



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	9th March 2021		Agenda Item	5.3
Report Title	Annual Accounts Update			
Report Author	Andrew Biston, Head of Accounting & Governance			
Report Sponsor	Darren Griffiths, Interim Director of Finance			
Presented by	Andrew Biston, Head of Accounting & Governance			
Freedom of Information	Closed			
Purpose of the Report	The purpose of this paper is to update the Audit Committee on the plans in place to close the Annual Accounts for the year ending 31st March 2021.			
Key Issues	<p>The report sets out: -</p> <ul style="list-style-type: none"> a) The timetable, key dates and milestones for the submission of the Annual Accounts for 2020/21; b) the arrangements in place for the review and adoption of the Annual Accounts; c) the approach for accounting for capital issues, including the need for off-site storage of capital equipment; d) the approach for accounting for primary care accruals; e) the approach for accounting for field hospital costs f) the approach for accounting for untaken annual leave g) the anticipated movements in key provisions; h) the approach for accounting for pensions annual allowance charges i) the disclosure requirements arising as a result of the transfer of Laundry Services j) the update on the process for undertaking year end stock counts 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • APPROVE the annual accounts timetable and the proposed accounting methodologies as described above 			

ANNUAL ACCOUNTS UPDATE 2020/21

1. INTRODUCTION

- 1.1. The purpose of this paper is to update the Audit Committee on the plans in place to close the Annual Accounts for the year ending 31st March 2021.

2. BACKGROUND

- 2.1. A very detailed and comprehensive closedown timetable with supporting guidance notes has been developed and made available to all staff within the Directorate through the Finance Portal Website and the Microsoft Teams Finance channel. The closedown timetable has also been e-mailed to NHS Wales Shared Services Partnership (NWSSP) and Audit Wales colleagues.
- 2.2. Once the final version of the Manual for Accounts is received, which is expected in March 2021 this will also be placed on the Finance Portal Website for easy access.
- 2.3. The key dates and milestones from the main Annual Accounts Closure Timetable are summarised in the table below:

Annual Accounts Task	Deadline
Issue NHS Debtor Balance Statements to other NHS Wales bodies (WG Deadline)	7th April 2021
Sign off date for Agreement of NHS Wales Debtors & Creditors (WG Deadline)	12th April 2021
Issue Income transactions to NHS Wales bodies (WG deadline)	13th April 2021
Sign off date for agreement of NHS Wales Income & Expenditure (WG Deadline)	21st April 2021
Finalise Health Board Outturn Position (HB set)	14th April 2021
Close Health Board old year financial ledger (HB set)	14th April 2021
Submit LMS to Welsh Government (WG Deadline)	22nd April 2021
Preparation of draft Accounts for Senior Finance Team review (HB set)	23rd April 2021
Submission of draft Accounts (WG Deadline)	30th April 2021 (Noon)
Submission of Audited Accounts (WG Deadline)	11th June 2021 (Noon)

3. GOVERNANCE AND RISK ISSUES

- 3.1. The Audit Committee meeting already scheduled for Tuesday 18th May 2021, will receive the draft Annual Accounts, Annual Governance Statement and the Remuneration Report.

- 3.2. A special meeting of the Audit Committee has been arranged for Monday 7th June 2021, to review the full audited statements and reports, with a Board meeting afterwards to formally adopt them on the same day. The deadline for submission is noon on Friday, 11th June 2021.
- 3.3. In closing the accounts the following key issues are drawn to the attention of the Committee and Audit Wales with regards to the technical accounting treatment that will be employed by Swansea Bay University Health Board (SBUHB) in closing the draft annual accounts.

