

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR CYLLID/
UNAPPROVED MINUTES OF THE FINANCE COMMITTEE MEETING**

Date and Time of Meeting:	Monday 30th November 2020, 1.30 pm – 5.00 pm
Venue:	Board Room, Ystwyth Building, St. David's Park, Carmarthen

Present:	Mr Michael Hearty, Associate Member, Committee Chair (VC) Mr Mike Lewis, Independent Member, Committee Vice Chair (VC) Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board (VC) Mr Paul Newman, Independent Member (VC) Mr Maynard Davies, Independent Member (VC)
In Attendance:	Mr Huw Thomas, Director of Finance Mrs Joanne Wilson, Board Secretary (VC) Mrs Eldeg Rosser, Senior Business Partner (VC) Mr Shaun Ayres, Assistant Director of Value Based Contracting (VC) Mr Chris Williams, Senior Value Business Partner (VC) Mr Simon Mansfield, Head of Value-Based Healthcare (VC) Mr Leighton Phillips, Deputy Director for Research and Innovation (VC) Ms Sonja Wright, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
FC(20)163	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Michael Hearty, welcomed all to the meeting. Apologies for absence were received from:</p> <ul style="list-style-type: none"> Miss Maria Battle, Chair, Hywel Dda University Health Board Mr Steve Moore, Chief Executive 	

FC(20)164	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

FC(20)165	MINUTES OF PREVIOUS MEETING HELD ON 22nd OCTOBER 2020	
	The minutes of the Finance Committee meeting held on 22nd October 2020 were ACCEPTED as an accurate record.	
	RESOLVED – that the minutes of the Finance Committee meeting held on 22nd October 2020 be APPROVED as an accurate record.	

FC(20)166	<p>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 22nd OCTOBER 2020</p> <p>The Table of Actions from the meeting held on 22nd October 2020 was reviewed, and confirmation received that all outstanding actions had been completed or were forward-planned for a future Finance Committee meeting.</p>	
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FC(20)167	<p>FINANCE REPORT AND FINANCIAL FORECAST MONTH 7, 2020/21</p> <p>The Committee received the Month (M)7 2020/21 Finance Report, outlining the Health Board's (HB) financial position to date against the Annual Plan and providing an assessment of the key financial projections, risks and opportunities for the financial year 2020/21, together with the financial forecast position for the financial year 2020/21, as assessed at Month 7.</p> <p>Members noted the following key points with regard to the M7 position:</p> <ul style="list-style-type: none"> • Without the additional Welsh Government (WG) funding confirmed in-month, the M7 variance to breakeven shows a deterioration in position of £8.4m (M6, £5.5m), which is due to the recognition of the year-to-date (YTD) costs of supporting Adult Social Care Providers in response to the COVID-19 pandemic, additional Field Hospital (FH) set-up costs and a return to previous pay run rate. • The in-month reported position reflects break-even against a deficit plan of £2.1m, after utilising the required balance of WG funding to mitigate the costs resulting from the COVID-19 pandemic, having offset the cost reductions recognised due to reduced operational activity levels. Members were advised that the YTD variance to breakeven is therefore £14.6m, in line with the planned deficit. • Additional costs incurred in M7 due to the COVID-19 pandemic stand at £10.0m (compared with £6.9m for M6). <p>Members were advised that following confirmation of additional funding from WG in M6, the HB is currently forecasting to deliver the planned deficit of £25m, noting, however, the following caveats:</p> <ul style="list-style-type: none"> • The HB is managing a number of varying elements in respect of Winter Planning, reinstating elective services, and any unprecedented further impact of the pandemic, that represent both opportunity and risk to the planned deficit. • While the HB is planning to utilise funding streams already available to mitigate these risks, those funding streams shared with Local Authority (LA) partners represent a level of variability. • The financial forecast is dependent on assurances provided by a range of teams across the HB and across the Regional Partnership Board (RPB) regarding the drivers of spend, and there is a risk that these assurances do not reflect future expenditure profiles and that the financial outturn differs from the current forecast. <p>Mr Huw Thomas informed Members that the forecast at M7 indicates a risk of underspending against the planned deficit of £25m which is now as great as the risk of overspending, and provided a summary of key COVID-</p>	
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19-related risks to the HB's financial position at M7, together with associated financial values, and details of mitigations which have been implemented to reduce the financial impact of these risks.

