

Audit Committee

Thu 04 February 2021, 13:00 - 15:30

Via Microsoft Teams



Agenda

13:00 - 13:00
0 min

1. Preliminary Matters

1.1. Apologies for Absence

Verbal Chair

1.2. Declarations of Interest

Verbal Chair

1.3. Draft Minutes of the Meeting held on 3rd December 2020

Attachment Chair

1.3 Draft Minutes of Meeting held 3 December 2020.pdf (8 pages)

1.4. Action Sheet

Attachment Chair

1.4 Audit Committee Action Sheet December 2020.pdf (2 pages)

13:00 - 13:20
20 min

2. Counter Fraud Update

2.1. Counter Fraud Update

Attachment Head of Counter Fraud

2.1 Counter Fraud Audit Committee report 4 February 2021.pdf (14 pages)

13:20 - 13:25
5 min

3. Efficiencies

3.1. MSK - to note prior to detailed consideration at next meeting

Attachment To Note

3.1 MSK Transformation Programme - Audit Committee Update 28 01 2021.pdf (5 pages)

13:25 - 13:50
25 min

4. Finance

4.1. Finance Report Month 9

Attachment Director of Finance and Performance

4.1 a Finance Update 040221.pdf (18 pages)




4.1 b ABUHB Monitoring Returns Month 9 2020 2021.pdf (34 pages)

4.1 c 1 ABUHB MMR 2020-21 December M09-v2 Summary.pdf (1 pages)

-  4.1 c 2 ABUHB MMR 2020-21 December M09-v2 Movement.pdf (1 pages)
-  4.1 c 3 ABUHB MMR 2020-21 December M09-v2 Underlying position.pdf (1 pages)
-  4.1 c 4 ABUHB MMR 2020-21 December M09-v2 Risks.pdf (1 pages)
-  4.1 c 5 ABUHB MMR 2020-21 December M09-v2 Monthly positions.pdf (2 pages)
-  4.1 c 6 ABUHB MMR 2020-21 December M09-v2 pay and agency.pdf (1 pages)
-  4.1 c 7 ABUHB MMR 2020-21 December M09-v2 covid.pdf (5 pages)

4.2. Schedule of Decisions

Attachment *Director of Finance and Performance*

-  4.2 a Schedule of Decisions 12.01.21.pdf (3 pages)
-  4.2 b Tactical Financial Decisions 120121.pdf (3 pages)
-  4.2 c Strategic Financial Decisions made by Strategic 011020 to 201220.pdf (2 pages)

13:50 - 14:15
25 min

5. Risk and Assurance

5.1. Audit Tracker Recommendation Report

Attachment *Board Secretary*

-  5.1a Audit Tracker Cover report.pdf (3 pages)
-  5.1 b Tracker January 2021 v2.pdf (13 pages)

5.2. Risk and Board Assurance Framework Update

Verbal *Board Secretary*

14:15 - 14:30
15 min

6. NWSSP Audit and Assurance - Internal Audit & Specialist Services

6.1. Internal Audit Plan Progress

Attachment *Head of Internal Audit*

-  6.1 Internal Audit Assurance Progress Report February 2021 280121.pdf (10 pages)

14:30 - 14:50
20 min

7. External Audit

7.1. Audit Wales Progress Update

Attachment *Audit Wales*

-  7.1 Audit Committee update_Jan_2021.pdf (10 pages)

7.2. Annual Audit Report

Attachment *Audit Wales*

-  7.2 Annual Audit Report 2020.pdf (20 pages)

7.3. Auditor General Letter to Chief Executives

Attachment *For Information*

-  7.3 Letter to CEOs and WG.pdf (2 pages)







14:50 - 15:05
15 min

8. Governance and Assurance

8.1. Update on Governance, Financial Control Procedures

Attachment

Assistant Director of Finance (Financial Systems & Services)

-  8.1 a Governance Report - 04 February 2021 Final-v2docx.pdf (13 pages)
-  8.1 b Appendix 1 - FCP Position Feb 21.pdf (1 pages)
-  8.1 c Appendix 2 - ABUHB_Finance_0884 FCP Approving Orders Greater than 100K - Final.pdf (12 pages)
-  8.1 d Appendix 3 - ABUHB_Finance_0239 FCP Accounts Receivable - Final.pdf (26 pages)
-  8.1 e Appendix 4 - Write Offs February 2021.pdf (4 pages)
-  8.1 f Appendix 5 - Single Tender Action Nov 20 - Jan 2021.pdf (1 pages)

15:05 - 15:05
0 min

9. Date and Time of Next Meeting

Thursday 8th April 2021 at 1pm



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Audit Committee held on Thursday 3rd December at 1.30pm via Teams

Present:

Shelley Bosson	- Independent Member (Chair)
Cllr Richard Clark	- Independent Member (Local Authority)
Emrys Elias	- Vice Chair

In Attendance:

Glyn Jones	- Director of Finance and Performance
James Quance	- Head of Internal Audit
Mark Ross	- Assistant Director of Finance
Gabrielle Smith	- Audit Wales
Chris Koehli	- Special Advisor (Finance)
Bryony Codd	- Head of Corporate Governance
Katija Dew	- Independent Member (Third Sector)
Stephen Chaney	- Deputy Head of Internal Audit
Richard Howells	- Interim Board Secretary
Claire Birchall	- Director of Operations
Tom Morgan-Jones	- Consultant
Mel Laidler	- Assistant Director Primary, Community and Mental Health Services

Apologies:

Tracey Veale	- Audit Wales
Ann Lloyd	- Chair

AC 0312/01 Welcome and Introductions and Apologies for Absence

The Chair welcomed everyone to the meeting.

It was explained that the meeting was being held as a virtual meeting via Teams only due to the COVID-19 Pandemic.

Apologies for absence were noted.

AC 2302/02 Declarations of Interest

There were no Declarations of Interest to record.

AC 2302/03 Minutes of the Meeting held on 22nd October 2020

The minutes of the meeting held on 22nd October 2020 were agreed as accurate, subject to the following amendments:

AC 2210/04 Action Log AC 1307/04: Gabrielle Smith said that she had prepared a detailed document outlining the *areas for improvement highlighted in 2019* that Audit Wales would *normally follow up in the following year*. Gabrielle Smith was satisfied that *most areas for improvement were being addressed or on the audit tracker*.

AC 2210/07 The Effectiveness of Counter Fraud Arrangements – report and management response

The Special Advisor (Finance) asked what the metrics were for identifying activity. Gabrielle Smith said that attendance at training was mandatory and *the Health Board had to be confident that training was reaching the right staff*. *The Health Board has the highest proportion of staff trained in year but it was difficult to provide comparisons with other bodies and therefore it was not possible to provide a comprehensive narrative*.

AC 2210/10: Internal Audit Progress Report: It was noted that a number of audits were at the planning stage but there was an increasing concern from departments about their *capacity* to respond to audits at the current time.

AC 2210/11: Internal Audit Governance Review for COVID-19 Pandemic and Action Plan: It was noted that a review of this had been requested from IT and would be followed up however it was understood that most permanent employees would *not* be using their own equipment.

AC 0312/03 Action Log

AC1307/05: Theatres WHO Surgical Safety Checklist:

The Director of Operations provided an update on the audit of the procedures undertaken in theatres prior to every patient.

It was acknowledged that theatre activity was currently different due to COVID-19 and new processes in GUH. Work was taking place with practice educators to ensure checklists were adequately and appropriately undertaken. This was also part of the Theatre Programme Board.

Tom Morgan-Jones highlighted that:

- There had been reported improvements over the past year which should provide assurance that actions had been taken;

- It had been a Challenging last 6 months;
- The Theatre Programme Board and Theatres Safety Group had restarted;
- There would be a Re-commencement of spot checks in January as part of the Audit process.

It was agreed that the QPSC would monitor progress going forward. The Vice Chair confirmed that this would form part of the revised reporting to QPSC.

The Vice Chair asked if, noting the requirements, there had been any other risk management procedures implemented as a result of COVID-19. The Director of Operations confirmed that all theatres and pathways to theatres had changed, and different theatres were being used.

It was noted that use of PPE had slowed down processes however this also meant there were fewer patients on lists, therefore there was more time available for the checklists procedure. The key was to ensure quality time on checklists was maintained when activity increased.

AC 0312/04 Integrated Eye care Pathway

The Assistant Director of Primary, Community and Mental Health Services (AD) provided an overview of the Integrated Eye care Pathway being developed, including the key drivers, governance and programme structure and the objectives of the pathway.

The committee noted the reasons for change, including an overview of actual and predicted expenditure, and future demand. There were some significant inefficiencies in the existing pathway that could be addressed in a short period of time.

The AD gave an overview of the proposal to develop an integrated eye healthcare service and outlined the challenges and benefits to integration. It was highlighted that this would provide an opportunity to look at efficiencies and deliver services with a more joined up approach.

The Special Advisor (Finance) asked about barriers to integration and it was confirmed that Clinical engagement had commenced and the pathway had been discussed. The need to improve was understood and a shared vision had been agreed. It was noted that clinicians were part of the Clinical Reference Group.

The programme had yet to commence, but a programme manager had now been appointed so progress would be made early in the new year. The committee asked about outcome based measures of success and were advised by the AD that these would be agreed via the Clinical reference group. It was confirmed that there would be targets for improved outcomes and efficiencies identified across the pathway

The Director of Finance and Performance said that there was a lot of evidence that developing integrated services allows clinicians to work along the pathway more effectively. However, there was a need to ensure that the programme looks at the whole of the pathway which would allow resources to be reallocated and used more effectively and efficiently.

It was confirmed that the Value Based Healthcare team were engaged in the programme and performance would be monitored by the Executive Team.

It was agreed that the AD would report back to the committee in 3 months with programme outcomes and benefits. **Action: M. Laidler**

AC 0312/05 Finance Report

The Director of Finance and Performance set out the current financial position based on the end of October 2020. It was noted that plans had been based on assumptions regarding service and workforce changes, including early opening of the GUH. It was highlighted that:

- Opening the GUH over a shorter period had reduced commissioning costs.
- Workforce challenges in implementing operational plans for the GUH COVID-19, meant financial assumptions were changing through the year.
- Changes in policy - such as mass vaccination programme, testing protocols - would impact on spending plans.
- Core funding allocation of £70m for COVID-19 had been confirmed by Welsh Government.

A further update would be provided to the Board in December 2020. Discussions were ongoing to finalise the funding levels with Welsh Government to manage the rest of the financial year and deliver operational plans. It was noted that:

- The Health Board would be finalising funding levels by mid-December 2020.
- Following the Board, an Accountable Officer letter would be submitted to Welsh Government to outline funding assumptions and the basis for these.

- UK Government comprehensive spending review had been recently announced; Welsh Government draft budget was to be published on 21st December 2020, following which the NHS funding allocation letter for 2021/22 would be issued.
- The Health Board were developing plans to include continued stabilisation of services; future recovery plans to address backlogs in waiting times.

This year, the Health Board was expected to achieve c.£12m savings rather than the £33m expected at start of the year. However, funding received from Welsh Government and avoidance of certain costs due to COVID-19 meant that the Health Board were forecasting financial balance at the end of the year.

The Director of Finance and Performance highlighted a risk regarding annual leave provision, explaining that COVID-19 and the early opening of GUH had made it more difficult for staff to take their annual leave. The Policy states that annual leave may only be carried over in exceptional circumstances however, work was underway with WG and other Health Boards to look at this. It was acknowledged that annual leave was a key issue in the well-being of staff who had given up their leave to support the response to the pandemic and early opening of the GUH.

Following receipt of the WG allocation letter, this would form part of the financial plans, with the delegation of budgets approved at the March 2021 Board meeting.

The Chair asked about Capital Funding and it was confirmed that the Health Board had received an allocation of £1.3m in the past few days and the DOF&P saw no issues in terms of this area of spend.

It was noted that efficiencies would be a standing item on the Committee agenda, with presentations from each of the key efficiency programmes being presented to the Committee over the coming year. These programmes of work would be monitored via the Executive team prior to the Committee for assurance, smaller programmes would be presented in summary form.

AC 0312/06 Audit Tracker

It was noted that the Audit Tracker had been reviewed by the Executive Team individually and collectively. All seven remaining actions had been assessed as Amber.

The Committee reviewed the tracker and raised the following issues:

- Information Governance data breaches – there were a number of factors relating to information governance breaches, not just training. Serious data breaches would be reported to the Executive Team and then to the relevant committee.
- Clinical Audit – report to next QPSC.
- Disaster Recovery Plans – It was noted that the original audit referred to cyber security and information governance processes and procedures. The Interim Board Secretary said that there were a number of systems and applications reliant on national services. It was agreed that clarity would be sought on the ongoing recommendations and what it covers. A note would be circulated outside of the meeting. **Action: R. Howells**
- Job Planning – It was noted that an update was provided to the Audit Committee in July 2020. Regular updates were provided to the Executive Team and the last update highlighted that some specialities in scheduled care were still working on the plans. It was agreed that the Medical Director would be requested to provide an update on job plans, with an assessment of their effectiveness and progress with individual and team job plans. **Action: Medical Director**

The Head of Internal Audit said that a lot of work had been undertaken to ensure that recommendations were as specific as possible and therefore it was important that the updates mapped back to the individual elements.

AC 0312/07 Risk Report

The Committee received an overview of the current corporate risk register, noting that they had been reviewed by the Executive Team.

Committee members raised concerns regarding the correlation of scoring and actions between the Corporate Risk Register and COVID-19 Risk Register. In addition, members felt that the risks regarding the Care Home Sector had been conflated and needed to identify what the impact of COVID-19 had been on the fragility of the care home sector (the original risk). The Committee discussed using the Board Assurance Framework (BAF) effectively, to enable it to assess

the effectiveness of the risk management system. There was a need to look at the risk scores, expected outcomes, mitigating actions and how the BAF would provide assurance that these informed the various Committee agendas.

It was agreed that members of the Audit Committee would meet with the Director of Finance and Performance and Interim Board Secretary before the next meeting to further develop the Board Assurance Framework. **Action: R. Howells, G.Jones, S. Bosson, C. Koehli**

It was agreed that these concerns would be included in the Assurance report to the Board. **Action: B.Codd**

AC 0312/08 Internal Audit Plan to Complete

The Head of Internal Audit provided a status report against the previous version of the plan and the enabling work required to be able to provide a Head of Internal Audit Opinion at the end of the financial year.

It was noted that the plan would continue to be revised and remain as flexible as possible. The revised plan suggested:

- Extending rotational work to 2021/22 and content that there is no significant risk in doing so.
- Noted it was still important to cover key risks through the Internal Audit programme
- Removal of the domain based approach in determining the opinion. This approach had been agreed with the national Board Secretaries Group.

The Special Advisor (Finance) asked if there was anything at this stage which may mean a need to revert to a limitation of scope opinion. The Head of Internal Audit said that this was not the case at this stage, focussing on the key risks should mean the most readily available evidence.

The Chair commented that the Infection Control Report was in draft at the October meeting. The Head of Internal Audit confirmed that he was working through some outstanding points on the report with the Director of Nursing and reviewing the evidence to be able to finalise the report as soon as possible.

AC 0312/09 Audit Wales Update

Audit Wales provided an update on current work, highlighting that the audit of Charitable Funds was ongoing.

In relation to the performance audits, it was highlighted that:

- Orthopaedics review was delayed until January 2021.
- WSSC report was going through clearance processes.
- TTP national review was also being cleared.
- The Roll out of Quality Governance work with a plan to commence fieldwork from January 2021.
- The Efficiency review work was progressing well.
- A Project Brief for Radiology Services was to be submitted to the Health Board in the next week.

The Committee noted the letter from the Auditor General requesting support on data analytics and Audit Wales were working with the Director of Finance and Performance and his team on collection of data required.

AC 0312/10 Update on Governance, Financial Control Procedures and Technical Accounting Issues

The Committee noted and approved the amendments to the Petty Cash Financial Control Procedure and the addition of a new procedure for Petty Cash – Mental Health Directorate.

The Vice Chair asked if the Petty Cash policies linked to admission policies and it was agreed that this would be checked. **Action: M. Ross**

The Committee also approved the temporary amendment to the scheme of delegation for Senior Nurses and Silver on Call Managers to authorise on-contract and off-contract agency, up to end January 2021, acknowledging that this would save time for all Senior Nurses and should improve the process at this exceptional time.

The Committee noted the report.

AC 0312/11 Date and Time Next Meeting

Thursday 4th February 2021 at 1:00pm

Audit Committee
3rd December October 2020
Action Sheet

(The Action Sheet also includes actions agreed at previous meetings of the Audit Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Audit Committee these actions will be taken off the rolling action sheet.)

Please note, any actions not yet complete due to staff diverting attention to COVID-19 pandemic will be rolled forward to the next Action Sheet.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
AC 0312/04	Integrated Eye care Pathway: programme outcomes and benefits to be reported to the Committee in three months time.	M. Laidler	March	Added to the forward work programme for April.
AC 0312/06	Audit Tracker: Disaster Recovery Plans It was agreed that clarity would be sought on the ongoing recommendations and what it covers. A note would be circulated outside of the meeting.	R. Howells	January	ICT contacted to determine scope of disaster recovery testing. Will issue note when response received.
	It was agreed that the Medical Director would be requested to provide an update on job plans, with an assessment of their effectiveness and progress with individual and team job plans.	S. Aitken	February	Medical Director to attend to provide a verbal update at the meeting



0312/07	<p>Risk Report:</p> <p>It was agreed that members of the Audit Committee would meet with the Director of Finance and Performance and Interim Board Secretary before the next meeting to further develop the Board Assurance Framework. Action:</p> <p>It was agreed that concerns would be included in the Assurance report to the Board.</p>	<p>R. Howells, G.Jones, S. Bosson, C. Koehli</p> <p>B. Codd</p>		<p>Meeting held.</p> <p>Complete. Included in the Assurance Report reported to the Board on 16th December 2020.</p>
0312/10	<p>Update on Governance, Financial Control Procedures and Technical Accounting Issues: The Vice Chair asked if the Petty Cash policies linked to admission policies and it was agreed that this would be checked.</p>	<p>M. Ross</p>		<p>The policy refers to petty cash, patients' money and valuables. Patients are able to access a small amount of petty cash if necessary.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Thursday 4th February 2021
Agenda Item:2.1

Aneurin Bevan University Health Board

Counter Fraud progress report to Audit Committee 4th February 2021

Executive Summary

An executive overview has been prepared for the Aneurin Bevan University Health Board (ABUHB) Audit Committee. It highlights the Counter Fraud work which has been undertaken by the Local Counter Fraud Specialist (LCFS) to date during financial year 2020/21.

The Board is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

✓

✓

Executive Sponsor: Glyn Jones - DoF

Report Author: Martyn Edwards – Head of Counter Fraud

Report Received consideration and supported by : DoF

Executive Team

Committee of the Board
[Committee Name]

Audit Committee

Date of the Report: 25th January 2021

Supplementary Papers Attached: No

Purpose of the Report

To update Audit Committee of work progress of Counter Fraud Team

Background and Context

This document has been prepared by the Aneurin Bevan University Health Board Counter Fraud Team in order to comply with legal directions and the recommendations of the NHS Counter Fraud Authority Standards for NHS Bodies (Wales).

Assessment and Conclusion

This report will contribute towards the annual Quality Assurance Self-Review as evidence that the LHB has complied with the Standards for NHS Bodies (Wales).

Recommendation

This report is intended for Audit Committee information and views.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	N/A
<i>Financial Assessment, including Value for Money</i>	N/A
<i>Quality, Safety and Patient Experience Assessment</i>	N/A
<i>Equality and Diversity Impact Assessment (including child impact assessment)</i>	N/A
Health and Care Standards	N/A
Link to Integrated Medium Term Plan/Corporate Objectives	N/A
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – N/A
	Integration – N/A
	Involvement – N/A
	Collaboration – N/A
	Prevention – N/A
Glossary of New Terms	N/A
Public Interest	N/A

1 Background

In 1998 the NHS Counter Fraud Service (NHS CFS) was created as part of the Department of Health. The NHS CFS evolved into NHS Counter Fraud and Security Management Service (NHS CFSMS) and subsequently NHS Protect – an executive agency of the NHS Business Services Authority.

In July 2001, the National Assembly for Wales directed that all Health Bodies in Wales must nominate at least one person as a Local Counter Fraud Specialist (LCFS) to tackle Fraud within the NHS.

Each NHS Health Body was issued with an NHS Counter Fraud Manual. The Director of Finance (DoF) and the LCFS have access to the manual. In September 2001, the Assembly published their Fraud Strategy entitled, "Countering Fraud in the NHS in Wales". The strategy aims are:

- To reduce fraud to an absolute minimum
- To hold it permanently at that level
- To free up resources for improved patient care

The aforementioned strategy outlines the collaboration between the Counter Fraud Service and the WG and refers to NHS Counter Fraud Service Wales – CFS (Wales).

The NHS CFS Wales team are funded by the WG to carry out investigations into complex, high value fraud, cross boundary cases and allegations that involve corruption by a public official.

On 1st November 2017, NHS Protect ceased to exist and under amendment from the Secretary of state for Health (UK Government) this date saw the implementation in England of an independent special health authority entitled the NHS Counter Fraud Authority (NHSCFA).

As a result, the arrangements which Welsh Ministers entered into with the NHSBSA/NHS Protect, pursuant to section 83 of the Government of Wales Act 2006 which deals with the discharge of certain counter fraud functions in relation to the health service in Wales were reviewed and remain effective with the NHSCFA.

The NHSCFA strategy and business process are as follows:

Mission: To lead the fight against crime affecting the NHS and the wider health group, protecting vital resources intended for patient care.

Vision: For an NHS which can protect its valuable resources from crime.

Purpose: To lead the NHS in protecting its resources by using intelligence to investigate serious and complex economic crime, reduce the impact of crime and drive improvements.

Strategic goals

- Develop and use its intelligence function to improve understanding of crime risks across the NHS and the wider health group and provide high quality analysis of those risks.
- Develop and deliver evidence-based strategic, tactical and operational crime reduction solutions for the NHS and enable the prioritisation and removal of both existing and potential crime risks.
- Develop its people and services, identifying and developing new technology and systems that support continuous organisational improvement and reductions to operating cost
- Provide anti-crime standards, benchmarking data and robust assessment mechanisms that will be used to measure and drive improvement in work done to identify and tackle crime across the NHS
- Where serious, complex, or high-value fraud or corruption is identified and money lost to the NHS, to investigate fully those allegations, seek to recover losses and pursue all possible and appropriate sanctions against offenders

In order to achieve these aims, the Counter Fraud Service introduced a national framework of Standards for NHS bodies (Wales) and has collaborated with the Welsh Government to establish this structure within the principality.

The LHB's in Wales are committed to the elimination of fraud bribery or corruption by investigating any suspicions that arise.

2 Issues

The following update shows work undertaken in the key strategic areas of Counter Fraud work:

3 Strategic Governance

Since April 2011, the LCFS has acted in a consultation role to the Workforce and OD Policy Group and has received notification of all policies, terms of reference guidance notes that are subject of review by the group.

This ensures that the policies are robust and 'Fraud Proofed' at concept stage. The LCFS continues to actively review such policies to ensure they are fit for purpose. A full inventory of the specific policies in question will feature in the Counter Fraud annual report.

During the period covered by this report, the LCFS has instigated the updating of the workforce Appearing in Court Policy. The revised policy will be approved by the Workforce & OD Policy Group and the Executive Team. When active, the policy will be displayed as a live document on the ABUHB database of policies on the organisation intranet. All remaining Counter Fraud policies are current, up-to-date and fit for purpose.

Since 4th November 2019, the staffing establishment of the LCFS has been aligned with the corporate structure specification of 2.8 wte LCFS in ABUHB. The LCFS appointed in November 2019, has successfully completed the National Counter Fraud Foundation Training. That LCFS received University approval for accreditation as a Counter Fraud Specialist with the Professional Accreditation Board. This resulted in nomination as a Counter Fraud Specialist with the NHSCFA on 6th January 2021.

During 2020, the ABUHB Counter Fraud provision was subject of an in depth assessment by Audit Wales, as part of an all-Wales review. The AW report was positive and the ABUHB Team scored well in comparison to counterparts in other Welsh Health Boards.

The Audit Commission is responsible for running the National Fraud Initiative (NFI). This commenced in 1996 and runs every two years. The NFI is an exercise that matches electronic data both within and between 1,200 public sector bodies and participating private sector bodies to prevent and detect fraud. This includes the NHS, DWP, HMR&C, Police Authorities, Local Probation Boards, Fire and Rescue Authorities as well as Local Councils and number of private sector bodies. Since the initiative commenced, the NFI cite that the initiative has helped to identify £1.93 billion of fraud, overpayment and error across UK public bodies. The NFI final work programme and data specification has commenced for the 2020/21 exercise. By the deadline date of 9th October 2020, the LCFS set in motion the downloading of the Trade Creditors payment history and Trade Creditors standing data to Audit Wales in compliance with the NFI mandate. NHS Pension and Staff Payroll Data was also downloaded by the deadline date. This included the incorporation of fair processing notices to the workforce on the ABUHB intranet carousel to meet the NFI fair processing requirements. The data matches for the 2020/21 NFI exercise are anticipated in February 2021 and upon receipt, the LCFS will commence work on these data matches.

All Welsh HB Counter Fraud Teams have been required to participate in a thematic assessment governed by the NHSCFA. This was to ensure that financial regulatory controls were robust and effective.

The assessment focused on three specific domains in line with the Legal Standards for Health Bodies (Wales) which now replicate the Cabinet Office Standards:

1. Pre-employment checks under standard 3.4

2. Procurement fraud under standard 3.5
3. Invoice fraud under standard 3.6

ABUHB immersed very well from the thematic assessment with the least stipulated corrective actions of all the Health Boards in Wales. The NHSCFA 2020 response to the ABUHB assessment contained three operational corrective findings, as follows:

In relation to pre-contract procurement fraud - the organisation should carry out local detailed risk assessment considering the NHSCFA guidance document. Risk assessments should be undertaken, recorded and managed in line with their risk management policies. Action plans should be developed to mitigate risks and progress should be reported on and submitted to the audit committee.

In relation to invoice fraud - the organisation should undertake a local detail risk assessment in line with the NHSCFA document, "Invoice fraud: Guidance for prevention and detection". Risk assessments should be recorded and managed in line with the organisations risk management policy. Actions required to mitigate any identified risks should be developed into an action plan and progress reported to the audit committee.

In relation to Procurement SFI's – the SFI should be reviewed and updated.

The response to the assessment is the ABUHB procurement SFI has been updated by the AFD Corporate Finance and is an active control document.

With regard to the aforementioned risk assessments, to ensure that internal financial controls are being implemented, the ABUHB LCFS has developed risk assessment questionnaires in respect of the two specified areas of risk and has been collaborating with the Head of Procurement Services and Head of Internal Audit in respect of same. This is work in progress, the outcomes of which will be duly reported to Audit Committee.

The NHSCFA have initiated changes to the investigation case management system called 'First'. This is a restricted and confidential system which has been used by the LCFS for in the region of 15-years. 'First' is being replaced by 'Clue-3' which has the capacity for integration with the Police and other domains of law enforcement. The ABUHB LCFS's have undergone training on the replacement system which is anticipated to be rolled out by 1st April 2021. Due to technical complications, it is not envisaged that existing active investigations on 'First' will be migrated over to 'Clue-3' but both systems will have to be used in tandem until the cases on 'First' reach their conclusion.

4 Inform & Involve

The fraud awareness programme undertaken by the LCFS is reaching its target audience and all mediums are being promoted in order to actively encourage fraud referrals.

In ABUHB, for PADR purposes, Counter Fraud awareness input at Corporate Induction and the fraud awareness e-learning programmes remain mandatory requirements.

ABUHB continues to have the highest staff uptake figure of all 7-NHS Health Boards in Wales for Counter Fraud eLearning.

Prior to Covid lockdown, the Counter Fraud Services performance report illustrated that ABUHB had delivered the second highest number of fraud awareness presentations to the Corporate Induction programme of the 7-Health Boards in Wales.

Covid Impact:

The Corporate Induction programme in ABUHB was suspended upon Covid lockdown.

On the aspect of staff fraud awareness training, such training is a standing agenda item on every staff Corporate Induction in ABUHB. Whereas this training is normally delivered in person, to adapt during Covid restrictions, Counter Fraud have made a 45-minute video film of the training to provide virtual staff training until it is safe to resume conventional classroom training.

The video encompasses the film, 'taking the U out of fraud', it highlights NHS fraud risk areas, advises of the protection for staff under the Raising Concerns Policy with regard to whistleblowing and the video actively encourages the reporting of suspected fraud.

To comply with legal requirements, the video film is equipped with Welsh language sub-titles for viewers who wish to avail themselves of that facility. This fraud awareness video film went 'live' as part of virtual Corporate Induction at the beginning of November 2020. The staff uptake figures only identify staff numbers who complete the full Corporate Induction programme, not staff numbers who go through the programme over a period of time in a piecemeal fashion making multiple logon sessions. In the first 8-weeks, 90 members of staff completed the induction programme. During that same timeframe, the LCFS received 8-fraud referrals.

Other forums are also utilised as mediums for staff training. This includes the posting of staff newsletters on the ABUHB intranet, use of flyers & posters & staff payslip messages. Counter Fraud have their own webpages on the ABUHB intranet site. The film 'taking the

U out of Fraud' also features on the ABUHB intranet site. A feature on the Bribery Act 2010 is also a fixture on the ABUHB intranet. To reach the widest staff audience, Counter Fraud also utilise the information carousel on the ABUHB intranet homepage and the information carousel on the ESR homepage.

Counter Fraud also cluster out staff surveys and analyse and report to Audit Committee on responses to identify and remedy any areas of perceived shortfall in staff fraud awareness/training.

With regard to Covid, Counter Fraud have their own platform on the Covid page to alert staff to current and new or immerging threats in relation to fraud.

Counter Fraud have also commenced publishing monthly Fraud awareness notices on their webpages and are currently exploring better methods to disseminated messages to wider audiences such as social media etc.

The LCFS also promotes the 0800 fraud and corruption reporting line and the NHSCFA on-line reporting tool as part of this fraud awareness programme.

The aforementioned update illustrates that the raising of fraud awareness within the organisation and this aspect of training for its workforce is given high priority in ABUHB.

5 Prevent and Deter

ABUHB is compliant with the Cabinet Office National Fraud Initiative and the NHSCFA guides, circulars and alerts particularly in relation to Procurement fraud and the LCFS has been pro-active in this domain. All Fraud Prevention Notices have been actioned accordingly and countermeasures incepted where necessary.

Following losses of medication from the Omnicel machine at A & E at Grange University Hospital, LCFS intervention has implemented changes to the handling procedures in relation to Diazepam, Lorazepam, Co-codamol and Codeine tablets. These medicines now have the handling status of controlled drugs (despite the fact that they are not such) and a second witness is required to oversee their removal from the machine. This action has curtailed the losses to-date.

Risk assessments

As a consequence of actions raised at Audit Committee on 22nd October 2020, in relation to non-cash flow donations to Charitable Funds, the LCFS has conducted an exercise in this domain in collaboration with the Charitable Funds Team. This exercise analyses all donations on a Health Board site by site basis against donation

type (cash, cheque, direct bank payment and credit card). The exercise has identified that two sites have 100% cheque donations and two sites have 100% cash donations whereas the remainder of the sites have a combination of both. This exercise is still work in progress and the outcomes will be reported to Audit Committee in due course.

Covid impact:

In light of the COVID-19 crisis, all the indicators from the WG, the Government Counter Fraud Function and the NHS Counter Fraud Authority is that fraud risks are currently high and the economic attack against the NHS and other public sector bodies will increase.

The principal threat remains at Procurement level, i.e. banking mandate fraud, invoice fraud and the offer of goods or services which do not exist. More recent emerging threats to those highlighted by the LCFS in Audit Committee report in October 2020, are attempts to bulk purchase Covid vaccine from GMS, the offer of sale of Covid vaccine to general public and attempts to initiate password changes to e-expenses at NHS staff level.

6 Hold to Account

A list of current investigations is detailed in Appendix (1) which includes two successful criminal prosecution since April 2020, as case numbers (11) & (14). Case number (17) was submitted to the CPS for a charging decision on 24th November 2020. Financial recoveries are evident in this Appendix as are the outcomes of disciplinary proceedings.

Covid Impact:

The criminal investigations conducted by the LCFS during Covid lockdown have continued virtually unhindered throughout their evidential gathering phases. Towards the conclusion of any such investigation, following the evidence gathering stage, if areas of concern are found to be prevalent, there is the requirement to conduct an audio recorded interview under caution, with the defendant, in the presence of their Solicitor. Due to Covid considerations, such interviews have ceased. The LCFS has only been able to conduct two such interviews since Covid initial lockdown in March 2020 and there are now a number of investigations which have stalled due to the inability to conduct such interviews. All alternatives have been considered such as virtual interviews etc. but no viable alternative has been identified. Any criminal liability will eventually be upheld in these cases in the fullness of time but the current delay is inevitable.

INDEX OF LCFS INVESTIGATIONS AS AT 13th October 2020					
Case	FIRST Ref	Health Body	Area	Subject	Status
1.	WARO/18/00048	ABUHB	Community Pharmacist	Falsely claiming pharmacy fees.	Investigation ongoing.
2.	WARO/18/00073	ABUHB	NHS Staff	Failure to complete contracted hospital sessions.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 28/10/2020.
3.	WARO/18/00084	ABUHB	NHS Staff	Failure to complete contracted hospital sessions.	Investigation ongoing.
4.	WARO/18/00106	ABUHB	NHS Staff	Working elsewhere whilst on sick leave and falsification of NMC revalidation paperwork.	At Merthyr Crown Court on 29/11/2019, defendant was convicted of fraud and sentenced to 8-month imprisonment. Defendant resigned from employment with ABUHB prior to disciplinary outcome. NMC action is impending.
5.	WARO/18/00122	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Recovery of £3,996.43. At Newport Magistrates Court on 26/04/2019, defendant was convicted of fraud. Sentenced to Community Order for 12-months, 100 hours unpaid work. Pay £85.00 costs and £85.00 victim surcharge. Disciplinary and professional action has also been implemented by ABUHB and GMC.
6.	WARO/18/00136	ABUHB	NHS Staff	Timesheet fraud.	Investigation ongoing.
7.	WARO/18/00154	ABUHB	GP Practice Staff	Fraudulent prescribing.	Subject dismissed from employment for gross misconduct on disciplinary hearing on 05/04/2019. NFA on criminal aspect. Case closed 28/10/2020.
8.	WARO/18/00169	ABUHB	Member of public	Falsification of medical history using ABUHB letter headed paper to	Defendant convicted of fraud. At Newport Crown Court on 16/08/2019, the defendant was sentenced to

INDEX OF LCFS INVESTIGATIONS AS AT 13th October 2020

Case	FIRST Ref	Health Body	Area	Subject	Status
				misappropriate charity funds.	12-months imprisonment suspended for 15-months and was ordered to undertake a 15-day rehabilitation requirement, perform 120-hours unpaid work and pay court costs of £340.00. Case closed 28/10/2020.
9.	WARO/19/00034	ABUHB	NHS Staff	Irregularities with job application form as well as professional issues.	Employee dismissed from employment for gross misconduct on disciplinary hearing. Criminal investigation ongoing.
10.	WARO/19/00046	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 29/09/2020
11.	WARO/19/00057	ABUHB	Member of public	Prescription fraud.	Defendant charged with 11-counts of fraud. Due to appear at Newport Crown Court on 25/01/2021.
12.	WARO/19/00061	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 29/09/2020
13.	WARO/19/00068	ABUHB	NHS Staff	Falsification of timesheets.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 30/10/2020.
14.	WARO/19/00110	ABUHB	GP Practice Staff	Theft of cash income at G.P. Practice	Following her dismissal from her post. Defendant charged with fraud, appeared at Newport Magistrates Court on 31/07/2020. She received a sentence of 26-weeks imprisonment suspended for 24-months, RAR 20 days, ordered to pay comp of £3,882.70, costs of £85.00 and Victim Supplement of £115.00.
15.	WARO/19/00147	ABUHB	NHS Staff	Falsification of employment application.	Subject fixed term appointment terminated as sanction. NFA on criminal aspect. Case closed on 14/10/2020.

INDEX OF LCFS INVESTIGATIONS AS AT 13th October 2020

Case	FIRST Ref	Health Body	Area	Subject	Status
16.	WARO/19/00146	ABUHB	NHS Staff	Computer misuse.	Subject received a verbal warning as a disciplinary sanction. NFA on criminal aspect. Case closed 16/04/2020.
17.	WARO/19/00145	ABUHB	NHS Staff	Falsify WLI claims.	Subject has been interviewed under caution. Case file submitted to the CPS on 24/11/2020 for charging decision.
18.	WARO/19/00140	ABUHB	NHS Staff	Falsely obtain paid absence.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 11/01/2021.
19.	WARO/19/00122	ABUHB	General Practitioner	Falsify information on application for Welsh G.P. performers list.	Subject has been interviewed under caution. CPS declined to charge. Subject has been suspended from practising by GMC pending fitness to practice hearing.
20.	WARO/19/00111	ABUHB	NHS Staff	Falsify bank shift claims.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 28/10/2020.
21.	WARO/19/00107	ABUHB	NHS Staff	Fail to complete contracted hours.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 28/10/2020.
22.	WARO/20/00005	ABUHB	Member of public	Falsely obtaining NHS services as overseas visitor.	NFA on criminal aspect. Case closed on 28/04/2020.
23.	WARO/20/00012	ABUHB	NHS Staff	Fail to complete contracted hours.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 01/05/2020.
24.	WARO/20/00020	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Investigation ongoing. Disciplinary action impending.
25.	WARO/20/00028	ABUHB	NHS Staff	Dishonest retention of salary overpayment.	NFA on criminal aspect. No disciplinary issue identified. Voluntary repayment, full overpayment of £32,087.56 made by subject following intervention by LCFS. Case closed on 21/01/2021.

INDEX OF LCFS INVESTIGATIONS AS AT 13th October 2020

Case	FIRST Ref	Health Body	Area	Subject	Status
26.	WARO/20/00046	ABUHB	Agency Nurse	Timesheet fraud	Investigation ongoing.
27.	WARO/20/00048	ABUHB	NHS Staff	Timesheet fraud	Subject resigned from post. Voluntary repayment of £220.00. NFA on criminal aspect. No disciplinary issue identified. Case closed on 05/06/2020.
28.	WARO/20/00051	ABUHB	NHS Staff	Contract fraud	Investigation ongoing.
29.	WARO/20/00053	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 10/06/2020.
30.	WARO/20/00066	ABUHB	G P Practice Staff	Prescription fraud	Investigation ongoing.
31.	WARO/20/00070	ABUHB	General Practitioner	Practice Manager	Investigation ongoing.
32.	WARO/20/00071	ABUHB	Member of public	Prescription fraud	NFA on criminal aspect. No disciplinary issue identified. Case closed on 14/09/2020.
33.	WARO/20/00072	ABUHB	NHS Staff	Timesheet fraud	Investigation ongoing.
34.	WARO/20/00083	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 21/01/2021.
35.	WARO/20/00099	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Investigation ongoing.
36.	WARO/20/00101	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Investigation ongoing.
37.	WARO/20/00108	ABUHB	Dental contractor	Prescription misuse.	Investigation ongoing.
38.	WARO/20/00109	ABUHB	G P Practice Staff	Prescription fraud	NFA on criminal aspect. No disciplinary issue identified. Case closed on 27/11/2020.
39.	WARO/20/00110	ABUHB	NHS Staff	Theft of NHS equipment.	Investigation ongoing.

INDEX OF LCFS INVESTIGATIONS AS AT 13th October 2020

Case	FIRST Ref	Health Body	Area	Subject	Status
40.	WARO/20/00111	ABUHB	NHS Staff	Falsely obtain compassionate leave.	Investigation ongoing.
41.	WARO/20/00121	ABUHB	NHS Staff	Failure to complete contracted hospital sessions.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 21/01/2021.
42.	WARO/21/00001	ABUHB	NHS Staff	Timesheet fraud.	Investigation ongoing.
43.	WARO/21/00002	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Investigation ongoing.
44.	WARO/21/00003	ABUHB	NHS Staff	Theft of medication.	Investigation ongoing.
45.	WARO/21/00004	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	Investigation ongoing.
46.	WARO/21/00006	ABUHB	NHS Staff	Dishonest retention of salary overpayment.	NFA on criminal aspect. No disciplinary issue identified. Case closed on 12/01/2021. Full recovery of £6,916.00 made.

MSK Transformation Programme update for the Audit Committee January 2021

The MSK programme was relaunched in October 2020, building the work progressed to date.

