



**GIG
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Swansea Bay University
Health Board

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Dyddiad/Date: 13th March 2023

Mrs Andrea Hughes
HSSDG – Head of NHS Financial Management
Welsh Government
Sam Mynach
Llandudno Junction
Conwy, LL31 9RZ

Dear Andrea,

SWANSEA BAY UNIVERSITY HEALTH BOARD MONITORING RETURNS 28th FEBRUARY 2023

I enclose for your attention the completed proformas in respect of the Health Board's Monitoring Returns to 28th February 2023. This letter provides the supporting commentary to the proformas and Action Point Schedule in response to your letter of 21st February 2023.

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

As reported from Month 4, following confirmation from Welsh Government (WG) of an additional recurrent allocation of £24.4m the Health Board (HB) updated its 3-year recovery and sustainability plan, which was approved by the Board on the 27th July 2022. The updated financial plan presents a balanced financial position for 2022/23, with a summary provided below.

Financial Plan 2022-23	£m
Opening deficit	24.4
FY21 savings gap	17.7
FY22 savings gap	0.0
2022/23 opening position	42.1
WG Allocation applied against sustainability	(12.4)
Additional WG allocation applied against sustainability	(24.4)
Savings required to manage FY21 Savings Gap	(5.3)
2022/23 underlying position after sustainability application	0.0
Cost pressures - National - core	7.1
Cost pressures - inflation	9.9
Cost pressures - demand growth	7.4
Investment decisions - 2022-23	7.0
Application of core WG funding based on 2%	(9.7)
CIPs - Service Transformation 2.5%	(17.0)
CIPs - General Savings 1.5%	(4.7)
Deficit/(surplus) for year 2022-23 - base plan	(0.0)

Comments on the underlying position are provided in section 2 of the letter. With regard to the 2022/23 position there have been a number of changes to part 2 of Table A which are summarised below: -

- Balance Sheet opportunities have been adjusted and we will be working through these in Month 12 as we finalise the 2022/23 balance sheet position.
- Linked to Balance Sheet opportunities £1.5m of benefit has been added to Table C in Month 11.
- Increased the WHSSC underspend to reflect the latest WHSSC position.
- Operational Pressures reflect the pressures particularly from Morriston Service Group which continue whilst we embed the actions taken by the Health Board to address these at the end of Q1.

2. Underlying Position (Table A1)

For Month 11 the table shows an underlying issue of £9.493m, which links directly from table A and is a result of non-delivery of recurrent savings reflected in table C3. Any recurrent issues linked to the operational pressures will be assessed as part of the ongoing IMTP Financial Planning work currently in progress and outlined in the Touchpoint meeting on 9th February 2023 and the Accountability Office letter submitted on 28th February 2023 (Action Point 8.6).

During February 2023 all Service areas were asked to present options to address the unmet recurrent target of £9.493m and a meeting with the CEO, DOF and DDOF was held on 8th March 2023 to agree the actions required between now and the upload of the final 2023/24 budgetary position based on the options presented. Where there still remain gaps in the savings delivery the Health Board will be removing all non-clinical vacancies to ensure the month 1 starting position does not include any brought forward unmet CIPs, as per the draft financial outlook for 2023/24 as shared with Finance Delivery Unit and Welsh Government.

3. Risks & Opportunities (Table A2)

The risks and opportunities have been reviewed to reflect the position at the end of Month 11.

Risks:

- CKS Challenge Joint Package Funding – the HB commissioned an independent assessment of Mental Health Joint packages of Care, which identified in Phase 1 £2.5m in 2022/23 the Health Board should not be contributing to, but that should be met by Social Care. The CEO formally outlined the Health Board position to move this forward following the external report which advises that there are a number of cases fully funded by Health which no longer have a primary health need and has advised these now need to go through the DST process, whereby all or some of the costs will be need to be recovered from the Local Authorities. The impact of this will be assessed in the next 2-3 weeks to determine the level of anticipated income the Health Board will be assuming within its 2022/23 position for costs it should not have incurred. As the position stands the risk has been removed for 2022/23.
- Financial Improvement Programme Morriston – as in previous returns the work on the operational pressures arising in Morriston have been outlined along with the 'Financial Improvement support' commissioned to deliver improvements in financial

performance. Whilst Month 11 showed no overall improvement in the position other opportunities across the Health Board position including further Balance Sheet opportunities and the release of old RBNI has meant this will be mitigated in 2022/23. However, the focus needs to continue if the Health Board is to manage its underlying run rate as we head into 2023/24. As the position stands the risk has been removed for 2022/23.

