



AGENDA ITEM

4.5

CTM BOARD

FINANCE UPDATE – MONTH 9 of 2019/20

Date of meeting	30/01/2020
FOI Status	Open/Public
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Approving Executive Sponsor	Executive Director of Finance & Procurement
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Welsh Government	14/01/2020	NOTED

ACRONYMS

A&C	Administration & Clerical	I&E	Income & Expenditure
AWCP	All Wales Capital Programme	LTA	Long Term Agreement
AME	(WG) Annually Managed Expenditure	M1	Month 1 (M2 Month 2 etc)
CHC	Continuing Healthcare	PCMH	Primary Community & Mental Health

COO	Chief Operating Officer	PCH	Prince Charles Hospital
CRES	Cash Releasing Efficiency Savings	POW	Princess of Wales Hospital
CRL	Capital Resource Limit	RGH	Royal Glamorgan Hospital
FNC	Funded Nursing Care	PSPP	Public Sector Payment Policy
HCHS	Healthcare & Hospital Services	WG	Welsh Government
IHI	Institute of Healthcare Improvements	WHSSC	Welsh Health Specialised Services Committee
IMTP	Integrated Medium Term Plan	YTD	Year to Date

FINANCE REPORT – MONTH 9 of 2019/20

1. SITUATION/BACKGROUND

The purpose of this report is to highlight the key messages in relation to the current month, year to date and forecast year-end financial position of Cwm Taf Morgannwg (CTM) University Health Board as at Month 9 (M9).

This report should be read in the context of the CTM Integrated Medium Term Plan for 2019/20 to 2021/22 which is available on the website.

The IMTP was approved by the Board on 28 February and was approved by the Welsh government on 26 March 2019. The following key issues are highlighted in relation to the financial plan for 2019/20:

a. Bridgend boundary change

One of the key assumptions within the IMTP was that the Bridgend boundary change should not destabilise the financial balance and performance record of the former Cwm Taf Health Board. The IMTP therefore assumed that the impact of any deficit attributed to Bridgend would be neutral to the new organisation. Our assessment as at April 2019 of the financial impact on CTM was a recurring deficit (after economies of scale) of £7.4m, excluding the performance and demand & capacity issues referred to below. Detailed budgets were set on this basis and the financial plan was updated to include assumed funding for the £7.4m recurring deficit transferred.

The outcome of the arbitration process was received on 13 August 2019. This confirmed a £7.1m non-recurring allocation for 2019/20 to enable the Board to develop the required financial plan and mitigating actions to be put in place for future years. There is also a potential risk that further adjustments may be made to the £7.1m non-recurring allocation when the due diligence work is completed.

The M9 forecasts have been revised to reflect this position.

b. Performance and RTT targets

Our work on the financial impact assessment of the Bridgend boundary change also highlighted that Bridgend had been running waiting list initiatives (WLI's) throughout 2018/19 at an annualised cost of c £1.8m, which was supplemented with outsourcing towards the end of the financial year. The WLI's had the effect of broadly holding the RTT backlog constant overall and were essentially a non-recurrent measure for meeting a recurrent requirement. Therefore, in reality the recurrent requirement to spend, based on current demand, productivity and core capacity, is around £2m greater than what was reflected in the financial impact assessment noted above of £7.4m. There was also an RTT backlog at the end of 2018/19, which CTM estimated has a non-recurring cost in the region of £4.2m to clear. The Health Board submitted a £8.7m bid to WG to address the performance issues across CTM which is summarised below:

	Former CT	Bridgend
	£m	£m
Forecast total costs	6.6	6.2
Internal funding sources within the IMTP	(3.1)	(1.0)
Net bid	3.5	5.2

On 27 June WG confirmed a non-recurrent allocation of £7.0m for 2019/20 which is expected to deliver:

- no one waiting over 36 weeks, 8 weeks for diagnostics and 14 weeks for therapy services for the old Cwm Taf footprint; and
- an improvement in the number of people waiting over 36 weeks at the Princess of Wales site, as well as no one waiting over 8 weeks for diagnostics and 14 weeks for therapy services.

c. Savings targets

The financial plan for 2019/20 included a recurring savings target of £12.8m, comprising £9.6m existing Cwm Taf and £3.2m for Bridgend. Following the identification of a number of other opportunities in M1 we have reduced the recurrent savings target by £1.0m and the In year target by £2.8m. The revised savings targets are as follows:

	In year savings target	Recurrent savings target
	£m	£m
Former Cwm Taf	7.5	8.8
Bridgend	2.5	3.0
Total	10.0	11.8

d. Financial Plan update 2019/20

Subsequent to the financial plan being approved by the Board on 28 February, there have been a number of changes in the position of the Health Board which necessitated the plan being reviewed and updated. The key changes were discussed at the Health Board development session on 27 June and agreed at the Health Board meeting on 31 July. The key changes are summarised below:

	Former CT		Bridgend		CTM	
	In year	Recurring	In year	Recurring	In Year	Recurring
	£m	£m	£m	£m	£m	£m
Original plan	0	-0.4	0	-0.2	0	-0.6
Total changes	-1.0	2.1	1.0	2.0	0.0	4.1
Bridgend recurrent deficit after econs of scale			7.4	7.4	7.4	7.4
Assumed allocation change			-7.4	-7.4	-7.4	-7.4
Revised Financial plan	-1.0	1.7	1.0	1.8	0.0	3.5

The net impact of these changes does not change the break-even plan for 2019/20. However, it is important to highlight that the recurring position changes from a planned £0.6m surplus to a planned £3.5m deficit. This deterioration is attributed to the following items:

- Recurrent investment in management structures, including clinical leadership, nursing leadership and increased governance and quality improvement capacity £2m.
- Unplanned recurrent deficit associated with the Bridgend boundary change £0.7m.
- Planned care recurrent deficit in Bridgend £1.4m.

Report Sections

The following sections are included in this report:

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2. KEY RISKS/HEADLINE MESSAGES

2.1 Headline Messages - Month 9

The overall Income and Expenditure position improved in M9 with an under spend of £0.15m in month giving rise to a M9 YTD overspend of £0.5m. This YTD overspend includes a delegated overspend of £16.4m, offset by an under spend on non-delegated budgets of £15.9m. The delegated overspend includes a shortfall in savings delivery of £5.4m plus other overspends on pay, non-pay and income of £11.0m. Further details are provided in Section 3.2 and 3.8.

The M8 YTD delegated overspend was £14.9m which represented an average monthly overspend of £1.8m. The M9 Delegated overspend was £1.5m which represents a £0.3m improvement from the M8 monthly trend of £1.8m. This £0.3m improvement includes the following changes:

- Additional funding provided to Directorates from Reserves in M9. This includes £0.54m of funding to the ICT directorate which resulted in a £0.4m improvement in M9.

After excluding the impact of this new funding (which was already in the forecast and is not an improvement) the delegated overspend in M9 was therefore £1.9m. This is broadly in line with the M1- M8 trend and also the same level of overspending as seen in M1-M5.

As at M9 we have maintained a forecast breakeven position for 2019/20. There are a number of significant risks to the current year forecast and further information on these risks is provided in Section 3.2.

In light of the seriousness of the Bridgend position, detailed work is being undertaken to separately report the overall BG financial position for further discussions with WG.

The key areas of concern are summarised below with further information in Sections 3.2 and 3.3 and the more detailed analysis in Sections 3.4 to 3.9.

a. Savings delivery (Section 3.7)

The Delegated savings target of £16.4m represents a M9 target of £12.5m. Actual savings of £7.1m have been reported to M9 resulting in an adverse variance against plan of £5.4m. This variance reduces to £0.6m after allowing for the £7.0m savings contingency which is being released on a straight line basis. The M9 YTD and forecast savings are summarised below.

	Month 9			Month 8		
	YTD	19/20	Recurring	YTD	19/20	Recurring
	£m	£m	£m	£m	£m	£m
Delegated Savings targets	12.5	16.4	16.4	10.9	16.4	16.4
Forecast Savings – all Delegated	(7.1)	(10.2)	(8.9)	(6.0)	(10.0)	(9.1)
Forecast shortfall	5.4	6.2	7.5	4.9	6.4	7.3
Non Delegated Savings target	0.45	0.6	0.6	0.4	0.6	0.6
Savings contingency	(5.25)	(7.0)	(5.2)	(4.7)	(7.0)	(5.2)
Total	0.6	(0.2)	2.9	0.6	0	2.7

- Actual savings in M9 was £0.9m (M8: £1.5m)
- Forecast In year savings have increased from £10.0m to £10.2m which is marginally above the in year target.
- Forecast Recurring savings are relatively constant at £8.9m.

Whilst the forecast in year savings are now in line with the savings target of £10m, the forecast recurring savings are still £2.9m below the recurring savings target of £11.8m. Forecast recurring savings remain relatively static and have been between £8.7m and £9.1m since M3.

Monthly performance meetings with the CEO and other Executives commenced in November 2019 to increase the traction on savings delivery in 19/20, improve the forecast recurring position going into 2020/21 and also to develop the savings pipeline for next year.

b. M9 YTD Cost overspends- £11.0m

The most significant overspends within the total Pay overspend of £4.5m are as follows:

- Acute Medicine and A&E £1.7m (Additional clinical services £1.2m, Nursing & Midwifery £0.2m and A&C £0.2m)
- ACT £0.2m (Nursing & midwifery £0.2m)
- O&G - £0.2m (Additional clinical services £0.2m and Medical & Dental £0.1m)
- POW Delivery Unit £3.9m (Medical £2.1m, Additional clinical services £1.3m and Nursing & Midwifery £0.9m)
- Pathology £0.7m (Medical £0.5m and Healthcare Scientists £0.2m)
- Localities £0.4m (Nursing & Midwifery £0.6m)
- CAMHs £0.2m (Admin & clerical £0.2m, Nursing & Midwifery £0.1m and Additional clinical services £0.1m)
- CYP £0.2m (Medical & dental £0.6m)

The total Pay overspend of £4.5m includes a £4.7m overspend on Additional clinical services and a £1.6m underspend on Nursing & midwifery plus a £2.5m overspend on Medical and Dental.