Drivers for change

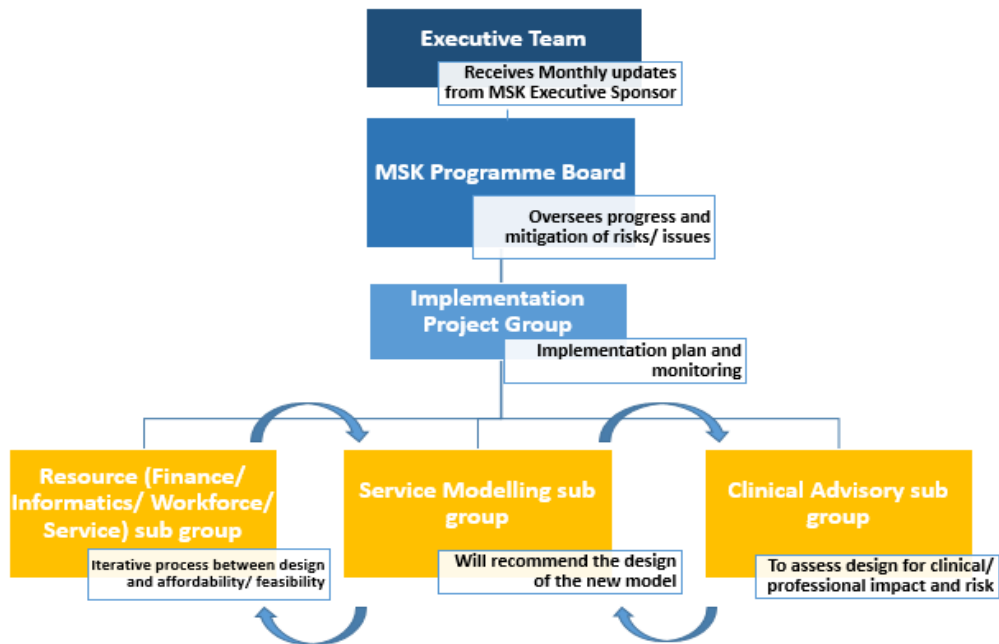
- Inequity in provision and access across the HB with a variety of service models in operation
- Variation in referral patterns leading to unnecessary waits, in particular for therapy services
- Lack of opportunity for self-management, advice and support in managing pain at all points along the patient's journey
- Long waits for specialist services
- Poor understanding of care pathways leading to inappropriate referrals
- Lack of timely patient information at appropriate points along the patient journey
- Access to and therefore potential overuse of more specialised services
- Lack of integration with community therapy services

The Programme structure was agreed and Terms of reference agreed. The aims and objectives are to develop an integrated community MSK service across ABUHB, through:

- Understanding the current service pathways and performance, and the resources deployed
- Identifying and confirming the evidence to inform future best practice pathways
- Capturing patient outcome and quality measures
- Identifying measurable benefits, qualitative and quantitative, to support the pathway change
- Development of a self-management resource across the HB (eg via website)
- Consideration of Public Health interventions and potential impact on need and demand
- Development of alternative care pathways and services that improve performance and outcomes. Including consideration of :
 - a Single Point of Triage(SPT),
 - assessment by a multidisciplinary hub, (diagnostic and/or treatment)
 - referral to the most appropriate clinician/service/place/time.
- Standardisation of referral criteria/documentation and protocols
- Right sizing for local population needs within Gwent.

The programme structure was also agreed with a Programme Board overseeing delivery:

MSK Programme Board Governance & Reporting Hierarchy



Initial phase

During the initial phase, groups and memberships were confirmed, with clinical leadership seen as essential in driving change. There is Value Based Healthcare representation on all groups.

	Chair	Role / responsibilities
Programme Board	Peter Carr	To scrutinise the design and delivery of the MSK transformation, and provide oversight of the achievement of the objectives within the timeframe and parameters required.
Implementation Group	Sandra Mason	To develop the business case for change to an improved reconfigured MSK service for ABuHB.
Resource group	Rob Holcombe	Producing the baseline for the current model's activity, performance, workforce and financial analysis, using data and intel produced/ directed by the Programme Lead. It is also responsible for providing the resource implications and impact of the new model pathway.
Service Modelling Group	Collette Kiernan	Responsible for identify the current model pathway & designing the new service model pathway, based on: <ul style="list-style-type: none"> Evidenced best practice, agreed ABuHB strategic principles, and agreed planned benefits.
Clinical Advisory Group	Dr Gareth Roberts	Responsible for advising on, influencing and assessing the proposed changes for clinical / professional impact and risk. Provide expert review of the newly designed service to provide assurance on its appropriateness and safety to meet patient's needs and prevent harm.

The programme plan has been prepared to March 2021:

Products	Lead	T&F Group	Supported	December				1st	January				February				March			
				WE 4th	WE 11th	WE 18th	25th		WE 8th	WE 15th	WE 22nd	WE 29th	WE 5th	WE 12th	WE 19th	WE 26th	WE 5th	WE 12th	WE 19th	WE 26th
Service modelling Group																				
Needs assessment by NCM/ locality	TBA																			
Prevalence incidence by NCM/ locality	TBA																			
Baseline informatics	DB/AL																			
Pathway mapping	As below Resource Group																			
Compare current performance to 'best in class' - to include patient experience and outcomes, equity of access/ Where can improvements be made?/ What targets can be applied?	CK																			
To recommend strategic principles for the new pathway model - as they align to WG recommended guidelines for MSK, and also taking into account limiting factors specific to the AB infrastructure/ framework.	CK																			
To recommend the best evidenced model, as it aligns with AB and WG guiding principles, and also with the AB 'best fit' parameters.	CK																			
Present pathway modelling options																				
Expected Benefits and Improvements																				
Recommendations for Preferred Pathway model																				
Right sizing for AB																				
Referral directory																				
Referral and acceptance protocols																				
Pathway Map (from referral to OP) returned to Resource Group	SM																			
MSK Website	SM																			
Resource Group																				
Therapy (Physio/podiatry) T&F Group established	SHB	SHB/ GD/EIL	JD						Pathway s											
Therapy (Physio/podiatry) Pathways established			JH						Activity											
Therapy (Physio/podiatry) Activity mapped to Pathway Maps			CB						Workforce											
Therapy (Physio/podiatry) Workforce mapped to Pathway Maps																				
Orthopaedic T&F group established	IJ	IJ/LG/ CB	JD						Pathway s											
Orthopaedic Pathways established			DB						Activity											
Orthopaedic Activity mapped to Pathway Maps			CB						Workforce											
Orthopaedic Workforce mapped to Pathway Maps																				
Radiology T&F group established	AK	AK/IJ/LG	JD						Pathway s											
Radiology Pathways established			DB						Activity											
Radiology Activity mapped to Pathway Maps			CB						Workforce											
Radiology Workforce mapped to Pathway Maps																				
Rheumatology T&F group established	MH	MH/LG	JD						Pathway s											
Rheumatology Pathways established			DB						Activity											
Rheumatology Activity mapped to Pathway Maps			CB						Workforce											
Rheumatology Workforce mapped to Pathway Maps																				
Financials associated with mapped resources	GD	LG/GD	SB/CH/F																	
Programme Budgeting variation identified across Boroughs	CH	CH/SB	Advisory Group																	
Receive PROM/PREM opportunities for improvement	AC	GR/DM	SB																	
Metrics and KPIs identified	FD	AC/RH/SM	BD																	
Current MSK measurements and metrics mapped to Pathway Maps, where possible																				
Identification of opportunities for improvement	RH	FD/AC/SM	DB																	
Bringing together all mapping of resource Pathway Maps	AC		JD																	
Work through gaps, receive advice, collectively finding an agreeable methodology to map resources	RH	Source Group																		
Report or presentation prepared for Programme Board:	RH	FD/AC																		
Challenges facing MSK provision in ABUHB - disparate pathways and inequity of access/ impact of covid 19 on backlog and on waiting times for treatment																				
Current Pathway Maps																				
Current resources mapped to pathways																				
Current metrics & opportunities for improvement																				
Current PROMS & PREMS - what does this signal? Opportunities for improvement?																				
PB variation and opportunities for improvements identified for AB																				
What were the challenges/compromises due to lack of data?																				
Summary of opps.																				

Programme plan summary

Following operational pressures during December, the Service Modelling Group was not able to meet in line with the plan. Some tasks are therefore behind the original timeline.

The Resource group is currently meeting on a weekly basis, and Service Modelling alternate weeks.

Timing	Tasks
November	Terms of reference issued Groups and Chairs confirmed Outline Programme plan confirmed
December – January	Mapping and analysis of all current MSK pathways including baseline of activity and resources Service modelling group to agree principles of redesign, review evidence and provide options for change Self-management website specification confirmed for procurement process
February – March	Options for new service model Metrics and KPIs identified Current MSK measurements and metrics mapped to Pathway Maps, where possible Identification of opportunities for improvement Bringing together all mapping of resource Pathway Maps Work through gaps, receive advice, collectively finding an agreeable methodology to map resources

Clinical engagement

Clinical engagement runs through all groups within the project structure. Divisional Directors are part of the Programme Board, with Speciality CDs part of the service modelling and clinical advisory groups. This spans both primary and secondary care settings.

Expected outcomes/benefits:

- Ensure MSK patients are seen by the right person, in the right place first time
- Provide a patient focused service, enhancing patient choice and the patient experience
- Standardise appropriate GP referral pathways whilst appropriately managing demand in primary care
- Optimises patients who require referral into secondary care
- Develop a service that dovetails with and compliments existing local services
- Promote self-management with information and advice given at the point of access and reinforced throughout the pathway
- Prioritisation rules agreed by all stakeholders, including red flags and direct referrals
- Liaison with other components of the MSK service to ensure a seamless pathway
- More focussed use of radiological services.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Audit Committee
Thursday 4th February 2021
Agenda Item: 4.1

Aneurin Bevan University Health Board

Finance Update – February 2021

Executive Summary

Please refer to Assessment, Conclusion & Recommendations.

The Audit Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

Executive Sponsor: Glyn Jones – Director of Finance & Performance

Report Author: Rob Holcombe – Assistant Finance Director

Report Received consideration and supported by :

Executive Team

**Committee of the Board
[Public Partnerships &
Wellbeing Committee]**

Date of the Report: 22nd January 2021

Supplementary Papers Attached: Glossary and summary of the Monthly Monitoring Return submitted to Welsh Government.

Purpose of the Report





This paper provides:

1. An update on the financial position and forecast against the Health Board's revenue and capital resource limits during the 2020/21 financial year, including an assessment of the key risks and opportunities, and
2. The approach to developing the annual financial plan for 2021/22 financial year, in line with Welsh Government planning guidance.

Assessment & Conclusion

1. Financial position and forecast 2020/21 financial year

The Health Board has statutory financial duties and other financial targets which must be met. The following table summarises these and the Health Board's performance against them.

Month 9 - December 2020 Performance against key financial targets 20/21 +Adverse / () Favourable					
Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. This confirms the YTD and forecast variance.	£'000	105	(467)		0
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.	£'000 £106.320m	7,906 7.4%	79,633 74.9%		£106.974m spend £0.654m variance - Covid-19
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	94.5%	96.8%		>95%
Cash balances Advisory Cash balance held by the Health Board to not exceed £6m each month	£'000	2,560	2,560		<£6m
Performance against Statutory Requirements 20/21		17/18	18/19	19/20	3 Year Aggregate
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period	✓	-246	-235	-32	-513
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

- **As at Month 9, the year to date reported revenue position is a £467k surplus, with a forecast of break-even.**
- **The forecast position is based on the latest assessment of a range of financial risks and opportunities in the delivery of operational plans. The Health Board has confirmed with Welsh Government the funding required to deliver these plans, for this financial year.**

(i) Revenue Performance

The Health Board produced a Covid-19 financial plan during April 2020, updated to reflect the operational plan for quarter 2 (2020/21) and further updated for the operational plan for quarters 3 and 4. Financial planning assumptions and forecasts are based on the service and workforce assumptions within the operational plan.

The Health Board has completed an assessment to determine the level of expenditure which the Health Board is likely to incur and therefore the level of funding required for 2020/21. An Accountable Officer letter was sent to Welsh Government, following the December board meeting, which set out the level of revenue funding to cover planned expenditure of £1.575bn in 20/21 (excluding provision for annual leave and other stated variables). The funding allocation has been adjusted to match this forecast & is reflected in the month 9 financial reporting.

The Health Board is aware that changes to government policy with regard to Covid-19 may require a materially different local service response and will continue to engage with Welsh Government, to secure the necessary funding to deliver these future programmes.

The month 9 position year to date position is a **£467k surplus** and the **full year forecast is break-even**. However, there are potential financial opportunities and risks which are set out in more detail in this report.

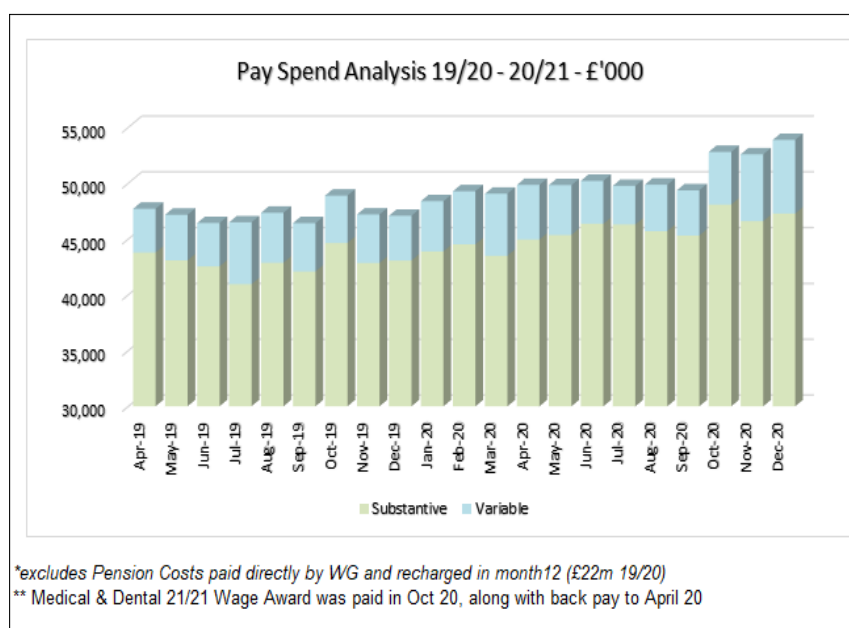
It should be noted that the **funding secured is non recurrent only and enables the Health Board to forecast financial balance in this financial year.**

A summary of the financial performance is provided in the following table, by operational divisions, corporate functions and externally commissioned services.

Month 9 - December 2020	Full Year Budget £000s	YTD M9 Reported Variance £000s	YTD M8 Reported Variance £000s	Movement M09-M08 £000s
Operational Divisions:-				
Primary Care and Community	261,266	(407)	84	(491)
Prescribing	106,506	(0)	(0)	0
Community CHC & FNC	65,012	(632)	(632)	(0)
Mental Health	99,893	298	135	164
Director of Primary Community and Mental Health	5,018	(103)	(82)	(21)
Total Primary Care, Community and Mental Health	537,696	(844)	(495)	(349)
Scheduled Care	207,528	(696)	(1,066)	370
Unscheduled Care	125,951	797	420	377
Family & Therapies	112,779	(77)	(52)	(25)
Estates and Facilities	76,253	27	(67)	94
Director of Operations	6,626	(23)	(9)	(14)
Total Director of Operations	529,138	27	(774)	801
Total Operational Divisions	1,066,834	(817)	(1,269)	452
Corporate Divisions	126,531	350	916	(566)
Specialist Services	159,081	0	(218)	219
External Contracts	73,497	0	(0)	0
Capital Charges	98,018	(0)	(0)	(0)
Total Delegated Position	1,523,962	(467)	(572)	105
Total Reserves	7,469	0	0	0
Total Allocations	(1,510,416)	0	0	0
Other Corporate Income	(21,015)	(0)	0	(0)
Total Reported Position	0	(467)	(572)	105

Workforce Costs

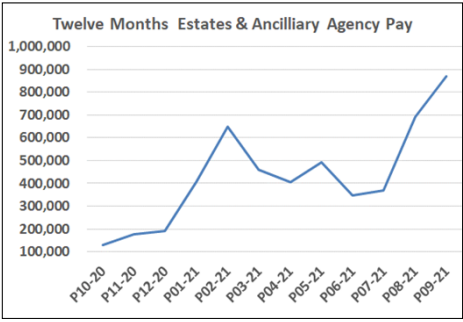
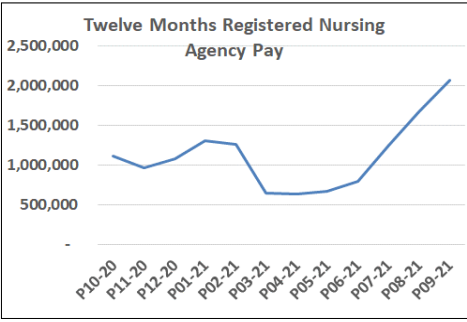
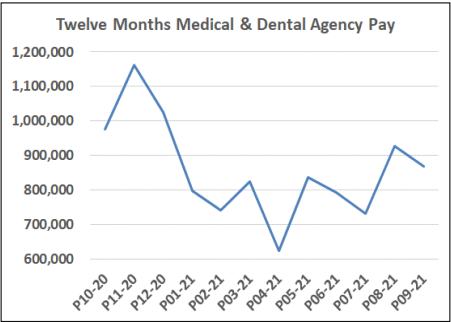
The Health Board spent £53.9m on workforce in month 9 20/21. This is £6.3m more than the monthly average in 19/20, of which c£1.1m relates to A4C wage awards and c£0.3m Medical & Dental wage awards.



Agency:

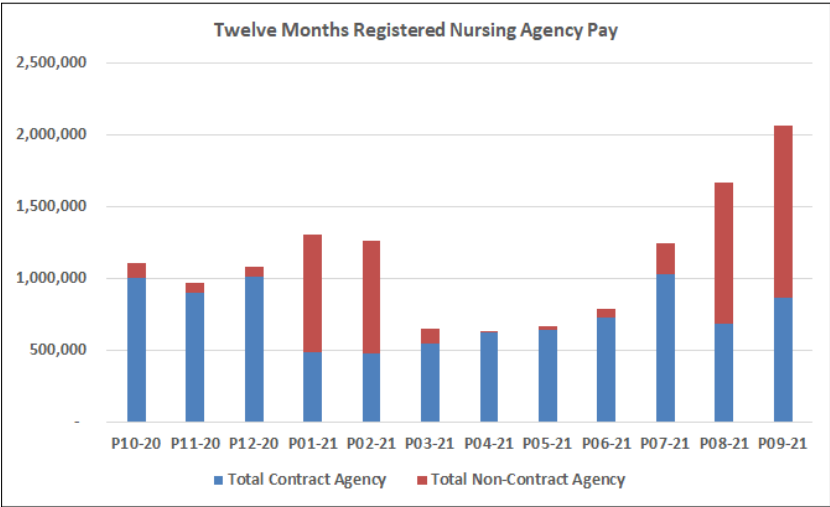
The Health Board spent a total of £4.4m on agency staff in December 2020, £0.7m higher than the expenditure in November and £1.7m higher than the year to date average. Spend by categories of agency are:

- £0.9m on Medical Agency, this is an increase compared to month 8 of £0.18m (average in 19/20 of £1m),
- £2m on Nurse Agency, an increase of £0.4m compared to month 8 (average in 19/20 of £0.85m),
- £0.9m on Estates & Ancillary, a decrease of £0.06m compared to month 8 (average in 19/20 of £0.13m),



Use of “off-contract” Registered Nurse Agency:

The Health Board has used £1.2m ‘off-contract’ registered nurse agency in December 2020; £1.15m higher than the average in 19/20 and £220k higher than November 2020. The spend on ‘off contract’ Registered Nurse agency is shown below.



- Primary Care & Community (£38k): YAB,YYF, St Woolos, County and Chepstow Community Hospitals and Monnow Vale ward,
- Unscheduled Care (£598k): various locations across RGH, NHH and GUH
- Mental Health & LD (£56k): various locations including PICU,
- Scheduled Care (£501k): various locations across, GUH, NHH, RGH and YYF – including £225k for critical care,
- Therapies Director (£6k): Covid-19 testing, and
- Family & Therapies (£2k): NHH Gynaecology.

The main reasons for requests to use “off-contract” agency were:

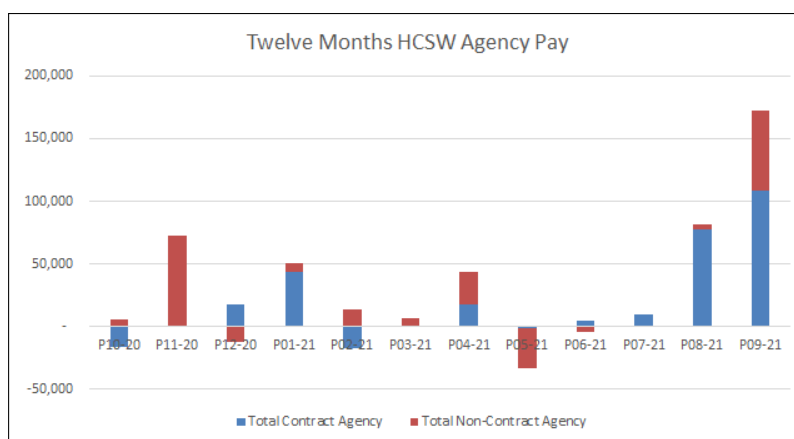
- Significant nursing vacancies,

- Patient safety,
- Covid-19 responses, including additional capacity and the implementation of green and red pathways,
- Enhanced care, and
- Increased sickness and cover for staff shielding in roles related to direct patient care.

Consideration of maintaining safe services was the key factor in approving this cover.

The Health Board has used £173k HCSW agency in December 2020; £136k higher than the average in 19/20 and £64k higher than October 2020. Of this £64k was spent on 'off contract HCSW, compared to £4k in November:

- Unscheduled Care (£152k); £74.8k in GUH; £72k in RGH and £6k in NHH.
- Scheduled Care (£8.8k), £6.8k in RGH; £2k GUH.
- Primary Community & Mental Health (£14k)



Drugs / Prescribing:

The year-end forecast for prescribing increased this month by £341k overall.

The main reason for the forecast increase was an increase in the January Category M prices, resulting in a £225k increase on the forecast. There have also been general increases in both prescribing prices and growth, resulting in the forecast increasing by £116k.

The Covid-19 impact on additional prescribing spend is estimated to be circa £4m.

Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst some routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

Elective Treatments (December 2020) :

- Increase compared to November. 907 (29%) of the planned 3,078 treatments for December were performed – this was in the specialties of Urology (348), General Surgery (171), Dermatology (104), Ophthalmology (102), Max Fax (87), ENT (50) and T&O (45).
- Year to date the treatments are 16,206 (72%) behind the pre-Covid-19 plan of 22,546.

Outpatients – Scheduled Care (December 2020):

- Decrease compared to November. 3,086 (40%) of the planned 7,608 outpatient

Outpatients	Assumed YTD (M09) Activity	Actual YTD (M09) activity	Variance
Gastroenterology	4,590	1,982	(2,608)
Cardiology	4,977	3,319	(1,658)
Respiratory (inc Sleep)	5,454	1,428	(4,026)
Neurology	2,331	1,718	(613)
Endocrinology	2,178	1,753	(425)
COTE	2,079	1,002	(1,077)
Total year to date	21,609	11,202	(10,407)

appointments for December were undertaken – this was in the specialties of General Surgery (842), Dermatology (679), ENT (421), Urology (347), Ophthalmology (324), T&O (190), Rheumatology (149) and Max Fax (134) and,

- Year to date the outpatients appointments are 32,982 (55%) behind the pre-Covid-19 plan of 59,217.

Outpatients – Unscheduled Care (December 2020):

- Medicine outpatient attendances undertaken for the year to date are 11,202 (52%) of the planned 21,609.
- Activity by specialty is included in the following table.

Diagnostics (December 2020):

- The Endoscopy diagnostics procedures delivered for the year to date are 8,224 (68%) of the planned 12,006.
- The following table below illustrates the lower in-month activity.

Endoscopy	Assumed YTD (M09) Activity	Actual YTD (M09) activity	Variance
Apr-20	1,334	135	(1,199)
May-20	1,334	375	(959)
Jun-20	1,334	711	(623)
Jul-20	1,334	942	(392)
Aug-20	1,334	1,072	(262)
Sep-20	1,334	1,178	(156)
Oct-20	1,334	1,385	51
Nov-20	1,334	1,320	(14)
Dec-20	1,334	1,106	(228)
Total year to date	12,006	8,224	(3,782)

With regard to Waiting List Initiative (WLI) Medical pay spend and activity:

Unscheduled Care Division have spent £87k:

- Gastroenterology (£63.3k): the number of endoscopy lists undertaken were 101 (103 in November).
- Cardiology (£23.7k) for 25 clinic sessions (20 in November) seeing 300 patients (207 in November).

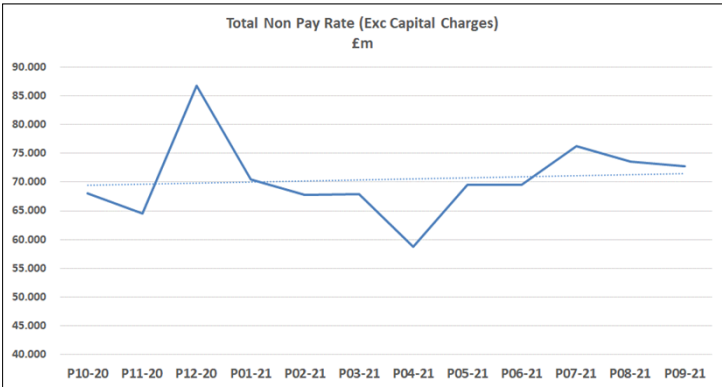
Scheduled Care Division have spent £43.7k:

- Radiology (£40.8k): CT and MR reporting (£38k) and Ultra sound (£2.8k) sessions backlog,
- Ophthalmology (£3k), for Wet AMD sessions.

As a result of reduced elective activity, costs have been avoided and this has enabled some Covid-19 costs to be funded internally by the Health Board.

Non Pay Costs:

Overall non-pay expenditure was £75.4m in month 9, a decrease of £0.73m compared to expenditure in month 8. Adjusting for capital charges, the average non pay expenditure for the year to date is £69.6m, which is £2m above the average for 2019/20.



Adult CHC reduced patient numbers continue to reduce spend, with a reduction of 13 patients, to 538. FNC patient numbers have also reduced by 13 to 774.

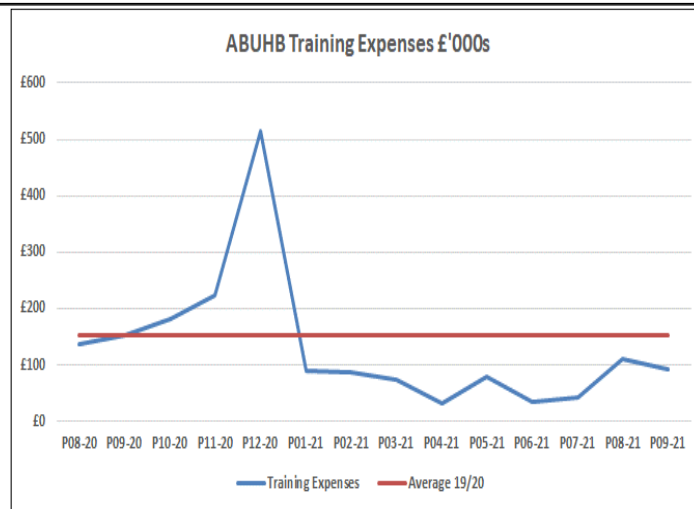
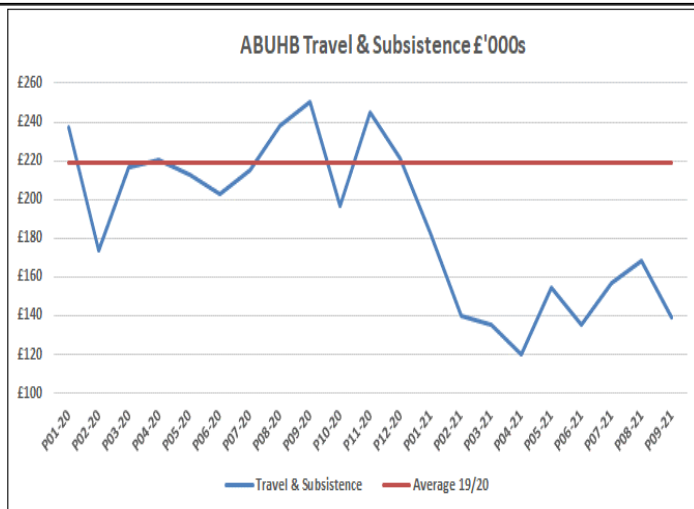
Mental Health CHC spend reflects a net 2 extra Learning Disability patients and 1 Mental health patient as well as cost increase in some existing care packages.

The Health Board has received £4.245m from Welsh Government to support continuing health care providers during the initial Covid-19 period. This is being allocated to care providers, for Adult CHC and MH CHC, in line with guidance and agreements. April to September payments began in October. Further funding was announced for the remainder of this year and payments are being processed to cover the October 2020 to March 2021 period.

Whilst costs have increased in a number of areas, due to Covid-19, some areas of expenditure relating to travel, training and conferences and seminars have decreased. Where changes in working practice, influenced by Covid-19, can be sustained this can be beneficial, both in terms of financial benefits and non-financial benefits (e.g. improved efficiency, reduced travel time and reduced carbon footprint).

The following graphs demonstrate that both travel & subsistence and training costs remain below the average for 2019/20.

- The Health Board’s Travel & Subsistence expenditure is £635k lower when comparing months 1 to 9 of 20/21 with months 1 to 9 of 2019/20, and
- Training expenses the Health Board’s Training Expenses is £737k lower when comparing months 1 to 9 of 20/21 with months 1 to 9 of 2019/20.



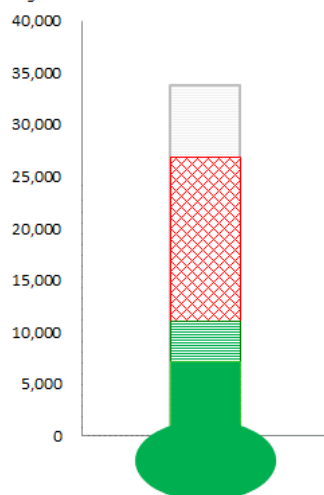
Savings delivery:

As part of the budget delegation, agreed in the March board, the Health Board's financial plan for 2020/21 identified a savings requirement of **£33.8m**.

Actual savings delivered to December amounted to £7.1m; forecast delivery for 2020/21 financial year has reduced to £11m (Green Schemes). The reduction is a delay in the realisation of some rates rebates, which should materialise in next financial year. The Health Board has therefore identified 33% of the original IMTP savings required.

Savings Progress: as at Year To Date Month 09

- ABUHB Savings required Per Board Budget Delegation
- IMTP Savings Submitted to WG
- Savings Plans Forecast Delivering
- Savings Achieved to M09



As part of the Health Board's response to Covid-19, it is important that service changes which have achieved an improved patient outcome are continued (e.g. via greater use of technology to support remote delivery and alternative pathways of care). As the organisation starts to resume services, this provides an opportunity to improve outcomes for patients and make better use of resources. This is aligned with value based healthcare principles and enables the Health Board to be more flexible in delivering services, given the uncertainty that Covid-19 brings during the rest of the year and supports greater service sustainability in the future.

Revenue Reserves:

The Health Board is holding in-year reserves for a small number of specific issues, in line with the budget delegations approved by the Board, these are awaiting final plans or start dates:

Description	20/21
RGH Car Park	420,000
Wage Award Pass through - HEIW	197,000
Financial Stability funding 20/21 - Committed to support decisions made to date	2,491,774
Furniture + Fittings - RGH/NHH/Grange House	300,000
Lightfoot	250,000
Total Commitments	3,658,774

The Health Board is also holding specific funding allocations from Welsh Government in reserves, which will be allocated once plans or values have been finalised.

Welsh Government are expecting Health Boards and their partners to reprioritise uncommitted funding towards the Covid-19 response, where appropriate to do so. This funding may offer an opportunity to support the Covid-19 costs being incurred.

Risks & Opportunities

There remain several risks and opportunities during the rest of 2020/21 and moving into the next financial year. They include:

- Covid-19 pandemic 'surge' profiles - scale and timing of future response and associated costs may vary with the Q4 plans and moving into the 2021/22 financial year,
- Ability to recruit the workforce to deliver operational plans,
- Non-delivery of required savings,
- Continuing health care and prescribing spend,
- The opportunity to divert existing funding to support Covid-19,
- Treatment plans and associated costs – where elective services are resumed and/or reset,
- Welsh Risk Pool (WRP) increased contributions,
- The impact of any agreed changes to the GUH/e-LGH model during 2020/21 financial year
- Financial cover for any annual leave carry over provision at the end of the 2020/21 financial year - discussions are ongoing across NHS Wales and with Welsh Government regarding appropriate measurement and accounting treatment.
- Changes in government policy which have a material financial impact – this includes changes to financial assumptions for the Covid mass vaccination programme and Test, Trace & Protect (TTP) programme.
- The opportunity to make service improvements and cost efficiencies through MSK and Ophthalmology work streams (IMTP priorities), and
- Opportunities from sustaining changed ways of working, including digital solutions and agile working arrangements.

Covid-19 – Revenue Financial Assessment

December forecast reporting is based on the Quarter 4 operational plan and the financial planning assumptions aligned with those plans.

Forecast costs can be broken down into the following categories:

	<u>£m</u>	<u>£m</u>
GUH – early availability/opening	21.5	
Other Covid-19 costs (e.g. PPE, beds, staff, TTP)	<u>127.9</u>	<u>149.4</u>
Savings non-delivery in 2020/21		<u>22.7</u>
		<u>172.1</u>
Operational costs not incurred	(40.7)	
Planned investments re-purposed	<u>(8.6)</u>	<u>(49.3)</u>
		<u>122.8</u>
Welsh Government funding (allocated and anticipated):		
Stabilisation funding (share of £371m)		70.4
Covid-19 allocations (received and anticipated)		<u>52.4</u>
		<u>122.8</u>

The Covid-19 Mass Vaccination Programme is underway. The forecast cost of the Programme remains at £5,410k (as per the plan), however uncertainty around the volume and timing of vaccine supply to the Health Board remains an issue, both in terms of delivery planning and financial forecasting. The forecast costs for the Programme will be recast on an ongoing basis, as further information is available regarding supply, and to reflect any changes in national policy.

Flu vaccination costs include the impact of increases to the population offered the vaccine. For the additional uptake, the costs are currently forecast as £768k.

Funding has also been assumed for PPE. The assumed forecast funding for month 9 is £8.95m for the year (£3.5m confirmed and £5.4m anticipated) and will continue to be reviewed monthly.

The TTP plan has been updated for month 9, this includes revised spend plans agreed with RPB partners and in light of the additional funding. Total expenditure (with equivalent funding) is forecast to total £8.4m.

An estimate has been included for an annual leave provision of £20.3m, as agreed with Welsh Government and the Health Board has assumed funding to cover this provision. The value will be subject to revisions and will be reliant on robust, timely workforce information to determine the level of untaken annual leave to be carried forward.

(ii) **Capital Performance:**

The Capital Programme was approved by the Board in March 2020. The current approved resource limit is £106.320m with a year-end forecast of £106.973m. The adverse variance against plan of £0.653m relates to the currently unfunded costs associated with the acceleration of the Grange University Hospital opening (April and November acceleration costs) and the additional expenditure being incurred in relation to the Health Board's Covid-19 surge response across other sites. The breakdown is set out in the following table.

Scheme	Forecast Expenditure £m	Confirmed Funding at M9 £m	AWCP Funding Shortfall £m
GUH Early Opening Acceleration (April & November)	9.300	9.090	0.210
Covid-19 Surge Funding	5.917	5.473	0.444
TOTAL	15.217	14.563	0.654

The Grange University Hospital opened mid-November in line with the revised operational plan. Work is on-going to conclude the agreed post-completion works, such as:

- Dr's rest facilities,
- External path, and
- Other change requests that have been raised after occupation.

A contingency budget has been retained to address these items.

The project has benefited from savings primarily against the equipment and VAT budgets through a range of issues linked to procurement savings, scrutiny of equipment requests given previous risks and Covid-19 related equipment transfers. A meeting was held with Welsh Government on 3rd December 2020, to agree flexibility to utilise the savings identified, to address new equipment requirements including equipment issues linked to GUH standardisation around anaesthetic monitors and stacks and scopes.

The GUH linked Neonatal accommodation scheme will also be funded via the All-Wales Capital Programme budget. A request for moving funding to 2021/22 has been made to allow for the development of a new business case in relation to Well-being and administrative provision on the wider LGH site.

The final resource allocation requirement of £71.3m has been finalised with Welsh Government. So, any underspends against the funding, at this point, must either be returned to Welsh Government or managed via brokerage. In order to achieve this outturn, all revised capital spend plans, agreed with Welsh Government, need to be progressed at pace to ensure completion prior to the end of the financial year.

The reported over spend of £0.210m relates to the unconfirmed funding, linked to early opening of the GUH, which is awaiting approval.

With regard to Covid surge funding, this relates to essential building works and equipment at existing sites. £5.473m has been received to reflect equipment received/works completed by the end of December 2020. A further £0.964m of funding was received in month to fund equipment items purchased via NWSSP. The outstanding funding of £0.444m makes up the majority of the Month 9 overall overspend against the capital plan of £0.654m.

Funding letters have now been received from Welsh Government in terms of the business cases submitted for Tredegar Health and Well-being Centre and the YYF Breast Centralisation Unit. The allocation adjustments are expected to be actioned in month 10 and will reimburse the Health Board's discretionary capital programme for fees that were being funded at risk.

An allocation of £0.277m was also received in month in relation to the Digital Eye care project.

Further funding in relation to the Satellite Radiotherapy Centre at NHH is still awaiting approval.

The Discretionary Capital Programme has been fully allocated as at month 9. However, a reserve list of year end schemes has been developed, to utilise any further funding released by Welsh Government.

Assuming the remaining funding coverage for the Covid-19 expenditure and Grange University Hospital Opening acceleration is received, the year-end capital forecast would be breakeven.

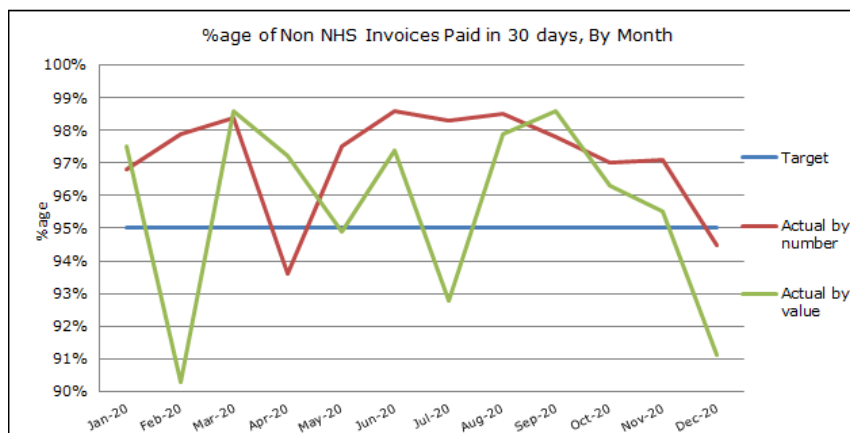
(iii) Cash Position

The cash balance at the 31st December 2020 is £2.560m, which is less than the advisory figure set by Welsh Government of £6m, therefore it is a favourable position.

(iv) Public Sector Payment Policy (PSPP)

The Health Board is continuing to achieve the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods on a cumulative basis. There has been a slight reduction in month, which is currently being investigated.

There has been an increase, in month, in the number of NHS invoices paid within the 30 day target, which has also led to a small improvement in the cumulative position.



2. Financial plan 2021/22 financial year

Following publication of the draft Welsh Government budget for 2021/22, NHS funding allocations for the 2021/22 financial year were issued to Health Boards on 22nd December 2020. A summary is provided in the following table.

Revenue Allocations	ABUHB (£m)	NHS Wales (£m)
Recurrent HCHS and Prescribing	961.602	5,011.057
HCHS Ring-Fenced	181.335	1,157.215
Directed expenditure	16.387	51.850
Sub-Total: HCHS&P	1,159.323	6,220.122
GMS	102.026	562.483
Community Pharmacy	32.265	165.084
Dental	29.489	150.947
Revenue Resource Limit	1,323.104	7,098.636

Hospital and Community Health Services and Prescribing (HCHSP) – a core uplift of 2% to cover estimated pay and other inflationary cost pressures (£105m for NHS Wales; £19.8m for ABUHB). The uplift has been distributed using the needs based allocation formula, which has been updated for recent population and needs indicators. In terms of the Health Board’s share, as a proportion of NHS Wales, this has moved from 18.95% (20/21) to 18.84% (21/22). Taking the core uplift funding (£105m across NHS Wales), the uplift received by the Health Board for 2021/22 is £19.779m. Using last year’s % share this would be £19.894m – a difference of £115k.