- COVID Recovery – the funding of £21.6m has been committed in full but the forecast to 31st March 2023 now shows the recovery programme will remain within this funding envelope. As the position stands the risk has been removed for 2022/23.
- Prescribing – The pressure linked to forecast was removed in Month 10. Whilst there was an increase in antibiotic prescribing in the December PAR indications are the NCSO issue is reducing and so continues to be excluded from table A2.
- COVID Transition – all funding for COVID Transition has been received only 2 items of COVID funding remain outstanding which are details further in the letter and so the risk has been removed as the income is expected.

Whilst this is not included as a formal risk at this point, the Health Board has been made aware of an email from Gaynor Williams National Director for Complex Care on the need to flag the potential impact on FNC if the 3% pay award under discussion is accepted. For the Health Board if we had to increase the FNC uplift by a further 3% this will equate to approximately £0.272m. At this point this has not been accrued or reflected within the forecast (as I understand some Health Boards have included it) until there is a formal agreement and guidance on managing the wider pay award, for which FNC will be a small element of the overall impact.

Opportunities:

- The Health Board has identified further opportunities on its balance sheet linked to accruals relating to CHC and also RBNI release which continues to be assessed. In addition to ensure the Balance Sheet is robust by 31st March 2023 the Health Board is also assessing all accruals over 6 months old.

4. Monthly Positions (Table B)

At the end of Month 11 the in-month position reported an underspend of £1.735m, taking the YTD position to £2.357m overspent. Detailed below in section 4 is further information on the variances which are contributing to the operational pressures seen and impacting on the forecast of the Health Board.

Overall the in-month improved which in part reflects the improvement in non-pay linked to the ongoing release of old year RBNI, which we have assessed as no longer being required. This will continue during Month 12 until all RBNI has been assessed and released where appropriate. Where there is in year slippage on investments these have also been released against Non-Pay in month.

The Morriston Service Group position held at the Month 10 overspend level, in part supported by the RBNI release and also from so slight reduction in variable pay costs, which offset increases in areas like Theatre consumables linked to increased activity.

On Pay, Month 11 also saw the WTE actuals reduce by 83, whilst also seeing a £0.6m reduction in total Variable Pay. This should reflect the work being done in areas like the Morriston Service Group linked to the independent specialist financial improvement support

provided. However, the full impact of this work will not be seen until April 2023. For Month 11 there was an actual increase in spend as detailed in Table B2 on Medical Staffing. Whilst overall Medical Agency reduced, there was an increase in WLIs, linked in part to Recovery work which is funded. However, the most significant movement is on Consultant Locums, where the Month 10 actual figures were significantly low compared to previous months of 2022/23 and so the Month 11 figure is now back to previous trend levels.

On Non Pay as referenced to in previous reports there are pressures in areas of non-pay when compared to 2021/22 and these areas are: -

- Clinical suppliers and consumables (including drugs)
- Premised & Fixed Plant linked to material costs
- Continuing Healthcare
- PC Prescribing

Variances in Month 11

In summary the key issues from a variance perspective in month 11 were: -

- Income - Unachieved in Month
 - Remains overachieved YTD
- Pay – Balance in Month
 - Variable Pay – reduction of £0.6m in Variable Pay in month.
- Non Pay - Overspend in Month
 - In Month non pay pressures have remained overall in line with Issues reported in previous months with variances across all numerous lines that make up clinical consumables.
 - As reported in previous months' areas such as establishment expenses and Premised & Fixed Plant (across multiple lines) are impacting on the non-pay position.
 - As in previous months CHC continues to be a pressure for the Health Board, linked to increases in both demand and price growth.
 - Prescribing has increased since Month 8 linked to various issues previously reported and is likely to continue to be a contributor to the non-pay overspend to 31st March 2023.
 - Savings – a key contributor to the non-pay position is non delivery of savings. In month the Health Board slightly over achieved on savings delivery which has meant the cumulative savings remains at £4.0m unachieved

