

Dyddiad/Date: 13TH February 2024

Ms Claire Bowden
Deputy Head of NHS Financial Management
Welsh Government
King Edward VII Ave
Cardiff
CF10 3NQ

Dear Claire,

SWANSEA BAY UNIVERSITY HEALTH BOARD MONITORING RETURNS 31st JANUARY 2024

I enclose with this commentary the completed proformas in respect of the Health Board's Monitoring Returns to 31st January 2024.

The Health Board's (HB) 'Landing Plan' to deliver the Control Total set by Welsh Government (WG) was presented to the Board on 30th November 2023, the key points in relation to the Landing Plan were summarised in the opening section of the Month 8 letter. The information in the sections below represent material updates to the delivery of the plan and the information from section 1 onwards provides further information to support the specific Tables within the MMR.

- **Delivery Control Total**

At its Board Meeting on 30th November 2023 the Board supported the aspiration to deliver the Control Total and the opportunities and actions needed to achieve this.

The actions required in Month 10 were delivered in full or in part. However, two actions within Part 4 Table A: Landing Plan 10-20-30 + Options linked to Capacity restrictions on Agency usage and delivery of Reduced Targets Set for all Service Areas did not achieve to the level anticipated. However, underspends in some of the LTA performance areas were achieved in the ledger earlier than planned which provided a benefit above the anticipated Month 10 position. This has simply moved the opportunity from Month 12 into Month 10, so overall the plan remains to deliver the Control Total.

- **Structure Landing Plan & Table A**

The structure of the Landing Plan and its component parts reflected in the bottom section of Table A remain unchanged and comments to note:

- *Part 2B: Corporate Balance Sheet Release (Table A Line Ref 28)* – reflects the Annual Leave and the Medical Study Leave accrual. Whilst Audit Wales cannot agree or approve an accounting treatment, they have not raised any concerns with the actions proposed in the paper shared with them on 8th December 2023. However, to ensure the paper follows the appropriate governance route it will be presented to the next Audit Committee for noting prior to any transactions being processed via the ledger.

- **General Overview**

Whilst the Health Board was successful in the delivery of the Month 9 and Month 10 element of the Landing Plan the more difficult areas to achieve are not profiled to deliver until Month 11 and Month 12 and therefore work will continue to ensure all options within the plan are addressed.

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

The Health Board submitted a revised plan at 31st May 2023 which reported a deficit of £86.6m. Since the Month 6 MMR submission the additional funding of £60.8m for 2023/24, of which £43.3m is recurrent, has been fed into Table A on line Ref 23. Lines Ref 27-32 provide the further changes that have been supported by the Board and detailed in the opening section above.

2. **Underlying Position (Table A1)**

The underlying b/f position reflects the £32.2m, reported both in the Month 12 MMR submission and the MDS submitted on the 31st March 2023 and relates to Section 1 of the table reported above. However, as per the plan submitted on 31st May 2023, the recurrent underlying position c/f would be £86.6m less the recurrent additional funding of £43.3m, but as the recurrent savings requirement in the plan of £22.2m has yet to be met this is impacting on the position reported in Table A1. Work has now commenced on the assessment of the underlying position linked to the 2024/25 Plan. An update was incorporated within the presentation for the FP&D Touch Point Meeting on 5th February 2024 and further work is underway aligned to the wider planning process for 2024/25.

3. **Risk Management (Table A2)**

As noted in Month 8, the risks and opportunities are being managed via the Health Board's Landing Plan and the overarching risk to the delivery of the position is ensuring the HB maximises all of the opportunities supported by the Board. Therefore, previous specific risks and opportunities had been removed and general principles that could impact or improve the HB's ability to deliver the Control Total were noted.

Since the completion of Month 8 MMR there are three further risks which are material to the delivery of the original landing plan and above the levels or pressures anticipated: -

- **Unscheduled Care Pressures** – since the first week of January 2024 there have been significant pressures within the Urgent and Emergency Care environment, coupled with outbreaks of Norovirus, COVID, Flu and C.difficile leading to some beds being closed and other facilities opened. The overall impact of this is not yet known but an indicative value of £0.5m has been included on Table A2.
- **Junior Doctors' Industrial Action** – an indicative value of £0.7m has been included on Table A2 based our latest assessment at 30th January.

