

Dyddiad/Date: 13th November 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 31st October 2023

I enclose with this commentary the completed proformas in respect of the Health Board's Monitoring Returns to 31st October 2023.

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

The Health Board (HB) submitted a revised plan at 31st May 2023 which reported a deficit of £86.6m. Since the Month 6 MMR submission the hard work undertaken within Welsh Government by colleagues has resulted in significant additional funding of £60.8m for 2023/24, of which £43.3m is recurrent. For 2023/24 there is then a requirement for the HB to deliver a 10% reduction based on the original deficit plan value of £86.6m, to achieve a control total of £17m.

The Day 5 submission, and Table A/Table B in the Day 9 submission, report the £17m control total as the full year forecast for the HB for 2023/24. As there was with the £86.6m forecast, there still remains risk in the delivery of the control total, however options have been identified with more being explored, which will be included in the presentation for discussion with WG on 20th November 2023. These will then be taken through the internal governance routes within the HB and will build on the work already undertaken with Independent Members referenced in the Month 6 submission and summarised in section 4.4 below, which will provide the financial oversight and control needed.

For Month 7 MMR submission within Table A and noted below are some of the options being reviewed but until the work is completed for 20th November 2023 there are two items of £10m (Table A line ref 33) and £8.8m (Table A line ref 34) for which full details have yet to be finalised to allow the HB to meet the control total set. For MMR purposes a full and comprehensive update will be included for Month 8 aligned to the outcomes of the discussions with WG and the internal governance process due to conclude at the end of November.

- *Operational Pressures linked to Service Groups (Table A ref 27)* – based on the year end forecasts provided by the Service Group, excluding the non-delivery of savings, a value has been reported in Table A to reflect the pressures for the remainder of the year which is also reported through the risks in Table A2. The types of operational pressures by category are expanded upon further in section 4.2 below. The operational pressures reflect the variance from the delegated budgets issued to the four Service Groups and Corporate Directorates, with Morriston Service Group and Neath Port Talbot Singleton (NPTS) Service Group reporting significant variances and represent all of the pressures reported in line 27 of Table A. So at Month 7 the YTD variance (which will include non-delivery of savings) reported by both these Service Groups were:

- *Morriston SG = £24m*
- *NPTS SG = £3.5m (exc. Prescribing)*

The value for the remainder of the financial year is based on the bottom up assessment undertaken by the Service Groups to support the wider HB assessment on the delivery of the control total.

Actions to mitigate the Operational Pressures have been provided as part of the MMR submission under section 4.4 each month and will be summarised in the presentation on 20th November. One of the key mechanisms is the Enhanced Monitoring which has been put in place and provides the oversight of the financial positions for the two Service Groups breaching their delegated position. This Enhanced Monitoring is above the standard monitoring of monthly or quarterly already in place to provide assurance to the Board for other service areas with the HB.

- *Additional Savings Delivered & Run Rate Management (table A ref 33)*
 - Savings – the financial plan had a requirement to deliver £22.2m of savings on the basis that all b/f savings were delivered in full. However there was a £10.6m gap in the recurrent b/f savings unachieved at the 31st March 2023 bringing the total for the year to £32.8m. Based on values in Table C/A, taken at the end of October 2023 there remains a shortfall against the total target of £32.8m, to be achieved in the remaining 5 months of 2023/24. This has improved by £0.5m since the Month 5 submission and reflects the reduction in the risks in table A2.
 - Run Rate - as outlined since the Month 2 MMR submission (section 4.4 of previous letters) part of the operational pressures were to be mitigated by actions being undertaken within the Service Groups overseen by the Enhanced Monitoring and additional support put in place.
 - The current value in line 33 of £10.012m also reflects the assessed shortfall from a top down assessment of the delivery of the £86.6m original plan. As noted in paragraph 2 and 3 above work is underway to identify opportunities to deliver this.
- *N/R Opportunities and release investments (Table A Ref 29-30)* – *these lines reflect three areas:* -
 - Slippage on Investments within the financial plan (not Welsh Government (WG) funded Schemes) – the plan contained a number of investments agreed by the Board however delays in some of these projects means there is the potential for slippage and these will be finalised once there is a good level of confidence that they are not required and will be part of the discussions with WG on 20th November.

