

**Minutes of the Public Finance and Performance Committee Meeting  
Held on 22 November 2023 at 2.30pm  
Via MS Teams**

<b>Chair:</b>		
John Union	JU	Independent Member – Finance
<b>Present:</b>		
Charles Janczewski	CJ	UHB Chair
Ceri Phillips	CP	UHB Vice Chair
<b>In Attendance:</b>		
Paul Bostock	PB	Chief Operating Officer
David Edwards	DE	Independent Member – Information Communication & Technology
Andrew Gough	AG	Deputy Director of Finance – Strategy
Keith Harding	KH	Independent Member – University
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Jason Roberts	JR	Executive Nursing Director
Matthew Temby	MT	Director of Planned and Specialist Care
Francesca Thomas	FT	Head of Corporate Governance
<b>Secretariat:</b>		
Nathan Saunders	NS	Senior Corporate Governance Officer
<b>Apologies:</b>		
Abigail Harris	AH	Executive Director of Strategic Planning
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
<b>FPC 23/11/010</b>	<b>Welcome &amp; Introduction</b>  The Committee Chair (CC) welcomed everyone to the meeting.	
<b>FPC 23/11/011</b>	<b>Apologies for Absence</b>  Apologies for Absence were noted.  <b>The Finance and Performance Committee resolved that:</b>  a) Apologies for Absence were noted.	
<b>FPC 23/11/012</b>	<b>Declarations of Interest</b>  No Declarations of Interest were noted.	
<b>FPC 23/11/013</b>	<b>Minutes of the Finance and Performance Meeting held on 18 October 2023</b>  The minutes of the meeting held on 18 October 2023 were received.  <b>The Finance Committee resolved that:</b>  a) The minutes of the Finance and Performance Committee meeting held on 18 October 2023, were held as a true and accurate record of the meeting.	

<p><b>FPC 23/11/014</b></p>	<p><b>Action Log following the Finance and Performance Committee meeting on 20 September 2023</b></p> <p>The Action log was received</p> <p><b>The Finance and Performance Committee resolved that:</b></p> <p>a) The Action Log for the Finance and Performance Committee was noted.</p>	
<p><b>FPC 23/11/015</b></p>	<p><b>Chairs Action since previous meeting</b></p> <p>There had been no Chair's Actions taken since the last meeting</p>	
<p><b>Items for Review and Assurance</b></p>		
<p><b>FPC 23/11/016</b></p>	<p><b>Financial Report – Month 7</b></p> <p>The Deputy Director of Finance for Operational (DDFO) presented the Financial Report – month 7 and highlighted the following:</p> <ul style="list-style-type: none"> <li>• At month 7, the Health Board was reporting an overspend of £16.021m made up of a planned deficit of £9.602m (7 twelfths of the revise planned annual deficit control total of £16.4m) along with unidentified savings and operational pressures of £6.419m</li> <li>• The revised planned deficit control total was issued by Welsh Government (WG) on 20 October 2023 which followed: <ul style="list-style-type: none"> <li>- Planned Deficit @ Month 7 £88.400m</li> <li>- 10% Improvement required £8.840m</li> <li>- Recurrent Covid Legacy Funding £20.300m</li> <li>- Recurrent Inflationary Uplift £25.100m</li> <li>- Non-recurrent Inflation Uplift £10.100m</li> <li>- Non-recurrent Energy Funding £7.600m</li> </ul> </li> </ul> <p>The Committee received a graph which showed the total variance forecast and reported that the Health Board had “turned the curved” with an improved in-month position of 6.419m over and above the plan deficit compared to a forecast position of £6.264m.</p> <p>The DDGO advise the Committee that the challenge would be to maintain the downwards trajectory as the Health Board moved into a very challenging part of the financial year.</p> <p>The UHB Chair thanked the DDFO for providing the Committee with the clear graph and asked what level of confidence he had that the Health Board could recover and get back on track and to what timeframe.</p> <p>The DDFO responded that the profile the finance team had set themselves was undertaken at month 3 when the original forecast was put in that whilst it was pleasing that the Health Board had turned the curve, there was still the gap in the £32m savings programme that needed to be closed and but the Health Board were also experiencing operational pressures as of month seven that would need to be addressed and so to maintain the forecast position and downward trajectory, the savings gap had to be closed and get on top of operations challenges.</p>	

- At month 7, the Health Board was reporting an operational deficit of £3.956m, a deterioration from the month 6 position due to:
  - Continued medical pressures within the Medicine Clinical Board
  - Increased overtime usage in the month
  - Pressures observed in Primary Care which would be focussed upon as the Health Board moved into month 8 of the financial year.

