allocation within the 2020-21 leave year, were allowed to carry forward of up to 20 days outstanding leave (pro rata for part time staff) in accordance with Welsh Government guidance. 50% of the leave carried over could be further carried forward to the 2022-23 leave year with the requirement that all carried forward annual leave must be used by the end of that leave year.

In January 2022, Welsh Government updated the annual leave guidance to allow staff who have been unable to take their annual leave to carry forward up to 10 days outstanding leave (pro rata for part time staff) from 2021-22 into 2022-23 and to sell back to the health board up to 10 days untaken annual leave from 2021-22 (pro rata for part time staff). An additional day's annual leave was also provided to all staff. It is the expectation that given the ability to sell back leave that the normal carry forward arrangements of a maximum of 5 days untaken leave with managers approval will be in place at the end of the 2022-23 financial year. The health board has put in place an application process for the sell back of annual leave with payments anticipated to be made to staff in June 2022.

For 2021-22, the impact of the guidance on untaken annual leave has been to reduce the annual leave accrual by £2.518m as detailed in Note 9.1 to the accounts. As the increase in the accrual in 2020-21 was partly funded by Welsh Government, £2.294m of funding has been returned to Welsh Government.

#### 1.24.4 Primary Care Expenditure

As in previous years, due to the short timescale available to prepare the year end accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of the actual liabilities was not available prior to the date for accounts submission, the most material areas being:

##### General Medical Services Quality and Assurance Improvement Framework (QAIF)

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. The QAIF consists of three domains; Quality Assurance (QA), Quality Improvement (QI) and the new domain of Access.

The points available for QAIF are:

QA-382, QI – 185 and Access - 125

As for 2020-21 the value of QAIF points remains at £179 per point.

The Access standards have remained in place for 2021-22 though some of the requirements have been stood down due to COVID-19 and therefore the assumption has been made in calculating the year end accrual that there will be full achievement for 2021-22.

An amount of £2.077m (2020-21, £1.823m) has therefore been accrued on the basis of the number of points achieved by each GP Practice in 2021/22 capped at 692 points payable at £179 per point.

#### Prescribing Costs

For 2021/22, the Health Board has used the accrual methodology used in previous years. This has resulted in an accrual of £11.896m (2020-21: £12.397m) in respect of prescribing costs for the months of February and March 2022.

The costs were derived using the average daily charge for the 4 month period October to January to derive an average weighted daily run rate for prescribing. This weighted daily run rate is based on 50% calendar days in the month and 50% prescribing days in the month. This average cost was then applied to the number of days in February and March to arrive at an amount for accrual.

As in previous years, this amount was then reviewed to take into account the estimated impact of any category M changes effective from January 2022 which impact in February and March. In addition No Cheaper Stock Option (NCSO) information was assessed to determine whether adjustments needed to be made for any specific drugs within the accrual methodology.

#### Pharmacy

A total of £4.190m (2020-21: £3.638m) was accrued for February and March pharmacy contract payments.

For the past six years, the run rate for November to January was used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October. This approach was used again for 2021-22 with estimated adjustments made for the increase in contract price per item for February and March 2022.

The basis of the primary care estimates disclosed above was agreed in advance with the Health Board's Auditors and reported to the Health Board's Audit Committee in March 2022.

### **1.25 Discount Rates**

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

### **1.26 Private Finance Initiative (PFI) transactions**

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

#### **1.26.1. Services received**

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

#### **1.26.2. PFI asset**

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

#### **1.26.2. PFI liability**

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

#### **1.26.3. Lifecycle replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

#### **1.26.4. Assets contributed by the NHS Wales organisation to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Wales organisation's SoFP.

#### **1.26.5. Other assets contributed by the NHS Wales organisation to the operator**

Assets contributed (e.g. cash payments, surplus property) by the NHS Wales organisation to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Wales organisation, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Wales organisation through the asset being made available to third party users.



**1.27. Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

**1.28. Absorption accounting**

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

**1.29. Accounting standards that have been issued but not yet been adopted**

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 16 Leases is to be effective from 1st April 2022.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

**1.30. Accounting standards issued that have been adopted early**

During 2021-22 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

**1.31. Charities**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the NHS Wales

organisation has established that as it is the corporate trustee of the Swansea Bay University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Swansea Bay University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Swansea Bay University LHB NHS Charitable Fund within the statutory accounts of the NHS Wales organisation.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Swansea Bay University LHB NHS Charitable Fund or its independence in its management of charitable funds.

However, the NHS Wales organisation has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

## 2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

### 2.1 Revenue Resource Performance

	Annual financial performance			
	2019-20 £000	2020-21 £000	2021-22 £000	Total £000
<b>Net operating costs for the year</b>	931,777	1,096,986	1,113,261	3,142,024
Less general ophthalmic services expenditure and other non-cash limited expenditure	993	739	1,156	2,888
Less revenue consequences of bringing PFI schemes onto SoFP	(1,925)	(2,164)	(2,406)	(6,495)
Total operating expenses	930,845	1,095,561	1,112,011	3,138,417
Revenue Resource Allocation	914,561	1,071,257	1,087,612	3,073,430
<b>Under /(over) spend against Allocation</b>	<b>(16,284)</b>	<b>(24,304)</b>	<b>(24,399)</b>	<b>(64,987)</b>

Swansea University LHB [has not](#) met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2019-20 to 2021-22.

The health board received no strategic cash support in 2021-22.

### 2.2 Capital Resource Performance

	2019-20 £000	2020-21 £000	2021-22 £000	Total £000
	2019-20 £000	2020-21 £000	2021-22 £000	Total £000
<b>Gross capital expenditure</b>	31,196	49,799	69,545	150,540
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(38)	(140)	(1,354)	(1,532)
Less capital grants received	(197)	(1,517)	(621)	(2,335)
Less donations received	(88)	(186)	(185)	(459)
Charge against Capital Resource Allocation	30,873	47,956	67,385	146,214
Capital Resource Allocation	30,901	47,984	67,417	146,302
<b>(Over) / Underspend against Capital Resource Allocation</b>	<b>28</b>	<b>28</b>	<b>32</b>	<b>88</b>

Swansea Bay University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2019-20 to 2021-22.

### 2.3 Duty to prepare a 3 year integrated plan

Due to the pandemic, the process for the 2020-23 integrated plan was paused in spring 2020 temporary planning arrangement were implemented.

As a result the extant planning duty for 2021-22 remains the requirement to submit and have approved a 2019-22 integrated plan, as set out in the NHS Wales Planning Framework 2019-22.

The Swansea Bay University Health Board did not submit a 2019-22 integrated plan in accordance with the planning framework.

The Health Board has stabilised its financial position during the two financial years of the pandemic, with the 2021/22 outturn being in line with the plan agreed with Welsh Government. The health board plans to maintain this stability for the next three financial years based on current financial planning assumptions

### The Minister for Health and Social Services extant approval

Status  
Date

Not Approved

The LHB **has not** therefore met its statutory duty to have an approved financial plan.

The Health Board remains on the enhanced monitoring level of escalation as confirmed on 3rd March 2022 by the Director General for Health and Social Care/Chief Executive of NHS Wales; one of the reasons for this level of escalation relates to the Health Board's underlying financial deficit.

The Health Board has submitted a final draft three year plan for consideration of Welsh Government which sets out this financial sustainability, but which seeks support to move the sustainable plan to a balanced financial plan. Further discussion are scheduled to determine whether, with support, the Health Board could submit an Integrated Medium Term Plan (IMTP).

### 2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2021-22	2020-21
Total number of non-NHS bills paid	271,459	233,909
Total number of non-NHS bills paid within target	255,707	219,612
Percentage of non-NHS bills paid within target	94.2%	93.9%

**The LHB has not met the target.**

### 3. Analysis of gross operating costs

#### 3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2021-22 Total £000	2020-21 Total £000
General Medical Services	69,024		69,024	67,012
Pharmaceutical Services	22,218	(5,098)	17,120	17,307
General Dental Services	28,717		28,717	24,778
General Ophthalmic Services	1,293	3,942	5,235	5,014
Other Primary Health Care expenditure	697		697	869
Prescribed drugs and appliances	73,282		73,282	74,378
<b>Total</b>	<b>195,231</b>	<b>(1,156)</b>	<b>194,075</b>	<b>189,358</b>

The expenditure above for General Medical Services includes £0.581m in respect of staff costs relating to the Cymmer managed GP practice, (2020-21: £0.426m).

#### 3.2 Expenditure on healthcare from other providers

	2021-22 £000	2020-21 £000
Goods and services from other NHS Wales Health Boards	42,528	42,701
Goods and services from other NHS Wales Trusts	12,705	10,720
Goods and services from Welsh Special Health Authorities	375	0
Goods and services from other non Welsh NHS bodies	1,648	1,194
Goods and services from WHSSC / EASC	113,158	104,585
Local Authorities	26,967	56,821
Voluntary organisations	5,043	4,830
NHS Funded Nursing Care	7,530	8,301
Continuing Care	61,501	55,606
Private providers	7,542	2,748
Specific projects funded by the Welsh Government	0	0
Other	85	9
<b>Total</b>	<b>279,082</b>	<b>287,515</b>

Expenditure with Local Authorities in 2020-21 includes £29.1m to City & County of Swansea in respect of the Bay Field Hospital Commissioning and other costs, £3.9m to Neath Port Talbot Council in respect of the commissioning, decommissioning and other costs of the Llandarcy Field Hospital.

The remaining expenditure with local authorities primarily relates to Continuing Healthcare Costs for services provided to the Health Board's residents within Local Authority Residential and Nursing Homes and in respect of contributions to the Community Equipment Pooled Budgets scheme with the City & County of Swansea.

Expenditure in respect of other projects run by Local Authorities but where contributions are made by the Health Board are also included here as are payments made to Local Authorities under the Integrated Care Fund (ICF) where the funding flows through the Health Board to Local Authorities from Welsh Government for approved ICF schemes.