Ref	Cost 15th - 17th January 2024	Morrison SG £ '000	NPTS SG £ '000	MH/LD SG £ '000	PCT SG £ '000	Total £ '000
1	Estimated Cost Cover	578	249	55	12	894
2	Estimated Salary Value saved	-135	-52	-11	-2	-200
3	Impact Elective Activity	TBC	TBC	N/A	N/A	TBC
4	Net Increase Costs	443	197	44	10	694

The Month 10 position does not yet include the costs nor the pay savings in salary from the action taken on 15th-17th January 2024 and it is expected that the January 2024 Industrial Action impact will be seen in Month 11.

Also of note is that the further Industrial Action currently proposed in February 2024 and March 2024 are not yet reported as a risk but if the Industrial Action does occur this could be result is an increase of £1.7m to the current risk of £0.7m against the delivery of the Control Total.

- **Delivery Run Rate Target Set** – all service areas have been issued with a run rate reduction target to achieve the £17.1m Control Total in addition to the N/R opportunities identified and detailed in opening section of the letter. At this point there remains a risk that the target set may not deliver in full, particularly with regards to the Morrison Service Group target. An indicative value of £2.5m has been included at this point which will be reviewed as part of the Finance Recovery meetings. This is not a reflection of the Health Board's inability to deliver the Control Total but reflects the challenges in delivering an element of the plan, assuming all the other N/R Opportunities are achieved in full.

4. Monthly Positions (Table B)

4.1 Overview Variance & Plan:

The original plan was set on a tapered profile reflecting the expectation that some of the run rate work would take two quarters to fully embed and deliver. The first table below details the original profiling of the control total plan, with the second table detailing the performance against this original plan.

	Run Rate	Original Plan	Post Mth 1 Adjustment	October £60.5m	10% Reduction	Trajectory 2023/24 Based on Plan
	£'m	£'m	£'m	£'m	£'m	£'m
Mth 1	3.0	4.9				7.9
Mth 2	3.0	4.9	1.5	0.0	0.0	9.4
Mth 3	2.0	4.9	1.5	0.0	0.0	8.4
Mth 4	1.0	4.9	1.5	0.0	0.0	7.4
Mth 5	1.0	4.9	1.5	0.0	0.0	7.4
Mth 6	0.4	4.9	1.5	0.0	0.0	6.8
Mth 7	0.3	4.9	1.5	(35.5)	0.0	(28.7)
Mth 8	0.3	4.9	1.5	(5.1)	0.0	1.7
Mth 9	0.0	4.9	1.5	(5.1)	0.0	1.4
Mth 10	0.0	4.9	1.5	(5.1)	(2.9)	(1.5)
Mth 11	0.0	4.9	1.5	(5.1)	(2.9)	(1.5)
Mth 12	0.0	4.9	1.5	(5.1)	(2.9)	(1.5)
Total	11.0	58.9	16.7	(60.8)	(8.7)	17.1

	Trajectory 2023/24 Based on Plan	Actual Performance	Variance From Plan
	£'m	£'m	£'m
Mth 1	7.9	10.9	3.0
Mth 2	9.4	13.7	4.2
Mth 3	8.4	11.4	3.0
Mth 4	7.4	10.4	3.0
Mth 5	7.4	10.2	2.8
Mth 6	6.8	8.7	1.9
Mth 7	(28.7)	(26.8)	1.9
Mth 8	1.7	3.3	1.6
Mth 9	1.4	(0.2)	(1.5)
Mth 10	(1.5)	(1.5)	(0.0)
Mth 11	(1.5)		
Mth 12	(1.5)		
Total	17.1	40.0	19.8

Further details on the reasons for the variance to plan are provided in section 4.2 below.

4.2 Movements In Month / YTD Variance

The key areas of variance across the Health Board are summarised in the commentary below. The items below are those that drive the operational run rate pressures currently reported on Ref Line 27 of Table A:

- **Income**

The Welsh Health Specialised Services (WHSSC) Income as a provider continues to impact on the performance against plan, with YTD underachievement of £1.8m. Month 10 saw a further deterioration linked to reduced activity in January 2024.

As reported for the previous 9 months of 2023/24, the pressure as a result in the loss of Dental Contract Income continues, with the YTD shortfall increasing to £1.5m in Month 10.