The most significant overspends within the total Non pay overspend of £4.3m are as follows:

- Acute Medicine and A&E £0.7m – Secondary care drugs
- POW Delivery Unit £0.5m – Appliances £0.24m, £0.23m M&S Supplies and £0.16m Secondary care drugs
- Pathology £0.5m – M&S £0.1m, Drugs £0.13m, Office Equipment/ICT £0.09m and SLAs £0.08m
- Radiology £0.2m- Reporting £0.23m
- Facilities £0.6m – Waste &Transport £0.27m, Catering £0.2m, Postage £0.04m, Housekeeping £0.03m
- Mental Health £0.5m – Continuing Healthcare £0.43m
- Medicines Management £1.7m – Primary Care Prescribing £1.47m, NICE £0.37m
- Estates £0.3m – Utilities £0.22m, Training Expenses £0.05m

The most significant overspends within the total Income overspend of £2.2m are as follows:

- POW Delivery Unit £0.5m - C&V Surgical Services SLA £0.36m and Private Patients £0.16m
- CAMHs £0.4m - Swansea Bay CAMHS £0.16m, C&V CAMHS £0.2m, Hafod Newydd £0.05m
- CYP £0.2m – Flying Start Income from Local Authorities £0.19m
- Contracting & Commissioning £1.1m- ABUHB LTA performance £0.46m, Swansea Bay LTA performance £0.53m and Non Contracted Activity £0.21m

The total pay, non pay and income overspends at M9 is now £11.0m which is greater than the Delegated CRES shortfalls of £5.4m. Financial 'deep dives' on Nursing overspends and the POW Delivery Unit overspends were discussed at the FP&W Committee in October.

c. Forecast recurring deficit going into 2020/21- £11.9m




The reported deficit of £11.9m is the starting point for the draft financial plan and IMTP for 2020/21. The £11.9m reported deficit is consistent with the 'control totals' that have been set for individual directorates and is aligned with the Performance meetings that commenced in M7 with the CEO. These control totals required a £10.8m improvement from the M6 forecast recurrent deficit of £22.7m. The M8 forecast recurrent deficit is now £17.6m. Whilst this represents an improvement of £6.7m from M6, further improvements of £4.1m are still needed in order to meet the £11.9m target. Further information on the recurrent forecast and associated risks is provided in Section 3.2.

3. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Financial Position and Key Targets – Month 9

The Health Board has a statutory duty to achieve a break even position over a period of three financial years. This applies to both revenue and capital expenditure. Over the last two financial years, the Health Board has achieved a small surplus of £39k and £18k for revenue and capital expenditure respectively. This means that the Health Board can overspend by £39k and £18k for revenue and capital expenditure respectively in 2019/20 and still meet its three year statutory duty. The Health Board’s plan for 2019/20 is to break-even on both measures. The Health Board also has an administrative duty to pay a minimum of 95% of all non-NHS invoices within 30 days.

The table below details the Health Board’s 2019/20 current and forecast performance against these key financial targets:

Target	Unit	Current Month	Year to Date	Trend	Forecast Year End
Revenue To ensure that the Health Board’s revenue expenditure does not exceed the aggregate of it’s funding in each financial year. Measured by variance against plan to break even.	£’000 +Adverse ()Favourable	(153)	504		0
Capital To ensure net capital spend does not exceed the Welsh Government Capital Resource Limit. Measured by variance against plan to manage to the Resource Limit	£’000 +Adverse ()Favourable	(215)	(476)		0
Public Sector Payment Policy To pay a minimum of 95% of all Non NHS invoices within 30 days. Measured by actual performance	%	95.8%	96.1%		>95



3.2 Revenue Performance by Expenditure Category

	Annual Budget £'000	Over/(Under) Spend				Section
		Current Month £'000	Year to Date £'000	Forecast £'000	Recurrent Forecast £'000	
Delegated Budgets						
Pay	522,477	255	4,547	5,944	7,277	2.4
Non Pay	624,666	520	4,274	5,821	6,280	2.5
Income	(142,339)	254	2,198	2,233	1,315	2.6
Delegated Savings Plans	(7,735)	488	5,409	6,781	7,347	2.7
Total Delegated Budgets	997,069	1,516	16,428	20,779	22,219	
Non Delegated Budgets	44,084	(1,670)	(15,924)	(20,294)	(17,092)	2.8
Planned recurrent deficit		0			3,500	See below
Unplanned Bridgend recurrent deficit		0			7,400	See below
Other items	0	0	0	(485)	(4,126)	See below
WG Allocations	(1,041,153)	(0)	(0)	0	0	2.9
GRAND TOTAL M9	0	(152)	505	0	11,900	
GRAND TOTAL M8	0	(488)	657	0	11,995	

Further information on the current month, YTD and forecast positions are provided below.



Current Month

- The overall Income and Expenditure position improved in M9 with an under spend of £0.2m. This includes a delegated overspend of £1.5m, offset by an under spend on non-delegated budgets of £(1.7)m. The delegated current month over spend of £1.5m includes an under achievement in savings delivery of £0.5m plus a net over spend on pay, non-pay and income of £1.0m.
- The most significant current month overspends within the total Pay overspend of £0.3m are as follows:
 - POW Delivery Unit £0.59m (Medical £0.32m, Nursing £0.28m)
 - Acute Medicine and A&E £0.28m (Medical £0.15m, A&C £0.10m)
 - CYP £0.13m (Medical £0.15m)
 - Pathology £0.08m (Healthcare Scientists £0.06)
- The most significant current month overspends within the total Non Pay overspend of £0.5m are as follows:
 - Acute Medicine and A&E £0.14 (Secondary care drugs £0.29m)
 - Facilities £0.16m (Waste & Transport £0.04m, Catering £0.06m, Laundry £0.03m)
 - Medicines Management £0.37m (Primary care prescribing £0.2m and NICE £0.15m)
 - Estates £0.09m (Utilities)
- The most significant current month overspends within the total Income over spend of £0.25m are as follows:
 - Contracting & Commissioning £0.36m (Swansea Bay LTA underperformance £0.08m and Aneurin Bevan LTA underperformance £0.2m)
- Further information on the Savings delivery shortfall is provided in Section 3.7.



Year to Date

- The M9 YTD overspend of £0.5m includes a delegated overspend of £16.4m offset by an under spend on non-delegated budgets of £(15.9)m. The delegated year to date overspend includes a shortfall in savings delivery of £5.4m plus other overspends on pay, non-pay and income of £11.0m.
- The most significant YTD overspends within the total Pay overspend of £4.5m are as follows:
 - Acute Medicine and A&E £1.7m (Additional clinical services £1.2m, Nursing & Midwifery £0.2m and A&C £0.2m)
 - ACT £0.2m (Nursing & midwifery £0.2m)
 - O&G - £0.2m (Additional clinical services £0.2m and Medical & Dental £0.1m)
 - POW Delivery Unit £3.9m (Medical £2.1m, Additional clinical services £1.3m and Nursing & Midwifery £0.9m)
 - Pathology £0.7m (Medical £0.5m and Healthcare Scientists £0.2m)
 - Localities £0.4m (Nursing & Midwifery £0.6m)
 - CAMHs £0.2m (Admin & clerical £0.2m, Nursing & Midwifery £0.1m and Additional clinical services £0.1m)
 - CYP £0.2m (Medical & dental £0.6m)
- The most significant YTD overspends within the total Non pay overspend of £4.3m are as follows:
 - Acute Medicine and A&E £0.7m – Secondary care drugs
 - POW Delivery Unit £0.5m – Cardiac Appliances £0.24m, £0.1m M&S Supplies and £0.21m Secondary care drugs
 - Pathology £0.5m – M&S £0.1m, Drugs £0.13m, Office Equipment/ICT £0.09m and SLAs £0.08m
 - Radiology £0.2m- Reporting £0.23m
 - Facilities £0.6m – Waste & Transport £0.27m, Catering £0.2m, Postage £0.04m, Housekeeping £0.03m
 - Mental Health £0.5m – Continuing Healthcare £0.43m
 - Medicines Management £1.7m – Primary Care Prescribing £1.47m, NICE £0.37m
 - Estates £0.3m – Utilities £0.22m, Training Expenses £0.05m
- The most significant YTD overspends within the Income overspend of £2.2m are as follows:
 - POW Delivery Unit £0.5m- C&V Surgical Services SLA £0.36m and Private Patients £0.16m
 - CAMHs £0.4m - Swansea Bay CAMHS £0.16m, C&V CAMHS £0.2m, Hafod Newydd £0.05m
 - CYP £0.2m – Flying Start Income from Local Authorities £0.19m
 - Contracting & Commissioning £1.1m- ABUHB LTA performance £0.46m, Swansea Bay LTA £0.53m performance and Non Contracted Activity £0.21m
- Further information on the Savings delivery shortfall is provided in Section 3.7.



In Year and Recurring forecasts

	M9 actual	M9 FORECASTS		
		Straight line forecast of M9	Bottom up forecasts after M8	Recurrent forecast
	£k	£k	£k	£k
Pay	4,547	6,063	5,944	7,277
Non pay	4,274	5,699	5,821	6,280
Income	2,198	2,931	2,233	1,315
Savings	5,409	7,212	6,781	7,347
Delegated total	16,428	21,904	20,779	22,219
Non delegated forecasts M9	-15,923	-20,294	-20,294	-17,092
Investment in Mgt capacity and clinical leadership- M6 Forecast assumes £1m In year budget and £2m recurring budget fully used.	0	0	0	0
Non Delegated total	-15,923	-20,294	-20,294	-17,092
TOTAL Bottom up forecasts	505	1,610	485	5,126
Planned recurrent deficit	0	0	0	3,500
Unplanned BG recurrent deficit	0	0	0	7,400
Planned new spend not reflected in the Bottom up forecasts:				
Overseas nurse recruitment	0	1800	1800	0
Welsh Risk pool risk sharing arrangement	0	1200	1200	0
Revenue equipment replacement	0	250	250	0
Other non recurring spend	0	200	200	0
Total planned new spend	0	3,450	3,450	0
Assumed benefits not reflected in the directorate bottom up forecasts:				
Assumed contribution from new Critical care funding towards existing critical care overspends	0	-1300	-1300	0
Assumed funding of £3.0m to cover forecast TI costs in 19/20 which are £1.9m over and above the £1.1m assumed in Plan. Allocation now received.	0	-1900	-1900	0
Total assumed benefits	0	-3,200	-3,200	0
Improvement required from Escalation meetings:				
Assumed full delivery of the £10m In year savings target	0	-812	-381	-4,126
Cost reduction	0	-1048	-354	
Total improvement from Escalation meetings	0	-1,860	-735	-4,126
GRAND TOTAL	505	0	0	11,900
Below the line risks and opportunities not currently reflected in the above forecast:				
Risk of not securing the assumed funding for Critical care		400	400	0
Risk of potential reduction to the £7.1m NR funding for Bridgend		2000	2000	0
Potential I2S funding for overseas nursing		-1500	-1500	0
RTT clawback risk		??	??	0