**3.3 Expenditure on Hospital and Community Health Services**

	2021-22 £000	2020-21 £000
Directors' costs	1,761	1,858
Operational Staff costs	654,489	647,051
Single lead employer Staff Trainee Cost	17,385	5,746
Collaborative Bank Staff Cost	214	149
Supplies and services - clinical	143,765	134,339
Supplies and services - general	11,916	13,486
Consultancy Services	594	368
Establishment	15,959	14,981
Transport	1,645	1,701
Premises	35,017	35,073
External Contractors	4,346	4,149
Depreciation	28,512	26,763
Amortisation	1,848	1,752
Fixed asset impairments and reversals (Property, plant & equipment)	(5,567)	(577)
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	378	372
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	14,484	2,510
Research and Development	6,105	4,947
Other operating expenses	248	4,220
<b>Total</b>	<b>933,099</b>	<b>898,888</b>

**3.4 Losses, special payments and irrecoverable debts: charges to operating expenses**

	2021-22 £000	2020-21 £000
<b>Increase/(decrease) in provision for future payments:</b>		
Clinical negligence;		
Secondary care	28,403	34,874
Primary care	0	70
Redress Secondary Care	797	734
Redress Primary Care	0	0
Personal injury	930	1,400
All other losses and special payments	591	149
Defence legal fees and other administrative costs	1,271	1,679
Gross increase/(decrease) in provision for future payments	31,992	38,906
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	0	0
<b>Less: income received/due from Welsh Risk Pool</b>	<b>(17,508)</b>	<b>(36,396)</b>
<b>Total</b>	<b>14,484</b>	<b>2,510</b>

	2021-22 £	2020-21 £
Permanent injury included within personal injury £:	313,000	481,000

The (£5.567m) included in Note 3.3 above in respect of fixed asset impairments and reversals comprises a reversal of impairment of (£10.427m) due to an upward revaluation, reversing a previous downward revaluation charged to revenue under IAS16. This credit is offset by an impairment of £4.860m for the write down to depreciated replacement cost following the initial professional valuation on completion of 6 specialised building assets as detailed in Note 13 (page 47) of these accounts.

## 4. Miscellaneous Income

	2021-22 £000	2020-21 £000
Local Health Boards	103,418	99,758
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	126,961	120,179
NHS Wales trusts	6,603	6,251
Welsh Special Health Authorities	14,914	12,627
Foundation Trusts	0	0
Other NHS England bodies	2,281	1,381
Other NHS Bodies	58	15
Local authorities	5,974	5,876
Welsh Government	10,126	9,778
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	2,413	1,042
Private patient income	70	73
Overseas patients (non-reciprocal)	57	134
Injury Costs Recovery (ICR) Scheme	1,185	703
Other income from activities	2,894	2,091
Patient transport services	0	0
Education, training and research	10,644	6,778
Charitable and other contributions to expenditure	544	725
Receipt of NWSSP Covid centrally purchased assets	0	7,606
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	185	186
Receipt of Government granted assets	707	2,097
Non-patient care income generation schemes	486	357
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	509	1,528
Contingent rental income from finance leases	0	0
Rental income from operating leases	47	92
Other income:		
Provision of laundry, pathology, payroll services	222	21
Accommodation and catering charges	2,002	1,571
Mortuary fees	369	571
Staff payments for use of cars	2,962	2,069
Business Unit	0	0
Scheme Pays Reimbursement Notional	1,953	0
Other	318	208
<b>Total</b>	<b>297,902</b>	<b>283,717</b>
Other income Includes;		
Grant income	5	36
Pharmacy and other sales income	45	27
Clinical trial income	131	86
All other income	136	59
<b>Total</b>	<b>318</b>	<b>208</b>

## Injury Cost Recovery (ICR) Scheme income

	2021-22 %	2020-21 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	22.43

The Receipt of Government Granted assets of £707k comprises items supplied by the Department of Health. Of this sum £621k are capital assets and included in note 11.1 with the remaining £86k relating to revenue equipment which is disclosed in Note 3.3 in Clinical Supplies and Services.

**5. Investment Revenue**

	2021-22 £000	2020-21 £000
<b>Rental revenue :</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue :</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**6. Other gains and losses**

	2021-22 £000	2020-21 £000
Gain/(loss) on disposal of property, plant and equipment	249	33
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>249</b>	<b>33</b>

**7. Finance costs**

	2021-22 £000	2020-21 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	2
Interest on obligations under PFI contracts		
main finance cost	2,051	2,221
contingent finance cost	3,163	2,782
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>5,214</b>	<b>5,005</b>
Provisions unwinding of discount	(58)	(30)
Other finance costs	0	0
<b>Total</b>	<b>5,156</b>	<b>4,975</b>



## 8. Operating leases

### LHB as lessee

As at 31st March 2022 the LHB had 33 operating leases agreements in place for the leases of premises, 276 arrangements in respect of equipment and 244 in respect of vehicles, with 0 premises, 78 equipment and 77 vehicle leases having expired in year. The periods in which the remaining leases expire are shown below

<b>Payments recognised as an expense</b>	<b>2021-22</b>	<b>2020-21</b>
	<b>£000</b>	<b>£000</b>
Minimum lease payments	5,567	6,647
Contingent rents	0	0
Sub-lease payments	0	0
<b>Total</b>	<b>5,567</b>	<b>6,647</b>

### **Total future minimum lease payments**

<b>Payable</b>	<b>£000</b>	<b>£000</b>
Not later than one year	4,404	5,962
Between one and five years	10,664	9,969
After 5 years	9,056	7,392
<b>Total</b>	<b>24,124</b>	<b>23,323</b>

There are no future sub lease payments expected to be received

### LHB as lessor

<b>Rental revenue</b>	<b>£000</b>	<b>£000</b>
Rent	47	91
Contingent rents	0	0
<b>Total revenue rental</b>	<b>47</b>	<b>91</b>

### **Total future minimum lease payments**

<b>Receivable</b>	<b>£000</b>	<b>£000</b>
Not later than one year	247	105
Between one and five years	1,406	1,659
After 5 years	590	766
<b>Total</b>	<b>2,243</b>	<b>2,530</b>

As a result of the COVID pandemic, during the 2020/21 financial year the health board entered into operating lease arrangements for field hospitals at the Bay Studios and the Llandarcy Academy for Sport.

The Llandarcy Academy of sport lease ceased in 2020/21 but the Bay Studios Lease will continue until July 2022 with the building being used as a mass vaccination centre.

These operating leases were at nil value and so no payments in respect of these leases are included in the figures for LHB as lessee reported above.

## 9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2020-21
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	497,990	799	31,392	13,883	180	3,125	547,369	534,452
Social security costs	43,741	0	0	1,627	11	505	45,884	43,142
Employer contributions to NHS Pension Scheme	82,196	0	0	1,955	23	0	84,174	81,794
Other pension costs	71	0	0	0	0	0	71	304
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	42
<b>Total</b>	<b>623,998</b>	<b>799</b>	<b>31,392</b>	<b>17,465</b>	<b>214</b>	<b>3,630</b>	<b>677,498</b>	<b>659,734</b>

Charged to capital	591	512
Charged to revenue	676,907	659,222
	<b>677,498</b>	<b>659,734</b>
Net movement in accrued employee benefits (untaken staff leave total accrual included in note above)	787	147
The net movement in accrued employee benefits footnote above includes Covid 19 Net movement in accrued employee benefits	(2,518)	13,281

The employer contributions to the NHS Pension Scheme disclosed above include £26.782m of NHS Pension contributions paid by Welsh Government for the twelve month period, 1 April 2021 to 31 March 2022. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2021 and February 2022 alongside Health Board data for March 2022. This expenditure accounted for by the health board as notional expenditure paid to NHS BSA by Welsh Government has been covered off by notional funding provided to the health board. There is therefore no impact on the health board's Revenue Resource Performance as a result of the inclusion of these notional transactions. Further information is disclosed in Note 34.1.

Included within Note 9.1 above are £162k (2020-21 £333K) of final pay control charges relating to 5 (2020-21, 8) individuals. Final pay control is applicable to all Officer and Practice Staff members of the 1995 Section of the NHS Pension Scheme, including 1995/2015 transition members, who retire with entitlement to pension benefits.

If a member receives an increase to pensionable pay that exceeds the 'allowable amount' the relevant employer is liable for a final pay control charge. The 'allowable amount' is the amount that pensionable pay can increase by before the employer is liable for a final pay control charge. The 'allowable amount' is the lesser of:

- the member's pensionable pay in the relevant year, or
- the member's pensionable pay in the previous year plus the Consumer Price Index % plus 4.5%, or the percentage increase in the member's pensionable pay for the current year compared with the previous year".

The £3,630k other staffing cost included within Note 9.1 relates to the cost of temporary staff sourced through the MEDACS managed service contract. These staff are paid through the NHS payroll.

## 9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2020-21
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,334	8	40	0	0	0	2,382	2,196
Medical and dental	905	0	37	266	0	29	1,237	1,185
Nursing, midwifery registered	3,573	0	278	0	6	0	3,857	3,724
Professional, Scientific, and technical staff	350	3	0	0	0	0	353	384
Additional Clinical Services	2,405	0	5	0	0	0	2,410	2,377
Allied Health Professions	863	0	7	0	0	0	870	793
Healthcare Scientists	317	0	0	0	0	8	325	310
Estates and Ancillary	1,016	0	25	0	0	0	1,041	1,103
Students	0	0	0	0	0	0	0	110
<b>Total</b>	<b>11,763</b>	<b>11</b>	<b>392</b>	<b>266</b>	<b>6</b>	<b>37</b>	<b>12,475</b>	<b>12,182</b>

## 9.3. Retirements due to ill-health

	2021-22	2020-21
Number	8	11
Estimated additional pension costs £	412,632	347,218

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

## 9.4 Employee benefits

The LHB does not have an employee benefit scheme.

# 9.5 Reporting of other compensation schemes - exit packages

	2021-22	2021-22	2021-22	2021-22	2020-21
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

	2021-22	2021-22	2021-22	2021-22	2020-21
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	0	0	0	0

Exit costs paid in year of departure	Total paid in year	Total paid in year
	2021-22	2020-21
	£	£
Exit costs paid in year	0	73,922
Total	0	73,922

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Exit costs in this note are accounted for in full in the year of departure.

There were no exit packages for either 2021/22 or 2020/21.

The exit package disclosed above paid in 2020/21 was paid in April 2020 and relates to a payment made to the former Director of Finance who left the Health Board on 29th February 2020. The package comprised payments in lieu of notice, for untaken annual leave and an ex-gratia payment on termination.

