



Dyddiad/Date: 13th December 2023

Ms Claire Bowden Deputy Head of NHS Financial Management Welsh Government King Edward VII Ave Cardiff CF10 3NQ

Dear Claire,

SWANSEA BAY UNIVERSITY HEALTH BOARD MONITORING RETURNS 30th November 2023

I enclose with this commentary the completed proformas in respect of the Health Board's Monitoring Returns to 30th November 2023.

The Health Board's (HB) 'Landing Plan' to deliver the Control Total set by Welsh Government (WG) was presented to the Board on 30th November 2023, the key points in relation to the Landing Plan are summarised in the opening section of this letter, with information from section 1 onwards providing further information to support the specific Tables within the MMR.

Delivery Control Total

The Board supported the aspiration to deliver the Control Total at the meeting on the 30^{th} November 2023 and the opportunities and actions needed to deliver the target, which supports the emerging optimism that the Health Board has the options to achieve the £17.1m deficit target.

Structure Landing Plan & Table A

The Landing Plan is made up of a number of component parts, which have been reflected in the bottom section of Table A:

- Part 1: Plan for completeness this relates to the opening plan £86.6m less the additional funding of £60.8m.
- Part 2: Based on the original assessment of the position to 31st March 2024 using the information at Month 6, which identified a shortfall in the delivery of the plan by £10m. This was predicated on the following:
 - 2A Delegated Positions / Operational Pressures (Table A Line Ref 27) the pressures being noted all year regarding Morriston and NPTS Service Groups and more recently the pressures emerging regarding PC Prescribing.
 - 2B Corporate Balance Sheet Release (Table A Line Ref 28) reflects the two elements highlighted in previous MMR submissions on the Annual Leave and the Medical Study Leave accrual, which remains subject to audit agreement.

- 2C N/R Opportunities and release investments (Table A Line Ref 29) as highlighted in previous submissions these are the decisions and fortuitous gains from investments within the Plan that are assessed as not required in full for 2023/24.
- Part 4: 10-20-30+Options (Table A Line Ref 30) in addition to the £10m shortfall in the delivery of the original plan (Part 2) the Control Total of £17.1m set a further 10% reduction, which brought the shortfall in meeting £17.1m target to £18.8m. Part 4 of the plan represents the further options on how this could be mitigated, which were presented to the Board meeting on 30th November.
- Part 6A Other Opportunities Identified (Table A Line Ref 31) the HB will continue to identify opportunities, which at this point will be more fortuitous gains than decisions and any identified options will be added to this section of the plan.

The Landing Plan assumes all options identified will be delivered in full and does not reflect any optimism bias or risk to delivery. Therefore, an additional line has been added to Table A (Ref Line 32) to reflect an element of this:

 Part 6B Addressing Optimism Bias & Risks (Table A Line Ref 32) – the assumptions underpinning this at the point of writing this letter are linked to the release of Medical Study leave in full, the inability of Service Groups to deliver in full on the control targets set for them, the inability of Service Groups to deliver in full on the targets set for reduction in agency expenditure and the inability to release some of the benefits in investments.

In all of the Lines in Table A (Ref 27-32) the profiling of the delivery is based on the information available at this point, however this may change over the coming months.

The Landing Plan is available to the reader in Appendix 1 of this letter; due to the number of lines it is not possible to reflect this in full in Table A. This Landing Plan will be used going forward to oversee the delivery of the Control Total and will be shared with the Performance & Finance Committee monthly to provide oversight and assurance on the delivery of the actions supported by the Board on 30th November 2023, and to also highlight where the Health Board is 'off' plan.

1. Movement of Opening Financial Plan to Forecast Outturn (Table A)

The Health Board submitted a revised plan at 31st May 2023 which reported a deficit of £86.6m. Since the Month 6 MMR submission the additional funding of £60.8m for 2023/24, of which £43.3m is recurrent, has been fed into Table A on line Ref 23. Lines Ref 27-32 provide the further changes that have been supported by the Board and detailed in the opening section above.

2. Underlying Position (Table A1)

The underlying b/f position reflects the £32.2m, reported both in the Month 12 MMR submission and the MDS submitted on the 31st March 2023 and relates to Section 1 of the table reported above. However, as per the plan submitted on 31st May 2023, the recurrent underlying position c/f would be £86.6m less the recurrent additional funding of £43.3m, but as the recurrent savings requirement in the plan of £22.2m has yet to be met this Is impacting on the position reported in Table A1.

