Minutes of the Public Finance & Performance Committee Meeting
23 July 2025
Via MS Teams

To view a recording of this meeting, please click here.

Chair:		
John Union	JU	Independent Member – Finance / Committee Chair
Present:		
Charles Janczewski	CJ	CAV UHB Chair
Ceri Phillips	CP	CAV UHB Vice Chair
Sara Moseley	SM	Independent Member – Third Sector
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Rhian Thomas	RT	Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
David Edwards	DE	Independent Member - Digital
Clive Curtis	CC	Independent Member - Community
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Andrew Gough	AG	Deputy Director of Finance (Strategic)
Claire Beynon	CB	Executive Director of Public Health
Adam Wright	AW	Director of Operational Planning & Performance
Ash O'Callaghan	AO	Head of Strategic Planning
Observers:		
Rachel Broome	RB	Finance Business Partner
Ian Virgil	IV	Head of Internal Audit
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Catherine Phillips	CP	Executive Director of Finance
Steve Riley	SR	Independent Member – University
Rachna Upadhya	SU	Independent Member – General

Ref:	**Agenda Item:**	**Action:**
FPC 23/07/1.1	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FPC 23/07/1.2	**Apologies for Absence** Apologies for Absence were noted. **The Finance and Performance Committee resolved that:** a) Apologies for Absence were noted.	
FPC 23/07/1.3	**Declarations of Interest** The IMTS declared an interest for item 3.1 as the new Chair of Velindre NHS Trust.	
FPC 23/07/1.4	**Minutes of the Finance and Performance Meeting held on 18th June 2025** The minutes of the meeting held on 18th June 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 18th June 2025 were held as a true and accurate record of the meeting.	
FPC	**Actions following the Finance & Performance Meeting on 18th June 2025**	

23/07/1.5	5 items on the action log – all marked as complete. The DOPP noted the stroke measures will need to come to the next F&P committee meeting. **The Finance and Performance Committee resolved that:** a) The Action Log for the Finance and Performance Committee was noted.	
FPC 23/07/1.6	**Chairs Action since previous meeting** There were no Chair's Actions taken since the last meeting	
FPC 23/07/2.1	**Financial Report – Month 3 Position (including savings tracker)** The DDF gave an update on the financial report at month 3 and highlighted the following: • **Deficit Position**: Reported deficit at month 3 is £15.216m, which is £1.158m over the planned deficit. • **Savings Programme**: Shortfall of £844k to date against the £32m annual savings target; £28.6m of green/amber schemes identified, leaving a £3.4m gap. • **Operational Deficit**: Operational overspend of £314k to date, mainly due to mental health out-of-area placements, contract underperformance, and changes in patient mix (more Cardiff & Vale patients in critical care). • **Mental Health Placements**: Out-of-area placements peaked at 19 in month 2, now reduced to 9; regional/national solutions being explored. • **Contract Underperformance**: Noted in CAVOC and cardiac contracts; more CAV patients in critical care impacts income. • **Clinical Board Accountability**: Clinical boards are expected to meet control targets; weekly reviews are held to address red pipeline savings and operational pressures. • **Assurance**: No full assurance yet that actions will offset the deficit; granular dates for red pipeline schemes are being sought. • **Timeline for Action**: Committee stressed urgency—action plans and Plan B to address operational pressures must be set before September, with updates to be shared outside formal meetings if needed. • **National Pressures**: Shortfall in National Insurance funding (15% underfunded, £1.4m impact), CHC growth, and JCC commissioning pressure (£200k) are new or ongoing risks. • **Pay Awards & Risk Pool**: Pay award assumed fully funded; Welsh Risk Pool may add £6.6m risk, and Band 2–3 corrective payments could add £5.8m risk—neither covered in current plans. • **Workforce**: 50 whole time equivalent reduction between April and June; further reductions expected from voluntary early release schemes. • **Non-Pay Growth**: Largest increases in secondary care medicines and prescribing; CHC and commissioned services also rising. • **Savings Delivery**: No slippage on green/amber schemes; 40% of red pipeline schemes must be delivered to fully de-risk the plan. • **Key Risks**: Red risks include delivery of the £9.1m deficit target control total, £32m savings target, operational pressures, cash management, Welsh Risk Pool, and Band 2–3 payments. • **Risk Reduction**: Risk against the original plan has dropped from £23m when plan was submitted to £3.4m at month 3, but full assurance depends on closing the savings gap and managing operational pressures. • **Underlying Deficit**: If the plan is delivered, underlying deficit reduces to £56.2m; if not, it could rise to £62.9m in 2026/27. This will be updated monthly. • **Cash Position**: Strategic cash support from Welsh Government will be needed; £110m in allocations still to be received but pay award and NI cash now confirmed. • **Public Sector Payments**: Compliance at 95.8% at end of June. • **Committee Actions**: Committee noted the report, acknowledged the operational and savings challenges, and requested ongoing updates, especially in the absence of an August meeting. The CC questioned the £314k operational overspend at month 3 by asking if the clinical boards currently overspending were expected to recover their position, or if areas that have underspent will continue to do better financially. He specifically inquired about the approach being taken to	