- **Pay**
The Month 10 pay overspend has deteriorated from Month 9 and stood at £2.3m (an increase from Month 9 overspend of £0.6m), taking the YTD overspend to £16.9m. There has been an increase in WTEs between months, predominantly within Additional Clinical Services where recruitment has been successful. There has been an increase in Bank and Overtime, whilst both Medical and Non-Medical Agency have remained similar to Month 9. This excludes both the cost of cover and reduced salary from the Junior Doctors' Industrial Action from January, which are expected to be seen in Month 11.
- **Clinical Consumables**
This area continues to be a significant pressure with a YTD variance of £7.7m. With the in-month position being similar to Month 9 at £0.3m. There are 80+ subjective lines within this category including secondary care drugs but areas seeing most pressures YTD continue to be general consumables (M&SE), laboratory products and implants (which in part will be driven by activity).
- **Non Delivery Savings**
The Health Board has set a 3.5% savings target for 2023/24, after two years of achieving 4%. In addition there is a further £10.6m of unmet recurrent savings b/f from 2022/23. However there remains a gap in the delivery of savings to meet the target sets which has resulted in a £0.6m variance in Month 10, with a £8.1m YTD.
- **Prescribing**
At Month 10 the in-month position reflected in the ledger on Prescribing is £0.8m overspent (Month 9 breakeven) and £5.6m YTD. The latest PAR continues to recognise the significant price reduction in Apixaban (the most commonly prescribed DOAC), however growth in both price and volume has led to the in-month overspend. It is expected that the Category M position will improve in the final two months of the year to partly offset the in-month overspend.

4.3 Movements In-Month / Forecast Actuals (Table B1)

The keys issues of note from Table B1 against the core heading of (1) PMA = Prior Month Actuals, (2) PMF = Prior Month Forecast and (3) PMFYF = Prior Month Full Year Forecast are provided in the section below:

- **Revenue Resource Limit (RRL)**
 - PMF/PMFYF: rephasing of the RRL and additional allocations received in relation to Planned Care Recovery and WHSSC (Traumatic Stress Wales) which were not anticipated.
- **Welsh NHS Local Health Boards and Trusts Income**
 - PMF/PMFYF: this relates to the recognition of a rebate to Health Boards for activity that is funded through WG Recovery directly to the Health Board.
- **WHSSC Income**

- PMF: this is due to lower than forecast WHSSC activity in cardiac and cardiology services.
- Other Income
 - PMF/PMFYF: this includes income for the R&D and Local Authority but there is no one specific area but a number of items each month impacting on the movement.
- Provider Pay
 - PMF/PMFYF: increase in costs between Month 9 and 10 as noted in section 4.2 above, with elements of this forecast to continue for the remainder of the year.
- Provider Non Pay
 - PMF/PMFYF: this reflects a number of items within the Landing Plan in relation to delays in investments.
- Healthcare Services Provided by Other NHS Bodies
 - PMF/PMFYF: LTA commissioned activity was higher than expected.
- CHC
 - PMF/PMFYF: the impact of a further small number of high cost packages, predominantly in the Community and continued growth in MHLD.
- Other Private & Voluntary Sector
 - PMF: this relates to timing differences regarding outsourcing Recovery activity.
- Joint Financing and Other
 - PMF: this relates to timing differences in costs but overall no change to the position at Forecast Year End assessment.
- Losses
 - PMF: this relates to timing differences in the assumptions made in the Month 9 forecast; there is no impact on the Forecast Year End assessment.
- DEL Depreciation
 - PMFYF – adjustment to the assessed depreciation position following a review of annual budgets and costs.
- Month 12 Values
 - There remains a significant increase in anticipated expenditure in Month 12 for Joint Financing, which is based on the profile of the budgets and historic trends. This will continue to be reviewed.

4.4 Actions in Plan to Manage Risks and YTD Variance

Under this section in previous MMR Letters the Health Board has provided details of the actions being driven by the Health Board to mitigate the planned deficit, the variance from plan and the risks detailed under Section 3, which have been in place from the start of the financial year. Only updates or additional actions above those reported in previous months are captured below:

- **Landing Plan** – The Health Board's 'Landing Plan' to deliver the Control Total set by Welsh Government of £17.1m was presented to the Board on 30th November 2023. The Board supported the aspiration to deliver the Control Total and the

opportunities and actions needed to deliver the target. The control target requirements for Service Groups have been formally communicated to Budget Holders in December 2023 via a letter from the Chief Executive. Recovery meetings with Service Groups have focused on developing plans to achieve the required reductions in run rates, with continued progress in MHL, PCT and NPST and limited progress within MSG, largely due to the outbreaks of Norovirus, COVID, Flu and C.difficile leading to some beds being closed and other facilities opened being an unavoidable management focus. The Landing Plan will be used going forward to oversee the delivery of the Control Total and will be shared with the Performance & Finance Committee monthly to provide oversight and assurance on the delivery of the actions.