A. CAPITAL ISSUES

i. De-recognition

The approach developed by the All Wales Technical Accounting Group (TAG) Capital Sub Group for use since 2009/10, will again be used by Swansea Bay Health Board in 2020/21. This will require revaluations from the District Valuer where schemes completing in-year have total works and fees costs exceeding £0.5m. Subject to completion of some schemes leading up to year-end, there are 7 schemes that we anticipate will require revaluation values this year.

ii. Storage of Equipment

The Health Board does not plan to have any new items of equipment or building materials held in off-site storage on the 31st March 2021. There are a number of schemes due to complete during March 2021 which involve large equipment items. If there is any delay in the works element of these schemes there may be a need to hold equipment off-site for a short period of time. If this situation occurs, the agreed NHS Wales vesting process will be followed.

iii. IFRS 16

IFRS 16 Leases supersedes IAS 17 Leases and was planned to be effective in the public sector from 1st April 2020. This was delayed to 1st April 2021 due to the COVID-19 pandemic and has been deferred again to 1st April 2022 for NHS organisations following representations to Treasury by the Department of Health and Welsh Government. There will therefore be no need for the 2020/21 accounts to carry a disclosure note to provide high level information on the estimated impact going forward to the Statement of Financial Position as was the case for the 2019/20 accounts which was based on planned implementation of IFRS 16 on 1st April 2020.

iv. Impairment / losses

Expenditure previously incurred in capital to design two schemes (Gorseinon Car Park and South Wales Assisted Reproduction Unit) needs to be impaired and written down to a nil value within the balance sheet, as the schemes will not be progressing to full design. The value of the impairment in 2020/21 is £38k, which is fully funded by Welsh Government.

B. PRIMARY CARE ACCRUALS

The format of the working papers for Primary Care Accruals will be the same as that used since 2010/11, and will provide clear linkages and audit trails from the Annual Accounts back to the General Ledger.

The Health Board has reviewed the accounting methodologies used across the primary care accrual areas last year. This review has taken into consideration actual outturn values against accrual values, whether there have been any amendments to primary care contracts in year and the impact of the COVID-19 pandemic to determine whether any changes are required for 2020/21. The outcome of this work has concluded the following: -

i. GMS - PADMs (Personally Administered Drugs & Appliances)

The methodology used for PADMS was amended in 2013/14 to look at the rolling twelve months in order to exclude high expenditure trends in the autumn months, which is due to the Vaccination & Immunisation Programmes, particularly influenza. The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2017/18	524,616	460,670	-63,946	-12%
2018/19 *	245,188	287,926	42,738	17%
2019/20 **	287,925	232,428	-55,497	-19%

* Swansea and Neath Port Talbot only – Bridgend element settled by Cwm Taf Health Board.

** Swansea Bay Health Board only

There is no change proposed for 2020/21. However, due to the pandemic there are likely to be delays in claims and an additional accrual may be required. There will be a detailed review by a Senior Finance Manager and Heads of Primary Care.

ii. GMS Enhanced Services

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2017/18	1,384,859	798,301	-586,558	-42%
2018/19 *	312,784	459,763	146,979	47%
2019/20 *	773,762	441,284	-332,478	-43%

* Swansea and Neath Port Talbot only

It is proposed to calculate accruals for the enhanced services based on expenditure trends.

However, due to COVID-19 the requirement to deliver many enhanced services has been suspended by Welsh Government for most of 2020/21, with a national agreement to protect payments based on the 2019/20 actuals. There will be no reclaim process for under delivery, however if practices can demonstrate through actual claims that the 2020/21 provision is in excess of 2019/20 then there will be an additional payment made. Therefore an accrual will need to be made for any enhanced services whereby the 2020/21 claims are likely to exceed the 2019/20 actual, for example the INR enhanced service which was not operational for the whole of 2019/20. There will be two reconciliation processes carried out by NHS Wales Shared Services Partnership in March and September 2021 to ascertain any additional payments due. The March reconciliation will be used to inform the accrual if available within the year end timescales.

In line with previous years, it is proposed that all other service lines will be reviewed and accrual values based on the prior year's approach and/or expenditure trends within each local area. In addition, a Senior Finance Manager review will be completed prior to finalisation of the accruals to ensure that no scheme is overlooked.

iii. GMS QOF (Quality and Outcomes Framework) / QAIF (Quality Assurance and Improvement Framework)

From 1st October 2019, QAIF was introduced as part of the 2019/20 GMS contract reform, replacing the quality and outcomes framework. Under both schemes, GP Practices achieve a certain level of points and these are multiplied by a financial value per point to establish the payments due.