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

## 9.6 Fair Pay disclosures

### 9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2021-22 financial year is the first year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

	2021-22 £000 Chief Executive	2021-22 £000 Employee	2021-22 £000 Ratio	2020-21 £000 Chief Executive	2020-21 £000 Employee	2020-21 £000 Ratio
<b>Total pay and benefits</b>						
25th percentile pay ratio	223	21	10.62:1	213	21	10.14:1
Median pay	223	28	7.96:1	213	28	7.68:1
75th percentile pay ratio	223	39	5.72:1	213	40	5.32:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	223	21	10.62:1	213	21	10.14:1
Median pay	223	28	7.96:1	213	28	7.68:1
75th percentile pay ratio	223	39	5.72:1	213	40	5.32:1
	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>
<b>Total pay and benefits</b>						
25th percentile pay ratio	223	21	10.62:1	213	21	10.14:1
Median pay	223	28	7.96:1	213	28	7.68:1
75th percentile pay ratio	223	39	5.72:1	213	40	5.32:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	223	21	10.62:1	213	21	10.14:1
Median pay	223	28	7.96:1	213	28	7.68:1
75th percentile pay ratio	223	39	5.72:1	213	40	5.32:1

In 2021-22, 1 (2020-21, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £18,546 to £240,823 (2020-21, £18,005 to £214,938).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees. For the ratio calculation the salary of the Chief Executive and highest paid director is the mid point of the band range £220-£225k (2020-21, £210-£215k) as per the single remuneration figure.

### Financial year summary

The increase in the ratio of the Chief Executive salary to the 25th percentile, median and 75th percentile is due to the higher salary disclosed for the Chief Executive in year.

The current Chief Executive commenced on 1st January 2021 on higher salary scale than his predecessor with the salary for the role agreed with Welsh Government. Therefore the 2020/21 salary includes only 3 months of the higher salary whereas the 2021/22 salary includes the full 12 month impact of the higher salary.

There has been a slight reduction in the 25th percentile salary in 2021/22 with the median and 75th percentile remaining at the same figure as in 2020/21.

### 9.6.2 Percentage Changes

	2020-21 to 2021-22 %	2019-20 to 2020-21 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	2.73	4.87
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	2.73	4.87
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	(12.1)	(2.7)
Performance pay and bonuses	0	0

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

The Health Board does not pay any performance pay or other bonuses.

### 9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see [Amending Directions 2021](#)) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2021-2022 tax year (2020-2021 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 10. Public Sector Payment Policy - Measure of Compliance

### 10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2021-22 Number	2021-22 £000	2020-21 Number	2020-21 £000
<b>NHS</b>				
Total bills paid	4,393	213,253	5,054	196,206
Total bills paid within target	3,675	206,127	4,314	186,550
Percentage of bills paid within target	83.7%	96.7%	85.4%	95.1%
<b>Non-NHS</b>				
Total bills paid	271,459	419,512	233,909	418,479
Total bills paid within target	255,707	382,894	219,612	384,896
Percentage of bills paid within target	94.2%	91.3%	93.9%	92.0%
<b>Total</b>				
Total bills paid	275,852	632,765	238,963	614,685
Total bills paid within target	259,382	589,021	223,926	571,446
Percentage of bills paid within target	94.0%	93.1%	93.7%	93.0%

### 10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2021-22 £	2020-21 £
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2021</b>	<b>38,825</b>	<b>405,439</b>	<b>9,591</b>	<b>25,318</b>	<b>123,397</b>	<b>1,295</b>	<b>43,007</b>	<b>4,439</b>	<b>651,311</b>
Indexation	546	8,870	452	0	0	0	0	0	9,868
Additions									
- purchased	(43)	642	0	48,401	13,861	88	5,011	315	68,275
- donated	0	94	0	0	88	0	3	0	185
- government granted	0	0	0	0	621	0	0	0	621
Transfer from/into other NHS bodies	(79)	(1,077)	0	0	(413)	(33)	(3)	0	(1,605)
Reclassifications	0	26,527	0	(33,244)	4,995	0	46	0	(1,676)
Revaluations	0	(5,516)	0	0	0	0	0	0	(5,516)
Reversal of impairments	244	10,183	0	0	0	0	0	0	10,427
Impairments	0	(6,400)	0	0	0	0	0	0	(6,400)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	357	(451)	0	0	(2,468)	0	(3,593)	(757)	(6,912)
<b>At 31 March 2022</b>	<b>39,850</b>	<b>438,311</b>	<b>10,043</b>	<b>40,475</b>	<b>140,081</b>	<b>1,350</b>	<b>44,471</b>	<b>3,997</b>	<b>718,578</b>
<b>Depreciation at 1 April 2021</b>	<b>0</b>	<b>43,083</b>	<b>909</b>	<b>0</b>	<b>87,042</b>	<b>1,124</b>	<b>28,394</b>	<b>2,371</b>	<b>162,923</b>
Indexation	0	2,007	43	0	0	0	0	0	2,050
Transfer from/into other NHS bodies	0	(415)	0	0	(322)	(33)	(2)	0	(772)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(8,590)	0	0	0	0	0	0	(8,590)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(1,540)	0	0	0	0	0	0	(1,540)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	(105)	0	0	(2,468)	0	(3,592)	(757)	(6,922)
Provided during the year	0	14,914	255	0	8,020	75	4,871	377	28,512
<b>At 31 March 2022</b>	<b>0</b>	<b>49,354</b>	<b>1,207</b>	<b>0</b>	<b>92,272</b>	<b>1,166</b>	<b>29,671</b>	<b>1,991</b>	<b>175,661</b>
<b>Net book value at 1 April 2021</b>	<b>38,825</b>	<b>362,356</b>	<b>8,682</b>	<b>25,318</b>	<b>36,355</b>	<b>171</b>	<b>14,613</b>	<b>2,068</b>	<b>488,388</b>
<b>Net book value at 31 March 2022</b>	<b>39,850</b>	<b>388,957</b>	<b>8,836</b>	<b>40,475</b>	<b>47,809</b>	<b>184</b>	<b>14,800</b>	<b>2,006</b>	<b>542,917</b>
<b>Net book value at 31 March 2022 comprises :</b>									
Purchased	39,850	386,166	8,836	40,470	45,530	184	14,687	1,997	537,720
Donated	0	1,927	0	5	565	0	113	1	2,611
Government Granted	0	864	0	0	1,714	0	0	8	2,586
<b>At 31 March 2022</b>	<b>39,850</b>	<b>388,957</b>	<b>8,836</b>	<b>40,475</b>	<b>47,809</b>	<b>184</b>	<b>14,800</b>	<b>2,006</b>	<b>542,917</b>
<b>Asset financing :</b>									
Owned	37,830	329,177	8,836	40,350	47,809	184	14,800	2,006	480,992
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	2,020	59,780	0	125	0	0	0	0	61,925
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2022</b>	<b>39,850</b>	<b>388,957</b>	<b>8,836</b>	<b>40,475</b>	<b>47,809</b>	<b>184</b>	<b>14,800</b>	<b>2,006</b>	<b>542,917</b>

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	374,942
Long Leasehold	62,701
Short Leasehold	0
	<b>437,643</b>

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Within the above note reclassifications of (£1,676k) are shown. This is due to reclassification of an intangible asset from assets under construction with the opposite entry shown in Note 12.



## 11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April 2020</b>	39,555	388,019	9,321	13,002	110,315	1,342	36,925	3,892	<b>602,371</b>
Indexation	(540)	5,150	270	0	0	0	0	0	<b>4,880</b>
Additions									
- purchased	257	3,074	0	25,804	11,423	0	5,897	547	<b>47,002</b>
- donated	0	0	0	0	171	0	15	0	<b>186</b>
- government granted	0	0	0	0	1,517	0	0	0	<b>1,517</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	11,011	0	(13,488)	1,331	0	170	0	<b>(976)</b>
Revaluations	0	(708)	0	0	0	0	0	0	<b>(708)</b>
Reversal of impairments	0	6,151	0	0	0	0	0	0	<b>6,151</b>
Impairments	(248)	(7,258)	0	0	0	0	0	0	<b>(7,506)</b>
Reclassified as held for sale	(187)	0	0	0	0	0	0	0	<b>(187)</b>
Disposals	(12)	0	0	0	(1,360)	(47)	0	0	<b>(1,419)</b>
<b>At 31 March 2021</b>	<b>38,825</b>	<b>405,439</b>	<b>9,591</b>	<b>25,318</b>	<b>123,397</b>	<b>1,295</b>	<b>43,007</b>	<b>4,439</b>	<b>651,311</b>
<b>Depreciation at 1 April 2020</b>	0	33,476	648	0	80,886	1,086	23,727	1,988	<b>141,811</b>
Indexation	0	975	19	0	0	0	0	0	<b>994</b>
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	0	0	0	0	0	0	0	<b>0</b>
Revaluations	0	(3,307)	0	0	0	0	0	0	<b>(3,307)</b>
Reversal of impairments	0	0	0	0	0	0	0	0	<b>0</b>
Impairments	0	(1,932)	0	0	0	0	0	0	<b>(1,932)</b>
Reclassified as held for sale	0	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	(1,360)	(46)	0	0	<b>(1,406)</b>
Provided during the year	0	13,871	242	0	7,516	84	4,667	383	<b>26,763</b>
<b>At 31 March 2021</b>	<b>0</b>	<b>43,083</b>	<b>909</b>	<b>0</b>	<b>87,042</b>	<b>1,124</b>	<b>28,394</b>	<b>2,371</b>	<b>162,923</b>
<b>Net book value at 1 April 2020</b>	<b>39,555</b>	<b>354,543</b>	<b>8,673</b>	<b>13,002</b>	<b>29,429</b>	<b>256</b>	<b>13,198</b>	<b>1,904</b>	<b>460,560</b>
<b>Net book value at 31 March 2021</b>	<b>38,825</b>	<b>362,356</b>	<b>8,682</b>	<b>25,318</b>	<b>36,355</b>	<b>171</b>	<b>14,613</b>	<b>2,068</b>	<b>488,388</b>
<b>Net book value at 31 March 2021 comprises :</b>									
Purchased	38,825	359,647	8,682	25,312	34,297	171	14,421	2,055	<b>483,410</b>
Donated	0	1,858	0	6	672	0	190	3	<b>2,729</b>
Government Granted	0	851	0	0	1,386	0	2	10	<b>2,249</b>
<b>At 31 March 2021</b>	<b>38,825</b>	<b>362,356</b>	<b>8,682</b>	<b>25,318</b>	<b>36,355</b>	<b>171</b>	<b>14,613</b>	<b>2,068</b>	<b>488,388</b>
<b>Asset financing :</b>									
Owned	36,845	308,418	8,682	25,318	36,355	171	14,613	2,068	<b>432,470</b>
Held on finance lease	0	0	0	0	0	0	0	0	<b>0</b>
On-SoFP PFI contracts	1,980	53,938	0	0	0	0	0	0	<b>55,918</b>
PFI residual interests	0	0	0	0	0	0	0	0	<b>0</b>
<b>At 31 March 2021</b>	<b>38,825</b>	<b>362,356</b>	<b>8,682</b>	<b>25,318</b>	<b>36,355</b>	<b>171</b>	<b>14,613</b>	<b>2,068</b>	<b>488,388</b>

The net book value of land, buildings and dwellings at 31 March 2021 comprises :

	£000
Freehold	353,049
Long Leasehold	56,814
Short Leasehold	0
	<b>409,863</b>

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Within the above note reclassifications of (£976k) are shown. This is due to reclassification of an intangible asset from assets under construction with the opposite entry shown in Note 12.