3. Risk Management (Table A2)

For Month 8 reporting the risks and opportunities are now being managed via the Health Board Landing Plan and the overarching risk to the delivery of the position is ensuring the HB maximises all of the opportunities supported by the Board. Therefore, previous specific risks and opportunities have been removed and general principles that could impact or improve the HB's ability to deliver the Control Total are summarised below and reflect those shared at the meeting with WG on 20th November:

Risks	Opportunities
Prescribing NCSO / Volume	Recruitment success above assessment impact on run rate linked 133 newly QN (Sept 23); 193 OSN (Oct 22-Sept 23); 192 medics 23/24
Winter Pressures (Surge/Variable Pay does not exceed current assumed levels within the assessment)	Prescribing (Cat M)
IR SLA C&V £0.350m Full Year (funded from within existing budgets)	Further slippage on investments and other NR opportunities (For example Further Faster, Overseas Nurses, NICE) Part 6A Other Opportunities Identified (Table A Line Ref 31)
WHSSC Triangulated Risk Assessment (ceasing services provision does not impact on fixed costs within SB)	Improved activity delivered for WHSSC (e.g. Plastics / Bariatrics)
Energy costs remains within the assessment undertaken at Mth 6 and funding £7.8m is provided as anticipated	WHSSC Risk Share underspend increases above current assumptions
Pay Award funding allocated as per assumed anticipated income within MMR	Early delivery of value and sustainability benefits linked to national programmes
LTA Performance (provider) does not deteriorate over Winter	LTA performance (as provider and commissioner) delivers more financial benefits
RLW is funded in full as per the finalised values reported in Mth 6 MMR	Further benefit WRP if Risk Share value reduced by £5m = £0.673m for SB (Reference B.26)
CHC – potential impact of any judicial review (£2.5m for 2023/24)	Early delivery of One Bay Way programme of pathway changes (MSK, frailty, diabetes, respiratory, cardiology)

4. Monthly Positions (Table B)

4.1 Overview Variance & Plan:

The original plan was set on a tapered profile reflecting the expectation that some of the run rate work would take two quarters to fully embed and deliver. The first table below details the original profiling of the control total plan, with the second table detailing the performance against this original plan.

	Run Rate	Öriginal Plan	Post Mth 1 Adjustment £80.8m		10% Reduction £M	Trajectory 2023/24 Based on Plan £M
Mth 1	3.0	4.9				7.9
Mth 2	3.0	4.9	1.5	-		9.4
Mth 3	2.0	4.9	1.5		-	8.4
Min 4	1.0	4.9	1.5	-		7.4
Mth 5	1.0	4.9	1.5			7.4
Mth 8	0.4	4.9	1.5	-	-	6.8
Mth 7	0.3	4.9	1.5	- 35.5		- 28.7
Mth 8	0.3	4.9	1.5	- 5.1	-	1.7
Mth 9		4.9	1.5	- 5.1		1.4
Mth 10		4.9	1.5	- 5.1	- 2.9	- 1.5
Mth 11	1	4.9	1.5	- 5.1	- 2.9	- 1.5
Mth 12		4.9	1.5	- 5.1	- 2.9	- 1.5
Total	11.0	58.9	16.7	- 60.8	- 8.7	17.1

	Trajectory 2023/24 Based on Plan £M	Actual Performance	Varaince From Plan £M
Mth 1	7.9	10.9	3.0
Mth 2	9.4	13.7	4.2
Mth 3	8.4	11.4	3.0
Mth 4	7.4	10.4	3.0
Mth 5	7.4	10.2	2.8
Min 6	6.8	8.7	1.9
Mth 7	- 28.7	- 26.8	1.9
Mth 8	1.7	3.3	1.8
Mth 9	1.4	1.00000000	1000
Mth 10	- 1.5		Sector Sector
Mth 11	- 1.5		
Mth 12	- 1.5		112.2.1.2.1
Total	17.1	41.7	21.3

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Further details on the reasons for the variance to plan are provided in section 4.2 below.

4.2 Movements In Month / YTD Variance

The key areas of variance across the Health Board are summarised in the commentary below. The items below are those that drive the operational run rate pressures currently reported on Ref Line 27 of Table A:

Income

The Welsh Health Specialised Services (WHSSC) Income as a provider continues to impact on the performance against plan, with YTD underachievement of £1.0m. Whilst this has stabilised in the last 2 months, performance has not recovered the reduced activity on WHSSC services seen in Quarter 1 of 2023/24.

