

## ANEURIN BEVAN UNIVERSITY HEALTH BOARD

### MONITORING RETURN FOR MONTH 7 2025/26

#### Finance Commentary for the Period Ended 31<sup>st</sup> October 2025

##### Introduction

This narrative will provide commentary relating to the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31<sup>st</sup> October 2025 (Month 07, 2025/26). This commentary will provide an overview of the financial position and performance of the Health Board on a year to date and forecast basis and will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

The year to date budget performance at month 7 is a deficit of £13.668m. This is due operationally to new year pressures that include prescribing costs (April PAR) / drugs, CHC activity including Discharge to Assess case growth, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

**The Health Board is disappointed to be in the position to continue to forecast the 2025/26 financial position as £19.9m deficit and acknowledges the challenge this puts on the Welsh Government budget.** This has followed a full mid-year review and financial recovery process, with full engagement of the Board, Executives and Divisional Directors. The forecast deficit is reflective of full delivery of the IMTP savings plans and in year cost pressures that are in addition to those within the IMTP and is currently assessed as the best-case scenario. The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain within this forecast, notably Welsh Risk Pool increased premium, winter plan implications, Our next patient (45-minute ambulance handovers) and the potential impact of any band 2 to 3 HCSW national proposal. This is described further in the commentary.

The ABUHB IMTP financial plan was based on achieving IMTP savings (£40.4m), through financial recovery actions the forecast achievement of savings and mitigating actions of £43.5m.

The in year cost pressures driving the deficit, for which the Health Board cannot currently foresee achieving full mitigating actions are listed in the table below:

ABUHB Mid Year Review 2025/26 (m5)		
Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres b2 to b3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	winter beds 24/25	0.80
	Surge beds	2.00
	emergency department	0.20
	ITU capacity	1.50
Ministerial Priorities - Cancer (£2.5m)	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
	Diabetes Pumps	0.80
Unavoidable Investments / Risk mitigations (£4.4m)	Mental health	3.90
	Thyroid loss of service	0.50
<b>Total</b>		<b>19.90</b>

The Board was fully briefed on the emerging £40m risk position 'in committee' in July and was fully supportive of maintaining the break-even forecast whilst further in depth work was undertaken to develop financial recovery mitigating actions and savings. Following a dedicated meeting with the Board on the 10<sup>th</sup> September 2025 all options currently available to the Health Board to minimise the impact of the emerging pressures were discussed and agreed, with risks. The Health Board will have limited ability to identify further mitigating actions without identification of further funding or cessation or reduction of services. This revised forecast and approach is fully supported by the Board.

The month 7 position is presented as a forecast deficit of £19.9m, this is subject to risk of further in year pressures that may emerge later in the financial year and national pressures, referred to later in the report.

The forecast position assumes that pay awards and any other pay related uplifts for 2025/26 will be fully funded from Welsh Government. In line with previous funding agreements, the Health Board has assumed the 2025/26 Real Living Wage step costs implemented on 1<sup>st</sup> April 2025 (£2.6m) will be funded as part of the new year pay settlement. The Health Board has anticipated £31m funding for the 2025/26 wage award, this is based on staff in post at month 4 uplifted for 3.6% for A4C and 4%, plus £750 consolidated payment where applicable, for Medical & Dental. The Health Board expects the uplift to cost approximately £1.5m for A4C Bank staff and consider this should be included in the funding uplift related to covering vacant substantive posts.

In month 6 the additional unplanned cost pressures, on top of the £19.9m, covered by the increased savings were: JCC in year performance (£0.5m), ICD's underperformance (£0.3m), acute drugs (£0.8m) and Litigation (£1m) **(Action Point 5.3)**.

In month 7 there are also cost pressures covered by additional savings, specifically linked to acute drugs, winter pressures and 'our next patient' 45 minute ambulance handovers (£1m).

### **Key messages for Month 7**

The full-year financial position reported at month 7 **shows a forecast deficit of £19.9m**; this is presented on the face of **Table B – Monthly Positions**.

### **Actual YTD**

The financial position at the 31<sup>st</sup> October 2025 shows a £13.668m deficit position, with the key issues in the month described in this report.

Expenditure within the Health Board for total pay was £76.4m. This is an increase of £0.2m compared to September (£76.4m).

Non-pay expenditure (excluding capital adjustments) was £97.7m, an increase of £5.3m compared to September. This is a result of Health care services provided by other bodies (+£3.2m), largely linked to a growth in out of area treatments and regional contracts, including an additional (+£1.4m) for GMS and Dental contracts driven by rising Covid infections, extra sustainability support, and partial-year accrual releases. In previous months, and (+£0.6m) Linked to utilities and rates following the accrual release in month 6.

CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continues to present as a financial pressure due to inflationary price uplifts, volume increases, including an increase to Discharge to Assess placements and an increase in high cost CHC packages of care. Within Mental Health & Learning Disabilities the high level of observations required are also a pressure.

Prescribing expenditure has deteriorated against the Plan, primarily due to an increase in the average item price (now £7.82 compared to the planned £7.41) and the volume of items prescribed in the April PAR. While the forecast growth rate has been reduced from 0.5% to 0.0%, this only partially offsets the impact of rising item prices, which have increased from £7.81 in month 5 to £7.86 in month 6 and £7.95 in month 7. The latest increase is 7.9p lower than the forecast for August.

On-going acute secondary care high cost drugs prices and growth in usage continue to be a pressure. The National V&SB procurement and Medicines Management savings opportunities are reviewed throughout the year and actions progressed to deliver any opportunities outside of the financial plan. Medicines management savings include an expectation to achieve £2.2m from the loss of exclusivity of Dapagliflozin, this is based on the price dropping to c40% of the pre price reduction cost.

No reserves are being held by the Health Board (Table B -section E).

The reasons for being off target are consistent with the reasons for the forecast deficit.

## **Actual YTD and Forecast Under / Overspend (Tables A, B, B1, B2 & B3)**

### **Table A – Movement of Opening Financial Plan to Outturn**

The Board developed a break even plan for 2025/26 that was ambitious and focusses on delivery reinforced by Welsh Government, the plan does assume elements of specific additional funding related to national digital initiatives and Ministerial Expectations and a savings programme greater than the 2% expected by Welsh Government.

The IMTP £40.4m savings plan submitted presented the confidence/risk profile as:

- Savings plans £26m, (£16m green and £10m amber) and
- Not identified to date £14.4m (therefore high risk to delivery)

The savings position for month 7 is described later in this report and following a period of significant financial recovery focus the Board has identified 'Green' savings greater than the plan (some of these green savings are not yet fully delivered YTD and a risk remains).

The Board has continued to strengthen the established robust Planning Framework that provides granular level analysis and triangulation of service delivery, efficiency, workforce and financial implications. The key priority is to optimise delivery of, or towards, Ministerial Expectations within available resources, with patient safety, cancer services and waiting time reductions as the highest priorities for the Board.

The Health Board's ambition is to achieve and sustain a balanced plan over the next three years, acknowledging the level of assumptions and risks, this will be even more challenging considering the forecast deficit.

The Board continues to give significant priority to improving the financial position going forward. Financial governance arrangements, staff awareness, training and tools have been developed to help improve financial decision making across the Board, including establishing the Chief Executive led ABUHB Value & Sustainability Board with Executive Leads for each theme area. The current methodology may be reviewed to ensure maximum impact. In addition each Division will be required to participate in Financial Recovery Meetings with the Executive team to discuss how to identify and implement mitigating actions. The Performance Management Framework triangulates with budgetary delegation responsibilities to improve assurance and provide an escalation route for performance variation.

The Health Board's identified aims for the 2025/26 financial plan is to achieve an improved revenue position compared with 2024/25, achieving break-even and an improved underlying deficit leading to a sustainable financial position. However, the

Heath Board has revised the forecast to a deficit for 2025/26 and the impact on the underlying position, which could be material, is being reviewed.

Spend reductions are generally reported as savings / cost avoidance where appropriate, but we will liaise with FP&D. **(Action Point 6.2).**

There has been some re-categorisation within the Covid table in month 7, this is to better reflect the updated spend plans in Health Protection.

All cost pressures and savings are being assessed with a view to ensure the correct categorisation between recurrent and non-recurrent. This work is underway and intricately linked to the Integrated Medium Term Plan work. Once this work is complete and the revised underlying position is agreed with the Board the appropriate sections / tables will be updated **(Action Point 6.1).**

The original action point (4.4) queried the 'unplanned spend reduction' in table B2 of £1.5m, this was originally reported because of a one off reduction, the presentation was amended in month 5 to better show the reasons for the variance to plan. For primary care contractors it was due to additional funding received and for the non pay, voluntary organisations and joint financing categories it was due to a reprofiling of the spend **(Action point 5.1).**

### **Table B - Monthly Positions**

The year to date budget performance at month 7 is a deficit of £13.668m. This position is £0.3m worse compared to the MMR month 6 profile for 2025/26.

The forecast reduction in 'other services pay' has been adjusted in month 7, however, the forecast has slightly decreased compared to month 5 in line with average spend to date. **(Action point 6.4).**

### **SOCNE Movement (Table B1)**

Monthly Movement Analysis Compared to Previous Month Forecast – In-Month Spend and Year-End Forecast

- RRL & AME Donated Depreciation / Impairments – timing of the allocation adjustments
- Primary Care Contractor – variance reflects the allocation for the Optometry pay uplift of 4% and additional costs associated with GMS enhanced services.
- Prescribing – reduction driven by lower PAR (Price and Growth) assumptions, with current trends showing negative growth.