- Balance Sheet Accrual Annual Leave – at the end of 2022/23 there remained an accrual on £2m post COVID as the Health Board agreed that in certain circumstances 5 days of annual leave could be carried forward. In September 2023 the Health Board has made the decision to request all staff use their leave and that no carry forward leave will be recognised/approved at the end of the Financial Year and this was formally communicated to staff with the CEO Mid Week Message on 20th September 2023. This will then allow the Health Board to release the accrual of £2m. A paper has been drafted which will be taken through the appropriate governance within the Health Board, including Audit Committee, before it can be transacted via the Ledger. The aim is for this to be completed by the end of November.
- Balance Sheet Accrual Medical Study Leave – this was an accrual that started during COVID and at the request of HEIW continued in 2022/23. Following the annual accounts process for 2022/23 the Finance Team have been assessing under the NHS Wales Manual of Accounts and the overall assessment of the Medical Staff Contracts whether this is a liability for the Health Board. As per Annual Leave a paper has been drafted which will be taken through the appropriate governance within the Health Board, including Audit Committee, before it can be transacted via the Ledger. The aim is for this to be completed by the end of November. This could potentially allow the release, up to a maximum of £14.9m non-recurrently and has been included in table A.
- *Prescribing Pressures (Table A Ref 32)* – within the run rate risk in Table A2 (Ref 12) is an additional £3m forecast overspend above the value in the YTD position linked to Prescribing. This has been identified as a separate item in Table A. There remains significant risk around prescribing following the latest PARs as the numbers have been volatile. At Month 7 the year to date position reflected in the ledger on Prescribing is £4m overspent. Within Table A Month 7-12 (line 32) an additional £3m is included for prescribing growth above the YTD. The June PAR reflected a significant increase linked to the volume of items, which was pushing the forecast to £6.7. However July PAR saw the costs reduce only for an increase in volume in August PAR to increase the forecast again. This will continue to be a risk in the delivery of the control total for 2023/24.
- *WRP/NWSSP/Energy (Table A Ref 31)* – on 21st September NWSSP provided an update on the WRP requirements for 2023/24. Against the value in the Health Board Plan, the change in percentage represents a £0.9m benefit. In addition there is the return of funding from (1) NWSSP and (2) British Gas Energy linked cessation of the Contract, which have been recorded as delivering in Month 12.
- *10-20-30 Options (Table A Ref 34)* - reflects the 10% of further savings reductions to meet the control total and as noted in paragraph 2 and 3 above, work is underway to identify opportunities to deliver this.

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)

Following closure the of Month 6 position a full bottom-up assessment of the forecast to the 31st March 2024 was undertaken and the outputs from this work are now reflected in Table A2. The risks identified will need to be managed as part of the control target and the reader is referred back to Section 1 on the management of the financial position.

The updated table presented in previous submissions is below:

Risk	Opening Plan 31/03/22	Opening Plan Post Ledger Upload#1	Opening Plan	Updates Since 01/04/23	Review Plan 31/05/23	Review Plan 30/06/23	Review Plan 31/07/23	Review Plan 31/08/23	Review Plan 30/09/23	Review Plan 31/10/23	Revised Risk
	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M	£M
Run Rate Service Groups	27.9	-	27.9	2.5	4.0	7.8	0.1	17.7	8.6	2.9	42.7
Run rate Corporate Directorates	-	-	-	-	-	-	-	-	4.0	1.8	2.2
COVID Transition	13.4	-	13.4	2.2	-	11.2	-	-	-	-	-
Energy #1	-	-	-	-	-	-	-	-	1.0	-	1.0
Savings c/f	-	10.6	10.6	1.2	-	9.4	-	-	-	-	0.0
Savings	22.2	-	22.2	10.6	6.3	7.3	1.1	1.0	1.1	0.1	9.4
Total Assessment of Risk	63.5	10.6	74.1	16.5	10.3	21.1	1.2	16.7	4.5	4.7	50.9

Noting the comments in the covering reply letter the Medical Study Leave/Annual Leave opportunity have been left in Table A2 at this point, as the risks and opportunities net of the provide the £18.8m challenge that the Health board is currently assessing (noted in Section 1), which will be discussed at the meeting on 20th November with WG. For Month 8 this will be removed and table A2 reflect the outcome of these discussions and those the HB's own internal governance process.