The key points to highlight are noted below:

In Year forecast

- The Straight line and bottom up forecasts are showing that further improvements of £1.9m and £0.7m respectively are needed in order to deliver a break even position this year, with the bottom up forecasts showing a more optimistic position.
- The key risks to achieving the break even forecast are as follows:
 - Securing the assumed £1.3m funding for critical care costs. £0.9m has now been confirmed and £0.4m remains outstanding (Latest assessment: Low risk)
 - Potential £2.0m reduction to the £7.1m non-recurring allocation for the Bridgend arbitration (Latest assessment: Med risk)
 - Potential RTT clawback risk (Quantum tbc and Med risk)
 - Delivering the further improvements of £1.9m/£0.7m from the Escalation process (Latest assessment: Med risk)
- The main opportunities that are not reflected in the break even forecast are:
 - Securing I2S funding of £1.5m towards the costs of overseas nurse recruitment (Latest assessment: Likely)

Recurrent forecast

- The reported deficit of £11.9m is the starting point for the draft financial plan and IMTP for 2020/21.
- The £11.9m reported deficit is consistent with the 'control totals' that have been set for individual directorates and is aligned with the Performance meetings that commenced in M7 with the CEO. These control totals required a £10.8m improvement from the M6 forecast recurrent deficit of £22.7m. The M8 forecast recurrent deficit is now £17.6m. Whilst this represents an improvement of £6.7m from M6, further improvements of £4.1m are still needed in order to meet the £11.9m target.
- Any shortfall in delivering the £4.1m improvement in the forecast recurrent deficit in 19/0 would result in an increased savings requirement above the planned level of £23.2m for 2020/21.



3.3 Revenue Performance by Division

	Over/(Under) Spend				
	Annual Budget £'000	Current Month £'000	Year to Date £'000	Forecast £'000	Recurrent Forecast £'000
Chief Operating Officer:					
Unscheduled Care	87,678	356	2,623	2,856	4,071
Planned Care	113,981	76	1,548	2,010	2,181
POW Delivery Unit	100,350	853	6,507	8,500	6,503
Clinical Support	60,247	174	1,620	2,232	1,950
Facilities	36,972	254	1,606	2,146	1,603
Total COO	399,228	1,712	13,903	17,744	16,307
PCMH:					
Primary & Community	224,256	(50)	1,675	2,157	3,126
Mental Health	78,197	(219)	(713)	(801)	351
Medicines Management	126,015	278	1,586	1,989	1,746
Total PCMH	428,468	9	2,548	3,346	5,223
Contracting & Commissioning	97,083	276	540	427	600
Corporate Functions	72,290	(481)	(563)	(737)	88
GRAND TOTAL M9	997,069	1,516	16,428	20,779	22,219
GRAND TOTAL M8	983,711	204	14,912	21,483	26,089



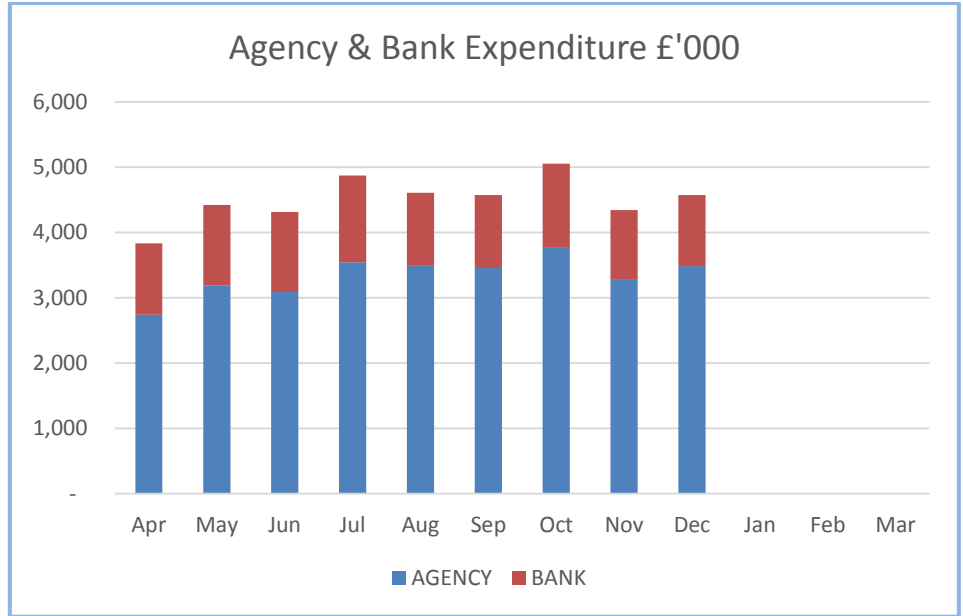
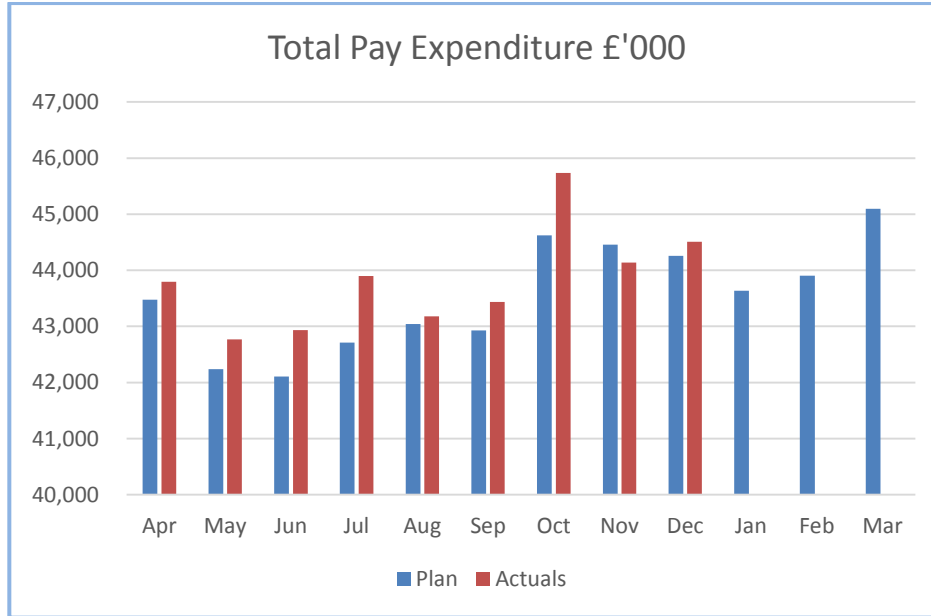
Current Month and Year To Date

- The above table shows the current month, YTD and forecast positions by Division rather than by Expenditure categories as in Section 2.2 above.
- The main YTD overspends, expressed as a % of budget are as follows:
 - POW Delivery Unit 8.7%, Facilities 5.8%, Unscheduled Care 3.9% & Clinical Support 3.6%.
- The main YTD underspends, expressed as a % of budget are as follows:
 - Mental Health 1.2% & Corporate Functions at 1.1%.



3.4 Pay Expenditure

Monthly Trends (Please note scale of Y-axis)



Key Issues

- The budget and spend for April was high because this included £1.6m for the A4C non-consolidated lump sum payment as per the framework agreement.
- The budget and spend increase for October represented the Medical & Dental pay award, with an additional £1.8m of budget and £1.5m of expenditure related to the pay award and arrears.
- The M9 position is reporting Pay expenditure of £44.5m compared to a budget of £44.2m giving rise to an over spend of £0.3m. This is an improvement of £0.2m compared to the YTD average overspend of £0.5m per month.
- Agency spend was £3.5m in M9, an increase of £0.2m compared to last month and remains consistent to the average of the previous quarter.
- The M12 budget profile is showing an increase of circa £1m which mainly relates to Transformation and Operations Management directorates. These budgets reflect the planned increase in costs for M12.



Performance by Staff Category

	Annual Budget £'000	Current Month Variance £'000	Year to Date Variance £'000	YTD Variance as % of YTD budget %
Medical And Dental	134,167	412	2,479	2.48%
Wards and A&E Nursing:				
Registered Nursing	50,373	(2)	651	1.73%
Additional Clinical Services	22,299	391	3,417	20.41%
Sub-Total Wards & A&E Nursing	72,672	390	4,068	7.49%
Other Nursing:				
Registered Nursing	122,081	(628)	(2,609)	-2.87%
Additional Clinical Services	23,750	257	1,655	9.29%
Sub-Total Other Nursing	145,831	(371)	(954)	-0.88%
Additional Clinical Services	11,728	(92)	(210)	-2.09%
Allied Health Professionals	29,515	53	(609)	-2.75%
Add Prof Scientific And Technical	18,941	(29)	(592)	-4.17%
Administrative & Clerical	67,676	(278)	(1,128)	-2.24%
Estates And Ancillary	31,490	87	394	1.67%
Healthcare Scientists	11,847	(45)	37	0.41%
Vacancy factors included in budgets for staff turnover	(1,389)	131	1,063	
Grand Total	522,477	255	4,547	1.17%

Key Issues

- Medical Pay is showing a current month overspend of £412k. The YTD overspend at M9 is £2,479k.
- Wards & A&E nursing is showing a current month overspend of £390k and a M9 YTD overspend of £4,068k.
- Other Nursing is showing a current month underspend of £371k, which gives a M9 YTD underspend of £954k.
- Significant YTD underspends are being reported for :
 - Allied Health Professionals £609k
 - Admin & Clerical £1,128k
 - Add Prof & Scientific £592k