Mental health – funding for these services continues to be ring-fenced in 2021/22. Work is ongoing to develop a new resource allocation formula for mental health. Until that has

been completed, growth funding will continue to be allocated on the basis of historic shares. In addition, funding of £20m is being held centrally by Welsh Government.

Covid-19 - the revenue allocations do not include funding for the ongoing response to Covid-19 or Covid recovery programmes. This funding will be identified and issued separately.

LTA/SLA agreements – expected that this will include appropriate funding for pay, non-pay inflationary increases and growth funding equivalent to the additional funding provided to commissioners. Agreements need to be signed off by the last working day of March 2021.

Discretionary capital funding: £10.814m (ABUHB); £83.591m (NHS Wales). In addition to discretionary capital, funding is available to support large capital schemes approved through the All-Wales Capital Programme (AWCP).

Financial Planning Approach 2021/22

The NHS Wales Annual Planning Framework 2021/22 was issued by Welsh Government on 14th December 2020. This set out the expectation that organisations would submit an annual plan, approved by their boards, by 31st March 2021.

Financial plans will be developed as part of an integrated planning approach – service, workforce and financial plans – to produce an annual plan.

In recognition that the organisation is still very much responding to operational pressures, as a result of Covid-19, and along with many of the usual demands faced at this time of year, financial planning work will be undertaken which aims to minimise engagement with operational budget holders. The aim will be to ensure sufficient involvement without unduly distracting attention from the immediate operational response. Given the current operational pressures, that funding allocations do not take include Covid related issues and the need to simplify the planning approach, the financial plans will consider 3 broad areas:

1. **Core plans:** Financial plans, supported by appropriate service and workforce plans, which concentrate on establishing a financial baseline including existing financial commitments and savings programmes,
2. **Covid-related:** these plans will be developed on the basis that separate funding will need to be identified, and
3. **Covid recovery:** these plans will be developed on the basis that they will be implemented once clear funding arrangements have been identified.

Proposed Resource allocation principles:

The following principles are proposed as the basis for which annual budgets will be set and delegated for the 2021/22 financial year.

- Resources should be allocated based on robust and sustainable service, workforce and financial plans; they should also demonstrate how they will optimise health outcomes, in line with national priorities and local Health Board agreed priorities.

- Changes in resource allocation:
 - 1. Investment**, or additional resources, will be considered where:
 - (a) There is evidence of the impact on (improving) health outcomes, and
 - (b) Efficient and effective use of existing resources can be demonstrated.
 - 2. Disinvestment**, or reduction in resources, will focus on areas where efficiency and effectiveness can be improved and the impact on improved outcomes cannot be evidenced.
- Improving and maintaining financial sustainability should be considered in committing resources.
- The Board should consider establishing an appropriate contingency reserve, taking into account the level of financial risk within the Annual Plan / IMTP.
- The Board will only allocate financial resources available to it, either as part of its approved funding allocation (confirmed) or where formal correspondence is provided by Welsh Government in advance of a formal funding allocation (anticipated).

Recommendation

The Audit Committee is asked to note:

- 1. Financial position and forecast for 2020/21 financial year**
 - **The financial performance at the end of December 2020 and forecast for 2020/21 – against the statutory revenue and capital resource limits,**
 - **The revenue reserve position at the 31st December 2020,**
 - **The Health Board's cash position and compliance with the public sector payment policy, and**
 - **A financial assessment of the risks and opportunities impacting on the financial forecast for 2020/21.**
- 2. The Audit Committee is asked to note and comment on the financial planning assumptions and approach for the 2021/22 financial year.**

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	Risks of achieving the Health Board's statutory financial duties and other financial targets are detailed within this paper.
Financial Assessment, including Value for Money	This paper provides details of the financial position of the Health Board as at Month 09 and the forecast position for 2020/21. It identifies the key financial risks and actions required to manage them.

	The financial approach for 2021/22 financial year is aimed at developing financial plans which make best use of resources, improving health outcomes and allocating resources to support this.
Quality, Safety and Patient Experience Assessment	This paper links to AQF target 9 – to operate within available resources and maintain financial balance. This paper provides a financial assessment of the Health Board’s delivery of its IMTP / Annual Plan priorities and opportunities to improve efficiency and effectiveness.
Equality and Diversity Impact Assessment (including child impact assessment)	Not Applicable
Health and Care Standards	This paper links to Standard for Health services One – Governance and Assurance.
Link to Integrated Medium Term Plan/Corporate Objectives	This paper provides details of the financial position that supports the Health Board’s 3 year plan. The Health Board has a statutory requirement to achieve financial balance over a rolling 3 year period.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term Integration Involvement Collaboration Prevention The Health Board Financial Plan has been developed on the basis of the approved IMTP, which includes an assessment of how the plan complies with the Act.
Glossary of New Terms	See Appendix
Public Interest	Circulated to board members and available as a public document.

Glossary

A		
A&C – Administration & Clerical	A&E – Accident & Emergency	A4C – Agenda For Change
AME – (WG) Annually Managed Expenditure	AQF – Annual Quality Framework	AWCP – All Wales Capital Programme
B		
B/F – Brought Forward	BH – Bank Holiday	
C		
C&V – Cardiff and Vale	CAMHS – Child & Adolescent Mental Health Services	CCG – Clinical Commissioning Group
C/F – Carried Forward	CHC – Continuing Health Care	Commissioned Services – Services purchased external to ABUHB both within and outside Wales
COTE – Care of the Elderly	CRL – Capital Resource Limit	Category M – category of drugs
D		
DHR – Digital Health Record	DNA – Did Not Attend	DOSA – Day of Surgery Admission
E		
EASC – Emergency Ambulance Services Committee	EDCIMS – Emergency Department Clinical Information Management System	EOY – End of Year
ETTF – Enabling Through Technology Fund		
F		
F&T – Family & Therapies (Division)	FBC – Full Business Case	FNC – Funded Nursing Care
G		
GMS – General Medical Services	GP – General Practitioner	GWICES – Gwent Wide Integrated Community Equipment Service
GUH – Grange University Hospital		
H		
HCHS – Health Care & Hospital Services	HCSW – Health Care Support Worker	HIV – Human Immunodeficiency Virus

HSDU – Hospital Sterilisation and Disinfection Unit		
I		
IMTP – Integrated Medium Term Plan	IPTR – Individual Patient Treatment Referral	I&E – Income & Expenditure
L		
LoS – Length of Stay	LTA – Long Term Agreement	
M		
MH – Mental Health		
N		
NCN – Neighbourhood Care Network	NCSO – No Cheaper Stock Obtainable	NICE – National Institute for Clinical Excellence
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
O		
ODTC – Optometric Diagnostic and Treatment Centre		
P		
PAR – Prescribing Audit Report	PCN – Primary Care Networks (Primary Care Division)	PER – Prescribing Incentive Scheme
PICU – Psychiatric Intensive Care Unit	PrEP – Pre-exposure prophylaxis	PSNC –Pharmaceutical Services Negotiating Committee
PSPP – Public Sector Payment Policy	PCR – Patient Charges Revenue	PPE – Personal Protective Equipment
R		
RGH – Royal Gwent Hospital	RN – Registered Nursing	RRL – Revenue Resource Limit
RTT – Referral to Treatment		
S		
SCCC – Specialist Critical Care Centre	SCH – Scheduled Care Division	SCP – Service Change Plan (reference IMTP)
SLF – Straight Line Forecast	SpR – Specialist Registrar	
T		
TCS – Transforming Cancer Services (Velindre programme)	T&O – Trauma & Orthopaedics	

U		
UHB / HB – University Health Board / Health Board	USC – Unscheduled Care (Division)	
V		
VCCC – Velindre Cancer Care Centre		
W		
WET AMD – Wet age-related macular degeneration	WG – Welsh Government	WHC – Welsh Health Circular
WHSSC – Welsh Health Specialised Services Committee	WLI – Waiting List Initiative	WLIMS – Welsh Laboratory Information Management System
WRP – Welsh Risk Pool		
Y		
YAB – Ysbyty Aneurin Bevan	YTD – Year to date	

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 9 2020/21

Director of Finance Commentary for the Period Ended 31st December 2020

Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31st December 2020 (Month 9, 2020/21). This commentary will provide an overview of the financial position and performance of the Health Board as at month nine of the 2020/21 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

This commentary will also respond, as far as is possible, to the issues highlighted in the WG response letter. The progress made on these issues is set out by way of an action log included as an Annex 1 to this commentary.

It is important to note that the implications of Covid-19 and the Health Board's response and financial implications are based on a greater than normal level of uncertainty in delivering the Quarter 3 & 4 plan, including a revised financial plan, and the narrative reflects this uncertainty.

As at Month 9, ABUHB continue to report a forecast break even position. This position excludes any additional potential WRP contribution but does now include an estimate for the annual leave provision for 2020/21, which it anticipates to be funded by WG. The Health Board continue to review the delivery of service plans outlined in the Quarters 3 & 4 plan, including workforce and recruitment challenges as a result of Covid-19.

The Health Board has completed an assessment to determine the level of expenditure which the Health Board is likely to incur and the level of funding required for 2020/21. Following an exchange of correspondence between Judith Paget (CEO), 16th December 2020, and Dr Andrew Goodall, 31st December 2020, it has been agreed that the Health Board will require a level of funding to cover expenditure of £1.575bn in 20/21 (excluding provision for annual leave and other stated variables), the level of allocation funding has been adjusted to match this forecast & is reflected in the month 9 financial reporting.

The Health Board is aware that changes to Covid-19 responses at a national level may require a materially different local service response and will continue to engage with Welsh Government colleagues to secure the necessary funding to deliver these future programmes.

Actual YTD and Forecast Position 2020/21 (Tables A and B)

Table A – Movement of Opening Financial Plan to Outturn

The IMTP submitted to Welsh Government in January 2019 identified a break-even position, although noting financial risk for 2020/21.

Following submission of the IMTP on the 31st January 2020 the ABUHB financial plan was developed into an internal Budget Delegation. The Health Board has fixed the following opening financial plan per the below:-

- Underlying deficit brought forward of £16.261m
- Cost pressures identified of £41.253m
- WG Funding of £30.666m
- Savings of £26.848m
- Underlying deficit to carry forward of £12.261m
- Additional Board approved investments £7m
- Additional Board expected operational savings £7m.

The year to date reported position is 467k surplus, with a projected out-turn of **break-even**.

The 31st December forecast takes account of the Health Board's response to managing Covid-19, recognising the funding received and announced by WG for Covid-19 and continues to include cost estimates for winter surge and pathology testing. Allocations assume the adjusted additional revenue funding confirmed by Welsh Government and anticipated by the Health Board to support Covid-19 and financial stability for the remainder of the 2020/21 financial year (see Anticipated Allocations appendix).

The forecast includes estimated costs of making available part of the Grange University Hospital earlier than planned and the accelerated opening as an acute site from November 2020, as part of the Health Board's planned Covid-19 response and reflects the latest plan for quarters 3 and 4.

Monthly Positions

Actual YTD

The month nine reported financial position shows a 467k **surplus** position; this is presented as such on the face of **Table B – Monthly Positions**. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Departments, funding has been delegated following Board approval and subsequent Chief Executive agreement:-

Month 9 - December 2020	Full Year Budget £000s	YTD M9 Reported Variance £000s
Operational Divisions:-		
Primary Care and Community	261,266	(407)
Prescribing	106,506	(0)
Community CHC & FNC	65,012	(632)
Mental Health	99,893	298
Director of Primary Community and Mental Health	5,018	(103)
Total Primary Care, Community and Mental Health	537,696	(844)
Scheduled Care	207,528	(696)
Unscheduled Care	125,951	797
Family & Therapies	112,779	(77)
Estates and Facilities	76,253	27
Director of Operations	6,626	(23)
Total Director of Operations	529,138	27
Total Operational Divisions	1,066,834	(817)
Corporate Divisions	126,531	350
Specialist Services	159,081	0
External Contracts	73,497	0
Capital Charges	98,018	(0)
Total Delegated Position	1,523,962	(467)
Total Reserves	7,469	0
Total Allocations	(1,510,416)	0
Other Corporate Income	(21,015)	(0)
Total Reported Position	0	(467)

Key messages for Month 9

The financial position at the 31st December 2020 shows a £467k surplus position, with the key issues in the month being:-

- **Covid-19:** See narrative for Table B3 below.
- **Funding:** Additional anticipated funding in line with the estimate for the annual leave accrual 20/21 and an anticipated funding adjustment in line with the Accountable Officer letter submitted to Dr Andrew Goodall.
- **Savings:** The Health Boards IMTP and budget delegation identified a savings requirement of £33.8m for the Financial Year 2020/21. The forecast achievement of green savings against the savings target is £11m, this is a reduction compared to previous months due to the removal of some rates rebates which are expected to be savings schemes in 21/22. The identification and delivery of savings has slipped due to Covid-19.
- **Benefits:** There have been benefits in month as a result of cost avoidance due to the focus on Covid-19, particularly in relation to reduced elective

services and associated costs, albeit increased costs in Critical Care are partly offsetting this benefit.

Table A1 – Underlying Position

The Underlying (U/L) forecast position has remained at £21m. This will be reviewed during the IMTP process for 21/22.

Table A2 – Risks

There remain risks associated with the uncertainty of the service operational response to Covid-19 pressures being at variance with the Q3 and Q4 plan assumptions. These risks are not financially quantified at this point. Also, the financial forecast excludes any additional costs for recovery of elective services to improve waiting times.

There are also opportunities as a result of recruitment challenges and revised Covid-19 response plans.

Table B

Table B has been completed as per guidance.

Material movements of actual expenditure from the IMTP plan are due to the impact of Covid-19. Material movements between current month actual expenditure and the prior month are as follows:

- *Primary Care Contractor* – has decreased when compared to November 20 expenditure, however, this is a result of GMS Global Sum back payments inflating the spend in month 08.
- *Provider Services - Pay* – as forecast pay expenditure increased when compared to month 8, this is a result of Covid-19 pressures and largely relates to the increased use of agency staff for both Registered Nurses and Health Care Support Workers.
- *Provider Services – Non Pay* – as forecast pay expenditure increased when compared to month 8, part of this is Covid-19 related in areas such as catering at GUH and the reversal of the expected rates rebates as detailed in the savings narrative.
- *Healthcare Services Provided by Other NHS Bodies* – this relates to the reduced expenditure with WHSSC as a result of slippage on investment plans and a reduction in pass through costs both due to Covid-19.

Action Point 8.1; the pay forecast has been amended to reflect the Health Boards expenditure review and agreement with Dr Andrew Goodall regarding total

expenditure and funding required for this financial year. The table below demonstrates that the 'operational' pay is consistent for future months.

	Nov	Dec	Jan	Feb	Mar
Total Provided Services - Pay	50,345	51,630	51,958	51,923	72,554
Additional Pay Covid-19 Table B3	6,084	7,019	7,373	7,805	27,998
'Operational' Pay	44,261	44,611	44,585	44,118	44,556

There is a validation error in Section E, however, this is caused by protected cells that the HB is unable to edit.

Revenue Resource Limit

The Month 9 financial position is based on total allocations of £1,510.4m, consisting of £1,401.5m confirmed Welsh Government allocations and £108.9m of anticipated allocations. The anticipated allocations are listed in Appendix 1. The Health Board would welcome an update on the status and likely date of issue for each of these allocations. The Health Board has requested an update on a number of specific allocations via this commentary and still requires an update on the list below to aid in financial planning (this is not an exhaustive list):

- Prevention & Early Years
- Digital including, TEC Cymru and ETTF
- Wage Award funding (Very Senior Managers), confirmed for 21/22 but not yet received for 20/21
- All Wales Obesity Pathway
- Invest to save

The Health Board has included a forecast cost for the annual leave accrual and as advised in the reply letter offset this with an anticipated allocation, the current estimate is £20.3m. This is included in appropriate pay line in the MMR monthly positions and Covid-19 tables in month 12.

The calculation is based on the all Wales methodology, using a number of workforce systems in use within the Health Board to record annual leave which is showing a significantly higher level of annual leave not taken than previously anticipated. This number is subject to change.

Table B shows the year to date and forecast depreciation position for the Health Board as reported at Month 8, based on the final asset values for 2019/20 and the capital schemes approved in the CRL issued on 6th January 2021.

Anticipated allocation requirements are set out in the table below and have not changed from Month 8 reporting. The figures are based on the revised indices received in the Welsh Government Technical Update Note 01 2020-21.

	M09
Anticipated Allocations	£000
DEL Baseline Depreciation Shortfall	843
DEL Strategic depreciation Support Required	9,370
DEL Accelerated Depreciation Required	261
Total DEL Anticipated Funding	10,474
AME Forecast Donated Asset Depreciation	360
AME Reversal of impairments Credit	-5,298
AME Indexation Impairments Land	65
AME Impairment Funding	68,942
Total AME Anticipated Funding	64,069
Donated Granted Assets Credit	(250)
Total Forecast Anticipated Allocations	74,293

The work to conclude the impact of the Grange University Hospital scheme on DEL depreciation and AME impairments is still being worked on by the Health Board and is subject to change. The implications are being worked through in Month 10 now that spend to quarter three has been finalised. Any changes to the above anticipated allocations will be communicated to Welsh Government colleagues as soon as they are finalised.

In addition, the Health Board is also working to confirm any non-cash implications of Covid-19 related equipment purchased via NWSSP and the Department of Health where ownership is now transferring to the Health Board. This will also be communicated to Welsh Government Colleagues once known.

Table B2 – Pay & Agency

This table has been completed in line with guidance. Agency expenditure for the month was £4.4m (£3.7m in prior month), and was £1m higher than the December forecast reported in November. This is due to increased Covid-19 activity during December, with the block booking of 'off-contract' agency nurses & enhanced rates.

In response to Action Point 8.2: The categorised pay costs for October reported on Table B2-A (pay expenditure) have been restated to account for an internal reporting error. As a result of this, the total pay costs for October reported in this section have increased by £0.5m. This action has been agreed with Welsh Government colleagues.

Table B3 – Covid-19

December forecast reporting is based on the Quarters 4 operational plan updated for the current climate relating to Covid-19.

Forecast costs can be broken down into the following categories.

- Field Hospital / GUH: £21.5m

- Covid-19 non Field Hospital costs: £127.9m
- Savings not achieved: £22.7m
- Operational costs not incurred: -£40.7m
- Repurposed & planned investments slippage: -£8.6m
- WG Funding – directed & redirected: -£122.8m

Type	Covid-19 Specific Allocations - As at December 2020	£'000s
HCHS	Mental Health Service Improvement Fund 2020-21	670
HCHS	Transformation Fund - Financial Support to Optimise Flow and Outcomes	1,820
HCHS	Additional Pay Costs COVID 19 Qtr 1	8,527
HCHS	COVID 19 - Independent Health Sector Funding to 5th September 2020	869
HCHS	COVID 19 Additional Cross Border Costs 0.8%	79
HCHS	Support for Adult Social Care Providers COVID 19	4,245
GMS	All Wales Easter Bank Holiday DES	285
HCHS	Independent Sector Funding (to December)	1,258
HCHS	COVID19 - PPE Q1 and Q2	3,480
HCHS	C19 HB and LA Tracing Funding (M1-6 actual, M7-9 forecast)	5,950
HCHS	C19-Support to Voluntary Sector Mental Health Service Provision	200
HCHS	C19 Recovery-Gwent RPB Dementia Advocacy	210
HCHS	Funding to Support Financial Stability 20/21, NHS Allocation Formulary basis	70,400
	Total Confirmed Covid-19 Allocations	97,992
HCHS	Contact Tracing Workforce Planning	2,656
HCHS	PPE (Estimate)	5,470
HCHS	Covid Mass Vaccination Programme (Estimate)	5,410
HCHS	Gwent RPB-Project 111/contact first pilot (Nov-Mar20)	496
HCHS	Gwent RPB-Discharge to Recover and Assess pathways (D2RA)	1,895
HCHS	Gwent RPB-24/7 urgent Primary Care model path finder	759
HCHS	Gwent RPB-Ambulatory Same Day Emergency Care	811
HCHS	Flu Vaccinations - additional cohorts	768
HCHS	Annual Leave Provision 20/21	20,295
HCHS	TTP additional funding for IT equipment	200
HCHS	Reduction in Required Funding 20/21	(14,000)
Pharmacy	Pharmacy Contract Flu Costs	35
	Total Anticipated Covid-19 Allocations	24,796
	Total Covid-19 Allocations	122,787

The Covid-19 Mass Vaccination Programme is underway, with expenditure continuing to be approved on an incremental basis by the Executive Team.

The forecast cost of the Programme remains at £5,410k (as per the plan), however uncertainty around the volume and timing of vaccine supply to the Health Board remains an issue, both in terms of delivery planning and financial forecasting. The forecast costs for the Programme will be recast on an ongoing basis, as further information is available regarding supply, and to reflect changes in national policy.

The table below provides a summary of the expected costs to 31st March 2021:

Covid Mass Vaccination Programme

Financial summary December 20

	Cost (£'k)
Pay	£2,825
Venues	£440
Booking centre	£309
Health Board delivery cost	£3,574
Estimated Primary care GP costs	£1,836
Total cost of vaccination delivery	£5,410

Flu vaccination costs relate only to the additional cohort of the population offered the vaccine, this is currently forecast as £768k, with assumed funding. It is not yet known if this will be GMS or HCHS expenditure, as we have not had confirmation that these will be funded if they are GMS so the funding is currently assumed to be HCHS. The Health Board contacted a WG colleague on the 4th January 2021 as suggested in **Action Point 8.6** and have had no reply. The Health Board contacted another finance colleague and the response was that the query was passed to a Policy Team colleague, we have yet to receive a response.

The Health Board has received confirmation that Pharmacy fees for the Flu will be reimbursed up to £175k, in relation to this the Health Board is assuming £35k funding to cover these costs.

Funding has also been assumed, per the guidance, for PPE. The assumed forecast funding for month 9 continues to be £8.95m for the year (£3.5m confirmed and £5.4m anticipated) and will continue to be reviewed monthly.

The TTP delivery and spend plan has been updated for month 9, this has reduced by £0.4m due to slippage on the recruitment to posts in the HB regional cell and the Local Authorities. The Health Board is assuming funding will be received equal to the contact tracing expenditure, therefore, the £8.8m assumed funding will be amended for month 10 reporting, this will not affect the financial position of the HB.

Action Point 8.4: the increase in forecast costs for outsourcing are based on commissioning additional services for quarter 4 from two potential providers, negotiations are ongoing.

In response to Action Point 8.5: line 95 of Table B3 (Local Authority spend) shows a significant increase in forecast spend for month 12. This is mainly due to expected costs of *Discharge to Recover and Assess Pathways* schemes, and the expected costs

of Transformation. These costs are regularly reviewed, and the Health Board is required to submit revised forecasts for partnership funding activities within the next few days.

In conclusion, the full year forecast for 2020/21 is break-even, this includes recognising the level of funds required to achieve this as confirmed by the letter from the Accountable Officer to WG following the Health Boards 16th December Board meeting.

The HB will take all possible actions to control and offset emerging pressures, however, should further cost pressures emerge, such as the WRP, the HB may not be able to balance this in its entirety.

Table C (C, C1, C2 & C3) - Savings Schemes

These tables have been complete for month 9, as required.

Table D - Welsh NHS Assumptions

This table has been completed for month 9.

Action point 6.19 (*Updated at month 9*); ABUHB has had confirmation from the Powys TLHB Finance Director that a counter signed LTA will be sent back to ABUHB. Unfortunately despite repeated attempts to obtain the LTA it remains outstanding. The commissioning team will continue to pursue receipt.

Table E - Resource Limits

This table has been completed for month 9.

Table E1 – Invoices Income

Not required from Health Boards.

Table F – Statement of Financial Position

The main changes in the balance sheet from the previous month relates to:

- A reduction in the value of outstanding Accounts Receivable invoices due to receipt or a number of large payments during the month.
- A decrease in trade and other payables, mainly due to a decrease in Capital and NHS accruals during the month and the timing of the Exeter payment.
- A decrease in the cash held from £4.540 to £2.560m

Table G - Cash Flow Forecast

The cash position at the 31 December was a balance of £2.560m which was made up of £2.09m relating to revenue and £0.470m relating to capital.

The Health Board reviewed the working capital cash balances for 2020/21 as at month 7 and can confirm that no changes have been actioned in month and as such we are still anticipating a working capital requirement of £12.614m as follows:

- It is envisaged we will require £1.697m in relation to working capital cash for 2020/21. This may reduce if we subsequently receive additional late capital resource approval that increases our year end capital creditors.
- It is estimated that in relation to revenue a working capital cash balance of £9.076m will be required which includes £5.9m in relation to the Welsh Risk Pool.
- It is estimated that additional capital funding of £0.654m will be required in relation to Covid-19 as per the below.

The current approved capital resource limit is £106.320m with a year-end forecast of £106.974m. The adverse variance against plan (and cash limit) of £0.654m relates to the additional expenditure being incurred in relation to the Health Board's Covid-19 response and the planned acceleration of the Grange University Hospital opening (April and November costs), for which funding has not yet been confirmed in the CRL. The funding and cash implications of this will need to be considered to ensure the health board is not overdrawn.

The year-end cash forecast is a deficit balance of £10.126m which reflects the forecast deficit capital cash of £0.654m, the required working capital allocation of £9.076m revenue and £1.697m capital with a forecast year end cash balance held of £1.301m.

We will provide regular updates within the monitoring return submissions in relation to the working capital cash requirements for both revenue and capital as the year progresses.

In relation to **Action Point 8.9** and as previously discussed, I can confirm that no action is required from the Health Board in relation to this action point.

Table H - Public Sector Payment Compliance (PSPP)

The creditor payment rates for December 2020 for the statutory 30 day payment terms are:

Category	Invoices	In Mth %	YTD %
NHS	Value Number	98.7 86.6	98.3 86.0
Non NHS	Value Number	91.1 94.5	95.6 96.8

The HB continues to achieve the target to pay 95% of the number of non-NHS creditors within 30 days of delivery of goods on a cumulative basis. The in month reduced performance is being investigated.

There has been an increase in month in the number of NHS invoices paid within the 30 day target which has also led to a small improvement in the cumulative position.

Tables I & K - Capital Schemes & Other Developments

The Capital programme tables have been completed in line with the latest CRL issued on 6th January 2021.

AWCP Schemes

Grange University Hospital Scheme & GUH Early Opening allocation

Work is on-going to conclude the agreed post-completion works to address issues such as the doctor's rest facilities, external path and other change requests that have been raised after occupation. A contingency budget has been retained to address these items.

The project has benefited from savings primarily against the equipment and VAT budgets, through a range of issues linked to procurement savings, scrutiny of equipment requests given previous risks, and Covid-19 related equipment transfers. A meeting was held with Welsh Government on 3rd December to agree flexibility to utilise the savings identified to address new equipment requirements including equipment issues linked to GUH standardisation around anaesthetic monitors and stacks and scopes that were discretionary priorities. It has also been agreed that the GUH-related Neonatal accommodation scheme, required due to changes in guidance post approval, can be funded via the AWCP budget. A request for slippage to 2021/22 has also been made to allow for mobile telephony, decommissioning requirements at eLGHs post-Covid-19, and to support developing plans in relation to further Well-being and admin provision on the wider LGH site.

The final resource allocation requirement for 2020/21 is now fixed at £71.3m. In order to achieve this outturn, all revised spend plans agreed with Welsh Government in the beginning of December need to be progressed at pace to ensure completion prior to the end of the financial year.

Overall the Health Board is currently forecasting a saving of £8.382m against the approved funding for the scheme. This is made up Health Board Gain Share of £4.9m and £3.482m of other scheme savings mainly relating to VAT and inflation. The final VAT recovery % is expected to be agreed with HMRC in 2021/22, at that point the final overall scheme saving will be confirmed.

The Health Board has requested that £0.853m of this saving be reallocated to the Laminar Flow Theatre Upgrade Scheme that was a requirement to support the Clinical Futures model changes at RGH. A business case has been submitted for this scheme and is currently being scrutinised by WG capital colleagues.

NHH Satellite Radiotherapy Centre

The Health Board attended the Infrastructure Investment Board on 9th December 2020 and is awaiting approval of the OBC. The FBC is currently progressing with the FBC at risk until OBC approval is received.

Fees for East Newport HWBC

Funding of £635k has been awarded by WG in order for the project team to continue working on the Stage 3 design phase whilst the OBC is considered. The Health Board has responded to the scrutiny comments raised. The planning application approval has been delayed to March 2021 due to Covid-19 issues.

Gamma Camera at NHH

All works and installation of the gamma camera have completed, with the equipment fully operational. Final invoices are awaited in relation to testing/ commissioning and ICT, at which point the project outturn cost will be confirmed.

HSDU at LGH

The scheme is progressing well. The 2020/21 allocation is now fixed at £11.2m. The current cost advisor cash flow profile is indicating a forecast outturn of £10.728m compared to the £11.2m CRL approval. The SCP has been asked to review planned spend for April to review if any expenditure items can be brought forward to the current financial year. A review of the equipment list (spend currently profile in 21/22) is also underway to confirm which items can be delivered prior to year-end and stored in order to bring spend back up in line with the confirmed CRL.

Fees for YYF Breast Centralisation Unit

The Health Board has received the funding approval for the additional fees to progress the FBC. The FBC is being progressed and due to be complete by the end of April.

2019/20 Slippage schemes

These schemes are now largely complete and expected to fully spend by the end of the financial year.

Fees for Tredegar HWBC

The Health Board has received the funding approval for the additional asbestos costs and grouting. The demolition works are expected to complete in February and the grouting works will then commence.

The FBC was approved by the Health Board in September and submitted to Welsh Government for approval. The Health Board is working to address the scrutiny issues raised to allow approval of the FBC.

Covid-19 - Digital Devices for increased remote working

Orders have been progressed against this allocation and is forecast to achieve full spend before the end of the financial year.

Other Covid-19 Funding requirements

The Health Board is incurring further Covid-19 expenditure of approximately £5.917m to support the response requirements outside of the Grange University Hospital. This includes:

- essential equipment to expand ITU capacity at the RGH and NHH sites
- essential equipment to support the surge capacity for other Health Board sites
- Capital works required to modify existing sites e.g. extension of medical gases etc.
- expenditure to support testing capacity

AWCP funding of £5.473m has been received to date to support these costs. The remaining anticipated expenditure of £444k is due to complete by the end of the financial year.

The allocations now include costs in relation to items procured centrally via NWSSP. The current budget does not include the testing equipment procured by PHW for the Grange University Hospital Cat 3 Lab for which an additional CRL transfer will be required.

Serennu Rebound Facility

The delays in relation to planning approval have delayed the scheme programme and is currently indicating a circa £200k underspend against the scheme allocation. A meeting is being held with the appointed contractor this week to determine if the programme can be accelerated.

Digital Eye-Care

An allocation has been received in month and orders are being placed for the locally incurred expenditure. Contact has been made with Cardiff and Vale UHB to agree when the expenditure in relation to the system development will be invoiced.

Discretionary Capital

The Health Board approved an opening programme at the March Board meeting which addressed the capital requirements set out in the UHB's IMTP along with a number of high risk divisional sustainability schemes and IT/equipment replacements.

The programme contains slippage allocations for projects approved and committed to in 2019/20 that were unable to complete due to the coronavirus pandemic. These schemes have progressed well in the current year, and the majority have now completed.

The Health Board has committed £2.4m of the Discretionary Capital Programme allocation to replace core lift infrastructure at the Royal Gwent and Neville Hall Hospital sites. This investment includes £0.5m slippage from 2019/20 as a result of delays due to Covid-19. These works are progressing as per the revised schedule provided by the contractor which has been impacted by access difficulties due to Covid-19 and redesign issues. A further £1.3m of investment is also required in 2021/22 to conclude the replacement of the main lift infrastructure in these sites.

The programme is fully allocated at month 9, however, funding allocations are expected in January to reimburse the DCP in relation to fees incurred against the YYF Breast Centralisation scheme (£300k) and the Tredegar H&WBC additional costs (£460k). A further £853k would be reimbursed if the RGH Laminar Flow scheme were also to be approved. The Health Board has developed a reserve list of schemes to backfill the Discretionary programme when these fees are reimbursed.

Table M - AGED WELSH NHS DEBTORS

At the end of November 2020 the Health Board had 10 invoices outstanding with other Welsh Health Bodies totalling £119,032.

- 8 invoices, 2 with Cwm Taf with a value of £4,684 and 6 with Velindre with a value of £110,295 are validated for payment and will be processed as soon as the credit relating to the DOF Covid-19 pass through agreement has been processed by the Health Board.
- 1 invoice with Welsh Ambulance Services NHS Trust for £453. We have received a confirmed payment date of 12th January for this invoice.
- 1 invoice with Welsh Government for £3,600 which has since been paid.

In response to Action Point 8.8: the Cardiff & Vale invoice number 210801 for £89.86 was actually paid on the 4.12.2020. Unfortunately we were unable to update the comments box in row 6 on Table M as the cell is protected. This is also the case in month 9. We will contact you prior to the month 10 submission to resolve this issue.

Table N - GMS

The table is completed for quarter 3.

Table O - Dental

The table is completed for quarter 3.

OTHER ISSUES

Risk Management

Claims submitted to the Welsh Risk Pool at the end of December 2020 total £2.805m. Claims paid out at the end of December equate to £1.805m leaving a balance of £1.0m to be reimbursed.

CREDITORS

Attached to the returns is a separate file containing the following information in relation to outstanding creditors:-

- All outstanding creditors we currently have identified with other Welsh Health bodies as at 11th January 2020.
- Response to the month 08 list of creditors circulated as part of the monthly reply letter.

Field Hospital Pro-forma

This pro-forma has been included.

Test Trace & Protect Pro-forma

This pro-forma has been included.

Mass Vaccination Pro-forma

This pro-forma has been included.

Conclusion

Financial Performance is reported consistently in the monthly Board papers and external reporting including the MMR, however, these are presented in a more user friendly way. The MMR Narrative and key tables will be submitted for review to the Audit Committee, as a sub-committee of the Board.

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed, by both the Chief Executive and the Director of Finance. Where this is not possible, the Deputy Chief Executive will sign on behalf of the Chief Executive and an Assistant Director of Finance will sign on behalf of the Director of Finance.