	address this variance and whether budgets are being reallocated or if expectations remain for all boards to meet their targets The DDF responded that clinical boards were still expected to hit the control targets which were set at the start of the year, even after submitting the revised plan. He clarified that boards showing improvement (notably PCIC and Mental Health) were expected to maintain those gains. Weekly meetings with all clinical boards are being held, reviewing schemes line by line to close the savings gap and mitigate operational pressures. The UHB Chair reinforced the CC's point by stating that the committee is seeking assurance that the actions in train will deliver what was expected. He asked the DDF how confident he was that these actions will allow the committee to claw back even a small deficit position and not exacerbate it throughout the year. The DDF stated he could not give assurance that the actions would offset the position, as he does not have his own assurance yet. He mentioned there was a long list of red schemes that, from their presentation, should start to deliver, and emphasized the need for granular dates so these can be built into the profile plan to provide assurance that they will be offset. The UHB Chair focused on the operational overspends, asking what needs to be done to curtail them and whether there is confidence that the clinical boards fully understand the financial implications for the health board. He also questioned if there is an understanding of why the clinical boards are overspending. The IMTS focused on the operational position, noting that some capital, estates, and facilities operational pressures are probably unavoidable due to what is happening in the estate. She mentioned that primary, community, and intermediate care (PCIC) is very significant. She highlighted the issue of determining when operational pressures reach a point where replanning is needed, emphasizing the importance of having enough time in the financial year to recover the position, and warning that the later this is left, the more difficult it becomes. The DOPP explained that while there are some key areas with operational pressures, many areas are delivering better than their operational position. He expressed reasonable confidence that the positions in specialists and medicine can be recovered but emphasized that mental health remains the biggest challenge and the area with the least confidence for recovery. The IMLA highlighted the critical issue of timescales, questioning at what point a decision would be made if operational pressures in a particular area continue. She suggested that planning for a parallel solution should be happening now, so that if those pressures persist or increase, there is a Plan B ready to implement. She specifically asked if that parallel process is happening. The DDF stated that they are constantly looking at choices that can be made immediately and emphasized that operational pressures and the savings programme are essentially the same conversation. He explained that every idea to offset operational pressures goes through their red pipeline, and they are pushing to get decisions and dates on those actions now so they can deliver cash out if operational pressures continue. The IMLA asked if there is a deadline set for when the dates need to be provided for the actions discussed. The DDF confirmed that clinical boards will be set deadline for closing savings plan gap yet through the Senior Leadership Team (SLT). The VC reinforced the importance of addressing the timing issue, noting that pressures will not get easier in quarters 2, 3, and 4, and emphasized the need to achieve equilibrium at this point. They referenced that last year the organization was unable to recover. Ceri also raised concerns about cost pressures outside of their control, such as continuing healthcare, and asked how the Health Board is lobbying Welsh Government to ensure the allocation provided can help mitigate these pressures. The IMLA she was aware this was putting lots of pressure on staff and having to make difficult decisions and she wondered if it would be beneficial to have these discussions brought in to People & Culture and is there anything more we can do to support staff?	