The DDFO advised the Committee that the deterioration in position had been offset by a commissioning surplus based on the Health Boards LTA performance at month 7, so equally, whilst the Health Board needed to address the deteriorating operational positions in a number of its clinical boards, it would be important to maintain the operational surplus and grow it if possible as the Health Board moved through the rest of the year to help address some of the operational pressures.

- The Core Financial Plan – Month 7 Position reported an overspend of £16.021m. £9.602m of that being seven months of the revised forecast deficit and there was a £2.463m deficit on the Savings Programme, being seven months of red schemes profiled into the position. There was also a £3.956m of operational deficit in delegated and central positions.
- At month 7, the Health Board had identified £35.861m of green, amber and red savings against the £32m savings target, however £6.115m were classified as red schemes. The month 7 position included a Savings Programme variance of £2.463m.

The DDFO advised the Committee that the month 7 Savings Programme deficit was expected to be recovered, supported by a number of additional actions as the year progressed, enabling the Health Board to deliver its revised planned deficit position of £16.640m.

He added that a number of actions were being taken to recover the month 7 operations and CRP deficit which included but were not limited to:

Limit catalogue for non-clinical and non-pay expenditure  
 Eliminate non-clinical agency with exception process  
 Eliminate non-clinical overtime  
 Enhanced vacancy review

It was noted that reducing premium pay expenditure across all staff groups was a large component of savings and that significant actions were taken during August 2023 to ensure the opportunities were realised.

The DDFO advised the Committee that no stone was being left unturned in the Health Boards attempts to deliver the revised control total and delivering the savings programme would be a “must do” if the Health Board were to hit the revised £16.460m deficit control total.

He added that in addition to the Savings target included in the Health Boards initial plan, the Health Board was required to reduce in year expenditure by a further £8.8m in order to meet the revised year end deficit control issued by WG in October 2023.

It was noted that the additional 10% Improvement required for the Health Board to meet the WG revised target control was planned to be realised through the review, management and scheduling of specific expenditure programmes and that £5.4m of green and amber opportunities had been identified to date against the £8.8m target.

The DDFO advised the Committee that Key schemes included energy price reductions against the Health Boards original plan, coupled with maintaining slippage against a number of WG allocations.

He added that as already noted, delivery against the revised planned deficit control total of 16.4m posed a significant challenge and whilst the Health Board had turned the corner in-month and was starting to get on the forecast trajectory, there was not yet firm savings identified to deliver the position in full to the core savings requirement and the additional savings.

The DDFO advised the Committee that it was important to note that hitting the revised deficit control total was also predicated on a number of anticipated WG allocations being confirmed.

- Public Sector Payment Compliance – It was noted that the Health Boards public sector payment compliance performance was above the target of 95%. Performance for the month to the end of October was 97.36% and improvements were illustrated in graph 6 within the report received by the Committee.

The CC noted that the Committee had looked at cash requirements prior to the additional support by WG, the 16m versus the 88m and asked if that assumed the other payments would come through the normal course of cash allocation.

The DDFO responded that it would and resource level would be increased and that would be cash backed and so the strategic cash assistance the Health Board would be requesting would now relate to the revised deficit control total of £16.4 million.

The UHB Chair noted that the Health Board was rapidly moving towards the end of the financial year and it had been recognised that the pressures would increase if there was further slippage on the Health Boards savings plans and the attempts to recover costs.

He added that he knew that colleagues were looking closely at certain parts of the organisation to establish why things were not perhaps going quite to plan and asked for further comment about how successful the executive performance reviews were.

The COO responded that the reviews were now known as “executive reviews” and that there was a section on finance within them.

