

**COFNDION CYMERADWY O GYFARFOD Y PWYLLGOR CYLLID A PERFFORMIAD/
APPROVED MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE MEETING**

DATE OF MEETING: 9:30 AM, Tuesday 29 April 2025
VENUE: Ystwyth Boardroom/Microsoft Teams Meeting

PRESENT: Michael Imperato (Hywel Dda UHB - Independent Board Member) (Chair)
Eleanor Marks (Hywel Dda UHB - HDUHB Vice Chair) (VC)
Rhodri Evans (Hywel Dda UHB - Independent Member)
Winston Weir (Hywel Dda UHB - Independent Board Member) (VC)

IN ATTENDANCE: Shaun Ayres (Hywel Dda UHB - Director of Delivery) (VC) (part)
Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)
Julia McCarthy (Hywel Dda UHB - Head of Long Term Care) (VC) (part)
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care) (VC)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science) (VC)
Andrew Spratt (Hywel Dda UHB – Deputy Director of Finance)
Huw Thomas (Hywel Dda UHB - Director of Finance)
Jennifer Thomas (Hywel Dda UHB - Senior Finance Business Partner (Accounting & Statutory and Reporting)) (VC)
Chris Williams (Hywel Dda UHB - Senior Value Business Partner) (VC) (part)
Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk)
John Jenkins (Hywel Dda UHB - Committee Services Officer) (Secretariat)

MINUTES REF.	ITEM	ACTION
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FPC(25)1	WELCOME AND APOLOGIES	
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Mr Michael Imperato welcomed all to the first Finance and Performance Committee (FPC) meeting. Apologies had been received from:

- Mrs Anna Lewis, Independent Member
- Mr Andrew Carruthers, Chief Operating Officer (with Mr Keith Jones deputising)
- Mr Mark Henwood, Interim Medical Director
- Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary (with Ms Charlotte Wilmshurst deputising)

FPC(25)2 DECLARATION OF INTERESTS

There were no declarations of interest.

**FPC(25)3 MINUTES OF SUSTAINABLE RESOURCES COMMITTEE
HELD ON 25 FEBRUARY 2025**

The minutes of the Sustainable Resources Committee (SRC) meeting held on 25 February 2025 were reviewed and agreed as an accurate record of proceedings.

Decision: The minutes of the Sustainable Resources Committee meeting held on the 25 February 2025 were **APPROVED** as a correct record of proceedings.

**FPC(25)4 TABLE OF ACTIONS FROM SUSTAINABLE RESOURCES
COMMITTEE HELD ON 25 FEBRUARY 2025**

The Table of Actions from the SRC meeting held on 25 February 2025 was reviewed and noted that all actions were complete.

Decision: The Finance and Performance Committee **REVIEWED** and **NOTED** the Table of Actions from the Sustainable Resources Committee meeting held on 25 February 2025.

**FPC(25)5 FINANCE AND PERFORMANCE COMMITTEE TERMS OF
REFERENCE**

Ms Charlotte Wilmshurst presented the FPC Terms of Reference and advised that there had been one amendment since the initial FPC Terms of Reference were approved by Board on 30 January 2025 to amend the operational responsibilities to align oversight of data issues be transferred to the Digital, Data and Innovation (DDI) Committee.

Ms Wilmshurst advised that the refreshed Targeted Intervention (TI) areas relating to finance, performance and outcomes would be added to the Terms of Reference once they have been finalised by Welsh Government (WG).

Decision: The Finance and Performance Committee **APPROVED** the Finance and Performance Committee's Terms of Reference for onward ratification by the Board on 29 May 2025.

**FPC(25)6 SUSTAINABLE RESOURCES COMMITTEE ANNUAL REPORT
2024/25**

The SRC Annual Report for 2024/25 was presented to FPC for approval ahead of submission to Board on 29 May 2025.