	The UHB Chair agreed this was an important point as our staff need to be looked after but we need to look at the ask that is being asked of us. We need to consider what options are available as a board as it is important to understand the pressures. The IMCE asked with pay being such a large part of the bills and asked what our expectations of being for pay awards and whether WG are funding? She attended the Welsh risk pool meeting and noted the magnitude of settlements and many more will be coming through and it was suggested the bill for Welsh risk pool would increase in year. The DDF noted that the Risk Pool assessment was through NWSSP. The Welsh risk pool has a high number of cases being brought forward into 25-26 and CAV's share would be £6.6m and is now included in the risk table. WG is aware that no orgs have coverage for their share of £40m. The IMTU added another risk and wondered if we had confirmation that money would be available for band 2/3. The DDF noted this was included in the risk table. It would be a similar figure to Welsh risk pool. WG do not have the coverage in their plans. He would keep the committee informed as this is progressing. He further highlighted the following: • CAV UHB continued to reduce workforce and had seen a 50 whole time equivalent (WTE) reduction between April and June 2025. • A month 12 comparison was displayed, highlighting growth areas such as secondary care medicines and prescribing. • A delivery of £28.6m in green and amber savings schemes, with £7.8m worth of schemes remaining in the red pipeline. • There was no slippage against green and amber schemes. • CAV UHB made considerable progress compared to last year. The CC noted the savings deficit remained the same and were still working on filling the gap. The DDF explained that the discussion about moving red pipeline schemes to amber and green was a weekly conversation at the Senior Leadership Team (SLT), chaired by the Chief Executive. He emphasized the need to set hard dates and ensure these schemes were translated into deliverable amber and green schemes to provide confidence and assurance of delivery. The UHB Chair noted that for several years CAV UHB have been saying the need to get ahead of the financial planning curve but have yet to achieve it and still end up in reactive mode each year. He informed colleagues that he is arranging a session in the board development meeting in August to discuss this very topic, aiming to understand what needs to be done differently to get savings plans in place well in advance of the financial year. The DDF confirmed they would include a forecast for the cash position and will track it graphically monthly moving forward. He also stated that they continue to deliver against the public sector payments compliance target, achieving 95.8% at the end of June. **Action - Adam to provide an interim update to the committee on operational pressures, actions, and Plan B before the next formal meeting** **Action - Andrew to provide a monthly cash position graph, including forecast, in future reports.** **The Finance and Performance Committee resolved that:** **a)** The reported year to date overspend of £15.216m and the reduction in the forecast deficit from £58.2m to £56.2m was noted. b) The month 3 operational overspend against plan of £0.314m and the £0.844m savings deficit was noted c) The progress against the savings target, with £28.624m (89.5%) of green and amber schemes identified at Month 3 against the revised £32m target was noted **d)** The delivery of the forecast was also predicated on the confirmation of all expected income streams was noted.	
FPC 23/07/2.2	**Operational Performance Update** The DOPP presented on the Operational Performance Update and highlighted the following points:	

	• **Urgent & Emergency Care** • Attendances slightly reduced in June but remain higher than winter levels. • Admission rate increased to 15.6%. • Continued struggles with 12-hour waits and one-hour ambulance delays; June was another difficult month. • 24-hour breaches reached 34, the highest in a long time. • Other health boards are improving ambulance handover, but Cardiff faces specific challenges. • Discharge volumes are a key issue; a "reset week" is underway to focus on improving urgent and emergency care pathways. • **Out of Hospital & Community Care** • Significant activity in primary and community care. • Progress against GP access standards and community prescribing, but more work needed to integrate community care and increase weekend nursing capacity. • **Hospital Flow & Discharge** • Stroke and hip fracture performance improved slightly; capacity is ring-fenced and closely managed. • Pathway care delays increased in June, mainly due to reduced discharge volumes. • **Planned Care** • Single cancer pathway performance improved from 59.5% to 69.5%. • Long-waiting patients (>2 years) reduced by over 600; commitment to reduce further by end of Q2. • 8-week diagnostic position improved by about 1,000 patients, especially in non-obstetric ultrasound. • Some risk remains in endoscopy, but plans are in place. • **Primary, Community, and Dental Care** • Increased patient numbers in pharmacy, dental, and community services. • Dental contract changes are being implemented, confidence in meeting annual targets. • District nursing capacity up from last year but still below Welsh Government standards. • **Mental Health** • Children's services: good performance on assessment and intervention times; neurodevelopment waiting times remain a challenge. • Adult services: stabilisation in 28-day assessments, but capacity and referral rates are still challenging. • Four key reasons for increased adult referrals: high demand for neurodiversity assessments, steady post-COVID increase, population growth (especially in certain clusters), and temporary increase after service model changes. • **Productivity & Efficiency** • Outpatient DNA rates remain high; targeted actions and overbooking were being implemented. • Endoscopy room utilisation was high but can improve further. • Theatre utilisation improved slightly; more detail in enabling actions update. • Length of stay in medicine has not reduced as planned, impacting both operational and financial targets. • **General Summary** • CAV UHB need to continue to focus on reducing length of stay and improving flow to support both operational and financial objectives. The UHB Chair asked about discharge delays, specifically requesting an explanation for why the committee continues to struggle with pathway of care delays, noting they remain around the 150–160 mark and do not seem to be decreasing despite ongoing efforts. He asked for this to be included in the next update or commented on during the meeting. The DOPP responded that good progress had been made in pathway of care delays, with numbers coming down from previous highs, but acknowledged the figure had jumped back up slightly this month and generally plateaued. He noted CAV UHB's performance was slightly better than the rest of NHS Wales, but most current challenges were internal and were being addressed during the reset week. The UHB VC stated it would be useful to know where the patients with pathway of care delays are located and reside, and expressed interest in seeing if they are from Cardiff, the Vale of Glamorgan, or other areas of Wales.	