As reported for the previous 7 months of 2023/24, the pressure as a result in the loss of Dental Contract Income continues, with the YTD shortfall increasing to £1.2m in Month 8.

• Pay

The Month 8 pay overspend has deteriorated from Month 7 and stood at \pounds 1.9m (an increase from Month 7 overspend of \pounds 1.4m), taking the YTD overspend to \pounds 12.94m. There has been an increase of 255 WTEs between months, predominantly within Nursing & Midwifery, which is largely driven by the ongoing on-boarding of our Overseas Nurses along with new student streamlining. However, this has not delivered a reduction in Nursing variable pay expenditure within Month 8 (where 4 there has been an increase of \pounds 0.2m) due to the supernumerary period and

increased acuity requiring higher roster fill rates. Within Medical & Dental there is a reduction of 10 WTEs which has required additional variable pay cover within Month 8 (£0.2m) in addition to increased WLIs and increased activity.

Clinical Consumables

This area continues to be a significant pressure with a YTD variance of £7.3m. With the in-month position being slightly (£0.1m) improved from Month 7 at £1.4m. There are 80+ subjective lines within this category including secondary care drugs but areas seeing most pressures YTD continue to be general consumables (M&SE), laboratory products and implants (which in part will be driven by activity).

• Non Delivery Savings

The Health Board has set a 3.5% savings target for 2023/24, after two years of achieving 4%. In additional there is a further £10.6m of unmet recurrent savings b/f from 2022/23. However there remains a gap in the delivery of savings to meet the target sets which has resulted in a £0.7m variance in Month 8, with a £6.5m YTD.

• Prescribing

At Month 8 the year to date position reflected in the ledger on Prescribing is £0.6m overspent and £4.9m YTD. The June 2023 PAR reflected a significant increase linked to the volume of items, which was pushing the forecast to £6.7m. However, July 2023 PAR saw the costs reduce only for an increase in volume in August 2023 PAR to increase the forecast again. This will continue to be a risk in the delivery of the control total for 2023/24 and updates will be provided as the year progresses.

4.3 Movements In-Month / Forecast Actuals (Table B1)

The keys issues of note from Table B1 against the core heading of (1) PMA = Prior Month Actuals, (2) PMF = Prior Month Forecast and (3) PMFYF = Prior Month Full Year Forecast are provided in the section below:

- Revenue Resource Limit (RRL)
 - PMF/PMFYF: primarily reflects the additional funding of £1.0m in relation to Mental Health Service Improvements and a revised assessment of IFRS 16 DEL (£1.6m).
- Other Income
 - PMFYF: this includes income for the R&D and Local Authority but there is no one specific area but a number of items each month impacting on the movement.
- Primary Care Drugs
 - PMF: Reflects the increase in Month 8 linked to the September PAR report. Please refer to narrative in Section 4.2.
- Provider Pay
 - PMF/PMFYF: increase in costs between Month 7 and 8 (after adjusting for the impact of the Medical & Dental Pay Award) as noted in section 4.2 above.
- Provider Non Pay
 - PMF/PMFYF: in-month there are immaterial reductions in expenditure across multiple lines, including equipment maintenance and general MS&E. In addition to the in-month improvement, the end of year position attempts to reflect the reduction required to achieve the revised control total of £17.1m to mitigate the operational increases predominately driven by the Pay position. Further work is ongoing as noted in section 1.

- Secondary Care Drugs
 - PMF: NICE reflects the increase in NICE costs which are supported by centrally held budgets.
- Health Care Services Provided by Other Health Bodies
 - PMF/PMFYF: this reflects the changes to the LTA payment made to WHSSC for the pass through costs of Vertex.
- CHC
 - PMF: the impact of a number of retrospective packages were recognised in Month 8.
- Joint Financing and Other
 - PMF/PMFYF: an assessment of investments jointly funded with Local Authority partners was completed in Month 8, resulting in identification of slippage of £1.2m.
- DEL Depreciation
 - PMFYF adjustment to the assessed depreciation position following a review of annual budgets and costs.
- Month 12 Values
 - There remains a significant increase in anticipated expenditure in Month 12 for Non-Pay and Joint Financing, which is based on the profile of the budgets and historic trends. This will continue to be reviewed.