Within the previous month reports are the full details of the actions being taken by the Health Board, since Q1 to support the position and the challenges. The information below only reflects updates and is not the full list: -

- Action: Run Rate – workshop held in February 2023 with senior clinical and managerial staff from across the Health Board to outline the challenges for 2023/24 and also to agree actions to reduce current run rates. The CEO has established 5 Working Groups within the Health Board to focus on pathway redesign, which will be clinically led to identify Run Rate reduction opportunities. Updates will be provided on progress these during the Q1 and Q2 submissions in 2023/24. These pathway working groups will be supported by two enabling actions; one looking at the Health

Board relationship with its patients and another looking at agile finance and incentivisation of system behaviours.

- **Action: Recurrent Delivery of savings – all areas were asked to submit clear plans for the delivery of their recurrent 2022/23 shortfall during February. As mentioned in Section 2 actions have now been agreed by the CEO to transact this work in the next 4-5 weeks.**
- **Action: Independent specialist financial improvement support has been identified to assist Morriston Service Group with its financial challenges. This support commenced on 12th September 2022. The support remains ongoing and whilst there has been some improvement in areas like Variable Pay in Month 11 the full impact is anticipated to deliver in 2023/24. Support for Morriston will continue into 2023/24 with independent specialist financial improvement support being commissioned for at least the first 9 months of 2023/24, whilst the work undertaken in 2022/23 is embedded within the Service Group.**

Actuals (linked directly Table B)

The key movements on Table B with regard to actual and forecast for the year, which will include COVID and hosted services are:

- **Month 10-11 movements**
 - Pay – reflects increase in Medical cost as noted above.
 - Healthcare Services Provided by Others – reflects the Vertex Q3 value paid to WHSSC.
 - CHC – seen a reduction in costs in Month 11 both in General Nursing and MH/LD Services.
 - Joint Financing – in Month 10 there was an increase in the value of invoices paid to the Local Authority, which has reduced in Month 11.
- **Y/E Forecast Movements**
 - Pay – increase in the forecast to reflect the current trend on pay, although this could reduce through the focus on variable pay both linked to the financial recovery programme in Morriston and the wider Run Rate Workshop drives success.
 - Primary Care Drugs – reflects the pressures regarding forecast position to 31st March 2023.
 - Healthcare Services Provided by Others – as above.

Ring Fenced Supplementary Return (Action Point 9.6)

- COVID Recovery – funding is committed in full.
- Urgent Emergency Care – as per the Month 11 submission.
- RIF – information on current and forecast expenditure have been compiled jointly by the Local Authorities and the Health Board. Small underspend has now been re-committed to support discharge/transition beds in the community by the RPB and all funding is now committed.
- Value Based Health Care – no further updates all spend assume committed.
- Mental Health (SIF) Allocations – the uncommitted value remaining related to CAMHS element of the programme delivered in collaboration with CTM HB.
- Planned Care – no further updates all spend assume committed.
- VBHC – no further updates all spend assume committed.

At the end of Month 11 the Revenue Resource Limit is under-phased by £18.8m, the reasons for this can broadly be described as follows but the HB will continue to undertake further work on this as the year progresses: -

- RIF (previously ICF) expenditure expected in Q4*
- NICE drugs expected growth
- Primary Care costs
- CHC

5. Pay & Agency Expenditure (Table B2)

The Health Board Agency expenditure for Month 11 is £3.626m, which is 6.2% of the overall pay expenditure and is £0.6m lower than the Month 10 position as noted in Section 4 on Pay.