Glyn Jones

Director of Finance & Performance / Deputy Chief Executive
Cyfarwyddwr Cyllid a Pherfformiad / Dirprwy Brif Weithredwr



Judith Paget

Chief Executive
Prif Weithredwr

Appendix 1

Anticipated Allocations

WG Revenue Resource Limit : Anticipated Allocations (December)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
HCHS	(Provider) Substance Misuse & increase	2,853	R
HCHS	(Provider) SPR's	53	R
HCHS	(Provider) CDA's	158	R
HCHS	I2S Led Lighting	(29)	R
HCHS	Technology Enabled Care National Programme (ETTF)	599	R
HCHS	Invest to Save DHR Phase 1	(500)	R
HCHS	Invest to Save DHR Phase 2	(143)	R
HCHS	Invest to Save Omnicell	(310)	R
HCHS	National Mobilisation Programme	276	R
HCHS	Health Disability Sports Wales	20	R
HCHS	Augmentative and Alternative Communication (AAC) Pathway	95	R
HCHS	Prevention and Early Years	1,171	R
HCHS	Activity Blades for Children	33	R
HCHS	A Healthier Wales Reablement and Recovery	199	R
HCHS	AME Donated Assets Depreciation	360	NR
HCHS	AME Impairment	63,709	NR
HCHS	DEL Strategic Depreciation	9,370	NR
HCHS	DEL Accelerated Depreciation	77	NR
HCHS	DEL Baseline Shortfall Depreciation	1,027	NR
HCHS	Transformation Fund	1,757	NR
HCHS	TEC Cymru Tranche 1	1,642	NR
GMS	GMS Refresh	1,603	R
HCHS	Contact Tracing Workforce Planning	2,456	NR
HCHS	All Wales Obesity Pathway	318	NR
HCHS	Donated Assets Receipts	(250)	NR
HCHS	PPE	5,470	NR
HCHS	COVID Mass Vaccination Programme	5,410	NR
HCHS	Gwent RPB-Project 111/contact first pilot (Nov-Mar20)	496	NR
HCHS	Gwent RPB-Discharge to Recover and Assess pathways (D2RA)	1,895	NR
HCHS	Gwent RPB-24/7 urgent Primary Care model path finder	759	NR
HCHS	Gwent RPB-Ambulatory Same Day Emergency Care	811	NR
HCHS	Additional cost of Flu Vaccinations	768	NR
HCHS	Executive Pay award 20-21	26	R
HCHS	Annual Leave provision 20-21	20,295	NR
HCHS	TTP additional funding for IT equipment	200	NR
HCHS	TTP additional funding - reforecast at month 8	200	NR
Pharmacy	Pharmacy contract Flu	35	NR
HCHS	Reduction in required funding 20/21	(14,000)	NR
	Total Anticipated: Per Ledger	108,910	

Appendix 2

Aneurin Bevan Health Board

Monthly Monitoring Returns – Current Period Action Points 2020/21

Month	Narrative	How responded to
Month 1		
1.1	I note you are reporting £7.552m of “Additional Board Agreed Cost pressures b/f not identified in the IMTP”. Please provide a full analysis of what these costs relate to; we will then consider your request to amend your Opening Plan section from that previously reported in your IMTP.	See Commentary
1.2	Also in relation to the above issue, I note that these costs are being recorded on Table A as ‘non recurring’ in one column, but then as ‘FYE recurring’ in another column. A corresponding recurring savings plan assumption has been shown in the FYE column, with no in year delivery due to Covid-19. Saving schemes that are not finalised and have no in year delivery cannot be recording as a benefit to your underlying position. Please review and amend as appropriate for Month 2. If an element of these recurring schemes are delivered in future months, then a FYE assessment can be included at that point. You may wish to consider this in conjunction with the AP below.	See Tables
1.3	I would like to remind you that forecasts should not be supported by savings yet to be finalised. These should be excluded from your position until finalised and instead recorded as a potential opportunity in Table A2. If you continue to report these in your forecast outturn on Table A at Month 2, you must provide a full progress update, by scheme, including dates of when the plans are expected to go Green/Amber, as currently the assumption and profile from November onwards appears to have no basis.	See Commentary
1.4	Please review your narrative in relation to the risk of further “Field Hospital’ early opening of GUH (Nov - March)” of £16m as your narrative suggest that these costs may amount to £22m.	See Commentary
1.5	I note your statement about the uncertainty involved in forecasting your response to Covid-19 pandemic; however, it would appear that you have not followed the guidance that was issued with the templates as the table has not been completed with any data for the period November to March. It is noted that in addition to the GUH referenced in AP 1.4 above, you have a further £23m of quantified Covid-	See Commentary

	19 related costs reported as risks. Please therefore clarify, how you intend to manage any emerging Covid-19 pressures from November onwards.	
1.6	Although the full ring fenced tables are not due until Q2, please assess and comment on the impact of paying GDS contract at 80% and record any benefit in the Covid-19 Table (B3 section C).	See Commentary
1.7	Please provide further detail to explain the CHC expenditure increase between Covid-19-driven increase and general cost pressure driven increase.	See Commentary
1.8	Please can you provide further details of your assumptions on the release of operational spend (line 117), explaining how these relate to your plans to re-start planned activity as the values reduce in July, August and September and then increase again in October.	See Commentary
1.9	I note that you are reporting a negative savings non achievement in June within Line 113, as this line should only reflect positive values, please review this value before your Month 2 submission.	See Table (Line 112)
1.10	Please provide more detail on the amounts included in the free text lines 121 & 122 described as "other pay offsets" & "other operational cost offsets" in your next submission.	See Commentary
1.11	I refer to the Inter Organisation Income and Expenditure Reconciliation emailed by Gary Young on the 21st May which noted differences in assumptions with other Welsh NHS Organisations. Please liaise with relevant colleagues to ensure that these discrepancies are eliminated prior to your Month 2 submission.	See Commentary
1.12	Please continue to include all NWIS and NWSSP income and expenditure assumptions against the Velindre Line of Table D, this should include the latest NWSSP WRP risk sharing expectations which, for your Health Board, currently totals £2.348m.	See Commentary
1.13	As per WHC 2019/014, there should be no invoices raised pre April 1st 2020 still reported as outstanding on your Debtors listing at M2. I trust the final two invoices reported as unpaid at Month 1, will be removed from your next submission.	See Commentary
Month 2		
2.1	The Health Board is required to fully review the reporting of savings for Month 3 to ensure a clearer position aligning to the all Wales expected approach which is set out in the WHC.	See Commentary & Tables
2.2	I note your comment regarding the phasing and release of Accountancy Gains; however, you are not currently declaring any Accountancy Gains in your position. Please confirm that this is still the current position and/or	See Commentary & Tables

	correctly reflect your Accountancy Gain assumptions in the submission.	
2.3	For organisations that are currently reporting partial non delivery of identified savings due to Covid-19; please confirm that this assessment included a review of the FYE value as this will enable us to understand the maturity of your forecast data. If you have any queries about the reporting of your FYE of savings, please do not hesitate to get in touch.	Noted & See Commentary
2.4	I note your narrative detailing concerns of the receipt of funding for the Disease Delivery Groups, where WG has passed the funding to the NHS Collaborative (as per the direction of the WG Policy Lead). You can use Table A2 to describe and quantify this risk; however your narrative should provide sufficient supporting details including the actions taken to resolve this with the NHS Collaborative and the WG Policy Lead.	See Commentary
2.5	There are a number of material risks listed that relate to additional Covid-19 spend. It is important that these are transferred into Table B3 as soon as possible, particularly TTP. A number of these areas relate to issues where spend is clearly expected during the period June to October (your current cut off for Table B3) and beyond.	See Tables
2.6	It is noted the table continues only to be completed for the period November to March. However, I also note that you are providing a full year assessment in your Field Hospital returns as well as the full year impact on savings delivery mentioned above. I trust that the output from the Q2 Operational Plans, will be reflected in your Month 3 submission.	See Tables
2.7	Please provide additional detailed supporting information for the extent\basis of the non delivery of savings 'still to be finalised at Month 1' and to support the extent and profile of your non delivery of the finalised plans for the period April to October. The period November to March is discussed in AP 2.1	See Commentary
2.8	Please review the following in your next submission Correlation between costs and WTE on line 33 Line 95 (£0.051m) has no description	See Commentary & Tables
2.9	I note you are not including any benefit from slippage in WHSSC Developments which WHSSC have confirmed as £0.196m YTD and have forecast as £0.293m for your organisation. Please confirm your treatment of this in future submissions, as the expectation is that this should be shown in section D.	See Commentary & Tables
2.10	I refer to the Inter Organisation Income and Expenditure Reconciliation emailed by Gary Young on the 16th June,	Noted

	which noted differences in assumptions with other Welsh NHS Organisations. Please liaise with relevant colleagues to ensure that these discrepancies are eliminated prior to your Month 3 submission.	
2.11	I note that the table you included in page 3 of your narrative includes an amount for total annual income. It would be helpful if this could be split between WG Income & Other Income.	See Commentary
Month 3		
3.1	I have received confirmation that the following allocations made by WG were intended to fund additional Covid-19 costs. Please include these amounts on Table A on line 22 (WG Funding due to Covid-19), remove any “repurposing” from Table B3 - section D and ensure any associated costs are included in Table B3 - section A.	See Commentary
3.1a.	Mental Health Service Improvement Fund 2020-21 - £669,500 – Mental Health allocations remain ring-fenced; however, it is recognised that this funding (representing the first six months) will be used to respond to Mental Health pressures arising from the pandemic. Please confirm in your narrative, that this funding is offsetting additional MH cost pressures that are recorded in Table B3.	See Commentary & Tables
3.1b	TF Optimise Flow and Outcomes - £1,819,724 – if an element of this funding is being utilised with the Local Authority, then please ensure these payments are recorded on free text Line 95 (which we are now dedicating to ‘Local Authority spend’ – please use this narrative on the template) of Table B3. The balance of funding will be offsetting NHS Covid-19 costs recorded in Table B3.	See Commentary & Tables
3.1c	All Wales Easter Bank Holiday DES (GMS) – £285,346 – any associated costs should be recorded in Table B3 and clarified in your narrative.	See Commentary & Tables
3.1d	Contact Tracing - £9.6m – All Health Boards have received funding confirmation letters on the 6th July from the Policy Lead. I wish to clarify that payments made to the Local Authorities for reimbursement should be shown on free text line 95 on Table B3 (use your narrative to provide a breakdown of what has been include on line 95). An equivalent amount of the total Contact Tracing costs can be anticipated as ‘WG Funding due to Covid-19; up to the maximum allocated funding of £9.6m. The Health Board should therefore review the value reported at Month 3, before the next submission.	See Commentary & Tables
3.2	Planning Assumptions still to be finalised at Month 1” does not match the cost profile, thus creating planned monthly deficits for Months 1-5 and surpluses for Months 8-12. You may wish to re-consider the profile of the savings yet to be	See Tables

	finalised, especially as these are not currently forecast to be finalised or delivered this year and are currently recorded as a Covid-19 pressure.	
3.3	Related to the above planned deficit caused by the mismatch in costs and savings, I note you are now reporting £0.843m of Accountancy Gains, with £0.517m being released YTD. As per the guidance, Accountancy Gains should be released in the month in which they are identified. I therefore expect the remaining amount to be released in Month 4. I also assume that the non delivery of savings due to Covid-19 (Table B3) will now be reduced, as you are mitigating £0.843m via Accountancy Gains.	See Tables
3.4	Also related to the above planned deficit caused by the mismatch in costs and savings, I am aware that our respective colleagues, Suzanne Jones & Andy Lloyd-Williams, have discussed the items described as "Cost Avoidance attributed to covid-19 partly reinstated ('catch up') later in year" & "Cost avoided not attributable to Covid-19" included in Table A in Month 3. I understand that these will be reviewed and if included in error, will be removed for Month 4.	See Tables
3.5	In relation to the narrative section (page 3) which describes savings schemes forecast to achieve greater than £150k and which are contributing to the in year delivery of recurring savings, please provide further clarification, as some of these would normally be expected to be non-recurring.	See Commentary
3.6	I note that there has been a c. £2.6m increase in total Non-Pay expenditure between Months 2 & 3. I can ascertain from Table B3 that approximately £1.3m relates to additional Covid-19 costs. Please explain what the remaining increase relates to.	See Commentary
3.7	I note you are reporting values on line 52 (the free text lines line under Pay costs) with no description. Please ensure descriptions are included against all spend in future returns.	See Tables
3.8	You are reporting a Non Pay free text item labelled "includes various GUH other lines" of £2.621m. Please provide further details of these costs in your next submission and explain why these do not fit within the set text lines already provided.	See Commentary
3.9	Please ensure the monthly amounts you have reported as "Non delivery of Savings Assumed but not finalised at M1" in Table B3, agrees to the equivalent amount in Table A less Additional In Year Mitigating Actions (i.e. Accountancy Gains)	See Tables

3.10	I note you have included amounts in Section C for reduction in 'Commissioned Services'. Please provide further details and clarify if this is anyway linked to the "External Elective" cost pressure included on free text line 94 and the "External Commissioning" line 107, in the Major Projects section.	See Commentary
3.11	I note there are two lines in Section D where you have included a description relating to WG funding, with no values. These descriptions can be removed as WG funding for Covid-19 is recorded on Table A.	See Tables
3.12	Following feedback from my colleagues, please remove the anticipated allocations for Additional Pharmacy Funding £0.286m & Pharmacy Trainees £0.145m from your next submission.	See Commentary & Tables
3.13	I also note your achievement of the Non NHS PSPP targets, achieving 96.4% in Q1. Please include details of actions you are undertaking to improve your current NHS performance of 86.45%, in your next submission.	See Commentary
3.14	I refer to the email dated 24th July, from Alison Ramsey (NWSSP). This states that the original share of the £13.799m pressure has changed and for your Health Board this is now £2,462,475. As a lower value of £2.3m was included in your IMTP, the additional pressure will need to be recognised in your position (Table A) along with the mitigating action (potentially via the Tracker). The email also refers to a higher overall forecast outturn following an assessment at Month 3, although NWSSP state this will be treated as a Risk (with an opportunity relating to higher income to be received from the Health Boards) at Month 4. Therefore, Health Boards are expected to record their share of this revised assessment as a risk in Table A2. This potential additional pressure should not form part of the monthly Income and Expenditure assumptions exercise with NWSSP (both organisations exclude, as currently only a risk).	See Commentary & Tables
3.15	I note the organisation has acknowledged further potential risks relating to phases 5 & 6 of surge bed planning. Please ensure the narrative includes an update on this position in future months.	See Commentary
Month 4		
4.1a	I am unable to validate the amount included as 'WG funding due to Covid-19' on Table A. On review of your narrative, this is due to "TF Optimise Flow and Outcomes" of £1.820m being excluded and "Primary Improvement Grant" of £0.324m being included. Please review and revise this amount for your next return for the following actions:	See Commentary & Tables

	TF Optimise Flow and Outcomes - £1,819,724 – please ensure that this amount is included in the 'WG Funding due to Covid-19' line (22) on Table A.	
4.1b	I have been informed by colleagues that the allocation issued in July for the Primary Care Improvement Grant (£0.324m), may be re-purposed to offset other Covid-19 related costs if the full amount is not going to be fully incurred on the original intended purpose, rather than being specifically issued as a Covid-19 allocation (i.e. do not include on line 22 of Table A). If applicable, any re-purposed value should be shown in section D of Table B3 and supporting details provided in your narrative. Please review and confirm your position regarding this allocation, at Month 5.	See Commentary & Tables
4.2	I acknowledge that you are intentionally removing the forecast delivery of Amber schemes from your outturn on Table A, through use of a free text line. Our guidance is that, Amber rated schemes should be included in the forecast outturn at their 'most likely' value. Any assessed risk should not form part of your financial position, but instead is shown within the outturn scenario on Table A2. Please review your approach and either: revise the benefit from Amber schemes, by reducing their forecast values to reflect a most likely value in the Tracker and subsequently remove the free text line item on Table A; or, Include a risk value against the Amber schemes on the Tracker, which will then automatically feed into Table A2 Risks; and remove the free text line item on Table A.	See Commentary & Tables
4.3	I note you are now including a risk that the WRP risk sharing agreement will increase by a further £2.681m. I understand that NWSSP have since issued a further update to all organisations confirming that whilst the modelling indicates a further risk, they have decided not to include this for the time being. Therefore, you may wish to remove this from your Risks.	See Commentary & Tables
4.4	The reported value, £0.051m, on line 66 (Covid-19 Testing Units – Non Pay) does not agree to the Testing Non Pay values on your TTP Template, which are nil. Please review and correct this for Month 5.	See Commentary
4.5	Again, when comparing to your TTP Template, I note the amount (£7.492m) included on line 95 of Table B3 (Local Authority) is less than the amount included as Local Authority spend for Tracing (£7.706m). Whilst we accept that other costs may also be included with line 95 of Table	Noted

	B3, these should be at least what has been included in the TTP Template. Please review and correct this for Month 5.	
4.6	I also note the total amount included on line 109 (Major Projects section) of Table B3 for the total TTP costs, is not consistent with the amount of spend in the TTP Template. Please review and correct for Month 5.	Noted
4.7	All organisations are being requested this month, to please use free text Line 108 (within the Major Projects section) to report all projected costs associated with extending the Flu Vaccination programme. Please also confirm, which lines (58-95) you have recorded the associated non pay spend.	See Commentary & Tables
4.8	As the Tracker is now the source document, which links the FYE to Table A; please review these schemes prior to your next submission and remove the Forecast FYE if there is no in-year delivery.	See Commentary & Tables
4.9	You acknowledged that you had 49 errors in the Tracker as you have no plan values against schemes which have been identified 'in-year'. Whilst plan values of these schemes do not affect any other tables, they do allow an assessment between the forecast delivery when a scheme was first entered onto the Tracker, and its actual performance. It is therefore a requirement that all schemes have plan values and once entered, these are fixed. Please input the plan values, as forecast at Month 4, in your Month 5 submission.	See Commentary
4.10	I also note that there 12 Amber schemes with a 'Go Green' dates of 15 August 2020. I trust that if any remain Amber at Month 5, that you will provide an explanation, describe the actions being taken and provide a revised (do not change the Tracker) 'Go Green' date, in your next narrative submission.	See Commentary & Tables
4.11	On review of the scheme titles, I note there are several that make reference to a 'target' or have a '%' in their name. In line with previous years, schemes should be included on the Tracker at their most granular level. Please review these scheme titles to ensure they are broken down into individual schemes for your next submission.	See Commentary
4.12	I refer to the email from Gary Young, dated 17th August, which detailed a difference in assumptions between your HB and WHSSC of £0.661m. Please liaise with WHSSC colleagues to ensure this variance is eliminated prior to your next submission.	See Commentary
4.13	I note that there is a material increase of c. £4m in PC Contractor costs profiled between Month 11 & Month 12. Please explain the cause this increase in your next submission.	See Commentary

4.14	There is no data reported in Section E Reserves. Please can you clarify that you have no expenditure reserves, in your next submission.	See Commentary
Month 5		
5.1	I note you are including the £0.108m allocation for the 0.8% top up that is being passed on to WHSSC to pay English providers. To ensure there is no double count with WHSSC, when we consolidate the returns, we need to request that you do not include this particular income on the WG Covid-19 line on Table A and remove the costs from Table B3 for future submissions (it still forms part of your RRL and spend on Table B).	See Commentary & Tables
5.2	I note the Primary Care – Drugs spend looks to decrease over the coming months from a YTD average of £9.041m pm, down to £8.3m by Month 12. It is noted that this is not due to the profile of savings delivery. Please therefore provide the reason for this forecast reduction in your next submission.	See Commentary
5.3	I note you are reporting values in the WTE section on line 25 in Months 5 & 6 but there are no corresponding values in the expenditure section. Please review this and amend your next submission where necessary.	See Commentary
5.4	The reported value, £0.008m, on line 66 (Covid-19 Testing Units – Non Pay) does not agree to the Testing Non Pay values on your TTP Template, which are nil. Please review and correct this for Month 6, as this is currently impacting upon the all Wales consolidation.	Noted & Actioned
5.5	I note you have changed the amount recorded on line 104, “PPE”, for previous months. Please ensure that any change to previous month’s figures are explained in your narrative and that material changes are approved in advance by my team, as we may require you to make the adjustment in the current month.	See Commentary
5.6	All organisations are being requested this month, to please use free text Line 107 (within the Major Projects section) to report all projected costs associated with a new Mass Covid-19 Vaccination programme. This in addition to using Line 108 for costs of extending the Flu Vaccination programme. Please also confirm in your narrative, which lines in section A you have recorded the associated spend.	See Commentary & Tables
5.7	I note your assertion that the allocation issued in July for the Primary Care Improvement Grant (£0.324m), has been removed from Table A as any residual funds may be re-purposed to offset other Covid-19 related costs if the full amount is not going to be fully incurred on the original intended purpose. However, I cannot see any increase in Section D of Table B3 to reflect this benefit. Please review	See Commentary & Tables

	and confirm whether the whole allocation is being spent as originally intended or whether an element is available to offset Covid spend (section D).	
5.8	I wish to provide further clarity on the issue raised under Action Point 4.9. The “plan” values that must be recorded against “In Year” identified schemes do not alter the Opening Plan on Table A. They are there to provide context of performance of those schemes. Accordingly, please ensure you report a planned profile against all schemes included in the Tracker in your next submission. As this plan profile should then never be altered once entered, if you do not have a record of the profile, then I suggest you take the profile that was used in the actual/forecast when they were first reported at Month 4. This will allow future changes to Actual/Forecast performance to be measured against the original forecast values.	See Commentary & Tables
5.9	I also note that there two Accountancy Gain schemes that have not been allocated a MMR category. Whilst this requirement enabled functionality of Table B1 which is currently not required to be completed, it also aids in understanding how they have impacted Table B in general. Please ensure a MMR category is selected for all Savings & Accountancy Gain schemes in the Tracker.	See Tables
5.10	Regarding the anticipated Delivery Plan funding of £1m, I have been informed by policy colleagues that all associated funding is with the NHS Collaborative who will agree with the applicable Implementation Groups on how this funding will be utilised. Therefore, please ensure this WG anticipated income item is removed at Month 6.	See Commentary & Tables
5.11	I note you have amended the profile of the additional costs pressures in the Opening Plan section, offset by opposite adjustments in the Planning Assumptions still to be finalised at Month 1. I trust this concludes work to refine the profile as there should be no further changes to the Opening Plan section.	Noted
5.12	Please ensure you include narrative to support your agency spend in every narrative submission.	Noted & Actioned
5.13	Thank you for completing this table in advance of Month 6. Please ensure that your next submission acknowledges the Receipts from Sale of Assets, reported as £1.225m in Table K.	Noted
Month 6		
6.1	I note you are now reporting that Operational Cost Increases & Planned Operational Expenditure Cost Reduction Due to Covid-19 as having a <i>Recurring</i> In Year Impact (of £13.267m net) rather than Non-Recurring. I note that you have then reflected an	See Commentary

	<p>increased FYE which is deteriorating your Underlying Position c/f by £15.037m (net). On review of your narrative, I note that this is due to the <i>“full year effect of implementing the GUH (£20.9m), less £5.8m operational cost avoidance continuing for part of 21/22, this includes continued reduced travel expenses as a result of agile working and gradual reintroduction of elective and other services”</i></p> <p>Whilst I acknowledge that the early opening of the GUH, to act as your Health Board's Field Hospital, may well continue to be used as such into the early part of next year; the expectation was for this to be treated at Non Recurring Costs offset with Non Recurring WG Covid Stability Funding in 2020/21 i.e. no impact of your forecast underlying position. It is therefore our recommendation that this is removed from your current forecast underlying position.</p> <p>The review and challenge of the impact of the new GUH would have begun with intent this year; however we accept your focus has needed to be redirected to the response to Covid-19.</p> <p>If however, you wish to continue to report on this basis, then we will of course instigate a full, separate and early (as opposed to being part of the 2021/22 IMTP review), process which will involve the Health Board setting out, fully, the original Business Case assumptions, mapping all the changes to those assumptions both in relation to the impact of Covid and Non Covid and incorporating the required benefits linked to the capacity created to meet elective care\ RTT.</p>	
6.2	<p>I note that, as you have analysed £1.151m of Month 1 Savings scheme underachievement as being due to Covid-19 via Table B3, the balance of performance of Month 1 schemes being £2.121m has been reported as not due to Covid by default. Your narrative however, confirms that this underperformance <i>is</i> due to Covid-19 and from August onwards, you are using the data (line 15) as part of the value reported on line 113 on Table B3, instead of 112 (as these are finalised M1 schemes, not planning assumptions yet to be finalised). Please adjust your submission (lines 112 & 113 of Table B3) at Month 7 to ensure the data is correctly aligned.</p>	See Commentary & Tables
6.3	<p>If my analysis is correct and that your under performance of Planned Income Generation is due to Covid-19, then the advice to all organisations has been to please record this net £0.084m under 'loss of income' in the non pay section of Table B3 instead of 'Non Delivery of Savings Assumed but not finalised at M1'. Please also use a free text line on Table A and enter a £0.084m as a positive entry with the description "Removal of Underperformance of Month 1.</p>	Actioned - See Commentary

	Income Generation Double Count". Please do hesitate to contact my colleague Andy Lloyd-Williams, who will explain the reasoning behind this, should you require further information	
6.4	I note you have reported a minus figure in the Recurring Savings column of £8.767m. This column should be entered with positive values only. Based on your currently reported figures, I would expect the entire £19.804m deterioration in Underlying Position to be included as "New, Recurring, Full Year Effect of Unmitigated Pressures". If however, you choose to record the delivery (i.e. a positive entry) of 20/21 recurring savings against your opening underlying position rather than against your new opening cost pressures, then you will need to provide details to support your methodology. Please review and correct this for the month 7 submission.	See Tables
6.5	I note you are forecasting an increase in CHC spend due to Covid-19 to £2.146m in Month 7 from a YTD average of £0.302m/mth. I note there is a similar increase forecast for Month 12, £2.986m. These increases are not explained via reserves and therefore I will require explanations for these increase including details to explain the September and March profile.	See Commentary
6.6	I note you are reporting Total Local Authority Costs on Table B3 (line 95) of £8.222m, with £0.556m being spent YTD. I also note that the TTP element of this is reported in your TTP template is £7.741m, with £1.227m being spent YTD. If this correct, it suggests that there is an YTD credit on non TTP LA costs of £0.671m. Please review these two sets of costs and either amend as necessary or give details behind the credit value in your next submission.	See Commentary
6.7	I note that your total costs for the Contact Tracing element of TTP are £0.209m higher than your indicative allocation and that you are covering this shortfall from your WG Covid Stability funding. I assume that you are in discussions with the Tracing Policy lead (Rob Griffiths); however it would be useful if you can clarify, in your narrative, whether those discussion are to seek additional funding or if you are content with your current treatment.	See Commentary & Tables
6.8	I note you have reported a new item in Section D of Table B3, being "IMTP GUH funding" of £6.484m in total and £1.879m YTD. Please provide further details on this item, including if this is indeed funding (please evidence) or perhaps an 20/21 IMTP cost assumption that is being released (Table B3 is to record additional costs only and we are not aware of planned GUH costs this year) as your response may inform how this should best be recorded.	See Commentary

6.9	Please confirm that you are intentionally not seeking additional funding for Decommissioning costs (£0.110m as recorded in your Table B3), and that you are content to utilise the Covid Stability Funding.	See Commentary
6.10	Extended Testing Path costs – please expand the narrative to support this area of spend.	See Commentary
6.11	Transportation – costs increased by £1.2m, please provide further supporting details of your assumptions.	See Commentary
6.12	Loss of Income – costs increased by £3.4m, please provide further explanation of what this relates to.	See Commentary
6.13	Pay – costs increased by c£8m including c£4.6m Agency and £3.6m other Temp Staff Additional Clinical Services – please provide details of your supporting assumptions (it is noted that c £2m relates to the Covid Mass Vaccination costs) including assurance that you have a workforce plan that would facilitate this level of recruitment/access to Agency staff.	See Commentary
6.14	Extended Flu Programme – costs of £0.5m have been reported (your narrative indicates this is being assessed and will be updated at M7), although no anticipated income is included at Month 6 (HB is funding from WG Covid Stability Allocation at M6).	See Commentary & Tables
6.15	Mass Covid vaccination Programme – I note that you are recording spend to date of £0.036m, please can you clarify what these costs relate to.	See Commentary
6.16	Outsourcing (line 117) - please explain why there is no release of spend from October to February, yet in March a value of £0.450m is recorded representing c50% of the total.	See Commentary
6.17	Other (line 91) – costs have increased by c £2m, please provide supporting details.	See Commentary
6.18	I refer to the email from my colleague, Gary Young, dated 16 th October which detailed material differences in assumption between your organisation and WAST and HEIW. Please liaise with relevant colleagues to ensure this difference is eradicated in your next submission.	See Commentary
6.19	I have been informed that the 20/21 SLA/LTA with Powys HB remains unsigned. Whilst the Block arrangements in Wales negated the early push to agree these within the normal timeframe, you will be aware that we would inevitably have to escalate the issue. I have brought this issue to the attention of Alan Brace and I will be writing to both parties in early November to request full details of the dispute and to progress arbitration, if this remains unsigned at that point.	See Commentary
6.20	I have been informed by policy colleagues that all funding for Dental & Pharmacy pre-registered vocational trainees has been issued to HEIW as they have taken over the payments from 1 Aug for Pharmacy VTs and 1 Sep for Dental VTs. If applicable, please ensure that any	Actioned

	anticipated funding, along with any associated costs, is removed from these dates.	
6.21	I understand that you will have received letters relating to Discharge to Recover & Assess, Urgent Primary Care and Ambulatory Care. I can clarify that these are to be treated as Covid-19 items, with the associated spend included in Table B3 and the anticipated income to be recorded on line 22 of Table A. Please ensure any anticipated income for these items is described by those categories in Table E.	See Commentary & Tables
6.22	It is acknowledged that you are surpassing the payment performance for NON NHS invoices (97.2%). Although it is disappointing to note that YTD performance against NHS invoices is 88.3%; I acknowledge an improvement following 90.4% performance in Q2. I look forward to seeing this trend of improved performance continue into Q3.	Noted
6.23	Please ensure your next submission includes details of Revenue Working Balances Cash, as your position at Month 7 will form the estimates for Treasury	See Commentary
Month 7		
7.1	The following comment is also noted: <i>"potential significant opportunities to improve the forecast financial position as a result of recruitment challenges and revised Covid-19 response plans... are being worked through"</i> . This supports our previous view that your submission currently includes significant levels of forecast spend that are not supported by service need or realistically available workforce levels. This issue was raised in general last month and spend within this area has further increased (this is discussed in greater detail below). Although you appear to have a formulated approach to assessing the potential flexibility, it is important that this is confirmed imminently; therefore please provide confirmation of the timescale for agreeing this with your Board and ultimately, writing to the Welsh Government, via the Accountable Officer process.	See Commentary
7.2	Current reporting suggests a small £0.084m Operational surplus offsetting a £0.084m Covid-19 deficit. Your colleagues have confirmed this is an error that will be corrected at Month 8.	See Tables
7.3	It is noted that you undertook a reclassification of costs between Covid-19 and Operational this month. The monthly spend profile on Operational pay costs appears steady until March where there is slight increase. The Covid-19 Pay profile materially increases in November and continues to increase until March when it falls to similar levels to December. Please review these values and include explanations to support your profiles and for when you make material changes between the Covid-19 and Operational classification.	See Commentary

7.4	I note from your narrative that you have not included any cost of the increase in Annual Leave accrual. I can confirm that the cost impact of any increase in the Annual Leave Accrual due to Covid-19, must be recorded in the Covid-19 Table (B3) on free text line 52 within the Pay section. A sufficiently detailed and quantified analysis must also be provided in the narrative to support the categories (lines) and profile of where these costs are recorded in Table B2 (Pay Analysis), along with confirmation of your methodology and when the value will be fixed (if not already). A corresponding anticipated Covid-19 allocation may be included in Table A, line 22.	See Commentary & Tables
7.5a	The Tracing Income (anticipated plus allocated) should agree to Tracing Costs contained in the TTP template – there is currently an unexplained variance of £0.209m. I can also confirm that the TTP Template and Table B3 is for Revenue expenditure only. Capital items should be reported via the normal CRL\Capital Tables.	See Commentary
7.5b	The PPE Income (anticipated plus allocated) should agree to the PPE Costs contained in Table B3 – there is currently a unexplained variance £0.541m.	See commentary (month 7 & 8)
7.5c	The TTP values on line 109 must agree to those reported in your TTP Template.	Noted
7.6	The AME Impairments included in your November Non Cash Return do not agree to the MMR, with a £0.065m discrepancy. Please review and confirm the correct value and if it has since changed, provide an explanation.	See commentary (month 7 & 8)
7.7	Please ensure that any further revisions to DEL and AME non-cash charges are reflected in the Tables (Table B and E) and are fully explained within your supplementary narrative. If the changes are material, please ensure that you inform us as soon as possible via email also.	Noted
7.8	I note there is a scheme, “Roster Review - YAB - indicative rosters costed and agreed (North Soft FM)”, which now has no forecast delivery but is still reporting a FYE benefit to your underlying position of £0.050m. Please remove this from your next return.	See Tables
7.9	On review of the amounts shown on your table as drawn down from WG, it appears there is £4.250m of revenue cash which has been reported as capital. For clarity, our records as at 31 st October, the capital cash drawn down was £56m and revenue cash was £778.955m	See commentary (month 7 & 8)
7.10	I note that your signed narrative was received on Day 10 this month; please ensure this is provided by 5pm on Day 9 along with the tables.	
Month 8		
8.1	Whilst I am aware that £12.434m of the Covid-19 Pay increase is due the inclusion of the Annual Leave Accrual this month, I am unable to see a clear explanation of the reasoning for the increase in Operational Pay in your narrative. Please therefore provide this at Month 9.	See Commentary

8.2	I also note you have increased Month 7 pay expenditure by £0.520m from your Month 7 return. Please review and contact us or revert (previous months data should not be amended without our agreement), to the original data in your next return.	See Commentary
8.3	I note that the WTE numbers on line 42, Other Temp Admin & Clerical staff remain the same despite the cost decreasing by £0.303m in M12. Please review and amend, or explain as necessary, in your next return.	Confirmed & Actioned
8.4	I note that you have included an additional £0.8m of "Additional costs in Private Sector including via WHSSC" with no explanation apparent in your narrative. Please review and explain in your next return.	See Commentary
8.5	I note that Local Authority costs on line 95 increase by £1.181m between Months 11 & 12. It would be helpful if your narrative acknowledged this and provided the reason, which should include assurance that this will be incurred.	See Commentary
8.6	I note that you are not yet reflecting the additional Primary Care costs relating to the Extension of the Flu Vaccination Programme as you have not yet had confirmation of the revenue flows from WG. I have again raised this issue on your behalf with my colleagues and I hope you will be in a position to include these costs in your next return as you are currently an outlier compared to the rest of NHS Wales. Please contact Gareth Haven directly, if the information you require is not forthcoming.	See Commentary
8.7	I note you are still anticipating £0.051m for "Treatment Fund" on Table E. Following feedback from my colleagues, all funding has been issued for this item. Please remove the anticipated allocation from your next return.	Confirmed & Actioned
8.8	I note you have a debtor with C&V UHB of £89.86 hat has exceeded 17 weeks on the 27 th November, which still had no confirmed payment date at the time of your MMR submission. I trust this will be removed by your next return.	See Commentary
8.9	I note you have removed sales receipts from both disposals highlighted on Table K, as assets are now planned for sale in Q1 of 21/22; however, I note these have not been removed from your cash flow. Please review and amend or explain as necessary in your next return.	ABUHB submission was correct – no action required

Aneurin Bevan ULHB

Period : Dec 20

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	467	(0)

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	-16,261	0	-16,261	-16,261
2	New Cost Pressures - as per 3 year plan (Negative Value)	-41,253	-2,600	-38,653	-40,797
3	Opening Cost Pressures	-57,514	-2,600	-54,914	-57,058
4	Welsh Government Funding (Positive Value)	30,666	3,060	27,606	27,606
5	Identified Savings Plan (Positive Value)	9,229	272	8,957	9,332
6	Planned Net Income Generated (Positive Value)	162	0	162	162
7	Planned Accountancy Gains (Positive Value)	0	0	0	0
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10	Budget Delegation: Additional Board Agreed Cost pressures b/f	-6,971	0	-6,971	-6,971
11	Planning Assumptions still to be finalised at Month 1	24,428	9,760	14,668	14,668
12	IMTP / Annual Operating Plan	0	10,492	-10,492	-12,261
13	Reversal of Planning Assumptions still to be finalised at Month 1	-24,428	-9,760	-14,668	-14,668
14	Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-3,164	-60	-3,104	-1,414
15	Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16	Additional In Year Identified Savings - Forecast (Positive Value)	3,463	1,165	2,298	7,430
17	Additional In Year & Variance from Planned Net Income Generated (Positive Value)	-84	0	-84	-84
18	Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	1,393	1,393	0	0
19	Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	0	0		
20	Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21	Additional In Year Welsh Government Funding (Positive Value)	0	0		
22	Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	122,787	122,787	0	0
23	Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-149,379	-149,379		
24	Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	40,668	40,668		
25	(Positive Value)	8,660	8,660		
26	separately)	0	0		
27		0	0		
28	Cost avoided not attributable to Covid-19 - reverse from month 3 as agreed with WG	0	0		
29		0	0		
30	Removal of Underperformance of Month 1 Income Generation double-count (Per WG	84	0	84	84
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35		0	0		
36		0	0		
37	Spreadsheet Roundings - Validations	0	0		
38		0	0		
39		0	0		
40	Forecast Outturn (- Deficit / + Surplus)	0	25,966	-25,966	-20,912

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-1,355	-12,196	-16,261
2	-3,438	-3,438	-3,438	-3,183	-3,115	-2,917	-2,863	-3,793	-3,788	-3,761	-3,788	-3,734	-29,971	-41,253
3	-4,793	-4,793	-4,793	-4,538	-4,470	-4,272	-4,218	-5,148	-5,143	-5,116	-5,143	-5,089	-42,167	-57,514
4	2,556	2,556	2,556	2,556	2,556	2,556	2,556	2,556	2,556	2,556	2,556	2,556	23,000	30,666
5	500	550	591	637	705	740	794	826	880	914	949	1,144	6,221	9,229
6	14	14	14	14	14	14	14	14	14	14	14	14	122	162
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8													0	0
9													0	0
10	-281	-337	-372	-828	-849	-1,082	-1,191	-292	-350	-374	-382	-631	-5,583	-6,971
11	2,005	2,011	2,005	2,160	2,045	2,045	2,046	2,045	2,045	2,007	2,007	2,007	18,407	24,428
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	-2,005	-2,011	-2,005	-2,160	-2,045	-2,045	-2,046	-2,045	-2,045	-2,007	-2,007	-2,007	-18,407	-24,428
14	-183	-140	-266	-508	-194	-279	-263	-246	-229	-260	-281	-315	-2,308	-3,164
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	819	227	403	316	433	-379	571	436	636	1,820	3,463
17	0	0	0	-28	-7	-7	-7	-7	-7	-7	-7	-7	-63	-84
18	0	0	517	676	0	0	-149	349	0	0	0	0	1,393	1,393
19													0	0
20													0	0
21													0	0
22			8,527	791	1,161	15,812	12,937	14,076	11,255	11,381	11,757	35,090	64,559	122,787
23	-8,436	-4,600	-7,303	-6,277	-6,423	-8,301	-12,094	-14,020	-12,439	-15,235	-14,958	-39,293	-79,893	-149,379
24	2,962	2,961	3,743	5,193	4,135	3,520	1,085	927	2,971	4,278	4,242	4,651	27,498	40,668
25	148	347	344	814	100	1,979	608	705	760	806	812	1,239	5,804	8,660
26													0	0
27													0	0
28			473	-473									0	0
29													0	0
30	0	0	0	28	7	7	7	7	7	7	7	7	63	84
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37	1	-1	0	0	-1	2						-1	1	0
38													0	0
39													0	0
40	-7,513	-3,444	4,030	-1,125	-3,040	11,091	395	178	-106	-466	0	0	467	0

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members	(238)			(238)	0	(238)
2	Pay - Medical & Dental	(6,783)			(6,783)	(992)	(7,775)
3	Pay - Nursing & Midwifery Registered	(3,681)			(3,681)	(1,132)	(4,813)
4	Pay - Prof Scientific & Technical	(250)			(250)	0	(250)
5	Pay - Additional Clinical Services	(390)			(390)	(1)	(391)
6	Pay - Allied Health Professionals	(0)			(0)	0	(0)
7	Pay - Healthcare Scientists	(115)			(115)	0	(115)
8	Pay - Estates & Ancillary	(22)			(22)	(531)	(553)
9	Pay - Students	0			0	0	0
10	Non Pay - Supplies and services - clinical	(2,358)			(2,358)	(912)	(3,270)
11	Non Pay - Supplies and services - general	(444)			(444)	(1,083)	(1,527)
12	Non Pay - Consultancy Services	0			0	0	0
13	Non Pay - Establishment	0			0	0	0
14	Non Pay - Transport	0			0	0	0
15	Non Pay - Premises	(0)			(0)	0	(0)
16	Non Pay - External Contractors	0			0	0	0
17	Health Care Provided by other Orgs – Welsh LHBs	0			0	0	0
18	Health Care Provided by other Orgs – Welsh Trusts	0			0	0	0
19	Health Care Provided by other Orgs – WHSSC	(1,979)			(1,979)	0	(1,979)
20	Health Care Provided by other Orgs – English	0			0	0	0
21	Health Care Provided by other Orgs – Private / Other	0			0	0	0
22	Total	(16,261)	0	0	(16,261)	(4,651)	(20,912)

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care	(2,997)			(2,997)	(986)	(3,983)
2	Mental Health				0	(27)	(27)
3	Continuing HealthCare	3,000			3,000	643	3,643
4	Commissioned Services				0	0	0
5	Scheduled Care	(9,895)			(9,895)	(2,426)	(12,321)
6	Unscheduled Care	(5,817)			(5,817)	477	(5,340)
7	Children & Women's				0	(1,333)	(1,333)
8	Community Services				0	0	0
9	Specialised Services	(1,979)			(1,979)	0	(1,979)
10	Executive / Corporate Areas	1,427			1,427	(434)	993
11	Support Services (inc. Estates & Facilities)				0	(565)	(565)
12	Total	(16,261)	0	0	(16,261)	(4,651)	(20,912)

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	0	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	(0)	
36	IMTP / AOP Outturn Scenario	(0)	
37	Worst Case Outturn Scenario	(0)	
38	Best Case Outturn Scenario	(0)	

Aneurin Bevan ULHB

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Dec 20

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
1	Revenue Resource Limit	Actual/F'cast	107,557	108,177	117,144	100,067	110,875	124,314	124,705	121,132	121,356	194,173	125,557	155,359	1,035,327	1,510,416
2	Capital Donation / Government Grant Income	Actual/F'cast						13	0	0	136			102	148	250
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,853	1,966	1,807	1,944	1,865	1,988	2,210	1,801	1,875	1,923	1,923	1,925	17,309	23,080
4	WHSSC Income	Actual/F'cast	694	730	711	735	707	708	711	710	715	713	713	715	6,421	8,563
5	Welsh Government Income (Non RRL)	Actual/F'cast	62	1,038	(1)	164	182	98	(307)	(40)	(134)	0	0	0	1,062	1,062
6	Other Income	Actual/F'cast	4,386	4,074	4,098	6,270	4,515	4,604	4,269	4,536	4,573	4,561	4,551	4,501	41,325	54,938
7	Income Total		114,552	115,985	123,759	109,180	118,144	131,725	131,588	128,139	128,521	201,370	132,745	162,601	1,101,593	1,598,309
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	13,874	15,116	14,092	14,727	14,474	14,608	14,139	15,049	14,538	15,218	15,218	17,699	130,617	178,753
9	Primary Care - Drugs & Appliances	Actual/F'cast	8,518	9,690	9,123	9,092	8,784	8,805	8,779	8,659	8,695	8,780	8,780	8,801	80,145	106,506
10	Provided Services - Pay	Actual/F'cast	47,675	47,572	47,847	47,383	47,621	47,167	50,435	50,345	51,630	51,958	51,923	72,554	437,675	614,110
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	12,014	7,350	9,926	9,139	8,829	10,547	9,427	11,179	12,201	12,782	12,790	13,849	90,612	130,033
12	Secondary Care - Drugs	Actual/F'cast	3,666	3,893	3,285	4,045	3,764	4,357	3,522	4,148	3,835	4,365	4,315	4,240	34,515	47,434
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	21,535	21,308	21,415	21,139	23,263	20,586	23,921	23,426	22,248	22,759	22,749	22,936	198,841	267,286
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	8,481	8,194	7,884	7,409	8,149	8,081	10,331	7,598	8,072	8,173	7,450	10,467	74,199	100,289
16	Other Private & Voluntary Sector	Actual/F'cast	1,050	903	827	611	960	845	934	1,510	1,145	1,579	1,579	1,661	8,785	13,604
17	Joint Financing and Other	Actual/F'cast	2,587	2,725	2,757	2,680	2,652	2,833	3,139	3,214	3,232	3,882	3,517	4,701	25,819	37,918
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	317	330	225	337	267	373	356	208	406	403	428	457	2,819	4,108
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	2,317	2,317	2,317	2,391	2,391	2,402	2,737	2,596	2,594	3,466	3,466	5,207	22,061	34,199
23	AME Donated Depreciation\Impairments	Actual/F'cast	31	31	31	(8,648)	31	31	3,474	30	30	68,472	530	30	(4,962)	64,069
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Cost - Total	Actual/F'cast	122,065	119,429	119,729	110,305	121,184	120,634	131,194	127,961	128,626	201,837	132,745	162,601	1,101,126	1,598,309
27	Net surplus/ (deficit)	Actual/F'cast	(7,513)	(3,444)	4,030	(1,125)	(3,040)	11,091	395	178	(105)	(467)	(0)	0	467	(0)

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	Trend ▼
28 . Actual YTD surplus/ (deficit)	467	
29. Actual YTD surplus/ (deficit) last month	572	
30. Current month actual surplus/ (deficit)	(105)	
31. Average monthly surplus/ (deficit) YTD	52	
32. YTD /remaining months	156	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	151
34. Year to Date Trend Scenario	623