- Healthcare Services Provided by Other NHS Bodies – uplift in forecast following receipt of funding letters during the month and anticipated future spend increases.
- Continuing Care and Funded Nursing Care – increased expenditure due to a rise in placements within Mental Health services.
- Non-Pay – increased expenditure driven by additional operational pressures, including Winter planning activities and the “Our Next Patient” initiative (focused on achieving 45-minute handovers).
- Welsh Government Income (Non-RRL) – has been reprofiled this month, but the overall forecast remains unchanged.

The risk of the Welsh Risk Pool increased contribution, latest estimate up to £9.7m, has not been included in the Health Boards forecast at month 7. The Health Board is unable to mitigate these additional costs therefore this will have a direct adverse impact on the forecast for 25/26, and maybe the underlying. Additionally there hasn't been an agreement at Directors of Finance to include at month 7 nor has the figure to be included been finalised, this will be determined by an allocation adjustment actioned by WG (**Action Point 6.15**).

Planned Care has only been mentioned in terms of the movement in actual spend between months, not as a cost driver to the forecast out-turn deficit. This is because the Health Board is assuming funding to cover the increased costs. If the funding is not confirmed, then this will directly translate into an adverse impact on the forecast deficit. The funding is assumed based on conversations with service side NHS Wales Performance & Improvement. Regular activity monitoring is provided. (**Action Point 6.16**).

The depreciation figures included in Table C represent the anticipated DEL and AME depreciation allocations required for owned, donated, and IFRS16 lease assets. The figures are based on the CRL received on the 5<sup>th</sup> November 2025 and will be subject to change if further approvals are received. The depreciation estimates have been updated to reflect the confirmed building indices provided in Technical Update Note 1 2025-26 and are as reported in the Non-Cash Return submitted on 3<sup>rd</sup> November.

The figures for AME reversals of impairments are also based on these revised published indices. The anticipated AME impairments requirement has been updated to reflect the current position, based on the three valuations received to date alongside those which remain estimates. The DEL impairments requirement has also been updated as at month 7.

The anticipated allocations included at Month 7 and in the November Non-Cash Return are detailed in the table below:

	<b>Forecast per M07-26 MMR</b>
<b>Anticipated Allocations</b>	<b>£000</b>
DEL - Baseline Depreciation Shortfall/ (Surplus)	(514)
DEL Strategic depreciation Support	3,710
DEL Accelerated Depreciation	190
DEL IFRS16 Leases Depreciation	(255)
DEL Impairment Funding	146
<b>Total DEL Funding</b>	<b>3,277</b>
AME Donated Asset Depreciation	344
AME Impairment Funding	34,235
AME Reversals of Impairment Funding	(37,011)
AME IFRS16 Leases Depreciation	62
<b>Total AME Funding</b>	<b>(2,370)</b>
<b>Donated &amp; Granted Assets Credit</b>	<b>(160)</b>
<b>Total Allocations (excluding DEL Baseline)</b>	<b>747</b>

The IFRS16 DEL depreciation requirement reported in section C and Table Q is now £4.108m (the £4.363m baseline less the anticipated adjustment of £255k). This includes £220k of estimates included in the Non-Cash return for leases that are still being finalised.

The increase in AME Reversals of Impairment of £20.404m fully relates to the impact of the revised indices for 2025/26.

### **Table B2 – Expenditure Movements (Section A)**

This table has been completed in line with the guidance.

Additional cost pressures have been included for elements of Winter and 45 minute ambulance handovers which are mitigated with additional savings.

### **Table B3 – Pay & Agency (Section A)**

This table has been completed in line with the guidance.

#### **1. Agency / Locum (Premium) Expenditure (B3 Sections B & C)**

This table has been completed in line with the guidance.

#### **2. Variable Pay excluding Agency / Locum (Premium) expenditure (B3 Section D)**

This table has been completed in line with the guidance.

### **Underlying Position (Tables A1)**

The Underlying (U/L) position brought forward into 2025/26 was a deficit of £27.2m with a forecast carry forward deficit into 2026/27 of £14m. This is per the plan submitted on the 31<sup>st</sup> March 2025.

The underlying deficit position has been reviewed as part of the IMTP process for 2025/26 which can be summarised as below:

2025/26 Opening underlying position	24/25 Plan £m	25/26 movement £m	25/26 opening plan £m
Workforce & Variable Pay	2	3.9	5.9
CHC	2.6	1	3.6
Medicines management	4.8	5	9.8
JCC specialised services	5	2.8	7.8
<b>Total</b>	<b>14.4</b>	<b>12.7</b>	<b>27.2</b>

This has resulted in a starting underlying position for 2025/26 of £27.2m

The elements and cost drivers making up the underlying deficit are under regular review to ensure actions to address the growth/pressure are being progressed and may be updated in conjunction with the review of the forecast.

**Following the in depth review and the adjusted forecast position the underlying forecast will also need to be updated. An exercise will be undertaken to establish the savings and mitigating actions that are recurrent, and the underlying position will be updated in future reporting.**

### 3. Risk Management (Table A2)

The risks included in the MMR tables reflect the emerging in year pressures, risks are reviewed regularly and updated based on the Health Board's assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant risks to the Health Board are:

Risks Excluded from Forecast £19.9m deficit	
	£m
WRP	9.7
band 2 to 3	7.9
Bank wage award not funded	1.5
RTT not funded - WLI's / internal solutions	3
RTT not funded - national insourcing	tbc
National OP insourcing s/fall	tbc
Winter	tbc
MH Variable Pay	2
ED 45 mins (2 months extra nursing)	tbc
Secondary care drugs	1.7
Non Achievement of Savings	2
Pay settlements funding	tbc
Achievement of Full Savings plan	tbc
Operational Pressures in xs of forecast	tbc
Confirmation of anticipated funding (Wage awrds & Planned care)	tbc

These risks are outside of the current forecast and if costs are incurred and funding is not provided then it is a high probably that they will impact the year end forecast deficit.

All Wales Directors of Finance have agreed to continue showing the risks around the WRP forecast as a risk. If this is not funded, then it will increase the forecast deficit of the Health Board by up to £9.7m.

The Health Board acknowledges the action point 5.6 requiring 100% confidence in the delivery of the savings plans and the comment that it is not appropriate to continue reporting a risk of savings delivery, however, the Health Board continues to report a risk of the full achievement of the savings of £2m. This is due to the scale of the savings achievement required in the last five months of the year. **(Action Point c/f 5.6).**

Separate correspondence has been exchanged regarding the Bank wage award for 25/26, which was not included as an anticipated allocation in month 6 as WG had stated it would not be funded, for this same reason we don't agree that the request was late. The forecast cost of this wage award remains at £1.5m. This has not been anticipated for month 7 as WG have been clear that this does not align with their expectations, but no indication of an acceptable amount has been shared. Therefore, the Health Board continues to request the £1.5m of funding, recurrently and would expect this to be treated in the same way as any other bank funding request. **(Action Point 6.3).**

An opportunity has been included for a best case drug price reduction for Dapagliflozin to 10% of the original cost.

During the Finance review meeting with WG on the 20<sup>th</sup> October the Health Board set out pipeline opportunities of c£5m. Of this £0.5m have materialised and are included

in the forecast, offsetting new pressures and the remaining £4.5m opportunities are work in progress.

#### **4. Ring Fenced Allocations (Tables N, O & P)**

Table P has been completed.

In addition to the funding listed the Health Board is anticipating £3.9m of funding for planned care / RTT 104 week internal work, this is based on CEO conversations with a senior WG Director.

Tables N & O (GMS & GDS) will be completed quarterly in line with the guidance.

#### **5. Savings (inc. Accountancy Gains & Income Generation) (C, C1, C2, C3 & C4)**

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific Divisional schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following financial recovery actions all savings and mitigating actions have been identified, albeit risk remains in their achievement.

**At month 7, the year to date savings is in line with the target, with a full year forecast of £43.9m. The increase in savings is the result of the inclusion of some of the previously reported opportunities converting to deliverable savings. (These are off-setting cost risk growth and winter pressures)**

In line with WG expectation in delivery of the savings at month 7, all savings schemes have been reported as green. There remains risk in the full achievement of some of the savings, so continues to report a risk in this area, but the Health Board expects to manage this as the financial year progresses.

The Study Accrual held at the end of 2024/25 was the calculated estimate of Study Leave not taken in the 2024/25 financial year. **(Action Point 6.6).**

This Accrual was first accounted for during Covid (2020/21), following the exceptional circumstances facing the Health Board meant that resident Doctors were unable to take their allocated study leave by the end of the Financial Year a review that study leave was not being taken during the year given.

Resident Doctors have since returned to “normal practices” in relation to taking their study leave, meaning that there should no longer be a requirement to cover this at a premium rate at year end.

The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

## **6. Income Assumptions 2024/25 (Tables D, E & E1)**

### **Table D – Welsh NHS Assumptions**

This table has been completed in line with the guidance.

### **Table E - Revenue Resource Limit**

This table has been completed in line with the guidance. The Month 7 financial position is based on total allocations of £1,933.072m, of which £1,887.416m are received and £55.656m are anticipated.