	The UHB Chair wanted to note the overall picture of diagnostics hadn't moved and secondly, we were promised the use of a facility at CTT and asked what progress was being made? The DOPP confirmed that issues with equipment failure, particularly around CT and MRI, had resolved, so positions in those areas had not worsened and improvement trajectories would be delivered. He noted the overall number had reduced significantly. Regarding the endoscopy plan with Cwm Taf, he explained it was due to go live but faced challenges with patient booking—originally Cwm Taf was to book patients, but this did not happen, so CAV UHB was now using temporary administrative services, which were approved last week. The IMLA asked for clarification regarding the general dental service, specifically whether the reported 15% of the contract delivered so far was a month 3 position, and if continuing at that level would mean only achieving 60% of the contract across the year. The DOPP confirmed that the dental activity data is always a month behind, and the 15% figure is for the total dental contract. The IMLA asked if there is a risk that some children on the neurodevelopment service waiting list will become adults while waiting to be treated, and what happens at that point. The DOPP responded that there was a risk some children become adults while waiting, and the neurodevelopment teams have been working between adults and children's services on transition and what happens to patients on the waiting list. Adam said they would need to go back to the team for the specifics of what happens when a patient turns over to adulthood and would come back with that information. The UHB Chair stated that the Minister for Mental Health, Sarah Murphy, has recently issued a letter directing more money towards reducing the waiting lists for neuro divergent diagnosis. **Action - The DOPP agreed to include a detailed update on pathway of care delays, including patient locations, in the next meeting during the Operational Performance Report discussion** **Action - The DOPP to clarify the process for children waiting three years for neurodevelopment assessment who transition to adulthood, ensuring they do not go to the bottom of the adult waiting list.** **Action - The DOPP to provide regular updates on progress against the 104-week wait reduction trajectory and the 34,000 additional appointments plan.** **The Committee resolved that:** a) The year-to-date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.	
FPC 23/07/2.3	**Quarterly Annual Plan Update** The HSP gave a quarterly update on the Annual Plan and highlighted the following: • The report summarized highlights and achievements aligned to strategic portfolios ar "brilliant basics" priorities set out for the year. • Focused on strategic initiatives and non-KPI milestones that may not be visible in oth reporting mechanisms but are important for tracking progress. • Positive progress was highlighted in areas such as workforce ambitions, establishing a integrated community care system, community vaccination programs, digital foundation partnership arrangements, and the clinical services plan. • The report included a summary of key numbers for the quarter, such as ministerial delive expectations and finance position, with detailed data available in the integrated performanc and finance reports. • Part of the report outlined common strategic challenges, including implementation delay external dependencies (e.g., national programs, capital funding), and complex governanc for regional initiatives. • The report was based on a detailed action tracker with 200 actions, RAG-rated quarterly, ar tracked through the senior leadership team, focusing on troubleshooting red and amb actions. • A narrative summary was proposed as the most effective way to demonstrate progress committee level and ensure effective assurance on the plan.	