Performance by Division

	In Month Variance				Year to Date Variance
	Over/(Under) Spend				Over/(Under) Spend
	Annual Budget £'000	Last Month £'000	Current Month £'000	Change £'000	Current Month £'000
Chief Operating Officer:					
Unscheduled Care	72,587	290	281	(9)	1,690
Planned Care	92,836	47	(11)	(58)	91
POW Delivery Unit	89,685	370	590	220	3,935
Clinical Support	43,819	134	85	(49)	554
Facilities	28,715	(44)	(32)	12	(52)
Total COO	327,643	797	913	116	6,218
PCMH:					
Primary & Community	99,932	(428)	86	514	245
Mental Health	45,823	(539)	(321)	218	(1,247)
Medicines Management	11,150	(7)	38	45	70
Total PCMH	156,905	(974)	(196)	778	(932)
Contracting & Commissioning	0	0	0	0	0
Corporate Functions	37,929	(145)	(461)	(316)	(739)
GRAND TOTAL	522,477	(321)	256	578	4,547

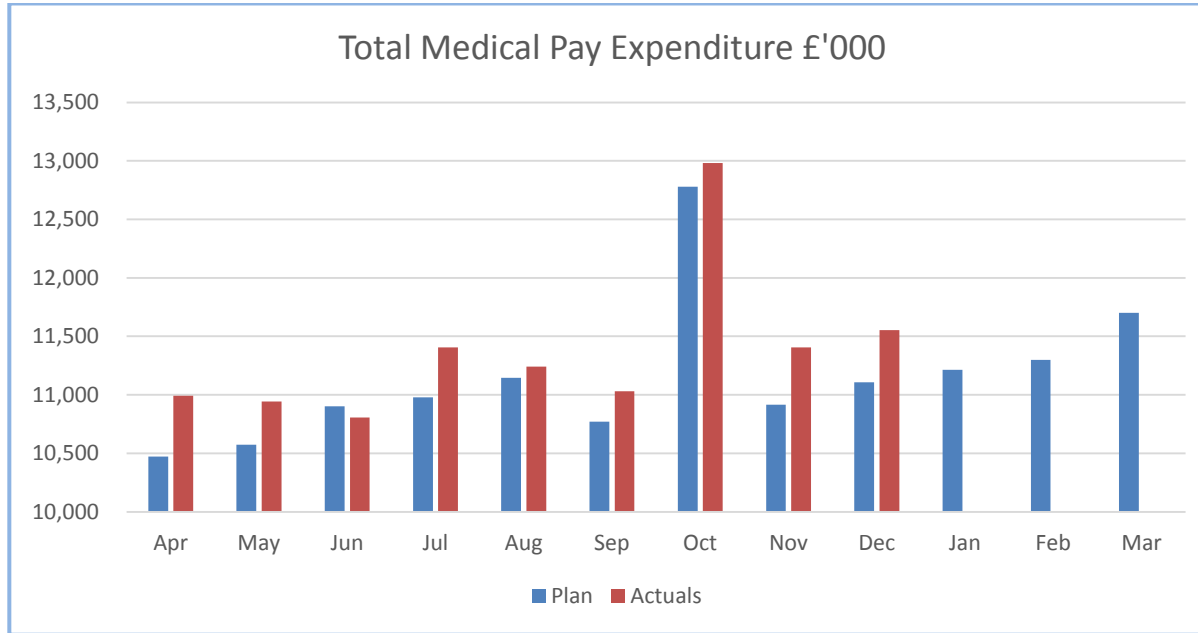
Key Issues

- The M9 YTD Pay overspend is £4,547k. The most significant YTD pay overspends are in the following areas:
 - Acute Medicine and A&E £1.7m (Additional clinical services £1.2m, Nursing & Midwifery £0.2m and A&C £0.2m)
 - ACT £0.2m (Nursing & midwifery £0.2m)
 - O&G - £0.2m (Additional clinical services £0.2m and Medical & Dental £0.1m)
 - POW Delivery Unit £3.9m (Medical £2.1m, Additional clinical services £1.3m and Nursing & Midwifery £0.9m)
 - Pathology £0.7m (Medical £0.5m and Healthcare Scientists £0.2m)
 - Localities £0.4m (Nursing & Midwifery £0.6m)
 - CAMHs £0.2m (Admin & clerical £0.2m, Nursing & Midwifery £0.1m and Additional clinical services £0.1m)
 - CYP £0.2m (Medical & dental £0.6m)
- The significant changes between current month and last month for Primary & Community relate to retrospective transformation budget being released to the directorate in M8 (as noted in M8 report).



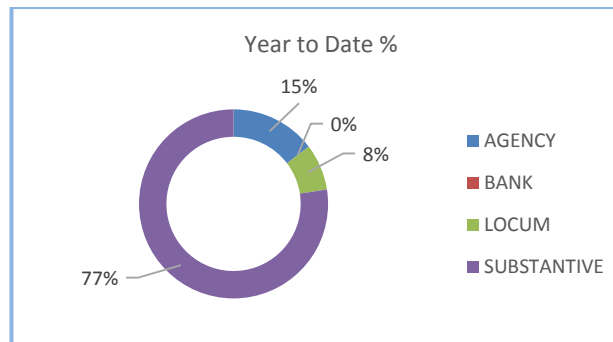
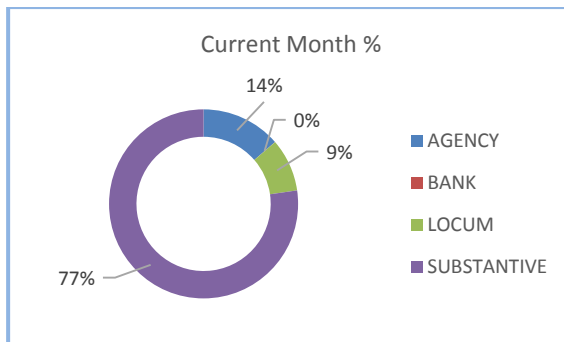
Medical and Dental Pay Expenditure

The chart below shows the trends of Medical & Dental pay expenditure and budget. **(Please note scale of Y-axis)**

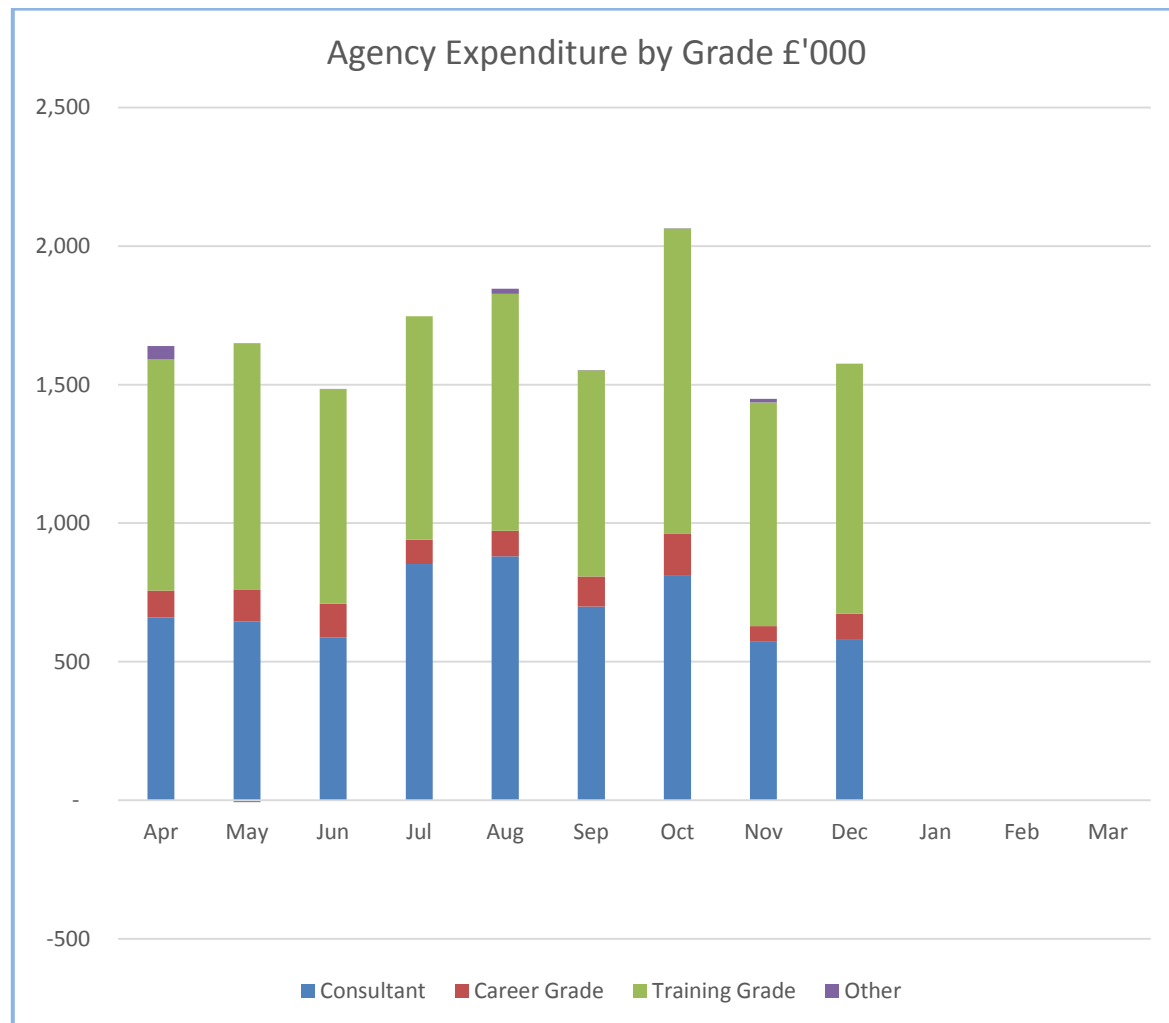


Key Issues

- The 2019/20 Medical & Dental pay award was processed in M7 together with arrears for April to September.
- The budget was increased by £3m in M7 to fund the pay award and £1.8m of this budget was profiled into M7.
- Expenditure in M9 increased slightly by £0.1m from M8, to £11.55m.
- The M9 overspend was £0.4m which increases the M9 YTD overspend to £2.5m.
- M9 Medical agency spend was £1.58m, an increase of £0.1m from M8.
- The M9 agency spend accounted for 14% of total Medical & Dental pay.



The Chart below shows an analysis of the monthly medical agency costs by grade.