4.4 Actions in Plan to Manage Risks and YTD Variance

Under this section in previous MMR Letters the Health Board has provided details of the actions being driven by the Health Board to mitigate the planned deficit, the variance from plan and the risks detailed under Section 3, which have been in place from the start of the financial year. Only updates or additional actions above those reported in previous months are captured below:

• Landing Plan – The Health Board's 'Landing Plan' to deliver the Control Total set by Welsh Government of £17.1m was presented to the Board on 30th November. The Board supported the aspiration to deliver the Control Total and the opportunities and actions needed to deliver the target. The control target requirements for Service Groups will be formally communicated to Budget Holders in December via a letter from the Chief Executive. The Landing Plan will be used going forward to oversee the delivery of the Control Total and will be shared with the Performance & Finance Committee monthly to provide oversight and assurance on the delivery of the actions.

4.5 Other Areas of Comment:

• Energy Forecast (F)

The most recent update on the forecast via British Gas/CCS ranges from £14.2m to \pm 13.2m based on the email from NWSSP dated 2nd October 2023. It is important to note that this forecast is not based on actual or predicted volume usage but industry averages. This becomes important given the Moriston site acquires a significant amount of its power from the Solar Farm, which if using industry averages would not be built into the forecast

Therefore alongside this the Health Board has under an assessment of its predicted usage costed at the CCS rate. The forecast in Table B for 2023/24 provides an estimate of £15.9m for 2023/24, including PFI. PFI costs are outside of the CCS forecast and to date we have not yet received any invoices for this financial year. The HB is assuming the full funding for energy of £7.8m in its overall Landing Plan.

As per Section 3 above, the risks and opportunities are now being managed via the Health Board Landing Plan and therefore previous specific risks and opportunities have been removed from Table A2. However, we will continue to monitor the HB assessment of the position and review the forecast monthly as the actual costs/invoices are processed.

• Uncommitted Reserves (G)

The Health Board is not holding uncommitted reserves, any reserves it holds are linked to projects (e.g. Recovery Programme) or NICE and are issued on an actual basis.

Where there are investment reserves that are not required these are being managed via the Landing plan and brought into Table B and the HB position as detailed in Table A.

• Accountancy Gains (E)

There are some gains recorded on the savings trackers and all areas are required to review and where appropriate release unused accruals from 2022/23 by the end of Month 6, which will then be released into the positions. These benefits are being reported through the savings tracker as accountancy gains.

The two items referenced in Table A Line 28 are not currently reported in the MMR as an accountancy gain but are just noted at this point in table A. Once the discussions within the Health Board and Audit Wales have concluded these will be added to the savings tracker as an accountancy gain.

5. Pay & Agency Expenditure (Table B2)

The Health Board Agency expenditure for Month 8 is £2.937m, which is 4.6% of the overall pay expenditure and is £0.685m higher than the value reported in Month 7. This increase was mainly due to increases in Agency – Medical and Non-Medical, Irregular Sessions and WLI, offset slightly by an underspend in Overtime and Bank.

The key reasons for Agency expenditure in month are set out in the bullets below.

- Vacancy Cover 56%
- Temporary Absence Cover 15%
- Additional Support to delivery and performance 24%
- COVID-19 5%

6. COVID-19 (Table B3)

The total forecast expenditure shown on Table B3 for 2023/24 is currently £11.953m. The breakdown of this by area of COVID is provided below:

	TOTAL
and the second second second	£ '000
Health Promotion	3 500
Vaccination Programme	5,500
Long COVID	953
Nonsocmiai	508
PPE	1,492
TOTAL	11,953

7. Savings (Tables C, C1, C2, C3)

As at 4th December 2023, the weekly internal reporting mechanism within the Health Board reported savings identified in 2023/24 of £23.24m. The tables within the MMR were based on the data at the end of November 2023 and since the data was run the value of savings identified and reported may have changed compared to the overall value within the Month 8 MMR. The position reported on 4th December 2023 by each area is provided in the table below:

Service Areas	2022/23 SAVINGS TARGET B/F £'m	2023/24 SAVINGS TARGET £'m	TOTAL SAVINGS TARGET É'm	SAVINGS IDENTIFIED TARGET IN 2023/24	
Corporate	1.47	2.66	4.12	4.65	0.53
NPTS Service Group	- 1	4.16	4.16	4.02	0.14
Morriston Service Group	6.51	7.81	14.32	4.23	10.09
MH & LD Service Group	0.87	2.57	3.44	3.56	- 0.12
Primary Care & Community Service Gro	0.96	2.73	3.69	3.69	0.00
Medicines Management	- 1	2.28	2.26	2.28	0.00
НВ	0.82	- 1	0.82	0.82	- 0.00
Total	10.83	22.20	32.83	23.24	9.58