He added that during the reviews, finance is discussed but noted that a much bigger meeting was held every month for 90 minutes with Clinical Board Directors, Directors of Nursing and Directors of Operations where the finance discussion was very focused and dedicated.

**The Finance and Performance Committee resolved that at Month 7:**

- a) The revised the forecast deficit of £16.460m following the confirmation of additional Welsh Government Support and the requirement to further reduce planned expenditure was noted.
- b) The reported year to date overspend of £16.021m and the forecast deficit of £16.460m was noted.
- c) The financial impact of forecast COVID 19 costs which is assessed at £44.264m was noted.
- d) The month 7 operational overspend against plan of £3.956m was noted.

	<p>e) The progress against the savings target, with £35.861m (113%) of schemes identified at Month 7 against the £32m target was noted</p> <p>f) The delivery of the forecast was also predicated on the confirmation of all outstanding income streams was noted</p> <p>g) The request to Finance Committee for recommendation to Board for approval of the UHBs application to Welsh Government for Strategic Cash Support in support of its 2023/24 forecast deficit was noted.</p>	
<p><b>FPC 23/11/017</b></p>	<p><b>Welsh Government Strategic Cash Request Submission 2023/24</b></p> <p>The Welsh Government Strategic Cash Support Request information was received.</p> <p>The DDFO advised the Committee that the paper detailed the requirement required by the close of play on 23 November 2022, one day following the Finance &amp; Performance Committee meeting.</p> <p>He added that the following application requirements were in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:</p> <ul style="list-style-type: none"> <li>• All applications for Strategic Cash Support were required to be made to the Chief Executive NHS Wales</li> <li>• All applications were to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the Health Board and the actions management were taking to mitigate the cash support requirement;</li> <li>• All applications were to be made by the Accountable Officer of the Health Board.</li> </ul> <p>The Committee was advised that Further to the strategic cash support, the Health Board was also forecasted that it would require an additional increase in its cash limit due to the in-year movement in working balances brought forward to the balance sheet which was expected to be £12.497m related to the 2022/23 revenue resource limit where funding was not cashed back.</p> <p>It was noted that in addition, work was ongoing to assess any working capital requirement in respect of Capital expenditure and that the current assessment was that cash support up to £7m would be required.</p> <p>The DDFO concluded that there were 2 points to consider which included:</p> <ul style="list-style-type: none"> <li>• Board approval was required for the strategic cash request of £16.460m</li> <li>• A review of the Health Boards cash limit and any working capital requirement in respect of capital expenditure was being monitored through the monitoring returns with WG</li> </ul> <p><b>The Finance and Performance Committee resolved:</b></p> <ol style="list-style-type: none"> <li>a) The Health Boards minimum working cash balance requirement of £12.487m was noted.</li> <li>b) The ongoing work to assess any requirement working cash associated with the Health Boards Capital expenditure programme was noted</li> <li>c) It was recommended that the Health Boards Board approve the Health Boards application to Welsh Government for £16.460m Strategic Cash Support in support of its revised 2023/24 forecast deficit.</li> <li>d) The Chairs Action to approve the Health Boards application to Welsh Government for Strategic Cash Support in lieu of formal Board approval was approved.</li> </ol>	

