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CYMRU
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28th May 2020		Agenda Item	2.4
Report Title	Financial Report – Period 1 2020/21			
Report Author	Samantha Lewis, Deputy Director of Finance			
Report Sponsor	Darren Griffiths, Interim Director of Finance			
Presented by	Darren Griffiths, Interim Director of Finance			
Freedom of Information	Open			
Purpose of the Report	The report advises the Board of the Health Board financial position for Period 1 (April) 2020/21.			
Key Issues	<p>The report invites the Board to note the detailed analysis of the financial position for Period 1 (April) 2020/21.</p> <p>The report also includes an analysis of the COVID-19 revenue impact.</p> <p>The report also invites the Board to note the capital budget, cash position and key balance sheet movements.</p>			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • CONSIDER and comment upon the Board's financial performance for Period 1 (April) 2020/21, in particular: <ul style="list-style-type: none"> i. the revenue outturn position of £5.396m deficit; ii. the capital outturn position; iii. balance sheet movements; iv. cash position; and v. performance against the Public Sector Payment Policy compliance. • NOTE the COVID-19 revenue impact for Period 1 2020/21. 			

FINANCIAL REPORT – PERIOD 1

1. INTRODUCTION

The report advises the Board that the Period 1 (April 2020) revenue financial position is an overspend of £5.396m.

The report invites the Board to note the detailed analysis of the Period 1 (April) revenue financial position.

The report provides an analysis of the revenue impact of the COVID19 response in April 2020.

The report also invites the Board to note the capital budget position, cash position and key balance sheet movements.

2. BACKGROUND

2.1 The Health Board has two key statutory duties to achieve:

- To submit an Integrated Medium Term Plan (IMTP) to secure compliance with breakeven over 3 years.**

2018/19 No Approved Plan

2019/20 No Approved Plan

2020/21 No Approved Plan

The Health Board will fail to achieve this Statutory Duty.

- To achieve financial breakeven over a rolling three year period, which commenced on 1st April 2017 and will end on 31st March 2020.**

2018/19 £9.9m Overspend

2019/20 £16.284m Overspend

2020/21 £24.4m Forecast Overspend prior to impact of COVID-19

The Health Board will fail to achieve this Statutory Duty.

2.2 Summary of Performance against Key Financial Targets

Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £000
Reported in-month financial position – deficit/(surplus)	5,396
Variance from Planned Deficit – deficit/(surplus)	3,363
Capital KPIs: To ensure that costs do not exceed the capital resource limit set by Welsh Government	Value £000
Reported year to date financial position – deficit/(surplus)	2,213
Forecast outturn financial position – deficit/(surplus)	9,817
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %
Cumulative year to date % of invoices paid within 30 days (by number)	87.86%

3. FINANCIAL IMPLICATIONS

3.1 Revenue Position

3.1.1 Summary Revenue Position

The Health Board plan for 2020/21 which was agreed by the Board for submission to Welsh Government in March 2020, including a financial plan with a forecast deficit of £24.4m.

	2020/21 £m
2020/21 Underlying Deficit	28.0
Inflationary/Demand Pressures	35.5
WG Allocation Uplift	-21.6
Investment Commitments	5.4
Planned Savings	-23.0
Planned Forecast Deficit for 2020/21	24.4

This plan did not include any impact of the COVID-19 pandemic.

The £28m underlying deficit which had in the previous year been reflected as overspends within the Service Delivery Units and Corporate Directorates has been transferred to the Corporate Plan. This has enabled the Service Delivery Unit and Corporate Directorate budgets to be established at a level that broadly reflects the 2019/20 expenditure profiles.

The revenue position can be analysed in a number of different ways but the tables which follow provide a traditional view and also provide a slightly different perspective highlighting the variation from the baseline plan that the Health Board is currently experiencing.

	Month 1 Actual
	£m
Income	1.261
Pay	0.577
Non-Pay	0.244
Investments not yet made	(0.468)
Savings Slippage	1.749
Planned Deficit	2.033
Total	5.396

The table which follows highlights the impact of COVID-19 on the reported revenue financial position.

	Month 1 Actual
	£m
Operational Position	2.118
Slippage on Savings	1.749
COVID-19 Gross Costs	3.176
COVID-19 Cost reduction	(1.179)
Slippage on Planned Investments	(0.468)
Total	5.396

3.1.2 Income

Income budgets have reported an under-achievement of £1.261m in April 2020. This reflects reductions in income from key activities undertaken by the Health Board as a result of COVID-19. This reduction can be seen both in terms of direct service activity, including private patients, injury cost recovery scheme, overseas patients, non-contracted activity and dental income and also other income sources for example catering income. Much of this reduction in income would also see a reduction in cost with the net reduction currently assessed as around £0.5m.