**11. Property, plant and equipment (continued)****Disclosures:****i) Donated Assets**

All donated assets were purchased by Swansea Bay University LHB Charitable Funds. Government Granted assets of £0.620m were received via income from Welsh Government following the transfer of COVID medical equipment from the UK Government Department of Health.

**ii) Valuations**

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.

- Buildings as determined by the Valuation Office Agency and range from 2 to 84 years.

Equipment assets are allocated lives on based on the professional judgement and past experience of clinicians, finance staff and other Health Board professionals. The appropriateness of these lives is reviewed regularly

Medical Equipment range from 5 to 15 Years

Non-clinical Equipment - 5 Years

Vehicles - 7 Years

Furniture - 10 Years

IMT Hardware & Software - 5 years or reflects contract life for some software assets

**iv) Compensation**

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

£4.860m of assets have been written down to depreciated replacement cost following the initial professional valuation on completion of 6 specialised building assets. These are detailed in Note 13 on page 47 of these accounts.

vi) The LHB does/does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

All assets held for sale at the beginning of the period were sold in the period. These were:

- Coelbren Health Centre

- Fairfield Cefn Coed

- Trehafod Cefn Coed

The following assets were valued on completion by the District Valuer:

Perinatal Mother & Baby Unit at Tonna Hospital - April 2021

ICF - CAMHS Clinics - April 2021

National Imaging Programme - Neath Port Talbot MRI - July 2021

Singleton Cladding - April 2021

Replacement Gamma Cameras - Singleton Hospital - October 2021

National Programmes - Imaging - January 2022

Linear Accelerator C at Singleton Hospital - January 2022

Refit phase 2 Solar Farm - January 2022

**IFRS 13 Fair value measurement**

There are no assets requiring Fair Value measurement under IFRS 13.

**11. Property, plant and equipment****11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance brought forward 1 April 2021</b>	532	0	0	0	0	<b>532</b>
Plus assets classified as held for sale in the year	0	0	0	0	0	<b>0</b>
Revaluation	0	0	0	0	0	<b>0</b>
Less assets sold in the year	(532)	0	0	0	0	<b>(532)</b>
Add reversal of impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	<b>0</b>
<b>Balance carried forward 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance brought forward 1 April 2020</b>	475	0	0	0	0	<b>475</b>
Plus assets classified as held for sale in the year	187	0	0	0	0	<b>187</b>
Revaluation	0	0	0	0	0	<b>0</b>
Less assets sold in the year	(130)	0	0	0	0	<b>(130)</b>
Add reversal of impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less impairment of assets held for sale	0	0	0	0	0	<b>0</b>
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	<b>0</b>
<b>Balance carried forward 31 March 2021</b>	<b>532</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>532</b>

*The following assets classified as Held for Sale as at 31st March 2021 were sold during the year:-*

- Coelbren Health Centre
- Fairfield Cefn Coed
- Trehafod Cefn Coed

## 12. Intangible non-current assets

### 2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Total
	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2021</b>	<b>10,885</b>	<b>0</b>	<b>1,035</b>	<b>0</b>	<b>0</b>	<b>11,920</b>
Revaluation	0	0	0	0	0	0
Reclassifications	1,676	0	0	0	0	1,676
Reversal of impairments	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Additions- purchased	433	0	32	0	0	465
Additions- internally generated	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	(132)	0	(38)	0	0	(170)
<b>Gross cost at 31 March 2022</b>	<b>12,862</b>	<b>0</b>	<b>1,029</b>	<b>0</b>	<b>0</b>	<b>13,891</b>
<b>Amortisation at 1 April 2021</b>	<b>6,516</b>	<b>0</b>	<b>155</b>	<b>0</b>	<b>0</b>	<b>6,671</b>
Revaluation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
Impairment	0	0	0	0	0	0
Provided during the year	1,848	0	0	0	0	1,848
Reclassified as held for sale	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Disposals	(132)	0	(38)	0	0	(170)
<b>Amortisation at 31 March 2022</b>	<b>8,232</b>	<b>0</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>8,349</b>
<b>Net book value at 1 April 2021</b>	<b>4,369</b>	<b>0</b>	<b>880</b>	<b>0</b>	<b>0</b>	<b>5,249</b>
<b>Net book value at 31 March 2022</b>	<b>4,630</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>5,542</b>
<b>At 31 March 2022</b>						
Purchased	4,626	0	912	0	0	5,538
Donated	4	0	0	0	0	4
Government Granted	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0
<b>Total at 31 March 2022</b>	<b>4,630</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>5,542</b>

The reclassification of £1,676k relates to the transfer of an asset in-year from assets under construction disclosed in Note 11.1.

## 12. Intangible non-current assets

### 2020-21

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Total
	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2020</b>	9,194	0	653	0	0	<b>9,847</b>
Revaluation	0	0	0	0	0	<b>0</b>
Reclassifications	976	0	0	0	0	<b>976</b>
Reversal of impairments	0	0	0	0	0	<b>0</b>
Impairments	0	0	0	0	0	<b>0</b>
Additions- purchased	715	0	382	0	0	<b>1,097</b>
Additions- internally generated	0	0	0	0	0	<b>0</b>
Additions- donated	0	0	0	0	0	<b>0</b>
Additions- government granted	0	0	0	0	0	<b>0</b>
Reclassified as held for sale	0	0	0	0	0	<b>0</b>
Transfers	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	0	<b>0</b>
<b>Gross cost at 31 March 2021</b>	<b>10,885</b>	<b>0</b>	<b>1,035</b>	<b>0</b>	<b>0</b>	<b>11,920</b>
<b>Amortisation at 1 April 2020</b>	4,764	0	155	0	0	<b>4,919</b>
Revaluation	0	0	0	0	0	<b>0</b>
Reclassifications	0	0	0	0	0	<b>0</b>
Reversal of impairments	0	0	0	0	0	<b>0</b>
Impairment	0	0	0	0	0	<b>0</b>
Provided during the year	1,752	0	0	0	0	<b>1,752</b>
Reclassified as held for sale	0	0	0	0	0	<b>0</b>
Transfers	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	0	0	<b>0</b>
<b>Amortisation at 31 March 2021</b>	<b>6,516</b>	<b>0</b>	<b>155</b>	<b>0</b>	<b>0</b>	<b>6,671</b>
<b>Net book value at 1 April 2020</b>	<b>4,430</b>	<b>0</b>	<b>498</b>	<b>0</b>	<b>0</b>	<b>4,928</b>
<b>Net book value at 31 March 2021</b>	<b>4,369</b>	<b>0</b>	<b>880</b>	<b>0</b>	<b>0</b>	<b>5,249</b>
<b>At 31 March 2021</b>						
Purchased	4,359	0	880	0	0	<b>5,239</b>
Donated	10	0	0	0	0	<b>10</b>
Government Granted	0	0	0	0	0	<b>0</b>
Internally generated	0	0	0	0	0	<b>0</b>
<b>Total at 31 March 2021</b>	<b>4,369</b>	<b>0</b>	<b>880</b>	<b>0</b>	<b>0</b>	<b>5,249</b>

The reclassification of £976k relates to the transfer of an asset in-year from assets under construction disclosed in Note 11.1.

#### Additional Disclosures re Intangible Assets

For each class of intangible asset disclose :

the effective date of revaluation - **None**

the methods and significant assumptions applied in estimating fair values - **Estimated at Cost less depreciation to date**

the carrying amount had they been told at cost - **£0**

For each class of intangible asset, distinguishing between internally generated intangible assets and others disclose :

whether the useful lives are indefinite or finite - **Finite**

the useful lives or the amortisation rates used - **Standard life of 5 years or the period that the licence covers as applicable**

Intangible assets, assessed as having indefinite useful lives - **None**

**13 . Impairments**

	2021-22	2021-22	2020-21	2020-21
	Property, plant	Intangible	Property, plant	Intangible
	& equipment	assets	& equipment	assets
	£000	£000	£000	£000
Impairments arising from :				
Loss or damage from normal operations	0	0	0	0
Abandonment in the course of construction	0	0	38	0
Over specification of assets (Gold Plating)	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0
Unforeseen obsolescence	0	0	0	0
Changes in market price	0	0	0	0
Others (specify)	4,860	0	6,079	0
Reversal of Impairments	(10,427)	0	(6,152)	0
<b>Total of all impairments</b>	<b>(5,567)</b>	<b>0</b>	<b>(35)</b>	<b>0</b>

**Analysis of impairments charged to reserves in year :**

Charged to the Statement of Comprehensive Net Expenditure	(5,567)	0	(577)	0
Charged to Revaluation Reserve	0	0	542	0
	<b>(5,567)</b>	<b>0</b>	<b>(35)</b>	<b>0</b>

The impairment losses disclosed above as "other" comprise

**£4.860m for the write down to depreciated replacement cost following the initial professional valuation on completion of 6 specialised building assets as detailed below;**

Perinatal Mother and Baby Unit - Tonna Hospital	£1.071m
ICF - CAMHS Clinics	£0.419m
Singleton Cladding Enabling Works	£0.339m
Replacement Gamma Cameras - Singleton Hospital	£0.344m
Linear Accelerator C - Singleton Hospital	£0.153m
Refit Phase 2 Solar farm	£2.534m

**14.1 Inventories**

	<b>31 March</b>	31 March
	<b>2022</b>	2021
	<b>£000</b>	£000
Drugs	<b>4,172</b>	4,499
Consumables	<b>4,794</b>	4,659
Energy	<b>406</b>	257
Work in progress	<b>0</b>	0
Other	<b>0</b>	0
<b>Total</b>	<b>9,372</b>	9,415
Of which held at realisable value	<b>0</b>	0

**14.2 Inventories recognised in expenses**

	<b>31 March</b>	31 March
	<b>2022</b>	2021
	<b>£000</b>	£000
Inventories recognised as an expense in the period	<b>0</b>	0
Write-down of inventories (including losses)	<b>0</b>	0
Reversal of write-downs that reduced the expense	<b>0</b>	0
<b>Total</b>	<b>0</b>	<b>0</b>

Note 14.1 discloses the stock values held at 31st March 2022. Where stock is counted manually stock takes are undertaken throughout February and March in order to ensure that stock valuations are available at the balance sheet date due to the time taken to price the items of stock counted.