4.5 Other Areas of Comment:

- **Energy Forecast (F)**

As noted previously whilst NWSSP continue to provide updates it is important to note that this forecast is not based on actual or predicted volume usage but industry averages. This becomes important given the Moriston site acquires a significant amount of its power from the Solar Farm, which if using industry averages would not be built into the forecast. In addition, the PFI costs for NPT Hospital are outside of the Crown Commercial Services (CCS) forecast.

Therefore the Health Board has an assessment of its predicted usage costed at the CCS rate and incorporating the PFI costs. The forecast in Table B for 2023/24 provides an estimate of £15.9m for 2023/24, including PFI. The HB is assuming the full funding for energy of £7.8m in its overall Landing Plan.

We will continue to monitor the HB assessment of the position and review the forecast monthly as the actual costs/invoices are processed.

- **Uncommitted Reserves (G)**

The Health Board is not holding uncommitted reserves, any reserves it holds are linked to projects (e.g. Recovery Programme) or NICE and are issued on an actual basis.

Where there are investment reserves that are not required these are being managed via the Landing Plan and brought into Table B and the HB position as detailed in Table A.

- **Accountancy Gains (E)**

There are some gains recorded on the savings trackers and all areas are required to review and where appropriate release unused accruals from 2022/23 by the end of Month 6, which will then be released into the positions. These benefits are being reported through the savings tracker as accountancy gains.

The two items referenced in Table A Line 28 are not currently reported in the MMR as an accountancy gain but are just noted at this point in Table A. Whilst Audit

Wales cannot agree or approve an accounting treatment, they have not raised any concerns with the actions proposed in the paper shared with them on 8th December 2023. However, to ensure the paper follows the appropriate governance route it will be presented to the next Audit Committee for noting prior to any transactions being processed via the ledger, at which point these will be added to the savings tracker as an accountancy gain.

5. Pay & Agency Expenditure (Table B2)

The Health Board Agency expenditure for Month 10 is £2.494m, which is 3.8% of the overall pay expenditure and is £0.052m lower than the value reported in Month 9.

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

- Vacancy Cover – 56%
- Temporary Absence Cover – 14%
- Additional Support to delivery and performance – 27%
- COVID-19 – 2%

6. COVID-19 (Table B3)

The total forecast expenditure shown on Table B3 for 2023/24 is currently £11.953m. The breakdown of this by area of COVID is provided below:

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

In Sub-Table A2, the in-month increase in Additional Clinical Services relates to a YTD correction.

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

As at 9th February 2024, the weekly internal reporting mechanism within the Health Board reported savings identified in 2023/24 of £23.1m. The tables within the MMR were based on the data at the end of January 2024 and since the data was run the value of savings identified and reported may have changed compared to the overall value within the Month 10 MMR. The position reported on 9th February 2024 by each area is provided in the table below:

Service Areas	2022/23 SAVINGS TARGET B/F £'m	2023/24 SAVINGS TARGET £'m	TOTAL SAVINGS TARGET £'m	ACTUAL IDENTIFIED IN 2023/24 £'m	SHORTFALL £'m
Corporate	1.47	2.66	4.12	3.99	0.14
NPTS Service Group	1.90	5.45	7.36	4.59	2.77
Morrleston Service Group	4.54	6.36	10.89	4.27	6.63
MH & LD Service Group	0.79	2.57	3.36	3.54	(0.18)
Primary Care & Community Service Group	0.96	2.89	3.85	3.69	0.16
Medicines Management	0.00	2.28	2.28	2.28	0.00
HB	0.82	0.00	0.82	0.82	(0.00)
Total	10.48	22.20	32.68	23.17	9.51

This clearly shows that the one area of non-delivery remains to be the Morrleston Service Delivery Group, which is in Enhanced Monitoring and for which additional support has been commissioned to work with this Service Group, as reported in previous letters.

8. Welsh NHS Assumptions (Table D)

Table D reflects the Agreement of Balances position as at Month 9 2023/24.