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This clearly shows that the one area of non-delivery remains to be the Morriston Service Delivery Group, which is in Enhanced Monitoring and for which additional support has been commissioned to work with this Service Group, as reported in previous letters. As per Section 3 above, the risks and opportunities are now being managed via the Health Board Landing Plan and therefore previous specific risks and opportunities have been removed from Table A2.

Weish NHS Assumptions (Table D)

9.

8.

Table D reflects a mix of the Agreement of Balances position as at Month 12 2022/23 and in year changes to the LT As.

Resource Limits (Table E)

Table E provides the allocations received and those anticipated by the Health Board.

For COVID the breakdown of the funding is summarised in section 6 above.

Real Living Wage:

The RLW value detailed below is reflected in Table E and Table B, with a summary in the Table below.

	£M
2022/23 Recurrent Funding of £9.50 to £9.90	3.0
2023/24 Funding from £9.90 to £10.90	4.6
Total Anticipated Funding	7.6

10. Statement of Financial Position (Table F)

The key issues in respect of the statement of financial position movements are as follows:

- The inventory value has reduced slightly by £0.249m from £11.632m at the end of October 2023 to £11.383m at the end of November 2023.
- In terms of Trade receivables, there has been an increase of £2.2m from £238.9m at the end of October to £241.2m at the end of November. This relates mainly to NHS Debtors.
- The closing October 2023 cash balance of £5.679m which is within the best practice cash target for the Health Board of £6m.
- The trade and other payables figure saw a small reduction of £1.2m from £205.4m at the end of October 2023 to £204.2m at the end of November 2023. This comprised a reduction in non NHS Creditors.
- There has a reduction of £2.4m in provisions from £194.4m as at the end of October, to £191.9m as at the end of October. This movement relates mainly to Clinical Negligence cases.

11. Cash Flow Forecast (Table G)

As at the end of November 2023, the Health Board had a cash balance of \pounds 5.679m, which is below the best practice cash target for the Health Board of \pounds 6m.

The cash deficit position of £47.712m is detailed in the table below:

The second s	000'3			
Forecast & E Deficit	-	86,595		
Additional funding received		60,000		
Reimbursement to Capital from Revenue		6,944		
Movement in Working Capital Balances	-	30,920		
Opening Cash Balance		2,859		
Forecast Cash Deficit		47,712		

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The difference between the £47.712m forecast cash deficit and the Forecast I&E deficit Cash figure, reflects the £6.944m of capital cash to reimburse revenue CRL, and the movement in the working capital balances.

Following receipt of additional c£60m funding from WG, and as a result of the cash deficit position, the Health Board has formally requested support from WG for the movement in working capital cash balances (£33m) and strategic cash (£17m). Due to the timing of the

anticipated cash flow pressures, we have requested £25m working capital cash support for February 2024, and £8m for March 2024.

The current cash forecast in Table G is predicated on the forecast year end deficit position and the current assessment of the impact of any movement in working capital balances on the cash position. However, this position assumes all allocations (£84m) detailed in Table E, which includes COVID funding (outlined in Section 6) are received and any variance from this assumption would impact on the cash forecast. The timing of receiving this funding directly impacts when the Health Board cash position will deteriorate, so an early indication of when we can expect to receive some of the larger sums of funding would be appreciated.

Following the submission of the Strategic Cash letter to WG on 23rd November 2023 the Board was formerly requested to retrospectively approve the letter at the Public Board meeting on 30th November 2023 as part of the update provided by the Executive Director of Finance & Performance. We can confirm that the Board ratified this request and once available we can share extracts from the minutes if required by WG.

12. Public Sector Payment Compliance (Table H)

The Health Board achieved the 95% PSPP target for quarter 2 with compliance being 96.6% for the quarter.

NHS payment compliance was, however, below 95% with the quarterly performance being 89.8%. The Health Board remains focussed on improving PSPP compliance for NHS invoices and ensuring that performance remains above 95% for Non NHS invoices.

Further updates will be reported at the end of Quarter 3.