3.1.3 Pay

Pay budgets have report a £0.577m overspend in April 2020, however when this is reviewed at a staff group level there are some significant variances.

- Medical and Dental - £610k overspent. There are significant additional costs associated with COVID-19 included in the April 2020 financial position. This includes additional agency staff and changes to rotas for both senior and junior medical staff.
- Additional Clinical Services - £371k overspent. This overspend primarily relates to the costs of HCSW.
- Healthcare Scientists - £16k overspent. This is due to the continued use of agency staff at premium rate.
- Admin and Clerical - £9k overspent. Despite the small overspend there are significant issues within Digital due to the costs of supporting the response to COVID-19 and the deployment of staff normally supported through capital programmes and funding.
- Estates and Ancillary - £182k underspent. There are currently significant vacancies particularly within the Hotel Services Facilities staff groups.
- Allied Health Professionals - £147k underspent. This is due to vacancies, however significant recruitment of newly qualified staff has been undertaken and these staff will join the Health Board over the next few months.
- Additional Professional, Scientific and Technical staff - £88k underspent. This is due to Psychology and Pharmacy vacancies.
- Nursing and Midwifery - £21k underspent. The use of agency is being covered by current vacancy levels.

The net COVID-19 impact has been assessed as around £350k.

3.1.4 Non Pay

Non-pay budgets have reported an overspend of £3.558m in April 2020. This includes the impact of savings non-delivery £1.749m, the planned deficit £2.033m and the release of investments not fully committed £0.468m, the net impact of these items is £3.314m.

The Health Board incurred significant additional non-pay costs associated with COVID-19 preparedness and operational support. The key costs included PPE and uniforms, staff accommodation, minor works and equipping, clinical consumables and drug costs particularly the impact of NCSOs within primary care prescribing.

3.1.5 Savings and Recovery Challenge

The Health Board financial plan identified a £23m savings requirement for 2020/21 to support the delivery of the £24.4m deficit financial plan.

The Health Board financial plan identified £11.5m of savings scheme that were assessed as Green and Amber, with a further £11.5m of schemes that are linked to the opportunities pipeline that was developed with the support of KMPG. These further schemes however are not developed sufficiently to be considered Green or Amber.

The response to COVID-19 has required all management capacity and focus and this has resulted in progress on savings being halted, which has impacted both on the delivery of the £11.5m Green and Amber schemes and also in the development of the further schemes.

The impact of non-delivery of savings in April was £1.749m. It is essential that over the forthcoming months the savings are re-assessed and considered against the COVID-19 recovery plan.

3.1.6 COVID-19

The COVID-19 pandemic started to impact on the Health Board's financial position during March 2020. The key areas of cost impact have been reviewed and assessed for April 2020. This is summarised as :

COVID-19 Position	Month 1
	Actual
	£m
Slippage on Savings	1.749
COVID-19 Gross Costs	3.176
COVID-19 Cost reduction	(1.179)
Slippage on Planned Investments	(0.468)
Total	3.278

- Staff costs to support medical staffing requirements, IT staffing requirements to support digital response and also increasing unavailability of staff.
- Minor equipping and set up of new and amended service models;
- PPE and staff uniforms;
- Clinical consumables; and

- Drug costs.

The Health Board recorded additional costs of £3.176m during April 2020. These costs were partially offset by reduced expenditure related to the restriction of planned care activity £1.179m. This resulted in a net additional expenditure of £1.997m.

In addition, the impact on savings delivery has also been assessed as a COVID-19 impact. This has been identified as £1.749m.

The Health Board has also identified slippage on planned investments and new funding streams which is offsetting some of the additional costs.

3.2 Capital

The approved CRL value, issued on 17/04/20 is £28.055m. This includes Discretionary Capital and the schemes under the All Wales Capital Programme.

3.2.1 Outturn Performance

The forecast outturn shows an overspend position of £9.817m. This includes the discretionary plan approved by the Board in March and the latest estimates for additional COVID capital expenditure of £7.667m across our surge capacity, Field Hospitals and new ways of working, including home working.

We are already experiencing some early delays with financial impacts across a number of our building and engineering schemes due to the COVID outbreak. This applies to schemes on-site due to the impact of social distancing and the unavailability of Health Board premises. It is also likely that we will experience increased costs as we go out to tender for new schemes.

3.3 Balance Sheet

During April 2020, there was an increase of £2.604m in net assets employed (0.76%). Total assets reduced by £0.388m, with total liabilities reducing by £2.992mm.