9. Resource Limits (Table E)

Table E provides the allocations received and those anticipated by the Health Board.

Of note is the value of anticipated allocations outstanding as any change from the values anticipated will pose a risk to the underpinning assumptions made in assessing our delivery of the Control Total and also in the management of the cash position. Of greatest concern are: -

- **Pay Award Allocations:** whilst in February the Health Board has now received 90% of the anticipated allocation the balance of £4m remains material. In table E the full value is still reflected as this reflects the income at the 31st January 2024.
- **Real Living Award:** Table E now has two lines for the RLW, the value calculated in line with the policy of £2.94m and the remaining balance anticipated of £4.58m, as outline in the email submitted to Matthew Denham-Jones on 01/02/24.

An update on when the Health Board is likely to receive confirmation on both of the above would be helpful so we can advise the Performance & Finance Committee and Board accordingly.

10. Statement of Financial Position (Table F)

The key issues in respect of the statement of financial position movements are as follows:

- The inventory value has increased slightly by £0218m from £10.951m at the end of December 2023 to £11.169m at the end of January 2024.

- In terms of Trade receivables, there has been an increase of £12.2m from £259.6m at the end of December 2023 to £271.8m at the end of January 2024. This relates mainly to an increase of £13m in NHS Debtors, and an increase of £2m in the Welsh Risk Pool (WRP) Debtors.
- The closing January 2024 cash balance of £1.216m which is within the best practice cash target for the Health Board of £6m.
- The trade and other payables figure saw an increase of £2.45m from £199.5m at the end of December 2023 to £201.9 m at the end of January 2024. This comprised an increase of £1.8m in Creditors and £1.8m in accrued expenditure.
- There has a decrease of £0.47m in provisions from £261.2m as at the end of December 2023, to £215.7m as at the end of January 2024. £0.35m of the decrease relates to a reduction in the provisions for Clinical Negligence and Redress cases.

11. Cash Flow Forecast (Table G)

As at the end of January 2024, the Health Board had a cash balance of £1.216m, which is within the best practice cash target for the Health Board of £6m.

The cash deficit position of £36.606m is detailed in the table below:

	£'000	
Forecast I&E Deficit	-	86,595
Additional funding received		60,000
Reimbursement to Capital from Revenue		5,215
Movement In Working Capital Balances	-	18,085
Opening Cash Balance		2,859
Forecast Cash Deficit	-	36,606

The difference between the £36.606m forecast cash deficit and the Forecast I&E deficit Cash figure, reflects the £5.215m of capital cash to reimburse revenue CRL, and the movement in the working capital balances.

Following receipt of additional £60m funding from WG, and as a result of the cash deficit position, the Health Board formally requested support from WG for the movement in working capital cash balances (£33m) and strategic cash (£17m). We will require the working capital cash support during March, and will continue to update WG colleagues with regards to timings and cash levels.

The current cash forecast in Table G is predicated on the forecast year end deficit position and the current assessment of the impact of any movement in working capital balances on the cash position. However, this position assumes all remaining anticipated allocations (£25m) detailed in Table E, which includes COVID funding (outlined in Section 6) are received and any variance from this assumption would impact on the cash forecast. The timing of receiving this funding directly impacts when the Health Board cash position will deteriorate.

The cash flow is updated daily and a full review of the cash forecast is currently being undertaken several times a week, to ensure that any changes to our cash requirements, can be communicated in a timely manner to WG.

12. Public Sector Payment Compliance (Table H)

The Health Board did not achieve the 95% PSPP target for Quarter 3 with compliance being 94.6% for the quarter.

NHS payment compliance was, however, below 95% with the quarterly performance being 80.9%. The Health Board remains focussed on improving PSPP compliance for NHS invoices and ensuring that performance remains above 95% for Non NHS invoices.

Further updates will be reported at the end of Quarter 4.

13. Capital Resource / Expenditure Limits (Table I & J)

The forecast outturn shows an overspend position of £0.518m. Allocations are anticipated on the following schemes, which will provide a balanced position.

Scheme	£m / Risk Level	Narrative
Re:Fit Phase 4 – Solar Farm Extension	0.175 / Low	Funding letter returned to WG Energy Services. Awaiting CRL uplift
ePMA	0.300 / Low	Funding letter returned to WG Digital. Awaiting CRL uplift.
HCF Minor Projects - Virtual Wards: Remote Patient Monitoring	0.043 / Low	Funding increase approved from HCF Minor Projects. Awaiting CRL uplift.