Mr Winston Weir as Chair of SRC commended the report for FPC approval and thanked all those that contributed to the work of the SRC during his tenure as Chair of SRC and thanked the Independent Members for their input into the work of the Committee and felt that the year had been a positive year for the finances of the Health Board and had concluded on a positive note and had exceeded WG expectations. Mr Imperato thanked Mr Weir for his service as Chair of SRC.

Mr Imperato highlighted one typographical error on the draft SRC Annual Report, noting that '2025/26' had been used to refer to the previous year of 2024/25. Ms Wilmshurst advised that this would be corrected ahead of submission to Board.

CSO

Decision: The Finance and Performance Committee **NOTED** the Sustainable Resources Committee Annual Report 2024/25.

FPC(25)7

FINANCE TARGETED INTERVENTION ACTIONS

Mr Shaun Ayres presented the Finance TI Actions report to the Committee on the escalation elements relating to finance and performance within the FPC's remit.

Mr Ayres wished to recognise the progress that had been made in 2024/25 by delivering a forecasted deficit of £24.1m in excess of the revised target control total (TCT) of £31.5m however the challenge was heightened in 2025/26 with a need to make £19m of recurrent savings with WG feedback highlighting the need for an improved trajectory to demonstrate a pathway to financial balance by 2027/28.

Mr Ayres advised that the Health Board needed to respond to WG by 2 May 2025 with a revised escalation framework with more challenging targets set to reflect the improved status of areas of the Health Board from Level 4 'Targeted Intervention' status to Level 3 'Enhanced Monitoring' status such as the target for 8-week compliance within radiology rising from the current 80% target to 85% and R1 ophthalmology compliance rising from 65% to 68%.

Mr Ayres believed it was important to consider the balance between performance, finance and quality and advised that within the Annual Plan there was a stated need to undertake targeted investment in specific areas such as the £3.4m investment in radiology to ensure that the Health Board provides a service that meets the demands of its population and advised that the investment in radiology was not just to ensure that it met its 8-week diagnostic target, that it also the impact on cancer

performance given radiology's importance within the single cancer pathway. Mr Ayres advised that a similar investment decision was made within ophthalmology, specifically relating to intravitreal therapy (IVT), R1 patients and glaucoma to ensure that the appropriate balance is struck between finance and performance and quality.

In relation to finance, Mr Ayres advised that the Health Board was short of its £19m savings target and believed that a significant opportunity lay within medical stabilisation, especially for non-NHS locums and ensuring that ongoing controls were in place such as the Financial Control Group (FCG) had a tight control over expenditure wherever possible. Mr Ayres believed that the aim of the new Clinical Care Group (CCG) structure provided robust governance and ensured accountability and monitoring was undertaken.

In response to a question from Mrs Eleanor Marks on how progress on meeting the savings targets contained within the de-escalation criteria would be monitored, Mr Thomas advised that a stand-alone 'saving report' would be presented to future meetings of FPC to enable a tracking mechanism for members of the Committee.

HT

In response to a question from Cllr Rhodri Evans on how progress would be monitored and reported within the key performance areas and at what pace would improvements be made following any investment being made, Mr Keith Jones believed that any proposed investment was subject to significant scrutiny to describe the phasing of the investment and describing the anticipated timeline that the expected improvements to performance associated with the investment would have.

[Mr Shaun Ayres left the meeting]

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Finance Targeted Intervention Actions report.

FPC(25)8

MONTH 12 2024/25 FINANCE REPORT

Mr Thomas presented the Month 12 2024/25 Finance Report and advised that the report also served as the unaudited year-end financial position. Mr Thomas advised that the year-end financial position was a £24.1m deficit against a revised target control total (TCT) of £31.5m. Mr Thomas advised that the Health Board maintained an over-reliance on non-recurrent saving measures with the scrutiny on expenditure providing mostly non-recurrent benefits leaving a challenge in Q1 2025/26 to translate as much of the non-recurrent benefits into recurrent gains to reduce budgets on a recurrent basis.