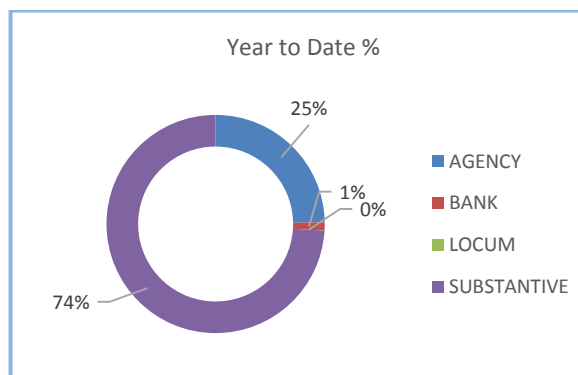
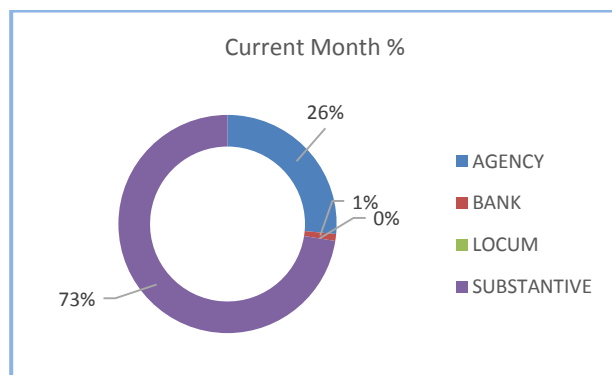
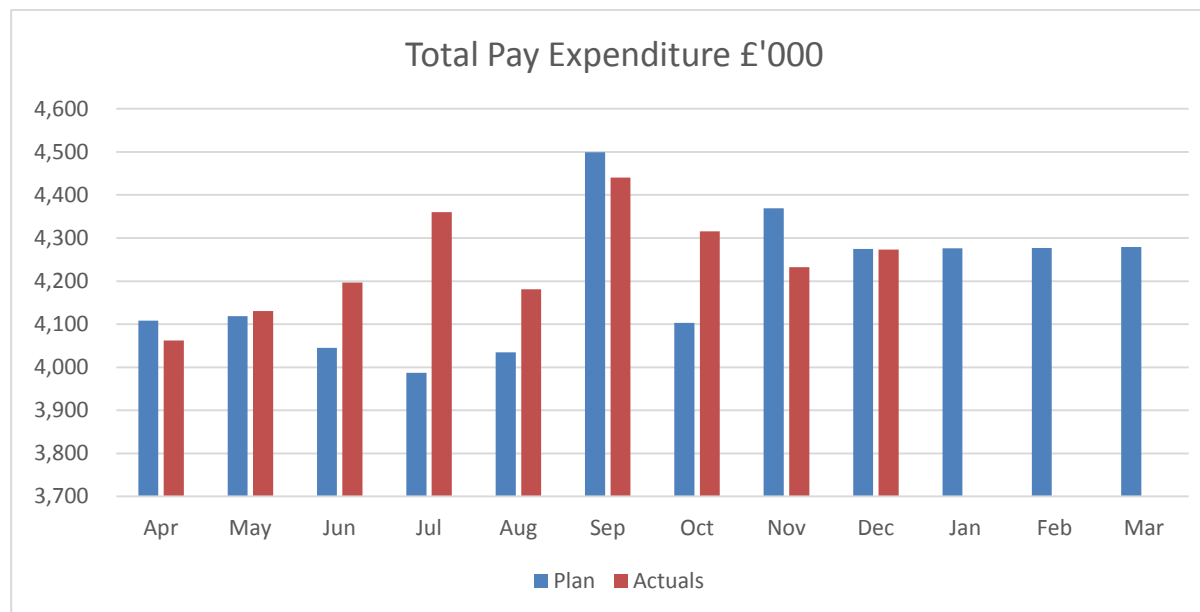


Key Issues

- The level of medical and dental agency expenditure increased in M9 by £0.1m to £1.58m.
- The increased expenditure in M9 was mainly reported within training grades which increased by £94k.
- The most significant increases in agency were reported within:
 - Acute Medicine £62k
 - POW Surgical Services £34k
 - Paediatrics £32k

Registered Nursing - Wards and A&E Pay Expenditure

The charts below show the monthly trends for Registered Nursing pay costs in Wards and A&E:
(Please note scale of Y-axis)

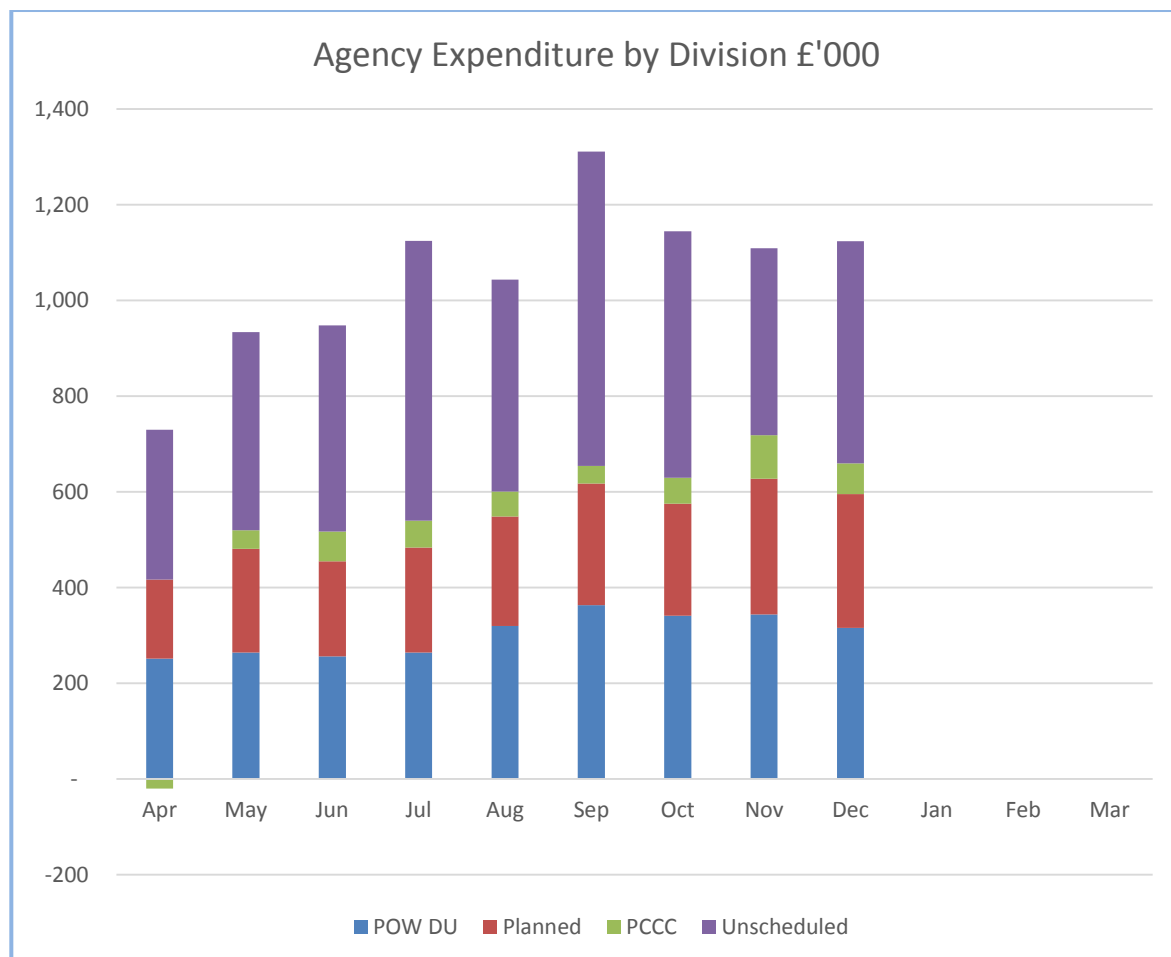


Key Issues

- The budget and spend in M1& M2 was increased by circa £200k for the non consolidated lump sum payment and pay awards.
- The budget increase in M6 related to a budget adjustment within Acute Medicine and A&E.
- Expenditure in M9 increased slightly by £41k to £4.27m.
- The M9 reported a breakeven in month position which maintains the YTD Variance to £651k.
- M9 agency costs increased slightly by £15k to £1,124k (M8 £1,109k).
- The M9 agency spend accounted for 26% of total Ward and A&E registered nursing pay with bank expenditure of 1%.

Registered Nursing - Wards and A&E Agency Expenditure

The chart below shows a split of the monthly agency costs for Registered Nursing in Wards and A&E by Division.

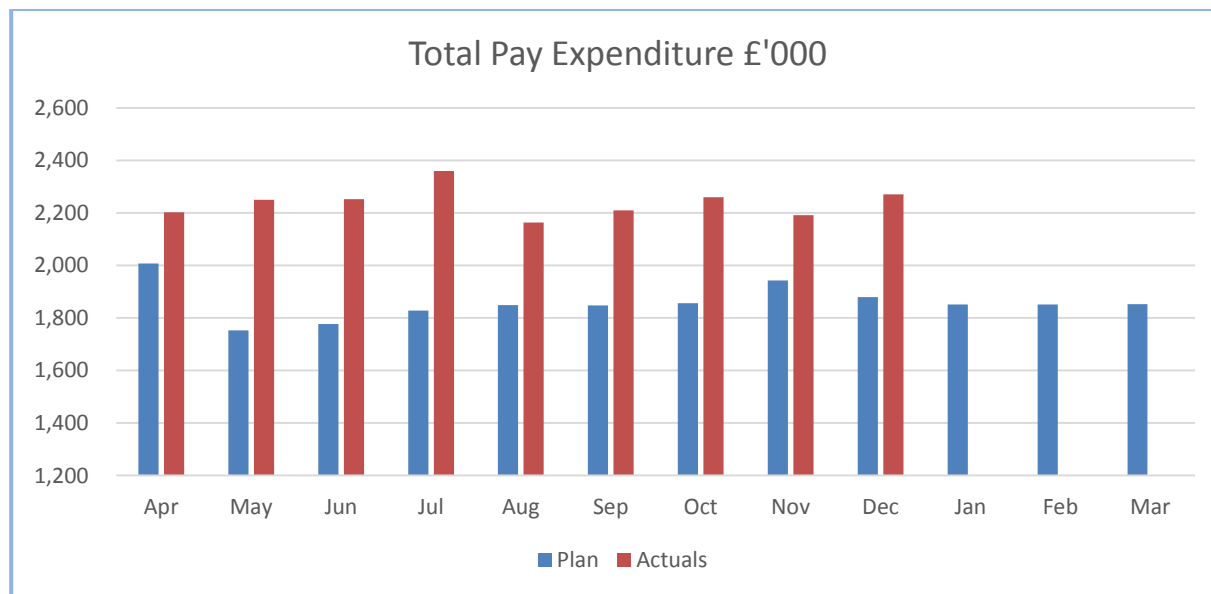


Key Issues

- The total agency spend in M9 was £1,124k, which is an increase of £15k compared to the M8 expenditure of £1,109k.
- The most significant increase was reported within Unscheduled care with an increase of £74k.
- Unscheduled care accounted for 41.3% of the total agency expenditure in M9, with the POW Delivery Unit accounting for 28.1%.