The main asset movements were an increase fixed assets of £2.650m with asset additions in month being higher than the depreciation for the month, and an increase of £3.252m in cash balances as a result of higher than forecast cash receipts during April, offset by a reduction of £6.475m in trade and other receivables, with debtor invoices being settled more quickly than anticipated, this being a factor in the increase in cash balances.

The reduction in liabilities was primarily in trade and other payables (£2.432m) with reductions across all categories and a reduction of £0.560m in provisions with payments being made against clinical negligence, personal injury and redress provisions.

3.4 Cash

The health board had a cash balance of £3.738m at the end of April which is above the local target of holding between £1m and £2m in cash at month end.

The high cash balances was due to higher than forecast cash receipts, particularly from settlement of debtor invoices, with a number of invoices raised at year end being settled more quickly than anticipated.

3.5 Public Sector Payment Policy (PSPP)

The number of invoices paid within 30 days in April was below the 95% target, with in month performance being 87.86%.

The non-achievement of the PSPP target in April was due to 3 key issues. The first was due to delays in receipting of goods due to staff sickness and staff being focussed on frontline activities as a result of the COVID-19 pandemic.

The second issue was the all Wales decision to release all invoices on hold under £500 in value where the invoice was received after April 2019. A number of these invoices were over 30 days old and releasing them all for payment at the same time caused a sharp reduction in performance. This is a one off impact.

The final issue was a delay in the payment of nurse bank invoices in month linked to issues in dealing with the COVID-19 pandemic.

4. RECOMMENDATION

Members are asked to:

- **CONSIDER** and comment upon the Board's financial performance for Period 1 (April) 2020/21, in particular:
 - i. the revenue outturn position of £5.396m deficit;
 - ii. the capital outturn position;
 - iii. balance sheet movements;
 - iv. cash position; and
 - v. performance against the Public Sector Payment Policy compliance.
- **NOTE** the COVID-19 revenue impact for Period 1 2020/21.

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 type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input 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 type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
Financial Governance supports quality, safety and patient experience.		
Financial Implications		
The Board is reporting a £24.4m forecast year-end deficit financial outturn prior to the impact of COVID-19.		
Legal Implications (including equality and diversity assessment)		
No implications for the Board to be aware of.		
Staffing Implications		
No implications for the Board to be aware of.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
No implications for the Board to be aware of.		
Report History	Board receives an update on the financial position at every meeting	
Appendices	Appendix 1 – P01 – 20 Financial Report Supporting Detail	



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SWANSEA BAY LHB FINANCE DEPT. HEALTH BOARD REPORT

Period 01 Data (April 2020)

Darren Griffiths

In Month

£ 5,395,594 overspent

	Cur Month Budget (£'000)	Cur Month Actual (£'000)	Cur Month Variance (£'000)	% Variance
Income	(22,255)	(20,994)	1,261	5.67%
Pay	46,615	47,192	577	1.24%
Non Pay	45,452	49,010	3,558	7.83%
Total	69,813	75,208	5,396	7.73%



Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Red	5,396	➡
Reported year to date financial position – deficit/(surplus) – Red	5,396	➡
Reported year to date compared to forecast financial plan deficit – Red	3,363	➡

Capital		
Capital KPIs: To ensure that costs do not exceed the Capital resource limit set by Welsh Government		
Reported in-month financial position – deficit/(surplus) – Forecast Red	2,213	➡
Current reported year end forecast – deficit/(surplus) – Forecast Red	9,817	➡
PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %	Trend
Cumulative year to date % of invoices paid within 30 days (by number) – Forecast Red	87.86	➡

Revenue Narrative

- The Health Board submitted a £24.4m deficit plan for 2020/21. This would effectively result in a £2.033m anticipated monthly overspend. In order to deliver the £24.4m planned deficit, £23m of savings delivery is required.
- It should be noted that Service Unit and Directorate budgets have been rebased for 2020/21. This rebase broadly reflects the expenditure profiles from 2019/20.
- The Health Board reported an overspend of £5.396m in Month 1. This is made up of :
 - £2.118m operational overspend, which is comparable to the £2.033m forecast deficit;
 - £1.749m savings delivery shortfall. This delivery has been significantly impacted on by the COVID-19 pandemic
 - £1.529m net cost impact of COVID-19, the majority of which reflects additional costs of PPE and equipping and a loss of income.