Mr Andrew Spratt advised that the Health Board's run-rate had improved significantly during 2024/25 in-year. Mr Spratt believed that the significant challenge in 2025/26 was to convert the reduced cost base of the organisation into a sustainable run-rate through recurrent savings by banking the non-recurrent savings on a recurrent basis. Mr Spratt advised that a recurrent savings delivery of £19m was required and believed that a risk on the savings conversion factor was likely with further action required to convert the savings ideas of £12.0m of the £19.0m into robust plans alongside additional assessments of underspending services for conversion into recurrent savings, as well as further action to improve upon the TCT.

Mr Spratt highlighted the directorates that had been at Level 3 escalation ('no assurance') for five consecutive months or more for the domain of Finance, Strategy and Planning and believed that the work undertaken by the Assurance and Risk Team to refresh the approach for a more targeted oversight in the new financial year through the revised Clinical Care Group (CCG) and executive function structure to enable the actions contained in each escalated directorate's urgent recovery plan to be addressed in a more timely manner to enable their de-escalation.

Mr Spratt advised that managing medical rotas, the use of agency and variable pay was a focus for the Health Board with WG and the Cabinet Secretary having been clear with the Health Board on the expectation for further agency reduction and an improvement in variable pay. Mr Spratt believed that there had been significant progress made in 2024/25 in the reduction in nursing agency usage with the focus on 2025/26 being on a reduction in medical agency usage in addition to further reductions in nursing agency usage through improvements to job planning and the application of a consistent rate card across the organisation.

Mr Spratt highlighted that the Finance Report wished to advise FPC of the budget delegation accountability letters that Following the approval gained at the SRC meeting on 25 February 2025, budget delegation accountability letters for the 2025/26 financial plan have been issued from the Chief Executive as the Accountable Officer for the Health Board to Executive Directors and Clinical Care Group or Executive Function Leads, with a deadline for return of 31 March 2025. Mr Spratt advised that of the 30 letters issued, half had been signed and returned with meetings arranged between outstanding directorates and the Director of Finance to resolve any outstanding issued or queries with directorates yet to sign their budget delegation accountability letters with escalation to the Chief Executive being the last resort for any outstanding directorates with a final update to be presented to the Board meeting on 29 May 2025.

In response to a question from Cllr Evans on whether any risks to performance, quality or safety were considered within the budget delegation accountability letters, Mr Thomas advised that within

the accountability letters there was a section that highlighted the risks to the different functions and reported through each individual accountability letters.

In response to a question from Mrs Marks on what timescale for improvements from escalated directorates could be expected following the revised CCG and operation governance structure, Mr Thomas advised that escalation meetings in M1 of 2025/26 would be based around the new governance structure and anticipated greater grip and control would be achieved with the new structure. Mr Jones believed that the initial reflection of the new structure was that it delivered greater focus and accountability. In response to a question from Mr Imperato on how progress would be articulated and reported at the FPC meeting on 24 June 2025, Mr Jones advised that he would undertake to develop how the reporting on the progress of investment in key areas could be articulated at the next FPC meeting.

KJ

In response to a question from Mr Weir on whether the budget delegation accountability letters considered more than finance and examined the impact on performance, Mr Thomas believed that the link between finance and performance was a strong element of the accountability letters and advised that the budget delegation accountability letters update would be re-circulated to members of the Committee for information.

HT

In response to a question from Mr Imperato that the savings requirement to meet the £31.5m TCT needed to be more prominent in reporting, Mr Thomas advised that a focus on the progress of the attainment of recurrent savings would be added to the M1 2025/26 reporting to the Board and within M2 2025/26 reporting to FPC.