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	DEL															
35	Baseline Provider Depreciation	Actual/F'cast	2,003	2,003	2,003	2,077	2,093	2,124	1,437	1,296	1,294	2,166	2,166	3,907	16,330	24,568
36	Strategic Depreciation	Actual/F'cast	281	281	281	281	281	261	1,284	1,284	1,284	1,284	1,284	1,284	5,519	9,370
37	Accelerated Depreciation	Actual/F'cast	33	33	33	33	16	16	16	16	16	16	16	16	212	261
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		2,317	2,317	2,317	2,391	2,391	2,402	2,737	2,596	2,594	3,466	3,466	5,207	22,061	34,199
	AME															
41	Donated Asset Depreciation	Actual/F'cast	31	31	31	31	31	31	28	30	30	30	30	30	271	360
42	Impairments	Actual/F'cast				(8,678)			3,446			68,442	500		(5,233)	63,709

43	Other (Specify in Narrative)	Actual/F'cast												0	0	
44	Total		31	31	31	(8,648)	31	31	3,474	30	30	68,472	530	30	(4,962)	64,069

D. Accountancy Gains

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
45	Accountancy Gains	Actual/F'cast	0	0	517	676	0	0	(149)	349	0	0	0	1,393	1,393

E. Committed Reserves & Contingencies

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.														
46	Budget / spend forecast in month 12, profile to be finalised: GP Refresh paid in month 12 (line 1)	Forecast Only											1,613	0	1,613
47		Forecast Only												0	0
48		Forecast Only												0	0
49	Budget / spend forecast in month 12, profile to be finalised: Prevention & Early Years apportion	Forecast Only											833	0	833
50	Budget / spend forecast in month 12, profile to be finalised: TF Optimising Patient Flow agree	Forecast Only											1,820	0	1,820
51	Budget / spend forecast in month 12, profile to be finalised: All Wales obesity pathway final val	Forecast Only											318	0	318
52	Budget / spend forecast in month 12, profile to be finalised: Discharge to Recover (line 17)	Forecast Only											700	0	700
53		Forecast Only												0	0
54		Forecast Only												0	0
55		Forecast Only												0	0
56	Budget not in twelfths: CHC Care home payments (line15)	Forecast Only											2,300	0	2,300
57		Forecast Only												0	0
58	Budget not in twelfths: Outsourcing negotiations covid (line11)	Forecast Only											500	0	500
59		Forecast Only												0	0
60	Annual Leave Provision (line10)	Forecast Only											20,295	0	20,295
61		Forecast Only												0	0
62		Forecast Only												0	0
63		Forecast Only												0	0
64		Forecast Only												0	0
65		Forecast Only												0	0
66		Forecast Only												0	0
67		Forecast Only												0	0
68		Forecast Only												0	0
69		Forecast Only												0	0
70		Forecast Only												0	0
71		Forecast Only												0	0
72		Forecast Only												0	0
73		Forecast Only												0	0
74	Total		0	0	0	0	0	0	0	0	0	0	28,379	0	28,379
	Phasing		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	

Aneurin Bevan ULHB

Period : Dec 20

This Table is currently showing 0 errors

YTD Months to be completed from Month:

Forecast Months to be completed from Month:

1

3

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	7,253	7,347	7,414	7,375	7,300	7,322	7,525	7,691	7,683	8,150	8,127	10,692	66,910	93,879
2	Medical & Dental	10,640	10,811	11,493	10,773	11,335	11,445	12,944	11,929	11,972	12,150	12,162	16,837	103,343	144,492
3	Nursing & Midwifery Registered	15,859	15,639	15,147	15,134	15,130	15,057	16,271	16,681	16,998	17,100	17,100	21,719	141,916	197,835
4	Prof Scientific & Technical	2,103	2,134	2,146	2,083	2,116	2,116	2,160	2,155	2,226	2,258	2,228	3,519	19,238	27,243
5	Additional Clinical Services	6,704	6,232	6,346	6,658	6,685	6,477	6,840	6,778	7,220	6,987	6,957	10,748	59,941	84,633
6	Allied Health Professionals	3,007	2,921	3,005	2,968	3,009	2,925	3,038	3,132	3,157	3,179	3,174	4,636	27,162	38,151
7	Healthcare Scientists	968	935	960	1,001	1,001	1,018	976	966	1,046	1,015	1,015	1,580	8,871	12,481
8	Estates & Ancillary	3,186	3,040	3,033	2,960	3,056	2,825	2,960	3,241	3,556	3,295	3,295	4,622	27,857	39,069
9	Students	120	761	666	803	230	168	86	8	16	0	0	0	2,859	2,859
10	TOTAL PAY EXPENDITURE	49,841	49,821	50,210	49,757	49,861	49,353	52,800	52,580	53,873	54,134	54,058	74,353	458,096	640,642

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	47,675	47,572	47,847	47,383	47,621	47,167	50,435	50,345	51,630	51,958	51,923	72,554	437,675	614,110
12	Other Services (incl. Primary Care) - Pay	2,166	2,249	2,363	2,374	2,240	2,186	2,365	2,235	2,243	2,176	2,135	1,799	20,421	26,531
13	Total - Pay	49,841	49,821	50,210	49,757	49,861	49,353	52,800	52,580	53,873	54,134	54,058	74,353	458,096	640,641
		0	0	0	0	0	0	0	0	0	0	0	0		

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	5	(73)	0	3	101	103	108	192	137	0	0	0	576	576
2	Medical & Dental	813	762	842	640	855	813	750	943	887	996	932	1,032	7,305	10,265
3	Nursing & Midwifery Registered	1,307	1,266	647	631	671	793	1,243	1,666	2,066	1,525	1,432	1,464	10,290	14,712
4	Prof Scientific & Technical	53	40	45	15	9	8	9	12	39	48	44	49	230	371
5	Additional Clinical Services	63	0	6	45	(26)	1	14	83	180	6	6	7	366	385
6	Allied Health Professionals	74	48	56	31	25	19	12	101	140	59	55	61	506	682
7	Healthcare Scientists	35	(13)	12	41	55	62	18	26	78	13	12	13	314	352
8	Estates & Ancillary	408	647	459	407	494	348	371	693	869	732	744	683	4,696	6,855
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,758	2,677	2,067	1,813	2,184	2,147	2,525	3,716	4,396	3,379	3,226	3,309	24,283	34,197

11	Agency/Locum (premium) % of pay	5.5%	5.4%	4.1%	3.6%	4.4%	4.4%	4.8%	7.1%	8.2%	6.2%	6.0%	4.5%	5.3%	5.3%
		1	1	1	1	1	1	1	1	1	1	1	1	1	1

C - Agency / Locum (premium) Expenditure
- Analysed by Reason for Using Agency/Locum (premium)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	1,529	1,882	1,309	1,380	1,408	1,196	867	1,281	1,440	844	705	947	12,291	14,787
2	Maternity/Paternity/Adoption Leave						2	1	5	6	3	3	4	14	24
3	Special Leave (Paid) – inc. compassionate leave, interview								0					0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	176	217	184	194	198	287	208	566	636	373	311	419	2,666	3,769
7	Annual Leave													0	0
8	Sickness	56	69	49	52	252	206	149	111	125	73	61	82	1,069	1,285
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19	997	509	525	188	326	456	1,299	1,753	2,190	2,086	2,146	1,857	8,242	14,331
14	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,758	2,677	2,067	1,813	2,184	2,147	2,525	3,716	4,396	3,379	3,226	3,309	24,282	34,196
		0	0	0	0	0	0	0	0	0	0	0	0		

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
REF	Enter as positive values														
1	Pay (Additional costs due to C19)														
2	Establishment & Bank Additional Hours:														
3	Administrative, Clerical & Board Members	18	21	50	97	52	48	115	141	137	160	134	143	678	1,115
4	Medical & Dental	250	216	859	212	214	416	475	514	620	514	524	543	3,776	5,358
5	Nursing & Midwifery Registered	35	30	107	45	59	379	452	685	693	740	785	671	2,486	4,681
6	Prof Scientific & Technical	0	0	45	36	60	55	64	30	75	136	139	153	365	792
7	Additional Clinical Services	0	0	20	62	60	72	198	301	295	252	260	307	1,008	1,827
8	Allied Health Professionals	37	76	95	69	83	51	96	110	75	79	81	77	692	928
9	Healthcare Scientists	0	62	22	22	22	22	32	45	70	71	71	61	297	499
10	Estates & Ancillary	24	31	16	13	16	11	16	230	461	174	224	296	818	1,512
11	Sub total Establishment & Bank Additional Hours	364	436	1,216	556	566	1,053	1,447	2,057	2,425	2,126	2,217	2,251	10,119	16,713
12	Agency:														
13	Administrative, Clerical & Board Members	0	0	3	0	0	0	(0)	10	20	25	35	40	33	133
14	Medical & Dental	104	40	215	39	123	154	202	245	257	320	320	320	1,378	2,338
15	Nursing & Midwifery Registered	444	165	29	60	66	73	886	1,070	1,265	1,028	1,028	754	4,059	6,869
16	Prof Scientific & Technical	0	0	52	0	1	2	0	0	0	0	0	0	55	55
17	Additional Clinical Services	0	0	10	0	2	4	0	84	0	50	50	30	99	229
18	Allied Health Professionals	0	0	26	0	0	1	(0)	0	0	0	0	0	26	26
19	Healthcare Scientists	0	0	0	0	0	0	0	0	23	13	13	13	23	62
20	Estates & Ancillary	449	304	190	89	134	223	211	344	625	650	700	700	2,569	4,619
21	Sub total Agency	997	509	525	188	326	456	1,299	1,753	2,190	2,086	2,146	1,857	8,242	14,331
22	Returners (Provide WTE to the right):														
23	Administrative, Clerical & Board Members	1	2	3	3	0	0	0	0	0	0	0	0	9	9
24	Medical & Dental	0	0											0	0
25	Nursing & Midwifery Registered	5	8	23	23	0	0	0	0	0	0	0	0	59	59
26	Prof Scientific & Technical	0	0											0	0
27	Additional Clinical Services	0	0	2	2	0	0	0	0	0	0	0	0	4	4
28	Allied Health Professionals	0	0											0	0
29	Healthcare Scientists	0	0											0	0
30	Estates & Ancillary	0	3	3	3	0	0	0	0	0	0	0	0	8	8
31	Sub total Returners	7	14	30	31	0	0	0	0	0	0	0	0	81	81
32	Students (Provide WTE to the right):														
33	Medical & Dental	75	88	6	6	0	0	0	0	0	0	0	0	175	175
34	Nursing & Midwifery Registered	0	0			0	0	0	0	0	0	0	0	0	0
35	Prof Scientific & Technical	0	0			0	0	0	0	0	0	0	0	0	0
36	Additional Clinical Services	0	122	663	795	183	154	0	0	0	0	0	0	1,917	1,917
37	Allied Health Professionals	0	0			0	0	0	0	0	0	0	0	0	0
38	Healthcare Scientists	0	0			0	0	0	0	0	0	0	0	0	0
39	Estates & Ancillary	0	0			0	0	0	0	0	0	0	0	0	0
40	Sub total Students	75	210	669	801	183	154	0	0	0	0	0	0	2,092	2,092
41	Other Temp Staff (Provide WTE to the right):														
42	Administrative, Clerical & Board Members	78	67	79	98	77	216	306	440	408	739	848	916	1,768	4,271
43	Medical & Dental	0	0	0	0		0	0	0	0	0	0	0	0	0
44	Nursing & Midwifery Registered	955	655	734	687	671	603	738	876	921	943	953	958	6,840	9,694
45	Prof Scientific & Technical	26	11	12	6	10	6	6	5	7	7	7	7	88	110
46	Additional Clinical Services	738	573	577	696	736	962	846	834	960	1,364	1,525	1,606	6,924	11,419
47	Allied Health Professionals	5	0	0	0	0	1	1	2	1	1	1	1	11	16
48	Healthcare Scientists	0	0	1	0		0	0	0	0	0	0	0	1	1
49	Estates & Ancillary	87	67	99	97	95	130	104	117	107	107	107	107	903	1,224
50	Sub total Other Temp Staff	1,891	1,373	1,503	1,584	1,589	1,918	2,001	2,274	2,404	3,161	3,442	3,595	16,536	26,734
51	Other (specify below and in narrative)														
52	Annual leave accrual	0	0	0	0	0	0	0	0	0	0	0	20,295	0	20,295
53		0	0	0	0	0	0	0	0	0	0	0	0	0	0
54		0	0	0	0	0	0	0	0	0	0	0	0	0	0
55		0	0	0	0	0	0	0	0	0	0	0	0	0	0
56	TOTAL ADDITIONAL PAY EXPENDITURE	3,334	2,541	3,942	3,158	2,664	3,580	4,748	6,084	7,019	7,373	7,805	27,998	37,070	80,245

57	Non Pay (Additional costs due to C19)																
58	Accomodation Costs	0	5	1	1	1	5	(5)	2	(2)	0	0	0	8	8		
59	Additional costs in Primary Care	200	121	30	52	32	16	18	54	25	771	931	1,051	548	3,302		
60	Additional costs in Private Sector including via WHSSC	51	0	1	0	290	483	386	386	482	369	320	400	2,079	3,168		
61	Additional costs in Temporary Hospital Capacity - Set Up Costs e.g. Field Hospitals	0	0	0	0	0	0	19	0	0	0	0	0	19	19		
62	Catering Costs	110	4	7	12	3	5	3	83	196	178	178	178	423	957		
63	CHC	116	216	344	387	413	339	2,621	315	311	362	341	2,368	5,061	8,132		
64	Cleaning Costs	8	24	56	8	4	59	35	103	48	39	39	39	344	461		
65	Costs as a result of lost income (inc SLA, services & private patients)	53	57	663	694	757	922	983	517	335	607	509	568	4,983	6,666		
66	Covid-19 Testing Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
67	Decommissioning costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
68	Discharge to assess	0	0	0	0	0	0	0	61	83	118	121	128	144	511		
69	Discharge to recover	3	0	0	0	0	0	0	0	0	0	0	0	3	3		
70	Drugs inc Medical Gases	44	405	601	258	428	512	361	426	358	407	405	384	3,394	4,590		
71	Equipment Costs - beds	1,500	0	169	(0)	0	304	(0)	0	0	0	0	0	1,973	1,973		
72	Equipment costs - ventilators	0	0	0	0	0	81	(81)	0	0	0	0	0	(0)	(0)		
73	Equipment costs - other (specific in narrative)	186	31	33	(4)	42	62	84	40	36	200	187	183	510	1,081		
74	Estates/Security costs	367	77	109	38	32	50	148	(42)	183	225	234	210	962	1,631		
75	External Project Management Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
76	Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
77	IT Costs	112	70	43	35	362	145	99	222	130	199	63	144	1,216	1,623		
78	Laundry Costs	298	74	61	2	119	0	0	2	61	5	5	5	617	632		
79	Legal Fees	0	0	0	4	6	0	0	0	0	0	0	0	10	10		
80	M&SE - consumables	1,071	167	434	151	154	56	168	970	79	62	71	76	3,249	3,459		
81	Mortuary/Funeral Expenses	318	124	124	10	82	6	22	(6)	4	92	89	89	683	953		
82	PPE	325	336	539	923	360	998	1,270	1,104	879	1,026	870	863	6,732	9,491		
83	Rates	0	0	0	0	0	0	0	94	188	188	188	188	282	846		
84	Rent	0	4	0	0	0	0	5	0	0	38	53	60	9	159		
85	Reprovision of existing services to external facilities e.g. Haemophilia services	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
86	Telephony	0	0	0	0	0	5	0	0	0	6	9	10	5	30		
87	Temporary LTA Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
88	Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
89	Transportation	0	81	21	24	26	25	128	1,210	574	527	468	497	2,090	3,582		
90	Utility Costs	0	75	27	51	64	97	84	224	204	211	211	211	826	1,459		
91	Other costs (specify below and in narrative)								125	71	17	19	20	195	251		
92	includes various GUH other lines	56	124	29	6	37	277	169	433	126	183	175	271	1,257	1,885		
93	Extended testing path costs + RGH Pod	283	66	70	467	160	106	303	804	159	128	128	128	2,417	2,801		
94	Other external (Transformation fund plan)								82	82	82	82	583	164	911		
95	Local Authority	0	0	0	0	388	168	528	729	809	1,822	1,457	2,640	2,621	8,540		
96	TOTAL ADDITIONAL NON PAY EXPENDITURE	5,101	2,059	3,361	3,119	3,759	4,721	7,347	7,936	5,420	7,862	7,153	11,295	42,823	69,133		
97	TOTAL ADDITIONAL OPERATIONAL EXPENDITURE (Agrees to Table A)	8,436	4,600	7,303	6,277	6,423	8,301	12,094	14,020	12,439	15,235	14,958	39,293	79,893	149,379		
		0	0	0	0	0	0	0	0	0	0	0	0				

A1 - Major Projects : Change in Capacity Expenditure Due To C19 (subset of Table A)

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
98	Major Projects: Capacity Change Expenditure (due to C19)														
99	Mortuary & Pods	427	157	129	16	22	75	27	4	5	97	94	94	861	1,146
100	Beds	1,500	900	169	0	0	304	0	0	0	0	0	0	2,873	2,873
101	Discharge Schemes	205	298	134	402	430	359	383	318	331	382	354	384	2,861	3,981
102	Prescribing and Drugs	44	405	601	473	252	616	265	251	250	323	323	323	3,155	4,124
103	Surge Beds	1,100	1,373	1,503	1,584	1,589	2,029	1,700	1,877	1,930	1,930	1,930	1,930	14,683	20,472
104	PPE	325	336	539	923	360	998	1,270	1,104	879	1,026	870	863	6,732	9,491
105	Field Hospital	402	579	439	673	575	628	1,388	5,131	3,085	2,814	2,807	3,003	12,900	21,524
106	Testing expansion (incl. path)	283	66	0	0	0	0	370	370	150	119	119	119	1,239	1,596
107	COVID Mass Vaccination Programme	0	0	0	0	0	36	44	44	102	1,296	1,814	2,073	226	5,410
108	Flu vaccine programme (extension)	0	0	0	0	0	138	140	163	28	260	258	257	469	1,244
109	Test, Trace, Protect Costs	100	93	75	259	631	1,074	329	1,061	1,188	2,386	2,058	2,085	4,810	11,339
110	TOTAL MAJOR PROJECTS: ADDITIONAL CAPACITY EXPENDITURE	4,386	4,207	3,588	4,330	3,858	6,255	5,916	10,323	7,948	10,633	10,628	11,130	50,809	83,200

B - Non Delivery of Planned Savings Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
111	<i>Enter as Positive values</i>														
111	<i>Non Delivery of Planned Savings (due to C19)</i>														
112	Non Delivery of Finalised (M1) Savings	183	140	266	508	194	279	263	246	229	260	281	315	2,308	3,164
113	Non delivery of Savings Assumed but not finalised at M1	2,005	2,012	1,014	1,136	1,821	1,640	1,878	1,264	2,424	1,436	1,571	1,374	15,192	19,572
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	2,188	2,152	1,280	1,644	2,015	1,918	2,140	1,510	2,653	1,696	1,852	1,689	17,500	22,736

C - Planned Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
115	<i>Enter as Negative values</i>														
115	<i>Expenditure Reductions (due to C19)</i>														
116	Reduction of non pay costs due to reduced elective activity	(1,846)	(1,662)	(1,638)	(1,905)	(1,593)	(1,455)	(370)	(77)	(1,477)	(1,587)	(1,587)	(1,587)	(12,023)	(16,784)
117	Reduction of outsourcing costs due to reduced planned activity	(83)	(83)	(83)	(54)	(37)	(122)	(29)	(39)	(75)	(48)	(48)	(438)	(605)	(1,139)
118	Reduction of travel and expenses	(19)	(6)	(16)	(70)	(10)	(277)	75	(9)	(65)	(21)	(21)	(15)	(397)	(454)
119	Reduction of pay costs due to reduced elective activity	(837)	(713)	(818)	(1,077)	(947)	(791)	(67)	(88)	(588)	(524)	(524)	(524)	(5,925)	(7,496)
120	CHC	(54)	(179)	(215)	(621)	(222)	(215)	(221)	(220)	(348)	(374)	(338)	(374)	(2,294)	(3,379)
121	Commisioned Services	0	(195)	(298)	(810)	(640)	(190)	(110)	(114)	(107)	(100)	(100)	(101)	(2,464)	(2,765)
122	General Dental services	0	0	(521)	(255)	(252)	(306)	(268)	(262)	(275)	(271)	(271)	(271)	(2,139)	(2,953)
123	Other operational costs avoided	(123)	(123)	(154)	(401)	(434)	(164)	(95)	(120)	(36)	(1,353)	(1,353)	(1,341)	(1,650)	(5,697)
124														0	0
125	TOTAL EXPENDITURE REDUCTION (Agrees to Table A)	(2,962)	(2,961)	(3,743)	(5,193)	(4,135)	(3,520)	(1,085)	(927)	(2,971)	(4,278)	(4,242)	(4,651)	(27,498)	(40,668)
		0	0	0	0	0	0	0	0	0	0	0	0		

D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
126	<i>Enter as Negative values</i>														
126	<i>Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)</i>														
127	Estimated redirected investments & allocations	(148)	(347)	(344)	(814)	(100)	(100)	(55)	(53)	(54)	(54)	(54)	(54)	(2,014)	(2,176)
128	IMTP GUH funding						(1,879)	(553)	(652)	(706)	(752)	(758)	(1,185)	(3,789)	(6,484)
129														0	0
130														0	0
131														0	0
132														0	0
133														0	0
134														0	0
135														0	0
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	(148)	(347)	(344)	(814)	(100)	(1,979)	(608)	(705)	(760)	(806)	(812)	(1,239)	(5,804)	(8,660)
137	NET EXPENDITURE DUE TO Covid-19	7,513	3,444	4,496	1,914	4,203	4,721	12,541	13,898	11,361	11,847	11,757	35,092	64,091	122,787
		0	0	0	0	0	0	0	0	0	0	0	0		

A - WTE of New Staff

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22	Returners:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	Administrative, Clerical & Board Members	0.52	0.60	0.78	0.78								
24	Medical & Dental												
25	Nursing & Midwifery Registered	0.96	2.53	5.97	5.97								
26	Prof Scientific & Technical												
27	Additional Clinical Services		0.24	1.06	1.06								
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary	0.32	1.92	2.01	2.01								
31	Sub total Returners	1.80	5.29	9.82	9.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	Students:												
33	Medical & Dental	59.34	45.30	3.00	3.00								
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	0.00	86.38	319.70	383.50	94.83	74.86						
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	59.34	131.68	322.70	386.50	94.83	74.86	0.00	0.00	0.00	0.00	0.00	0.00
41	Other Temp Staff:												
42	Administrative, Clerical & Board Members	57.71	42.84	51.70	58.30	54.54	61.25	94.76	128.24	146.37	223.48	265.88	286.84
43	Medical & Dental							0.00	0.00	0.00	0.00	0.00	0.00
44	Nursing & Midwifery Registered	400.03	270.91	272.50	259.00	277.50	266.64	291.13	343.27	329.78	329.78	329.78	329.78
45	Prof Scientific & Technical	10.75	4.63	3.59	1.90	3.20	1.68	2.07	1.63	2.24	2.24	2.24	2.24
46	Additional Clinical Services	558.42	392.25	362.06	452.30	517.77	521.63	582.36	606.08	582.38	720.85	776.24	803.93
47	Allied Health Professionals	1.67	0.14	0.00	0.00	0.00	0.30	0.37	0.56	0.43	0.43	0.43	0.43
48	Healthcare Scientists	0.18	0.00	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
49	Estates & Ancillary	66.98	45.72	59.86	58.20	58.71	63.14	65.12	71.87	62.10	62.10	62.10	62.10
50	Sub total Other Temp Staff	1095.74	756.49	749.94	829.70	911.72	914.64	1035.81	1151.65	1123.30	1338.88	1436.67	1485.32

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values												
98	Major Projects: Bed Capacity (due to C19)												
99	Mortuary & Pods												
100	Beds												
101	Discharge Schemes	27	37	36	36	36	36	36	36	36	36	36	36
102	Prescribing and Drugs												
103	Surge Beds	85	85	85	85	85	85	267	267	267	267	267	267
104	PPE												
105	Field Hospital							384	464	464	464	464	464
106	Testing expansion (incl. path)												
107	COVID Mass Vaccination Programme												
108	Flu vaccine programme (extension)												
109		0	0	0	0	0	0	0					
110	TOTAL MAJOR PROJECTS: ADDITIONAL BED CAPACITY	112	122	121	121	121	121	687	767	767	767	767	767



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Audit Committee
Thursday 4th February 2021
Agenda Item: 4.2

Aneurin Bevan University Health Board

Schedule of Decisions made by Strategic and Tactical Groups, with financial implications, as part of the Health Board's Response to the COVID-19 Pandemic

Executive Summary

Background/context

The Health Board approved some temporary adjustments to its governance arrangements during the period of the Covid-19 pandemic. These were set out in the paper titled "Adjusting and Upholding Good Health Board Governance During the Period of the Covid-19 Pandemic."

These changes were approved through Chair's Action on the 9th April 2020 and subsequently reported to the Board, at its meeting, on the 20th May 2020. Specifically, these changes identified *"...any other financial expenditure changes due to suspending of usual Health Board service activity. This will be tracked by the Audit Committee and reported to the Board."*

The key changes made to the Scheme of Delegation related to:

- Establishing a Tactical group, as part of the Covid-19 decision structure, and providing a delegated financial limit up to/including £50,000, and
- Establishing a Strategic group, as part of the Covid-19 structure. As this comprised the Executive Team, including the Chief Executive, this effectively increased the current delegated financial limit from £100,000 to £250,000.
- These arrangements were in place up to end June 2020 however, it was agreed to extend these arrangements until the end March 2021.

At the Audit Committee meeting held in December 2020, it was agreed that a further report be presented to the February 2021 Audit Committee, to cover the financial decisions made by Strategic and Tactical Groups between 1st October 2020 and 18th December 2020.

This paper provides a list of the decisions that were made between 1st October 2020 and 18th December 2020, which relate specifically to these changes in financial delegation limits (see Appendix 1 and 2). The Strategic and Tactical Command meetings were formally stood down on 18th December 2020. The Site Bronze Groups continue to meet and escalation structures are in place to the Executive Team directly.

Assessment and conclusion

The Health Board recognises the importance of reviewing the effectiveness of its arrangements, learning from the findings and making improvements to improve effectiveness going forward.

Recommendation:

The Audit Committee is asked to note the report.

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Deputy CEO and Director of Finance and Performance

Report Author: Danielle O'Leary, Corporate Planning Manager

Report Received consideration and supported by :

Executive Team	✓	Committee of the Board [Audit Committee]	
-----------------------	---	---	--

Date of the Report: 12th January 2021

Supplementary Papers Attached:

Appendix 1 – Table of all decisions made by Tactical Group between 01.10.2020 and 18.12.2020

Appendix 2 – Table of all financial decisions made by Strategic Group between 01.10.2020 and 18.12.2020

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	<i>This report links to financial risks on the Corporate Risk Register and the COVID-19 risks.</i>
Financial Assessment, including Value for Money	<i>Financial impact is described within the report.</i>
Quality, Safety and Patient Experience Assessment	<i>All changes to services in response to the COVID-19 pandemic are made to maximise quality and patient safety.</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>Not applicable.</i>
Health and Care Standards	<i>All changes to services in response to the COVID-19 pandemic are made in line with incorporating the Health and Care Standards.</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<i>Does not link with IMTP as it is an emergency response to pandemic.</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Long Term – <i>Not applicable.</i>
	Integration – <i>Not applicable.</i>
	Involvement – <i>Not applicable.</i>

	Collaboration – <i>Not applicable.</i>
	Prevention – <i>Not applicable.</i>
Glossary of New Terms	<i>Any new terms are explained within the report.</i>
Public Interest	<i>Report to be published in the public domain.</i>

Date	Issue	Type	Financial Decision	Who	Cost
26/10/2020	New Doors at YYF - new doors to be put on the ward to create segregated areas with 15beds	Tactical	The group agreed to support this as it will enable greater flexibility for patient use.	Jane Thornton	£12,285
02/11/2020	FFP3 re-usable masks – proposal to order 400 re-unable masks for dental staff , masks the cost per mask is £25 total cost around £10.000	Tactical	The decision was for Tactical to support the proposal to order 400 FFP3 re-usable masks.	Victoria Taylor	£10,000
04/11/2020	Haematology bird - Peads ward in NHH to be refurbished for haematology day-care and out patients.	Tactical	The Group approved the proposal for the work to be commenced in NHH.	Gwawr Evans	£4,000
11/11/2020	Orthodontic bid – They are unable to undertake any aerosol procedure and the proposal is to have additional ventilation add to rooms in RGH and NHH.	Tactical	VBA have signed the form and it will need to go through the capital. The bid was approved at Tactical.	Teresa Allcock	£14,196.56
13/11/2020	100 pulse oximeter kits - Kits was for patients with COVID who could be discharged or risk managed within a community settings if their physiology parameters were continually measured in the home setting.	Tactical	The Group agreed approved the purchase of the 100 pulse oximeter kits subject to the following: Time line for patients to learn how to use these devices and who to contact if their saturations are low and What the pathway is for these devices.	Julie Poole	£2,500

16/11/2020	Benefit in Kind - costs of staff accommodation due to COVID being paid for by the Health Board.	Tactical	Tactical agreed to it in principle and to ensure that the correct processes are followed to pay.	Sue Ball	£7,000
20/11/2020	Testing – Demand with testing has raised and would like to increase the capacity over the winter period.	Strategic	Tactical agreed proforma before being submitted to Strategic as total cost exceeded delegated authority.	Dan Davies	£ 127,229.07
02/12/2020	Electronic Test Requesting (ETR) – additional staff requested for help support ETR process.	Tactical	Tactical agreed the proforma.		£14,000
07/12/2020	Eplex Machine – request for 6bay platform to provide rapid testing to RGH and GUH.	Tactical	Tactical approved the recommendations and as it was above the delegated authority for Tactical Group, suggested this was submitted to Strategic Group for final endorsement.	Gwawr Evans	£85,400.00
08/12/2020	Seegene Staffing – request for staffing to cover the machine for 24hrs	Strategic	It was agreed for the paperwork to be signed off before being submitted to strategic. Chair's actions also required due to value.	Gwawr Evans	£1.3M
15/12/2020	Ophthalmology Bid - request to put a green pathway to ophthalmology and create cubicles.	Tactical	It was agreed for the proposal to be supported with the capital signatures to be added.	Glenys Mansfield	£16,204.05
15/12/2020	Waiting Room GUH - have Perspex screens put behind the chairs to allow more space.	Tactical	It was agreed at Tactical for the proposal to be supported in line with Infection	Penny Gordon/Liz Waters	GUH ED – 13 screens @ £289 each = £3,757

			prevention and Control requirements.		GUH SAU – 10 screens @ £289 each = £2,890 Total Cost = £6,647
--	--	--	--------------------------------------	--	---

Financial decisions made by Strategic Group
For period 01.10.20 – 18.12.20

Date	Issue	Type	Strategic Action	Who	Cost £xxx Limit increased from £100,000 to £250,000
06/10/2020	GUH Sustainable Travel	Strategic	The group agreed to the use of 4 mini buses to provide transport for staff working at the GUH with no alternative means of transport.	Gareth Hughes	£270 K (service offered until the end of the financial year, or stood down if not required).
14/10/2020	St Joseph's Hospital – Mid Contract Review	Strategic	Strategic Group approved option 1 in order not to disrupt services with a review after this period.	Glyn Jones	12 weeks £96.5k per week = £1.158m
16/10/2020	Extending the testing service for Qtr. 3 and 4	Strategic	Strategic Group approved the paper with the proviso that the finance paperwork is completed for governance purposes.	Dan Davies	£739,535 (Extend Workforce, Rodney Parade and other non-pay until 31 March 2020) This is in addition to: 1 June 2020 – £ 1,594,535 (Workforce, Rodney Parade and other non-pay until 31 December 2020) 12 August 2020 – £ 163,206 (Additional staffing (in relation to antibody testing) and winter preparation) Total £ 2,497,276
4/11/2020	Staffing Action Plan	Strategic	Approve the block booking RN (off contract) and HCSW agency on the basis that we do so with tested agency providers and review numbers weekly (remove the current limit).	Glyn Jones and Judith Paget to arrange with Richard Bevan/Richard Howells	Approved - In the interim agreed to increase the limit Anticipated costs of 30wte for day shifts would be £52K plus VAT per week in addition to current spend.

**Financial decisions made by Strategic Group
For period 01.10.20 – 18.12.20**

17/11/2020	COVID 19 Mass Vaccination Workforce Agreement	Strategic	In anticipation of National Guidance, staff should be paid their substantive rate to provide help for the Vaccination Programme, and costs to be recovered from the COVID 19 budget. Strategic Gold agreed to this decision in principle.	Corrina Casey/ Geraint Evans	£5,410 (Dec 2020 – March 2021) Strategic Gold agreed to this decision in principle. Costs to be recovered from COVID 19 budget.
19/11/2020	Agency Off Contract	Strategic	Additional request for a block booking of 30 wte off-contract nursing staff until the end of March 2021.	Richard Howells	Cost c £900k requires Board Approval - RH to take forward
20/11/2020	Improving Resilience for COVID Testing	Strategic	The group approved the request for additional funding, recognising that the plan for the Testing Service will need to be reviewed again, when the 2021 plan for the Test, Trace and Protect programme is finalised. JP advised it may require a Chair's action.	Judith Paget/ Richard Howells	Total £508,916.28
20/11/2020	Mass Vaccination Programme Update	Strategic	The Strategic Group approved the use of Caldicot Choir Hall as a venue at a cost of £10k for c 3 months.	Corrina Casey	Total £10,800
15/12/2020	Update from Tactical	Strategic	The group verbally approved the Perspex screens as recommended by Tactical as a first step and asked Tactical to progress at pace the plans to carry out point of care testing in a designated space in front of ED GUH before entering ED.	Tactical	<u>Total cost of £6,647</u>
16/12/2020	Mass Vaccination Programme	Strategic	The group agreed spend of £56, 125.82 to procure the equipment and resources required to enable the delivery of the Mass Vaccination Programme across Gwent.	Corrina Casey	Total £56,125.82
18/12/2020	GP OOH Pressures (Trish Edwards)	Strategic	There are currently 25 outstanding home visits and Alice has requested an increased rate of pay from £99 to £110/hr to see if this would assist in securing more Dr cover.	Agreed by Geraint Evans	Increase of rate of pay to £110 per hour.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Audit Committee
Thursday 4th February 2021
Agenda Item: 5.1

Aneurin Bevan University Health Board

High Level Audit Recommendations Tracker

Executive Summary

This report provides the Audit Committee with an update on the progress with the audit tracker.

This report provides information on the current status of the recommendations following review by the Executive leads. The tracker indicates those recommendations in the opinion of the Executive Team that have been completed and are proposed to be taken off the tracker, those that have made significant progress, but are still not fully complete and those where some progress has been made, but a number of factors still remain which prevents the action being fully completed.

The Committee will note that there are a number of actions where it has been indicated that the COVID-19 Pandemic has affected the organisation's ability to finalise the action within the given timelines as intended. This has been previously discussed by the Audit Committee and it was recognised that there would be an impact in some areas. However, in other areas progress has still been possible.

The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	✓
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor: Richard Howells, Interim Board Secretary

Report Author: Bryony Codd, Head of Corporate Governance

Report Received consideration and supported by :

Executive Team		Committee of the Board	N/A
-----------------------	--	-------------------------------	-----

Date of the Report: 28th January 2021

Supplementary Papers Attached: As at January 2021 - Audit Tracker Update

Purpose of the Report

To present to the Audit Committee for compliance and assurance purposes the tracking database of the current agreed high level recommendations for Internal Audit and also Wales Audit Office recommendations.

Background and Context

The Audit Committee closely monitors progress with the programmes of internal audits and the audits undertaken by Audit Wales undertaken at the Health Board. The Committee scrutinises the subsequent organisational responses to recommendations and the progress made against these recommendations. A tracking arrangement has been established, which is managed by the Executive Team.

There are currently 7 recommendations within the database, as per the table below. All are currently assessed as Amber.

Red	0	Some progress, but outside the target deadline.
Amber	7	Action has been agreed to remain Amber by the Executive Team as good progress has been made, but is past the deadline date.
Green	0	The Action has been completed and it is proposed that the action is withdrawn from the tracker.
Purple	0	Action yet to reach its target date.

Recommendation

The Audit Committee is asked to note this report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	The coordination and reporting of organisational actions for audit activity are key elements of the Health Board's overall assurance arrangements.
Financial Assessment, including Value for Money	There may be financial consequences of individual actions however there is no direct financial impact associated with this report at this stage.
Quality, Safety and Patient Experience Assessment	Impact on quality, safety and patient experience are highlighted within the individual actions and assurance requirements contained within this report.
Equality and Diversity Impact Assessment (including child impact assessment)	There are no equality issues associated with this report at this stage, but equality impact assessment will be a feature of the work being undertaken as part of the actions.
Health and Care Standards	This report would contribute to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The actions will be aspects of the delivery of key priorities in the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	WBFGA considerations are included within the consideration of individual actions.
Glossary of New Terms	None
Public Interest	Report to be published in public domain

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
20. (IA)	Clinical Audit May 2017	R3 An effective mechanism for the identification and follow-up of actions arising from a clinical audit undertaken locally and nationally, should be implemented as soon as possible, in order to provide assurance that effective action is being undertaken to mitigate clinical risk.	November 2017	Medical Director	<p>September 2019 Update: A Clinical Effectiveness Group has been set up which is the vehicle for taking forward the recommendations in relation to the three levels of Clinical Audit. The Quality Improvement and Leaders Group is overseeing the development of the Quality Improvement Strategy and Assurance Framework, which will then allow the assessment of the level of clinical of clinical audit required to take forward the strategy. The identified date for completion is June 2020.</p> <p>November 2019 Update: Implementation of the agreed Action Plan continues in line with agreed timelines. Update being provided to the Quality and Patient Safety Committee at its December Meeting.</p> <p>January 2020 Update: Reassurance received from the Chair of Clinical Effectiveness Group regarding Audit Dashboard being managed and completed. Instruction regarding clear trail of feedback to Clinical teams on Manager section required.</p> <p>April 2020 Update: No further update due to COVID - 19 - the program of national clinical audit has been suspended.</p> <p>June 2020 Update: The National Clinical Audit and Outcomes Review programme was stood down in March 2020 as a result of COVID and as a result reporting of national audits has ceased. The Clinical Effectiveness Group has not sat since the onset of COVID but will be reinstated by August 2020. The priority for CEG once restarted will be:</p> <ul style="list-style-type: none"> • Monitoring of progress against identified improvement actions associated with National Clinical Audits • Identification of exceptional performance • Exception reporting through QPSOG 	Action required to achieve - green/completed status: Progress has been made with an action plan in place and groups actively working to complete this plan. Evidence of some elements being complete however, assessed as amber as the action plan will not be fully complete until June 2021.