The wage award funding for the 2024/25 settlement did not include the impact of the stepped change in pay in 2025/26 following the incremental changes in the bands 8+, however, it has been agreed that £0.322m will be funded and the anticipated allocation has been adjusted accordingly.

Wage award for 2025/26 has been anticipated at £31.068m, for the uplifts we are aware of, along with £2.6m for RLW, the Health Board is assuming any further changes or impacts from changes to Terms & Conditions will be fully funded. At this stage, the Health Board has not formally anticipated funding for the impact of the wage award on A4C bank staff, covering substantive roles (see Action point 6.3). It is estimated as circa. £1.5m.

Allocations are anticipated on receipt of a notification from WG, including Policy Leads and finance colleagues, however, the 2025/26 plan has made assumptions about funding where there has been a history of receipt or an indication from a lead in that area.

The Health Board has anticipated Planned care / RTT funding in line with letters received, however, an additional £3.9m funding is being assumed for 104 week activity in line with CEO conversations with a WG Director. If this funding is not received it will worsen the financial forecast.

Full receipt of all anticipated allocations is imperative for the Health Board to de-risk its financial plan, this will continue to be quoted as a significant risk until confirmation is received.

In addition to WG income the Health Board is anticipating funding from:

FP&D / NHS Executive for:

- 2025/26 Precision medicine
- Digital Pathology Breast AI

DHCW for:

- LIMS

## **7. Healthcare Agreements and Major Contracts**

The Health Board has agreed and signed LTAs for all Welsh providers and commissioners.

The Health Board has agreed LTAs with all English providers reflecting the CUF Uplift/National tariff changes. During a review of these agreements, it has been identified that several of the individual tariff lines have been inflated by up to 14.7% which is significantly more than the current WG funding, at this stage the Health Board is assuming this will be managed internally but without funding or further mitigating actions this could generate an unfunded financial pressure to the Health Board of circa £0.7m.

At Month 7 reporting, activity information to support LTA forecasts is based on Month 6 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre, this forecast remains volatile with Velindre significantly changing their forecast in M6 (improvement c£1m). We continue to meet with providers to manage and mitigate any further risks.

The Health Board is reflecting the overspend that JCC is forecasting, however, discussions over managing and mitigating the significant risk to that position continue between the parties. In addition there is a contract performance risk if provider activity continues to increase.

LTA contract performance risk is predominantly with Velindre and Cardiff, the Health Board is currently forecasting in line with provider monitoring information however there is risk of potential increases in activity by the provider through the year and increases in high cost drug recharges. There are outstanding data and information requests with Cwm Taf UHB where assurance has not been provided to allow the Health Board to validate the inpatient activity being charged in the contract and this is being escalated to resolve.

## **8. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)**

## Table F – Statement of Financial Position

The main changes on the Statement of Financial Position between Month 07 and Month 06 relate to:

- A net decrease in trade & other receivables of £7.8m between September and October 2025. The main reasons are:
  - £4.6m decrease in Welsh Risk Pool claims due, of which £1.1m relates to claims due in the current year, and £3.5m relates to claims due in more than 1 year;
  - £2.5m decrease in Non-NHS Accruals;
  - £0.7m decrease in invoices outstanding on the Accounts Receivable system
  - £0.6m decrease in NHS Accruals;
  - £0.6m increase in Prepayments.
  
- Trade & other payables have seen a net decrease of £16.4m between September and October 2025. The main reasons for this are:
  - £9.2m decrease in Non-NHS Accruals;
  - £4m decrease in NHS Accruals;
  - £2.7m decrease in the value of creditor invoices not yet due;
  - £0.8m decrease in Payments on Account;
  - £0.4m decrease in Other Creditors
  - £0.4m increase in Goods Received Not Invoices, due to invoices being processed;
  - £0.3m increase in Capital Creditors.
  
- Current and Non-Current Provisions have seen a net decrease of £1.8m in month. Within this, there were notable fluctuations related to WRP Clinical Negligence and Personal Injury claims:
  - Non-Current provisions have decreased by £3.6m;
  - Offset by an increase in Current provisions of £1.8m.Within the WRP provisions
  - Clinical Negligence claims have decreased by £2.2m;
  - Personal Injury claims have increased by £0.4m.There has been a slight decrease in Other provisions, including CHC, of £0.025m.

There are significant variances on the balance sheet from the end of 2024/25 to October 2025. These are detailed below:

- There has been a net increase in trade & other receivables of £11m. This is mainly due to a net increase in WRP income due of £6m, an increase in Prepayments of £7.6m, offset by a net decrease in other debtors, including invoices held on Accounts Receivable system of £2.6m.
- There has been a net decrease in trade & other payables of £35.6m. This is mainly due to a reduction in Other Creditors of £15.5m, a decrease in the value

of creditor invoices not yet due of £7.5m, in additions to an overall decrease in Accruals of £12.1m.

### **Table M - Aged Welsh NHS debtors**

At the end of October 2025, the Health Board had 5 invoices outstanding with other Welsh Health Bodies older than 10 weeks, totalling £92,175.

Cardiff & Vale University Health Board – 2 invoices totalling £3,328, which have since been paid.

Cwm Taf Morgannwg University Health Board – 1 invoice totalling £4,378. A credit note is to be raised to cancel the invoice.

Health Education Improvement Wales – 1 invoice totalling £19,050, which we have received the confirmed payment date.

Powys Teaching Health Board – 1 invoice totalling £65,419, which we have received the confirmed payment date.

### **Table M & O – General Medical Services & General Dental Services**

This table is not required for Month 07 reporting.

The year to date figure for Quarter 2 for 'Employers' Superannuation' (line 18) should be £0.994m, apologise this was a completion error (**Action Point 6.11**)

The reported dental income and expenditure lines will be reviewed for the next submission (**Action Point 6.12**).

## **9. Cash Flow Forecast (Table G)**

The cash balance held at the end of October is £2.458m which is made up of £2.383m relating to Revenue and £0.075m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

### Working Balances Cash Requirements

The Health Board is estimating a cash shortfall of £26.969m at the end of Month 7 relating to working capital movements, and as such is requesting working balances cash support of £20.301m for revenue, £3.000m for Capital and £3.668m relating to IFRS 16. The working balances cash support the Health Board requires is reviewed monthly.

<b>Working Balances Support</b>	<b>Month 7 Position £000</b>
Creditor & Debtor Movements	(11,235)
Accountancy Gains	(7,595)
<b>Total Revenue</b>	<b>(18,830)</b>
<b>Cash Not Drawn in 2024/25</b>	
ANEHFS 95 CCEA - Clinical Excellence Awards Q3 & Q4	(169)
ANEHFS 96 PCRF - Planned Care Trans funding Q3 Q4	(47)
ANEHFS 97 DPIF - TEC Cymru correction to letter 94	221
ANEHFS 98 MHOP - Memory assessment Services	(47)
ANEHFS 101 INIT - Additional M&D related pay award funding	(480)
ANEHFS 106 INIT - Additional recovery for IFRS 16	281
ANEHFS 3 INIT - Pharmacy Contract stability funding	(1,230)
<b>Total Revenue Cash Not Drawn</b>	<b>(1,471)</b>
<b>Total Revenue Working Balances Support</b>	<b>(20,301)</b>
<b>Capital Working Balances</b>	<b>(3,000)</b>
<b>IFRS 16 Working Balances</b>	<b>(3,668)</b>
<b>Total Working Balances Support</b>	<b>(26,969)</b>

The working balances cash support requirement amounts identified above have been reflected in Table E – Resource Limits.

The Health Board is currently forecasting an overspend of £19.9m in 2025/26. This overspend has been reflected in the cash flow table and we will require strategic cash support towards the end of the year if not reduced downwards toward break even.

The cash flow table is subsequently showing a forecast overdrawn balance of £15.077m in March 2026, which is made up of the following and assumes a cash balance held at the end of 2025/26 of £4.823m (£4.823m revenue and £0m capital).

	<b>Revenue</b>	<b>Capital</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>C/F Balance</b>	4,823	0	4,823
<b>Deficit/ Strategic Cash</b>	(19,900)	0	(19,900)
<b>Total</b>	<b>(15,077)</b>	<b>0</b>	<b>(15,077)</b>

## **10. Public Sector Payment Compliance (Table H)**

This table is not required for Month 07 reporting.

## **11. Capital Schemes & Other Developments (Tables I, J & K)**

Table I has been completed in line with the latest Capital Resource Limit (CRL) issued on 5th November 2025.

The approved CRL as at Month 7 totalled £37.086m including disposal proceeds totalling £0.145m. The Health Board confirmed the CRL requirements for All Wales Capital Programme (AWCP) schemes at the end of October. The revised budget allocations are included in the reported month 7 position and are now fixed (further details below). Any future slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme. The forecast outturn at Month 7 is breakeven.

### **AWCP Schemes**

#### **NHH Satellite Radiotherapy Centre – Main Scheme**

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works is now being agreed with the contractor. Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

#### **GUH Emergency Department Extension**

The phase 1 works to the Grange University Hospital Emergency Department Extension are nearing completion. Phase 2 works will now be completed next year outside of the winter pressures period. The Discretionary Capital Programme (DCP) is currently funding a projected overspend against this scheme of £0.403m, however, there is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation of the programme and additional works are approved under the contract.

#### **Head Lease for Chepstow Community Hospital**

The order for this scheme has been raised, and works are expected to complete by the end of December.