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

- Vacancy Cover – 46%
- Temporary Absence Cover – 26%
- Additional Support to delivery and performance – 18%
- COVID-19 – 10%

6. COVID-19 (Table B3)

The forecast continues to be reviewed. For the COVID Table B3 sections A4-A6 the only change in month is the movement in Contractual Income, which has reduced by £0.073m following work undertaken between Month 10 and Month 11. For Section A1-A3 the outturn forecast remains aligned to the allocations received.

Annual Leave:

There has been no change to the assumptions detailed in Month 10 report and as noted the final value for 2022/23 accounts will not be known until the full assessment of the actual levels required for the 2022/23 accounts are completed at the end of March.

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

A summary of the savings position as reported at 2nd march 2023 is provided in the Table below (excluding Annual Leave Accountancy Gain),

	Mon 1 £M	Mon 2 £M	Mon 3 £M	Mon 4 £M	Mon 5 £M	Mon 6 £M	Mon 7 £M	Mon 8 £M	Mon 9 £M	Mon 10 £M	@02/03/23 £M
Target 2022/23	27.0	27.0	27.0	27.0	27.0	26.0	26.0	26.0	26.0	26.0	26.0
Green & Amber	17.2	18.1	21.1	23.4	24.5	27.7	29.3	29.0	29.0	29.4	29.0
Red	4.4	4.3	5.1	5.1	5.1	2.7	3.2	0.9	0.8	0.9	0.9
Total Forecast Delivery	21.8	23.0	26.2	28.5	29.6	30.4	32.4	29.9	29.8	30.3	29.9
Total Identified	21.8	23.0	27.1	27.4	28.5	32.0	34.1	34.3	34.3	34.7	35.2

As part of the MMR work we are also monitoring the target of schemes moving from Green to Amber within 3 months of being entered onto the tracker. The table below provides a summary of those breaching along with brief overview of the reason. We will continue to focus and challenge to drive this forward within the HB:

Savings Scheme No.	Scheme / Opportunity Title	Current Year Annual Plan £'000	Plan FYE (R Schemes) £'000	Overview
MHLDCIP2301	Reduced nurse variable pay from effective rostering, to included annual leave planning and action on working breaks, sickness management and review of staffing levels.	375	500	This will not be delivered in year due to a number of reasons. There has been increased acuity, unscheduled care pressures, increased sickness and vacancy. So, our variable pay costs have been increasing not decreasing and this position is unlikely to change in the remaining months of the year.
MHLDCIP2312	Reduced cost from review and right sizing by CHS	180	180	This relates to CHC cases that have triggered a CHC review leading to a contribution to these cases from local authority. There is on-going negotiation with the LAs and the level of contribution is not yet resolved. It has been necessary to push this saving back a number of times already and these savings cannot be relied on in the current financial year.
MHLDCIP2313	Reduced cost from improved management of voids	20	20	We are currently carrying voids, these have actually increased in year, and there is difficulty placing service users in these voids.
MORCIP0006	Additional Pancreatic activity through commissioned 3rd weekly list	20	40	This scheme relies on increasing pancreatic activity. We have secured the consultant time through job planning, but theatre and bed capacity remain challenging - work continues to resolve this as part of the overarching strategy to increase surgical throughput via development of elective hubs. Until we have regular sessions we are keeping this amber as a risk.
MORCIP0014	LOS - Heart Failure Team	262	466	This is a Spend to save scheme; required investment and appointments, implementation has slipped hence still amber. Patient backlog and flow to community beds has impacted delivery timescales and ability to drive out the cost reductions; we are not turning green until we can see the mitigating actions on patient flow starting to show impact. We are working with community colleagues, social care colleagues and developing changed service models around internal flow. We are also working on developing other schemes to mitigate the shortfall.
MORCIP0020	AP's instead of Band 5's	47	70	The training that would have allowed this to progress to a saving has been pulled by the University and a cohort will not run this year. The intention is to train next year and therefore this will now become a pipeline CIP.