<p><b>FPC</b> <b>23/11/018</b></p>	<p><b>Operational Performance</b></p> <p>The Operational Performance update was received.</p> <p>The COO advised the Committee that he would take the report as read but would highlight points where appropriate which included:</p> <ul style="list-style-type: none"> <li>• Although October 2023 continued to be challenging in terms of waiting times at the Emergency Department (ED), the Health Board had managed to reduce ambulance handover delays and were ahead of what had been outlined in the Health Board IMTP commitment.</li> <li>• The improvements resulting from the significant number of ward moves and redesign of the Health Board’s Emergency Care footprint in July 2023 were taking time to fully imbed and would have impacted performance, however analysis had continued to assess breaches and to better understand and improve flow processes.</li> <li>• September 2023 saw further improvement in compliance against some key SSNAP measures for the Stroke Pathway and the percentage of patients directly admitted to the stroke unit within 4-hours increased to 67.9% and remained significantly above the all Wales average.</li> <li>• The Health Board continued to experience challenges in increasing the number of patients thrombolysed and it remained an area of continued focus</li> <li>• The Health Board did not deliver the 75% standard compliance with the 62-day single cancer pathway standard as had been originally intended, however performance in August 2023 increased to 66.4% and had remained above 60% since February 2023.</li> </ul> <p>It was noted that a deep dive on Cancer had been submitted to the Finance and Performance Committee in October 2023.</p> <ul style="list-style-type: none"> <li>• The waiting list position for Diagnostics had deteriorated in recent months, with particular challenges in Radiology and Endoscopy and it was hoped that the upcoming development of a Community Diagnostic Hub, and interim use of mobile facilities would address radiological backlogs. It was noted that Endoscopy capacity had been focused on Cancer, Urgent and long waiting surveillance patients.</li> </ul> <p>The UHB Chair noted that the although not at the 75% standard for Cancer, the upward trajectory in figures from August 2022 to August 2023 was pleasing to note.</p> <ul style="list-style-type: none"> <li>• The numbers of patients waiting on waiting lists had increased in October 2023 and focus on long-waiting cohorts had continued and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions. It was noted that the Health Board remained on track to deliver its commitments to eliminate 3-year Outpatient waits, and reduce 3- and 2-year treatments waits in line with Ministerial ambitions.</li> </ul> <p>The COO advised the Committee that a deep dive on waiting lists would be received by the Committee at a future meeting.</p>	<p><b>PB/MT</b></p>

## Dental Deep Dive

The COO advised the Committee that at the Board meeting held in September 2023, a deep dive into dental was committed and the Director of Planned and Specialist Care (DPSC) provided the Committee with an update.

The Committee received a presentation on General Dental Services.

The DPSC advised the Committee that the Dental Contract Mechanism, the waiting lists and the performance standards were a complex system within dental services.

The presentation received provided information on the population of Cardiff and the Vale and the percentage of that population who were accessing dentistry from 2006 to 2023:

- As the population increased between 2006-2023 central funding from WG had not increased proportionately which had resulted in a steady drop in access until 2020.
- 2020 saw a significant drop in access as a result of the Covid-19 pandemic
- 2023 demonstrated 10% lower than the pre-pandemic position impacted by:
  - An untested new contract variation which had implications for access
  - An increase in dental need as a result of limited access during the pandemic.

It was noted that in March 2022, WG issued direction to all Health Boards in Wales to restart Dental Contract Reform to March 2024, using an action learning approach previously adopted for the reform programme and that the aim of the WG direction and reform was to continue and adapt alternative measures and take the time to assess the impact through a 'test and modify' approach to ensure change was taking NHS dentistry in the direction needed.

The DPSC advised the Committee that as of October 2023, 75% of the Health Boards dentists had moved to dental reform and 25% remained under the previous activity only measure.

He added that it was in that area where the complexity had come in, because the Health Board were not actually measured against awaiting timed or a waiting list, it was measured against quality and activity.

The Committee were presented with 2-year comparative data which showed that the Health Board were sitting at 48% which equated to 37,128 units of activity and that the estimated end of year activity would be 77,244 units of activity which would meet the 95% standard.

It was noted that the Centralised Dental Waiting List (CDWL) was established in May 2021 to establish the capacity gap in access to NHS Dental Services, an indicator of demand and a pathway for patients to access general dental services in an equitable manner.

The Committee was advised that the CDWL was not a list of patients with a specific oral health need as many of the patients would be healthy and simply want regular check-ups.

The DPSC noted that Cardiff and the Vale University Health Board was the only Health Board with a fully monitored and managed CDWL with other Health Boards demonstrating similar access issues, but limited ability to measure the size of the problem.

He added that the establishment and management of the CDWL had been positively received by WG however there were no core standards under which the waiting list was to be managed or RTT measures.

The Committee was presented with the commissioning challenge observed by the Health Board.

It was noted that the operational team had looked at both the total waiting list the Health Board currently had and noted that if it were to meet 60% of the population having access to NHS dentistry or 80% of the population getting access to NHS dentistry there was between a £2m and £20m challenge in terms of commissioning requirement to provide those services.