HT

Decision: The Finance and Performance Committee:

- **NOTED** that, following Welsh Government funding received, the Health Board's unaudited year-end financial position is £24.1m, improving on the Target Control Total set by Welsh Government of £31.55m.
- **SCRUTINISED** the Executive Delegated Officer portfolios which have overspent against their delegated budgets.
- **ACKNOWLEDGED** that an underlying deficit assessment has been undertaken and the brought forward deficit into the 2025/26 financial year is £51.1m, significantly higher than the 2024/25 forecast outturn, due to the reliance in-year on non-recurrent actions and the lack of progress made in converting to recurrent improvements.
- **RECEIVED ASSURANCE** from those directorates with a Level 3 escalation for Finance, Strategy and Planning, that they have sufficient actions and milestones in place to de-escalate (full details provided within the IPAR report as well as directorates listed under the alert section for the finance domain).

- **RECEIVED ASSURANCE** that accountability letters for the delegation of budgets for the 2025/26 financial year will be signed by those areas that have not yet done so.

FPC(25)9

PLANNING OBJECTIVES UPDATE REPORT

Mr Thomas presented the Planning Objectives (POs) Update Report for POs aligned to SRC and advised that the update served as a closure report for 2024/25. Ms Wilmshurst advised that the POs had been realigned for the revised Board Committee governance structure with 6 POs aligned to FPC for 2025/26.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED ASSURANCE** on the current position in regard to the progress of the Planning Objectives aligned to the Finance and Performance Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.

FPC(25)10

PROCUREMENT SCRUTINY

Mr Thomas presented the Procurement Report to the Committee and advised that there was one procurement exercise to be reported to FPC for the outsourcing of ophthalmology services with an annual value of £3m and a total value of £6m which would require onward submission to the Board and WG for approval.

Mr Jones advised that NHS Wales were planning to commission ophthalmology capacity from the independent sector in the forthcoming year on behalf of a number of Health Boards in Wales however had confidence in two Health Boards to grant them dispensation to progress the commissioning of ophthalmology services for themselves, of which Hywel Dda University Health Board (HDdUHB) were one and believed that this reflected confidence WG had in the Health Board.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **SCRUTINISED** and **RECOMMENDED** for Board to:

- **APPROVE** the award of Outsourcing of Ophthalmology Services (Stage 4 - Cataracts) to the provider to be confirmed prior to the Board meeting on 29 May 2025 for the period 1 July 2025 to 31 March 2026, with an option to extend for a further twelve months. This contract will have onwards submission to Velindre NHS Trust (as hosts of NHS Wales Shared Services Partnership).

FPC(25)11

ALL-WALES CAPITAL PROGRAMME 2025/26, CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT UPDATE

Mr Thomas presented the Capital Report to the Committee and advised that the 2024/25 end-of-year position was a relatively small under-spend of £85k, subject to audit. Mr Thomas advised that for 2024/25 the late allocation of funding resulted in the Health Board having more capital vested in the possession of manufacturers and distributors with a significant level of capital vested in warehouses in both the United Kingdom and overseas.

Mr Thomas advised that the definition of vestment was where the asset was not in the possession of the Health Board however the risk and reward associated with that asset lay with the Health Board even though the asset was not currently on a Health Board site and often not even in the country however it was the only means by which the Health Board could feasibly achieve its capital resource limit for 2024/25 despite the increase in risk.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee:

- NOTED the draft year end outturn against the Capital Resource Limit for 2024/25, subject to audit.
- NOTED the project updates.

FPC(25)12

INTEGRATED PERFORMANCE ASSURANCE REPORT

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) to the Committee. Mr Thomas advised that the report contained a number of staff-related measures that would be reported to the People, Organisational Development and Culture Committee (PODCC) in future.

Mr Thomas highlighted the alerts to the Committee within diagnostic waits of 8 weeks and over remaining high despite a 19% reduction in breaches in March 2025, therapies waits of 14 weeks and over showing concerning variation, audiology adult hearing aid waits of 14 weeks or over with a large backlog attributed to workforce deficits, child neurodevelopmental waits increase due to a significant increase in referrals and a fourth consecutive decline in performance of psychological therapy.

