

**Minutes of the Public Finance and Performance Committee Meeting
Held on 18th September 2024
Via MS Teams**

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Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Charles Janczewski	CJ	UHB Chair
In Attendance:		
Paul Bostock	PB	Chief Operating Officer
Marie Davies	MD	Interim Executive Director of Strategic Planning
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Robert Mahoney	RM	Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jane Murphy	JM	Director of Nursing – Medicine Clinical Board
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Suzanne Rankin	SR	Chief Executive Officer
Ceri Phillips	CP	Vice Chair
Jason Roberts	JR	Executive Nurse Director

Ref:	Agenda Item	Action
FPC 18/09/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 18/09/002	Apologies for Absence (click to view) Apologies for Absence were noted. The Finance and Performance Committee resolved that: a) Apologies for Absence were noted.	
FPC 18/09/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 18/09/004	Minutes of the Finance and Performance Meeting held on 21st August 2024 (click to view) The minutes of the meeting held on 21 st August 2024 were received and confirmed as a true and accurate record. The Finance Committee resolved that: a) The minutes of the Finance and Performance Committee meeting held on 21 st August 2024, were held as a true and accurate record of the meeting.	
FPC 18/09/005	Actions following the Finance & Performance Meeting on 21st August 2024 The Action log was received. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	

<p>FPC 18/09/006</p>	<p>Chairs Action since previous meeting</p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p>FPC 18/09/007</p>	<p>Financial Report – Month 5 Position & Savings Plan Progress (including Savings Tracker) – (click to view)</p> <p>The Deputy Director of Finance Operational (DDFO) presented the Financial Report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The month 5 position showed an overspend of £17.176m and a forecast deficit of £15.900m • The Health Board needed to develop further savings schemes and to find additional measures to bring an underspend in to the remaining months • Surgery continued to be a service where the majority of planned care work remained and were trying to reduce the waiting lists • Primary Care were awaiting additional money with the revised optometry contract and had confirmation of additional funding • Issues with the estate at Hafan Y Coed would impact the unit and costs would increase due to placing patients out of area due to planned work within the unit • The Finance Team continued to meet with Clinical Boards monthly to discuss financial positions and met with the COO and Clinical Boards once per month to discuss savings <p>The UHB Chair was pleased to see the work displayed in each Clinical Board. He asked if the Health Board were quantifying the expected savings.</p> <p>The DDFO explained the meetings with the Clinical Boards looked at the most expensive agency doctors and had sought a permanent recruitment solution and had success with doctors in A&E.</p> <p>The DDFO continued with the following points:</p> <ul style="list-style-type: none"> • The risk register was revised and reviewed earlier in the year with a £17.9m over spend noted. • Graph 3 within the report provided, showed the identification schemes and had reassessed the delivery of those schemes. <p>The CC noted that there was an ambition to turn the red schemes into amber but asked if that would now be possible given the number of red schemes that had been removed.</p> <p>The DDFO confirmed this was correct and noted that where the Clinical Boards had decided the red schemes were unrealistic, the Finance Teams had removed that information from the graphs / tables.</p> <p>He added that Clinical Boards were looking for new schemes to come in to the process and noted that the position shared with the Committee was a start point position.</p> <ul style="list-style-type: none"> • Graph 4 within the report received displayed a concern for the Health Board to deliver better quality of savings and not build a problem for future years • Cash flow displayed challenges and Welsh Government (WG) committed to the pay review, which would likely be a pay award with arrears. The monies for NHS Wales would be assessed and allocated. • Pay awards may have a cost impact and the Health Board would need to ensure the cash would be allocated and match the time of the payment • KPIs remained the same and the financial position was a concern <p>The DDFO advised the Committee that the key issue to bring to their attention was:</p> <ul style="list-style-type: none"> • The Financial Plan was provided with a deficit of £15.9m and overspend of £17.176m with a target of £47.2m for savings. <p>He added that there was hope to remain within the Financial Plan and noted that plans were in place to not to go outside the capital resource limit.</p>	