- The QAIF consists of three domains; **Quality Assurance (QA)**, **Quality Improvement (QI)** and the new domain of **Access**.
- The points available for QAIF are:
- QA-382, QI – 185 and Access - 125

The total QA and QI points equal 567 points, equivalent to the previous year QOF. Access points are new from 2019/20. A total of 692 points are therefore available

The current value of QAIF points have been kept at £179 per point.

The Access standards have remained in place for 2020/21, though some of the requirements have been stood down due to COVID-19 and therefore the assumption is that there will be full achievement for 2020/21 for which an accrual will be made at year end.

QAIF achievement at the end of the 19/20 cycle was counted at a full 100% and paid in full in December 2020, therefore it is proposed to make a full accrual in 2020/21.

The QoF / QAIF variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2017/18	2,299,077	2,184,547	-114,530	-5%
2018/19 *	1,769,520	1,514,133	-255,387	-14%
2019/20 *	2,504,520	1,627,019	-877,501	-35%

* Swansea and Neath Port Talbot only

The last QOF payment in relation to April to Sept 2019 was the transition payments made in June 2020. The 19/20 over accrual resulted from the transitional nature of the QOF/QAIF. In addition there was an over-accrual on the Access element of QAIF which was accrued to the maximum value as an assessment of points achieved had not been completed.

Accrual Formula for 2020/21

2020/21 points achieved (capped at a maximum of 567 points) + Access Points of 125 Adjusted for Practice Weighting	X	£179 per point
--	---	----------------

iv. Pharmacy Contract

For the past 4 years, the run rate for November to January was used to accrue for February and March due to several changes to the fees and allowances within the pharmacy contract from April to October.

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2017/18	4,637,591	4,739,377	101,786	2%
2018/19 *	3,291,791	3,393,088	101,297	3%
2019/20 *	3,745,223	3,447,896	-297,327	-8%

* Swansea and Neath Port Talbot only

No changes are proposed for the approach to calculating the accruals for 2020/21 for the core contract. Although some of the enhanced services stopped during the first wave of COVID-19, contractors received alternative COVID-19 payments.

Ring-fenced enhanced services, access payments, independent prescribing monies and workforce payments will be accrued in full.

v. Primary Care Prescribing

Since 2014/15, a methodology which combines both prescribing and calendar days within the month with a 50/50 weighting to both has been set to accrue for February and March.

The variances for the past three financial years are as follows:

Year	Accrual Value	Actual Expenditure	Variances	
	£	£	£	%
2017/18	15,815,455	14,796,602	-1,018,853	-7%
2018/19 *	10,351,226	10,341,478	-9,748	0%
2019/20 *	10,611,178	11,542,656	931,478	9%

* Swansea and Neath Port Talbot only

For the 3 years prior to 2017/18 the methodology was based on the average monthly costs for the period October to January (i.e. the most recent 4 months data).

The basis for 2017/18 included an additional assessment of anticipated costs due to the huge fluctuations experienced in No Cheaper Stock Options (NCSO) for a number of drugs during that year. However, this, methodology resulted in an over accrual with prices actually reducing in February and March 2018.

In March 2020, the start of the COVID-19 pandemic had an unprecedented impact on Primary Care Prescribing. At draft accounts stage, Welsh Government advice was to accrue for February and March costs on the same basis as in previous years. This resulted in a significant under accrual at draft accounts stage. This was a pattern seen across Wales and due to the extension of the deadline date for the 2019/20 audited annual accounts of the end of June, actual information for February and March was available prior to final accounts submission which is not normally the case. Welsh Government in association with the Prescription Pricing authority calculated the additional costs for health boards on an average basis compared to the average of previous years and health boards were instructed to change their accrual in line with these calculations, with the increase funded by Welsh Government.

Since then although there has been some monthly variation in the number of items prescribed and an increase in the price per item as there has been an escalation in the Prescribing of drugs such as DOACs in response to the pandemic, generally this has stabilised.