Savings Scheme No.	Scheme / Opportunity Title	Current Year Annual Plan £'000	Plan FYE (R Schemes) £'000	Overview
				We are unable to mitigate this, as it is outside of our control.
MORCIP0021	DNA Rate review & reduction plan - text reminders	39	59	A reduction of DNA through planned actions will result in better throughput per clinic and allow us to reduce staffing levels or outsourcing. We've targeted a small reduction and believe it is deliverable. We are still reviewing data and clinic arrangements to ensure we are delivering before turning green. No barriers raised by service yet – we just haven't completed August reporting/ data review to have assurance it is delivering.
MORCIP0044	Associate Specialists into Medical Vacancies	38	75	These scheme has been delayed due to other wider service changes linked to an OCP. We are working on mitigating it in the interim (see new schemes emerging) and considering the recurrent opportunity post the service changes already in train.
MORCIP0059	Procurement Savings	267	267	We have reassessed opportunities across a variety of general procurement lines which are now being pursued, schemes will turn green when pricing/ volume/ item changes have been agreed with relevant parties. We anticipate achievements not being straight line but are confident the approach will bring significant cost reduction benefits. We have already had success with other procurement schemes as above.
MORCIP0060	Procurement Savings	33	33	As per comment above
MORCIP0061	Procurement Savings	226	226	As per comment above
MORCIP0062	Procurement Savings	116	116	As per comment above
MORCIP0063	Theatre Instrument switch	154	154	The theatres procurement group is working with the procurement team and we have good engagement, we have seen the first scheme taking hold but has been low value, would hope to turn this green in the new year.

Savings Scheme No.	Scheme / Opportunity Title	Current Year Annual Plan £'000	Plan FYE (R Schemes) £'000	Overview
PCCCIP2381	Supporting care home with EMI model of nursing care	261	521	We undertook a tendering exercise with Procurement colleagues but there was no interest. Feedback from the care home sector is that they are struggling with recruitment and therefore do not have the capacity to take on more complex EMI patients. It is recognised that there is a deficit in EMI capacity in the Swansea / NPT region and therefore the HB needs a strategy to meet this shortfall as the number of patients is growing. The HB has undertaken a strategic review of CHC and has this issue has been highlighted. We will look at a solution to address the shortfall in the 23-24 IMTP.
PCCCIP2396	(W314,H314 & H311) relocation of Health Visitors	10	41	This delivery of this scheme was predicated on a wider accommodation review, considering the external payments we currently make for accommodating Health Visitor staff, alongside the contract terms and potential for agile staff relocation. On careful review, change to the existing patterns will unfortunately not achieve the saving initially sought.
NPTSCIP2358	Primary Care Over delivery	150	150	This will be a green when the forecast delivery shows the required levels. All actions are in place the question is about performance and exact delivery levels.
DS2310	MS365 VAT recovery 22/23	478	478	Discussions at the February DDoFs confirmed that, DHCW has advised the Microsoft VAT Recovery will now be finalised in 2023/24
DS2311	MS365 VAT recovery 21/22	389	-	Discussions at the February DDoFs confirmed that, DHCW has advised the Microsoft VAT Recovery will now be finalised in 2023/24
	Total	3,065	3,396	

There are 2 schemes showing validation errors and these relate to:

- DS2310 – Discussions at the February DDoFs confirmed that, DHCW has advised the Microsoft VAT Recovery will now be finalised in 2023/24.
- COO2309 – Security at Singleton is now showing a zero value against the forecast FYE, as after a review the Health Board will no longer be able to release any savings associated with security at the Singleton site.

8. Welsh NHS Assumptions (Table D)

Table D reflects the Agreement of Balances position as at Month 9 2022/23 or updated where changes have been agreed with other bodies.

At the time of writing the letter there continues to be discussions internally regarding the additional support to EASC of £0.186m and that will be reported by to WG separately.

9. Resource Limits (Table E)

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

For COVID the breakdown of the funding received and anticipated is summarised in the table below and links directly to forecast included in Table B3. Only two items remain outstanding:

- £0.430m for Long COVID
- £0.142m for Loss Contractual Income linked to Dental.