	<p>The CC questioned the frequency of the meetings that took place with the Clinical Boards.</p> <p>The DDFO explained the timelines:</p> <ul style="list-style-type: none"> • Sustainability Programme Board took place twice monthly. • The COO and EDF meet with each- Clinical Boards monthly in their performance review • The Finance team meet monthly with the DOF, COO and Clinical Boards. <p>The Finance and Performance Committee resolved:</p> <ol style="list-style-type: none"> a) The reported year to date overspend of £17.176m and the forecast planned deficit of £15.9m was noted and; b) The month 5 operational overspend against plan of £4.230m with a further £6.321m savings gap was noted and; c) The progress against the savings target, with £33.232m (70%) of green and amber schemes identified at Month 5 against the £47.2m target was noted and; d) The delivery of the forecast is predicated on the confirmation of all expected income streams including Welsh Government anticipated allocations and LTA performance income was noted. 	
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<p>FPC 18/09/009</p>	<p><u>Operational Performance Update (click to view)</u></p> <p>The COO presented the Operational Performance update and highlighted the following key points:</p> <ul style="list-style-type: none"> • Emergency care saw a 12% increase in attendances presenting as ‘majors’ in the reporting month, which prevented the Health Board on improving the operational pressures • Length of stay in medicine reduced by 8 days and ½ day off every other patient in medicine • If the demand had not increased, the Health Board would have been able to close 145 beds • Patients had been recently discharged who had been with the Health Board for 450 days • There was a plan for a summit regarding how to eradicate avoidable harm • The Health Board had a 10% increase for Cancer referrals in the first half of 2024 and remained a high priority for WG & the Health Board, with 63% of patients receiving treatment within 62 days • 52 weeks wait had increased but had given extra capacity to overdue follow ups • There was a gap in planned care plans due to sickness absence but there was additional senior support to assist • Diagnostics were reported as planned but the number of patients waiting beyond 8 weeks for non-obstetric ultrasound had increased • Endoscopy remained the biggest challenge and risk for the Health Board but plans for some non-recurrent support and the investment requests were submitted to WG • Mental Health was as expected and plans for a Mental Health summit on 16.10.24 where there was a plan to agree and sign off the community MH model which would reduce delays and increase capacity • Statistics showed that Primary Care saw almost 1m patients within Cardiff & Vale • The Health Board had 200 more patients attending A&E on the week the meeting was held, due to certain clusters which had increased along with an increase of students due to fresher’s week. <p>The IDSP noted how important it was to gain the understanding of the pressures on the services. She emphasised the COO’s suggestions and the need to recognise that pressures would continue</p>	
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	<p>and ensure that the Health Boards plans reflected the demand. She added that the Health Board needed better understanding of the performance in terms of productivity and efficiency.</p> <p>The COO accepted there was more the Health Board must do and added that it would struggle to be efficient due to some of the estate issues and noted that the Committee would need to bear that in mind moving forward.</p> <p>The CC noted the pressures within diagnostics and asked if there was confidence in gaining support.</p> <p>The COO explained the following points:</p> <ul style="list-style-type: none"> • £8-9m was required in order for 6k patients to be seen within 8 weeks. • Some non-recurrent help could be used and a mobile endoscopy unit could be brought in to assist with the backlog. • The issue resulted from not enough skilled people to help with the solutions. <p>The UHB Chair highlighted the activity levels in Primary Care and noted that the waiting lists equated to a third of the population of Wales.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted.</p>	
<p>FPC 18/09/010</p>	<p>CVUHB Escalation Framework (click to view)</p> <p>The IDSP presented the CVUHB Escalation Framework and highlighted the following points:</p> <ul style="list-style-type: none"> • WG were examining the approach and all Health Boards in Wales, apart from 1. • The Health Board was placed in escalation for Finance & Planning <p>The DDFS presented and highlighted the following key points:</p> <ul style="list-style-type: none"> • Meetings were held regularly with the NHS Executive to talk through a number of interventions • Evidence was provided to NHS Executives and there was an expectation that WG would come back with suggestions on the evidence provided and it would be brought back to the Committee following the review • The de-escalation criteria required sustained improvement <p>The IDSP suggested for the item to come back to the Committee in November 2024.</p> <p>The UHB Chair noted the frequency of the escalation process coming to Board and suggested that it be received by the Board every 6 months.</p> <p>The EDF noted that the framework would need to move into the Health Boards planning cycle.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The contents of the Escalation Framework and the Accountability Conditions Letter was noted</p> <p>b) The approach to monitoring and delivering against this framework through Finance and Performance Committee was noted.</p>	
<p>FPC 18/09/011</p>	<p>Monthly Monitoring Return – Month 4</p> <p>The 2024-25 Month 4 Monthly Financial Monitoring Return report was provided to the Committee for noting and information.</p> <p>The Finance and Performance Committee resolved:</p>	

	a) The extracts from the UHBs Monthly Financial Monitoring Returns were noted.	
FPC 18/09/012	Any Other Business No other business was raised.	
	Date & time of next Meeting Wednesday 23 rd October 2024 at 2.30pm via MS Teams	