However, information published in February and March will again be used as in previous years to assess whether there are any other drugs where the cost and/or

associated volumes is likely to have an adverse or favourable material impact. This work cannot be finalised until the end of March, but will be used to consider whether an adjustment will be needed to the overall accrual value. In addition, further adjustments may also need to be made for Category M movements effective from January 2021 which impact in February and March.

There is also some national work being undertaken in conjunction with the Finance Delivery Unit, looking at accrual methods for Primary Care Prescribing and when available this will be reflected in the methodology.

C. ACCOUNTING FOR FIELD HOSPITAL COSTS

i. Construction Costs

At the start of COVID-19 pandemic, Welsh Government in discussion with health boards identified the need for the development of additional hospital capacity to treat COVID-19 patients. This resulted in the Swansea Bay Health Board working with City & County of Swansea and Neath Port Talbot Council to develop field hospital facilities at the Bay Studios and Llandarcy Academy of Sport. In addition the health board developed further critical care capacity within Morriston Hospital by converting the outpatients department into a COVID-19 critical care surge facility.

The contracts for construction works at both the Bay Studios and the Llandarcy Academy of Sport were commissioned by the local authorities and leases were signed by the health board for the use of these premises. Therefore the costs incurred for these properties will be treated as operating lease costs under International Accounting Standard (IAS) 17 and so all construction costs carried out on the site will be classed as revenue, including project management and commissioning costs.

The critical care surge capacity created in Morriston Hospital is for longer term use and so all costs will be capitalised under IAS 16. The capitalised costs include project management and commissioning costs.

ii. Equipment

Equipment in the two field hospitals will be classed as revenue, as its value is either below the capital threshold, or, in the case of beds, not appropriate for use in an NHS setting. I.T. devices and some medical equipment have been capitalised as they meet the capital threshold and will be reused within the main NHS settings.

Equipment has been capitalised under IAS 16 for the critical care surge capacity as this will be in longer term use.

iii. Decommissioning Costs

The field hospital facility at the Llandarcy Academy of Sport was decommissioned in December 2020 and the site returned to the lessor. The decommissioning costs have been paid and will be accounted for as revenue in the accounts.

The Bay Studios Field Hospital is due to be decommissioned in 2021/22 and so a provision will be required in revenue in the 2020/21 accounts under IAS37. An estimated set of cost forms is awaited from the contractor to determine the value of the provision required. In the event that the actual decommissioning costs are determined and agreed prior to the end of the 2020/21 financial year then an accrual rather than a provision will be required, although at this stage it is believed that final confirmed costs will not be available and so a provision will be included for 2020/21 accounts.

The decommissioning costs for the critical care surge capacity at Morriston Hospital are being capitalised as part of the initial cost. An estimated set of cost forms is awaited from the contractor to determine the value of the provision required for the 2020/21 accounts.

D. ACCRUAL FOR UNTAKEN ANNUAL LEAVE

Since the implementation of IFRS accounting in 2009, the health board has accrued for untaken annual leave in accordance with a methodology agreed with Audit Wales. The value has been calculated by staff group by obtaining details of untaken annual leave from a minimum 10% sample of staff who have been contacted either individually or through their ward manager. The total number of days untaken annual leave has been grossed up from this sample using the average cost by staff group.

For the 2020/21 financial year, the impact of COVID-19 is anticipated to significantly increase the amount of untaken annual leave and as a result the all Wales Technical Accounting Group in conjunction with Deputy Directors of Finance have developed a methodology to ensure the consistent calculation of this accrual across NHS Wales.

The key principles to be applied in calculating the accrual are:

- The accrual is to be calculated over the staff group headings as per the Annual Accounts.
- The untaken annual leave will be determined using information from the most appropriate system for the staff group. For the health board the systems used will include ESR for corporate staff, Allocate and Health Roster for nursing staff, Kronos for those staff on the Kronos system, Intrepid for medical staff.
- The calculation will again be based on a sample of staff and local judgement will be used to validate systems reports where it appears that the system has been incorrectly updated or not updated for leave taken. This may include sample checking the untaken leave identified by the system with the relevant department if considered appropriate.