Mr Thomas advised that future reporting of escalation could consolidate the escalation summary to bring together the finance and performance escalation into one summary to enable more effective scrutiny of the actions taken by the CCGs.

Ms Julia McCarthy and Mr Chris Williams joined the meeting

In response to a question from Mr Imperato on whether the Committee should focus its attention on a few areas to gain an insight into performance of the Health Board or have a wider remit, Mr Thomas suggested a focus on the three broad themes of therapies, mental health and learning disability and urgent and emergency care (UEC).

In response to a question from Mr Weir on what support was being given to escalated directorates, Mr Thomas advised that while the new CCG structures was growing in maturity they would still receive support from defined leads from corporate teams to support the new structures with every directorate receiving two 'Improving Together' meetings every year to ensure good interaction between the Executive and the function with escalation meetings at Level 3 being between the function and the Executive with any areas escalated to Level 4 receiving the involvement of the Chief Executive. Mr James Severs believed that recent escalation discussions at the Integrated Quality, Finance and Performance Delivery (IQFPD) Group were increasingly data-driven with CCG Leads being able to scrutinise their own data before it is scrutinised at Executive level.

In response to a question from Mr Weir on whether the Therapies 14 weeks and over wait breeches was anticipated to show and improved trajectory within 2025/26, Mr Jones advised that while the performance was forecasted to improve it was not anticipated that the zero target would be attained by the end of March 2026 and believed that the positive trajectory could be evidenced with data that would be used to support any application of recovery monies from WG to achieve the zero 14 weeks and over wait target.

In response to a question from Cllr Evans on the Accident and Emergency (A&E) and Minor Injuries Unit (MIU) delays and whether actions to mitigate performance issues were working, Mr Jones advised that performance was variable and not deteriorating within a critical area. Mr Jones advised that while there were long-term ambitions for UEC, in the more immediate term the Executive Team have requested a more tactical response to UEC improvement actions with a tactical oversight group led by the Deputy Chief Operating Officer and supported by the relevant CCGs to encourage and ensure measurable improvements within UEC to the length of time that patients wait within Emergency Departments (EDs), key ambulance handover metrics with a focus on patient access and flow

Decision: The Finance and Performance Committee **DISCUSSED** the Month 12 2024/2025 Integrated Finance and Performance Report and **RECEIVED ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

DEEP DIVE: COMMISSIONED CARE

Miss Jill Paterson presented the Deep Dive into Commissioned Care focusing on continuing healthcare (CHC) and complex care CHC to enable the Committee to understand the challenges in the sector that drive the costs that the Health Board need to respond to and to explore the trends in growth and changes in the population demographic given the aging population that the Health Board serves requiring increasing levels of need and a reduced number of individuals within the working age population able to provide that care.

Ms Julia McCarthy advised that the report related to long term commissioned care with mental health and learning disabilities CHC having been subject to a previous deep dive by SRC. Ms McCarthy advised that CHC was defined as a package of care that was fully funded by the Health Board within a range of settings such as a nursing home or within the community supported by domiciliary care support with individuals in receipt of CHC assessed by a multi-agency team comprising of the Health Board and the relevant Local Authority and was demand-led and not means tested. Ms McCarthy advised that the Health Board also commissioned Funded Nursing Care (FNC) whereby the Health Board commissioned an element of an individual's care that covered the the registered nursing care element within a nursing home at an all-Wales agreed rate that was uplifted annually.

Ms McCarthy advised that the sustainability of the care sector was challenged due to an aging population resulting in an increase in demand for care and support with the added challenge of the recruitment and retention of staff and the closure of three care home closures within the HDdUHB area since 2022 with the loss of 147 nursing and residential beds resulting in the Health Board and Local Authority exploring alternative opportunities for nursing care such as the development of a 60-bed public sector nursing home in Carmarthenshire and an 82-bed care home with 16 'step-up, step down' beds in Cardigan.