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
					<p>October 2020 Update: National Audits have recently started to be published again following a cessation of HQIP activity over the peak covid period. The clinical effectiveness and standards group will reconvene in early December 2020 to provide oversight and assurance around National Clinical Audits and to progress the action plan. The Medical Director is in the process of strengthening organisational processes to support individual reflection and learning from clinical audit data.</p> <p>November 2020: National Audits have recently started to be published again following a cessation of HQIP activity over the peak covid period. The Clinical Effectiveness and Standards group will reconvene in early December 2020 to provide oversight and assurance around National Clinical Audits and to progress the action plan. The Medical Director is in the process of strengthening organisational processes to support individual reflection and learning from clinical audit data.</p> <p>January 2021 Update An Update of all existing actions associated with national audit will be presented to the Clinical Standards and Effectiveness group in February 2021. Divisional oversight of National Audit results and recommendation will be strengthened through regular meetings between the QPS team and the Divisions.</p>	

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
77 (IA)	Structured Assessment 2017	R4 Internal control The Health Board should ensure that clinical audits provide assurance within an assurance framework, linked to the organisation's strategic objectives	End of May 2018	Medical Director	<p>September 2019 Update: A Clinical Effectiveness Group has been set up which is the vehicle for taking forward the recommendations in relation to the three levels of Clinical Audit. The Quality Improvement and Leaders Group is overseeing the development of the Quality Improvement Strategy and Assurance Framework, which will then allow the assessment of the level of clinical of clinical audit required to take forward the strategy. The identified date for completion is June 2020.</p> <p>November 2019 Update: Implementation of the agreed Action Plan continues in line with agreed timelines. Update being provided to the Quality and Patient Safety Committee at its December Meeting.</p> <p>January 2020 Update: Implementation of the agreed Action Plan continues in line with agreed timescales.</p> <p>April 2020 Update: No further update due to COVID-19.</p> <p>June 2020 Update: The Quality Assurance Framework was published in March 2020 which incorporates a structure to oversee the governance framework of the health and care standards. As the Framework is implemented it will support the appropriate oversight and assurance around the results and the necessary improvements identified in each of the National Audits. The Clinical Audit dashboard is maintained and includes identified improvement action and follow-ups.</p>	Action required to achieve - green/completed status: Progress has been made with an action plan in place and groups actively working to complete this plan. Evidence of some elements being complete however, assessed as amber as the action plan will not be fully complete until June 2021

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
					<p>October 2020 Update: The Clinical Audit dashboard continues to be maintained. A framework for further strengthening assurance to the board on quality management including clinical audit will be presented to the QPSC Board Committee at its November meeting.</p> <p>November 2020: Work is underway to map all health and care standards to groups and committees across the health board and to align to policies and procedures. Work will then be undertaken to establish what audit is undertaken to provide assurance around these standards. A corporate audit plan is being developed to ensure progress this prudent approach to corporate audit. An initial report will be presented to February 2021 QPSC.</p> <p>January 2021 Update Work to map the requirement for ongoing local audit or the development of additional local audits to provide assurance around the Health and Care Standards and in line with the Quality Assurance Framework is ongoing. A discreet programme of local health Board wide audit is in place for 2021/22 but it is expected that this will continue to evolve throughout the year to respond to emerging quality and Safety priorities.</p>	

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
88 (IA)	IT Service Management	R3 Informatics should seek to develop a SKMS in order to share knowledge across departments. This process should include developing a Knowledge Centred Service (KCS) process within the service desks and ensuring models for calls and problems are catalogued and indexed and easily available.	October 2018	Director of Planning, Digital and IT	<p>September 2019 Update: National standards for classification, prioritisation and service level targets/metrics have been adopted and are reported at ICT monthly management board.</p> <p>November 2019 Update: Requirements for SKMS have been identified and agreed, awaiting funding to develop revised share point. Content has started to be collated in terms of:</p> <ul style="list-style-type: none"> • Policies and procedures • Knowledge articles • Post Incident Review reports • Operational Performance reports • Minutes from CAB meetings • Minutes from supplier review meetings <p>With regards KCS process- a review of services and related predefined templates for service desk tickets has been commenced.</p> <p>January 2020 Update: The above information continues to be captured and made available using existing tools. Initial meeting with 3rd party Red Cortex scheduled for 14th January to agree scope for requirements gathering for revised Share Point, on which SKMS will be developed, based on KCS principles and concepts. Actions arising from post incident reviews to improve service quality are being recorded, tracked and implemented. In addition post incident reviews are being reviewed to identify how/when issues are reported to IGC and under NISD regulations to Welsh Government.</p>	Action required to achieve - green/completed status: To be reviewed post COVID. Progress is still being made. Path to green has been identified. However, recommend hat this remains amber at this stage and will be reported further post March 2021.

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
					<p>April 2020 Update: No change – COVID work prioritised.</p> <p>June 2020 Update: No change – COVID work prioritised, currently engaging with Execs on resources required to continue with COVID priorities and complete this work package</p> <p>October 2020: Further involvement from Red Cortex was discounted on cost grounds. A knowledge management workshop was held in August to introduce the concepts and a project is now running to a) discover information we hold, b) carry out gap analysis and c) options to mitigate risk. SharePoint online is under review to provide full SKMS but basic SKMS to be available by year end using MS Teams as a temporary SKMS until SharePoint version completed.</p> <p>Executive Team Update – November 2020: A sharepoint specialist has now been appointed as part of the Office 365 programme. Once the deployment of O365 has been completed capacity will be available to develop.</p> <p>January 2021: The need to focus on the technical migration to office 365 to support the digital transformation required in response to the pandemic has meant that this work has progressed slowly. It is unlikely that we will make any significant progress before April 2021.</p>	

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
99a (AW)	Structured Assessment 2018	R3 - Information Governance <ul style="list-style-type: none"> The Health Board should improve its information governance arrangements by: improving compliance with the information governance training programme to reach the national rate of 95%; 	March 2020	Director of Planning, Digital and IT	<p>September 2019 Update: IGU now undertake the updating of staff training on ESR. We experience challenges in placing ABUHB e learning on to the NHS Wales ESR – staff currently have to log in via the ABUHB intranet. This affects compliance rates. The Health Board look to Director WOD to request ABUHB links on ESR. SIRO training arranged for September 2019. Believe that achievement of 95% compliance is ambitious when absence is taking in account. Initial target which is perceived as achievable is 90%.</p> <p>November 2019 Update: SIRO training undertaken. Clarity has been sought about the national target and compliance rates. The NHS Wales IG Management Advisory Group (IGMAG) members consider that the Welsh Government target is 85%. This will be addressed through NHS Wales IGMAG.</p> <p>January 2020 Update: IGMAG considered target as 85%. Current ABUHB rate as of Dec 2019 is 71%.</p> <p>April 2020 Update: No change – COVID work prioritised, however, training completeness rate has increased to 72%.</p> <p>June 2020 Update: Increase in training compliance to 75% however, COVID work has been prioritised</p> <p>October 2020 Update: No change COVID prioritised but staff continue to undertake training and IGDG's are main mechanism to promote training needs.</p>	Action required to achieve - green/completed status: To be reviewed post COVID This has now been assessed as amber, further work being undertaken to be clear what needs to be done to achieve the 95% target and how achievable this is as a target?

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
					<p>Executive Team Update – November 2020: The Head of Information Governance and Data Protection Officer has been appointed to the post of Interim Board Secretary. Work is now underway to appoint an interim lead. COVID priorities have depleted the team. Training compliance has fallen to 70% which is expected.</p> <p>January 2021 Update: Increase in training compliance to 76%. IG DG's are currently suspended due to COVID, however when the new Head of IG & DPO is appointed it is intended that a review is undertaken of the IG training strategy to assist in improving compliance.</p>	

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
100 (IA)	Structured Assessment 2018	<ul style="list-style-type: none"> updating its ICT disaster recovery plans and test these to ensure they work as intended. 	March 2020	Director of Planning, Digital and IT	<p>Work is ongoing with the newly recruited team in compliance with NISD. A Task and Finish group is currently prioritising and planning continuity arrangements led by the Emergency Planning Team. Infrastructure level failover and fallback of 81 systems was undertaken in April/May 2019 respectively. Specific application testing and evaluation of this is an on-going task.</p> <p>September 2019 Update: Cyber Security Team operating model. The system availability testing continues and ICT DR plan is under development.</p> <p>November 2019 Update: Further testing and development as outlined above continues.</p> <p>January 2020 Update: Received Internal Audit report of BCP Jan 2020; provides the Health Board with Reasonable Assurance. A management response will be issued before the end of January with timescales for the recommendations to be completed.</p> <p>April 2020 Update: No change – COVID work prioritised.</p> <p>June 2020 Update: No change – COVID work prioritised, currently engaging with Executives on resources required to continue with COVID priorities and complete the work package.</p>	<p>Action required to achieve - green/completed status: To be reviewed post COVID. The Executive Team noted the progress that has been made and agreed that this should be assessed as amber. A further update will be provided in February 2021.</p>

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
					<p>October 2020 Update: Informatics has confidence in the high availability of the systems and applications it manages directly, however, it has not been able to focus on assurances i.e. testing of BCP, as its priorities have been moved to ensuring GUH opening and COVID response.</p> <p>Executive Team Update – November 2020: GUH early opening has prevented progress.</p> <p>Executive Team Update – January 2021: GUH early opening has prevented progress.</p> <p>There have been a number of critical BAU and environment tasks that have been picked up following GUH early opening.</p> <p>The team has a new line manager and they are keen to make progress in gaining control of the workload and ensuring that these assurance activities are undertaken.</p> <p>As per the status, the team has not been able to progress significantly as we are not presently “post COVID”.</p>	

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
112 (IA)	Job Planning	<p>The Health Board should:</p> <ul style="list-style-type: none"> review the escalation process to ensure that it includes appropriate action following escalation to the Medical Director and holds medical staff to account for failure to have an in date job plan; produce action plans to address poor compliance and review these as part of the monthly divisional meetings with the COO; complete job plans on an annual basis, as opposed to a 15-month cycle. consider the process for reviewing job plans and look at ways of increasing compliance, such as aligning job planning dates with other activities (i.e. IMTP /Corporate Planning cycle); and; ensure that divisions and directorates have a process in place for a formal meeting with the consultant / SAS doctor in order to 	March 2020	Medical Director	<p>June 2020 Update: Divisional Directors have been written to with the findings of the internal audit. An escalation process has restarted (temporarily deferred during COVID19 surge). The Escalation tracker being maintained. A detailed tracker is being developed with Divisions to get GUH-critical job planning undertaken in advance of opening, against agreed service plans.</p> <p>October 2020 Update: A detailed tracker of progress of service/team/individual jobplanning for GUH-affected jobplans at a directorate level has been developed and is reported monthly to the Executive Team.</p> <p>Executive Team Update – November 2020: Monthly tracker of Divisional job planning position continues to be reported at Executive Team.</p>	<p>Action required to achieve - green/completed status: Current status is amber to reflect current progress. Pathway to green identified by May 2021.</p>

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
		agree the job plan and implement an escalation / disciplinary process if there is not a legitimate reason for failure to agree a job plan.				

Audit Recommendations – to the end of January 2021

No.	Report title and date reported to Audit Committee	High Level Recommendation	Deadline	Responsible Officer	Management Response – Update on Current Progress	STATUS
114 (IA)	Patient Experience (PREMS)	<p>1.1 The review of the effectiveness of the PEC should be completed and implemented.</p> <p>1.2 The Health Board should develop a strategic approach to reporting on all aspects of patient experience and person-centred care (including PREMS), for example, through an integrated patient experience report that clearly links to the Health Board's strategy. Patient experience reports (including PREMS) should regularly feature on the QPSC forward work programme.</p>	September 2020	Director of Nursing	<p>Agree</p> <p>October 2020 Update: Patient Experience is a key element of the QPSOG Divisional reporting and there is a general view that a separate committee is not prudent.</p> <p>A specific Patient Experience Report has been prepared for the QPSC and will be a standing agenda item moving forward, which was positively received.</p> <p>There are on-going discussions about an electronic PREM but in the meantime paper-based approaches are continuing.</p> <p>Executive Team Update – November 2020: No update. To be considered by end of December 2020.</p> <p>January 2021 Update: See status update</p>	<p>Action required to achieve - green/completed status: Remains an amber due to the pandemic and electronic reporting system. To note: as part of the "once for Wales concerns management system" there is functionality for patient experience user feedback system to be procured.</p> <p>The ADON – Person Centred Care Team is leading this work stream with Informatics Team. A clearer position will be available by April 2021.</p>

INTERNAL AUDIT PROGRESS REPORT 2020/2021

4 February 2021 Audit Committee

**NHS Wales Shared Services Partnership
Audit and Assurance Service**

CONTENTS	Page
1. INTRODUCTION	3
2. PROGRESS AGAINST THE 2020/21 INTERNAL AUDIT PLAN	3
3. INFECTION PREVENTION AND CONTROL AUDIT UPDATE	3
4. 2020/21 INTERNAL AUDIT PLAN UPDATE	4
5. ENGAGEMENT	4
6. RECOMMENDATION	4
APPENDIX A – STATUS SCHEDULE	
APPENDIX B – KEY PERFORMANCE INDICATORS	

1. INTRODUCTION

- 1.1** The purpose of this report is to highlight progress against the revised 2020/21 Internal Audit Plan at 28th January 2021 to the Audit Committee.

2. PROGRESS AGAINST THE 2020/21 INTERNAL AUDIT PLAN

Number of audits in plan (Phase 1 & 2):	27
Number of audits reported as final	8
Number of audits reported in draft	4
Number of audits in progress	11
Number of audits at planning stage	4

- 2.1** Appendix A details progress in respect of each of the reviews in the 2020/21 Internal Audit Plan.
- 2.2** The pandemic continues to place significant pressure on the Health Board, which in turn is continuing to impact its ability to facilitate the delivery of audits in a number of areas.
- 2.3** Progress has been made during January to ensure that arrangements are in place for the delivery of the remaining audits set out in Appendix A and the commitment from the senior leadership in the Health Board to ensure that our programme is delivered remains. However, the timing of delivery remains contingent on the ability of managers to prioritise the provision of the evidence we require.
- 2.4** With the exception of the adjustment to the plan noted in section 4 above, we are continuing to progress the audit programme agreed at the December Audit Committee meeting. Reporting of the conclusion of this programme is likely to be later than would be preferable but with the support of the Executive Team we are optimistic about our ability to complete sufficient internal audit work to enable the provision of the Head of Internal Audit Opinion.
- ## 3. INFECTION PREVENTION AND CONTROL AUDIT UPDATE
- 3.1** We are continuing to discuss the findings of the Infection Prevention and Control audit with management.
- 3.2** Draft findings were provided and discussed during October 2020, with the draft report issued on the 11th November 2020. Feedback was received from management on the 8th December.

- 3.3** Since this date, further discussion has taken place with the senior managers responsible for the draft findings raised. This has enabled us to identify further testing around certain key points, which is currently in progress.

4. 2020/21 INTERNAL AUDIT PLAN UPDATE

- 4.1** At the request of management we have replaced the phase II scheduled audit of the Q3/4 Delivery Framework with a review of the COVID Implementation Plan.

5. ENGAGEMENT

ADDITIONAL MEETINGS HELD AND COMMITTEES ATTENDED DURING THE REPORTING PERIOD

- 5.1** Board/Sub Committee/other events:

- Board; and
- Quality & Patient Safety Committee.

- 5.2** Meetings:

- Regular update meetings regarding the Clinical Futures Programme;
- Audit scoping and debrief meetings;
- Chief Executive quarterly;
- Board Secretary regularly;
- Director of Finance and Performance monthly;
- Assistant Director of Finance (Corporate Finance) monthly;
- Audit Committee Chair quarterly;
- Chair bi-annually;
- Planning discussions for the 2021/22 Internal Audit Plan;
- Well-being of Future Generations Act Programme Board;
- Wales Audit Office, Health Inspectorate Wales and Ombudsman quarterly;
- Financial process and procedure advice; and
- PADR assurance meeting attendance.

6. RECOMMENDATION

- 6.1** The Audit Committee is invited to note the above and approve the proposed change to the Internal Audit Plan.

Planned output	Phase	Status	Assurance
Corporate Governance, Risk and Regulatory Compliance			
COVID-19 Governance and Decision Making (Advisory review)	Phase I	Final Report	N/A
COVID Arrangements during COVID-19 Pandemic – Quarter 4 Update	Phase II	Work in Progress	
Health and Care Standards	Phase II	Work in Progress	
Strategic Planning, Performance Management and Reporting			
Clinical Futures – Workforce	Phase II	Planning	
Clinical Futures – Transport	Phase II	Work in Progress	
Mass Vaccination Programme	Phase II	Work in Progress	
Financial Governance and Management			
Partnership Financial Governance – Test, Trace and Protect	Phase II	Planning	
BREXIT Preparations	Phase II	Work in Progress	
Clinical Governance, Quality and Safety			
Annual Quality Statement	Phase I	Final Report	N/A
Infection Prevention and Control	Phase I	Draft Report	
Safeguarding	Phase I	Final Report	Reasonable

Planned output	Phase	Status	Assurance
Information Governance and Security			
IM&T Control and Risk Assessment	Phase I	Draft Report	
WCCIS	Phase I	Final Report	Substantial
Operational Service and Functional Management			
Mental Health and Learning Disabilities Divisional Review	Phase II	Planning	
Covid Implementation Plan	Phase II	Planning	
Workforce Management			
Recruitment Checks	Phase I	Final Report	Substantial
Staff Experience	Phase II	Work in Progress	
Capital & Estates			
Environmental Sustainability Report	Phase I	Final Report	N/A
Major Capital Project: HSDU	Phase I	Work in Progress	
High Voltage Infrastructure	Phase I	Work in Progress	
The Grange University Hospital Integrated Audit Plan:			
Quality Assurance (Construction Management)	Phase I	Final Report	Substantial
Financial	Phase I	Draft Report	





Planned output	Phase	Status	Assurance
Technical	Phase I	Work in Progress	
Equipment	Phase I	Work in Progress	
Site Management Arrangements	Phase I	Final Report	Substantial
Commissioning and Handover	Phase I	Work in Progress	
Follow-up			
Follow-up on High Priority Recommendations	Phase I	Draft Report	

KEY PERFORMANCE INDICATORS

31 January 2021

Indicator	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2020/21	●	April 2020	By 30 April	Not agreed	Draft plan	Final plan
Report turnaround: time from fieldwork completion to draft reporting [10 days]	●	12 of 12	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 days]	●	8 of 8	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 days]	●	8 of 8	80%	v>20%	10%<v<20%	v<10%

Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance	 <p>- + Green</p>	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance	 <p>- + Yellow</p>	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance	 <p>- + Amber</p>	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance	 <p>- + Red</p>	The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.

Office details:

Audit and Assurance Services
Cwmbran House,
Mamhilad Park Estate,
Pontypool,
NP4 0XS

Contact details

James Quance (Head of Internal Audit) – james.quance@wales.nhs.uk /
01495 300841

Audit Committee Update – Aneurin Bevan University Health Board

Date issued: January 21, 2021

Document reference: 2059A2020-21

This document has been prepared for the internal use of Aneurin Bevan University Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2020. No liability is accepted by the Auditor General or staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party, in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

Contents

Audit Committee update	
About this document	4
Accounts audit update	4
Performance audit update	5
Good Practice events and products	7
NHS-related national studies and related products	8

Audit Committee Update

About this document

- 1 This document provides the Audit Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of our Good Practice Exchange (GPX).

Accounts audit update

- 2 **Exhibit 1** summarises the status of our key accounts audit work to be reported during 2020-21.

Exhibit 1 – Accounts audit work

Area of work	Current status
2020 Audit Plan	Complete and presented to the Committee on April 2, 2020.
Audit of Accounts Report	Completed and presented to the Committee on June 24, 2020.
Charitable Funds	Completed and presented to the Charitable Funds Committee on 13 January 2021 and presented to the Board on 27 January 2021.
2020 Annual Audit Report	Complete and to be presented to the Committee at its February 2021 meeting.
2021 Audit Plan	We plan to present the 2021 Audit Plan to the Committee by April 2021.

Performance audit update

3 The following tables set out the performance audit work included in our current and previous Audit Plans, summarising:

- work completed and reported to the Audit Committee (**Exhibit 2**);
- work that is currently underway (**Exhibit 3**); and
- planned work not yet started or revised (**Exhibit 4**).

Exhibit 2 – Work completed

Area of work	Considered by Audit Committee
Structured Assessment	Completed and considered on October 22, 2020.
Effectiveness of Counter-Fraud Arrangements and Management Response	Completed and considered on October 22, 2020.

Exhibit 3 – Work currently underway

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
<p>Orthopaedic: Follow up review</p> <p>Executive lead: Claire Birchall</p>	<p>This work considered the extent to which the Health Board addressed the improvements and recommendations identified in our 2015 report. Given the context of COVID, reporting is being reshaped. A national report will incorporate the local findings. A short local supplementary report will align the national messages within the local context.</p>	<p>National and local reports redrafted in the context of COVID recovery; national report in clearance with clearance of local reports expected to start January 2021.</p> <p>Date for Committee consideration to be confirmed.</p>

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
<p>Welsh Health Specialised Services Committee (WHSSC)</p> <p>Executive lead: Judith Paget</p>	<p>This work is being undertaken nationally and uses aspects of the Structured Assessment methodology to examine the governance arrangements of WHSSC work.</p>	<p>Report drafting.</p> <p>Date for Committee consideration to be confirmed.</p>
<p>Test, Track and Protect</p> <p>Executive lead: Mererid Bowley</p>	<p>In response to the Covid-19 pandemic, this work took the form of an overview of the whole system governance arrangements for Test, Track and Protect, and of the Local Covid-19 Prevention and Response Plans for each part of Wales.</p>	<p>Clearance underway; publication expected February 2021</p> <p>To be considered by the Committee at its meeting in April 2021.</p>
<p>Review of arrangements for securing efficiencies</p> <p>Executive lead: Glyn Jones</p>	<p>This work will consider whether the Health Board's arrangements for securing efficiencies are robust, including the impact of new ways of working on planned efficiencies.</p>	<p>Report drafting.</p> <p>Date for Committee consideration April 2021.</p>
<p>Quality Governance</p> <p>Executive leads: Rhiannon Jones and Peter Carr</p>	<p>This work will examine both the operational and corporate approach to quality governance, looking at issues such as organisational culture and behaviours, strategy, structures and processes, information flows and reporting.</p>	<p>Set-up meeting held; timetable extended with most fieldwork planned for September given ongoing COVID pressures.</p> <p>Date for Committee consideration to be confirmed.</p>

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
<p>Radiology services follow-up</p> <p>Executive lead: tbc</p>	<p>This work will examine the progress made by the Health Board to address our 2017 recommendations and identified areas for improvement in the context of the transition to the Grange University Hospital.</p>	<p>Project brief issued; set-up meeting to be arranged.</p> <p>Date for Committee consideration to be confirmed.</p>

Exhibit 4 – Planned work not yet started or revised

Topic and relevant Executive Lead	Focus of the work	Current status and Audit Committee consideration
<p>Unscheduled care arrangements</p> <p>Executive lead: tbc</p>	<p>This work will examine different aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. Once completed, we will use the data analysis to determine which aspects of the unscheduled care system to review in more detail.</p>	<p>Data analysis currently being completed.</p> <p>Further work postponed to 2021 and replaced with work on Test, Track and Protect.</p>

Good Practice events and products

- In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research. **Exhibit 5** outlines the

Good Practice Exchange (GPX) events which have been held since the Committee last met. Materials are available via the links below. Details of future events are available on the [GPX website](#)

Exhibit 5 – Good practice events and products

Event	Details
Mental Health and Wellbeing During Covid-19	At a webinar In December 2020, public services shared how they adapted services during the pandemic, as well as successes and challenges.

- 5 In response to the Covid-19 pandemic, we have established a Covid-19 Learning Project to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to help prompt some thinking, and hopefully support the exchange of practice. We have produced a number of outputs as part of the project which are relevant to the NHS, the details of which are available [here](#). We are developing a programme of webinars with an emphasis on practical knowledge transfer between peers and practitioners in relation to COVID learning.

NHS-related national studies and related products

- 6 The Audit Committee may also be interested in the Auditor General's wider programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee at the Senedd to support its scrutiny of public expenditure.
- 7 We have published two NHS-related or relevant national studies reports since the Committee last met in December. **Exhibit 6** provides information on these reports.

Exhibit 6 – NHS-related or relevant national studies reports

Title	Publication Date
<u>Doing it differently; doing it right? Governance in the NHS During the COVID-19 Crisis – Key Themes, Lessons, and Opportunities</u>	January 2021
<u>Procurement and supply of PPE during the COVID-19 pandemic</u>	December 2020



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

Annual Audit Report 2020 – Aneurin Bevan University Health Board

Audit year: 2019-20

Date issued: December 2020

Document reference: 2175A2020-21

This document has been prepared for the internal use of Aneurin Bevan University Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2020

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	7
Arrangements for securing efficiency, effectiveness and economy in the use of resources	10
Appendices	
Appendix 1 – reports issued since my last annual audit report	13
Appendix 2 – audit fee	15
Appendix 3 – financial audit risks	16

Summary report

About this report

- 1 This report summarises the findings from my 2020 audit work at Aneurin Bevan University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.
- 4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider COVID-19 learning work.

- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2020 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2020 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance and Performance have agreed the factual accuracy of this report. We presented it to the Audit Committee on February 4, 2021. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to a Ministerial Direction to fund NHS clinician's pension tax liabilities in respect of the 2019-20 financial year. My opinion was not modified in respect of this matter. I also brought to the attention of officers and the Audit Committee, one matter regarding the delays in obtaining information required for the audit of the remuneration report.
- 12 The Health Board achieved financial balance for the three-year period ending 31 March 2020, and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 13 My programme of Performance Audit work has led me to draw the following conclusions:
- the Health Board maintained good governance quickly adapting its governance arrangements to respond to the challenges of the pandemic;
 - financial management remains robust but ongoing COVID-19 costs risk financial deficit;
 - quarterly plans set out the safe restart of planned services and resources required, although reporting of delivery is not yet established; and
 - the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.
- 14 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 15 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 16 My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. Exhibit 4 in Appendix 3 lists these risks and sets out how they were addressed as part of the audit.
- 17 My responsibilities in auditing the Health Board's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2019-20 financial statements

- 18 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an emphasis of matter paragraph in my report to draw attention to disclosures in the accounts relating to clinical staffs' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. My opinion was not modified in respect of this matter. I also brought several issues to the attention of officers and the Audit Committee, including a matter regarding the delays experienced in obtaining information required to audit the remuneration report.
- 19 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee on June 24, 2020. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no misstatements identified in the accounts, which remained uncorrected.
Corrected misstatements	<p>There were several misstatements in the accounts that were corrected by management. None of the corrected misstatements had an impact on the overall financial position. I drew them to your attention due to their relevance to your responsibilities over the financial reporting process.</p> <p>In addition, there were minor misstatements that were corrected by management and these minor financial corrections did not impact on the reported surplus. I did not consider that they needed to be drawn to your attention as part of your responsibilities over the financial reporting process.</p>
Other significant issues	<p>I requested that the Health Board set out in Note 21.1 - Contingent liabilities - of the financial statements, additional narrative to disclose the potential liability resulting from the Ministerial Direction to the Welsh Government to fund pensions tax liabilities above the pension savings annual allowance threshold in 2019-20. The Health Board disclosed the existence of a contingent liability at 31 March 2020, and my opinion was not modified in respect of this matter.</p> <p>In previous years, I have encountered delays in obtaining appropriate evidence to support my audit of the remuneration report. I met with the Health Board in December 2019 to discuss working paper requirements and timescales to allow me to complete the audit in April 2020. These timescales were not met, and my audit of the remuneration report was not completed until 19 June 2020.</p>

- 20 As in previous years, and despite the challenges of working remotely in response to the national lockdown, the unaudited accounts were provided to audit within the revised agreed timescales, and the working papers provided were of a good quality which enabled the audit to be completed with the revised statutory deadlines. My

audit team received most of the audit evidence in electronic format and used various techniques to ensure its validity. Where my audit team were unable to obtain access to paper documents because of COVID-19 restrictions, alternative audit methodologies were devised to obtain sufficient audit evidence, specifically:

- the Finance Team provided audit evidence to the audit team via a secure file sharing portal;
- the Finance Team were available by video conferencing for discussions, and the sharing of on-screen information and evidence;
- I also secured remote read-only access to the Health Board's Oracle ledger, which enabled my audit team to query the ledger and hence reduce the burden on the Finance Team to provide this information; and
- for testing of existence and ownership of assets, my audit team used a combination of visual identification (where this was practical), access to Audit Wales land registry tool and photographic evidence.

- 21 We acknowledge the significant achievement of the Finance team in preparing the financial statements to a good standard, in the face of the challenges posed by the pandemic.
- 22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position as at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the charitable funds financial statements is complete. The accounts were approved by the Charitable Funds Committee on 13 January 2021, following consideration of my report on the financial statements and will be signed by the Trustees on 27 January. I will issue the audit opinion on 28 January 2021.

Regularity of financial transactions

- 24 The Health Board achieved financial balance for the three-year period ending 31 March 2020 and had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.
- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. The Health Board met its financial duty to break even over the three years 2017-18 to 2019-20 and to retain an in-year surplus (£32,000) for 2019-20.

- 27 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. As the Health Board met both of its financial duties: to achieve financial balance (as set out above) and to have an approved three-year plan in place, and there were no other issues warranting report, I did not issue a substantive report on the accounts.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively and economically; and
 - reviewing the effectiveness of the Health Board's counter-fraud arrangements.
- 29 My conclusions based on this work are set out below.

Structured assessment

- 30 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the COVID-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.
- 31 The structured assessment grouped our findings under three themes:
- governance arrangements;
 - managing financial resources; and
 - operational planning to support the continued response to the pandemic balanced against the provision of other essential services.

Governance arrangements

- 32 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found that **the Health Board maintained good governance quickly adapting its governance arrangements to respond to the challenges of the pandemic.**
- 33 A stable and resilient Board has led the organisation during the pandemic, with steps taken to support open conduct of business and rapid decision making. **The Board** remains committed to continuous improvement and to learning lessons to shape and strengthen governance arrangements.
- 34 The Health Board has strengthened aspects of board assurance and risk management and maintained important assurance mechanisms during COVID-19, but further opportunities exist. Strategic risks are clearly articulated, and the corporate risk register refined, but systematic Board oversight of risks to delivering quarterly operational plans is not yet in place. The Health Board is maintaining systems of assurance for quality and safety for both patients and the workforce and progress against audit recommendations continues to receive scrutiny and challenge.

Managing financial resources

- 35 I considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. I found that financial management remains robust but ongoing COVID-19 costs could risk financial deficit.
- 36 The Health Board has a track record of meeting its financial duties and in 2019-20 it achieved break even and met its financial duties to break even over a three-year rolling period. To achieve financial balance in 2020-21, the Health Board set a savings target of £33 million (including £7 million of operational efficiencies) to address cost pressures, and to support the shift of resources in line with its priorities. The Health Board estimates a shortfall in savings of around £28 million because of the ongoing response to COVID-19. At the end of November, it had achieved £5.5 million of savings and is forecasting delivery of a further £5 million by March 2021.
- 37 The Health Board is forecasting financial break even in 2020-21 given the additional revenue funding announced by Welsh Government to provide financial stability for the remainder of the 2020-21. At the end of November 2020, the Health Board's financial position showed a small surplus (£572,000).

Operational Planning

- 38 My work considered the Health Board's progress in developing and delivering quarterly operational plans to support the ongoing response to COVID-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. My work found that quarterly plans set out the safe restart of planned services and resources required, although reporting of delivery is not yet established.
- 39 Quarterly operational plans were developed in a timely way. The quarterly plans are informed by data modelling and reflect Welsh Government guidance as well as important elements of the Health Board's Clinical Futures Strategy¹. Resource plans are focused on ensuring adequate staffing and planned care capacity with a focus on developing agile and new ways of working. The Health Board has yet to report on delivery of its quarterly plans with formal reporting expected in November.

Effectiveness of counter-fraud arrangements

- 40 In June 2019, I published an [overview for the Public Accounts Committee](#) describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. In July 2020 I published [Raising Our Game – Tackling Fraud in Wales](#) setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.
- 41 Whilst this work was not included in the Health Board's audit plan, I also published an additional report setting out the Health Board's specific arrangements for preventing and detecting fraud. I found that the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

¹ The Clinical Futures Strategy is the Health Board's long-term strategy for modernising clinical services across primary, community and secondary care.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2020.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2020
Opinion on the Financial Statements	July 2020
Charitable Funds - Audit of Financial Statements Report and Opinion on the Financial Statements	December 2020
Performance audit reports	
Effectiveness of counter-fraud arrangements	August 2020
Structured Assessment 2020	September 2020
Other	
2020 Audit Plan	March 2020

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Orthopaedics	January 2021
Review of Welsh Health Specialised Services Committee	February 2021
Test, Trace and Protect	February 2021
Unscheduled care	Phase 1 – February 2021 Further work to be included as part of 2021 audit plan
Quality Governance arrangements	July 2021
Review of Arrangements for Securing Efficiencies	March 2021
Radiology services: follow-up of 2017 recommendations	July 2021

Appendix 2

Audit fee

The 2020 Audit Plan set out the proposed audit fee of £382,146 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

In addition to the fee set out above, the audit work undertaken on the shared services provided to the Health Board by the NHS Wales Shared Services Partnership cost £8,770.

Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 2019-20 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The COVID-19 national emergency may see a significant delay in the preparation and audit of accounts. Whilst the Health Board currently continues to work towards the original timetable for producing and certifying financial statements (28 April and 29 May respectively), the amended timetable within NHS Wales (22 May and 30 June respectively) still remains demanding. The COVID-19 national emergency increases the risk that the quality of the accounts and supporting working papers may be compromised, leading to an increased incidence of errors; and quality monitoring arrangements may be compromised due to timing issues and/or resource availability. Access to appropriate level of audit evidence	My audit team will: <ul style="list-style-type: none">continue to liaise weekly with the Health Board to monitor close down and account preparation progress;provide support and advice to the Health Board wherever possible without compromising our independence;liaise closely with the Health Board during the audit of the financial statements, highlighting instances where obtaining appropriate levels of audit evidence proves challenging; andremain flexible regarding the timetable for the audit and certification of the financial statements.	Through close liaison with the Health Board throughout the preparation of the unaudited accounts and during the audit process, my audit team completed the audit of the Health Board's financial statements within the agreed timescales set by Welsh Government.

may also be compromised, which could lead to a modified audit opinion		
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	<p>My audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; and • evaluate the rationale for any significant transactions outside the normal course of business. 	My audit testing did not identify any concerns regarding the risk of management over-ride.
There is a significant risk that Aneurin Bevan Local Health Board (the Health Board) will fail to meet its first financial duty to break even over a three-year period. The position at month 11 shows a year-to-date deficit of £0.633 million and whilst the Health Board is currently predicting a year-end break-even position, there are a number of risks to this position with a 'worst case' financial risk range of up to £5.2 million which could push the Health Board into deficit. Where the Health Board fails this financial duty, I will	My audit team will focus its testing on areas of the financial statements which could contain reporting bias.	<p>My audit testing did not identify any areas of the Health Board's financial statements that contained reporting bias.</p> <p>The Health Board met its financial duty to break even over the three years 2017-18 to 2019-20 and to retain an in-year surplus (£32,000) for 2019-20.</p>

<p>place a substantive report on the financial statements highlighting the failure. The current financial pressures on the Health Board increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty</p>		
<p>On 18 December 2019 the First Minister issued a formal Ministerial Direction to the Permanent Secretary requiring her to implement a 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff.</p>	<p>My Technical Team are considering the accounting treatment and audit implications of the direction (the first in Wales since 1999) in conjunction with the National Audit Office who are currently addressing the same issue in NHS England.</p>	<p>For the purpose of the 2019-20 financial statements, my Technical Team concluded that there was insufficient evidence regarding the take up of the scheme and that a reliable estimate could not be made at this time. Therefore, treatment as a contingent liability with adequate disclosure was considered as the appropriate accounting treatment.</p> <p>I requested that the Health Board set out in Note 21.1 - Contingent liabilities - additional narrative to disclose the potential liability resulting from the Ministerial Direction to the Welsh Government to fund pensions tax liabilities above the pension savings annual allowance threshold in 2019-20. I included an emphasis of matter paragraph within my audit report drawing the reader's attention to this additional disclosure.</p>

Introduction of IFRS 16 Leases in 2020-21 may pose implementation risks.

My team will undertake some early work to review preparedness for the introduction of IFRS 16 Leases.

The introduction of IFRS 16 Leases has been deferred until 2021-22. My team will roll forward any knowledge gained through audit work already undertaken to assess the Health Board's preparedness for the introduction of the new standard to our 2021-22 audit planning.



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.

To: CEOs' Public Sector bodies
Senior WG stakeholders

24 Cathedral Road / 24 Heol y Gadeirlan
Cardiff / Caerdydd
CF11 9LJ

Tel / Ffôn: 029 2032 0500

Fax / Ffacs: 029 2032 0600

Textphone / Ffôn testun: 029 2032 0660

info@audit.wales / post@archwilio.cymru

www.audit.wales / www.archwilio.cymru

Reference: AC/245/caf

Date issued: 22 January 2021

Dear Colleague

As the public sector continues to grapple with the impact of Covid-19, I am writing to outline how I intend to approach our audit work with you over the next few months.

Firstly, however, I want to acknowledge the tremendous efforts that your organisations are continuing to make in the battle against Covid. Our on-going engagement with you throughout last year, albeit remotely, gave Audit Wales staff an insight into just how challenging this has been and also how public sector bodies have risen to that challenge. Above all, so many staff within public bodies and government departments have gone above and beyond their normal duties to keep services going and to try to keep the people of Wales safe. As Auditor General, and on behalf of Audit Wales staff, I'd like to record our continued thanks and admiration for this incredible effort and commitment.

Though roll-out of vaccine gives us all hope of some light at the end of the tunnel, I am conscious that current pressures are extreme and frontline services must be prioritised. The approach of Audit Wales remains, therefore, to take forward our work in ways which do not impede the public service response to the pandemic. We are continuing to work remotely, and I am sympathetic to the need, in some areas, to adjust the timing and focus of our work to take account of the pressures within individual public sector bodies. We will do this on a case by case basis which will mean some of our workstreams can continue to be progressed whilst others will need to be paused and either rescheduled or substituted for work which better suits the current environment. I will keep a degree of flexibility within my programmes of work to enable this. Unsurprisingly our own resources are also somewhat depleted at the moment as a result of sickness absence and staff having to adjust their daily lives around caring, home-schooling and other responsibilities, so that also has a bearing on our current activities and delivery.

My over-riding aim will be to deliver my statutory responsibilities, and to continue to comment on significant issues of public interest, in a pragmatic way which is sensitive to the pressures that services are under. To help us achieve that balance while managing the pressures on your own organisation, please continue to liaise closely with your Audit Wales engagement lead as you have done throughout the pandemic.

I hope that this is a helpful approach and update. I wish you all the very best for the challenges that lie ahead.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Adrian Crompton', with a stylized flourish at the end.

ADRIAN CROMPTON
Auditor General for Wales



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Audit Committee
Thursday 4th February 2021
Agenda Item: 8.1

Audit Committee

Update on Governance, Financial Control Procedures and Technical Accounting Issues

Executive Summary

This report gives the Audit Committee an update in relation to a number of standing items which are reviewed in line with the committee's terms of reference and work plan:

- Governance Issues including Standing Orders (SOs) & Standing Financial Instructions (SFI's)
- Financial Control Procedures (FCP's)
- Technical accounting issues
- Public Sector Payment Policy compliance
- Irrecoverable Debts
- Single Tender Actions
- Payments Exceeding £100K

The Audit Committee is requested to:

- approve the amendments to the Accounts Receivable and the Approval of Orders FCP's;
- approve the write-offs of £24.1k;
- note the other areas included within this report.

The Board is asked to: (please tick as appropriate)

Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Glyn Jones, Director of Finance and Performance

Report Author: Estelle Evans, Head of Financial Services and Accounting

Report Received consideration and supported by :

Executive Team		Committee of the Board	
		[Committee Name]	

Date of the Report: 18th January 2021

Supplementary Papers Attached:

Appendix 1 – Summary Position of Financial Control Procedures
Appendix 2 - Approval of Orders Greater than 100k Financial Control Procedure
Appendix 3 – Accounts Receivable Financial Control Procedure
Appendix 4 – Write-off detail
Appendix 5 - Single Tender Action

Purpose of the Report

To provide the Audit Committee with an update on the standing items listed in the Executive summary.

Background and Context

See Executive summary above.

Assessment and Conclusion

1. Review of Standing Orders, SFI's and Scheme of Delegation.

The Standing Financial Instructions have been submitted to Welsh Government and are currently at the legal review stage. Once this stage is complete the Finance Academy have compiled a high level training and awareness plan including links to the procurement manual resources to facilitate the roll out and local adoption of the Standing Financial Instructions in partnership with the Board Secretaries.

2. Financial Control Procedures

Appendix 1 provides an update of the action taken to date to ensure compliance with the review date for the financial control procedures (FCP's). There are two procedures for update and approval at this committee. The procedures were reviewed and approved by the Executive Team on Mon 25th Jan 21. The procedures are:

- Approval of Orders greater than £100K (Appendix 2)
- Accounts Receivable (Appendix 3)

Approval of Orders greater than £100K – this document has been updated to reflect changes/additions to the scheme of delegation and some minor wording changes.

Accounts receivable – this document has been updated to reflect a revised section on approval for the write-off of debts. Minor wording changes have been made throughout the document and some changes in titles made.

2.1 Key Issues

The documents have been reviewed with the main points as below:

2.1.1 Approval of Orders Greater than 100k

Owner: Director of Finance
Review Date: December 2020

The overall objective of the Approval of Orders Greater than 100k is to ensure that all goods and services, ordered by the Health Board, are properly authorised in line with SOs, SFIs, FCPs, the Scheme of Delegation and Welsh Government requirements.

