

Dyddiad/Date: 12<sup>th</sup> January 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 31<sup>st</sup> DECEMBER 2023**

I enclose with this commentary the completed proformas in respect of the Health Board's Monitoring Returns to 31<sup>st</sup> December 2023.

The Health Board's (HB) 'Landing Plan' to deliver the Control Total set by Welsh Government (WG) was presented to the Board on 30<sup>th</sup> 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 represents material updates to the delivery of the plan and the information from section 1 onwards provide further information to support the specific Tables within the MMR.

- **Delivery Control Total**

The decision by the Board to support the aspiration to deliver the Control Total at the meeting on the 30<sup>th</sup> November 2023 and the opportunities and actions needed to deliver the target, which supports the emerging optimism that the Health Board has the options to achieve the £17.1m deficit target still remains.

The actions required in Month 9 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. This explains why the final figure was not aligned to the Month 9 projected position on the Month 8 submission.

- **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. A meeting was held with Audit Wales at the end of November 2023 following which it was agreed that the Health Board would outline its proposals for 2023/24 in a paper. This paper was shared with

Audit Wales on 8<sup>th</sup> December 2023 and at the time of writing this letter no feedback from Audit Wales has been received and so £17m remains subject to audit agreement.

- *Part 6A Other Opportunities Identified (Table A Line Ref 31)* – as noted in Month 8 the HB will continue to identify opportunities to mitigate slippage on other parts of the landing plan. So for example during December 2023 the final GMS QAIF payments relating to the 2022/23 accrual were transacted with an initial assessment indicating there may be further slippage to support the plan.

- **General Overview**

Whilst the Health Board was successful in the delivery of the Month 9 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 31<sup>st</sup> 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 31<sup>st</sup> March 2023 and relates to Section 1 of the table reported above. However, as per the plan submitted on 31<sup>st</sup> 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 and an update will be incorporated within presentation for the FP&D Touch Point Meeting on 5<sup>th</sup> February 2024.

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

As noted in Month 8 the risks and opportunities are being managed via the Health Board 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** – the first week of January 2024 has seen 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** – at the time of writing the letter the Health Board were pulling together indicative costs for coverage of the Junior Doctors' Industrial Action based on paying the Consultant staff at the BMA rate level. An indicative value

of £1.0m has been included on Table A2 at this point based on current understanding of rota cover fill rates.

- o 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 regard to the Morriston Service Group target. An indicative value of £3.0m 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 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 £'m	Original Plan £'m	Post Mth 1 Adjustment £'m	October £60.8m £'m	10% Reduction £'m	Trajectory 2023/24 Based on Plan £'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)
<b>Total</b>	<b>11.0</b>	<b>58.9</b>	<b>16.7</b>	<b>(60.8)</b>	<b>(8.7)</b>	<b>17.1</b>

	Trajectory 2023/24 Based on Plan £'m	Actual Performance £'m	Variance From Plan £'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)		
Mth 11	(1.5)		
Mth 12	(1.5)		
<b>Total</b>	<b>17.1</b>	<b>41.5</b>	<b>19.8</b>

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 £1.4m. Month 9 saw a further deterioration linked to reduced activity in December 2023.

As reported for the previous 8 months of 2023/24, the pressure as a result in the loss of Dental Contract Income continues, with the YTD shortfall increasing to £1.3m in Month 9.

- **Pay**

The Month 9 pay overspend has improved from Month 8 and stood at £1.7m (a decrease from Month 8 overspend of £1.9m), taking the YTD overspend to £14.6m. There has been a decrease of 213 WTEs between months, predominantly within Additional Clinical Services, which is largely driven by our Overseas Nurses becoming qualified, and Estates & Ancillary, which is largely driven by a reduction in Band 2 Catering and Domestic staff. There has been a reduction in Non-Medical Agency (£0.4m), Bank (£0.2m) and Irregular Sessions (£0.2m), partly due to the qualification of a cohort of Overseas Nurses and partly due to prohibiting substantive staff from taking Annual Leave over the Christmas period.

- **Clinical Consumables**

This area continues to be a significant pressure with a YTD variance of £7.4m. With the in-month position being significantly (£1.3m) improved from Month 8 at £0.1m. The in-month improvement is predominantly driven by Heart Valves (£0.8m) due to a one-off rebate of £0.5m and reduced TAVI activity. 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 £1.0m variance in Month 9, with a £7.5m YTD.