Ms McCarthy informed of the re-registration of a nursing home that had previously de-registered with the current nursing home capacity within the HDdUHB being 1,137 beds in 22 nursing homes with 977 individuals currently having care commissioned by the Health Board.

Ms McCarthy presented an overview of the assessment and governance process undertaken to assess, commission, review and monitor and advised that the Health Board undertake more frequent reviews on high-cost placements than mandated by the national framework and undertook additional monitoring of the

care environment in addition to the quarterly monitoring visits of individuals in receipt of Health Board-commissioned care.

Mr Chris Williams advised that the NHS Wales Executive had undertaken two all-Wales benchmarking exercises in 2019/20 and 2020/21 to compare the cost and volume of packages across the 7 that indicated that HDdUHB was in the top quartile for cost an activity performance with a low average of cost per package of care, a low cost per head of the population and a relatively low average number of patients however advised that the data was now over four years old and was pre-COVID pandemic and expressed concerns over some aspects of the data and calculations such as the benchmarking making no allowance for the relative demography of each Health Board.

Mr Williams advised that HDdUHB had undertaken investigations with Swansea Bay University Health Board (SBUHB) and Powys Teaching Health Board (PTHB) and one of the Health Board's providers who worked with 6 of the 7 Health Boards in Wales with feedback received that HDdUHB remains one of the lowest cost per care package commissioners in Wales.

Mr Williams believed that the impact of the changing demographics had resulted in an increased number of individuals over the age of 65 and 85 receiving care and the increase in the complexity of those individuals as the incidence of conditions such as dementia raising the average cost of individual care packages coupled with Real Living Wage (RLW) requirements incurring a significant increase in costs to commissions, both the Health Board and Local Authorities.

Mr Williams believed that the funding received by the Health Board was not keeping pace with the increased costs with the average increase of the cost of care packages in the past three years being 5.5% to 6.0% with 2025/26 increase anticipated to be between 6.5% and 7.5% due to the impact of the increase in the employer National Insurance costs whereas the Health Board received an increase of 1.77% in increased funding adding to the challenge to maintain financial stability.

Mr Williams believed that the medium to long-term outlook was to work with Local Authority partners to increase the provision of the sector and to recognise the potential of CHC to enable a reduction in the number of individuals being inappropriately kept in acute and community hospital beds and advised that the average package of care was £1,300 a week compared to £4,900 a week to retain a patient in an acute bed and that in addition to a cost saving, CHC also enabled a positive impact on the patient flow through hospital.

In response to a question from Mrs Marks on the link between the demographic changes experienced within HDdUHB and the average cost of packages given that HDdUHB were one of the

lowest spending Health Boards in Wales, Mr Williams believed that there was not a linear link between the demographic change and costs due to the propensity of older people to retain independence into an older age than previous. Miss Paterson believed that age alone was not a determining factor for the demand for CHC with heightened intensity, complexity and unpredictability observed through the multi-disciplinary team assessment.

Miss Paterson believed that there was a need to undertake a peer review to ascertain that the Health Board has the correct threshold between NHS funded care and Local Authority funded care and believed that in addition to the management of commissioning with Local Authorities increasingly being concerned that some individuals are being cared for by the Local Authority as opposed to the NHS, the Health Board were also seeking to expand its own in-house care provision by expanding teams supported by District Nurses (DNs) rather than commissioning external care.

Miss Paterson believed that the data did indicate an increase in the volume and cost of individuals receiving care with an increase in the demand for care home placements with individuals entering care homes at a later age and previous and with greater acuity and assured the Committee that where individuals were identified with a high-cost need that that was following the correct assessment process. Mr Williams advised that no individual in denied CHC on cost grounds and that CHC assessments were undertaken through a highly regulated framework with anybody who believes that they have been inappropriately denied funded care able to challenge that decision with court action.