The document has been circulated for comment as follows:

- Head of Financial Services and Accounting
- NWSSP-Audit and Assurance Services

Main changes to the document

Paragraph	Summary of change
5	Reference to 'No PO No Pay' policy added
6.1	Reference to 'Budget Holders (with Oracle Authorisation)' changed to 'Budget Holders' only
6.1	'Inclusive of VAT' added to 'total value'
6.2	'Inclusive of VAT' added to 'total value'
7.1	Link to SFIs added
9	'Associate Director of Efficiency & Effectiveness' reference deleted
9	Note (2) 'Chief Operating Officer' reference changed to 'Director of Primary, Community and Mental Health Services and the Director of Operations'
9	Table 2 'Assistant Director of Finance (Corporate Finance)' changed to 'Assistant Director of Finance (Financial Systems and Services)'
9	Table 2 'Retinue' exception added
9	Table 2 'Audit Wales' added
9	Table 2 'Velindre NHS Trust – Medical Trainees' added

2.1.2 Accounts Receivable

Owner: Director of Finance
Review Date: July 2020

The overall objective of the Accounts Receivable Financial Control Procedure is to clearly set out a control framework to ensure that all income due to the Health Board is identified, invoiced, collected and accounted for in the correct period.

This document has been updated to reflect a revised section on approval for the write off of debts, including amendments to approval limits. Further information is set out below in the 'Paragraph 7.8.2 additional information' section.

It has been circulated for comment to:

- Head of Financial Services and Accounting
- NWSSP-Audit and Assurance Services

Main changes to the document

Paragraph	Summary of change
3	Reiteration that 'all invoices should be processed through the AR department' added
6.2	Additional information to be added to the Auto Invoice Upload Spreadsheet – PO numbers and VAT treatment
6.3	Increased responsibility, for the Accounts Receivable Manager, to reconcile the Accounts Receivable system to the General Ledger
6.8	Increased responsibility, for the Payroll department, to submit income request forms in a timely manner and respond to employee queries regarding salary related overpayments
7.1.1	Reference to 'Pharmacy Sale Note Form' deleted
7.1.2	Reference to 'PO number' added to required fields
7.1.3	Additional responsibility, support documentation to be issued to the Financial Services Manager – VAT
7.1.10	Information updated regarding batch payments
7.4.1.5	Head of Financial Services & Accounting added as an escalation decision maker
7.4.2.2	Reference to the 'Welsh Health Circular' added
7.4.2.5	'Research and Development Invoices' section added
7.8.2	Revised write-off procedure for Non-NHS invoices added, including new authorisation limits (see below)
Appendix A	Updated version of Income Request Form added
Appendix C	New version of 1 st Dunning Letter (to be added upon approval)
Appendix D	New version of 2nd Dunning Letter (to be added upon approval)

Paragraph 7.8.2 additional information

The Health Board's review of its write-off process included a comparison of best practice with the other NHS organisations in Wales.

The current process states that invoices up to the value of £10 can be authorised by the Assistant Director of Finance (Financial Systems & Services). Over £10 must be authorised by the Audit Committee (and Welsh Government if over £50,000) This limit has been in place for some time and the review of other HB's in Wales has highlighted that the threshold is very low.

Therefore, a proposed update to the write-off procedure introduces the following delegated approval limits:

Authorisation Level	Responsible Officer	Lower Limit	Upper Limit
1	Assistant Head of Financial Services	£0	£10
2	Head of Financial Services & Accounting	£10	£50
3	Assistant Director of Finance (Financial Systems & Services)	£50	£2,500
4	Executive Director of Finance	£2,500	£25,000
5	Audit Committee	£25,000	£50,000
6	Welsh Government	£50,000	No Upper Limit

The implications of this change in process, is that, where all actions to secure the debt have been exhausted, the debt can be put forward for write-off with each approver ensuring that all action has been taken prior to authorising. It will also enable debts to be written off in a timelier manner.

In this new process, the Audit Committee will receive a Write-Off report, as part of the existing Governance paper, providing information on the value and volume of debt that has been written off during the previous period. Any debt over £25,000 that has been deemed to be appropriate for write-off, will be sent to the Audit Committee for full scrutiny and approval.

3. Technical Accounting Issues

3.1 IFRS16 Leases - update on action to date

The Health Board have received the following update from Welsh Government in relation to the implementation of IFRS16.

The Financial Reporting Advisory Board (FRAB) and HM Treasury have agreed that the mandatory effective date for IFRS16 in central government will be 1 April 2022. This represents a delay from the timeline previously agreed by FRAB and HM Treasury in March 2020, and is in light of the continuing unprecedented resource pressures caused by the COVID19 pandemic.

Early adoption is permitted by HMT, from 1 April 2021 however in agreement with Welsh Government Finance, this approach is not being adopted for NHS Wales bodies.

3.2 VAT and the Public Sector – reform to VAT refund rules

As reported at the last Audit Committee HM Treasury have issued a consultation document proposing a change in Section 41 to a Full Refund Model which will improve

tax neutrality in government procurement, encouraging policy delivery and procurement decisions which represent the genuine best value to the Exchequer.

The VAT Sub Group of the All Wales Technical Accounting Group reviewed the consultation document with unanimous support for the changes which was also supported by the main TAG.

A response has been submitted on behalf of all Welsh Health Boards/Trusts and SHA in support of the proposed changes.

No further information has been received to date regarding this issue.

3.3 Scheme Pays – Pension Tax impact on Clinicians

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement;
- ABUHB will then pay them a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be fully funded by the Welsh Government with no net cost to ABUHB. Clinical staff have until 31 July 2021 to opt for this scheme and the ability to make changes up to 31 July 2024.

At the date of producing last year's accounts there was no evidence of take-up of the scheme by our clinical staff and no information was available to enable a reasonable assessment of future take up to be made. As no reliable estimate could be made to support the creation of a provision at 31 March 2020, the existence of an unquantified contingent liability was disclosed.

WG have requested details on the number & value of applications that have been received by the pension's agency from each Health Body and the NWSSP payroll department have contacted the pension's agency to request this information on our behalf. On the basis of the information received, the Health Board may need to create a provision within the 2020/21 Annual Accounts.

3.4 COVID19 Annual Leave Carry Forward

As reported at the last Audit Committee, because of the current pandemic, it is likely that Health Boards across Wales will require an accrual in their year-end accounts to reflect where it has not been possible for all annual leave to have been taken by the end of the financial year. The All Wales Technical Accounting Group (TAG) has met to agree a common methodology to be applied, and the calculations based on this for each HB will be submitted to Welsh Government. It is anticipated that it will be funded although this has not been confirmed.

3.5 Annual Accounts 2020/21

The following table shows a summary of some of the main accounting policies of the board where measurement has a degree of interpretation:

Accounting Area	Brief Summary of Policy
Property, Plant & Equipment (fixed assets)	<p>Expenditure is capitalised if greater than £5K and expected to be used for more than 1 year. Depreciated over expected life of asset.</p> <p>Valuation at initial cost and subject to revaluation – land & buildings. The District Valuer revaluation of the estate every 5 years was carried out in 2017/18. Indexation will be applied to the assets in 2020/21 in line with the indices issued by Welsh Government.</p>
Non-current assets held for sale	Shown as 'held for sale' at the point when the asset sale is highly probable.
Leases	<p>Classified as finance leases when substantially all risks and rewards of ownership are transferred to lessees. Finance leases are accounted as though the asset is owned by the organisation and is shown 'on balance sheet'. There are currently no finance leases.</p> <p>Other leases are classified as 'operating leases' and charged to revenue when costs incurred. Often referred as being 'off balance sheet'.</p>
PFI Schemes	These are disclosed separately from leases in the accounts and include PFI schemes at Chepstow, NHH day surgery unit, Monnow Vale Health and Social care facility and two energy schemes. From an accounting perspective the Chepstow, NHH and Monnow Vale schemes are treated as finance leases and are 'on balance sheet' with both energy schemes in the Royal Gwent and Nevill Hall deemed to be 'off balance sheet'.
Inventories (stock)	The main store supplying ABUHB based in Cwmbran, is now accounted on the balance sheet

	<p>of NHS Wales Shared Services (NWSSP) hosted by Velindre NHS Trust.</p> <p>Hospital pharmacy stock is measured on 'average price' basis and valued on a continual inventory system basis. Other stocks are counted at year end and valued following stock takes using a first in first out basis and valued at lower of cost and net realisable value.</p>	
Provisions	<p>A provision is an estimated financial liability that exists as at the balance sheet date. Provisions are measured as the best estimate of expenditure required to settle the obligation taking account of risks and uncertainties.</p> <p>Continuing Healthcare Claims</p> <p>Claims for reimbursement of costs incurred by some individuals for the cost of continuing health care are subject to claims across Wales on the basis that they should have been funded by the NHS. There will still be a level of unsettled claims and estimate of the outstanding liability will be included in the 2020/21 accounts.</p> <p>Funded Nursing Care Costs</p> <p>A provision was made in last year's accounts to recognise the Supreme Court judgment regarding health board's contributions for FNC payments to local authorities. Payments are being processed and this liability has largely been discharged during the year with a small remaining balance accrued for outstanding payments.</p> <p>Medical Negligence and Personal Injury Provisions</p> <p>Accounting estimates are based on an assessment by NWSSP Legal Services of the likely outcome and financial liability of litigation cases together with legal defence fee estimates.</p> <p>Early Retirement and Personal Injury Benefit Provisions</p> <p>This is a financial estimate of future liabilities for former staff who retired early many years ago who are in receipt of early retirement or personal injury benefit payments. Payments are made on a</p>	

quarterly basis to the Pensions Agency and the provision is a calculation of future liability. Provisions are based on life expectancy estimates and current payments are discounted to present values. There has been a change in 2020/21 to the discount rate to be applied to these provisions advised by HM Treasury from (0.5%) in 2019/20 (0.95%) in 2020/21.

3.6 Key Dates for Annual Accounts 2020/21

The main deadlines, proposed Audit Committee review and Board approval dates are shown in the following table:

Annual Accounts 2020/21 - Key Dates	2021	
Draft Accounts Submission to WG	Fri	30-Apr noon
Draft Accounts & Report to Audit Committee Members	Tue	11-May
Audit Committee meeting to Consider Draft Accounts	Tue	18-May
Final Accounts & Report to Audit Committee Members	Thu	03-June
Audit Committee meeting to Consider Final Accounts	Tue	08-June
Board meeting to approve Final Accounts	We d	09-June
Final Accounts Deadline for Submission	Fri	11-June noon

The Audit Committee is asked to note the dates for review of draft and final accounts.

4. Public Sector Payment Policy

The following table shows the Public Sector Payment Policy performance for the month of December. The target of 95% has been achieved on a year to date basis. There has been a slight reduction in the in-month percentage which is currently being investigated.

Category	Invoices	In Mth %	YTD %
Non NHS	Value Number	91.1 94.5	95.6 96.8

5. Irrecoverable Debts put forward for Write-Off

There are a number of outstanding debts that are deemed irrecoverable that the Audit Committee is requested to approve for write-off in line with the current Accounts Receivable Financial Control Procedure.

The proposed write-off totals £24.1k against the total outstanding debt of £3.3m. The following table shows an analysis of the £3.3m at the end December 2020 and the previous year:

Welsh Aged Outstanding Debts at 31.12.2020

Customer	Total Outstanding Amount	0-3 MONTHS		3-12 MTHS		Total Outstanding Amount at 31.12.2019
		Current	1-60 Days Past Due	61-364 Days Past Due	1 Year plus Past Due	
	£000	£000	£000	£000	£000	£000
NHS						
England	78.9	38.9	35.2	4.3	0.5	211.7
Ireland	6.6	6.6	-	-	-	-
Scotland	5.8	-	-	5.8	-	0.2
Welsh Health Boards	112.7	95.1	24.9	7.2	-	1,315.1
Welsh Trusts	565.9	556.8	485.0	475.9	-	1,408.9
Welsh Government	43.9	40.3	-	3.6	-	23.9
Sub Total NHS	813.8	737.6	545.1	469.4	0.5	2,959.9
Non-NHS						
Patient related						
Private Patients	7.7	3.1	-	0.2	4.3	12.0
Overseas Patients	11.0	2.2	8.0	0.8	-	147.7
Sub Total Patient related	18.7	5.3	8.0	1.0	4.3	159.7
Other						
Local Authorities	649.9	314.6	125.7	216.6	7.1	670.7
Other Government Bodies	-	-	-	-	-	2.3
Private Companies	411.3	194.1	143.8	65.5	7.9	643.9
Charitable Funds	56.0	21.3	27.5	3.8	3.3	131.0
Sub Total - Other	1,117.2	530.0	297.0	286.0	4.1	1,447.9
Staff overpayments						
Staff (mainly overpayments of salary)	323.6	50.3	78.0	88.0	107.3	208.6
Salary Overpayment - Appeals logged	23.1	-	-	2.9	20.2	19.4
Sub Total Staff overpayments	346.7	50.3	78.0	90.9	127.5	227.9
Debts paying by instalments or referred to debt collection agency						
Instalment Payments	302.4	1.6	35.4	95.4	170.0	354.2
Referred to Health Boards Debt collection agency	669.7	1.0	1.3	137.6	529.8	473.2
Sub Total instalments/debt collection	972.0	2.6	36.7	232.9	699.8	827.4
Total Non-NHS	2,454.6	588.3	419.7	610.9	835.8	2,662.9
Total ABUHB Debts as at 31.12.2020	3,268.4	1,325.9	964.8	141.4	836.3	5,622.8
				977.7		

Key points to note from the previous table are:

- For comparison, the total outstanding debts at 31st December 2019 was £5.6m.
- Most NHS debt (83%) is with Welsh Health Board's and Trusts where a Welsh Government process of arbitration is in place to avoid debts remaining unpaid.

- Debts greater than six months old either have settlement agreements in place and are being paid in instalments or are actively being pursued through the Health Board's contracted debt collecting agency with a view to securing payment or initiating court action for recovery.

Proposed Write-Offs

Other than NHS and local authorities, debts are broadly derived from recovery of staff salary overpayments, private patient charges and miscellaneous charges for services provided across the Health Board. The Accounts Receivable Financial Control Procedure sets out the process for debt recovery including the elapsed time before debt payment reminders are sent and referrals to debt collection agencies are made. While there are good processes of credit control there are occasions where debts become irrecoverable.

This report proposes that 81 invoices are written off, with a total value of £24.1K. Debts within this report have been subject to the detailed debt collection procedures and are only put forward for approval once all the options for recovery have been exhausted in line with the FCP.

The following table shows an analysis of proposed debt write offs analysed by category and reason:

Debt Collection Analysis Reason for Write-Off	Lease Cars		MRSA Testing		Overpayment of Salary		Overpayment of WTD on Bank Position		Overseas Patients		Total Write Offs	
	No	Value	No	Value	No	Value	No	Value	No	Value	No	Value
The fees involved in referring to debt collector is greater than the debt outstanding.							43	£1,562			43	£1,562
The case has been investigated and pursued by the Health Boards Debt collection agency but they have been unable to locate the debtor					2	£5,599			10	£2,564	12	£8,163
The Debt collection agency have located the debtor and recommended court action but the fees involved is greater than the debt outstanding.	4	£364	1	£126	18	£6,012					23	£6,502
The debt is statute bared – older than 6 years old					3	£7,899					3	£7,899
Grand Total	4	£364	1	£126	23	£19,510	43	£1,562	10	£2,564	81	£24,126

A detailed schedule is shown in Appendix 4.

There is currently a 'Provision for Bad Debts' which amounts to 72% of the total write-off amount which has been made in the Health Board's accounts covering these specific debts. There will therefore be a minor impact of £6.8K on the Health Board's position if the debts are formally approved.

The Audit Committee is requested to approve writing off bad debts to the value of £24.1K.

6. Single Quotation and Tender Actions – 20th November 2020 to 22nd January 2021

All requests for a Single Tender Action or a Single Quotation action are submitted to the Chief Executive for approval and also reported to the Audit Committee.

There have been 21 requests submitted and approved during the period 20th November 2020 to 22nd January 2021 with a total annual value of £2.218m excluding VAT. Appendix 5 provides the full detail.

Of these 21 approved requests, 13 were classified as either licensing or maintenance/ service type arrangements, the scope of which could cover the on-going servicing / support of medical equipment, ICT Hardware/Software or general licensing. The remaining 8 were classified as goods purchased.

7. Payments In Excess of £100K

The Committee requested that, rather than a separate report, this item would be covered by exception.

The table below shows the breakdown of payments made in the months of November & December 2020.

Payments in the period November – December 2020	Number	Value
<i>Total Payments made</i>	<i>101</i>	<i>£124.471m</i>
Scheme of Delegation Authorised Payments	68	£116.335m
Payments Processed through Purchase Order Approval Process	33	£8.136m
Split of Revenue & Capital Payments	Number	Value
Payments from Capital Budget	26	£19.137m
Payments from Revenue Budget	75	£105.334m
Contractual Information for Private Sector Companies	Number	Value
Total Number of Payments to Private Sector Companies	42	£21.560m
Payments to Private Sector Companies where Contract was in place	42	£21.560m
Payments to Private Sector Companies where Contract not in place	0	£0m

Therefore there were no exceptional issues to report.

Recommendation

The Audit Committee is requested to:

- approve the amendments to the Accounts Receivable and the Approval of Orders FCP's;
- approve the write-offs of £24.1k;
- note the other areas included within this report.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	<i>SFI's. SO's, Financial controls and accounting systems and processes form the basis of many organisational controls without which the organisation would be exposed to significant financial and reputational risk.</i>
Financial Assessment	<i>No direct financial implications but the financial governance issues covered in this standard Audit Committee paper set a framework of key financial controls for the organisation.</i>
Quality, Safety and Patient Experience Assessment	<i>Not applicable</i>
Equality and Diversity Impact Assessment (including child impact assessment)	<i>No adverse impact</i>
Health and Care Standards	<i>No applicable</i>
Link to Integrated Medium Term Plan/Corporate Objectives	<i>SFIs, SOs, Financial controls and accounting systems and processes form the basis of many organisational controls which form part of the delivery of financial targets and good governance.</i>
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	<i>Not relevant</i>
Glossary of New Terms	<i>FCP – Financial Control Procedure SFIs - Standing Financial Instructions SOs - Standing Orders NWSSP - NHS Wales Shared Services Partnership</i>

Summary Position on Financial Control Procedures

FCP	Year Due	Approved	Committee Approved	Review Date	Notes
Capital Assets and charges	19/20	Y	Jul-19	Jun-22	Complete
Budgetary Control	19/20	Y	Jul-19	Jun-22	Complete
Stores and Stocks	19/20	Y	Jul-19	Jun-22	Complete
Charitable Funds	19/20	Y	Jul-19	Jun-22	Complete
Losses and Special payments	19/20	Y	Jul-19	Jun-22	Complete
Policy for Engaging Staff in an 'Off Payroll' Capacity via an Intermediary	19/20	Y	Dec-19	Nov-22	Complete
Payroll	19/20	Y	Dec-19	Dec-22	Complete
Capital Procedures & Guidance Notes	20/21	Y	Apr-20	Apr-23	Complete
Accounts Payable	20/21	Y	Apr-20	Apr-23	Complete
General Ledger	20/21	Y	Apr-20	Apr-23	Complete
Patients' Property	20/21	Y	Apr-20	Apr-23	Complete
Policy and Governance approach for Commissioning Additional (External & Insourced) Non NHS Clinical Services	20/21	Y	Apr-20	Apr-23	Complete
Credit Card	20/21	Y	Apr-20	Apr-23	Complete
Counter Fraud Bribery and Corruption Policy	20/21	Y	Apr-20	Apr-23	Complete
Procurement and Ordering of Goods and Services	20/21	Y	Jul-20	Jul-23	Complete
Procurement and payment of Medical Agency (Retinue)	20/21	Y	Jul-20	Jul-23	Complete
Prepayment COVID-19	20/21	Y	Jul-20	Jul-23	Complete
Cash & Bank	20/21	Y	Oct-20	Oct-23	Complete
Patients Travel costs Policy	20/21	Y	Oct-20	Oct-23	Complete
Petty Cash	20/21	Y	Dec-20	Dec-23	Complete
Mental Health Petty Cash	20/21	Y	Dec-20	Dec-23	Complete
Orders over £100k	20/21	Due for review		Dec 2020	February 2021 Committee
Accounts Receivable	20/21	Due for review		Jul-20	February 2021 Committee
Salary Sacrifice	21/22	Not yet due		Apr-21	Due 21/22
Overseas Visitors	21/22	Not yet due		Nov-21	Due 21/22
Recovery of Overpayments to Employees Policy	22/23	Not yet due		Apr-22	Due 22/23



Aneurin Bevan University Health Board

Financial Control Procedure

Approval of Orders Greater Than £100K

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status:
Approved by:

Issue date: dd/month/year
Review by date: dd/month/+3 years

Contents:

Introduction2

Procedure Statement2

Aims2

Objectives2

Scope2

Roles and Responsibilities3

General3

Resources9

Further Information9

Audit10

Review10

Appendix 111

1 Introduction

All purchase orders raised (and invoices subsequently paid) by Aneurin Bevan Health Board must adhere to requirements under standing orders (SOs), standing financial instructions (SFIs), financial control procedures (FCPs), the scheme of delegation and Welsh Government requirements.

2 Procedure Statement

To ensure that the correct authorisation is obtained in all cases, the following sets out the procedure to approve requisitions for purchases of goods or services, with a value greater than £100k. Authorisation to purchase goods or services with a value of more than £100k must be sought according to section 7 of this document **before** a commitment is made. All purchases must follow the appropriate procurement route according to standing financial instruction (SFIs). Authorisers must be recorded on the authorised signatory list (ASL) held within the corporate finance department.

3 Aims

To provide guidance to all staff ordering goods or services with a total value in excess of £100,000.

4 Objectives

To ensure that all goods and services ordered by Health Board staff are properly authorised in line with SOs, SFIs, FCPs, the scheme of delegation and Welsh Government requirements.

5 Scope

This procedure relates to the authorisation of all requisitions (including capital) raised in Oracle. In line with the all Wales No PO No Pay policy, all purchases of goods and services (unless the purchase has been agreed on an all Wales basis as an exception) must be supported by a Health Board official order which has been properly authorised. See Table 1 for general scheme of delegation.

Where the purchase of goods and services to meet the day to day needs of the organisation regularly exceed £100,000 there are specific approval limits within the scheme of delegation to accommodate this see Table 2.

Losses and special payments are subject to a separate FCP.

6 Roles and Responsibilities

6.1 Budget holders

Are responsible for:

- Ensuring that the relevant authorisers (i.e. Chief Executive, Chair, Board) are made aware of the intention to place any requisition with a total value (inclusive of VAT) for goods or services over £100,000 (except where specific approval limits apply within the scheme of delegation: Table 2)
- Completing the relevant documentation and obtaining the correct level of approval prior to submitting a requisition within the Oracle system
- Ensuring that the correct procurement procedure is followed

6.2 Procurement services

Are responsible for:

- Ensuring that the correct documentation is in place prior to placing an order for goods or services with a total value (inclusive of VAT) over £100,000 (except where specific approval limits apply within the scheme of delegation: Table 2).
- Providing procurement advice

6.3 Chief Executive, Chair, Board

Are responsible for:

- Authorisation of expenditure over £100,000 in line with the scheme of delegation

7 General

All Purchase Orders raised by Aneurin Bevan Health Board must adhere to

- SOs, SFIs, and FCPs
- The scheme of delegation
- Welsh Government requirements
- The relevant procurement requirements
- Any other policy or procedure which may apply

To ensure that the correct approval is obtained in all cases, the following sets out the procedure to approve orders greater than £100k (inclusive of VAT).

7.1 Approval & Purchase Orders

Approval must be sought **before** a commitment is made to purchase all goods or services. Therefore a Purchase Order must be raised in all cases before receipt of any goods or services and associated invoices. Invoices must not be paid without an official order except for the approved exceptions, being pharmacy, CHC and nurse agency invoices.

The correct procurement route should be adhered to for all purchase orders ([see SFIs](#)). Additionally where the total order value is:

Greater than £100,000 (including VAT), but less than £500,000 (including VAT) and not covered by specific approval limits in the scheme of delegation table 2 below.

- All requisitions with a value in this range must be authorised in the first instance within Oracle by the budget holder through the normal authorisation hierarchy.
- Following approval through the Oracle hierarchy, all requisitions within this range will be automatically forwarded, in Oracle, to the Chief Executive (or Deputy Chief Executive) and subsequently the Chair (or Vice Chair), who must both authorise within Oracle.
- The Head of Procurement must ensure that all relevant documentation is in place before raising the purchase order.
- No additional approval is required for invoices receipted and matched to the purchase order.

Greater than £500,000 (including VAT), but less than £1,000,000 (including VAT) where not covered by specific approval limits in the scheme of delegation table 2 below.

Where the value of a requisition is in this range and is not covered by the specific approval limits shown in table 2 they must have Board approval and be noted within Welsh Government ([see SFIs](#), Schedule 2, page 77).

Exceptionally, purchase orders and their payment may require urgent processing and waiting for the next Board meeting may not be

practicable. In such cases a formal 'Chair's Action' is required. This is where approval is sought outside a Board meeting. Chair's actions must be signed by the Chair, Chief Executive and two independent members. This action must be formally reported to the next Board meeting.

For all requisitions in this value range the following steps must be taken:

- Board approval must be obtained. (Evidenced by official Board minutes) **OR:**
- Chair's action must be obtained. (When urgent approval is required between board meetings).
- All requisitions with a value in this range must be authorised in the first instance within Oracle by the budget holder through the normal authorisation hierarchy.
- Following approval through the Oracle hierarchy, all requisitions within this range will be forwarded in Oracle, to the Chief Executive (or Deputy Chief Executive) and subsequently the Chair (or Vice Chair), who must both authorise within Oracle.
- Once approved by the Chief Executive (or Deputy Chief Executive) and Chair (or Vice Chair), the requisition will be forwarded by Oracle to the Board Secretary (or Deputy), who must check that all relevant documentation has been properly completed and all relevant permissions are in place before approving the requisition.
- The Head of Procurement must ensure that all relevant documentation is in place before raising the purchase order.
- No additional approval is required for invoices receipted and matched to the order.

Greater than £1,000,000 (including VAT) where not covered by specific approval limits in the scheme of delegation table 2 below.

Where the net value (inclusive of VAT) of a Purchase Order exceeds £1M and is not covered by specific approval limits shown in table 2, ministerial approval must be sought before proceeding.

For all orders in this value range the following steps must be taken:

- Ministerial approval must be obtained before raising the requisition.

- All requisitions with a value in this range must be authorised in the first instance within Oracle by the budget holder through the normal authorisation hierarchy.
- Following approval through the Oracle hierarchy, all requisitions within this range will be forwarded in Oracle to the Chief Executive (or Deputy Chief Executive) and subsequently the Chair (or Vice Chair), who must both authorise within Oracle.
- Once approved by the Chief Executive (or Deputy Chief Executive) and Chair (or Vice Chair), the requisition will be forwarded by Oracle to the Board Secretary (or Deputy), who must check that all relevant documentation has been properly completed and all relevant permissions are in place before approving the requisition.
- The Head of Procurement must ensure that all relevant documentation is in place before raising the purchase order.
- No additional approval is required for invoices receipted and matched to the order.

8 Capital Schemes

The authorisation of capital expenditure will differ depending on whether they are:

- All Wales capital programme projects
- Other capital projects (discretionary programme)

8.1 All Wales Capital Schemes

Each all Wales capital scheme will have gone through a rigorous business case process culminating in the allocation of funding through the CRL. For every all Wales capital scheme over £100,000, the Director of Planning will have delegated authority to approve all expenditure.

8.2 Discretionary Programme

Approval of expenditure for all other capital projects (orders over £100,000) must follow the process in section 7 above.

9 Pharmacy

Orders for pharmacy products are placed by the pharmacy department and do not follow the Oracle Purchase Order processing

Status:
Approved by:

Issue date: dd/month/year
Review by date: dd/month/+3 years

procedure. Pharmacy products ordered directly through the pharmacy system, also need to follow requirements under SFIs. To ensure that orders greater than £100,000 (including VAT) placed by the pharmacy department, section 7 of this document must be adhered to with the exception of processing in Oracle.

For reference the [Scheme of Delegation](#) has the following approvals limits:

General Delegated Financial Approval Limits:

Table 1

Body/Committee / Post	General Financial Limit £'000	Individual Patient Placements (Including CHC) Annual Contract Limit £'000
Welsh Government	>1,000	N/A
Board	1,000 (note 1)	N/A
Chief Executive and Chairman / (Deputy Chief Executive/ Vice Chairman in their absence)	500	N/A
Chief Executive / Deputy Chief Executive	100	500
Executive Team Members	75	250 (note 2)
Divisional Directors/General Managers / Assistant Directors	50	50
Other Delegated Budget Holders	25 and below	N/A

Note (1) above: urgent issues between scheduled Board meetings should be referred to the Board Secretary to seek approval via chairs action.

Note (2) above: this relates specifically to the Director of Primary, Community and Mental Health Services and the Director of Operations

Specific Approval Limits

The following payments, that typically exceed £100K, have been included in the Scheme of Delegation with specific approval delegated as follows:

Table 2

Company	Description	Approver
Abbott Laboratories Ltd.	Pathology biochemistry managed service contract for analysers and consumables	Pathology Directorate Manager
Baywater Healthcare Ltd. formerly Air Products Ltd.	Home oxygen supplies	Director of Primary, Community and Mental Health Services
Department for Energy & Climate Change (DECC)	Annual Purchase of Carbon Reduction allowances	Divisional Director of Facilities
Fujifilm UK Ltd.	PACS managed service contract	Radiology Directorate Manager
Honeywell Control Systems Ltd.	Energy PFI Contract	Divisional Director of Facilities
Kintra	Chepstow PFI	Divisional Director of Facilities
Local Authorities	Section 28a agreements	Divisional Director of Primary Care and Community Services
Local Authorities	Payment to Local Authorities for their Share of Integrated Care Funding.	Chief Executive
NHS Dental Services	Reimbursement to NHS Dental Services of the payments they have made to Dental Contractors on behalf of ABUHB	Assistant Director of Finance (Financial Systems and Services)
Monmouth Facilities Ltd.	Monnow Vale PFI	Divisional Director of Primary Care and Community Services

Status:
Approved by:

Issue date: dd/month/year
Review by date: dd/month/+3 years

Utilities	Invoices for gas, electricity, rates and water	Divisional Director of Facilities
Retinue	Medical agency management service	Associate Director of Operations
SLA's agreements with NHS bodies		Relevant Divisional Director
Audit Wales	Annual audit fees	Assistant Director of Finance (Financial Systems and Services)
LTA Agreements with NHS Bodies		Chief Executive
Velindre NHS Trust (NWSSP)	Invoices for stock issued from NWSSP stores for ABUHB	Director of Operations
Velindre NHS Trust (NWSSP)	Annual Charge for Oracle Finance and iProcurement System	Assistant Director of Finance (Financial Systems and Services)
Velindre NHS Trust (NWSSP)	Annual Charge for the procurement and maintenance of GPICT systems for GP practices	Chief Executive
Velindre NHS Trust (NWSSP)	Medical Trainees (core and speciality)	Director of Finance (Financial Systems and Services)

10 Resources

This document should be read in conjunction with the relevant SOs, SFIs, and FCPs (including Capital FCP).

11 Further Information

Enquiries regarding this policy should be directed to the Treasury Manager, Head of Financial Services and Accounting or the Assistant Director of Finance (Financial Systems and Services).

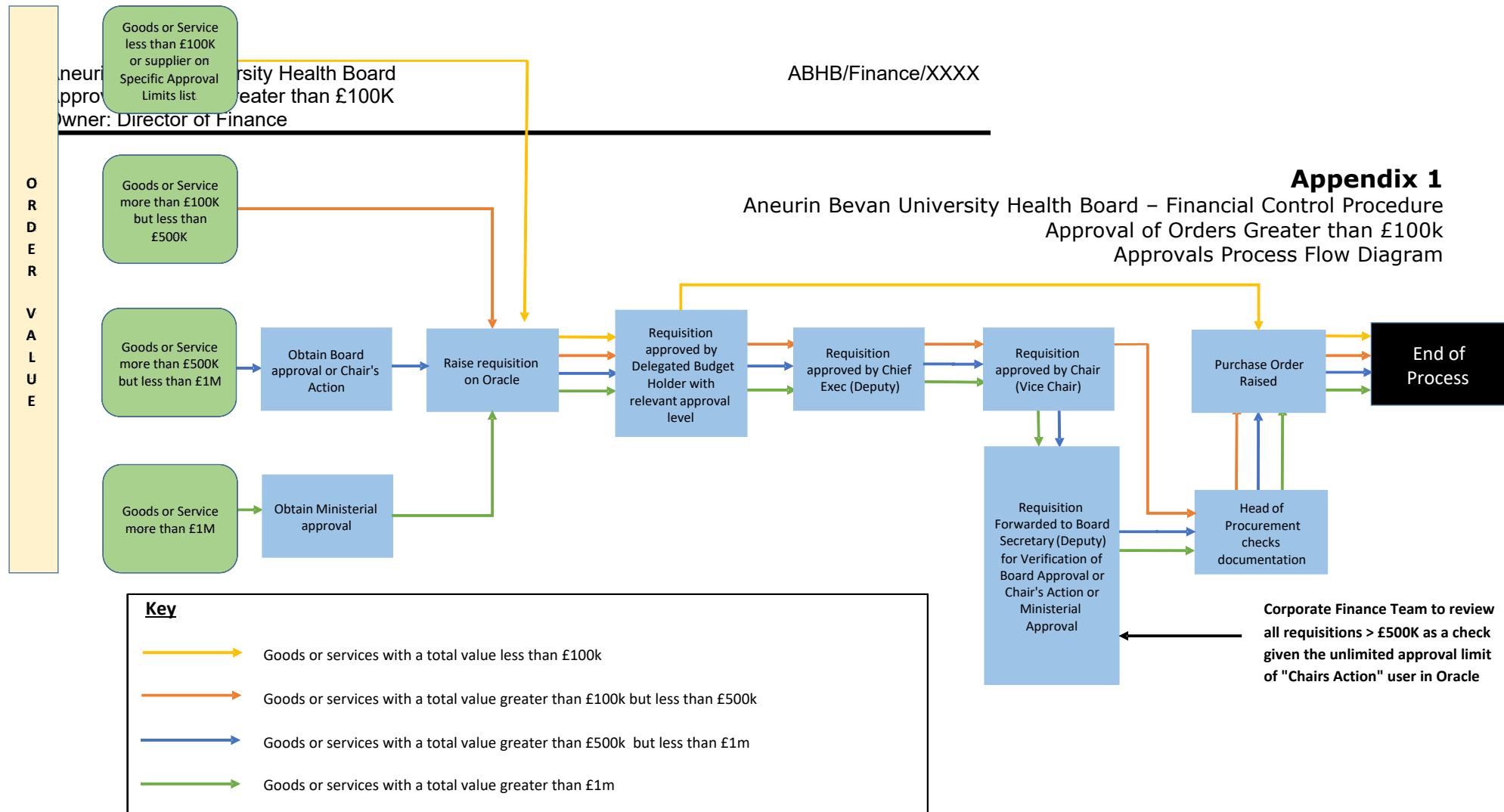
12 Audit

The Internal Audit programme shall, from time to time, review the compliance with this position. In addition External Audit may review compliance with this procedure as part of their financial accounts audit work.

13 Review

Every three years, unless there is a requirement to review it sooner.

Start



Status: Issue date: dd/month/year
Approved by: Review by date: dd/month/+3 years



Aneurin Bevan University Health Board

Financial Control Procedure Accounts Receivable

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status: Issue 4
Approved by:
Owner: Director of Finance

Issue date:
Review by date:
Policy Number: ABUHB/Finance/0239

Contents:

Introduction	3
Policy Statement	3
Aims	3
Objectives	3
Scope	4
Roles and Responsibilities	4
Main Body	6
Implementation	19
Further Information	19
Audit	19
Review	19
Appendix A	20
Appendix B	21
Appendix C	22
Appendix D	23
Appendix E	24
Appendix F	26

1 Introduction

This policy covers the recovery of all monies due to Aneurin Bevan University Health Board and the correct accounting thereof.

2 Policy Statement

The policy sets out the requirements of the Health Board to ensure there are adequate controls in place to identify all sources of income due to the Health Board, to ensure it is promptly recovered and accurately accounted for. This Financial Control Procedure should be read in conjunction with Aneurin Bevan University Health Board's Standing Financial Instructions and the staff Overpayments Policy.

3 Aims

The purpose of this document is to clearly set out the responsibilities of Health Board staff to ensure that all income due to the Health Board which is not collected at the point of service or sale is:

- Invoiced to the appropriate debtor promptly and in accordance with agreed tariffs and other charging arrangements.
- All invoices should be processed through the Accounts Receivable department.
- Accounted for in the reporting period to which the income relates.
- Properly pursued with adequate arrangements for the collection of income due.

4 Objectives

The objective of this procedure is to clearly set out a control framework to ensure that all income due to the Health Board is identified, invoiced, collected within the Health Board's stated terms of payment (including referral to the Health Board's debt collection agency), and accounted for in the correct period.

5 Scope

This document relates to staff as follows:

- All staff and managers who raise income requests across the organisation.
- Staff within the Corporate Finance department who provide the cash and banking function for the organisation and those staff who are responsible for authorisation where appropriate.
- Staff within the Accounts Receivable function who raise invoices and chase payment thereof.
- Staff within the NWSSP payroll department with responsibility for raising income requests forms relating to overpayments.

6 Roles and Responsibilities

6.1 Managers who generate income

Are responsible for:

- Initiating the raising of invoices, by the submission of a correctly completed and authorised income request form to the Accounts Receivable Department, to ensure that all income due to the Aneurin Bevan University Health Board is requested from the recipients of goods or services supplied.
- Ensuring that there is appropriate documentation available to support any agreements for goods and services provided in order to minimise payment disputes.
- Engaging in the resolution of disputes when invoices are not promptly paid.
- Directorate Managers are responsible for carrying out a periodical review to ensure that all sources of income are identified.

6.2 Central Management Accounts Team

Are responsible for:

- Completing the auto invoice upload spreadsheet with the mandatory information for each invoice.
- E-mailing the appropriately completed spreadsheet for upload to the ledger via the Auto Invoice process to the Accounts Receivable Officers. The email should state the number and value of invoices to be raised and have the auto invoice spreadsheet as an attachment.

- The Spreadsheet should show the PO number of the receiving customer, as appropriate. If no PO is available, the CMA team will endeavour to provide this in a timely manner, to assist the Accounts Receivable team to manage chasing the debt with the customer.
- The VAT treatment of each transaction will be considered and assessed prior to raising the invoice request.
- The CMA team should liaise with the Financial Services Manager – VAT to ensure the correct VAT treatment has been applied, and that any contracts relating to the income request are kept by the Financial Services Manager – VAT, in anticipation of any request made by HMRC to review the income transaction.

6.3 Accounts Receivable Manager

Is responsible for:

- Month-End closedown of the Accounts Receivable module in Oracle and production of all month end reconciliations and reports.
- Checking credit note requests to supporting information and applying the credit note to the invoice in the ledger.
- Referring debts to the Health Board's debt collection agency where appropriate.
- Reviewing the list of outstanding debts on a monthly basis with the Assistant Head of Financial Services and considering court action where appropriate and recommended by the Health Board's debt collection agency.
- Applying the NHS Arbitration process to NHS Wales debts.
- Preparing a schedule of debts for write off to be submitted for approval, see section 7.8.2.
- Reconciling the Accounts Receivable system to the general ledger prior to review by the Accountancy Manager.

6.4 Accounts Receivable Officers

Are responsible for:

- Checking all manual income requests received for correct completion, authorisation and VAT treatment.
- Raising invoices and credit notes from all requests received and either mailing hard copies in the post or emailing within 24 hours of production.
- Producing and sending 1st and 2nd Dunning letters on a twice weekly basis.

- Liaising with customers and payroll services re setting up payment plans for payment of invoices by instalment and dealing with any queries raised
- Production of a monthly schedule of outstanding invoices by budget holder, distribution and collation of responses.

6.5 Treasury Officers

Are responsible for:

- Receipting all cash received by the Health Board in payment of invoices raised and apply to the appropriate invoice in the ledger.
- Liaising with the Accounts Receivable Manager re any unapplied amounts to clear them and repay if necessary.

6.6 Accountancy Officer

Is responsible for:

- Receipting payments received via deduction from salary to the customer account against the invoice raised in the ledger.

6.7 Accountancy Manager

Is responsible for:

- Reconciling on a monthly basis, the Accounts Receivable system with the balance per the General Ledger.

6.8 Payroll Department

Is responsible for:

- Submission of timely income request forms and associated backing documents in relation to overpayments of salary, travel expenses and other payroll related payments.
- Responding to queries from employees regarding salary related overpayments to facilitate prompt payment of invoices.

7 Main Body

All income due to the Health Board which is not collected at the point of service or sale is:

- Invoiced to the appropriate debtor promptly and in accordance with agreed tariffs and other charging arrangements.
- Accounted for in the reporting period to which the income

relates.

- Properly pursued with adequate arrangements for the collection of income due.

Invoices must be raised for all types of income due, except where alternative arrangements are in place or where the income has been collected at the time of service or sale.