#### **Year End Funding October 2024 (GUH 2<sup>nd</sup> MRI)**

The MRI machine has been operational since July. Works are complete and smaller associated equipment orders have been delivered. Whilst some final costs are anticipated, an underspend of £280k has been returned to WG in October.

#### **Centralised Decontamination Unit**

The expected handover of the Centralised Decontamination Unit at RGH is delayed until February 2026. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

#### **RGH Blocks 1 & 2 Demolition and Car Park**

A SAB application for this scheme has been re-submitted to Newport City Council, and a decision is awaited. Slippage of £250k was reported against this allocation in October as works are not likely to commence until March.

#### **Backlog Maintenance 2024/25**

The Backlog Maintenance slippage allocation totalling £2.017m relates to St Cadoc's duct works and lift door replacements at Royal Gwent and Nevill Hall Hospitals. Works are progressing on both schemes which are expected to complete by quarter 3 of 2025/26.

#### **TEF National Programmes – Fire/ Infrastructure/ Decarbonisation/ Mental Health/ Infection Control/ Decontamination**

Targeted Estates Funding (TEF) for 2025/26 has been revised to £8.388m as a slippage request of £1.150m has been approved by WG. Works are progressing across the majority of the Targeted Estates Funding (TEF) schemes for 2025/26 with 22% of the allocation being spent by the end of October. The remaining orders are being progressed urgently to ensure full spend of the revised allocation. A request will be submitted in November to request the RGH Kitchen scheme funding of £300k be formally transferred to the St Woolos Rationalisation scheme.

#### **EFAB Infrastructure**

This allocation in relation to the original St Cadoc's Ducts work is now fully expended. The remaining works will continue under the backlog maintenance and TEF funding allocations.

#### **CAMHS – Sanctuary Hub (HCF Funding)**

The disabled access ramp is now installed and expenditure against this AWCP allocation is complete. The remainder of the ramp costs are funded from DCP.

#### **YYF Unified Breast Unit**

The final account is agreed, and the final VAT recovery claim has been submitted to HMRC in August. The underspend of £51k has been returned to WG.

#### **Ty Gwent**

Orders are raised for the outstanding works in relation to the external EV parking. The works are due to complete in the next few months.

#### **Commercial Research Delivery Wales Equipment 2024/25**

The slippage amount of £12k is now fully spent.

#### **Digital Equipment 2024/25**

The slippage amount of £53k has now fully spent.

### **Year End funding – February 2025**

The final deliveries for this scheme have now been received.

### **IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development**

The Outline Business Case (OBC) preparation is on-going. The flood report has been issued, and the Health Board are actively meeting with the Local Authority to explore options within the Aber Park site. The proposed development is not expected to impact on the community asset transfer taking place for part of the site. Costs are still being negotiated with the supply chain partner to complete the OBC, with the 25/26 allocation and forecast now adjusted to £0.550m as any expected overspend will occur in 2026/27. Once final costs to complete the OBC are agreed a notification of event submission will be made to the Regional Partnership Board (RPB) / WG for approval.

### **IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery**

A decision has been made to investigate feasibility of utilising Monnow Vale as the preferred site option for the development. The supply chain partner and the project manager have been appointed, are working through planning requirements, and key deliverables to achieve OBC completion. Fees are being negotiated; additional funding may be required to complete these works for which a notification of event will need to be submitted to the RPB/WG for approval.

### **Housing with Care Fund**

Schemes are progressing and are expected to complete within the current financial year. A VAT saving of £16k has been confirmed across these schemes. A request has been made to the RPB team to reallocate these funds to cover the costs for the CAMHS Sanctuary Hub disabled access ramp which have been funded via the DCP.

### **DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)**

Slippage of £685k has been reported to WG in October. The remaining orders are being progressed to complete in the current financial year.

### **DPIF - RISP**

Slippage of £24k has been reported in October which relates to the go live support costs that will be expended in 2026/27. The go live date for the system is expected to be 8<sup>th</sup> May 2026.

### **Non-Radiology Ultrasound Replacement Funding**

Procurement activities have commenced on the identified priority machines within the approved allocation of £576k. Procurement are still awaiting specifications to be completed for some of the machines to progress. Once these have been received, and lead times are known for individual orders, the expenditure forecast will be updated.

## **Mental Health Quality & Safety Schemes**

Works have commenced across the five identified projects within the £705k allocation.

## **Discretionary Capital Programme**

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.944m at Month 7 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus Reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.034m)
- Plus disposal proceeds 2025/26 - £0.061m

DCP expenditure to Month 7 totalled £2.977m. Urgent schemes totalling £0.214m have been approved in October relating to urgent works, mental health environment improvements and replacement equipment. As the Nevill Hall RAAC works scheme has now been approved via the AWCP, £0.806m has been reimbursed to the DCP contingency. The unallocated contingency at the end of Month 7 is £0.860m.

### **Table K**

The IFRS16 lease disposal has been amended in Tables K and I as per guidance received from WG (**Action Point 4.11**).

### **Table Q**

Table Q includes the current anticipated lease requirements for 2025/26, based on the position as reported in the November Non-Cash return. These requirements will be updated if any changes are required in the December IFRS16 return.

The lease payment value included in Table Q of £3.668m is now consistent with the figure reported in Table E (**Action Point 6.14**).

## **12. Other Issues**

### **Risk Management**

Claims submitted to the Welsh Risk Pool awaiting reimbursement at the end of October 2025 total £3.134m. £18.864m has been reimbursed up to the end of October 2025.

The total outstanding payments made by the HB equate to £24.824m as at the end of October, of which we have submitted reimbursement claims for £3.134m leaving a balance of £21.690m relating to claims paid but not yet submitted for reimbursement by the Welsh Risk Pool.

## CREDITORS

Attached to the returns is a separate file containing the following information in relation to outstanding creditors: -

- All outstanding creditors we currently have identified with other Welsh Health bodies as of 11<sup>th</sup> November 2025.
- Response to the Month 7 list of creditors circulated on the 7<sup>th</sup> November.

### **13. Authorisation**

Financial Performance is reported consistently in Board papers and external reporting, albeit in a more user-friendly format. The MMR Narrative and tables are placed on the intranet each month under key documents for transparency.

The dates for the Board meetings in 2025/26 are as follows: -

Wednesday 21st May 2025	Wednesday 2nd July 2025	Wednesday 24th September 2025
Wednesday 26th November 2025	Wednesday 28 <sup>th</sup> January 2026	Wednesday 25 <sup>th</sup> March 2026

The dates for the Finance and Performance Committee meetings in 2025/26 are as follows: -

Tuesday 8th April 2025	Tuesday 17th June 2025	Thursday 31st July 2025
Monday 29th September 2025	Monday 15th December 2025	Monday 2nd February 2026

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed by two parties, by the Chief Executive and the Director of Finance. Where timescales and availability prevent this the Deputy Chief Executive will sign on behalf of the Chief Executive and the Deputy / Assistant Director of Finance (Financial Planning) will sign on behalf of the Director of Finance.

**Robert Holcombe**  
Director of Finance, Procurement and Value  
Cyfarwyddwr cyllid a chaffael

**Nicola Prygodzicz**  
Chief Executive  
Prif Weithredwr

Submitted with this report are:

- Monthly Monitoring return Tables at 31<sup>st</sup> October 2025
- All outstanding creditors we currently have identified with other Welsh Health bodies as of 11<sup>th</sup> November 2025.
- Response to the Month 7 list of creditors circulated on the 7<sup>th</sup> November.

## Appendix 1

### Aneurin Bevan Health Board

#### Monthly Monitoring Returns – Current Period Action Points 2025/26

Month	Action Point	How responded to
2024/25 Month 12	No Action Points	
<b>Month 1</b>		
1.1	<b>Movements to Plan (Table A)</b> The monthly profile of Annual Operating Plan (line ref 12) is not balanced. There is a long-standing expectation (and a reminder was included in the 24/25 WHC) that 'For organisations with a balanced plan, the planned monthly positions should also be balanced.' As such an organisation, it is not allowable to plan an in-month deficit for nine months of the year to then be recovered in the final quarter. There is a dedicated RRL phasing line (5) which should be used to balance the monthly profile to zero; this line is already being used, but the values need to be updated to fully remove the current variance on line ref 12. Please do not adjust the Month 1 data; instead, correct the issue in the Month 2 column and future months. It is also noted that you are using the RRL phasing on line 18	See Commentary