	The IMLA looked for clarity on the head count. It said the workforce had reduced by 81 WTE but th report from the DDF stated a different figure. She added that each committee needs to receiv consistent data. The HSP would clarify on this figure with workforce colleagues and report back to the committee. The UHB Chair he endorsed the IMLA comments as we need to ensure we are measuring the rig things here. Every time we ask about the headcount, a different answer is given. It is important understand how, what, why and when. He added that the report was helpful, and it is important whe this committee stands. The UHB VC commented on the importance of measurement tools and the development methodologies to support benefits realisation, urging that this be dealt with rigorously. He suggeste that if benefits (such as reductions in expenditure) were not being realised, the organization shou be proactive in stopping some of these schemes, noting a tendency to start new initiatives but not stop them. He emphasized that more work is needed to ensure clarity on what the benefits are ar when they have been realised. **Action – The DDF & the HSP to clarify & align workforce reduction figures for consiste reporting.** **The Committee resolved that:** a) The progress highlighted in the Q1 Annual Plan Report was noted.	
FPC 23/07/2.4	**Enabling Actions & Ministerial AG** The DOPP highlighted the following points: • Welsh Government set several enabling actions, and the Ministerial Advisory Group (MAG) produced recommendations for HB's and government, published in April. • Many actions and recommendations overlap or are similar, and some are already part of the health board's established performance reporting (e.g., ambulance handover). • Adam combined enabling actions and MAG recommendations into one slide deck, themed by section, to avoid duplication and make reporting clearer. Each recommendation is linked to one or more measures, showing the standard, baseline, current performance, and a RAG rating (red, amber, green). • Red means the standard is breached, amber means it's breached but there's still time to deliver, and green means it's being delivered. • Adam noted there is no central guidance yet on best practice for measuring/reporting most actions, though Welsh Government is setting up a dashboard for this. The report and measures may mature as more advice is received. • For urgent and emergency care, most measures are not being met, but the board is engaged in delivering recommendations and has good representation at national groups. More work is needed to reduce attendances, ambulance handover delays, and improve hospital flow. • In planned care, most actions/recommendations are for Q2 or later, but progress is being made (e.g., SOS and PIFU, direct listing of cataracts from August). • Theatre actions and productivity/efficiency aims are being addressed, with improvements in cataract procedures since moving to UHL. • For improving value, there is good progress in cancer pathways (e.g., straight to test), digital initiatives (NHS app, new maternity software), but some data validation and collection challenges remain. • On workforce productivity, there is an overall reduction in agency spend and improved consultant job planning rates. Adam noted two corrections: agency numbers do not include medical agency (to be added), and sickness figures are in-month, not cumulative (to be corrected). • Finance slide shows progress in non-pay and medicines management, but continued pressure in CHC budgets and ongoing estates rationalisation. Adam emphasized the need for consistent, useful information across reports. • Adam concluded by inviting questions and feedback, noting the report will evolve and is used internally for executive and clinical board reviews, and will be submitted to Welsh Government as part of national reporting. The CC asked the DOPP who sees the enabling actions and MAG update report as useful, specifically whether clinical board directors find it useful and if it is shared elsewhere in the organization.	

	The DOPP responded that it was used in executive clinical board reviews, planned care programme meetings, and will be submitted to WG, though the exact department is unclear. He added that a quarterly update on MAG would be given to the CAV UHB Board. **Action – The DOPP to update the enabling actions and MAG report with medical agency numbers and correct sickness figures in future iterations during the enabling actions and MAG update discussion.** **The Committee resolved that:** a) The progress and challenges in relation to delivering against the Ministerial Enabling Actions and the Ministerial Advisory Group on Performance and Productivity Recommendations was noted.	
FPC 23/07/2.5	**Board Assurance Framework** The DCG updated on the Board Assurance Framework and highlighted the following: • The Board Assurance Framework (BAF) was used to track progress against strategy and that the board requested it be reviewed in relevant committees for more detailed discussion. • It was proposed to bring the BAF to the F&P every other month, aligned with board meetings, and rotating the focus between finance (long-term financial plan), decarbonisation/climate (sustainability risk), and R&D (acting for the future/future generations portfolio). • This approach would ensure each topic area receives adequate attention and invited questions or discussion on the proposal. The CC expected to see this periodically and it is good to see this on a regular basis. The EDPH endorse the position in ensuring it comes to a committee to achieve good airtime. The DDF noted this was around the longer term strategic plans. We need to ensure we are ahead of the game. **The Committee resolved that:** a) The Board Assurance Framework was noted.	
FPC 23/07/3.1	**Business Cases: TRAMs Case** The DDF highlighted: • The purpose is to create a medicines preparation unit for SE Wales, consolidating manufacturing units for efficiency. • The committee is asked to approve progression to full business case stage and onward approval to board, with a £19.1m WG capital funding requirement. • The Pre-Business Case (PBC) was originally developed in 2021, so the project has been ongoing for some time. • Total revenue savings identified are £5.2m, to be shared among regional providers, with the exact shares still under discussion. • Several caveats needed resolution before progressing to Full Business Case (FBC): application of TUPE for staff transfers, the clinical trials position, and staffing models, to ensure Cardiff and Vale receives its fair share of savings. • The case has been reviewed by the Value Benefits Realisation Group and Senior Leadership Team, both supportive but requiring the caveats to be addressed before FBC. The CC asked about the timescale for the full business case (FBC) to go to Welsh Government, seeking clarification on when it would be expected. The DDF responded that he was not cited on the exact timeline for the FBC but recommended that all caveats be addressed before the FBC is written. The IMTU agreed that the TRaMS proposal made perfect sense for long-term savings and to avoid duplication. He asked if CAV UHB has considered what happens if staff decide not to transfer under TUPE, specifically whether there were suitable redeployment opportunities for them. He raised the concern that if redeployment was not possible, redundancies may be necessary, which could cost CAV UHB money, and questioned who would be responsible for paying those redundancy costs.	