Capital Narrative

- Approved CRL value for 20/21 issued on 17/04/20 is £28.055m which includes Discretionary Capital and the schemes under the All Wales Capital Programme.
- Overspend to date relates to a number of schemes as detailed in the Annex.
- There is 1 All Wales Capital scheme reported to Welsh Government as high risk. There are 2 schemes classified as medium risk. These are being closely monitored and discussed at the monthly progress meeting with Welsh Government.
- The forecast outturn position for 20/21 is £9.817m overspent

PSPP Narrative

- The number of invoices paid within 30 days in April was below the 95% target, with in month performance being 87.86%.
- The non-achievement of the PSPP target in April was due to 3 key issues. The first was due to delays in receipting of goods due to staff sickness and staff being focussed on frontline activities as a result of the COVID-19 pandemic.
- The second issue was the all Wales decision to release all invoices on hold under £500 in value where the invoice was received after April 2019. A number of these invoices were over 30 days old and releasing them all for payment at the same time caused a sharp reduction in the in month compliance. This is a one off impact on performance.
- The final issue was a delay in the payment of nurse bank invoices in month linked to issues in dealing with the COVID-19 pandemic.

COVID-19 Position	Month 1
	Actual
	£m
Slippage on Savings	1.749
COVID-19 Gross Costs	3.176
COVID-19 Cost reduction	(1.179)
Slippage on Planned Investments	(0.468)
Total	3.278

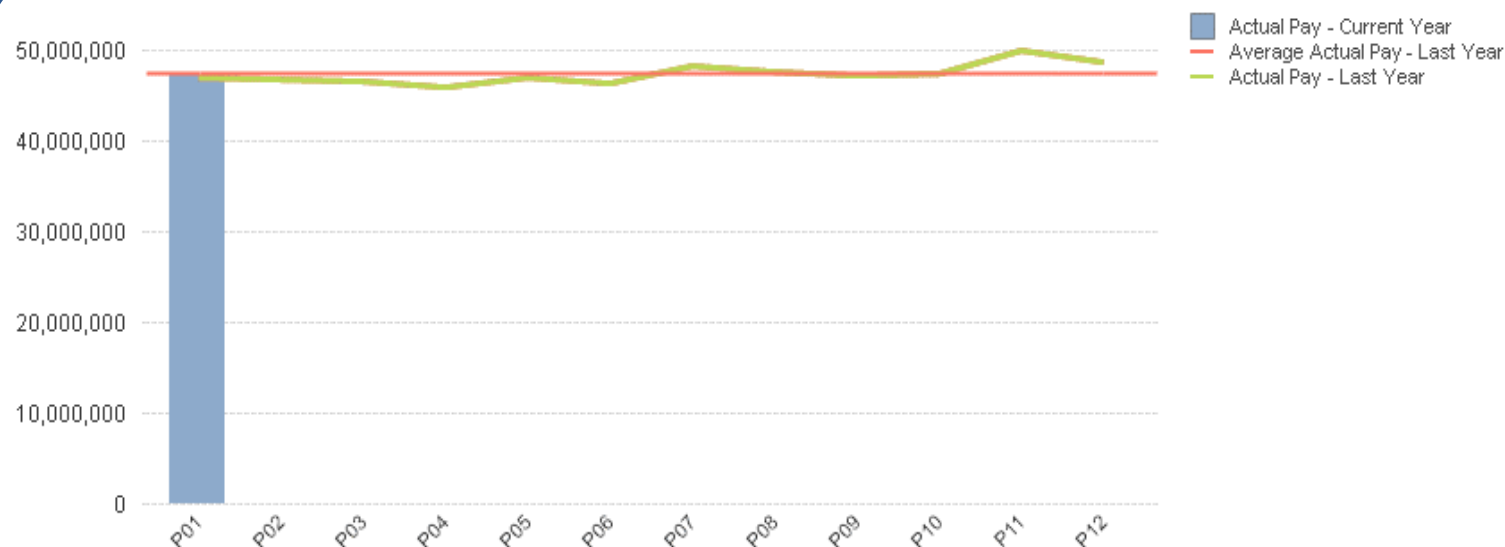
Staff costs to support medical staffing requirements, IT staffing requirements to support digital response and also increasing unavailability of staff. Minor equipping and set up of new and amended service models; PPE and staff uniforms; Clinical consumables; and Drug costs.

The Health Board recorded additional costs of £3.176m during April 2020. These costs were partially offset by reduced expenditure related to the restriction of planned care activity £1.179m. This resulted in a net additional expenditure of £1.997m.