In line with the 2015-16 guidance Note 14.2 only relates to Health bodies that purchase assets to sell and as such does not apply to the Health Board.

Consumables stock in note 14.1 includes £222k (2020-21, £245k) of PPE items relating to the COVID-19 pandemic.



**15. Trade and other Receivables**

<b>Current</b>	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
Welsh Government	3,805	4,542
WHSSC / EASC	2,259	3,526
Welsh Health Boards	2,564	1,831
Welsh NHS Trusts	1,225	1,365
Welsh Special Health Authorities	494	103
Non - Welsh Trusts	88	53
Other NHS	323	88
2019-20 Scheme Pays - Welsh Government Reimbursement	28	0
<b>Welsh Risk Pool Claim reimbursement</b>		
NHS Wales Secondary Health Sector	37,856	67,449
NHS Wales Primary Sector FLS Reimbursement	108	87
NHS Wales Redress	1,363	1,646
Other	0	0
Local Authorities	1,662	3,447
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	9,071	7,696
Provision for irrecoverable debts	(2,916)	(4,377)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	7,170	6,034
Other accrued income	290	180
<b>Sub total</b>	<b>65,390</b>	<b>93,670</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	1,925	0
<b>Welsh Risk Pool Claim reimbursement;</b>		
NHS Wales Secondary Health Sector	118,647	96,629
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	8
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
<b>Sub total</b>	<b>120,572</b>	<b>96,637</b>
<b>Total</b>	<b>185,962</b>	<b>190,307</b>

**15. Trade and other Receivables (continued)****Receivables past their due date but not impaired**

	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
By up to three months	12,151	8,001
By three to six months	314	226
By more than six months	767	470
	<b>13,232</b>	<b>8,697</b>

**Expected Credit Losses (ECL) / Provision for impairment of receivables**

Balance at 1 April	(4,377)	(3,518)
Transfer to other NHS Wales body	0	0
Amount written off during the year	22	4
Amount recovered during the year	2,230	4
(Increase) / decrease in receivables impaired	(791)	(867)
Bad debts recovered during year	0	0
Balance at 31 March	<b>(2,916)</b>	<b>(4,377)</b>

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

**Receivables VAT**

Trade receivables	2,377	2,179
Other	0	0
Total	<b>2,377</b>	<b>2,179</b>

## 16. Other Financial Assets

	Current		Non-current	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
<b>Financial assets</b>				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

As at 1st April 2021, the Health Board held a shareholding of 855,641 ordinary shares in Zoobiotic (trading as Biomonde) at a nominal value of £0.01, those shares being valued at Nil value. The company specialises in the manufacture and distribution of larval debridement therapy (also known as maggot therapy) products for use in chronic and hard to heal wounds. The shareholding derived from the creation of the company from the Surgical Material Testing Laboratory (SMTL), part of the former Bro Morgannwg NHS Trust.

A financial restructuring of the company took place during the 2021/22 financial year at which point the Health Board relinquished the shares that it held in the company. No proceeds were received when the shares were relinquished. The Health Board also no longer hosts SMTL as this transferred to the NHS Wales Shared Services Partnership on 1st October 2016

## 17. Cash and cash equivalents

	2021-22 £000	2020-21 £000
Balance at 1 April	1,270	486
Net change in cash and cash equivalent balances	3,128	784
Balance at 31 March	<b>4,398</b>	<b>1,270</b>
Made up of:		
Cash held at GBS	4,308	1,176
Commercial banks	0	0
Cash in hand	90	94
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>4,398</b>	<b>1,270</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>4,398</b>	<b>1,270</b>

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities £0  
PFI liabilities £3,321k

The movement relates to cash, no comparative information is required by IAS 7 in 2021-22.

**18. Trade and other payables**

<b>Current</b>	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
Welsh Government	4	1
WHSSC / EASC	264	486
Welsh Health Boards	2,663	2,020
Welsh NHS Trusts	2,116	2,032
Welsh Special Health Authorities	117	0
Other NHS	1,503	1,058
Taxation and social security payable / refunds	5,399	5,344
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	82	72
Other taxes payable to HMRC	1	0
NI contributions payable to HMRC	6,881	6,769
Non-NHS payables - Revenue	33,940	19,124
Local Authorities	1,565	873
Capital payables- Tangible	24,193	11,603
Capital payables- Intangible	471	526
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	2,899	3,321
Pensions: staff	8,884	8,663
Non NHS Accruals	146,107	136,504
Deferred Income:		
Deferred Income brought forward	558	1,899
Deferred Income Additions	612	188
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(510)	(1,529)
Other creditors	124	332
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>237,873</b>	<b>199,286</b>
<b>Non-current</b>		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	30,916	33,815
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub Total</b>	<b>30,916</b>	<b>33,815</b>
<b>Total</b>	<b>268,789</b>	<b>233,101</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

**18. Trade and other payables (continued).**

Amounts falling due more than one year are expected to be settled as follows:	31 March 2022 £000	31 March 2021 £000
Between one and two years	3,194	2,899
Between two and five years	12,721	11,136
In five years or more	15,001	19,780
Sub-total	<u>30,916</u>	<u>33,815</u>

**19. Other financial liabilities**

Financial liabilities	Current		Non-current	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
<b>Total</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

## 20. Provisions

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	42,159	0	(3,977)	6,855	25,939	(23,510)	(27,497)	0	19,969
Primary care	70	0	0	0	0	0	0	0	70
Redress Secondary care	669	0	(166)	5	1,082	(767)	(285)	0	538
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	856	0	0	389	874	(1,222)	(188)	(57)	652
All other losses and special payments	0	0	0	0	591	(591)	0	0	0
Defence legal fees and other administration	2,028	0	0	159	1,799	(1,362)	(1,000)		1,624
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	45			6	37	(43)	(3)	(1)	41
2019-20 Scheme Pays - Reimbursement	0			0	28	0	0	0	28
Restructuring	0			0	0	0	0	0	0
Other	1,192		0	0	555	(182)	(38)		1,527
<b>Total</b>	<b>47,019</b>	<b>0</b>	<b>(4,143)</b>	<b>7,414</b>	<b>30,905</b>	<b>(27,677)</b>	<b>(29,011)</b>	<b>(58)</b>	<b>24,449</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	95,422	0	0	(6,855)	33,661	(1,421)	(3,700)	0	117,107
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	5	0	0	(5)	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,617	0	0	(389)	244	0	0	0	5,472
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,423	0	0	(159)	475	(51)	(3)		1,685
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	23			(6)	0	0	0	0	17
2019-20 Scheme Pays - Reimbursement	0			0	1,925	0	0	0	1,925
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>102,490</b>	<b>0</b>	<b>0</b>	<b>(7,414)</b>	<b>36,305</b>	<b>(1,472)</b>	<b>(3,703)</b>	<b>0</b>	<b>126,206</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	137,581	0	(3,977)	0	59,600	(24,931)	(31,197)	0	137,076
Primary care	70	0	0	0	0	0	0	0	70
Redress Secondary care	674	0	(166)	0	1,082	(767)	(285)	0	538
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	6,473	0	0	0	1,118	(1,222)	(188)	(57)	6,124
All other losses and special payments	0	0	0	0	591	(591)	0	0	0
Defence legal fees and other administration	3,451	0	0	0	2,274	(1,413)	(1,003)		3,309
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	68			0	37	(43)	(3)	(1)	58
2019-20 Scheme Pays - Reimbursement	0			0	1,953	0	0	0	1,953
Restructuring	0			0	0	0	0	0	0
Other	1,192		0	0	555	(182)	(38)		1,527
<b>Total</b>	<b>149,509</b>	<b>0</b>	<b>(4,143)</b>	<b>0</b>	<b>67,210</b>	<b>(29,149)</b>	<b>(32,714)</b>	<b>(58)</b>	<b>150,655</b>

### Expected timing of cash flows:

	In year to 31 March 2023	Between 1 April 2023 31 March 2027	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	19,969	117,107	0	137,076
Primary care	70	0	0	70
Redress Secondary care	538	0	0	538
Redress Primary care	0	0	0	0
Personal injury	652	1,632	3,840	6,124
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	1,624	1,685	0	3,309
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	41	14	3	58
2019-20 Scheme Pays - Reimbursement	28	44	1,881	1,953
Restructuring	0	0	0	0
Other	1,527	0	0	1,527
<b>Total</b>	<b>24,449</b>	<b>120,482</b>	<b>5,724</b>	<b>150,655</b>

The expected timing of cash flows are based on best available information but they could change on the basis of individual case changes.

Reimbursements are anticipated from Welsh Risk Pool against the provisions detailed above for Clinical Negligence, Redress, Personal Injury Claims and defence legal fees and other administration provisions. The value of the anticipated reimbursement against these provisions amounts to £157.974m and is disclosed as part of the Welsh Risk Pool line in note 15 Trade and Other Receivables.