13. Capital Resource / Expenditure Limits (Table I & J)

The forecast outturn shows an overspend position of £1.470m. Allocations are anticipated on the following schemes, which will provide a balanced position.

Scheme	£m / Risk Level	Narrative						
Business Case Fees	0.211 / Medium	Funding anticipated from WG for Cath Lab A replacement and Thoracic resource schedule.						
Level Business Case Fees 0.211 / Medium City Deal – Morriston Access Route Design 0.974 / Low		The secondary funding agreement for the City Deal Campuses business case has now been approved by the Health Board and Swansea University. Following signing of the documentation in December, it is now expected that funding will be released this year.						
Re:Fit Phase 4 – Solar Farm Extension	0.285 / Medium	Funding increase requested from WG Energy Services (24/07/23).						

The following allocations are classed as risks.

Scheme	£m / Risk Level	Narrative						
Re:Fit Phase 4 – Solar Farm Extension	Image: 0.285 / LowFunding increase requested from We Services 24/07/23. Update from Bromwell 19/10/23 that funding tran Energy Services to Health is being put							
SARC	0.301m / High	Delays with agreement of legal documents with New Pathways have impacted when works can commence. The Health Board works are now forecast to commence in February following the completion of the New Pathways works in their building.						
Bums Unit and Critical Care Expansion	0.621m / High	A revision to the programme has been made around M&E with slippage of £0.621 m. Works commence this month.						
Morriston Infrastructure Modernisation Phase 2 – Sub Station 6	0.443m / High	Increased programme timescales have resulted in a re-profiling of spend into 2024/25 as discussed with the scheme cost advisor.						

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All other schemes are low risk and any variances are linked to planned contributions from discretionary.

14. <u>Capital Disposals (Table K)</u>

The previously anticipated in-year property disposal of Garngoch with expected sale proceeds of £0.200m is now re-forecast to occur in 2024/25.

15. Aged Weish NHS Debtors (Table M)

Table M lists all Welsh NHS invoices outstanding for more than 11 weeks as at the end of November. The value of NHS debts outstanding for between 11 and 17 weeks amounted to £9.3k at the end of November 2023 (October 2023: £8.7k) with the number of invoices in this category increasing from 2 at the end of October 2023 to 7 at the end of November 2023.

Of the outstanding invoices between 11 and 17 weeks old, no invoices have been paid since the end of November 2023.

All 7 outstanding invoices are being chased and most are awaiting the PO's to be approved.

16. <u>Ring Fenced Allocations (Tables N & O & P)</u>

Tables N & O there is no requirement to complete these tables for Month 8.

On Table P whilst there are uncommitted values against Recovery (£120m), RIF and MHSIF, however it is anticipated that all ring-fenced allocations will be committed by 31st March 2024. With regard to the VBHC £1.471m, there will remain £0.387m of uncommitted funding which is aligned to the submission made on 15th September.

The financial information reported in these Monitoring Returns reflect those reported to the Health Board. These Monitoring Returns incorporate the financials of the following hosted bodies: -

• EMRTS.

17. Governance Arrangements

In the absence of the Chief Executive, the monthly monitoring return submission will be approved by Darren Griffiths (Deputy Chief Executive) and for the Director of Finance by Samantha Moss (Deputy Director of Finance).

These Monitoring Returns will be circulated to the membership of the Health Board's Performance and Finance Committee on 19th December 2023.

Yours sincerely,

DARREN GRIEFITHS DIRECTOR OF FINANCE

Emma Woollett, Chair NHS Financial Management Mr Jason Blewitt, Wales Audit Office