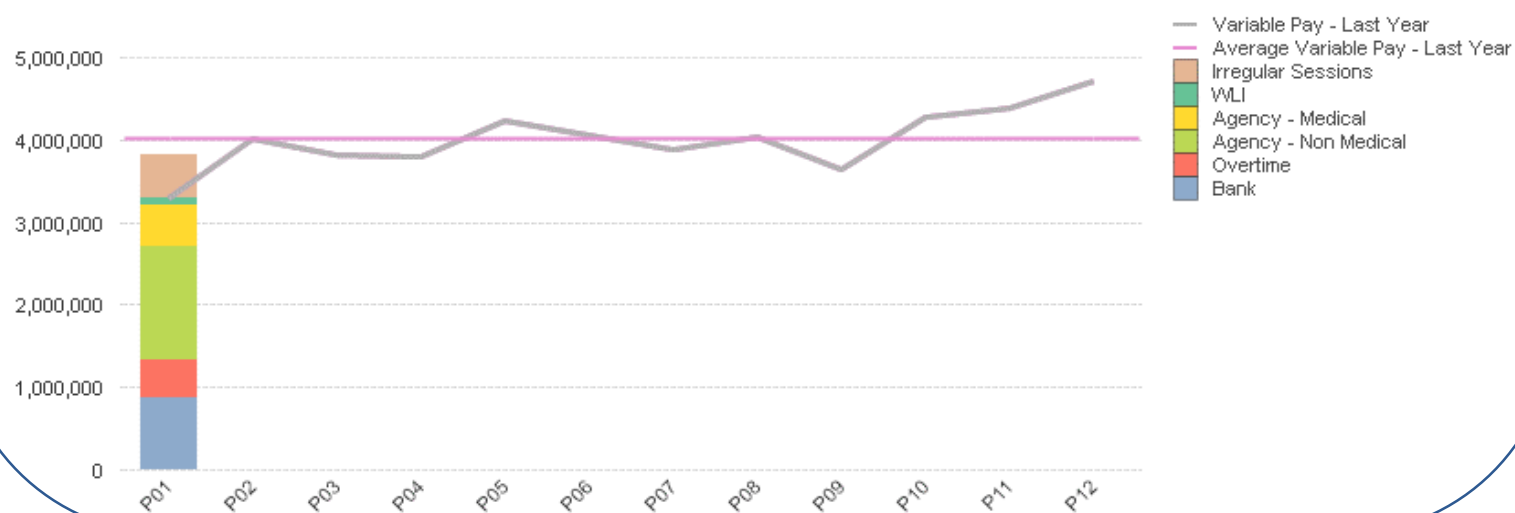
In addition, the impact on savings delivery has also been assessed as a COVID-19 impact. This has been identified as £1.749m.

The Health Board has also identified slippage on planned investments and new funding streams which is offsetting some of the additional costs.

Actual Pay Expenditure This Year and Last Year



Variable Pay Expenditure This Year and Last Year

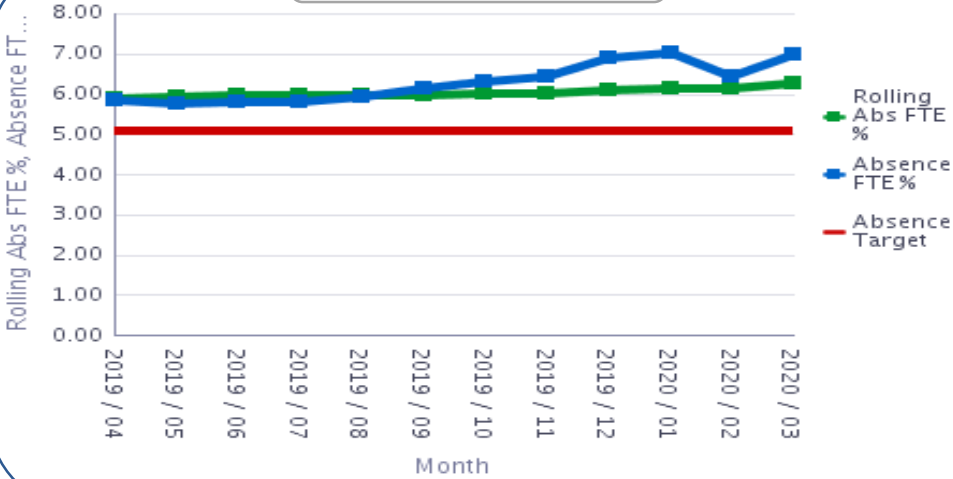


- In overall terms pay costs have remained broadly consistent with the average of previous year (adjusted for pay award).
- Whilst some additional COVID costs have been incurred, the majority of staff recruited have not impacted on April position.
- The additional costs have been offset by reductions in variable pay, particularly agency and WLI costs

Summary (Mar'19 Data)

	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Rolling 12 Mths
Cost Absence £000	2,198	3,193	2,112	2,107	2,108	2,382	2,359	2,659	2,686	2,200	2,565	27,721
% Absence	5.78%	5.83%	5.85%	5.94%	6.15%	6.33%	6.47%	6.94%	7.02%	6.43%	6.98%	6.29%
Average No. Staff Absent Per Day	754	757	765	787	817	845	874	926	943	869	944	843