	The DDF confirmed that if the staff were CAV UHB employees, the responsibility for redundancy costs would fall to the Health Board, and noted this detail would need to be confirmed with People and Culture colleagues. He added that this level of detail was unlikely to be included at the OBC stage. The DCG & DOPP confirmed that a letter has been sent to shared services to clarify this point, and the FBC would need to specifically address it. The CC noted the OBC was recommended to go to Board next week. **Action – The DDF to confirm redundancy details with People & Culture Colleagues.** **The Committee resolved that:** a) The TRAMs outline business case was approved	
FPC 23/07/3.2	**Business Cases: Park View Case** The DDF highlighted the following points: • The Parkview Well-being Hub PBC was endorsed by Welsh Government in August 2019, and the FBC now seeks approval for onward submission to the Board. The new facility will replace the Parkview Health Centre, which had a major water leak, with services temporarily relocated to other sites. • The capital funding requirement is £36.8m, with an increased revenue requirement of £624k for the Health Board, mainly due to estates running costs and carbon neutrality requirements. • The challenge of agreeing to cases with a revenue tail given the current deficit was highlighted, and that work was ongoing with Estates and Clinical Board colleagues to mitigate these costs. If not fully mitigated, the first call on allocation uplift would be to cover these revenue costs. • The Value Benefits Realisation Group and SLT supported progressing the case due to its urgency and necessity for Ely, despite the affordability challenge. The CC asked if, given the additional costs in supporting a regional facility, a case could be made to help support with those costs, and whether such a case had been clearly made for additional revenue support. He questioned if these costs could be supported as an additional revenue item or if the Health Board would have to manage them as is. The DDF responded that it was highly unlikely any additional revenue costs linked to this case would be supported by WG, and that it would be CAV UHB's responsibility to manage and offset these costs if the project proceeds. The UHB VC stated that, having personally visited some of the facilities in this part of the Health Board, it is probably bordering on imperative to support this development. They noted excellent work is being done despite the current facilities and emphasized the need to map out the consequences of not proceeding, as these could have significant revenue implications. Ceri questioned whether the research into revenue implications had been fully undertaken in this context. The DDF explained the trade off between in year affordability and future value and benefits is difficult given the current financial position and climate. The IMLA questioned whether the proposal was ready to go to the Board, given the real issue around affordability and underlying pressures. She highlighted that the impact of not proceeding would be significant for patients and residents, and there is also a financial impact of not doing this. Susan noted that, because mitigations are not in place, it would be helpful to address this. She then asked if there was an imperative in terms of timelines for bringing this to the Board. The HSP confirmed there was an imperative and that is why we aimed to get it into July Board. The CC highlighted the need to see the full business case to share via email. **Action: The Park View Hub Business Case to be added to the forward plan for Finance & Performance Committee.** **The Committee resolved that:**	

	a) The Park View Business case would need discussion and approval outside of this committee.	
FPC 23/07/4.1	**Monthly Monitoring Return – Month 2** The monthly monitoring return was noted. **The Finance and Performance Committee resolved:** a) The extracts from the UHBs Monthly Financial Monitoring Returns for Month 2 was noted	
FPC 23/07/5.1	**Any Other Business** No further business was raised.	
FPC 18/06/013	To note the date, time and venue of the next Committee meeting: **Wednesday 17th September 2025 via MS Teams**	