Members were assured that risks of £6.3m relating to worst-case-scenario requirements for FHs and associated agency premium staffing costs of £2.1m are unlikely to materialise, and that a risk of increased elective activity over Quarter 4, with a cost of £1.2m, is mitigated by lack of operational capacity to deliver additional elective activity in Acute hospitals, recognising also that this reduction in activity may further result in an underspend. Members were also assured that COVID-19 vaccination programme costs of £0.9m are expected to be offset by WG funding.

Members were advised of an unmitigated cost risk of £0.25m relating to asylum seekers' health needs, given that the UK Home Office has not confirmed funding to address these, and that the Benefit in Kind liability for staff accommodation during the COVID-19 pandemic, which will be covered by the HB, stands at £0.5m.

Mr Maynard Davies queried whether, given that a forecast EoY cost reduction of £30.3m due to reduced elective activity is based upon the assumption that the HB will, in the future, be able to maintain and increase planned activity, an inability to increase this activity will increase the level of savings made. Mr Thomas explained that an element of the forecast cost reduction is linked to the HB's preventative programme, and while the HB is only operating essential services, which will need to be maintained, the level of forecast savings is unlikely to change.

Responding to a query from Mrs Judith Hardisty as to whether, given reduced elective activity, and an increase in treatment follow-up demand, resources may be allocated to identify suitable pathways for patients requiring follow-up appointments, Mr Thomas advised that, while this falls within an operational remit, he could assure Members that Elective Treatment teams are working to address the follow-up backlog.

Mr Thomas re-iterated that, given active management and mitigation of the risks to the HB's EoY financial position, as described, there is a potential that the HB will underspend against its forecast deficit of £25m. Members were advised that the Finance Directorate has therefore been working with HB colleagues to understand and quantify the sources and levels of potential financial flexibility resulting from variability in areas such as Integrated Care Funding, cluster funding and workforce pay. Members were advised that the indicative flexibility range at M7 stands at £4m, and that the deficit figure of £25m agreed with WG is based upon the expectation that HB resources are managed as closely as possible to meet this indicative flexibility.

Members were assured that costs of approximately £300k relating to Home Technology scheme output tax, compensation of staff incurring a Benefit in Kind liability for accommodation, and healthcare costs for asylum seekers placed in the Penally army base are being worked through, and were advised that the financial flexibility identified would provide an opportunity to implement an urgent equipment replacement programme in community and acute sites, and to proactively invest in the Delta Wellbeing winter plan in order to manage more chronic conditions among patients. Mr Thomas

	<p>confirmed that indicative financial flexibility would be further reviewed and discussed in the Finance Committee meeting to be held on 22nd December 2020.</p> <p>Responding to a query from Mr Paul Newman regarding whether the risks of underspend against healthcare schemes and programmes may represent a reputational risk for the HB, Mr Thomas assured Members that meeting the planned deficit of £25m will demonstrate the accuracy of the HB's forecasting, adding that the removal of requirements to deliver savings for 2020/21 has significantly facilitated financial management for the organisation.</p> <p>Mr Hearty queried whether any late or unforeseen costs associated with FHs were likely to arise, and was advised by Mr Thomas that all related staffing costs had been included in the forecast position, and that the only potential flexibility lay in whether the FH sites are vacated within agreed timescales, as any delay would result in associated costs for the HB being transferred to 2021/22.</p> <p>Mr Michael Hearty commented upon the sound grasp of financial risks and opportunities demonstrated by the Finance Directorate and articulated to WG, and noted that the HB's financial position was being well-managed.</p>	HT
	<p>The Committee NOTED and DISCUSSED the financial position and the End of Year Forecast for Month 7 2020/21.</p>	