In response to a question from Mrs Marks on future demographic changes and costs, Mr Williams advised that current population growth showed regional disparities such as Cardiff and Vale University Health Board (CVUHB) predicted to see a 25% population growth mostly driven by individuals of a working age whereas HDdUHB was forecast to see a 5% population growth driven by individuals within the older age groups.

In response to a question from Mr Weir on the forecasted expenditure on CHC, Mr Williams advised that in action to cost, the notion of value also had to be considered and believed that not only was the delivery of care in a community setting lower than in an acute hospital setting, the benefits derived by the individuals and their families was also much greater and reiterated Miss Paterson's observation of the propensity of individuals receiving NHS-funded care to see an improvement in their health needs to the extent that they no longer needed NHS care and would provide their own care or through the Local Authority and that the challenge was to balance the increased investment in CHC with the process of decommissioning hospital-based care to provide the resources to enable the transfer of investment in community-based care from hospital-based.

In response to a question from Mr Weir on anticipated demand for nursing home beds and how the market provision could be influenced, Ms McCarthy believed that the demand for nursing home beds was projected to increase in the short-term with the major challenge for providers being recruitment and retention. Ms McCarthy believed that the NHS was seen as a more attractive employer than the independent and third sectors and advised that the NHS was experiencing its own challenges with recruitment that implied that the other sectors were experiencing even greater challenges with overseas recruitment seen as an opportunity for recruitment into the sector. Ms McCarthy believed that the recent new-build nursing home developments were a positive indicator and remarked that a number of the existing care homes were within older buildings with the development of new-build Local Authority sites a positive development for the sector within HDdUHB.

In response to an question from Mr Imperato that given it was less expensive to provide CHC within a care home setting as opposed to an acute or community hospital setting whether an internal market solution could be created whereby it would be more cost-effective to provide CHC in a Health Board-owned care facility as opposed to a hospital setting that would also improve patient flow within acute and community sites, Miss Paterson advised that discussions had been undertaken with operational colleagues to ascertain what options were available for care facilities to be used as 'step-up and step-down' provision however alternative funding streams would need to be explored to progress an internal market solution. Mr Imperato believed that such a solution would have a positive impact on patient flow in addition to the financial considerations.

In response to a question from Cllr Evans on Health Board and Local Authority co-working, Miss Paterson advised that the Health Board had a positive working relationship with all three of its constituent Local Authorities with regard to fee-setting despite all four bodies having to be increasingly mindful of their own costs and believed that the honest and transparent assessment process promoted a good working relationship. Mr Williams advised of the regional fee-setting group comprised of the three Local Authorities and the Health Board that recognised the differing cost pressures for each of the three Local Authorities. Ms McCarthy advised that WG have commissioned a feasibility study regarding a national fee methodology that could change the CHC fee-setting process within Wales in the medium term.

Ms Julia McCarthy and Mr Chris Williams left the meeting

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Deep Dive into Commissioned Care.

FPC(25)14 POLICY AND PROCEDURES

There were no financial policies or procedures for approval.

FPC(25)15 BUSINESS CASES

There were no business cases for approval.

FPC(25)16 JCC PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE REPORTS

The Joint Commissioning Committee (JCC) Planning, Performance and Finance Sub-Committee highlight report from 18 March 2025 was presented to the meeting.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Highlight Report from the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee meeting on 18 March 2025.

FPC(25)17 FINANCE AND PERFORMANCE COMMITTEE WORK PLAN 2025/26

The FPC Work Plan for 2025/26 was presented to the Committee. Mr Thomas advised that the programme of deep dives for the Committee was currently under review and would be considered at the Committee's agenda-setting meeting on 15 May 2025.

There were no questions from members of the Committee.

Decision: The Finance and Performance Committee **RECEIVED** and **NOTED** the Committee Work Plan 2025/26.

FPC(25)18 ANY OTHER BUSINESS

There was no other business transacted at the meeting

FPC(25)19 DATE OF NEXT MEETING

The next meeting of FPC will be held on Thursday 26 June 2025.