DR RICHARD EVANS

Appendix 1: Extract of Landing Plan

		HEADINGS		RAG			L	ANDIN	G PLAN					ACTUAL DELIVERY				
wt.	Part Plan	Detail	K.000	Y	YTD @	Mth 7	Mth 8	Mth 9	Mth 10	Mth 11	Mth 12	Total	Check	Mth 6	sith 7	Mth 8	Tot	
					£'00F+	£'000 -	£'00(-	E.00	£'00'-	E'00C-	£'00(+	£'000-	£.00C-	E-00(-	E:086	E!00E-	E'00	
1		d Plan / Control Total Opening Plan	86,595	_	47,441	6,727	6,727	6,427	6,427	6,427	6,422	86,595		47,441	6,727	6,727	60,	
		Additional Funding	60 800		0	135.407	(0.087	5 08	10,0877	5 067	5.087)	1008_89		0	46	067	40 5	
a. (Opening Plan	Revised Plan	25, (91)		47,441	(28,740)	1,000	1,360	1,360	1,360	1,355	. 25,796		47,441	(28,740)	1,880	20,	
		Control Total (added back line 96) Reduction Above Control Total	8,795		47,441 -	28,740	1,680	1,360	1,360	1,360	1,355	25,795			- 28,740	1,660	20,3	
-	Part 2: Deliver	v Delegated Budgets (Based Mth 6 Assessment)	49		Lakes A	846	253	(82)	(100)	114	11.000	49		intin	318	384		
	Service	Montal Health & LD (Profile base FBP) Moniston (Profile base FBP)	41,000		20,754	3,452	3,689	4,013			1,891	41,000		20,754			28	
	Groupe Part .	NPT & Singleton (exc PC Prescribing)	10,993		5,068	1,064	1,178	1,209	1,156	1,169	151	10,993		5,068	1,443	999		
	•	PO & Community Bub Total	\$2.042	_	25.149	6 185	3,921	0.143	4,727	4,018	1,410	\$2.942	0	25.149	6.177	6 178	36	
		Board Secretary	(100)		(47)	(9)	(9)	(8)	(9)	(9)	(9)	(102)	0	(47)	49	(20)	1	
		Chief Operating Officer Director of Strategy (DoS)	3,439		1,695	291	291 0	291 0	291 D		291 0	3,439	0	0	67	(94)		
		- DoS Core (exc items below on LTA)	(38)		(359)	(4)	(4)	(4)	(4)	(4)	(4)	(381)	c	(359)	(154)			
		- DoS LTA Commission from Other H6's (Expent - DoS LTA Commission from Other H8's (Expent	(1,000) 509		- 0	o o	0	0	0	-		(1.000) 509			0			
		- Corporate 2095 LTA Provider to Other HBs (Inc	(1,000)		_ <u>o</u> .	0	0	0	Ģ	· 0	(1,000)	(1,000)		0 0				
		COVID	0		0	. 0	0	10			. 0	(335)) D	0			
		COVID 7004 - to be moved to 8008 Director of Transformation	(335)		0	ő	0.	ő		10	(335)	(000)		ō	0			
		Finance & Estates	412		(299)	110	110	119			119	412		(299)	(143)		d	
		Digital Medical Director	(1,204		(1,099) (152)	(18) (37)	(18) (37)	(18) (37)			(18) (37)	(1,204) (373)		(1,099) (152)	(187) (39)			
		Nurse Director	(41-		(231)	(30)	(30)	(30)	k (30)		(30)	(412)	H ((231)	(98)	(108))	
		Workforce & OD	(1,02-		(473)	(93)	(85)	(93)		(93)	(93) 4 O	(1,029)	· ·	(473)				
		Clinical Medical School Research & Development	(1)		(1)	.p o	ő				έ D ²	(1)		(1)	, c			
		DSU			. 0	D	Ö	o			0	0			. 0			
ma		EMRTS	(161	_	(58)	(18)	(18)	(18)				(163)) 0 (58)				
fern Ø2		DICE Corporate I&E	(1		(9)	(10)	(2)	(2)		(2)	(2)	(18)		(9)				
		Public Health	(31		(133)	(30)	(30)	(30)	(30)	(30)	. (30)	(312)) (13 <u>3)</u>	(27)) (37)		
		Z095 Energy Sell Book	191		· ·-· 0.		0	ő			<u>0</u> .	101		á ő				
		Sub Total	12.1811		1. 1. 1. Martin	120	170	17.0	170			12.1011		111 101		1002		
		Annual Leave	(2,11)		-					(2,112) (14,925)		(14.925)		0				
	Corporate	Other B/S Opportunities	(14,82	n/a						(14,020)		(14,925)	i 8	i i				
	Balamos	PCT Return B/S (completed Mth 7)	0															
	Sheet Part B	PCT Further opportunities #1 PCT Further opportunities #2 (£4.3m & £0.6m Rc	9	n/a				_						0). 0		
		Sub Total			9		0				0			0) Ö		