The DPSC advised the Committee that after discussions with PCIC, 3 areas were identified which included:

- A forensic review of the current cost and volume contract in PCIC
- Development of an options appraisal for commissioning
- Engagement with WG through the IQPD mechanism and be open about the challenges

The Committee were presented with the work undertaken with Llais Wales (Llais) where key issues identified by Llais were received and the action taken which included:

- How the Health Board communicated with patients and the public
- How patients could know which service was right for them
- Access to an NHS dentist and urgent care
- What to expect when placed on CDWL

The action noted that the PCIC Dental Contracting Team had committed to work in partnership with Llais to review and develop updated patient information by January 2024

The DPSC presented the Committee with a summary of all of the points received which were outlined in the recommendations of the covering report.

The UHB Vice Chair noted that the dentistry information had been very complex and was something that “foxed” the great and good in measuring who was waiting for dental care. He asked to what extent the waiting lists for the Health Board had been validated.

The DPSC responded that an annual data cleanse took place to validate the waiting lists.

The UHB Chair responded and noted that an annual data cleanse may not be the most appropriate way of validating the waiting lists and asked for more focus to be placed around that and a more regular look.

The DPSC responded that he would look into that.

	<p>The Finance and Performance Committee is asked to NOTE the year to date position against key organisational performance indicators for 2023-24 and the update against the Operational Plan programmes.</p> <p><b>The Finance and Performance Committee resolved:</b></p> <ul style="list-style-type: none"> <li>a) the commissioning arrangements and performance standards for GDS within CAV were noted</li> <li>b) The issue of the required commissioning levels including funding of dental services to meet demand which would need to be raised with Welsh Government were noted.</li> <li>c) The year to date position and overall improvement in performance and projected outturn against GDS performance standards for 2023-24 was noted</li> <li>d) The increasing CDWL position, action taken to validate the list annually and 100% achievement of placing patients who require urgent dental care within 24 hours while allocation to an NHS dentist was noted.</li> <li>e) The additional quality measures and actions taken by the PCIC Dental Contracting Team to support access to GDS was noted.</li> <li>f) The actions being taken by the team following feedback from Llais to improve patient communication and awareness of access to dental services in CAV were noted.</li> <li>g) A Board development session was recommended undertaken by the PCIC Dental Contracting Team to allow for an in-depth discussion and understanding of the contract, constraints and additional actions being taken to support access to NHS Dental services</li> </ul>	
<p><b>FPC 23/11/019</b></p>	<p><b>Length of Stay Update</b></p> <p>The Length of Stay Update was received.</p> <p>The COO presented to the Committee a slide pack entitled “When Can I Go Home – Reducing the time our patients are in hospital”.</p> <p>He added that the Health Board were trying to reposition the phrase “Length of Stay” to “When can I go home”.</p> <ul style="list-style-type: none"> <li>• What was the problem? – The culture, systems and processes were causing people to spend too long in hospital which was leading to avoidable harm, loss of independence and deterioration on overall health and wellbeing.</li> <li>• <b>What did the evidence find?</b> <ul style="list-style-type: none"> <li>- 117,000 excess bed days compared to peers (top 25%)</li> <li>- 288 beds could be used differently or used to resource intermediate care</li> <li>- 35% of patients stayed longer than 21 days</li> <li>- Local Authority delays only accounted for 11.6% of bed capacity</li> </ul> </li> <li>• <b>What were the aims?</b> - People under the Health Boards care would spend 117,000 fewer days in hospital within three years, and there would be no more than 23% of acute beds filled with patients with a stay of over twenty-one days (super-stranded) saving them from harm, loss of independence, and deterioration of overall health and well-being</li> <li>• <b>What would the outcomes be?</b></li> </ul>	

- Fewer ward moves for people
- Rightsizing capacity to deliver "right bed first time"
- Better experience leading to improved overall satisfaction
- Less waits for an inpatient bed due to flow challenges – "do today's work today"
- Decongest the emergency unit
- People get home in an appropriate timeframe

- **Why was that important?**

- People have a poor experience and outcome if they stayed in hospital longer than absolutely necessary and generally did not want to be there.
- The longer people stay in hospital the more chance they would catch a hospital acquired infection.
- Staying too long in hospital leads to deconditioning both physically and mentally.
- People ending up in the wrong place have protracted stays in hospital
- Hospital beds are the Health Boards most expensive resource