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 profiling of the control total plan with the second table detailing performance against the plan.

	Run Rate	Original Plan	Post Mth 1 Adjustment	October £80.8m	10% Reduction	Trejectory 2023/24 Based on Plan
	£M	£M	£M	£M	£M	£M
Mth 1	8.0	4.9	-	-	-	7.9
Mth 2	9.0	4.9	1.5	-	-	9.4
Mth 3	2.0	4.9	1.5	-	-	8.4
Mth 4	1.0	4.9	1.5	-	-	7.4
Mth 5	1.0	4.9	1.5	-	-	7.4
Mth 6	0.4	4.9	1.5	-	-	6.8
Mth 7	0.3	4.9	1.5	36.5	-	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	-	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 EM	Actual Performance EM	Variance From Plan EM
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
Mth 6	6.8	8.7	1.9
Mth 7	- 28.7	26.8	1.9
Mth 8	1.7		
Mth 9	1.4		
Mth 10	1.5		
Mth 11	- 1.5		
Mth 12	- 1.5		
Total	17.1	38.4	19.7

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 which drive the operational run rate pressures currently reported on Ref Line 27 of Table A are denoted with #:

- **Income #**

The WHSCC Income as a provider continues to impact on the performance against plan, with YTD underachievement of £1.0m. However this has stabilised in the last 2 months but performance has not recovered the reduced activity on WHSCC services seen in Quarter 1 of 2023/24.

As reported for the previous 6 months of 2023/24 the pressure as a result in the loss of Dental Contract Income continues, with the YTD shortfall increasing to £1.1m.

- **Pay #**

The Month 7 pay overspend has deteriorated slightly and stood at £1.4m (an increase from Month 6 overspend of £0.5m) taking the YTD overspend to £10.99m. Whilst overall there has only been a 5 WTE increase in actuals between months, there has been reductions in Unqualified Nursing and increases in Qualified linked to the ongoing on-boarding of our Overseas Nurses along with new student streamlining. On Variable Pay overall spend increase by £0.1m, with movements across type and service area.

- **Clinical Consumables #**

This area continues to be a significant pressure with a YTD variance of £5.9m. With the in month position deteriorating from Month 6 by £1.2m. 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 7, with a £5.9m YTD.

- **Prescribing #**

Please refer to comments made under Section 3 above.

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 = reflects the additional funding of £60.8m along with the anticipated funding linked to the Medical & Dental Pay Award of £7m.
- Income Other
 - 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.
- Provider Pay
 - PMF/PMFYF = increase in costs between Month 6 and 7 as noted in section 4.2 above, along with the backdated pay award from Medical & Dental Staff.
- Primary Care – Drugs
 - Reflects the increase in Month 7 linked to the August PAR report. Please refer to narrative in Section 1.
- Secondary Care Drugs
 - PMF/PMFYF = NICE reflects the increase in NICE costs which are supported by centrally held budgets.
- Provider Non Pay
 - PMF/PMFYF – this attempt to reflect the 10% reduction required to achieve the revised control total of £17m. Further work is ongoing as noted in section 1.
- CHC
 - PMFYF – reduction in the assessment of RLW reported in the narrative in Month 6 but only transacted through Tables E and B in Month 7.
- 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.
- Losses
 - PMF – change in the profile but Full Year costs remain as per previous month
- 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 spend in Month 12 for Non-Pay and Joint Financing which is based on the profile of the budgets and historic trends but will 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 on 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:

- **Check & Challenge Independent Members** – a bottom-up forecast was always planned to be completed post Month 6 to establish the HB's ability to deliver the £86.6m plan and identify possible actions the Board may need to consider to address the delivery of the plan. The output of the work was being taken to an In-Committee meeting on 24th October 2023 of the Performance & Finance Committee with the invite extended to all Independent Members, the Chair and CEO. Between the completion of this work and the 24th October 2023 the HB received the positive update on the additional funding and as part of this session with the Independent Members we were able to overlay the impact of this funding and the additional requirement of the 10%. Therefore since the 24th October 2023 the Board has been fully briefed and is working to identify opportunities to address the control total. For further detailed please refer to section 1.

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 £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. In addition the estimated costs for 2022/23 provided by British Gas and used to support the Year End accruals have resulted in a non-recurrent benefit.