RRL COVID Allocations	Received £'000	Anticipated £'000	Total £'000
National Programmes: Tracing	5,601	-	5,601
National Programmes: Testing	2,286	-	2,286
National Programmes: Mass Vaccinations	7,886	-	7,886
National Programmes: PPE (Exc Stores Staff)	4,285	0	4,285
National Programmes: Long COVID		430	430
National Programmes: Nosocomial	508	-	508
COVID Transition: Cleaning Standards	1,906	-	1,906
COVID Transition: Extended Flu	918	-	918
COVID Transition: Dental Income Shortfall (as per WG Letter)	1,418	-	1,418
COVID Transition: Dental Income Shortfall (Balance)		142	142
COVID Transition: Other	32,696	-	32,696
TOTAL ALLOCATION	57,504	573	58,077

Funding for a three areas of extraordinary pressures have been received in full and there are no further updates.

Extraordinary Items	2022/23 Forecast £'000
National Insurance Health & Social Care Levy #	4,042
Real Living Wage (Care Homes Only)	2,995
Energy Costs (Inc Non British Gas Items)	11,157
TOTAL ALLOCATION	18,194

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 not changed from £10,853m since January 2023.

The closing February 2023 cash balance of £8.628m is slightly above the Welsh Government target and the best practice cash target for the Health Board of up to £6m at month end.

The trade and other payables figure saw an increase from £214.633m at the end of January 2023, to £225.180m at the end of February 2023, of £10.547m. The increase related to NHS creditors and NHS accruals for invoices not received.

Provisions saw a reduction of £3.352m from £164.747m at the end of January 2023 to £161.395m at the end of February 2023. This related mainly to a reduction of £3.170m and 0.023m in the Clinical Negligence provision and Personal Injury provision respectively.

11. Cash Flow Forecast (Table G)

As at the end of February 2023, the Health Board had a cash balance of £8.628m, which is just above the Welsh Government target and the best practice cash target for the Health Board of up to £6m at month end.

The current cash forecast is that of a cash surplus of £775k as detailed in Table G. This cash forecast is based on the receipt of and draw down of all anticipated allocations detailed in Table E, the £21.664m of capital working capital cash and the £6.477m of capital cash to reimburse revenue as detailed in the CRL and the £7.515m revenue working capital cash requested, for which no allocation letter has yet been received. We would request that this revenue working capital cash allocation letter be issued as soon as possible so that the cash can be drawn down on 15th March 2023. This cash forecast also assumes that actual cash receipts and payments during March are in line with forecast.

However, since the revenue working capital cash requirement of £7.515m was identified at the end of February 2023, we have seen higher than forecast cash payments to suppliers, particularly NHS suppliers, with NHS invoices now on immediate payment terms and lower than anticipated cash receipts. If this trend continues over the next few days and with little flexibility to reduce cash payments (as such measures are limited to trade suppliers, which could impact on supplies of goods and services), the Health Board may have insufficient cash to meet its payment commitments during the last week of March. It is therefore possible that the health board may require emergency cash for the last week of March up to the value of around £3m in addition to the £7.515m revenue working capital cash already requested. Daily cash reviews are now in place to monitor the cash position.

It is assumed that any payment for revised wage award arrangements which would impact in 2022/23 will have a nil net impact on the financial positions and that cash will be made available to cover this. Welsh Health Circulars were issued to organisations on 9th March 2023 and we will need to get clarity on the proposed payment and accounting for this, along with the cash management, as a matter of urgency.

12. Public Sector Payment Compliance (Table H)

The Health Board missed the 95% PSPP target for Quarter 3 with compliance being 94.6% for non NHS and 86.3% for NHS for the Quarter.

Cumulative compliance is still above 95% at 95.1% and the issue in Quarter 3 related to delays in the authorisation of NHS invoices within the service groups as a result of the

service pressures being experienced by frontline staff responsible for the authorisation of NHS invoices.

The Health Board remains focussed on improving PSPP compliance for NHS invoices and ensuring that performance remains above 95% for Non NHS invoices.