	(in year), which may be eliminated once the Plan profile is corrected. Unfortunately, we will not be able to accept the submission, if this is not corrected at Month 2.	
1.2	<p><b>Movements to Plan (Table A)</b></p> <p>Your narrative states ‘the YTD position is £0.8m worse compared to the Plan month 1 profile for 2025/26. This is due to winter actions (wards) remaining open and drugs spend (haematology), the Health Board expects to mitigate these costs in future months’. These pressures appear to be mitigated in Month 1, via the item on a free text line of £0.696m plus the ‘Other’ line pulling through from Table B2 of £0.371m. It is noted that the pressures do not continue in future months, in line with your narrative. The free text line however, which has been used to report a benefit in April (£0.696m) is described as ‘Mitigations to be determined - Month 1 Winter and Heam Drugs’. As this forms part of the M1 position, the benefit therefore must already be ‘determined’. In addition, we would not expect the use of a free text line for such an item, as these benefits (unplanned spend reductions) should now be reflected in Table B2, which will flow through to Table A. Please fully review this item at Month 2 and reverse the entry in the Month 2 column of Table A and going forward please use Table B2 instead. It is currently difficult to understand the full drivers of the M1 deficit, due to the various profiling and completion issues.</p>	Noted
1.3	<p><b>Movements to Plan (Table A)</b></p> <p>The Quarter 4 delivery profile of the current Planned Savings Gap of £14.4m, is a significant concern. These planned savings should be finalised by no later than the end of Quarter 1 and be delivering as soon as possible thereafter to reduce the significant risk this currently presents to the delivery of your outturn position.</p>	Noted
1.4	<p><b>Underlying Position (Table A1)</b></p> <p>To ensure consistency, FP&amp;D colleagues have requested that all organisations report any CHC/FNC and Primary Care pressures on Line 21 ‘Healthcare Provided by Other Orgs – Private/Other’. Please review your completion and amend if necessary.</p>	Noted
1.5	<p><b>Risks and Opportunities (Table A2)</b></p> <p>In relation to allocation assumptions for the increased ENIC; whilst it is helpful to understand your current estimate for the full year impact, please be advised that the level of funds available to meet these costs is still to be determined. Therefore, it is acknowledged that you may choose to recognise a risk relating to the uncertainty of receiving fully matched funding.</p> <p>The return does not currently highlight any potential opportunities to assist with the mitigation of reported risks to the outturn position. We were expecting at least the Microsoft VAT recovery issue to be reflected, as discussed in recent correspondence from DHCW. Please consider the inclusion of this item and any others, in the Month 2 submission.</p>	Noted  Actioned
1.6	<p><b>Risks and Opportunities (Table A2)</b></p> <p>Please provide additional supporting explanations in the narrative for the risks relating to LTA Performance (which is separate to the JCC Risk, and which currently does not require further explanation) and the GP Managed Practices.</p>	See Commentary
1.7	<p><b>Risks and Opportunities (Table A2)</b></p> <p>Acknowledging that the risk described as ‘Pipeline Opportunities’ relates to the current gap in the IMTP Planned Savings; please consider whether a 100% risk value is reflective of a ‘balanced’ assessment of potential non delivery</p>	See Commentary
1.8	<p><b>Monthly Positions (Table B)</b></p> <p>Please complete the ‘Allocation’ cell within Section F (Covid 19). The profile of spend does not currently appear robust, although it is acknowledged that this is only M1. The information provided in this table is being shared with the WG Policy Lead, who may wish to discuss the spend profile and forecast and service delivery with you.</p>	Noted
1.9	<p><b>Monthly Positions (Table B)</b></p> <p>With reference to section E, unlike most organisations, you have no spend associated with Committed Reserves data. Please provide confirmation that all budgets (including any for confirmed Planned Care Funding) have been issued to Divisions and that nothing is being held centrally. If you do have centrally held Committed Reserves, please complete this section with the forecast expenditure values of each Reserve.</p>	See Commentary
1.10	<p><b>Expenditure movements (Table B2)</b></p>	See Commentary

	<p>Please review the following issues for Month 2:</p> <ul style="list-style-type: none"> <li>-The use of the 'Other' lines on Table B2 should be reviewed and consider moving the values to one of the main lines (virements line for profile issues, or unplanned cost pressures or unplanned cost reductions) – it is assumed this was an interim approach at M1 and that going forward the use of the 'Other' line will be minimal.</li> <li>-The 'Annual Plan (plus finalised savings identified at month 1)' lines should reflect the MDS values adjusted for finalised savings. It has not been possible to reconcile the Annual Plan values for PC Drugs, Non Pay, CHC and Joint &amp; Other categories. Please review and amend the values in the next submission using Month 2+ columns only; a simple reconciliation in the narrative at M2 would greatly assist and reduce any further queries.</li> <li>-Despite not being able to reconcile all the Annual Plan values, it is still clear that the forecast spend in a number of these categories is materially different to that set out in the MDS. Please therefore provide a supporting explanation in the narrative.</li> <li>-Please consider if the recurring assessment of the current savings gap still to be finalised of £14.4m is correct. Currently, column S&amp;T has only been populated for the savings expected to be delivered within the Pay category.</li> </ul>	
1.11	<p><b>Pay &amp; Agency (Table B3)</b></p> <p>Please include in your narrative a comment on the Agency/Locum (paid at a premium) expenditure information, providing details of action plans and progress being made to reduce expenditure. Acknowledging that this was the first submission, a more robust profile is expected to be provided in future submissions.</p>	See Commentary
1.12	<p><b>Savings (Table C, C1, C2 &amp; C3)</b></p> <p>Please review the 'Go Green' dates for the Amber schemes, which should be within 3 months of first being included within the Tracker (Table C3). It appears that the same date is being used for both the 'Start' (which should reflect the month the scheme starts to deliver) and the 'Go Green' which should be no later than 1 July for the schemes reported in the M1 submission.</p>	See Commentary
1.13	<p><b>Savings (Table C, C1, C2 &amp; C3)</b></p> <p>Please work with your FP&amp;D liaison officer in relation the correlation of the schemes described as Green in the MDS verses those in the M1 MMR; they will also advice on whether schemes described as 'Strech Targets' meet the finalised green criteria. Our initial view is that these descriptions refer to an aspiration to achieve a general targeted level of spend reduction, rather than describing the actual management action being taken to reduce spend through a particular piece of work, supported by a PID that meets the green criteria.</p>	Noted
1.14	<p><b>Resource Limit (Table E)</b></p> <p>Please review the Revenue Drawing Limit value as it does agree with the WG records at Month 1 (it appears that the Depreciation adjustment (dated 15 April) has not been recognised in the value on the Table).</p>	Actioned
1.15	<p><b>Resource Limit (Table E)</b></p> <p>Our colleagues in the WG Finance Team have confirmed that the following items listed on your Anticipated Income schedule will be issued via the NHS Executive and therefore will not form part of the RRL. Therefore, please can you remove the following entries from Table E for Month 2:</p> <ul style="list-style-type: none"> <li>-2025-26 Precision Medicine</li> <li>-Digital Pathology Breast AI</li> <li>-Fracture Liaison Service</li> </ul>	Actioned
<b>Month 2</b>		
2.1	<p>Please be reminded that previous month's figures should not be amended retrospectively.</p>	Noted
2.2	<p>Unplanned cost pressures have escalated materially this month, rising from £0.800m in Month 1 to £4.600m in Month 2. This significant increase has led to a corresponding increase in the value of 'unplanned additional required mitigations yet to be finalised'. The mitigating actions are not expected to deliver until Month 7, and whilst it is positive to note that there is no risk to delivery reported in Table A2, this increases the accumulation of the YTD deficit into the second half of the year. We will look to your next submissions for a progress update</p>	See Commentary

2.3	Whilst the WHC principle is that all Planned savings should be finalised at Month 1, there is a general acceptance that organisations will achieve this by no later than the end of June. The Health Board should therefore be aiming to convert all “Pipeline Opportunities” which are described in the risk table as £14.4m, by the end of Quarter 1, thus reducing the risk if they are converted to Amber schemes or eliminating the risk if converted to Green schemes	See Commentary
2.4	We note that you have acknowledged our comments made last month in relation to ENIC funding, with the inclusion of a risk with a value ‘£8.000m’. The shortfall has been publicised by the Finance Minister and the recent discussion at DDoFs suggested the risk value could be up to 15%, but this could be lower depending on the outcome of the work FP&D colleagues are currently undertaking with organisations on the validation of the request values vs the allocation we have available through the settlement from the UK plus 50% of the shortfall which is being allocated from n/r WG central reserves. Once the funding is confirmed any shortfall will need to be mitigated by organisations and until those mitigations are finalised, then we acknowledge the continued reporting of a risk value relating to the applicable ‘non delivery of mitigations’	See Commentary
2.5	After considering the AME Impairment Reversal, the RRL is c£2m over-phased to date. Please provide a reconciliation in the supporting narrative each month, if the funding/income is not being broadly phased in equal twelves	See Commentary
2.6	With regards to AP 1.10, your narrative states “MDS reconciliation with categories in this table require further work, the Health Board will aim to progress this going forward.” and ‘Current savings gap shown in this table – is being reviewed.’ These presentational issues will need to be resolved by Month 3. To assist, we have shared our initial workings.	Noted
2.7	In Table B2, the use of the ‘Other’ line should be by exception only. If you have material items going forward, it will likely relate to incorrect completion of the template. Please review and re-categorise the items shown on the ‘Other’ line; if the spend variance is due to timing or the need to move spend between categories, please use the virements lines. Please do not amend the M1 & 2 columns, instead make the adjustment for April and May in the June column. If you require assistance, your FP&D colleagues will be able to assist, or contact a member of the NHSFM Team.	See Commentary
2.8	While the overall pay forecast has increased across most staff categories, the projected expenditure for Administrative, Clerical, and Board Members has decreased by £1.421m. Whilst positive, please provide supporting details to explain this movement in forecast	See Commentary
2.9	Given that the Health Board is reporting Agency spend in all categories, all year; please provide details of the actions being taken to deliver the below Cabinet Secretary workforce enabling action	See Commentary
2.10	material concern is whether the schemes described as ‘Opportunities’ meet the Amber definition. It is possibly an issue with the description being used; however, colleagues in FP&D will be discussing the classification of these schemes with you, as assurance will be required before the Month 3 submission	Noted
2.11	All ‘Month’ Amber schemes must have a ‘Go Green’ date of within 3 months i.e. 30th June. For ‘In-year’ schemes, the ‘Go Green’ date must fall within 3 months of first being included within the Tracker (Table C3). If after 3 months the scheme has not been converted to Green, it should be removed from the Tracker and reported as a Red scheme or an alternative opportunity should be sought. Please review the dates and ensure compliance with the WHC guidance at Month 3.	Noted
2.12	Please use whole numbers only in the template, as the use of decimal places is causing issues for colleagues when consolidating the data	Noted & Actioned
2.13	Only a very minor point, but the narrative reads ‘Table 1 has been completed in line with the latest CRL issued on 28th April 2025’, yet there was a schedule issued in May 2025.	Retracted by WG
<b>Month 3</b>		
3.1a	As referenced in the main letter, there remains a substantial gap against the required planned savings target. The pace in which plans are being finalised needs to accelerate to provide assurance on the attainment of the breakeven forecast position. Significant progress will be expected by the Month 4 submission and the supporting narrative must clearly state the actions that have	Noted