- **Prescribing**

At Month 9 the in-month position reflected in the ledger on Prescribing is breakeven (Month 8 £0.6m overspent) and £4.9m YTD. The latest PAR recognises a significant price reduction in Apixaban (the most commonly prescribed DOAC), which has reduced the end of year forecast back to the £6.1m assumed within the Landing Plan.

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

The key 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: primarily reflects a correction to the RRL in respect of Baseline DEL, where an anticipated allocation had been retained since Month 2 which was a duplication of 2 allocations received; this was only identified in Month 9

and has now been corrected (£9.8m). This is offset by new allocations received in Dental (£1.4m) and GMS (£0.6m).

- WHSSC Income
  - PMF: this relates to timing differences in performance only.
- 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.
- Primary Care Contractor
  - PMF/PMFYF: Reflects a lower than expected QAIF claim in-month.
- Provider Pay
  - PMF/PMFYF: decrease in costs between Month 8 and 9 as noted in section 4.2 above.
- Provider Non Pay
  - PMFYF: this reflects the opposite entry to the correction to RRL described above. There have also been reductions in non-pay expenditure directly driven by lower levels of activity.
- Secondary Care Drugs
  - PMF: NICE reflects the increase in NICE costs which are supported by centrally held budgets.
- CHC
  - PMF/PMFYF: the impact of a small number of high cost packages, predominantly in the Community and 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 of costs but overall no material change to the position at Forecast Year End assessment.
- Losses
  - PMF: this relates to timing differences in the assumptions made in the Month 8 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 Non-Pay and 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 30<sup>th</sup> 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 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 positive 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)**

The most recent update on the forecast via British Gas/CCS ranges from £14.2m to £13.2m based on the email from NWSSP dated 2<sup>nd</sup> October 2023 (we will provide an update in Month 10 of the impact of the latest e-mail received on 8<sup>th</sup> January 2024 from NWSSP). 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.

Alongside this the Health Board has an assessment of its predicted usage costed at the CCS rate. The forecast in Table B for 2023/24 provides an estimate of £15.9m for 2023/24, including PFI. PFI costs are outside of the CCS forecast and to date we have not yet received any invoices for this financial year. 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. Once the discussions within the Health Board and Audit Wales have concluded 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 9 is £2.546m, which is 4.0% of the overall pay expenditure and is £0.391m lower than the value reported in Month 8. This decrease was mainly due to decreases in Agency – Non-Medical following the qualification of a cohort of Overseas Nurses and prohibiting substantive staff from taking Annual Leave over the Christmas period.

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

- Vacancy Cover – 51%
- Temporary Absence Cover – 21%
- Additional Support to delivery and performance – 26%
- COVID-19 – 1%

## 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
Nonsocial	508
PPE	1,492
<b>TOTAL</b>	<b>11,953</b>

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

As at 5<sup>th</sup> January 2024, the weekly internal reporting mechanism within the Health Board reported savings identified in 2023/24 of £22.8m. The tables within the MMR were based on the data at the end of December 2023 and since the data was run the value of savings identified and reported may have changed compared to the overall value within the Month 9 MMR. The position reported on 5<sup>th</sup> January 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	3.92	0.21
NPTS Service Group	1.90	5.45	7.36	4.59	2.77
Morrison Service Group	4.54	6.36	10.89	3.94	6.96
MH & LD Service Group	0.79	2.57	3.36	3.56	(0.20)
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)
<b>Total</b>	<b>10.48</b>	<b>22.20</b>	<b>32.68</b>	<b>22.80</b>	<b>9.89</b>

This clearly shows that the one area of non-delivery remains to be the Morrison 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.

There are 2 validation errors due to two schemes being Amber with an expected 'go Green' date on 1<sup>st</sup> January. This is a timing issue that will be resolved for Month 10 once the timing of delivery is evidenced.

#### **8. Welsh NHS Assumptions (Table D)**

Table D reflects a mix of the Agreement of Balances position as at Month 12 2022/23 and in year changes to the LTAs.

#### **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 we understand there have been some discussions regarding the pay mapping exercise and requirement of information from payroll this remains outstanding.
- Real Living Award: for which we have provided updated on each month.