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

The forecast outturn shows an overspend position of £0.833m. Allocations are anticipated on the schemes shown below which will provide a balanced position.

Scheme	£m / Risk Level	Narrative
Regional Pathology	0.500 / Low	Funding anticipated from Welsh Government.
Re:fit Phase 4 – Solar Farm Extension	0.300 / Low	Funding anticipated from Welsh Government.
Ambulance Shoreline Connections	0.018 / Low	Funding anticipated from Welsh Government.
Natural Language Processing (NLP) Server	0.015 / Low	Funding anticipated from Welsh Government.

The following allocations are all classed as high/medium risk. The in-year slippage on AWCP schemes is being offset with increased spend on discretionary schemes.

Scheme	£m / Risk Level	Narrative
National Programme – Imaging P2	0.462 / High	<ul style="list-style-type: none"> All works contracts have now been let, but contractors have indicated increased programme timescales and reduced spend profiles this year.
Ring- Fenced Orthopaedic Beds, Morriston	0.385 / High	<ul style="list-style-type: none"> Extended works programme due to increased lead time for materials and equipping.
EMRTS	0.367 / Medium	<ul style="list-style-type: none"> Risk of non-delivery this financial year on two ACCTS vehicles.
Housing with Care Fund (HCF): Dan-y-Derl	0.362 / High	<ul style="list-style-type: none"> As agreed with Health and Housing officials since late approval means design fees to be managed by the Health Board and consequently pushed into next year.
DPIF - Digital Medicines Transformation Portfolio	0.185 / High	<ul style="list-style-type: none"> Clinical evaluation still ongoing on type of devices to be used in a Mental Health setting.
Morriston Hospital Infrastructure Modernisation – Phase 2 Stage 2	0.111 / High	<ul style="list-style-type: none"> Work has commenced later than anticipated, resulting in a reduced spend profile from the Supply Chain Partner (SCP).

All other schemes on the Capital Programme are categorised as low risk and any variances are linked to planned contributions from discretionary.

14. Aged Welsh NHS Debtors (Table M)

Table M lists all Welsh NHS invoices outstanding for more than 11 weeks as at the end of January. The value of NHS debts outstanding for between 11 and 17 weeks amounted to

£71k at the end of February 2023 (Jan 2023 - £396k) with the number of invoices in this category reducing to 12 (compared to 18 in Jan 2023) at the end of February 2023. All outstanding invoices were agreed as part of the Agreement of Balances process at M7/M9.

Of the 12 outstanding invoices between 11 and 17 weeks old, 5 invoices have been paid since the end of February 2023. Of those still outstanding:

- 1 relates to Aneurin Bevan Health Board, for South Wales MND Care Network Contribution;
- 3 relate to Cwm Taf Morgannwg Health Board, for staff recharges;
- 3 relate to DCHW, for staff recharges/sessions.

There are 4 outstanding invoices over 17 weeks, 2 of which have been paid since the end of February 2023.

- 1 relates to Cwm Taf Morgannwg Health Board, pharmacy related;
- 1 invoice to Welsh Government, for staff recharges.

15. Ring Fenced Allocations (Tables N & O)

There is no requirement to update these tables until Month 12 (Quarter 4).

16. Summary

The financial information reported in these Monitoring Returns reflects those reported to the Health Board.

These Monitoring Returns incorporate the financials of the following hosted bodies: -

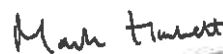
- Delivery Unit
- EMRTS.

In the absence of the Chief Executive or the Director of Finance, the monthly monitoring return submission will be approved by Dr Richard Evans (Deputy Chief Executive) and Samantha Moss (Deputy Director of Finance), respectively.

These Monitoring Returns will be circulated to the membership of the Health Board's Performance and Finance Committee for the meeting scheduled on 28th March 2023.

Yours sincerely,


.....
DARREN GRIFFITHS
DIRECTOR OF FINANCE



.....
MARK HACKETT
CHIEF EXECUTIVE

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