The charges to be applied will be as determined by:

- Guidance issued by the Welsh Government, the National Health Management Executive or any other government department.
- Rates determined or agreements reached locally by officers of Aneurin Bevan University Health Board.

A specific policy for the recovery of debts relating to staff that have been overpaid has been developed and must be read in conjunction with this document insofar as it relates to recovery of debts related to overpayments made via the salaries and wages system for staff. See '[Policy for the Recovery of Overpayments to Employees](#)'.

Bills that are not paid in accordance with the procedure set out for timely recovery of debts will be referred to the Aneurin Bevan University Health Board's debt collection agency and in the event of continued non-payment will be considered for civil court action for debt recovery where cost effective to do so and based on the advice of the Health Boards debt collection agency.

Separate procedures are in place for Welsh NHS bodies and other public bodies.

To maintain internal control, Officers responsible for the Accounting and Control of Accounts Receivable should not also receive and account for cash or cheques

7.1 Procedure for requesting and raising an Invoice

7.1.1 The sources of information to enable an Accounts Receivable account to be raised are:

- An Income Request Form (Appendix A)
- E-Mail
- Auto-Invoicing

7.1.2 All requests to raise an invoice by Managers, who are responsible for notification of income due, must be forwarded to the Accounts

Receivable department by one of the sources identified in Paragraph 7.1.1 above and must contain the following information:

- Name and telephone extension number of the requesting officer
- The full name and address, including the postcode, of the debtor
- If the debtor is a company or other organisation, the name of the person to whom the invoice should be directed.
- The Oracle customer number for the debtor, if known
- A telephone number, and email address if possible
- Full details of the charge to be made, together with any appropriate backing documentation.
- A valid Purchase Order number from the customer, in line with All Wales No PO No Pay, where applicable.
- The amount to be billed, with VAT applicable shown separately
- The financial code to which the income is to be credited.
- Named individual within ABUHB to be contacted in the event of a query on the invoice (FAO), including contact number and/or email address.

- 7.1.3 When invoices are raised, managers must ensure that there is appropriate documentation available to support any agreements for goods and services provided to the customer. This documentation must be issued to the Financial Services Manager – VAT, to ensure the correct VAT treatment has been applied, prior to the invoice being raised. This will minimise later payment disputes. To this end this policy ensures that the manager who initiates the invoice will be engaged in the resolution of disputes when invoices are not promptly paid.
- 7.1.4 All requests for an invoice to be raised must be authorised by the requesting officer (other than Auto-Invoicing) and forwarded to the Accounts Receivable department for action.
- 7.1.5 The Accounts Receivable department will be responsible for ensuring that invoices are raised for all requests of income due to the Aneurin Bevan University Health Board.
- 7.1.6 On receipt of the Income Request form (See Appendix A), the Accounts Receivable Manager, or Accounts Receivable Officer should ensure that the form is correctly completed and authorised by the requesting officer. Incomplete or unsigned requests are to be returned to the originator for completion (There is no requirement for this with Auto-Invoicing). The Officers should also check the correct treatment of VAT is indicated on the form and inform the originator where this is different. A customer number is then allocated and documented on the requisition form.

- 7.1.7 The Income Request forms or other sources as per paragraph 7.1.1 are sorted by the Accounts Receivable Officer, and sequentially numbered (requisition number). The total of this batch is to be calculated and entered on to the Batch Control Register.
- 7.1.8 The information from each batch of Income Request forms, or other sources as per paragraph 7.1.1, shall be input into the Oracle Accounts Receivable system. After inputting each request in the Oracle Accounts Receivable system, the Accounts Receivable Officer is to enter the date invoice is raised and the invoice number on to the Income Request form or other source of notification, and stored electronically.
- 7.1.9 On completion of the batch, a batch header shall be generated, detailing control value and number of invoices raised.
- 7.1.10 The Accounts Receivable Officer should complete a batch header and check that the batch totals reconcile to the Batch Control Register.
- 7.1.11 The batch header, hard copy invoices and original income request form should be passed to and checked by a member of the Accounts Receivable department, other than the person inputting the Income Request Forms to which the batch relates. Appropriate action should be taken for any invoices where discrepancies to the Income Request Form are identified. The officer checking accuracy should sign the batch header.
- 7.1.12 The Invoices should be dispatched to the debtor within 24 hours of production. Hard copies of invoices are not kept in the office but may be reprinted from the Oracle Accounts receivable system at any point in time.
- 7.1.13 The Income Request Forms are scanned (with any associated Backing documentation) to the Invoice on the Oracle Accounts Receivable module. All Income Request Forms in a single Batch are scanned to the Batch Header, and an electronic copy is retained. Hard copy requests are no longer retained.
- 7.1.14 The Health Board has implemented the Auto-Invoicing process within some departments to facilitate the raising of invoices.

Auto-Invoicing uses an interface to upload invoices directly into the Oracle Accounts Receivable system, through a template. The correct completion of the template is the responsibility of CMA. The

information on the auto-invoicing template should match the detail required on the invoice request form, as detailed in 7.1.2. Once the template is complete and validated, it is transferred into Oracle by the Accounts Receivable Officer and a new Batch of invoices is created.

The Accounts Receivable team will be notified by CMA, via email, that a new batch of invoices is ready to be imported into Oracle. The email will include the total number of invoices in the batch, the total batch value, and the file name of the batch. The Accounts Receivable team will ensure that the batch is imported into Oracle successfully, and the invoices are printed or emailed and sent to the customers.

The Accounts Receivable team will notify the requester, via return email, of the success of the batch, confirming the total number of invoices raised, and the total value of the batch.

If there are any issues with the batch, the batch will be cancelled by the Accounts Receivable team, and returned to the requesting officer for review. The batch will then need to be reviewed and amended as required, and re-entered as a completely new batch.

The full Auto-Invoicing procedure details the step-by-step guide for implementing Auto-Invoicing (Accounts Receivable – Auto Invoice Process).

7.2 Notification of Payments

- 7.2.1 Hospital Cashiers/Finance Cashiers who receive payment of an invoice are to record as much detail as possible on the Cash Receipts and Bank Deposit (C & D) sheet and always the invoice number if available. These entries must be coded to the Accounts Receivable control code. The officer receipting cash only has write access to the receipting, with view only access to other Accounts Receivable functions.
- 7.2.2 The Finance Cashier will produce a receipt batch print identifying all receipts received and where appropriate the Accounts Receivable invoice number the amount has been applied to.
- 7.2.3 Cash receipts received that are unable to be allocated to an invoice number will be receipted against the unapplied code .This will also apply to credit transfers. Copies of the relevant statements and/or remittance advice shall be made available to the Accounts Receivable Manager by the Cashiers department for reconciliation of the unapplied receipts register.
- 7.2.4 The appropriate Finance Officer in Financial Accounts shall receipt payments obtained via deductions from salary to the customer account (accounts receivable receipt code). A copy of the deductions list should be forwarded to the Accounts Receivable Manager from the Payroll Manager.
- 7.2.5 The Cashiers Department will enter the payments received for invoices, from all sources into the Oracle Accounts Receivable system, through the receipting module.
- 7.2.6 Any payments received that differ in value from the invoice raised are to be investigated by the Cashiers department / Accounts Receivable Manager and the appropriate action taken to clear these amounts. All refunds to be processed using the debit memo functionality in Oracle and processed via Accounts Payable.
- 7.2.7 On completion of the posting of each batch of receipts, the Cashier shall produce a receipt register. This should be filed and where appropriate the paying in slip attached.
- 7.2.8 The amounts posted against the computerised Accounts Receivable system must be reconciled on a monthly basis with the amounts coded to Accounts Receivable receipts in the general ledger. The Assistant Head of Financial Accounting should undertake the Accounts Receivable reconciliation. This officer should not have access to be able to post receipts on the Oracle Accounts

Receivable system. The Accounts Receivable Reconciliation should be checked and authorised by the Assistant Head of Financial Services and Accounting. Any discrepancies should be investigated and cleared by the Accountancy Manager.

- 7.2.9 The Head of Financial Services and Accounting will have access rights to all Oracle functionality in order to ensure that operational issues are resolved quickly.

7.3 Requesting and issuing of Credit Notes

- 7.3.1 Any credit note requested must be authorised by the requisitioner that requested the original invoice to be raised, and it is their responsibility to inform the Accounts Receivable department when there is a need to amend or cancel an invoice.

All requests for a credit note to be raised must be authorised by the requesting officer (other than internal e-mail requests or for Auto-Invoicing) and forwarded to the Accounts Receivable department for action.

- 7.3.2 All requests to amend or cancel an invoice must be made on a Credit Note Request Form (Appendix B) or by E Mail.

- 7.3.3 The following details must be stated on the Credit Note Request Form by the authorised requesting officer:

- Name and telephone extension number of the requesting officer
- The Invoice Number
- Customer Number
- The Original Invoice Value
- The Credit Note Value
- The Revised Invoice Value
- The reason for amending or cancelling the invoice
- The Financial code to be debited

- 7.3.4 On receipt of the Credit Note Request Form, the Accounts Receivable Manager or Accounts Receivable Officer should ensure that the form is correctly completed and authorised by the requesting officer. Incomplete or unauthorised requests are to be returned to the originator for completion. (There is no requirement for this with Auto-Invoicing).

- 7.3.5 An officer within the Accounts Receivable department will sort the Credit Note Request Forms. The credits are checked for Customer numbers and that the amount to be credited is still outstanding on the ledger.

- 7.3.6 The information from each batch of Credit Note Request Forms shall be input into the Oracle Accounts Receivable system. After inputting each request, the Accounts Receivable Officer is to enter the Credit Note Number and the date actioned on the Credit Note Request Form and sign it.
- 7.3.7 On completion of the batch, hard copies of the credit invoices are printed prior to dispatch. Appropriate action should be taken for any amendments or cancellations deemed to be incorrect by the Accounts Receivable Manager.
- 7.3.8 The Accounts Receivable manager applies the credit to the appropriate invoice then checks the credit notes.
- 7.3.9 The Credit Notes are shown as an individual document. The original invoice and credit notes are printed and dispatched as appropriate. Hard copies of credit notes are not kept in the office but may be reprinted from the Oracle system at any point in time.
- 7.3.10 The batch header document, and any supporting documentation are scanned and filed electronically per batch.

7.4 Debt Collection – Treatment of Invoices Unpaid

7.4.1 The standard debt collection process is as follows:

7.4.1.1 On a twice weekly basis a 1st Dunning letter will be sent out to the individual for any invoice which remains outstanding for 21 days from the date of the invoice (See Appendix C).

7.4.1.2 Where no response has been received to Dunning letter 1 (as above), after a further 21 days a 2nd and final Dunning letter is issued to the individual stating that after 14 days the Debt will be referred to The Health Board Debt Collection Agency.(See Appendix D)

7.4.1.3 At the same time as the second Dunning letter is issued, the requesting manager is also contacted to help facilitate the process and inform of any disputes that may have arisen with the Customer.

7.4.1.4 If payment is not received within 14 days of the second Dunning letter or there is no further information or the manager has not replied the Accounts Receivable manager will refer the debt to the Health Boards Debt collection agency for them to pursue the debt on behalf of the Health Board.

7.4.1.5 On a monthly basis all debts outstanding and referred to the debt collecting agency will be reviewed in a meeting with the Assistant Head of Financial Services, Treasury Manager and Accounts Receivable Manager. A decision will be taken on whether to refer any outstanding debts for court referral. This referral will be based on the debt collection agency's advice and likelihood of court action success. Where necessary, decisions will be escalated to the Head of Financial Services & Accounting.

7.4.2 Exceptions to the standard process:

7.4.2.1 A specific policy exists for the recovery of overpayments to employees and ex-employees which needs to be read in conjunction with this Financial Control Procedure. For other outstanding debts relating to Health Board employees and former Health Board Employees e.g. mobile phones, lease cars, the standard debt collection procedure will be applied. See '[Policy for the Recovery of Overpayments to Employees](#)'.

7.4.2.2 NHS Organisations – Welsh – All Welsh NHS bodies are subject to the arbitration process set out by Welsh Government and must

adhere to this policy when chasing outstanding debts. The current Welsh Health Circular (WHC_2019_014) detailing the roles and responsibilities of each NHS Wales Organisation, will be updated in April 2021, and is updated on a bi-annual basis.

7.4.2.3 NHS organisations Non Welsh – Statements and copy invoices are sent monthly. A list of all outstanding invoices will also be sent to the requestor, to inform them of the outstanding debt, and help facilitate any disputes. The Accounts Receivable Manager will also contact the NHS organisation concerned by email or telephone to ascertain the reason for non-payment providing the invoice has not been raised in error, telephone calls or email contact shall continue until such a time as the invoice is settled.

7.4.2.4 Other Public Bodies

The procedure for the collection of debts from other public bodies is laid out in Appendix E & F.

7.4.2.5 Research & Development Invoices

Standard Research & Development contracts include 45 day payment terms.

On a twice weekly basis a final Dunning letter will be sent out to the debtor for any invoice which remains outstanding for 45 days from the date of the invoice (See Appendix D). This letter states that after 14 days the debt will be referred to The Health Board Debt Collection Agency.

At the same time as the second Dunning letter is issued, the requesting manager is also contacted to help facilitate the process and inform of any disputes that may have arisen with the customer.

If payment is not received within 14 days of the second Dunning letter or there is no further information or the manager has not replied the Accounts Receivable manager will refer the debt to the Health Boards Debt collection agency for them to pursue the debt on behalf of the Health Board.

7.5 The Local Health Board's Debt Collection Agency

7.5.1 All debts referred to the Aneurin Bevan University Health Board's Debt Collection agency should be referred as per the signed agreement between Aneurin Bevan University Health Board and the contracted Debt Collection Agency.

7.5.2 The contracted Debt Collection Agency undertake to:

- Approach debtors referred by letter, email and telephone only.
- Provide progress reports on each case.
- Remit all monies collected promptly.
- Charge for successful UK recovery services.
- Seek approval in advance for any "in person" site visits to debtors.

7.5.3 The Aneurin Bevan University Health Board undertakes to:

- Pay contracted Debt Collection Agency for all agreed services rendered and within agreed time limits as detailed on the supplier invoice.
- Provide any information requested by the contracted Debt Collection Agency, if possible.
- Inform the contracted Debt Collection Agency of any payments which have been received by the Local Health Board, in respect of invoices referred to them.
- Inform the contracted Debt Collection Agency on the Local Health Board's agreed courses of action in respect of any debts referred to them, when necessary.

7.6 Payment by Instalments

7.6.1 Any enquiry to pay by instalments will be reviewed by the Treasury Manager

Payments by instalments, where possible, shall be limited to a period of 12 months and should be by standing order or payroll deductions. Where there are special circumstances, the period, amount payable by instalment, and method shall be at the discretion of the Assistant Head of Financial Services. (In the absence of the Assistant Head of Financial Services, the decision will be made by the Head of Financial Services and Accounting.)

Where customers have requested to pay by instalments, the Health Board will issue an invoice for an Administration Charge of £1 per month for every month of instalment.

7.6.2 In the case of Overpayments of Salary, where payments by instalments are requested, the '[Policy for the Recovery of Overpayments to Employees](#)' shall be followed (see section 7.4 for detail).

The Health Board will issue an invoice for an Administration Charge of £1 per month for every month of instalment from the end of the 'matching period', as per the 'Policy for the Recovery of Overpayments to Employees'.

7.7 Court Action

7.7.1 If all attempts to recover the debt via the usual follow-up procedure have failed consideration shall be given to take the debtor to court. The decision on whether to take this course of action shall depend on:

- The circumstances of the debt and the likely success. Advice from the Local Health Board's Debt Collection Agency shall be taken into account.
- The value of the debt.

7.7.2 The decision on whether to apply for court action shall rest with the Head of Financial Services and Accounting.

7.8 Write Off Procedure

7.8.1 Only Non NHS invoices can be written off. The NHS Manual for Accounts states that NHS Debts cannot be written off. If a NHS Debtor refuses to settle an account, negotiations should take place in an attempt to resolve the disputed amount in line with the Welsh Government Arbitration procedure which all Welsh NHS bodies must adhere to. For all English NHS disputed invoices meetings should be held with the appropriate parties to reach a satisfactory conclusion.

7.8.2 Those Non NHS Invoices which are proposed for write off should be detailed on a schedule prepared by the Accounts Receivable Manager. The Accounts Receivable manager, on a bi-monthly basis, will review outstanding debts that have been classed as a "Bad-Debt", and prepare a schedule, providing the following information:

- Invoice Number
- Invoice Date
- Invoice Type, e.g. Private Patient, Prescription Charge
- Debtor Name
- Original Amount with VAT identified separately
- Amount Outstanding with VAT identified separately
- Reason for the Write off

- 7.8.3 The Health Board has introduced an Approval Hierarchy, based on the value of the bad debt that is proposed for write off. The Approval Hierarchy is as follows, and contains 6 Authorisation levels:

Authorisation Level	Responsible Officer	Lower Limit	Upper Limit
1	Assistant Head of Financial Services	£0	£10
2	Head of Financial Services & Accounting	£10	£50
3	Assistant Director of Finance (Financial Systems & Services)	£50	£2,500
4	Executive Director of Finance	£2,500	£25,000
5	Audit Committee	£25,000	£50,000
6	Welsh Government	£50,000	No Upper Limit

- 7.8.4 The Accounts Receivable Manager will prepare a schedule with proposed write-offs for each Approval Level. Each schedule will be sent to Assistant Head of Financial Services, who will then review the proposed write-offs, and provide approval as appropriate.

- 7.8.5 For those write-offs that require further approval (i.e. Write-offs over £10), the schedule will be sent to each Responsible Officer in the Approval Hierarchy in turn, based on the value of the debt.

For example, if there is a debt of £1,000 proposed for write-off, the Assistant Head of Financial Services and Head of Financial Services and Accounting will review and approve the write off in turn, before it is sent to the Assistant Director of Finance (Financial Systems & Services) for final approval.

- 7.8.6 Once final approval for each debt has been provided, the write-offs can be processed on the system by the Accounts Receivable Manager, who will receive the signed certification from the final authoriser.

- 7.8.7 The debts which have been approved for write-off will be reported to the Audit Committee on a periodic basis, detailing the total number of debts per authorisation level, and the total value of the debts.

- 7.8.8 Invoices will only be put forward for write off once every option for recovering the debt has been pursued and where the Health Board's debt collectors have recommended that court action is not viable.

8 Implementation

This document should be implemented with immediate effect.

9 Further Information

Enquiries regarding this policy should be directed to the Treasury Manager, Head of Financial Services and Accounting or the Assistant Director of Finance.

All are in Corporate Finance, Top Floor, C Block, Mamhilad House.

10 Audit

The Internal audit programme shall, from time to time, review the compliance with this position. In addition External Audit may review compliance with this procedure as part of their financial accounts audit work.

11 Review

Every three years unless there is a requirement to review it sooner.

Appendix A



ANEURIN BEVAN UNIVERSITY HEALTH BOARD
INCOME REQUEST FORM

* For Attention Of:

* Customer Name:

Customer Email:

Customer Telephone:

* Customer Address:

* Post Code:

Purchase Order Number

* Please Tick as Appropriate:

Invoice to be Sent out Direct

Invoice to be returned to Requesting Officer

Backing information to be sent out

Details to Appear on Invoice:

* Line Description	* VAT	* Value £
1		
2		
3		
4		

* Account Code for Invoice to be raised:

Entity	Cost Centre	Subjective	Analysis	Unit	VAT	Value £
040						
040						
040						
040						

* Requesting Officer:

* Contact Telephone:

* Contact Email:

* Signed:

* Budget Holder Name:

* Signed:

* Date:

Accounts Receivable Use Only:

Account Number:

Date Raised:

Invoice Number:

* Fields marked with * are mandatory

Appendix B

Credit Note Request

FROM:

TO: ACCOUNTS RECEIVABLE, FINANCE DEPARTMENT,
C BLOCK, MAMHILAD PARK EST, PONTYPOOL. PLEASE WOULD YOU ISSUE A
CREDIT NOTE AGAINST THE FOLLOWING INVOICE:

INVOICE NO.: _____ DATE RAISED: _____

NAME OF DEBTOR: _____

CUSTOMER NO: _____

	AMOUNT	
	£	p
ORIGINAL INVOICE VALUE:		
CREDIT NOTE VALUE:		
REVISED INVOICE VALUE:		

REASON FOR ISSUING CREDIT NOTE

SIGNED: _ DATE: _____

THIS REQUEST MUST BE APPROVED BY A SENIOR MANAGER

ACCOUNTING CODE					Amount		<u>For Debtors Section Use Only</u>
					£	p	
040							Credit Note Number:
040							
040							Date Actioned:
040							
040							Signed:
040							

Appendix C

1st Dunning Letter

Appendix D

2nd Dunning Letter

Appendix E

Disputed Debts between ABUHB and Local Authorities

Summary

1. This guidance is intended to facilitate the resolution of invoices in dispute between the ABHB and the Local Authorities.
2. The implementation timetable has been designed to ensure that no debts remain outstanding for more than 56 days. This procedure will apply to all invoices regardless of the value.
3. The Health Board has issued a revised debt chasing procedure whereby Managers (authorised signatories) are asked to chase debts if they remain outstanding for more than the allocated payment period of 21days.
4. It is anticipated that most debts will be agreed and paid within this timeframe and that this procedure will only apply to any invoices where disputes are notified regarding the value or period that the invoice covers.

Scope

5. This procedure will apply to all Welsh Local Authorities.

Procedure & Implementation

6. The timetable for action in relation to disputed debts is outlined below:

Age of Debt (days)	Action	Responsibility
0-21	Invoice raised and awaiting payment.	Requisitioner and Accounts receivable Staff.
22 (1st Dunning letter)	1st dunning letter sent to debtor chasing payment. Authorised signatory/Manager to be notified of the outstanding debt for them to liaise with their counterpart in the billed organisation to secure payment.	AR staff and Authorised signatories/Managers.
44 (2nd Dunning letter)	2nd level dunning letter sent chasing payment and notification of referral to DoF after 14 days if the invoice remains unpaid. Authorised signatory/ manager to establish when invoice will be paid or to resolve any outstanding disputes to facilitate the payment of the invoice.	AR staff and Authorised signatories/managers.

56+	Refer to the Director of Finance if no information has been received from the Manager to say otherwise. Failing this consider court action.	Director of Finance to be notified of non-payment to contact counterpart in billed organisation to reach agreement and invoice paid.
-----	--	--

Appendix F

**Government Bodies Escalation Process
Submission Proforma**

Submitting Organisation:
Creditor Organisation:
Debtor Organisation:
Invoice Date:
Invoice Ref:
Invoice Amount:
Reason for Invoice:
Evidence of verbal discussions between parties: Confirm if included within Attachment or Within Main Case Section
Evidence of written discussions between Chief Executives: Confirm included within Attachment
Case Submission Date:
Director of Finance Signature:

APPENDIX 4**ANURIN BEVAN UNIVERSITY HEALTH BOARD****Schedule of Bad Debts**

Invoice Number	Date	Balance Outstanding	Provision	Profile Class	Description	Comments
		£				
Lease Cars						
204308	29-May-19	75.00	50.85	GHC CCI	Damage to Lease Car exceeding fair value of wear and tear	All collection efforts exhausted by debt collector, uneconomical for further action
206666	22-Oct-19	238.38	2.38	GHC CCI	Excess mileage on Lease Car agreement	All collection efforts exhausted by debt collector, uneconomical for further action
199554	29-Aug-18	10.16	9.20	GHC CCI	Underpayment of final Lease Car agreement payment	Part paid invoice, further collection efforts exhausted and unable to secure balance, uneconomical for further action
192117	31-May-17	40.00	36.24	GHC CCI	Insurance policy excess following accident involving Lease Car	Part paid invoice, further collection efforts exhausted and unable to secure balance, uneconomical for further action
Total Lease Cars		363.54	98.68			
MRSA Testing						
207972	21-Jan-20	126.00	31.50	GHC CCI	MRSA PCR testing	All collection efforts exhausted by debt collector, uneconomical for further action
Total MRSA Testing		126.00	31.50			
Overseas Patients						
207084	13-Nov-19	165.00	1.65	GHC CCI	Outpatient appointment with ENT nurse practitioner 16/05/19.	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
203975	30-Apr-19	469.00	317.98	GHC CCI	Day surgery 12/04/19 for treatment of epistaxis	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as unable to confirm nationality
204921	11-Jul-19	320.00	216.96	GHC CCI	Hospital admission 01/07/19 for treatment of early bronchiolitis	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
205988	16-Sep-19	320.00	3.20	GHC CCI	CT scan and investigation in to left sided weakness 18/08/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
206314	03-Oct-19	165.00	1.65	GHC CCI	Treatment for soft tissue injury to hand 23/08/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
204089	10-May-19	330.00	223.74	GHC CCI	Outpatients physiotherapy 18/04/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
194078	28-Sep-17	90.44	81.94	GHC CCI	Emergency admission following bilateral pulmonary embolism 20/09/17	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
203895	25-Apr-19	375.00	254.25	GHC CCI	Outpatient treatment for right scaphoid fracture 25/02/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
204605	19-Jun-19	165.00	111.87	GHC CCI	Physiotherapy for previous femoral fracture 25/04/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as patient Nationality is within EU.
206643	22-Oct-19	165.00	1.65	GHC CCI	Outpatient treatment of nasal blockage 23/07/19	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted. Not referred to UKBA as unable to confirm nationality
Total Overseas Patients		2,564.44	1,214.89			
Overpayment of Salary						
207694	24-Dec-19	677.71	169.43	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action

APPENDIX 4**ANEURIN BEVAN UNIVERSITY HEALTH BOARD****Schedule of Bad Debts**

Invoice Number	Date	Balance Outstanding £	Provision	Profile Class	Description	Comments
156246	07-Oct-11	1,062.36	962.50	GHC CCI	Late notification of contract change	All collection efforts exhausted by debt collector, recommended for write-off due to age
208145	28-Jan-20	105.45	26.36	GHC CCI	Incorrect calculation of pay during sick leave	All collection efforts exhausted by debt collector, uneconomical for further action
193100	20-Jul-17	421.05	381.47	GHC CCI	Incorrect calculation of pay during sick leave	All collection efforts exhausted by debt collector, uneconomical for further action
207988	21-Jan-20	172.19	43.05	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
205992	16-Sep-19	31.78	0.32	GHC CCI	Late notification of unpaid leave	All collection efforts exhausted by debt collector, uneconomical for further action
161730	12-Sep-12	2,685.87	2,433.40	GHC CCI	Late notification of termination	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted, recommended for write-off due to age
166634	11-Jun-13	1,975.73	1,790.01	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, recommended for write-off due to age
171243	28-Feb-14	304.91	276.25	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
182084	13-Oct-15	268.15	242.94	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
157271	09-Dec-11	3,517.72	3,187.05	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, recommended for write-off due to age
190030	31-Jan-17	706.20	639.82	GHC CCI	Late notification of unpaid leave	All collection efforts exhausted by debt collector, uneconomical for further action
175237	12-Sep-14	420.90	381.34	GHC CCI	Late notification of change in hours	Part paid invoice, further collection efforts exhausted and unable to secure balance, uneconomical for further action
165132	14-Mar-13	2,405.08	2,179.00	GHC CCI	Late notification of termination	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted, recommended for write-off due to age
205791	30-Aug-19	109.48	74.23	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
171232	28-Feb-14	519.70	470.85	GHC CCI	Payroll error on termination	All collection efforts exhausted by debt collector, uneconomical for further action
206164	25-Sep-19	69.86	0.70	GHC CCI	Late notification of unpaid leave	All collection efforts exhausted by debt collector, uneconomical for further action
203347	27-Mar-19	54.14	36.71	GHC CCI	Overpayment due to overtaken annual leave	All collection efforts exhausted by debt collector, uneconomical for further action
171605	18-Mar-14	362.86	328.75	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
206882	30-Oct-19	330.00	3.30	GHC CCI	Late notification of termination	Part paid invoice, further collection efforts exhausted and unable to secure balance, uneconomical for further action
205786	30-Aug-19	2,913.15	1,975.12	GHC CCI	Late notification of termination	Referred to debt collector, and unable to locate debtor, all collection efforts exhausted.
201541	31-Dec-18	346.54	313.97	GHC CCI	Overpayment following death of employee	All collection efforts exhausted by debt collector, uneconomical for further action
205787	30-Aug-19	49.10	33.29	GHC CCI	Late notification of termination	All collection efforts exhausted by debt collector, uneconomical for further action
Total Salary Overpayments		19,509.93	15,949.84			
Overpayment of WTD on bank position						
203527	05-Apr-19	30.90	30.70	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203480	05-Apr-19	42.36	42.08	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.

APPENDIX 4**ANURIN BEVAN UNIVERSITY HEALTH BOARD****Schedule of Bad Debts**

<u>Invoice Number</u>	<u>Date</u>	<u>Balance Outstanding</u>	<u>Provision</u>	<u>Profile Class</u>	<u>Description</u>	<u>Comments</u>
		£				
203516	05-Apr-19	29.55	29.35	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203482	05-Apr-19	14.19	14.10	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203518	05-Apr-19	50.38	50.05	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203511	05-Apr-19	42.73	42.45	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203524	05-Apr-19	42.97	42.69	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203500	05-Apr-19	18.89	18.77	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203494	05-Apr-19	96.60	95.96	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203501	05-Apr-19	10.21	10.14	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203513	05-Apr-19	20.44	20.31	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
203507	05-Apr-19	25.92	25.75	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202899	14-Mar-19	42.31	42.03	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202897	14-Mar-19	33.19	32.97	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202867	13-Mar-19	20.47	20.33	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202886	13-Mar-19	21.09	20.95	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202837	13-Mar-19	36.71	36.47	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202889	14-Mar-19	25.01	24.84	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202853	13-Mar-19	15.97	15.86	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202861	13-Mar-19	31.38	31.17	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202843	13-Mar-19	38.89	38.63	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202850	13-Mar-19	63.94	63.52	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202882	13-Mar-19	14.45	14.35	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202893	14-Mar-19	80.98	80.45	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202860	13-Mar-19	21.64	21.50	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202845	13-Mar-19	15.22	15.12	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202872	13-Mar-19	80.85	80.32	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202857	13-Mar-19	12.56	12.48	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.

APPENDIX 4**ANURIN BEVAN UNIVERSITY HEALTH BOARD****Schedule of Bad Debts**

<u>Invoice Number</u>	<u>Date</u>	<u>Balance Outstanding</u>	<u>Provision</u>	<u>Profile Class</u>	<u>Description</u>	<u>Comments</u>
		£				
202859	13-Mar-19	57.29	56.91	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202840	13-Mar-19	54.73	54.37	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202836	13-Mar-19	93.03	92.42	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202873	13-Mar-19	16.72	16.61	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202880	13-Mar-19	24.60	24.44	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202891	14-Mar-19	24.29	24.13	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202865	13-Mar-19	21.87	21.73	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202887	13-Mar-19	45.82	45.52	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202844	13-Mar-19	18.49	18.37	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202839	13-Mar-19	21.48	21.34	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202841	13-Mar-19	34.98	34.75	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202898	14-Mar-19	22.33	22.18	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202890	14-Mar-19	41.96	41.68	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202894	14-Mar-19	36.24	36.00	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
202871	13-Mar-19	68.28	67.83	GHC NON NHS STAFF	Overpayment of WTD on Bank position	Collection efforts exhausted by ABUHB, uneconomical for further action.
Total WTD Overpayments		1,561.91	1,551.60			
Grand total Written Off		24,125.82	17,294.91			

Appendix 5 - Summary of Single Tender/Quotation Actions

Date of Request	Type of Request	Reference No	Description	Anticipated Annual Value (ex VAT)	Supplier	Type	Reason for request	Advice from Procurement	Approved / Rejected	CEO Approval Date
24/11/2020	Single Quotation	ABU-SQA-124304	Gritting Services	£26,322.50	MRI Whistance	Services	Extension for winter period, delay due to covid and supplier staffing issues. Will go out to tender April 2021	Approved on basis of service continuity being maintained until the requirement is tendered	Approved	01/12/2020
08/12/2020	Single Quotation	ABU-SQA-124260	Mindfulness Based Cognitive Therapy Requirements	£20,000.00	Valley Steps	Services	Emerging evidence, since the Covid-19 pandemic, is indicating that there has been an increase in psychological distress amongst the general population as a result of the pandemic. For some groups this will be serve and long lasting. Valley Steps have practitioners who are trained and delivering mindfulness based courses and can co-produce with ABUHB relevant staff.	Approved to aid mental health and well-being of patients due to ongoing Pandemic	Approved	25/11/2020
08/12/2020	Single Quotation	ABU-SQA-124261	Connect Training Programme	£8,000.00	Caerphilly Mind	Services	The Gwent Connect 5 training programme will target training at the workforce who are supporting people at the greatest risk of poor mentalo well-being.	Approved to aid mental health and well-being of patients due to ongoing Pandemic	Approved	25/11/2020
08/12/2020	Single Quotation	ABU-SQA-124262	Connect Training Programme	£8,000.00	Newport Mind	Services	The Gwent Connect 5 training programme will target training at the workforce who are supporting people at the greatest risk of poor mentalo well-being.	Approved to aid mental health and well-being of patients due to ongoing Pandemic	Approved	25/11/2020
									Approved	
10/09/2020	Single Tender	ABU-STA-123407	Behavioural insights into cancer screening	£33,330.00	USW Commercial Services Ltd	Services	The aim of this project is to improve the uptake of breast, bowel and cervical screening programmes in Newport West by an increased understanding of the reasons for low uptake and by developing, implementing and evaluating a strategy to meet and surpass minimum standards for screening uptake.	University of South Wales proposed cheaper than suppliers were quoting.	Approved	23/11/2020
23/11/2020	Single Tender	ABU-STA-45914	Seegene COVID testing tips	£22,000.00	Elkay Laboratory Products	Goods	The Mast Seegene is a molecular platform that uses a specific type of Hamilton pipette tip, these are black carbon impregnated which means they are a conductive material likely used for liquid level sensing of the sample and only available from a limited number of suppliers in the UK. The supplier of the analyser has a very limited stock and Elkay is the only other supplier able to provide these tips	Appropriate to support Covid Pandemic	Approved	04/12/2020
11/12/2020	Single Tender	ABU-STA-46103	Genmark Eplex System for Rapid COVID Testing	£85,400.00	AB Molecular	Goods	Microbiology delivers a rapid Covid 19 testing service at RGH using Genmark Eplex and Cepheid Genexpert instruments. We have capacity issues and this will increase capacity for fast track for ABUHB.	Appropriate to support Covid Pandemic	Approved	23/12/2020
04/01/2021	Single Tender	ABU-STA-46223	Pillmawr Alarms	£190,413.60	Attus	Goods	To extend the existing patient and staff Call Alarm system at St Cadoc's Hospital on Pillmawr Ward. This will be stage 2 of the Alarm installation at St Cadocs. Installation on Adferiad Ward (stage 1) was complete earlier this year.The main objective of the personal alarm system is to increase the safety, security and wellbeing of staff and patients in a challenging and potentially risky environment.	vital piece of work to move forward as soon as possible with stage 2 of the Alarm System installation at St Cadoc's Hospital.	Approved	19/01/2021
13/01/2021	Single Tender	ABU-STA-120120	DXC Upgrade	£43,685.64	DXC	Services	ABUHB must move to the fianl version of CSC Maternity to avoid the risk of a Cyber Attack. DXC are the Third party provider and will support the move to the latest version of the application and platform. The current version is on an unsupported operating system and represents a cyber security risk.	Essential for data / cyber security of HB systems	Approved	19/01/2021
05/01/2021	Single Tender	ABU-STA-46203	Temporary Mortuary Solution @ GUH	£221,450.00	A2H Live	Services	Due to the urgency and capacity required due to the COVID-19 pandemic	Essential to maintain capacity at present stage in Covid-19 pandemic	Approved	19/01/2021
06/01/2021	Single Tender	ABU-STA-46245	Digital Community Wales Project	£33,500.00	United Welsh	Services	United Welsh agree to give additional support to the tech co-ordinator with procurement of the kits, setting up the devices etc. Support will also be available from Digital Community Wales (through the Wales Co-operative) and a volunteer support officer who can 'check in' with the volunteers (provided through Ffrind I Mi) as additional support. DCW can also provide training to the volunteers and also OT staff in OAMH re the kits and use. DCW is a Welsh Government funded programme which is delivered by the Wales Co-operative Centre in partnership with the Good Things Foundation and Swansea University. The programme began in 2019 and will run for three years. So there is no tendering opportunity available within this project.	Welsh Gov initiative and only supplier	Approved	19/01/2021
13/01/2021	Single Tender	ABU-STA-46281	Survey Monkey	£7,000.00	Survey Monkey	Services	Access to Survey Monkey to undertake local population surveys in meeting the Monmouthshire IMTP priority of tackling social isolation. Also supports the NCN needs assessment process.	Survey Monkey is a recognised and approved specialised provider with a history of working the NHS Wales.	Approved	19/01/2021
22/01/2021	Single Tender	ABU-STA-124294	Continuation of service St Joseph's Extension	£498,000.00	St Joseph's Hospital	Services	Executive Team (22nd June 2020) consideration of divisional service re-start plans for the quarter 2 operational plan for ABUHB have identified the continued need for a 'Covid-Free' facility, which cannot be provided from within ABUHB facilities. This would be for the short term while longer term plans are established. Covid pandemic surge profiles are uncertain and would potentially adversely affect elective patient delivery without a separate site.	Critical requirement is that ALL non AB staff and third party staff must sign ABUHB SOP. This facility is an extension to the HB and therefore they will be subject to AB operating protocols so MUST sign this.	Approved	22/01/2021
10/10/2020	Single Tender	ABU-STA-45651	Powered respirators and half masks	£188,235.46	Healey and Lord Ltd / ARCO	Goods	Urgent requirement for sustainable PPE, ensuring continuity of supply for HB staff. Discussed and approved by the executive team prior to STA being submitted.	Appropriate to support Covid Pandemic	Approved	22/10/2020
18/12/2020	Single Tender	ABU-STA-45916	Community Embedded Family Intervention (Extension 21-22)	£452,342.00	Action For Children	Service	Continuation of current service, additional funding has become available meaning that the service can continue in the 21-22 financial year. Action for Children were successful in the original OJEU tender carried out in 2019. Changing supplier at this stage would be highly disruptive to the service.	Agree that extension through STA is best option.	Approved	20/01/2021
18/12/2020	Single Tender	ABU-STA-45917	Peer Support (Extension 21-22)	£165,000.00	Platfform	Service	Continuation of current service, additional funding has become available meaning that the service can continue in the 21-22 financial year. Platform were successful in the original OJEU tender carried out in 2019. Changing supplier at this stage would be highly disruptive to the service.	Agree that extension through STA is best option.	Approved	20/01/2021
13/08/2020	Single Tender	ABU-GUH-STA-00002	Rapid Infusers	£89,040.00	Belmont Medical Technologies	Goods	THE BELMONT RAPID INFUSER RI-2, 230V, 750ML/MIN (903-00039A-UK)	Goods to support early opening of the GUH	Approved	13/08/2020
07/09/2020	Single Tender	ABU-GUH-STA-00004	Blood Transfusion BloodTrack Kiosk	£16,880.00	Haemonetics	Services	BLOODTRACK COURIER CLIENT SOFTWARE LICENCE QUOTE REF = 0001 0487	Services to support early opening of the GUH	Approved	07/09/2020
18/09/2020	Single Tender	ABU-GUH-STA-00005	Specialist Racking	£58,437.50	H4 Medical	Goods	MATERNITY STORE RACKING & STERILE STORE RACKING	Goods to support early opening of the GUH	Approved	18/09/2020
15/10/2020	Single Tender	ABU-GUH-STA-00007	Piezo Console & Drill	£34,950.00	Jewel Management Ltd trading as General Medical	Goods	THE GRANGE / PIEZOSURGERY MEDICAL PLUS, INCLUDES: 1 PLUS HANDPIECE(BLACK), 1 STANDARD HANDPIECE (GREY), 2 TORQUE WRENCHES, FOOTSWITCH, FLUID HOLDER, POWER CABLE, 2 STERILISATION/ STORAGE CASSETTES	Goods to support early opening of the GUH	Approved	15/10/2020
11/11/2020	Single Tender	ABU-GUH-STA-00009	Perspex Screen	£16,120.00	XL Displays Ltd	Goods	GUARDIAN MOBILE DIVIDER ACRYLIC PARTITION SCREEN ON WHEELS, CODE: IN/STMX-MB/1 - HANGING SNEEZE GUARD PLASTIC SCREEN, CODE: PPEHANG1000/1	Goods to support early opening of the GUH	Approved	11/11/2020