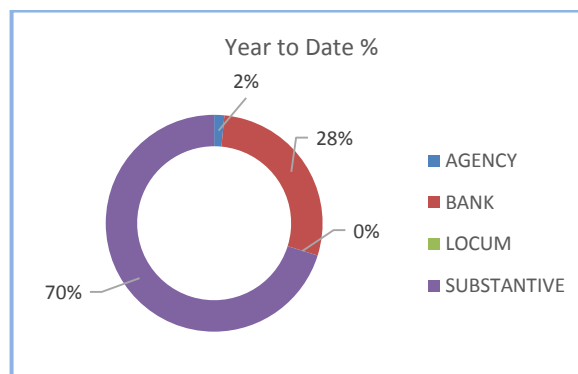
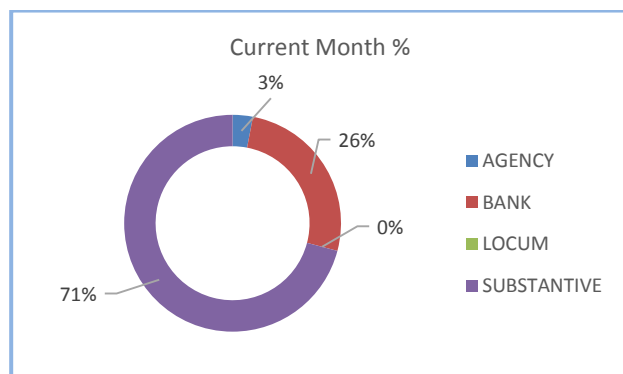
Additional Clinical Services – Wards and A&E Pay Expenditure

The chart below show the monthly trends for Additional Clinical Services pay costs in Wards and A&E: **(Please note scale of Y-axis)**



Key Issues

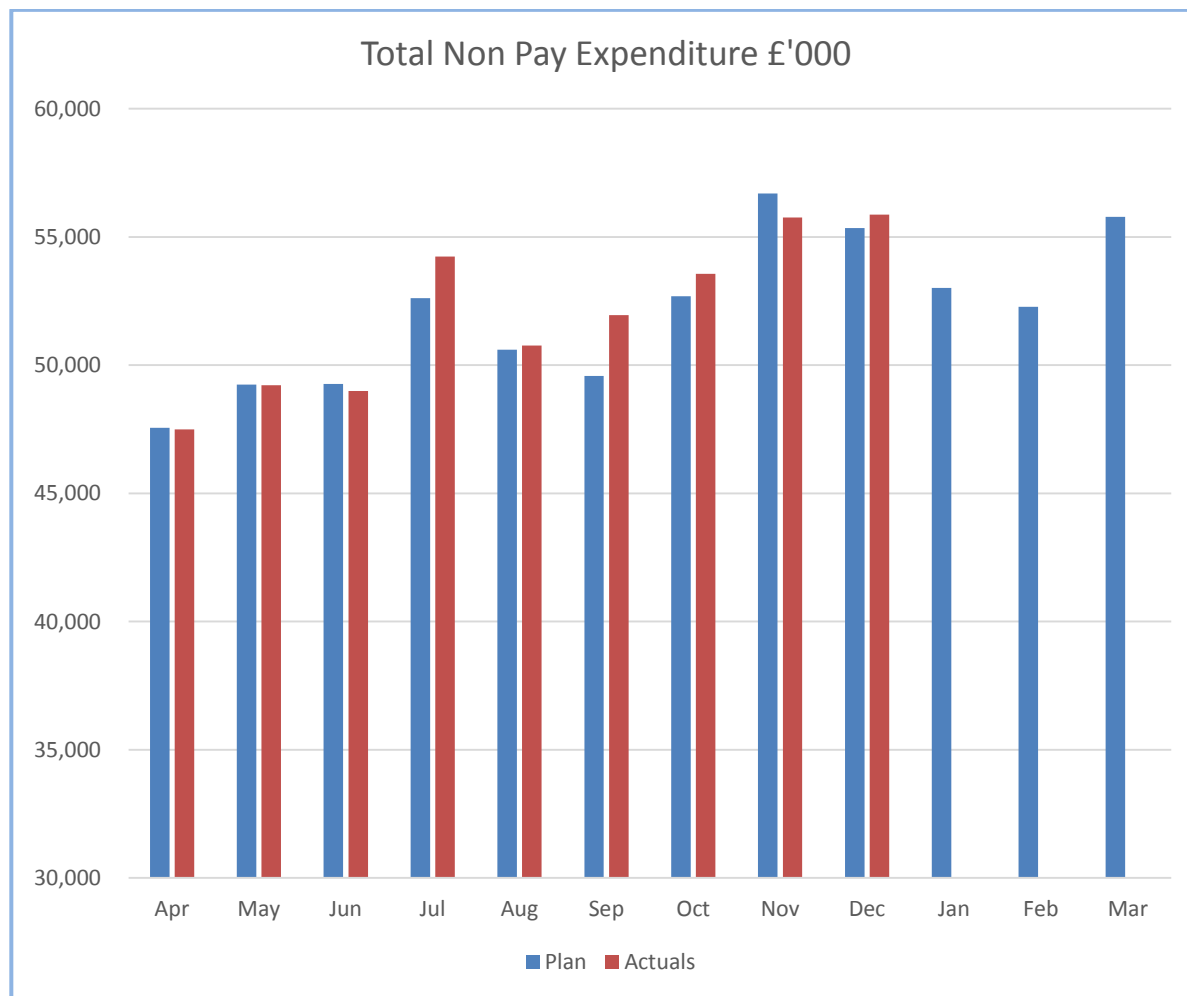
- The budget and spend in M1 included circa £70k for the non consolidated lump sum payment.
- Expenditure in M9 rose slightly by £80k.
- The M9 overspend was £392k which increased the YTD overspend to £3.4m.
- M9 agency costs are reporting £68k an increase of £28k compared to M8.
- M9 bank costs increased slightly by £15k and accounted for 26% of the total pay costs for ACS staff in Wards and A&E.



3.5 Non Pay Expenditure

Monthly Trends

The chart below shows the monthly trends of non pay expenditure and budgets: **(Please note scale of Y-axis)**



Key Issues

- Total non pay expenditure increased by £0.1m to £55.87m in M9.
- The M9 overspend was £520k which increased the YTD overspend to £4,274k. The M9 overspend was broadly in line with trend.
- The increased budget for M12 mainly includes directorate based reserves for:
 - NICE/High cost drugs £0.3m
 - Various Directorates - RTT Performance Funding £0.7m
 - ICT Microsoft Contract £0.6m
 - Contracting - WHSSC Allocations £0.4m
 - WOD - £0.3m



Performance by Expenditure Category

The table below shows the current month and year to date variances in respect of non-pay expenditure.

	Annual Budget £'000	Current Month Variance £'000	Year to Date Variance £'000	YTD Variance as % of YTD budget %
Primary Care & Contracts				
Primary Care Contracts	123,044	(414)	(1,626)	-1.76%
Primary Care Prescribing	86,300	182	1,355	2.08%
CHC & FNC	53,250	58	410	1.02%
Secondary Healthcare	7,024	33	120	2.27%
Purchases of Healthcare Services	7,711	24	46	0.86%
Services from Other NHS Bodies	206,761	126	1,312	0.85%
Total Primary Care & Contracts	484,091	10	1,617	0.45%
Traditional Non Pay				
Secondary Care Drugs	34,378	280	1,494	5.32%
Clinical Supplies & Services	38,589	(186)	1	0.01%
General Supplies & Services	6,782	110	298	5.88%
Establishment Expenses	11,730	557	1,052	11.85%
Contract Staffing & Consultancy	225	(15)	108	55.82%
Misc Services – Other	26,618	(352)	(1,371)	-10.60%
Premises & Fixed Plant	22,250	114	1,074	6.49%
Total Traditional Non Pay	140,574	511	2,658	2.64%
GRAND TOTAL	624,666	520	4,274	0.92%

Key Issues:

- The most significant in month variances relates to:
 - Primary Care Contracts (£414k) – Enhanced Services Improvement.
 - Secondary Care Drugs £280k
 - Establishment £557k – Travel £93k, Advertising £153k & Legal fees £224k.
 - Misc Services (£352k) – Contracting & Comm (£135k), Transformation (£203k).
- The most significant YTD overspends at M9 are in the following areas:
 - Primary care prescribing £1,355k
 - CHC/FNC £410k – Increasing Mental health Placements.
 - Other NHS Bodies £1,312k – GMS OOH contract £1,187k.
 - Secondary Care Drugs £1,494k –
 - Acute Medicine £655k
 - POW Delivery Unit £207k
 - Mental Health £165k
 - Pathology £135k
- It should be noted that the £1,626k underspend on Primary Care contracts includes £1,120k for OOH Services.
- The underspend on Misc Services of £1,371k includes Clin Neg £436k.



