

**Minutes of the Public Finance & Performance Committee Meeting
19 March 2025
Via MS Teams**

To view a recording of this meeting, please [click here](#).

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Ceri Phillips	CP	CAV UHB Vice Chair
Charles Janczewski	CJ	CAV UHB Chair
Sara Moseley	SM	Independent Member – Third Sector
Mike Jones	MJ	Independent Member – Trade Union
Rachna Upadhya	RU	Independent Member - General
In Attendance:		
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Catherine Phillips	CP	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Matt Temby	MT	Managing Director - UHL
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Steve Riley	SR	Independent Member University
Suzanne Rankin	SR	Chief Executive
Rhian Thomas	RT	Independent Member – Capital & Estates

Ref:	Agenda Item:	Action:
FPC 19/03/001	Welcome & Introduction (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 19/03/002	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 19/03/003	Declarations of Interest (click to view) No Declarations of Interest were noted.	
FPC 19/03/004	Minutes of the Finance and Performance Meeting held on 19th March 2025 (click to view) The minutes of the meeting held on 19 th March 2025 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 19 th March 2025 were held as a true and accurate record of the meeting.	
FPC 19/03/005	Actions following the Finance & Performance Meeting on 21st January 2025 The Action log had no actions outstanding. The Finance and Performance Committee resolved that: a) The Action Log for the Finance and Performance Committee was noted.	
FPC 19/03/006	Chairs Action since previous meeting (click to view) There were no Chair's Actions taken since the last meeting	

FPC
19/03/007

[Financial Report – Month 11 Position & Savings Plan Progress \(including Savings Tracker\) – \(click to view\)](#)

The DDFO gave an update on the Financial Report for Month 11 and highlighted the following:

- At Month 11, the UHB reported a deficit of £27.5m, maintaining the position reported at Month 10. This consistency gives confidence in hitting the revised forecast deficit of £27.7m.
- The deficit included an £11.4m shortfall against the £47.2m savings program, largely driven by the non-delivery of key workforce plan components, and a further £7.8m of operational pressures driven by bed capacity demand issues and performance delivery.

The UHB Chair raised concerns about the £7.8m operational overspend, emphasizing the need to learn from this years' experience and implement robust plans to prevent future overspends.

The DDFS continued and highlighted the following points:

- the enhanced controls brought in the last quarter, which supported the improvement and holding of the financial position. These controls include agency, overtime, and bank usage reductions, resulting in a sustained reduction over the past couple of months.
- Non-recurrent funding streams confirmed over the last couple of months have also supported the position, but they will not impact the underlying position, which remains challenging for 2025-26.
- Key components drove our planned care position
- Position broke down and noted the enhanced controls
- We have seen non-recurrent funding streams which have supported this position
- Important to note the enhanced controls we have put in has resulted in a sustained reduction and would see a £3m improvement in the forecast return

The UHB Chair thanked the team for delivering what they have and mentioned the need to nullify operational overspends during the discussion on the financial report. He emphasized the importance of learning from the current year's experiences and implementing robust control measures to prevent operational overspends in the future.

The CC asked about the process used to meet with colleagues where there has been significant overspend against allocated targets to inform the budgeting process for 2025-2026. He inquired about how the operational method of agreeing those budgets works, considering the need to acknowledge demand and allocate resources accordingly.

The DDFS explained the process of assessing clinical boards' underlying positions and cost pressures, and how this has been managed through scrutiny meetings. He also mentioned the proposed changes for the 2025-2026 financial year, emphasizing the need for clinical boards to drive their run rates back to within their budgetary positions. This includes monthly performance review meetings and additional scrutiny meetings with a focus on performance, financial delivery, and workforce plan delivery.

The UHB Chair noted Table 6 in the context of the risk register, highlighting the need for clarity on the financial risks and questioning why certain risks were marked as amber instead of red. He emphasized the importance of being specific about the risks and ensuring the public can understand them.

The DDFS acknowledged the need for a more specific and condensed risk register, stating that the current risks are now realities and will be updated as they move into the new financial year. He highlighted the following points:

- a) There was very limited movement since month seven or eight on the savings plan, resulting in a shortfall of £11m.
- b) The underlying deficit the health board will carry into 2025-2026 is £59.9m
- c) The UHB has a cash balance of £9.1m at the end of February, which included strategic cash assistance to cover the planned deficit position and further revenue work imbalances cash support.

The UHB Chair mentioned the underlying deficit and expressed concern about a potential misunderstanding between Cardiff and Vale UHB and Welsh Government. He emphasized the importance of clarifying any misunderstandings and suggested a meeting with relevant parties to resolve the issue. He noted that this concern should be addressed publicly.