- **What was the approach?**

- To define the Programme purpose in the context of its contribution to the relevant strategic objective(s)
- To define measurable objectives and outcomes – aligned to the strategic priority/ties and specific strategic milestones
- To define the Programme context and scope
- To develop a Blueprint which described the desired future state (e.g. Digital Roadmap)
- To define Critical Success Factors – i.e. what needed to be in place to deliver the Programme purpose (often relates to strategic fit, achievability, affordability and value for money)
- To develop a Programme timeline with key milestones to provide a clear critical path
- To develop clear Programme governance arrangements for planning, reporting, delivery and assurance
- To develop and maintain Programme benefits and risks registers.

The COO advised the Committee that there had been some operational challenges for the Health Board where a Business Continuity had been announced and noted that learning had come from those challenges which included:

- Ensuring the right people were working on the wards and supporting staff
- Patient level reviews – individual patient plans
- A weekend planning team
- Consistent metrics – evidence based decision making

- **What do we need to focus on?**

- Patients and Family involvement:
  - What is wrong with me?
  - When am I likely to go home?
  - What is going to happen next?
  - What can I do to help myself get better?
  - What matters to me? – patient, carer, family will know and help understand situation
  - What support out of hospital is needed

The COO added that the teams needed to be focussed on as well and included medical staff, ward nurses and therapies staff.

The Committee was presented with some key areas where those staff could provide focus which included but were not limited to:

- Early recognition of illness
- Senior doctor driven with early treatment and recovery
- Safe prompt discharge planning upon admission
- Does every patient know the when they are going home (PDD)
- What does the patient need next?
- Be aware of admissions to ensure timely assessment to identify needs and plans
- Review goals and actions with senior decision makers regularly
- Utilise community colleagues to support discharge planning and management of risk

It was noted that focus was also required on the integrated discharge and hub and flow team who would:

- Ensure the right patient get to the right bed
- Aim to have a First Point of Contact Officer (FPOC) at every board round
- Challenge regarding home first
- Provide links between health and social care
- Provide support for complex discharges
- Guidance around the mental capacity act
- Education re Clinically optimised/D2RA/POCD
- Assess patients who would benefit from a non acute bed

The COO advised the Committee that there was a Plan in place to cover 9 wards over a period of three months in the first instance – defined by and agreed with clinical boards following a task and finish group who would support teams with inputs, outputs and outcomes.

The Committee were presented with what commitment was required from the Ward team board rounds where it was identified that an “ABC” approach would be taken:

A – Basic structure:

- Do the team have a consistent board round day/time?
- Are they well attended?
- Do they capture actions?

B – Flow Framework:

- Is there a clinical plan in place?
- Are actions and owners assigned?
- The use of D2RA pathway
- Is Red2Green used effectively?

C – Well led:

- Check-in with everyone at the beginning
- MDT Safety brief at the beginning
- Keep to time and focus
- Challenge delays and decisions

• **What will be communicated and engaged?**

External:

- Reduce time patients spent in hospital through educational information and guidance.
- Target the most impacted patient demographic to reduce hospital stay.