These principles were applied at the end of December in response to a Welsh Government request to all health bodies for an estimate of likely cost of untaken

annual leave as at 31st March 2021 and will be used again for the year end calculation. Welsh Government has provided resource only funding to health bodies based on the returns submitted at the end of December. The estimated increase in the accrual for the health board is £11.6m.

E. MOVEMENT IN KEY PROVISIONS

I. Early Retirement Pension Provision / Permanent Injury

There has been a further change in the Discount Factors to be applied in line with the draft Manual for Accounts issued by Welsh Government in December 2020. This directs health boards to use -1.03% this year (-0.50% 2019/20). This will result in a financial cost of £0.340m this year.

II. Defence Fee Provision For Probability 3 (possible) Successful Legal Claims

As is the case for previous years, in order to comply with the requirements of IAS 37: Accounting for Provisions, Welsh Government has issued guidance regarding the accounting treatment of defence fees for legal claims where the chance of success is deemed as possible (Probability 3: 6-49%).

For the defence legal costs provision of claims within the possible category, the obligating event is a claim being received in respect of Clinical Negligence or Personal Injury.

It is probable, when considering the possible claims as a cohort, that this obligating event may lead to a future transfer of economic benefit in that the organisation may incur some costs in investigating the alleged claim, and therefore a provision is required for the possible claims as a cohort and for which a reliable estimate can be made based on local information held for similar cases. The estimate cannot be made reliably on a claim by claim basis; rather the analysis of historical information covering a three year period should be used.

The table below shows the prescribed accounting treatment to be applied for all claims based on their probability of success:

Probability of Success of Claim	Accounting Treatment
Certain 95-100% Success	<i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i>
Probable 50- 95% Success.	<i>Defence Fee Provision at 100% of cost advised by Welsh Health Legal Services on their quantum reports</i>
Possible 6-49% Success	<i>Defence Fee Provision Required – Provision to be based on the Welsh Health Legal Services</i>

Probability of Success of Claim	Accounting Treatment
	quantum reports - Organisations with numerous claims should base the provision on three year's historical cost data. Note there may be different % values for clinical negligence and personal injury cases, and the % values will be calculated using the methodology agreed.
Remote 0- 5% success	No provision or contingent liability required

In 2019/20 the Health Board provided on the basis outlined in the table above with the percentages used to provide for probability 3 cases being 10.68% for Clinical Negligence cases and 56.30% for Personal Injury cases. An exercise has been undertaken to update the percentages to be used provide for probability 3 cases taking into account the most recent 3 years actual payments made, which has resulted in revised percentages to be used of 10.55% for Clinical Negligence cases and 57.99% for Personal Injury cases.

III. Accounting for Redress Provisions

At the end of the 2018/19 financial year responsibility for reimbursement of redress cases moved from Welsh Government to Welsh Risk Pool. At the same time, Welsh Risk Pool changed the accounting requirement for redress cases from a cash basis to an accruals basis therefore requiring provisions to be included in the 2018/19 accounts for redress cases for the first time. This accounting treatment is again in place for 2020/21 with provisions for redress cases being included in the accounts based on estimated claim costs provided locally by the Patient Feedback Team. As all payments made in respect of redress cases with the exception of the claimants legal costs (capped at £1,920) are reimbursable from Welsh Risk Pool, the provision will be offset by a corresponding Welsh Risk Pool debtor.

IV. GP Indemnity Scheme

As of 1st April 2019, Welsh Government introduced a state backed future liabilities scheme for GP's and their staff to reimburse claims for clinical negligence against General Practice. The scheme covers claims relating to treatment post 1st April 2019 and is operated through Welsh Risk Pool. To date the health board has received only one claim under this scheme, which is classed as possible on the quantum reports received from NWSSP Legal and Risk Services. As there is no historical data for such claims the full estimated defence cost will be provided for (£5,000 based on the latest report). As all payments made in respect of such cases are reimbursable from Welsh Risk Pool, the provision will be offset by a corresponding Welsh Risk Pool debtor.

F. PENSIONS ANNUAL ALLOWANCE CHARGE

In December 2019, Welsh Government confirmed that clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the tax year (2019/20) face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold would be able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31st July 2021). The NHS employer would then make a contractually binding commitment to pay them a corresponding amount on retirement.