An update on when the Health Board is likely to receive confirmation 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 reduced slightly by £0.432m from £11.383m at the end of November 2023 to £10.951m at the end of December 2023.
- In terms of Trade receivables, there has been an increase of £18.5m from £241.2m at the end of November 2023 to £259.6m at the end of December 2023. This relates mainly to an increase of £16m in the Welsh Risk Pool (WRP) Debtors, and an increase in NHS Debtors.
- The closing December 2023 cash balance of £10.861m which is higher than the best practice cash target for the Health Board of £6m.
- The trade and other payables figure saw a decrease of £4.5m from £199.5m at the end of November 2023 to £204m at the end of December 2023. This comprised a reduction in Creditors and accrued expenditure.
- There has been an increase of £24.2m in provisions from £191.9m as at the end of November 2023, to £216.2m as at the end of December 2023. The quantum received are now being reflected in the financial ledger on a monthly basis, rather than quarterly. This will create a more regular movement for both the Trade Receivables (WRP Debtors) and the Provision figures. This movement relates mainly to 7 Clinical Negligence cases, which moved from a probability 3 to a probability 1 or 2 on the quantum.



## 11. Cash Flow Forecast (Table G)

As at the end of December 2023, the Health Board had a cash balance of £10.861m, which is above the best practice cash target for the Health Board of £6m.

However, during December 2023 the following occurred, which meant that the cash balance was higher than originally expected:

- Received £3.3m more than expected from WRP
- Received £1.1m from WG
- Received £2m more than expected for SLA/LTA
- Received £1m additional income from the Port Talbot Resource Centre
- Spent £3m less than expected on Revenue payment runs

The cash deficit position of £34.245m is detailed in the table below:

	£'000
Forecast I&E Deficit	- 86,595
Additional funding received	60,000
Reimbursement to Capital from Revenue	6,944
Movement in Working Capital Balances	- 17,453
Opening Cash Balance	2,859
<b>Forecast Cash Deficit</b>	<b>- 34,245</b>

The difference between the £34.245m forecast cash deficit and the Forecast I&E deficit Cash figure, reflects the £6.944m 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 has formally requested support from WG for the movement in working capital cash balances (£33m) and strategic cash (£17m). Due to the timing of the anticipated cashflow pressures, we have requested £25m working capital cash support for February 2024, and £8m for March 2024.

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 allocations (£70m) 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 on a weekly basis, 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 £0.453m. Allocations are anticipated on the following schemes, which will provide a balanced position.

Scheme	£m / Risk Level	Narrative
Business Case Fees	0.168 / Medium	Funding anticipated from WG for design fees for Cath Lab A replacement (case approved 8 January) and Thoracic resource schedule (submitted).
Re:Fit Phase 4 – Solar Farm Extension	0.285 / Medium	Funding increase requested from WG Energy Services (24/07/23).

The following allocations are classed as risks.

Scheme	£m / Risk Level	Narrative
Singleton Cladding	(0.210) / 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	(0.321) / High	As discussed at WG presentation on 9 January, scheme is on hold pending agreement on proposed RIBA stage 2 / OBC redesign.
Morrison Infrastructure Modernisation Phase 2 – Sub Station 6	(0.794) / High	Weather delays have increased programme timescales and have resulted in a re-profiling of spend into 2024/25 as discussed with the scheme cost advisor.
Re:Fit Phase 4 – Solar Farm Extension	0.285 / Medium	Funding increase requested from WG Energy Services 24/07/23. Update from Lindsey Bromwell 19/10/23 that funding transfer from Energy Services to Health is being processed.
PET CT Scanner	0.119 / 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	(0.301) / 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

Scheme	£m / Risk Level	Narrative
		February following the completion of the New Pathways works in their building.
Burns Unit and Critical Care Expansion	(0.621) / High	A revision to the programme has been made around M&E with slippage of £0.621m. Works have commenced this month.
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.

All other schemes are low risk and any variances are linked to planned contributions from discretionary.

#### 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 December. The value of NHS debts outstanding for between 11 and 17 weeks amounted to £120k at the end of December 2023 (November 2023 - £9.3k) with the number of invoices increasing in this category to 12 compared to 7 invoices as at the end of November 2023.

Of the outstanding invoices between 11 and 17 weeks old, 3 invoices have been paid since the end of December 2023.

All 9 outstanding invoices are being chased:

- Cwm Taf – unable to find approvers for the invoices, which is causing delay in payment.
- PHW – awaiting funds from WG to pay invoice 3215301, before making payment to SBU.

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

Table N & O have been completed for Quarter 2 as required. GMS and Dental are currently forecast to overspend by £0.320m and £0.202m respectively.

On Table P whilst there are uncommitted values against RIF and MHSIF, it is anticipated that all ring-fenced allocations will be committed by 31<sup>st</sup> 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 23<sup>rd</sup> January 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