The forecast at this point is based on:

Area	£M
HB Assessment	12.60
Funded by:	
N/R opportunities	(1.6)
Less Original Funding	(3.3)
Less Additional Funding WG	(7.8)
Deficit / (Surplus)	0

As the £12.6m is between £0.6m-£1.6m below the CCS forecast, £1m has been included as a risk in Table A2. However we will monitor the HB assessment position and review the forecast monthly as the actual costs/invoices are processed.

For noting the above excludes the PFI NPT Hospital site, which is managed separately. The costs recharged as part of the PFI contract are estimated to be £2m but there is a delay in the receipt of the actual costs for 2023/24.

- **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. How these committed reserves flow into the relevant lines in Table B are being reviewed, along with the profiling over the remaining months of the Financial Year.

There will be an ongoing review of these funding streams with any slippage utilised as non-recurrent opportunities and declared in future months, to support the entry 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 unused accruals from 2022/23 by the end of Month 6. These benefits are being reported through the savings tracker as accountancy gains. The two items referenced in Section one (Annual Leave and Medical Study Leave) linked to the N/R Opportunities and release investments 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 as detailed above have been 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 7 is £2.252m, which is 3.4% of the overall pay expenditure and is £0.220m lower than the value reported in Month 6. This reduction was offset by increases in WLI payments, Overtime and Bank, although ADH/Irregular sessions payments also reduced. And the net impact was a £0.1m increase in Variable Pay across all areas in month.

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

- Vacancy Cover – 53%
- Temporary Absence Cover – 17%
- Additional Support to delivery and performance – 24%
- COVID-19 – 6%

6. **COVID-19 (Table B3)**

Total forecast spend on Table B3 for 2023/24 is currently reported as £11.9M. The breakdown of this by area of COVID is provided below:

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

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

At 7th November 2023 the weekly internal reporting mechanism within the Health Board reported savings identified in 2023/24 of £23.52m. The tables within the MMR were based on the data at the end of October 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 7 MMR. The position reported on 7th November 2023 by each areas is provided in the table below:

Service Areas	2022/23 SAVINGS TARGET B/F £M	2023/24 SAVINGS TARGET £M	TOTAL SAVINGS TARGET £M	ACTUAL IDENTIFIED IN 2023/24 £M	SHORTFALL £M
Corporate	1.47	2.66	4.12	5.31	- 1.19
NPTS Service Group	-	4.16	4.16	4.02	0.14
Morrison Service Group	6.51	7.81	14.32	4.23	10.09
MH & LD Service Group	0.87	2.57	3.44	3.18	0.26
Primary Care & Community Service Group	0.96	2.73	3.69	3.69	0.00
Medicines Management	-	2.28	2.28	2.28	0.00
HB	0.82	-	0.82	0.82	- 0.00
Total	10.63	22.20	32.83	23.52	9.31

This clearly shows that the one area of non-delivery remains Morrison, who are in Enhanced Monitoring and for which additional support has been commissioned to work with this Service Group, as reported in previous letters. This table links to our risk assessment table in section 3.

As part of the MMR work we are also monitoring the target of schemes moving from Green to Amber. The table below provides a summary of those breaching along with brief overview of the reason, along with reasons for error messages in the tracker.

Savings Scheme No.	Scheme / Opportunity Title	Current Year Annual Plan £'000	Plan FYE (Recurring Schemes only) £'000	Current Year Forecast £'000	Forecast FYE (Recurring Schemes only) £'000	Overview
MORR02	Consultant Banding Review	60	60	65	60	£5k over achieved against plan due to the initial assessment for planning was slightly understated when the exercise for banding reviews completed we had a better than anticipated change.
NPTS39	IMM - Medical Gases	20	45	20	45	The delay was due to the funding for the regulators, they have been purchased now so just need them to go live.
Total		80	105	85	105	

8. Welsh NHS Assumptions (Table D)

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

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 is summarised in section 6 above.