	<p>The EDF discussed the finance reports and mentioned that the organization has been under enhanced monitoring. As part of this process, the Finance, Performance, and Delivery Unit reviewed the contents of the finance report and made recommendations on how to make it clearer for the public. She suggested sharing the draft report before the committee to allow colleagues to test and challenge it if necessary.</p> <p>The Finance and Performance Committee resolved that:</p> <ol style="list-style-type: none"> a) The Welsh Government control total of a planned deficit of £9.100m was noted and; b) The month 11 operational overspend of £27.591m comprising an operational deficit of £7.808m, a savings gap of £11.441m and a planned deficit for the year to date of £8.342m was noted and; c) The forecast out-turn deficit for 2024-25 of £27.7m was noted and; d) That 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. 	
<p>FPC 19/03/008</p>	<p>Operational Performance Update</p> <p>The MDUHL presented the Operational Performance Update and highlighted the following points:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care: the intense pressure in the system during January and February, included challenges with infection prevention control (IPNC) due to flu, COVID, and norovirus outbreaks. 801 patients waited longer than 12 hours and 10 patients waited longer than 24 hours in A&E. • Stroke Performance: a decrease in the door-to-ward time to 32.9% for the four-hour target in January, attributing this to seasonal challenges. The time to CT improved, and upcoming changes in metrics for time to CT were noted, moving from one hour to 20 minutes. • Diagnostics: at the end of January, over 16k patients were waiting more than 8 weeks for diagnostics, but this number improved by over 2k patients in February. • Cancer Performance: the compliance rate of 65.6% in January and projected similar figures for February and March. Ongoing work continued to review pathways and improve performance, particularly in urology and GI. • Planned Care: 2,414 patients were waiting over two years at the end of February, with a target to reduce this to 1,800 by the end of March. • Colonoscopy for Screening: the impact of increased requirements from Bowel Screening Wales and workforce challenges in gastroenterology, resulting in lower compliance with the four-week target for colonoscopy. <p>The Norovirus outbreak had affected the flow of the hospital, which lead to the closure of beds and created challenges in managing patient flow. The MDUHL confirmed the ongoing challenges, noting that the Infection Prevention and Control (IPC) cell was meeting to bring recommendations to the executive team to stabilize the situation.</p> <p>The UHB Chair mentioned that it would be good news if they could reach 1800 patients during the discussion about the planned care metrics. He acknowledged the improvement from the previous figure of around 2000 patients and expressed hope for further progress.</p> <p>The Committee resolved that:</p> <ul style="list-style-type: none"> • The year-to-date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes was noted. 	
<p>FPC 19/03/009</p>	<p>End of Life Business Case</p> <p>The DDFS provided an update on the end-of-life care business case, explaining the financial model and the associated risks. He mentioned that the UHB has been working with social finance to finalize the approval of a bid against a Macmillan fund to support the financial model of this strategy. The investment aims to reduce the length of stay and overall cost base for the health board. The financial model involves pump priming from Macmillan, with the money being repayable if the KPIs are met, which would require closing bed capacity. The timing of bed closures is crucial, with plans to close beds through the summer of 2627.</p> <p>The MDUHL emphasized the importance of meeting patient choices for end-of-life care and avoiding hospital stays during this period. He highlighted the need for a whole system approach</p>	

	<p>and mentioned that the Medicine Clinical Board was working on mitigating demand growth to ensure the success of the project.</p> <p>The EDF mentioned that the investment group (IG) reviewed the end-of-life care business case and expressed concerns about whether the health board could afford it over the long term, specifically regarding which beds would be released and when.</p> <p>The UHB Chair suggested some rephrasing on the paper to take it to the Board.</p> <p>The EDF confirmed that the model had been tried and tested across a number of other health providers in the UK and Wales has so far been reluctant to join the party. She emphasized that this should help satisfy concerns about the clinical risk model.</p> <p>The CC highlighted it was a great opportunity for CAV UHB to work with Macmillan.</p> <p>The committee supported the business case to the Board for approval, subject to a clear articulation of the alignment to the bed position for the health board to ensure the beds are closed and costs released to pay the Macmillan social bond.</p> <p>The Committee resolved that:</p> <p>a) The Palliative and Supportive Care Business Case was resolved and agreed to recommend to the UHB Board for approval. This was subject to better clarity in the paper to be brought to Board.</p>	
<p>FPC 19/03/009</p>	<p>Monthly Monitoring Return – Month 10</p> <p>The monthly monitoring return was noted.</p> <p>The Finance and Performance Committee resolved:</p> <p>a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 10 was noted</p>	
<p>FPC 19/03/010</p>	<p>Any Other Business</p> <p>No further business was raised.</p>	
<p>FPC 19/03/011</p>	<p>To note the date, time and venue of the next Committee meeting: Wednesday 16th April 2025 via MS Teams</p>	