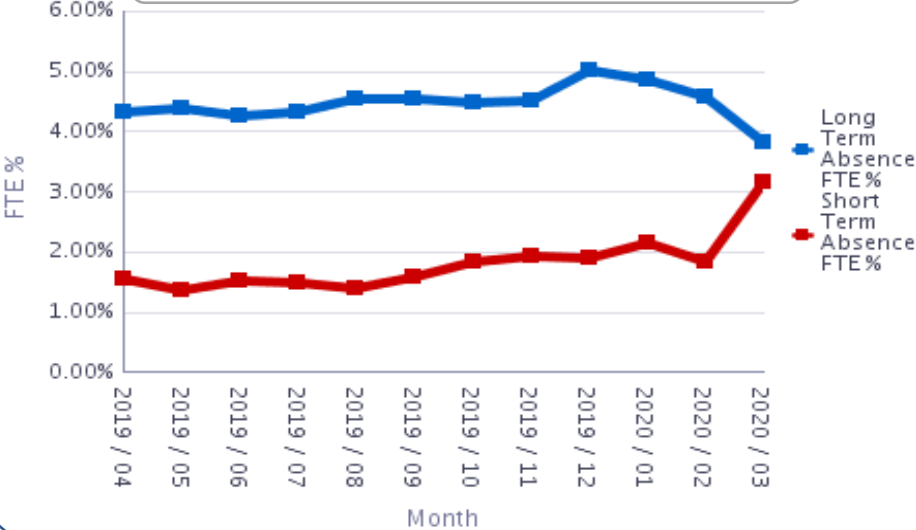
Rolling Absence



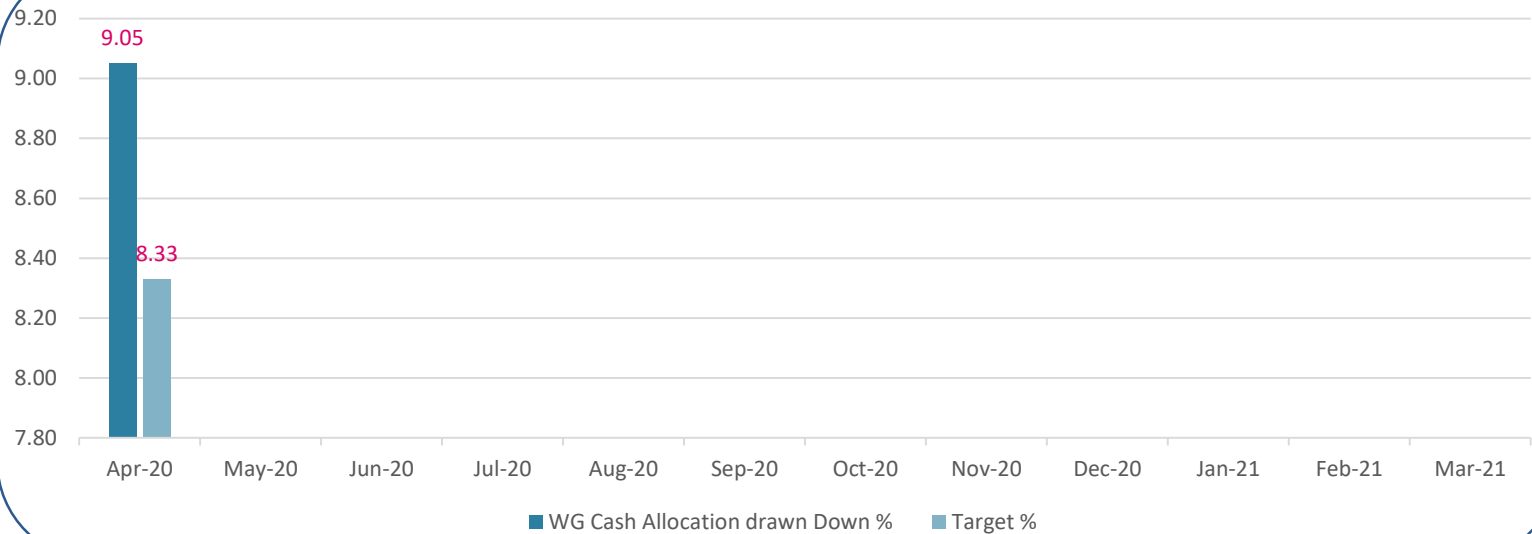
Cumulative % & £ Per Staff Group

	Absence % (FTE)	Absence Estimated Cost (£)
Add Prof Scientific and Technic	4.01%	£694,885
Additional Clinical Services	8.70%	£5,461,737
Administrative and Clerical	6.15%	£4,314,531
Allied Health Professionals	3.47%	£1,480,165
Estates and Ancillary	8.61%	£2,312,633
Healthcare Scientists	3.20%	£595,723
Medical and Dental	2.13%	£2,292,083
Nursing and Midwifery Registered	6.42%	£10,568,761
Students	0.68%	£653
Grand Total	6.29%	£27,721,172