	been agreed by the Board. The planned gap must be finalised by the 11 September 25 (Month 5 MMR submission date) and all schemes must meet the 'Green' criteria by that date.	
3.1b	For all additional 'in-year' mitigations yet to be finalised, required to address pressures not included in the Plan including any risks that have crystallised by Month 4, the deadline for finalisation will be 13 October 25 (Month 6 MMR submission date). All actions/schemes must meet the 'Green' criteria by that date.	Noted
3.2	<b>Risks/ Opportunities (Table A2)</b> Please confirm if the JCC risk value of £1.0m, reflects the risks to the forecast outturn as reported by JCC in the Month 3 Risk-Sharing Table £1.391m.	See Commentary
3.3	<b>Monthly Positions (Table B)</b> The strategic depreciation value (£3.813m) recorded in section C is higher than our records (£3.781m). Please review this for the next submission, ensuring the data aligns to the latest non-cash submission, or explain the movement.	Actioned
c/f 1.8	<b>Monthly Positions (Table B)</b> Your response to c/f AP 1.8 states <i>'the Covid table has been updated to show the expected profile of the spend, with a year-to-date correction in month 3 allocation available, however, the allocation tables did not distinguish a separate value for Mass Vaccination (24/25 allocation letter) so this is included in line ref 81'</i> . However, this does not appear to have been actioned (see extract below). It is acknowledged that the allocation letter combined the funding for HP and Mass Vacc and therefore the value assigned to each area is within your discretion, as long as you are delivered the Service as expected by the Policy. Therefore, you may wish to use the budget data assigned to those two distinct areas, as the basis of the split between lines 81 and 82. <b>(c/f Action Point 1.8)</b> Whilst you provide an explanation for in-month movements, please ensure your narrative also provide details for the movements in the Annual values (see all highlighted orange values in Table B1).	Actioned
3.4	<b>Monthly Positions (Table B)</b> Please explain the significant movements in Forecast expenditure: <ul style="list-style-type: none"> <li>• Increase in Primary care Contractor expenditure forecast by £3.100m</li> <li>• Decrease in Other private &amp; Voluntary sector by £10.1m</li> <li>• Increase in Continuing Care &amp; Funded Nursing Care by £9.5m</li> <li>• Decrease in Provider services -Non Pay by £5.5m</li> <li>• Increase in Primary care – Drugs &amp; Appliances by £1.700m</li> </ul>	See Commentary
3.5	<b>Monthly Positions (Table B)</b> It is noted that you have a Reserve of £1.8m described as 'Executive Decisions' phased into March. In the context of the current Savings Gap and the new ENIC pressure, it will be helpful to receive an update on the intended use of this reserve by Month 6, to correlate with the deadline for the finalisation of in-year mitigations.	See Commentary
c/f 2.6	<b>Expenditure Movements (Table B2)</b> As we approach the Month 4 reporting period, it is important that we draw a line under the opening Annual Plan values reported in Table B2. Therefore, please ensure the correct values are reported at Month 4. If you need support to achieve this, then your FP&D liaison lead will be able to clarify the values they expect to see that align to the Plan submission.	Noted / See Commentary
c/f 2.7	<b>Expenditure Movements (Table B2)</b> Please remove the values from the 'Other' lines next month, by adjusting the YTD in the July column and removing the data in future months. Instead use the applicable lines such as the virements line (for profiling issues), unplanned cost pressures, or unplanned cost reductions.	See Commentary
3.6	<b>Expenditure Movements (Table B2)</b> Please do not change previously reported figures, instead make corrections in the current reporting period only.	Noted
3.7	<b>Expenditure Movements (Table B2)</b> For the 'Unplanned Cost Pressures' please include an analysis of what these relate to in the narrative section supporting Table B2	See Commentary
3.8	<b>Expenditure Movements (Table B2)</b>	See Commentary

	Please confirm at Month 4 that the impact of the ENIC has been included in the Tables. We would expect the pressure to be shown in Table B2 within Pay as an Unplanned Cost Pressure; and if the mitigations are yet to be finalised, show this as Unplanned Mitigations in an appropriate category. It is acknowledged that you may choose to include an associated risk within Table A2.	
3.9	<b>Expenditure Movements (Table B2)</b> Please confirm at Month 4, that the impact of the deteriorated forecast outturn reported by JCC at Month 3 (£0.927m) is reflected in your position. We would expect the pressure to be shown in Table B2 as an Unplanned Cost Pressure in the appropriate category; and if the mitigations are yet to be finalised, shown as Unplanned Mitigations in an appropriate category. It is acknowledged that you may choose to include an associated risk within Table A2. If you have identified spend reductions to mitigate the impact, then confirm these are included in Unplanned Spend Reductions and confirm the category. If the mitigation is through additional savings, then these will come through the Tracker once finalised.	See Commentary
3.10	<b>Pay &amp; Agency (Table B3)</b> Please continue to review the future month Agency values and provide an update at Month 4 on the progress being made by the Variable Pay Reduction Group, to meet the ministerial enabler. Noting your response regarding the claim that use of Estates Agency is 'efficient', please clarify if you pay a premium when using the Estates Agency or if they are paid the same as A4C rates.	See Commentary
c/f 2.11	<b>Savings (Table C, C1, C2 &amp; C3)</b> Please review the go-green dates of all Amber schemes and ensure they fall within the 3-month period as required by the WHC.	Noted
3.11	<b>SoFP (Table F) and Cash Flow (Table G)</b> Please include estimates of your Movement in Working Balances Cash (WBC) in Table E (on the pre-set lines) for Capital, Revenue and IFRS 16. At month 4, we will expect to see a clear correlation between the requested amounts and the data shown in the SOFP and the supporting narrative will need to be sufficiently detailed to explain the values being requested.	See Commentary
3.12	<b>Resource Limits (Table E)</b> The charitable funds donated asset receipt (£0.160m) reported in Table A & I, has not been reflected in Table E (line 12). This should be shown as a 'Resource Only' (reduction) adjustment. Please review and update accordingly in your next submission.	Actioned
3.13	<b>Resource Limits (Table E)</b> Please update the WG allocation reference on line 9 of Table E.	Actioned
3.14	<b>GMS &amp; Dental (Table N &amp; O)</b> The 'internal' Net Dental Plan value is shown as £36.459m (£43.847m-£7.388m) which is lower than the WG ringfenced allocation of £36.722m. Please ensure that the internal budget/plan value is at least the value of the WG Funding.	Noted & See Commentary
3.15	<b>PSPP (Table H)</b> It is acknowledged that the performance for Non-NHS invoices is achieving the 95% expectation at Q1. For NHS-Invoices, performance is below expectation at 90.4% at Q1. The narrative confirms actions are being taken to improve performance and we will await the Q2 submission for evidence that this was effective.	Noted
<b>Month 4</b>		
4.1	The 'Planned mitigations yet to be finalised' of £14.400m, remain unchanged since the March plan was submitted. The deadline for finalising this gap in plans is the 11 September 25 deadline (Month 5 MMR submission date), with all schemes meeting the 'Green' criteria by this date.	See Commentary
4.2	At Month 4, the 'Unplanned mitigations yet to be finalised' is £14.182m. The deadline for finalisation is the 13 October 25 (Month 6 MMR submission date). All actions/schemes must meet the 'Green' criteria by this date	See Commentary
4.3	The 'Unplanned cost pressures' total £13.989m and we are currently using the analysis of the cost pressures described in page 1 of the narrative to understand what these relate to. Further explanations to support the profiles in Table B2, would also be helpful.	See Commentary