		Main PCT Return Investment (completed Mth 7)	12,8001	-			(850)	(1,364) (850)				(4,093) (2,600)).) (650)).	
	Reperves	PGT Further opportunities (review Q4)	(2,500)						(1,250)			(2,600)	j. (5	
	Part B	Mth 1-8 Adjustment Slippage Utilised Mth 1-8	(5.555)		(5,555)							(6,665)		(640)			1	
		Slippage Remaining End Mth 5	728			616	(278)	17760				120.474		0 0	17.616	778	-	
		Sub Total NWSSP Rebate (LP email 21/9/23 WRP Folder)	(141)	-	18.5151	1761*)	11.4381	12.792	14.0421	64(682)	(141)	(141)		0 0	the second se	1 11.478	1 (1	
		WRP Rebate inked Reduced %	(877				(219)	(219)	(219)) (219)		(877))· I	0 0		(210))	
	Other Part B	WRP Rebate Inked reduction in forecast	D				12020	1834	1836	1935		1,340	9		1	1000		
		Sub Total	78.348	-0	a a	0	11041	1004	(634	1964	(141)	12.360	5				1	
		Delegated Builget Variance Deficit/(Surplus)	10,012	0	(8,428	3.748	8,370	.1.887	307	(10,050)	1122	10.011		17,785	1,040	3,341	1	
	Part 3: Total	of Part 1 and Part 2	18,907			(25,021)	4,070	3,327	1,002	15,476	1 199	38,800	L er ile		131792	4.0		
	Part 4: East	Assessed Shortfal Deficit / (9ut) tuo) ar Opportuntities to Delivar Control Total	10,007		65 869	1450217	4,970		-1.000	(State)	1.477	20,000	17.00	65	782	4.901	-	
	10%	Health Protection TTP	1788						(263)			(786		. c				
	1070	Health Protection Mass Vec	(100)						(251)) (251)	(251)	(754						
	20%	Partnership funding enangements Ministerial Targets - Recovery	13.300	-							(3,500)	(500)				5		
	30%	Capacity restrictions = Agency target	22,488	-				(542)				(2,108	ĥ l	0 0) (D.		
		VAT Recovery Home Oxygen Tergets Service Areas	(860)					(1,607)	(580)) (1,607)		(1,607)	(6,430		o. c		D D		
ling		Nurse Agency Mth 8-12	(214)						(314))		(314		0 0	j _i	D .		
21		Digital - above Forecast	(740)					(186)				(748	6	o . o		0		
	Other	CTM SLA Disage Moved to SSF in Mth 9 WHSSC Reserves	(2,000)						(357)) (357)) (357) (2,000)	(1,072)				D		
		SIFT Underspende	1100								(500)	(500		0 0		D.		
		Shingles/HPV Allocations PFI Benefit	15000	-					(167) (167) (167) (648)	(500)	1)	o c	2	0 D		
		Slippage/Slow Down OSN Recruitment	19,900					(1,700))			(1,700	ŋ	0.0), i	D		
	-	NICE N/R Sippage Growth & Horizon Scanning	(1.765)		1					(883)	(883)			0		D		
	Nathenal.	National Programmes - CHC Total Value All Options	124/014	3	0		10	114.030	114.268	1 1-170	111,4545	125014		6			0	
	Part 5: Plan I	Post Further Opportuntities				The line of			11-11-11-1	in the second	- Supplay				-		-	
	Part & Adda	Assessed Shortfal Deficit (EurPlus)	(g. +0.0	-	65,369	{2#,115g.}	4.970	1201	1 (2.00#	1 10 732	49,9773	11,782	2 17:00	\$5,221	1 (26,792	4 001	-	
		Further WHSSC Performance to Y/E	(2,900)								(2,900)			0 0		>		
ling	0	BG Credit Morriston Sile	(471) (1.062)				(471)		1005) (285	· _ ·	(471				3 (471)	
#5	Other	Sippage in Investment Post Mith 7	(1,062) (1,453)				(203)	(205) (285	7 (205)) 0 (1,453)	(1,062) (1,453)			D () (265)	1	
		the second se		-				1000		a start			0	0 0		D.		
_	Part 7. Dian	Total Value Optime Post 20th November	15888	1	0 0	0	(7.38)	1245	1 1245) (H#8	(#,25%)	Ch. Hall		D	_	0 (73e		
	_	Assessed Shortfal Deficit (Surphin)	11.084		65 889	174021	4,233	(878	1 (2.872	17 (10,mm)	14,330	5,000	17,0	85 22	126.789) 3,285	s .	
	Part 8: Total	Performance Against RRL	17,000															
		Add Back £17,000	17,900					-	1 12.872					1				