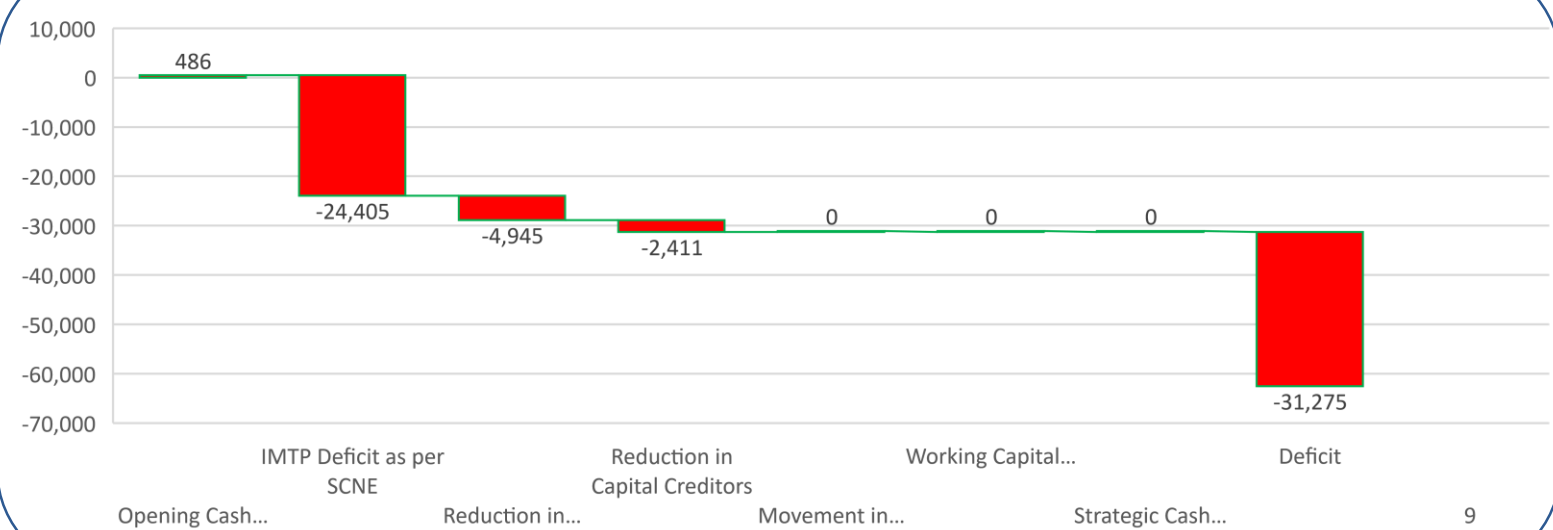
Long Term and Short Term Trends



Welsh Government Draw Down



Analysis of Forecast Cash Position



1. The health board had a cash balance at the end of April of £3.738m which is above the local target of holding between £1m and £2m in cash at month end. The high cash balance was due to higher than forecast receipts, particularly from debtors with invoices raised at the end of the 2019/20 financial year being paid more quickly than anticipated.
2. With only one month of cash receipts and payments it is very difficult to predict the likely cash forecast for the 2020/21 financial year, particularly given the ongoing uncertainties associated with COVID-19. The cash forecast position does not usually begin to become clear until the end of the first quarter, and last year's cash receipts and payments do not help in deriving the cash forecast as the health board was still paying invoices relating to the former Bridgend services during the early months of 2019/20.
3. However, based on the first month and projected receipts and payments, the initial forecast year-end cash position is that of a deficit of £31.275m, which is based on a forecast I&E deficit of £24.4m and a deterioration in working capital balances of £7.356m reduced by the opening cash balance of £0.486m. This forecast will be refined as the year progresses and cash receipt and payment trends become clearer.