	<p>Internal:</p> <ul style="list-style-type: none"> <li>- Inform all staff and specific teams of how they could help to reduce patient length of stay in hospital.</li> <li>- Personal Responsibility - UHB Value</li> <li>- Clinical Board commitment</li> <li>- Share point information page (directory of services)</li> </ul> <ul style="list-style-type: none"> <li>• <b>How we will that be communicated and engaged?</b></li> <li>- Communication strategy developed for both internal and external engagement</li> <li>- Roadshows &amp; engagement events</li> <li>- Media support: Round table discussions for winter</li> <li>- Listen and learn sessions led by clinical board champion</li> <li>- Social media</li> </ul> <p>The COO concluded that it would be a programme led approach and noted that it had been received by the Senior Leadership Board the previous week and reviewed by Clinical Board Directors and that there was an excitement around the changes in work methods over the 3 year plan.</p> <p><b>The Finance Committee noted:</b></p> <p>a) The Length of Stay Update was noted</p>	
<b>Items for Approval/Ratification</b>		
<p><b>FPC 23/11/020</b></p>	<p><b>Park View Health Centre – Declaration of Surplus and Disposal</b></p> <p>The Park View Health Centre – Declaration of Surplus and Disposal information was received.</p> <p>The DDFO advised the Committee that the information has been received by the Capital Management Group and the Senior Leadership Board and discussed in detail.</p> <p>He added that the purpose of the report was to update the Finance and Performance Committee of the current position in relation to the future requirement of the former Park View Health Centre Site and for the Committee to make a recommendation to the Board to declare the land surplus to requirement.</p> <p><b>The Finance and Performance Committee resolved:</b></p> <ul style="list-style-type: none"> <li>a) That there was no requirement to retain the Park View site marked in green on the report to support the development of the Wellbeing Hub @ Ely and it was noted.</li> <li>b) To declare the area identified as surplus to requirement which was approved.</li> <li>c) The disposal of the site via the WG Land Transfer Protocol to South Wales Police for the purpose of the development of a new Police Station for the area and was approved.</li> </ul>	
<p><b>FPC 23/11/021</b></p>	<p><b>Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility</b></p> <p>The Barry Gateway Redevelopment – Disposal of Broad Street Clinic and Lease of new Facility information was received.</p>	

	<p>The DDFO advised the Committee that the purpose of the report was to request that the Finance and Performance Committee recommended that the Board approve to enter into an agreement with the Vale of Glamorgan (VoG), for the provision of new clinic facilities at Broad Street, Barry, replacing the current existing clinic premises.</p> <p>He added that upon inspection of the Broad Street land title, it became evident that a restrictive covenant, to the benefit of VoG, governed the use of the site which stated “the Secretary of State covenants with the Council not to use the property described in the first Schedule hereto other than for purposes connected with the provision of health facilities”.</p> <p>It was noted that the covenant restricted any permitted use of the site except to the delivery of healthcare which resulted in an impact upon the value of the land in any future disposals.</p> <p>The Committee was advised that discussions had taken place between the VoG and the Health Board with advice from both NWSSP Specialist Estates Services and NWSSP Legal and Risk and a set of draft Heads of Terms (HoTs) had been agreed in principal which were outlined in detail within the report.</p> <p>It was noted that in order to meet the VoG timescales, approval to proceed was required as soon as possible.</p> <p><b>The Finance and Performance Committee resolved:</b></p> <p>a) It was recommended that Board approve:</p> <ul style="list-style-type: none"> <li>i) the declaration of Broad Street Clinic as surplus and the subsequent disposal under the Wales Land Transfer Protocol.</li> <li>ii) the income from the sale of Broad Street Clinic will need to be ring fenced to finance the fit out of the new facility.</li> <li>iii) the two Heads of Terms; <ul style="list-style-type: none"> <li>- Proposed Acquisition by the Vale of Glamorgan Council of the Broad Street Clinic Site.</li> <li>- Proposed Lease for new Accommodation for relocated Broad St Clinic to be located within Site B Redevelopment and the signature thereof.</li> </ul> </li> <li>iv) the issuing of the report to Board for affixation of the UHB Seal to the resultant lease documentation.</li> </ul> <p>b) It was recommended that the board supported:</p> <ul style="list-style-type: none"> <li>i) the transfer of services into the new facility and the likely increase in revenue consequences associated with running costs, against the cost of the existing facility.</li> </ul>	
<b>Items for Information and Noting</b>		
<b>FPC 23/11/022</b>	<p><b>Monthly Monitoring Returns – Month 7</b></p> <p>The Month 7 Monitoring Returns were received.</p> <p><b>The Finance and Performance Committee resolved that:</b></p> <p>a) The Month 7 Monitoring Returns were noted.</p>	

<b>FPC 23/11/023</b>	<b>Any Other Business</b>  No Other Business was discussed.	
	<b>Review and Final Closure</b>	
<b>FPC 23/11/024</b>	<b>Items to be referred to Board / Committee</b>	
	<b>Date &amp; time of next Meeting</b>  Wednesday 13 December 2023 at 2pm via Teams	