Real Living Wage:

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

	£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 increased slightly from £11.293m at the end of September 2023 to £11.632m at the end of October 2023.
- In terms of Trade receivables, there has been an increase of £50m from £188.8m at the end of September to £238.9m at the end of October. This relates to:
 - A classification movement (£21.5m) between non current and current assets in relation to c.20 Clinical Negligence cases which have a settlement date within 2024/25. This is a direct result of the Health Boards moving from LASPAR to the new Losses spreadsheets (developed by C&V UHB), in line with the WRP (Welsh Risk Pool) TAG sub group;
 - The movement on current assets relates to an increase in NHS debtors, WGA (Whole Government Account) debtors and the Clinical Negligence WRP debtor.
- The closing October 2023 cash balance of £6.632m is just over the best practice cash target for the Health Board of £6m.
- The trade and other payables figure saw an increase of £66.421m from £138.967m at the end of September 2023 to £205.388m at the end of October 2023. This comprised an increase in revenue and capital payables, NHS and WGA creditors.
- There has an increase of £8.9m in provisions from £185.5m as at the end of September, to £194.4m as at the end of October. £8.6m relates to Clinical Negligence, and £0.333m relates to Defence fees.

11. Cash Flow Forecast (Table G)

As at the end of October 2023, the Health Board had a cash balance of £6.632m which is slightly higher than the best practice cash target for the Health Board of £6m.

The cash deficit position of £48.499m is detailed in the table below but will be refined further before the strategic cash submission on 23rd November 2023:

	£'000
Forecast I&E Deficit	- 86,595
Additional funding received	60,000
Reimbursement to Capital from Revenue	6,944
Movement in Working Capital Balances	- 31,707
Opening Cash Balance	2,859
Forecast Cash Deficit	- 48,499

The difference between the £48.499m forecast cash deficit and the Forecast I&E deficit Cash figure, reflects the £6.477m of capital cash to reimburse revenue CRL, and the movement in the working capital balances. Following receipt of additional £60m funding from WG, and as a result of the cash deficit position, the Health Board will still need to request support from WG for the movement in working capital cash balances and strategic cash.

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 (£99.4m) 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.

The Health Board will continue to assess the requirement for strategic cash over the next 7 days and will formally report its requirements as part of the submission on the 23rd November 2023, which will need to be taken retrospectively to the next Performance & Finance Committee and then the Board meetings which is scheduled for 28th and 30th November respectively.

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 £5.411m. Allocations are anticipated on the following schemes, which will provide a balanced position.

Scheme	£m / Risk Level	Narrative
Business Case Fees	1.007 / Medium	Funding anticipated from WG.
City Deal – Morriston Access Route Design	0.974 / Medium	Funding anticipated from Swansea Bay City Deal/Swansea University. Secondary funding agreements with the Health Board for review.
Refurbishment of Burns ITU Phase 1	3.003 / Low	Funding approved (Business Case approval letter dated 26/09/23), awaiting CRL uplift.
Re:Fit Phase 4 – Solar Farm Extension	0.285 / Medium	Funding increase requested from WG Energy Services (24/07/23).
HCF Minor Projects	0.141 / Low	Funding approved by West Glamorgan Partnership Board. CRL transfer required.

The following allocations are classed as medium risk.

Scheme	£m / Risk Level	Narrative
Re:Fit Phase 4 – Solar Farm Extension	0.285 / Medium	Funding increase requested from WG Energy Services (24/07/23).

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

14. Capital Disposals (Table K)

There is a planned property disposal of Garngoch with expected sale proceeds of £0.200m.

15. Aged Welsh NHS Debtors (Table M)

Table M lists all Welsh NHS invoices outstanding for more than 11 weeks as at the end of October. The value of NHS debts outstanding for between 11 and 17 weeks amounted to £8.7K at the end of October 2023 (September 2023 - £151K) with the number of invoices in this category decreasing from 7 at the end of September 2023 to 2 at the end of October 2023.

Of the outstanding invoices between 11 and 17 weeks old, 1 invoice (£8.6K) has been paid since the end of October 2023.

The other outstanding invoice related to Pharmacy has been actively chased. However, the person who is responsible for processing invoices for payment has been on bereavement leave for over 5 weeks hence the delay in payment.

16. Ring Fenced Allocations (Tables N & O & P)

Tables N & O there is no requirement to complete these tables for Month 7.

On Table P whilst there are uncommitted values against Recovery (£120m), RIF and MHSIF 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.

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 28th November 2023.

Yours sincerely,


.....
DARREN GRIFFITHS
DIRECTOR OF FINANCE


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DR RICHARD EVANS
INTERIM CHIEF EXECUTIVE

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