For the 2019/20 accounts no disclosure with regard to this policy was required as the information to determine whether a provision or contingent liability was required was not available. For the 2020/21 accounts a provision will be required for the future costs of this commitment by NHS bodies. Welsh Government is working with the NHS Pensions Agency to identify the estimated costs for each health body and there will be a requirement for each health body to disclose a provision in the 2020/21 accounts together with identification of the number of staff who have taken up this option. There will no impact to the reported position of the health board as Welsh Government have advised that the provision will be backed off by a debtor to Welsh Government similar to the process for the Welsh Risk Pool.

G. LAUNDRY TRANSFER TO NHS WALES SHARED SERVICES PARTNERSHIP

With effect from 1st April 2021 all laundry services in Wales will transfer from health boards to the NHS Wales Shared Services Partnership (NWSSP). This transfer will require the identification of assets and liabilities relating to the laundry as at 31st March 2021 and the completion in the 2021/22 financial year of formal S1 and S2 transfer documentation. As the transfer takes place with effect from 1st April 2021, the health board's accounts will disclose the transfer as a post balance sheet event.

H. YEAR END STOCK COUNTS

During the 2020/21 financial year the Omnicell stock system has been rolled out across the Morriston Hospital Operating Theatres. This roll out will be complete by 31st March 2021 and as a result the Theatre stock figures as at 31st March will be produced from this system rather than through a manual stock count. In addition to the pharmacy stocks and estates building and engineering materials this will mean that a large proportion of the year end stock figures will be produced from stores systems.

For the remaining areas of stock, manual stock counts will be undertaken as in previous years. However, due to the impact of COVID-19 and in order to provide a longer window for stock counts to be undertaken, staff in those departments have been provided with the stock count forms earlier than in previous years and have been advised that stock can be counted at any time between 8th February and the deadline of 22nd March 2021.

Audit Wales have advised that unlike previous years they will not be attending a stock count and are currently working through with their technical team if this will

require an emphasis of matter comment on the stock values in the accounts. Audit Wales have advised that this will depend on whether the stock value is above the health board's materiality level for balance sheet which was not the case for the 2020/21 financial year. A further update is awaited from Audit Wales.

4. FINANCIAL IMPLICATIONS

- 4.1 As this report details, the major accounting policies and methodologies to be used in calculating significant material estimates have significant financial implications for the health board in terms of the year end accounts and financial outturn for the health board.
- 4.2 The process of identifying and getting agreement from Audit Wales of the principles to be applied ensures that in the event that there are variations between the significant estimates and the actual outturn figures when available in May and June that there should not be a requirement to make late amendments to the accounts after the draft accounts have been submitted to WG and the Audit Committee.

5. RECOMMENDATIONS

5.1. The Audit Committee is asked to note and approve:

- a) The timetable, key dates and milestones for the submission of the Annual Accounts for 2020/21;
- b) the arrangements in place for the review and adoption of the Annual Accounts;
- c) the approach for accounting for capital issues, including the need for off-site storage of capital equipment;
- d) the approach for accounting for primary care accruals;
- e) the approach for accounting for field hospital costs
- f) the approach for accounting for untaken annual leave
- g) the anticipated movements in other key provisions;
- h) the approach for accounting for pensions annual allowance charges
- i) the disclosure requirements arising as a result of the transfer of Laundry Services
- j) the update on the process for undertaking year end stock counts

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
There are no direct quality, safety and patient experience issues associated with this report.		
Financial Implications		
There are no direct financial implications associated with this report.		
Legal Implications (including equality and diversity assessment)		
There are no direct legal implications associated with this report.		
Staffing Implications		
The annual accounts preparation process is an intense period for Finance staff and as in previous years in order to ensure that the accounts are completed in accordance with the deadline there may be a requirement for staff to work overtime and/or over the Easter bank holidays.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	This is an annual report to the Audit Committee. The previous report was presented to Audit Committee in March 2020.	
Appendices	There are no appendices to this report.	