Performance by Division

	Annual Budget	In Month			Year to Date
		Over/(Under) Spend			Over/(Under) Spend
		Last Month	Current Month	Change	Current Month
		£'000	£'000	£'000	£'000
Chief Operating Officer:					
Unscheduled Care	15,817	92	143	51	734
Planned Care	24,838	(6)	(56)	(50)	(22)
POW Delivery Unit	19,976	246	5	(241)	538
Clinical Support	19,635	156	44	(112)	718
Facilities	13,771	(20)	163	183	644
Total COO	94,038	468	299	(169)	2,612
PCMH:					
Primary & Community	141,607	64	(132)	(196)	(81)
Mental Health	36,430	(883)	54	937	470
Medicines Management	120,783	(169)	370	539	1,678
Total PCMH	298,819	(987)	292	1,280	2,067
Contracting & Commissioning	191,766	(431)	(64)	367	(412)
Corporate Functions	40,042	18	(6)	(24)	8
GRAND TOTAL	624,666	(933)	520	1,453	4,274

Key Issues:-

The most significant overspends within the total Non Pay overspend of £4,274k are in the following areas:

- Acute Medicine and A&E £0.7m – Secondary care drugs
- POW Delivery Unit £0.5m – Cardiac Appliances £0.24m, £0.1m M&S Supplies and £0.21m Secondary care drugs
- Pathology £0.5m – M&S £0.1m, Drugs £0.13m, Office Equipment/ICT £0.09m and SLAs £0.08m
- Radiology £0.2m- Reporting £0.23m
- Facilities £0.6m – Waste & Transport £0.27m, Catering £0.2m, Postage £0.04m, Housekeeping £0.03m
- Mental Health £0.5m – Continuing Healthcare £0.43m
- Medicines Mgt £1.7m – Primary Care Prescribing £1.47m, NICE £0.37m
- Estates £0.3m – Utilities £0.22m, Training Expenses £0.05m

The significant changes between current month and last month for Mental Health relate to retrospective budget adjustments between Non pay and Income in M8 (as noted in M8 report).



3.6 Income

Performance by Income Category

	Annual Budget	Current Month Variance	Year to Date Variance	YTD Variance as % of YTD budget
	£'000	£'000	£'000	%
Income From Activities				
Dental Income	(6,209)	68	68	1.47%
Local Health Boards	(75,915)	176	1,447	2.53%
Other	(32,551)	(94)	548	2.17%
Total Income from Activities	(114,675)	150	2,063	2.37%
Other Operating Income		0		
Accommodation & Catering	(3,785)	22	108	3.85%
Charitable & Other Contributions	(532)	4	(17)	-4.00%
Education & Training	(15,934)	(26)	(185)	-1.60%
Laundry, Pathology & Payroll	(579)	(5)	(17)	-3.72%
Mortuary Fees	(299)	2	10	4.31%
Non Patient Care – Income Generation	(695)	14	2	0.41%
Other Income	(5,546)	92	233	5.38%
Staff Payments for use of Cars	(284)	1	1	0.56%
Total Other Operating Income	(27,655)	104	135	0.65%
GRAND TOTAL	(142,330)	254	2,198	2.04%

Key Issues

The most significant M9 YTD adverse variances relate to:

- Local Health Boards £1,447k:
 - Swansea Bay – CAMHS SLA £166k
 - Swansea Bay LTA £527k
 - C&V UHB - POW Surgical Services SLA £352k
 - C&VUHB Other SLAs £137k
 - AB LTA £462k
- Other £548k:
 - Local Authority Income £344k
 - Non Contracted Income (English) £212k

Performance by Division

	Annual Budget	In Month			Year to Date
		Over/(Under) Spend			Over/(Under) Spend
		Last Month	Current Month	Change	Current Month
£'000	£'000	£'000	£'000	£'000	
Chief Operating Officer:					
Unscheduled Care	(401)	(5)	(4)	1	(26)
Planned Care	(1,670)	9	14	5	102
POW Delivery Unit	(7,091)	55	56	1	457
Clinical Support	(2,696)	(17)	(10)	7	4
Facilities	(4,227)	(10)	16	26	49
Total COO	(16,086)	33	71	40	586
PCMH:					
Primary Care, Children & Community	(16,074)	110	(41)	(151)	585
Mental Health	(3,849)	944	12	(932)	108
Medicines Management	(5,923)	22	(129)	(151)	(158)
Total PCMH	(25,845)	1,075	(159)	(1,235)	534
Contracting & Commissioning	(94,983)	460	362	(98)	1,150
Corporate Functions	(5,425)	116	(21)	(137)	(72)
GRAND TOTAL	(142,339)	1,683	254	(1,430)	2,198

Key Issues:-

The most significant overspends within the M9 YTD overspend of £2,198k are as follows:

- o POW Delivery Unit £0.5m- C&V Surgical Services SLA £0.36m and Private Patients £0.16m
- o CAMHs £0.4m - Swansea Bay CAMHS £0.16m, C&V CAMHS £0.2m, Hafod Newydd £0.05m
- o CYP £0.2m – Flying Start Income from Local Authorities £0.19m
- o Contracting & Commissioning £1.1m- ABUHB LTA performance £0.46m, Swansea Bay LTA £0.53m performance and Non Contracted Activity £0.21m

The significant changes between current month and last month for Mental Health relate to retrospective budget adjustments between Non pay and Income in M8 (as noted in M8 report).



3.7 Savings Plan Performance

	Annual Plan £'000	Variance Against Plan			
		Current Month £'000	Year to Date £'000	Forecast £'000	Recurrent Forecast £'000
Chief Operating Officer:					
Unscheduled Care	1,243	(64)	225	329	215
Planned Care	3,755	129	1,377	1,856	1,678
POW Delivery Unit	3,051	203	1,577	2,173	2,586
Clinical Support	894	56	344	461	504
Facilities	1,294	107	965	1,140	976
Total COO	10,237	431	4,488	5,959	5,959
PCMH:					
Primary & Community	2,218	38	927	1,098	1,349
Mental Health	2,477	35	(44)	(93)	196
Medicines Management	225	(1)	(4)	0	0
Total PCMH	4,920	72	879	1,005	1,545
Contracting & Commissioning	450	(22)	(197)	(300)	0
Corporate Functions	821	7	239	118	(156)
Total Delegated Budgets	16,428	488	5,409	6,781	7,347
CCT to be allocated to Directorates	600	50	450	600	600
Other Savings	0	0	0	(574)	226
Contingency against recurring savings targets	(7,028)	(586)	(5,271)	(7,028)	(5,228)
Total Non Delegated Budgets	(6,428)	(536)	(4,821)	(7,002)	(4,402)
GRAND TOTAL M9	10,000	(48)	588	(221)	2,945

Key Issues

- The Delegated savings target of £16.4m represents a M9 target of £12.5m. Only £7.1m of savings have been reported to M9 resulting in an adverse variance against plan of £5.4m. This variance reduces to £0.6m after allowing for the Savings contingency which is being released on a straight line basis.
- Forecast In year and recurrent savings as at M9 is £10.2m and £8.9m respectively, leaving an over achievement of £0.2m in year and shortfall of £2.9m recurrently.
- Other Savings represent the revised savings plans as submitted by directorates for month 9.

3.8 Non Delegated Budgets

Non Delegated Budgets and Reserves M9	Current Budget	Year to Date Variance	Forecast In Year Variance	Forecast Recurrent Variance	Note
	£'000	£'000	£'000	£'000	
Non Delegated Budgets:					
Non Recurring Income & Accountancy	(500)	0	0	0	A
Savings Target to be allocated	(600)	450	600	600	B
Capital Charges	21,713	0	0	0	
Other Non delegated Budgets	(5,961)	225	1,239	828	
Reserves and Contingencies					
Service Improvement - Transformation	2	0	0	0	C
Service & Demand Pressures - RTT	289	(218)	(290)	(216)	D
Savings Contingency	7,027	(5,270)	(7,027)	(5,227)	
Other Reserves & Contingencies	22,115	(11,112)	(14,816)	(13,077)	
TOTAL	44,085	(15,924)	(20,294)	(17,092)	

- Note A – Non Recurring Income Target**
The revised financial plan, increased the non-recurring income target for 2019/20 from £2.7m to £4.5m, £4m of this plan has been achieved leaving £500k to be delivered by year end.
- Note B – Savings Target to be allocated**
The financial plan included a £0.6m savings target for Unscheduled care beds which will not be delivered in 19/20.
- Note C - Service Improvement – Transformation**
The approved allocation for Transformation funding in 19/20 was £10.6m. As at M9, the latest forecast out-turn spend is £7.8m and we have revised our assumed allocation to this level. The Health Board and its partner organisations are considering potential schemes for utilising the M9 forecast slippage of £2.8m. The full forecast expenditure budget has been allocated to delegated budgets in M9.
- Note D - Service & Demand Pressures - RTT**
The updated financial plan for 2019/20 included a budget of £3.6m to sustain RTT Performance, a further £7.5m of non-recurring funding has been provided by WG, to give a total plan of £11.1m in 2019/20. As at M9 £10.8m has been allocated to directorates leaving a balance of £0.3m.