4.4	An 'Unplanned spend reduction' of £1.572m was recognised in July, which is not forecast to continue into future months. Please ensure your narrative provides a full analysis of the total value, which should also include explanations to support the profiles in Table B2.	See Commentary
4.5	Please explain in your narrative which contracts the 'LTA Contract performance' risk relate to, acknowledging that you are correctly recording the JCC risk element on the dedicated line.	See Commentary
4.6	Please can you explain why there is no monthly forecast values for the Non RRL income line. It is noted that other Health Boards complete the full profile.	See Commentary
4.7	Please review the future month profiles for the below areas in Table B. For the 'Other P&V sector' and 'Joint Financing & Other' lines, please explain why the future month profile of spend is higher than the current monthly average. For the 'Losses, SP and Irrecoverable Debts' line, please explain why there is no monthly forecast values (noting that other organisations complete the full profile).	See Commentary
4.8	With regards to AP 2.7, your narrative indicates that the Health Board will continue to review and refine the use of the 'Other' category. As at Month 4, the forecast for this category has moved from a benefit of £0.165m (M3) to a pressure of -£1.760m (M4). A material element (c£1.0m) is phased into the final quarter; therefore, please review this for Month 5 and look to fully eliminate the need to use this line by the M6 submission.	See Commentary
c/f3.9	The response to AP 3.9 suggests that you are using the 'Other' line, because you have no place to recognise income in Table B2. This is because the table is referring to movements in expenditure not income. If you have movements in income that have no associated spend, then use line 19 on Table A.	See Commentary
4.9	Your latest IFRS 16 depreciation submission (July Non-cash) was £4.013m, whereas the Month 4 return indicates a value of £3.919m. Going forward, either explain the changes or ensure the data is consistent with the latest Non-cash Submission. There was also a minor variation on the Owned & Strategic Depreciation. Both these issues are assumed to be addressed when you update the values for the August Non-cash submission.	See commentary
c/f 2.6	We trust you have agreed with colleagues in FP&D that your reported Annual Plan values in Table B2 are now acceptable. As per your request, the below table is a reminder of the differences as they stand.	See commentary
4.10	There are 14 'Month 1' Amber schemes which have a forecast value of £7.299m and have failed to 'go-green' within the 3-month timeframe. There are a further 2 'In-year' Amber schemes although the value is minimal at c£25k. We have previously advised that the 'go-green' dates must fall within a 3-month period starting from when they are first entered into the Tracker. Please also review the FYE values as these contain decimal places, when only whole numbers should be used in the Tracker.	Noted & Actioned
c/f 3.13	Please update the WG allocation reference on line 1 of Table E.	Actioned
4.11	The profit/loss on asset disposal (£0.006m) is reported correctly and consistently on Tables A, B and K. The Cash Flow (Table G) however, shows Sales of Assets receipts as £0.009m instead of £0.094m (as reported in Table K). Please review and amend this in your next submission.	See Commentary
4.12	Please ensure your narrative provides a supporting reconciliation for the value of requested Capital working balances cash at Month 5. The request is currently stated as £4.040m, yet the movement in Creditors is £3.648m which is partially funding by a movement in Capital Cash of £0.226m, resulting in a request value of £3.422m.	See Commentary
4.13	The narrative provides a list of items that constitute the Revenue working balances cash request of £19.631m. There is an item referred to as 'Study Leave Annual Leave Release' of £3.360m. Please confirm if this a net release this year, as normally the inyear release is offset with the value of the new accrual for 25/26 Study Leave c/f into 26/27. If this is a net release because there is an expected downward movement between opening and closing accruals, then further supporting information will be required to evidence you have reduced	See Commentary

	the number of study days being accrued and have either incurred the associated additional spend on the cost of that Study Leave, or if this has resulted in an Accountancy Gain.	
4.14	The reconciliation also includes allocations where cash was not drawn down at year end. At Month 5 please quote the applicable 'Allocation Reference Numbers' and explain why these are not already covered through the movement in Creditors request. I.E. was there cross-utilisation of Capital cash used at year end to make these payments, hence why there were not part of year end Creditors/Accruals.	See Commentary
4.15	It is noted that you are not currently forecasting to re-invest the NBV from the Disposal of Assets, which is resulting in a £84k underspend against the CRL. Please review this for the next submission.	See Commentary
4.16	Noting the additional allocations confirmed in-month, which have led to the spend being temporarily shown in the month of March, we assume this will be updated next month (DPIF – RISP and Non-Radiology Ultrasound Replacement).	See Commentary
4.17	Thank you for the update regarding the status of the outstanding invoices. We trust that the number of items will be much lower going forward and that you are reviewing processes to ensure you receive timelier payment in the future.	Noted
4.18	Please provide a regular section in the narrative to support the data being reported in Table P. For example, for all those areas where the spend profile is the same each month, explain if this is because total spend is higher than the ring-fenced element, once combined with your other assigned budgets for these areas e.g MH, hence the automatic assumption that the ring-fenced element is fully incurred each month at the same level. Another example would be to explain which scheme is driving the increase in Planned Care spend from M6.	See Commentary
<b>Month 5</b>		
5.1	The unplanned spend reductions recorded in Month 4 have been reversed in Month 5. In response to AP 4.4, you state these related to accrual releases and therefore not expected to continue and further releases are expected to be part of the financial recovery planned savings and mitigating actions reported in month 5 to meet, and exceed, the £40.4m savings IMTP plan. If these releases in accruals related to expenditure accrued at year end last year and are no longer required, then we can understand the removal as spend reductions and reclassification as Accounting Gains. If however, they relate to accruals in 25/26 that have been reassessed and are no longer required, then they should be recorded as spend reductions. These should not be included in the Tracker, as they are not a reduction of existing expenditure as a result of Management Action. Please confirm what this £1.5m related to and ensure the correct treatment in the Monitoring Return as it is important that you classify movements in spend in line with our expectation and that Savings Plans are not overstated	Noted -to be reviewed
5.2	The values reported under 'Other Movements in Month 1 Planned Savings' (line 16), 'Additional In-Year Identified Savings Forecast' (line 17), and 'Other' (line 25) have been retrospectively amended in Month 5. Although the overall net impact is nil, prior period figures must not be adjusted without prior authorisation from WG or FP&D.	Noted
5.3	The unplanned cost pressures reported on Table A total £22.012m, yet your narrative refers to a value of £19.9m which is deficit value. Whilst a high-level analysis is provided to explain the year end forecast, please state what the additional £2.11m relates to and ensure the narrative supporting Table B2 explains the full unplanned cost pressure value going forward.	Actioned
5.4	The following cost pressure issues cannot be easily identified as being raised in previous submissions: • MS365: £0.4m • Surge Beds: £2.0m • Cancer: £2.0m • Diabetes Pumps: £0.80m • ITU capacity: £1.50m Please clarify if these are only applicable from Month 5 onwards, or where they were reported in previous returns. (	See Commentary

5.5	In relation to the Thyroid Service, please clarify if the £0.5m is the full cost of the now 'Commissioned' service, or if this value is net of the savings from the Consultant (now retired and not replaced) and the team that are no longer supporting that Clinic within your Health Board	See commentary
5.6	Once all schemes meet the 'Green' criteria there should be no risk to the delivery of the Savings Plan. Please review the inclusion of the £2.0m risk before Month 6.	See commentary
5.7	There are numerous new Risks listed on Table A2 this month which are yet to be quantified. Please ensure this is fully reviewed for Month 6, ensuring a balanced assessment is taken, and if it is appropriate to include an item then please quantify it.	See commentary
5.8	Please clarify why the 'Red' schemes were not included as part of the 'Opportunities' at Month 5, given the articulation now of having a £42m savings forecast (£42.0m Plan requirement) and no longer reporting any mitigations still to be finalised. These 'Red' schemes are possible Opportunities to offset Risks should they crystallise. Alternatively, once the 'Red' schemes are converted, they are a potential mitigation to enable the forecast deficit to be reduced and therefore are an Opportunity.	See commentary
5.9	The DEL Depreciation (Baseline + Strategic) value recorded in section C of Table B (£45.073m) is lower than our records (£45.093m). Please review this for the next submission, ensuring the data aligns to the latest non-cash submission, or explain the minor movement.	See Commentary
5.10	There is a validation error on Table B2 for Month 5 due to the 'Variation from Plan' not reconciling with Line 154. This appears to be caused by formulas being entered into free text lines, resulting in rounding differences. For future submissions, please ensure that only whole numbers are entered in all free text lines of Table B2 to avoid similar issues	Noted
	In response to AP 2.6, we acknowledge you have monthly meetings with FP&D to discuss financial issues. Please confirm that the Annual Plan values in Table B2 are now agreed with FP&D. The table below highlights the current differences as a reminder. (c/f Action Point 2.6)	Noted – to discuss with FP&D
5.11	The narrative incorrectly states that £42.5m of savings are classified as 'Green'. A value of £26.721m are 'Green', with the remaining £15.779m still rated as 'Amber'. Of these, 11 Amber schemes are scheduled to turn Green by in 2026, which according to your response to AP 4.10 you had actioned a change to ensure the 'Go Green' dates to comply with the 3-month rule (noting this has been superseded by the deadline set by Judith Padget). The Health Board did not meet the 100% confidence expectation at Month 5, and therefore all schemes must be converted to a 'Green' status by Month 6	Actioned
5.12	The savings scheme CORP-89, titled "Various – RTT Funding, Reserve Release, RIF Funding – Presentation to be Reviewed", has an annual forecast of £5.853m. This scheme consolidates multiple funding streams and reserve releases under a single forecast, which is 'subject to validation'. Please ensure this scheme is removed from the Tracker at Month 6. Spend incurred in-year above plan that is then funding by an in-year allocation, moves from being an unplanned cost pressure to expenditure as a result of additional funding on Table B2 – benefitting Table A. If you have received confirmation that funding will be provided then you should include it in Table E and not show this as a saving scheme. The 'Reserve Releases' should be reflected in Table B2 as 'Unplanned Spend Reductions'. In exceptional circumstances only can cost avoidance be reported in the Tracker, and FP&D colleagues would need to agree that lower spend has been as a direct result of a management action and supported by a PID. A re-assessment of growth for example, leading to the release of a reserve would be classified as a 'Unplanned Spend Reduction' in Table B2, not a saving scheme. If you are assigned more spend to the RIF Budgets because other spend is not being incurred as originally planned, this is not a savings scheme but is a 'Unplanned Spend Reduction'.	Actioned
5.13	Accountancy Gains of £4.145m are currently forecast for delivery during Sept, October and March 2026. The WHC guidance states that Accountancy Gains must be reflected in the current reporting month once finalised and cannot be profiled into future periods. It is essential to clarify if they are dependent on a future event or validation process. A large gain is described as relating to the Study Leave Accrual, and as you have chosen to declare this at Month 5, it would be unacceptable to wait until	See Commentary