The following allocations are classed as risks.

Scheme	£m / Risk Level	Narrative
Singleton Cladding	(0.245) / High	Potential scheme underspend as discussed at the CRM on 9 January. Discussions to be held with WG in February following updates from the scheme cost advisor on final account/gain share projections.
Regional Pathology	(0.340) / High	As discussed at WG presentation on 9 January, scheme is on hold pending agreement on proposed RIBA stage 2 / OBC redesign.

Scheme	£m / Risk Level	Narrative
Morrison Infrastructure Modernisation Phase 2 – Sub Station 6	(0.882) / High	Inclement weather and delays with the generator manufacture have resulted in increased programme timescales and a re-profiling of spend into 2024/25. The generator is scheduled for delivery w/c 26 February. Discussions to be held with WG in February following updates from the scheme cost advisor on final account/gain share projections.
PET CT Scanner	0.139 / High	Approval has been received from the national PET-CT programme board to proceed with the traditional redesign. As discussed at CRM on 9 January additional design fees of £119k will be incurred.
SARC	(0.422) / High	Delays with agreement of legal documents with New Pathways have impacted when works can commence. The Health Board works are now forecast to commence in 12 February following the completion of the New Pathways works in their building. Works will complete in May.
Burns Unit and Critical Care Expansion	(0.675) / High	A revision to the programme has been made around M&E with slippage of £0.621m.
Diagnostic Equipment	(0.127) / High	Savings have been made against the in-year allocation following confirmation of final costs for 2 DR rooms. This will be reported through as part of the scheme completion next year.
Emergency Department and Minor Injury Unit Improvements	(0.191) / High	Some timescales have slipped into April - HB will manage.

Scheme	£m / Risk Level	Narrative
Year-End Funding	(0.185) / High	Some delivery timescales have slipped into April - HB will manage.

All other schemes are low risk and any variances are linked to planned contributions from discretionary and in some instances payback of prior year fees.

14. Capital Disposals (Table K)

No disposals expected to take place this year.

15. Aged Welsh NHS Debtors (Table M)

Table M lists all Welsh NHS invoices outstanding for more than 11 weeks as at the end of January. The value of NHS debts outstanding for between 11 and 17 weeks amounted to £20k at the end of January 2024 (December 2023 - £115k) with the number of invoices increasing in this category to 22 compared to 9 invoices as at the end of December 2023.

Of the outstanding invoices between 11 and 17 weeks old, 1 invoice has been paid since the end of January 2024.

All 22 outstanding invoices are being chased:

- Cwm Taf – Total outstanding balance for the 20 invoices is £5.8k where £4.5k relates to ‘Looked after Children’ charges which are being chased, no reason provided for no payment. The rest balance of £1.3k is approved and is awaiting payment.
- Powys – Total outstanding balance is £9k where one invoice for £1k has been approved and the rest of balance is being chased.

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

Table N & O have been completed for Quarter 3 as required. GMS and Dental are currently forecast to overspend by £0.320m and £0.202m respectively. A further update will be provided at Quarter 4.

On Table P whilst there are uncommitted values against RIF and MHSIF, it is anticipated that all ring-fenced allocations will be committed by 31st March 2024. With regard to the VBHC £1.471m, there will remain £0.480m of uncommitted funding which is aligned to the latest submission.

The financial information reported in these Monitoring Returns reflect those reported to the Health Board. These Monitoring Returns incorporate the financials of the following hosted bodies: -

- EMRTS.

17. Governance Arrangements

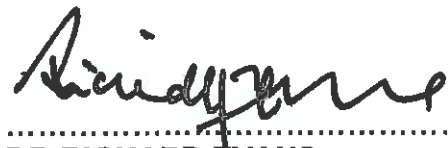
In the absence of the Chief Executive, the monthly monitoring return submission will be approved by Darren Griffiths (Deputy Chief Executive) and for the Director of Finance by Samantha Moss (Deputy Director of Finance).

These Monitoring Returns will be circulated to the membership of the Health Board's Performance and Finance Committee on 26th February 2024.

Yours sincerely,



.....
DARREN GRIFFITHS
DIRECTOR OF FINANCE



.....
DR RICHARD EVANS
INTERIM CHIEF EXECUTIVE

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