3.9 Welsh Government Allocations

The table below shows the Health Board's current Welsh Government allocation position:

	Annual Budget £'000	Healthcare & Hospital Services £'000	Community Pharmacy £'000	Dental £'000	General Medical Services £'000
Confirmed Allocations	1,026,758	901,465	27,215	21,802	76,276
Unconfirmed Allocations	14,396	12,969	84	0	1,343
TOTAL Allocations	1,041,154	914,434	27,299	21,802	77,619

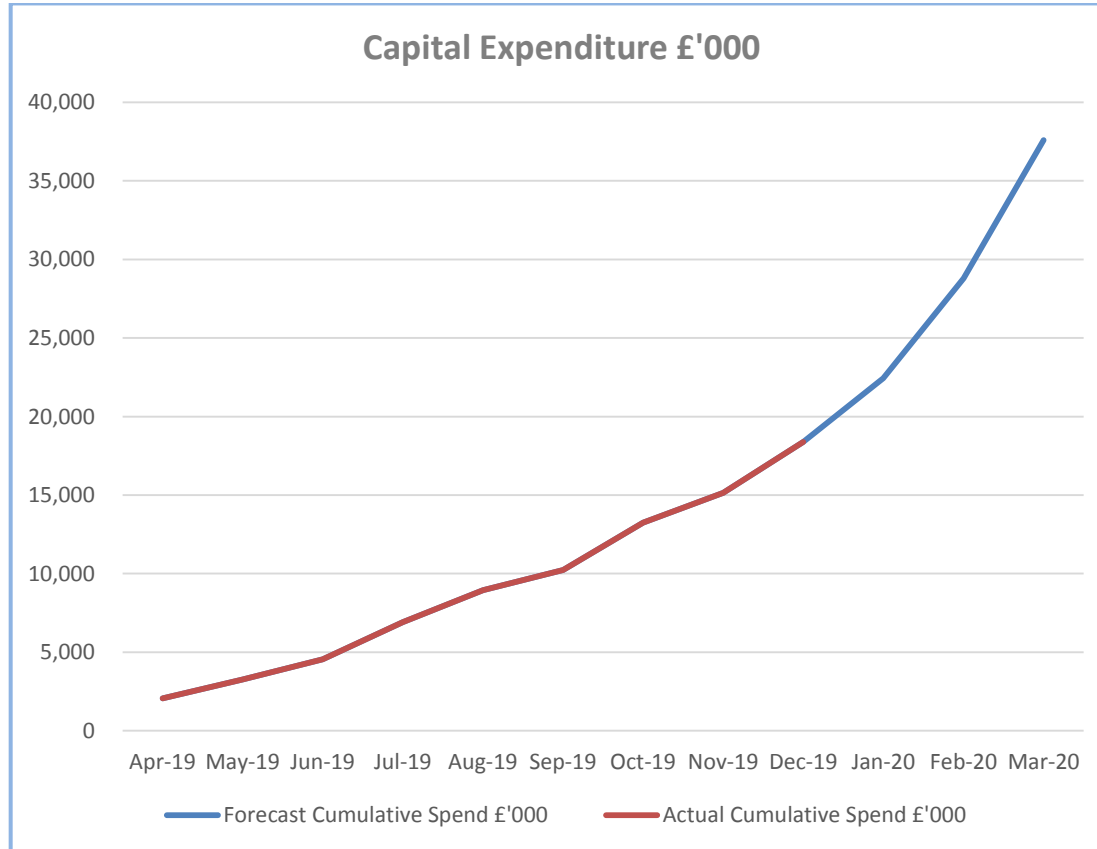
Key Issues

The most significant anticipated allocations include:

- Transformation Funding - £6.1m
- Substance misuse - £3.4m
- GMS IM&T refresh- £1.3m
- Critical Care Funding - £1.3m
- Digital Funding - £1.2m
- Targeted Intervention Support - £3.0m
- Prevention Funding - £1.0m
- M&D Pay award Shortfall - £0.3m
- Unsocial Hours Sickness Enhancements - £0.15m
- Depreciation and Impairments – reduction of £3.3m

3.10 Performance against Capital Resource Limit

The actual cumulative capital spend and forecast cumulative capital spend is detailed in the graph below:



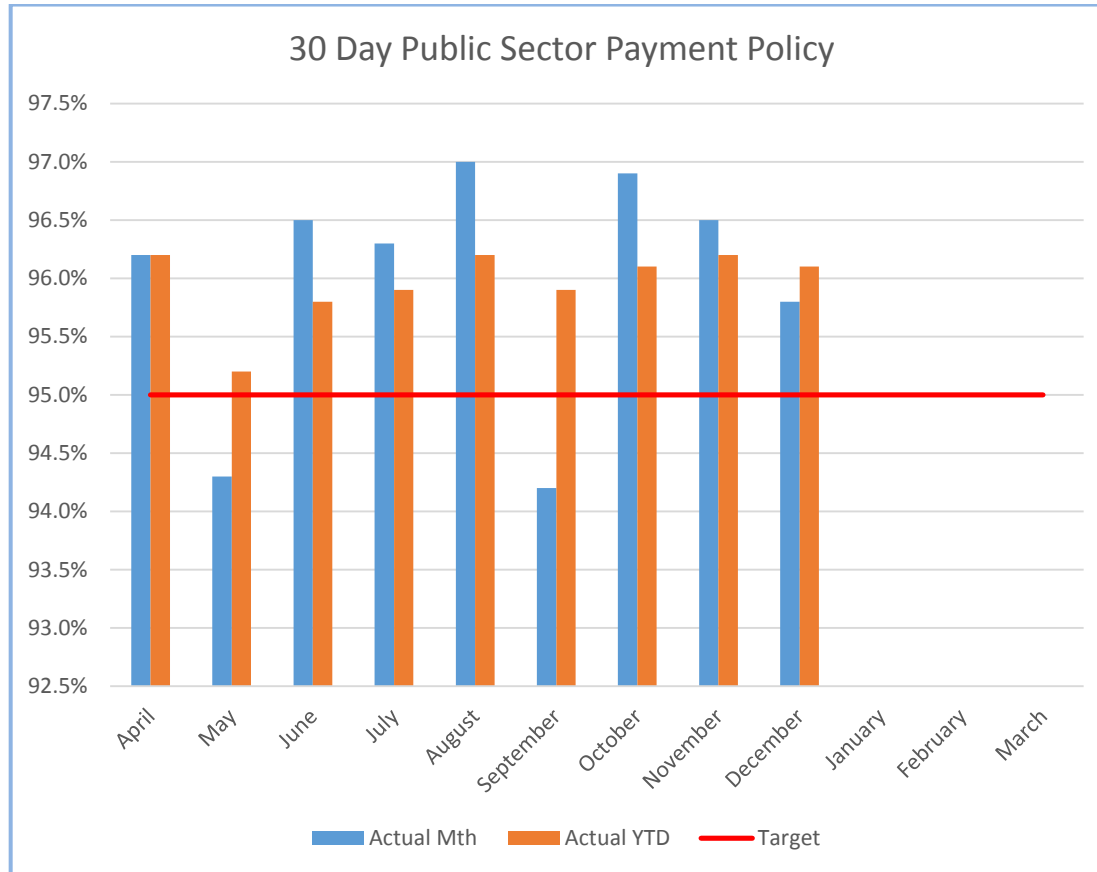
Key Issues

- The current Capital Resource Limit of £35.78m was issued on 19th December 2019, following approval for I2S Digitalisation.
- This is supplemented by £1.8m of donated funds, giving an overall programme of £37.6m.
- Expenditure to date is £18.37m.
- The current forecast capital position is a breakeven position.



3.11 Public Sector Payment Performance

The Health Board's monthly performance against the 95% public sector payment target is detailed in the graph below:



Key Issues:

- In M9, 95.8% of the number of non NHS invoices were paid within 30 days.
- The M9 YTD position is 96.1%.
- The forecast position is to achieve the 95% target for the year.



3.12 Balance Sheet

The M9 balance sheet is detailed below.

Balance Sheet	Opening Balance (01/04/2019) £'000	Closing Balance as at M07 £'000	Forecast Closing Balance M12 £'000
Non Current Assets			
Property, Plant & Equipment	363,772	363,162	363,772
Intangible Assets	913	913	913
Trade and Other Receivables	38,734	38,734	38,734
Total Non-Current Assets	403,419	402,809	403,419
Current Assets			
Inventories	4,291	4,434	4,291
Trade and Other Receivables	84,183	134,008	84,183
Cash and Cash Equivalents	316	637	320
Total Current Assets	88,790	139,079	88,794
Current Liabilities			
Trade and Other Payables	96,500	133,905	96,504
Provisions	47,797	67,359	47,597
Total Current Liabilities	144,297	201,264	144,101
Non-Current Liabilities			
Trade and Other Payables	1,466	1,466	1,466
Provisions	43,372	43,372	43,372
Total Non-Current Liabilities	44,838	44,838	44,838
TOTAL ASSETS EMPLOYED	303,074	295,786	303,274
Financed By:			
General Fund	277,070	269,782	277,270
Revaluation Reserve	26,004	26,004	26,004
TOTAL	303,074	295,786	303,274

Key Issues

- The forecast closing balance does not reflect any changes relating to the Bridgend Transition, as assets and liabilities have not yet transferred.



3.13 Cash Flow

A cash flow forecast is detailed in the table below:

Cashflow Forecast	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	67,704	85,194	72,197	83,749	102,291	65,940	78,833	100,671	92,088	91,400	81,945	105,047	1,027,059
WG Capital Funding	2,000	3,000	3,000	2,200	1,500	3,800	2,000	2,200	300	300	3,800	11,681	35,781
Sale of Assets	0	0	0	0	0	27	0	0	21	0	0	0	48
Welsh NHS Org'ns	9,272	9,248	9,161	11,509	9,052	8,997	9,084	10,792	8,654	10,200	9,000	10,200	115,169
Other	2,198	5,992	2,258	2,341	2,808	2,128	4,645	3,122	2,081	2,300	2,300	2,298	34,471
Total Receipts	81,174	103,434	86,616	99,799	115,651	80,892	94,562	116,785	103,144	104,200	97,045	129,226	1,212,528
Payments													
Primary Care Services	11,546	21,225	9,414	16,236	24,242	7,628	15,647	25,658	17,518	15,532	16,210	8,390	189,246
Salaries and Wages	32,265	40,778	40,809	41,186	41,284	40,590	41,887	42,555	41,511	42,000	41,880	58,000	504,745
Non Pay Expenditure	31,121	38,495	34,687	43,071	46,438	29,069	35,530	46,788	43,738	42,000	36,100	53,401	480,438
Capital Payments	3,724	1,693	78	3,058	1,947	1,338	2,620	769	3,327	2,087	3,500	11,688	35,829
Other (Donated asset funding)	302	282	24	760	340	558	0	0	0	0	0	0	2,266
Total Payments	78,958	102,473	85,012	104,311	114,251	79,183	95,684	115,770	106,094	101,619	97,690	131,479	1,212,524
Net Cash In/Out	2,216	961	1,604	(4,512)	1,400	1,709	(1,122)	1,015	(2,950)	2,581	(645)	(2,253)	
Balance B/F	316	2,532	3,493	5,097	585	1,985	3,694	2,572	3,587	637	3,218	2,573	
Balance C/F	2,532	3,493	5,097	585	1,985	3,694	2,572	3,587	637	3,218	2,573	320	

Key Issues

- As at the 31st December 2019 the cash balance was £3,587m.
- The forecast cash position is break-even.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The paper is directly relevant to the allocation and utilisation of resources.
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

The Board is asked to:

- **DISCUSS** the contents of the Month 9 Finance report for 2019/20.