	March to confirm if it can be released, as this suggests there is a risk that it may not happen and therefore you would not be meeting the 100% confidence requirement in your Plans. In different circumstances, we would have suggested that until finalised, these should be recorded as mitigations yet to be finalised (Table B2) or opportunities (Table A2), rather than included in the forecast for future months. Please ensure the associated entries are updated accordingly to reflect their current status at Month 6 whilst ensuring compliance with WHC reporting requirements.	
5.14	With reference to your note on requiring Strategic Cash Assistance, please note that there is a formal process to follow including a requirement to submit a specific Accountable Officer letter setting out the request that must have been pre-approved by your Board. Jackie Salmon will inform you of the submission date in due course, which is usually around November, therefore please be mindful of the timing of your Board dates. Currently there is no Strategic Cash Support set aside for your Health Board in our MEG position, due to it having an agreed IMTP with a breakeven forecast. Therefore, any request will be subject to the Supplementary Budget process that concludes in late February/early March	Noted
5.15	With reference to AP 4.12 – it is unusual for a release of a Capital Provision to form part of a Capital WB Cash request. Please clarify what this Provision related to, and why you need the cash. I.E. Has the Provision crystallised and will now be paid out?	See Commentary
5.16	In addition, re AP 4.12 – The Capital Cash request for the movement in Creditors of £3.608m can be validated. However, the request has been adjusted for the Opening Cash Balance of £0.231m, which would be logical if the forecast closing cash balance was zero. However, the forecast cash balance is higher at £1.416m. Please fully review the Capital WB Cash request for Month 6, which will be the final opportunity to confirm your values.	See Commentary
5.17	The Revenue Working Balances Cash Request of £19.631m needs further review before month 6. The narrative states that the movement in Creditors is £14.4m. The SOFP shows a movement of £16.190m which is a value we would support. The request also seeks cash for the Accounting Gains yet only refers to the Study Leave Accrual release. The full value of Accounting Gains is currently £6.525m, which we would support. The request also seeks £1.471m for allocations where cash was not drawn down last year, this is a value that we would support. Please fully review your request for Month 6, which will be the final opportunity to confirm your values.	See Commentary
4.11	With reference to your response to AP 4.11 and the temporary recording of sales receipts and NBV relating to the termination of a leave; as the recovery of the ROU has now been actioned in the CRL, please fully remove the item from Table K and the Disposals section of Table I. (c/f Action Point 4.11	See Commentary
<b>Month 6</b>		
6.1	Please ensure all cost pressures and spend reductions are assessed and categorised between non-recurring and recurring (& FYE) in the dedicated columns of Table B2, which then feed through into Table A to produce a robust assessment of the underlying position c/f into 26/27. The narrative for Table B2, will also need to be expanded to include this categorisation. If you have a temporary balancing figure included in the templates, please remove this and replace with the detailed robust figures.	See Commentary
5.1	The response to AP 5.1, is that 'this is to be reviewed'. Please confirm the origin of the £1.5m accrual release and ensure appropriate classification in the Monitoring Return, in line with guidance on spend reductions and accounting gains.	See Commentary
5.3	The response to the following AP appears to remain outstanding. The unplanned cost pressures reported on Table A total £22.012m (now £22.050m at M6), yet your narrative refers to a value of £19.9m which is the deficit value. Whilst a high-level analysis is	See Commentary

	provided to explain the year end forecast, please state what the additional £2.11m relates to and ensure the narrative supporting Table B2 explains the full unplanned cost pressure value going forward.	
6.2	It is noted that your Health Board is an outlier due to having no movements in your Plan being described as spend reductions. It is noted that only cost pressures are captured in Table B2. Please review and ensure these are captured as applicable –FP&D colleagues will discuss this further with the Team.	See Commentary
6.3	It has become apparently, following a query that was raised with your team regarding the opportunity relating to Bank Pay Award Funding of £1.5m, that the impact on Bank costs was omitted from your Anticipated Income (AI) at Month 6. Whilst we have agreed that this can be added to AI at Month 7, the value of £1.5m does not align to our expectations, given that the request for funding last year (recurrently provided) was c £500k. We have been informed that last year, the Health Board did not seek the full value which was closer to £0.9m. Whilst we will consider the late request for Bank Funding, we have sought further details in support of the value being requested.	See Commentary
5.6	Thank you for the response to AP 5.6. The Health Board was asked (via the MMR letters and via the AO letter from Judith Padget) to provide 100% confidence in the delivery of the savings plan. That assurance has been provided by the Health Board by finalising the Savings Plans and classifying them as Green. Therefore, in line with the WHC, it is not appropriate to include a risk of non-delivery of savings totalling £2.0m. If there is a lack of assurance on delivery at Month 7, that cannot be managed by the Health Board as part of the 'balanced assessment of risks', then this will need to be escalated.	See Commentary
6.4	The forecast for 'Other Services Pay' has decreased by £5.116m. Please provide a explanation for this reduction in your next submission.	See Commentary
6.5	FP&D colleagues will continue to explore with you that you are actively leveraging the Cabinet Secretary's workforce enabling actions to reduce Agency expenditure and deliver sustainable savings. These enablers present a valuable opportunity to strengthen workforce planning and improve financial efficiency across the organisation.	Noted
6.6	Please confirm how many years of Study Leave Accrual were provided for in the 2024/25 Provision/Accrual and confirm your assumption for 25/26, in support of the Accountancy Gain that is currently factored into March.	See Commentary
6.7	Figures for the previous month in Table C2 have been amended without prior authorisation from Welsh Government or the FP&D. As you are aware, such changes should not be made as the performance data for the previous month has already been circulated to other Welsh Government departments for reporting purposes. Please only make correcting adjustments to the current and future month data.	Noted
6.8	Please update the WG allocation references on line 1 of Table E.	Actioned

6.9	In addition to referencing the relevant month, please ensure that the applicable Welsh Government contact information is included in column L.	Actioned
4.11	To assist, the following entries need to be actioned to address the IFRS issue: Please remove the IFRS 16 item from Table K Disposals, which will also address the issue in Table G where Sales Receipts do not align. Remove the IFRS 16 item from the 'Disposals' section of Table I. Instead, report the £-0.084m in Table I and J on the dedicated 'Other (including IFRS 16)' section. (	See Commentary
6.10	The payment performance for non-NHS invoices is acknowledged at 97.1%. NHS invoice payments have also shown improvement, rising from 90.4% last quarter to 91.5%, whilst noting your comments regarding payments to Northumbria NHS Trust Fleet Solutions which is now resolved. We will look to your Q3 submission for confirmation of the continued improvement.	Noted
6.11	The Dental YTD figure for 'Employers' Superannuation' (line 18) is reported as £9.994m, which is significantly higher than both the planned amount (£1.546m) and the forecast (£1.774m). Please provide an explanation for this in the next submission.	See Commentary
6.12	The net figure derived from the current expenditure plan total (line 13) minus the Dental Services income (line 44) of £6.803m does not reconcile with the Dental Services income reported on line 44 at £7.044m. From an alternative angle, the WG allocation reported in the table is £36.722m, yet the planned spend and planned income value is a net £36.481m. Please review the figures before the Q3 submission.	See Commentary
6.13	The WHC requires the inclusion of a supporting narrative for each of the Tables. Currently, the only commentary provided for these tables states: 'Tables N & O (GMS & GDS) will be completed quarterly in line with the guidance.' The Month 6 submission should have discussed the data contained the these tables and this may have led to the above issues being identified and corrected before the return was submitted. A more detailed narrative must be provided in future quarter submissions.	Noted
6.14	The lease payment value of £3.669m does not align with the figure presented in Table E (£3.715m). Please review and ensure consistency across all tables.	See Commentary
6.15	Please record the additional spend in the SOCNE (losses line) and on Table A using a free text line (as there is no losses category on Table B2) reflecting the appropriate phasing. If these new pressures are offset by mitigating actions (finalised or still to be finalised), then these actions will reduce expenditure in the SOCNE and should be reported against the applicable category via Table B2. It is noted that you will also have the other entries, such as the WRP Debtor (against NWSSP) and the anticipated RRL reduction in Table E.	See Commentary
6.16	FP&D colleagues will be seeking greater clarity around the cost pressures within Planned Care, including the operational drivers contributing to these pressures. Organisations are not expected to crystallise unfunded cost pressures beyond the level of allocated funding. An assessment comparing the original planned level of	See Commentary

	activity with the current forecasted activity, to better understand the basis of the pressures reported, should be provided.	