#### 2019-20 Scheme Pays Reimbursement

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government on behalf of Swansea Bay University LHB, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants. The figure disclosed above as a provision is based on details provided to Welsh Government by the Government Actuary Department in respect of individuals employed by the Health Board who took up the option by the deadline of 31st March 2022. The provision is backed off by a debtor with Welsh Government disclosed in Note 15 to these accounts.

## 20. Provisions (continued)

	At 1 April 2020	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2021
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>									
Clinical negligence:-									
Secondary care	25,224	0	(11,228)	27,586	20,441	(11,162)	(8,702)	0	42,159
Primary care	0	0	0	0	70	0	0	0	70
Redress Secondary care	800	0	(335)	(5)	1,106	(519)	(378)	0	669
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	703	0	(57)	325	1,085	(1,111)	(59)	(30)	856
All other losses and special payments	0	0	0	0	149	(149)	0	0	0
Defence legal fees and other administration	1,682	0	0	534	1,551	(1,184)	(555)		2,028
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	52			6	40	(46)	(7)	0	45
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	300		0	0	1,527	(545)	(90)		1,192
<b>Total</b>	<b>28,761</b>	<b>0</b>	<b>(11,620)</b>	<b>28,446</b>	<b>25,969</b>	<b>(14,716)</b>	<b>(9,791)</b>	<b>(30)</b>	<b>47,019</b>
<b>Non Current</b>									
Clinical negligence:-									
Secondary care	101,351	0	0	(27,566)	25,406	(1,499)	(2,270)	0	95,422
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	15	0	0	(15)	5	0	0	0	5
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	5,568	0	0	(325)	374	0	0	0	5,617
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,339	0	0	(534)	714	(65)	(31)		1,423
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	28			(6)	1	0	0	0	23
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>108,301</b>	<b>0</b>	<b>0</b>	<b>(28,446)</b>	<b>26,500</b>	<b>(1,564)</b>	<b>(2,301)</b>	<b>0</b>	<b>102,490</b>
<b>TOTAL</b>									
Clinical negligence:-									
Secondary care	126,575	0	(11,228)	20	45,847	(12,661)	(10,972)	0	137,581
Primary care	0	0	0	0	70	0	0	0	70
Redress Secondary care	815	0	(335)	(20)	1,111	(519)	(378)	0	674
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	6,271	0	(57)	0	1,459	(1,111)	(59)	(30)	6,473
All other losses and special payments	0	0	0	0	149	(149)	0	0	0
Defence legal fees and other administration	3,021	0	0	0	2,265	(1,249)	(586)		3,451
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	80			0	41	(46)	(7)	0	68
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
Other	300		0	0	1,527	(545)	(90)		1,192
<b>Total</b>	<b>137,062</b>	<b>0</b>	<b>(11,620)</b>	<b>0</b>	<b>52,469</b>	<b>(16,280)</b>	<b>(12,092)</b>	<b>(30)</b>	<b>149,509</b>

The expected timing of cash flows are based on best available information but they could change on the basis of individual case changes.

Other provisions relates to retrospective Continuing Healthcare (CHC) claims which are subject to review by the CHC team in Swansea Bay University LHB together with a provision for decommissioning costs for the COVID surge ward at Morriston Hospital which is due to be decommissioned in 2021/22.

Reimbursements are anticipated from Welsh Risk Pool against the provisions detailed above for Clinical Negligence, Redress, Personal Injury Claims and defence legal fees and other administration provisions. The value of the anticipated reimbursement against these provisions amounts to £140.013m and is disclosed as part of the Welsh Risk Pool line in note 15 Trade and Other Receivables.

## 21. Contingencies

### 21.1 Contingent liabilities

	2021-22 £'000	2020-21 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	214,448	195,386
Primary care	80	0
Redress Secondary care	0	0
Redress Primary care	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	5,509	4,707
Continuing Health Care costs	46	64
Other	0	0
Total value of disputed claims	220,083	200,157
Amounts (recovered) in the event of claims being successful	(216,307)	(196,309)
<b>Net contingent liability</b>	<b>3,776</b>	<b>3,848</b>

#### Continuing Healthcare Cost Uncertainties

Prior to 2019/20, liabilities for continuing healthcare costs were a significant issue for the LHB. However, since the 2017-18 financial year significant progress has been made in progressing phase 3, 4, 5 and 7 claims, to the extent that as at 31st March 2021 there are no phase 3 or phase 5 cases remaining and only 1 phase 6 claim remains.

As at 31st March 2022, the LHB has included the following amounts relating to these uncertain continuing healthcare costs:

Note 20 sets out the £75,516 provision for probable continuing care costs relating to 13 claims received.

Note 21.1 sets out the £45,597 contingent liability for possible continuing care costs relating to 12 claims received.



**21.2 Remote Contingent liabilities**

	<b>2021-22</b>	2020-21
	<b>£000</b>	£000
Guarantees	0	0
Indemnities	25	122
Letters of Comfort	0	0
<b>Total</b>	<b>25</b>	<b>122</b>

**21.3 Contingent assets**

	<b>2021-22</b>	2020-21
	<b>£000</b>	£000
The Health Board has no contingent assets	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**22. Capital commitments****Contracted capital commitments at 31 March**

	<b>2021-22</b>	2020-21
	<b>£000</b>	£000
Property, plant and equipment	9,473	15,893
Intangible assets	0	0
<b>Total</b>	<b>9,473</b>	<b>15,893</b>

## 23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

### Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2022	
	Number	£
Clinical negligence	158	25,697,473
Personal injury	48	823,354
All other losses and special payments	143	591,005
<b>Total</b>	<b>349</b>	<b>27,111,832</b>

### Analysis of cases in excess of £300,000

	Case Type	In year claims in excess of		Cumulative claims in excess of	
		£300,000		£300,000	
		Number	£	Number	£
Cases in excess of £300,000:					
08RVCMN0008	Clinical Negligence			1	390,000
08RVCMN0021	Clinical Negligence			1	1,129,996
10RYMMN0033	Clinical Negligence			1	1,200,000
10RYMMN0205	Clinical Negligence			1	481,250
10RYMMN0212	Clinical Negligence	1	5,300,000	1	6,051,100
11RYMMN0156	Clinical Negligence			1	2,331,278
12RYMMN0001	Clinical Negligence			1	1,254,880
12RYMMN0130	Clinical Negligence			1	658,319
13RYMMN0037	Clinical Negligence			1	331,247
13RYMMN0094	Clinical Negligence			1	778,061
13RYMMN0218	Clinical Negligence			1	850,000
13RYMMN0225	Clinical Negligence			1	940,000
13RYMMN0234	Clinical Negligence			1	565,000
13RYMMN0235	Clinical Negligence			1	5,595,000
14RYMMN0034	Clinical Negligence			1	1,871,281
14RYMMN0047	Clinical Negligence			1	547,837
14RYMMN0083	Clinical Negligence			1	351,904
14RYMMN0103	Clinical Negligence			1	2,610,619
14RYMMN0120	Clinical Negligence			1	4,362,000
14RYMMN0122	Clinical Negligence			1	400,000
14RYMMN0131	Clinical Negligence	1	600,573	1	600,573
15RYMMN0040	Clinical Negligence	1	2,335,851	1	2,845,000
15RYMMN0151	Clinical Negligence	1	5,195,000	1	6,700,000
15RYMMN0154	Clinical Negligence	1	753,222	1	1,103,222
15RYMMN0176	Clinical Negligence			1	1,778,329
15RYMMN0190	Clinical Negligence			1	1,588,000
15RYMMN0232	Clinical Negligence			1	522,550
15RYMMN0240	Clinical Negligence			1	417,100
16RYMMN0057	Clinical Negligence			1	855,133
16RYMMN0161	Clinical Negligence	1	1,221,831	1	2,146,831
16RYMMN0185	Clinical Negligence			1	360,000
16RYMMN0199	Clinical Negligence			1	446,069
17RYMMN0006	Clinical Negligence			1	1,912,500
17RYMMN0030	Clinical Negligence			1	1,360,284
17RYMMN0047	Clinical Negligence			1	311,830
17RYMMN0090	Clinical Negligence			1	325,000
17RYMMN0102	Clinical Negligence	1	1,197,500	1	1,220,000
17RYMMN0114	Clinical Negligence	1	1,395,000	1	1,395,000
18RYMMN0061	Clinical Negligence	1	710,000	1	710,000
20RYMMN0002	Clinical Negligence	1	330,000	1	402,000
20RYMPI0037	Personal Injury			1	555,562
22RYMEG0046	Ex-Gratia	1	364,966	1	364,966
Sub-total		11	19,403,943	42	60,619,721
All other cases		338	7,707,889	307	19,170,936
Total cases		349	27,111,832	349	79,790,657

**24. Finance leases****24.1 Finance leases obligations (as lessee)**

The Health Board has no finance leases receivable as a lessee.

The Health Board does not hold any finance leases in respect of land and buildings.

**Amounts payable under finance leases:**

<b>Land</b>	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**24.1 Finance leases obligations (as lessee) continued****Amounts payable under finance leases:**

<b>Buildings</b>	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Present value of minimum lease payments**

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Other**

	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**Present value of minimum lease payments**

Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

**24.2 Finance leases obligations (as lessor) continued**

The Local Health Board has no finance leases receivable as a lessor.

**Amounts receivable under finance leases:**

	<b>31 March 2022 £000</b>	<b>31 March 2021 £000</b>
<b>Gross Investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	<u>0</u>	<u>0</u>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	<u>0</u>	<u>0</u>

## 25. Private Finance Initiative contracts

### 25.1 PFI schemes off-Statement of Financial Position

The LHB has no PFI Schemes off-statement of financial position.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts 31 March 2022 £000	Off-SoFP PFI contracts 31 March 2021 £000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

### 25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	£000
	61,925
Contract start date:	12th May 2000
Contract end date:	31st May 2030

On 12th May 2000, a 30 year Private Finance Initiative (PFI) contract was signed between the Health Board's predecessor organisation Bro Morgannwg NHS Trust and Baglan Moors Healthcare for the provision of a 270 bed local general hospital to serve the population of Neath and Port Talbot. The services to be provided in the new hospital which was completed in Autumn 2002 resulted in the transfer of services from the subsequently closed Neath and Port Talbot Hospitals.

#### Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2022 £000	On SoFP PFI Imputed interest 31 March 2022 £000	On SoFP PFI Service charges 31 March 2022 £000
Total payments due within one year	2,899	4,863	5,402
Total payments due between 1 and 5 years	15,915	21,417	18,695
Total payments due thereafter	15,001	22,709	10,753
Total future payments in relation to PFI contracts	33,815	48,989	34,850

	On SoFP PFI Capital element 31 March 2021 £000	On SoFP PFI Imputed interest 31 March 2021 £000	On SoFP PFI Service charges 31 March 2021 £000
Total payments due within one year	3,321	5,215	4,306
Total payments due between 1 and 5 years	14,035	20,579	20,047
Total payments due thereafter	19,780	28,410	14,802
Total future payments in relation to PFI contracts	37,136	54,204	39,155

	31/03/2022 £000
Total present value of obligations for on-SoFP PFI contracts	117,654

### 25.3 Charges to expenditure

	2021-22	2020-21
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	2,680	2,614
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	2,680	2,614

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	13,163	12,842
<b>Total</b>	<b>13,163</b>	<b>12,842</b>

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

### 25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	1	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

#### PFI Contract

Number of PFI contracts which individually have a total commitment > £500m

On / Off-  
statement  
of financial  
position

0

#### PFI Contract

Neath Port Talbot Hospital

On

### 25.5 The LHB has no Public Private Partnerships

**26. Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

**Currency risk**

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

**Interest rate risk**

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

**Credit risk**

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

**Liquidity risk**

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.



**27. Movements in working capital**

	2021-22 £000	2020-21 £000
(Increase)/decrease in inventories	43	597
(Increase)/decrease in trade and other receivables - non-current	(23,935)	5,922
(Increase)/decrease in trade and other receivables - current	28,280	(27,403)
Increase/(decrease) in trade and other payables - non-current	(2,899)	(3,321)
Increase/(decrease) in trade and other payables - current	38,587	71,655
<b>Total</b>	<b>40,076</b>	<b>47,450</b>
Adjustment for accrual movements in fixed assets - creditors	(12,534)	(5,639)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	(3,807)	4,866
	<b>23,735</b>	<b>46,677</b>

**28. Other cash flow adjustments**

	2021-22 £000	2020-21 £000
Depreciation	28,512	26,763
Amortisation	1,848	1,752
(Gains)/Loss on Disposal	(249)	(33)
Impairments and reversals	(5,567)	(577)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	(7,606)
Donated assets received credited to revenue but non-cash	(185)	(186)
Government Grant assets received credited to revenue but non-cash	(707)	(2,097)
Non-cash movements in provisions	30,295	28,727
Other movements	26,782	25,321
<b>Total</b>	<b>80,729</b>	<b>72,064</b>

Other adjustments in Note 27 relates to the capital element of payments in respect of finance leases and on SoFP PFI schemes and the notional costs of the COVID assets received from the Department of Health

Other movements in Note 28 relates to the notional funding provided by Welsh Government in respect of the 6.3% NHS Pension Contributions paid by Welsh Government and notionally charged to the Health Board.

## **29. Events after the Reporting Period**

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 8th June 2022; the date the financial statements were certified by the Auditor General for Wales.

### 30. Related Party Transactions

A number of the LHB's Board members have interests in related parties as follows:

Name	Details	Related Party Interest
Mrs. M Berry	Independent Member	Trust and Vice Chair - Care & Repair Cymru
Mr. M Child	Independent Member	Councillor, City & County of Swansea
Professor T. Crick	Independent Member	Non Executive Director of Welsh Water/Dwr Cymru
Mrs. J Davies	Independent Member	Board Member Royal College of Nursing Wales
Mr. D Griffiths	Director of Finance and Performance	Wife is Director for Wales for the British Red Cross
Mr. A Jarrett	Associate Board Member	Director of Social Services for Neath Port Talbot CBC
Mr. K Lloyd	Independent Member	Executive Dean and Pro Vice Chancellor at Swansea University and Board Member MIND Cymru
Mrs. R Owen	Independent Member	Spouse is a Trustee of Bikeability
Mr. S Spill	Vice Chair	Non Executive Director - Coastal Housing Group and Trustee Platform for Change
Mr. M Waygood	Independent Member	Trustee of the Ospreys in the Community Charity
Ms. N Zolle	Independent Member	Trustee of the Ospreys in the Community Charity

The total value of transactions with related parties in 2021/22 were as follows:

Related Party	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Care and Repair Cymru	43	0	0	0
City & County of Swansea Council	25,530	3,463	1,740	407
Welsh Water - Dwr Cymru	687	0	0	0
Royal College of Nursing	8	6	1	0
British Red Cross	532	0	392	0
Neath Port Talbot County Council	17,905	3,864	26	450
Swansea University	6,056	1,033	157	182
MIND Cymru	17	0	0	0
Bikeability	2	0	0	0
Coastal Housing Group	1,120	0	104	0
Platform for Change	13	0	0	0
Ospreys in the Community	65	0	6	0

The Swansea Bay University Health Board Charity is the linked charity to the Swansea Bay University Health Board. During the financial year the health board for operational reasons may make payments on behalf of the NHS Charity and the NHS Charity may make payments on behalf of the health board. These payments are cleared monthly via an intercompany transfer within the financial ledgers. In 2021/22 the health board made cash payments of £825,004 on behalf of the NHS Charity and the NHS Charity made payments of £71,918 on behalf of the health board. As at 31st March 2022 the amount owed to the health board by the NHS Charity amounted to £158,538 with the health board owing the NHS Charity £24,574. These balances will be cleared in April 2022.

The Welsh Government is regarded as a related party. During the year Swansea Bay University Local Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Entity	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	153	1,108,028	4	3,805
Welsh Health Specialised Services Commission	113,177	126,961	264	2,259
Aneurin Bevan LHB	895	3,863	199	395
Betsi Cadwaladr LHB	337	132	114	49
Cardiff & Vale LHB	6,700	5,823	756	449
Cwm Taf LHB	32,188	44,634	1,521	860
Digital Health Care Wales	4,413	682	117	216
Health Education & Improvement Wales	10	14,532	0	278
Hywel Dda LHB	4,398	39,567	89	471
Powys LHB	1,282	9,963	34	339
Public Health Wales NHS Trust	4,100	4,803	669	226
Velindre NHS Trust	26,268	5,213	1,288	992
Welsh Ambulance Services NHS Trust	6,093	97	159	7
<b>Total</b>	<b>200,014</b>	<b>1,364,298</b>	<b>5,214</b>	<b>10,346</b>

### **31. Third Party assets**

The LHB held £590,080 cash at bank and in hand at 31 March 2022 (31st March 2021, £653,521) which relates to monies held by the LHB on behalf of patients.

Cash held in Patients' Investment Accounts amounted to £491,452 at 31st March 2022 (31st March 2021, £491,402). This has been excluded from the cash and cash equivalents figure reported in the Accounts.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2022 was £436,794 (£468,874 as at 31st March 2021).

## 32. Pooled budgets

The Health Board has participated in a formal pooled budget arrangement in 2021/22 which commenced in April 2012 and replaced previous agreements in place between 2008/09 and March 2012. The pooled budget arrangement is accounted for in accordance with IFRS 11, Joint Arrangements and IFRS 12, Disclosure of Interests in Other Entities.

### Section 33 Partnership : Community Equipment

#### 1. Statutory Partners

City & County of Swansea  
Neath Port Talbot County Borough Council  
Swansea Bay University Health Board

#### 2. Aims of the Partnership

To provide an integrated community equipment service that meets the defining criteria and good practice within the guidance provided by the Welsh Assembly Government.

To provide a flexible and responsive service for users and practitioners through a unified assessment and provisioning system which avoids duplication and barriers to provision.

To meet national and local standards and performance indicators, in particular to provide a high percentage of equipment and minor adaptations within a seven day target.

To support intermediate care, palliative care and hospital discharge initiatives and to build on and consolidate existing joint arrangements.

To develop more accessible services with consistent eligibility criteria, which will improve co-ordination between partner agencies and service users.

To provide an assessment, demonstration display and learning facility for service users and practitioners from health, education and social services.

To meet the above in respect of beds, mattresses and cot sides and other equipment.

#### 3. Pooled Budget Memorandum Account

<b>Gross Funding</b>	<b>2021/22</b>	<b>2020/21</b>
	<b>£</b>	<b>£</b>
City & County of Swansea	634,800	700,500
Neath Port Talbot County Borough Council	357,190	394,000
Swansea Bay University Health Board	1,308,010	1,405,500
Other	356,365	1,772,565
<b>Total Funding</b>	<b>2,656,365</b>	<b>4,272,565</b>
 <b>Expenditure</b>	 3,101,992	 2,936,630
 <b>Net (under)/over spend</b>	 <b>445,627</b>	 <b>(1,335,935)</b>

The overspend will be funded through an equivalent drawdown from a ring fenced reserve specific to the Equipment Pool.

### 33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

Swansea Bay University Health Board has organised its operational services into 4 Service Groups. Two of these service groups are centred on the Health Board's main hospital sites of Morriston, Neath Port Talbot, and Singleton. The remaining two SDU's cover Mental Health and Learning Disabilities Services and Primary Care and Community Services

The LHB has formed the view that the activities of its service groups are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision the Health Board is satisfied that the following criteria are met:

1. Aggregation still allows users to evaluate the business and its operating environment
2. Service Groups have similar economic characteristics
3. The Service Groups are similar in respect of all of the following
  - > The nature of the service provided
  - > The Service Groups operate fundamentally similar processes
  - > The end customers (the patients) fall into broadly similar categories
  - > The Service Groups share a common regulatory environment

The LHB did operate as a home to one hosted body during 2021/22, which is the NHS Wales Delivery Unit (DU). This unit is responsible for the functions of assurance, improvement of performance and delivery for NHS Wales . with the unit being aligned to the priorities of and directly funded by the Welsh Government.

During 2021/22 these accounts contain income of £3.630m and expenditure of £4.245m in respect of the DU.

The LHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.