Category	Balance at 30 th April 2020 (£000)	Balance at 31st March 2020 (£000)	Movement (£000)	Analysis
Tangible & Intangible Assets	468,613	465,963	2,650	Movement is due to asset additions offset by depreciation.
Trade & Other Receivables	162,351	168,826	(6,475)	Main movements is reduction in outstanding trade and NHS debtors with payments made in April for final quarter invoices outstanding as at 31 st March..
Inventories	10,197	10,012	185	Main movement is increase of £0.182m in drugs stocks..
Cash	3,738	486	3,252	Cash balance is above the local target of holding between £1m and £2m in cash at month end with the higher cash balance being due to higher than anticipated cash receipts from debtors.
Total Assets	644,899	645,287	(388)	
Trade & Other Payables	161,444	163,876	(2,432)	Small reductions across all categories of creditors.
Provisions	136,502	137,062	(560)	Reduction is due to payments against existing clinical negligence, personal injury and redress provisions.
Total Liabilities	297,946	300,938	(2,992)	
Total Assets Employed	346,953	344,349	2,604	
Financed By				
General Fund	314,409	311,805	2,604	Movement is capital cash received and the I&E overspend.
Revaluation Reserve	32,544	32,544	0	
Total Taxpayers Equity	346,953	344,349	2,604	

Forecast Outturn

The forecast outturn against the current CRL shows an overspend of £9,817k.

The risk assessments on schemes which are not considered to be low risk for Welsh Government reporting are:

Scheme	Risk Profile	Risk Value £'000	Comments
Perinatal Mother & Baby Unit at Tonna Hospital	Medium	248	Following Ministerial approval to proceed with the full design and tender of the interim solution at Tonna, costs have increased during the full design, which will now go out to tender.
COVID	Medium	7,667	This is a best estimate at this stage, as we await completion of remaining elements of our critical care surge capacity in Morriston. Estimates have also been included for items being procured through the national equipping teams (excludes Ventilators as these are deemed national assets). The majority of the equipping costs for the Field Hospitals have been excluded from these figures, as they are revenue in nature given there will be no long term asset.
JIT Stock Management System	High	555	The spend to save investment has been approved by WG and we await the addition to the CRL as shown in table E.
Morriston Access Road	High (Within Discretionary)	1,000	A contract for the design of the proposed new access road at Morriston Hospital was let last year. The programme provides for completion of the design and submission of a hybrid planning application this year. Discussions have taken place with various WG departments, the local authority and the Swansea Bay City Region Deal around accessing funding streams for both the design and construction of the road. A positive meeting was held in December with officials from the Capital and Estates Team to request assistance with pump prime funding for this design as we await longer term funding opportunities through the City Deal.
Repayment of Business Case Fees	High (Within Discretionary)	346	Repayment of a number of business cases where fees have been incurred: Anti-ligature, Environmental Modernisation, Cladding, Adult Acute SOC

	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
All Wales Capital Programme:						
Neonatal and Post-Natal Capacity at Singleton Hospital	175	175	0	1,549	1,654	105
Additional works linked to Neonatal Development in Singleton Hospital	533	533	0	727	990	263
EDCIMS	0	0	0	270	481	211
RE-FIT Carbon Reduction Project	6	6	0	5,710	6,101	391
Replacement Gamma Cameras - Singleton Hospital	5	5	0	2,620	2,809	189
Swansea Wellness Centre	0	0	0	1,044	1,075	31
National Imaging Programme – Neath Port Talbot MRI	17	17	0	800	1,365	565
Perinatal Mother & Baby Unit at Tonna Hospital	8	8	0	1,496	1,714	218
Slippage from 19/20 (Environmental Modernisation Phase 2 Morriston)	0	0	0	33	33	0
Slippage from 19/20 (Pharmacy Equipment) into 20/21	0	0	0	20	20	0
Slippage from 19/20 (Digital Funding) into 20/21	463	463	0	614	614	0
Slippage from 19/20 (Additional end of year funding) into 20/21	450	450	0	631	631	0
Linacc B – Singleton	0	0	0	225	225	0
ICF - Neath Integrated Wellbeing Hub	0	0	0	184	184	0
ICF - Strategic Vision for CAMHS – Provision of Clinics	0	0	0	186	186	0
COVID	0	2,213	2,213	0	7,667	7,667
JIT Stock Management System	0	0	0	0	555	555
Sub Total	1,656	3,869	2,213	16,109	26,305	10,196
Discretionary:						
I.T.			0			0
Equipment			0			0
Statutory Compliance			0			0
Estates			0			0
Other	693	693	0	12,452	12,073	(379)
Sub Total	693	693	0	12,452	12,073	(379)
Total Expenditure	2,349	4,562	2,213	28,561	38,378	9,817
Donations:						
Donated Assets			0			0
Sub Total	0	0	0	0	0	0
Asset Disposals:						
Coelbren Disposal	0	0	0	165	165	0
Glyneath Disposal	0	0	0	71	71	0
Resolven Disposal	0	0	0	70	70	0
Fairfield Disposal	0	0	0	200	200	0
Sub Total	0	0	0	200	200	0
CHARGE AGAINST CRL	2,349	4,562	2,213	28,361	38,178	9,817
PERFORMANCE AGAINST CRL (Under)/Over		2,213			9,817	
Less Assumed Income					0	
FORECAST OUTTURN					9,817	