**34. Other Information****34.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2021 to 31 March 2022. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2021 and February 2022 alongside Health Board/Trust/SHA data for March 2022.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	<b>2021-22</b>
<b>Statement of Comprehensive Net Expenditure</b>	<b>£000</b>
<b>for the year ended 31 March 2022</b>	

Expenditure on Primary Healthcare Services	0
Expenditure on Hospital and Community Health Services	26,782

<b>Statement of Changes in Taxpayers' Equity</b>	
<b>For the year ended 31 March 2022</b>	

Net operating cost for the year	26,782
Notional Welsh Government Funding	26,782

<b>Statement of Cash Flows for year ended 31 March 2022</b>	
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Net operating cost for the financial year	26,782
Other cash flow adjustments	26,782

**2.1 Revenue Resource Performance**

Revenue Resource Allocation	26,782
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**3. Analysis of gross operating costs****3.1 Expenditure on Primary Healthcare Services**

General Medical Services	0
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**3.3 Expenditure on Hospital and Community Health Services**

Directors' costs	50
Staff costs	26,732

**9.1 Employee costs****Permanent Staff**

Employer contributions to NHS Pension Scheme	26,782
Charged to capital	33
Charged to revenue	26,749

**18. Trade and other payables****Current**

Pensions: staff	0
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**28. Other cash flow adjustments**

Other movements	26,782
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### 34. Other Information

#### 34.2 Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2021-22 £000	2020-21 £000	
<b>Capital</b>			
Capital Funding Field Hospitals		521	
Capital Funding Equipment & Works	7,038	8,028	
Capital Funding other (Specify)	0	0	
<b>Welsh Government Covid 19 Capital Funding</b>	<b>7,038</b>	<b>8,549</b>	
			<b>As previously reported in 2020-21</b>
<b>Revenue</b>			
Sustainability Funding			48,200
C-19 Pay Costs Q1 (Future Quarters covered by SF)			6,831
Field Hospital (Set Up Costs, Decommissioning & Consequential losses)			35,985
Bonus Payment			14,401
Independent Health Sector			1,044
Stability Funding	59,758	106,461	
Covid Recovery	25,307	0	
Cleaning Standards	2,366	0	
PPE (including All Wales Equipment via NWSSP)	4,797	8,644	
Testing / TTP- Testing & Sampling - Pay & Non Pay	3,104	2,461	
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	13,090	4,901	
Extended Flu Vaccination / Vaccination - Extended Flu Programme	825	893	
Mass Covid-19 Vaccination / Vaccination - COVID-19	13,647	3,678	
Annual Leave Accrual - Increase due to Covid	0	11,615	
Urgent & Emergency Care	3,383	3,375	
Private Providers Adult Care	2,243	2,905	
Hospices	0	0	
Other Mental Health / Mental Health	0	666	
Other Primary Care	0	1,603	
Social Care	1,816	0	
Other	71	1,744	
<b>Welsh Government Covid 19 Revenue Funding</b>	<b>130,407</b>	<b>148,947</b>	

The Health Board has also received Government Granted assets of £707k comprising items supplied by the Department of Health. This income is disclosed in Note 4 to the accounts.

Of this sum £621k are capital assets and included in note 11.1 with the remaining £86k relating to revenue equipment which is disclosed in Note 3.3 in Clinical Supplies and Services.



## 34. Other Information

### 34.3 Changes to accounting standards not yet effective - IFRS 16 Impact

IFRS 16 Leases supersedes IAS 17 Leases and is effective in the public sector from 1 April 2022. IFRS 16 provides a single lessee accounting model and requires a lessee to recognise right-of-use assets and liabilities for leases with a term more than 12 months unless the underlying value is of low value. The FReM makes two public sector adaptations

- The definition of a contract is expanded to include intra UK government agreements that are not legally enforceable;
- The definition of a contract is expanded to include agreements that have nil consideration.

IFRS 16 gives a narrower definition of a lease than IAS 17 and IFRIC 4 by requiring that assets and liabilities will be recognised initially at the discounted value of minimum lease payments. After initial recognition, right of use assets will be depreciated on a straight line basis and interest recognised on the liabilities. Except where modified for revaluation where material, the cost model will be applied to assets other than peppercorn leases which will be measured on a depreciated replacement cost basis. The right of use asset in a peppercorn lease is accounted for similarly to a donated asset.

As required by the FReM IFRS 16 will be implemented using the accumulated catch up method.

The right of use assets and leasing obligation have been calculated and indicated that the total discounted value of right of use assets and liabilities under IFRS 16 is lower than the value of minimum lease commitments under IAS 17. This is due to the exclusion of the VAT element of the annual lease payments under IFRS 16 for those leases within scope of IFRS 16.

The impact of implementation is an

- increase in expenditure £83k;
- increase in assets and liabilities of £22,528k and £21,557k

These figures are calculated before intercompany eliminations are made, these will not have a material impact on the figures.

### 34.3 Changes to accounting standards not yet effective - IFRS 16 Impact (Cont'd)

#### Right of Use (RoU) Assets Impact

	Property £000	Non Property £000	Total £000
<b>Statement of financial Position</b>			
<b>RoU Asset Recognition</b>			
+ Transitioning Adjust	16,904	5,624	22,528
+ As at 1 April 2022	16,904	5,624	22,528
+ Renewal / New RoU Assets 2022-23	4,707	63,441	68,148
- Less (Depreciation)	-1,609	-5,630	-7,239
+ As at 31 March	20,002	63,435	83,437
<b>RoU Asset Liability</b>			
	<b>Property £000</b>	<b>Non Property £000</b>	<b>Total £000</b>
- Transitioning Adjust	-15,934	-5,624	-21,558
- As at 1 April 2022	-15,934	-5,624	-21,558
- Renewal / New RoU Liability 2022-23	-4,707	-63,441	-68,148
+ Working Capital	1,684	5,932	7,616
- Interest	-177	-575	-752
- As at 31 March	-19,134	-63,708	-82,842
<b>Charges</b>			
<b>Expenditure</b>	<b>Property £000</b>	<b>Non Property £000</b>	<b>Total £000</b>
RoU Asset DEL depreciation <sup>(1)</sup>	1,570	5,630	7,200
Rou Asset AME depreciation	39	0	39
Interest on obligations under RoU Asset leases <sup>(2)</sup>	177	575	752
	1,786	6,205	7,991

LHB

1 Expenditure on Hospital and Community Health Services

2 Finance Costs

## **The Certificate of the Auditor General for Wales to the Senedd**

### **Opinion on financial statements**

I certify that I have audited the financial statements of Swansea Bay University Local Health Board for the year ended 31 March 2022 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

> give a true and fair view of the state of affairs of Swansea Bay University Local Health Board as at 31 March 2022 and of its net operating costs for the year then ended;

> have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and

> have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### **Opinion on regularity**

In my opinion, except for the matters described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### **Basis for Qualified Opinion on regularity**

The Health Board has breached its resource limit by spending £64.987 million over the £3,073 million that it was authorised to spend in the three-year period 2019-2020 to 2021-2022. This spend constitutes irregular expenditure. I have qualified my opinion on the regularity of Swansea Bay University Local Health Board's financial statements because those statements include a provision of £1.9 million relating to the estimated liability arising from the Ministerial Direction dated 18 December 2019 on senior clinicians' pensions. In my view, this expenditure is irregular and material by its nature.

Further detail is set out in the attached Report.

### **Basis of opinions**

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

### **Conclusions relating to going concern**

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

## Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If I conclude that there is a material misstatement of this other information based on the work I have performed, I am required to report that fact.

I have nothing to report in this regard.

## Report on other requirements

### Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made thereunder by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

> the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance;

> the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

### Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement. I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

> adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;

> the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;

> information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or

> I have not received all the information and explanations I require for my audit.

## Responsibilities

### Responsibilities of Directors and the Chief Executive for the financial statements

The Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. This is explained more fully in the Statements of Directors' and Chief Executive's Responsibilities

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

### Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

> Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Swansea Bay University Local Health Board policies and procedures concerned with:

identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and

the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

> Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, posting of unusual journals, and biases in accounting estimates;

> Obtaining an understanding of Swansea Bay University Local Health Board's framework of authority and other legal and regulatory frameworks that Swansea Bay University Local Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Swansea Bay University Local Health Board.

In addition to the above, my procedures to respond to identified risks included the following:

> reviewing the financial statement disclosures and testing supporting documentation to assess compliance with relevant laws and regulations discussed above;

> enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;

> reading minutes of meetings of those charged with governance and the Board; and

> in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments, assessing whether the judgements made in making accounting estimates are indicative of a potential bias, and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit teams and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Swansea Bay University Local Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Responsibilities for regularity**

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

### **Report**

Please see my Report on pages 78 to 79.

Adrian Crompton  
Auditor General for Wales  
15 June 2022

24 Cathedral Road  
Cardiff  
CF11 9LJ

## Report of the Auditor General to the Senedd

### Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Swansea Bay University Local Health Board's (the LHB's) financial statements. I am reporting on these financial statements for the year ended 31 March 2022 to draw attention to three key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion, the failure of the second financial duty, and the qualification of my 'regularity' opinion relating to expenditure recognised as a result of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of any of these matters.

### Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties, known as the first and second financial duties.

For 2021-22, Swansea Bay University Local Health Board (the Health Board) failed to meet both the first and the second financial duty.

#### Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2019-20 to 2021-22.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,073 million by £64.987 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

#### Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2021-22 if it submitted a 2019-20 to 2021-22 plan approved by its Board to the Welsh Ministers who then approved it by the 30 June 2019. This duty is unchanged from 2019-20 because the duty to prepare a new three-year plan for the period 2021-22 to 2023-24 was paused due to the pandemic, leaving the previous year's duty in place.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2019-20 to 2021-22.

### Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200k in 2011-12 to £40k in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (i.e. settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in...tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered annual allowance and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

The LHB has received sufficient information during the year to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result, expenditure has been recognised as a provision as shown in note 20 of the financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction however, in my opinion, the transactions included in the LHB's financial statements to recognise this liability are irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting. As a result, I have qualified my 'regularity' opinion for 2021-22.

**Adrian Crompton**  
**Auditor General for Wales**  
**15 June 2022**

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**LOCAL HEALTH BOARDS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)<sup>1</sup>, in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.