FC(20)168	CAPITAL FINANCIAL MANAGEMENT	
	<p>Members received the Capital Financial Management report, providing the most recent update in regard to the All-Wales Capital Programme (AWCP), the Capital Resource Limit (CRL) for 2020/21 and the value of capital expenditure currently committed to deal with the COVID-19 pandemic for 2020/21.</p> <p>Mrs Eldeg Rosser highlighted the following points:</p> <ul style="list-style-type: none"> • The CRL has been reduced in Month 7 to accommodate in-year slippage of £1.07m on the Women and Children Phase II scheme and a transfer of £0.32m to NHS Wales Informatics Service for the All Wales Critical Care Information System. • A further allocation of £2.1m from WG for COVID-19 capital schemes has reduced the risk/ funding gap for schemes proposed in response to COVID-19 from £14.33m to £12.23m. • A decision has been made by WG that the HB may keep allocations from the sale of Cardigan Hospital (£0.45m) and Cardigan Health Centre (£0.3m). • WG has issued a funding letter for the HB's Emergency Department Streaming Units (£0.72m), which the organisation is currently progressing using its Discretionary Capital Programme. <p>Mrs Rosser informed Members that, following additional WG allocations, a paper is being drawn up with the Deputy Director of Operations, to be</p>	

	<p>presented to the Gold Command Group, which will provide an overview of the HB's COVID-19 capital priorities and request Executive consideration of the allocation of the balance of funds.</p> <p>Given further changes to the HB's capital funding position subsequent to the issue of the Committee paper, Mrs Rosser agreed to update the Capital Financial Management report and circulate a revised version to Committee Members.</p> <p>Responding to a query from Mrs Hardisty regarding progression of the Cross Hands Health and Wellbeing Centre, Mrs Rosser advised that final scrutiny of the scheme in terms of ongoing revenue affordability and the implications of including Ophthalmology within the services provided is being undertaken. Mr Thomas advised Members that the Centre would constitute an element of longer-term financial planning, and would represent a test for the organisation in terms of demonstrating its confidence in moving resources into community services.</p> <p>Recognising inherent volatility in Capital Financial Management, Members formally thanked Mrs Rosser for her hard work with WG to secure financial resource for the HB, and congratulated her upon her new role within the HB Planning Team.</p>	ER
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED a reduction in the Capital Resource Limit for 2020/21; • NOTED the value of capital expenditure currently committed to deal with the COVID-19 pandemic for 2020/21 and funding released to date; • NOTED the financial risk associated with progressing COVID-19-related capital schemes at feasibility stage without confirmed funding, and the risk of being unable to progress COVID-19 schemes and other schemes to deal with the HB's equipment, statutory, infrastructure and digital backlog due to insufficient capital resource; • NOTED further allocations from WG, and the retention of estates sales proceeds. 	

FC(20)169	<p>HEALTHCARE CONTRACTING UPDATE</p> <p>Members received a report outlining the HB's approach to contracting in response to the COVID-19 pandemic and detailing areas subject to ongoing work by the Healthcare Contracting Team (HCT) to ensure that robust contract management and Value For Money (VFM) principles are employed throughout 2020/21.</p> <p>Referencing a previous action from the Finance Committee meeting held on 24th July 2020 to demonstrate that a VFM and qualitative approach is taken in all contractual decision-making processes, Mr Shaun Ayres drew Members' attention to the Month 7 financial dashboard summarising financial values relating to the HB's Long Term Agreements (LTAs), which had been submitted for review.</p>	
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	<p>Members were advised that a volatile position in regard to the HB's Healthcare Contracting income and expenditure positions is driven by High-Cost Drugs, the contract held with Welsh Health Specialised Services Committee and expenditure upon Non-Contracted activity.</p> <p>Mr Ayres highlighted a number of areas of below-plan performance relating to actual benefit from block contract payments against the budgeted position and actual activity (in terms of finance) against planned activity, informing Members that if block contracts were not in place, and marginal rate not included, a potential underspend of £38m upon LTAs would be reported.</p> <p>In response to a request from Mrs Hardisty that review dates be entered against key actions to manage the HB's contracts, Mr Ayres undertook to include these in future reporting dashboards.</p> <p>Responding to a request from Mr Hearty regarding indications as to whether block contracting arrangements would continue for 2021/22, Mr Ayres informed Members that this remains subject to discussion, and advised that the aim of the HCT is to achieve a more balanced risk, with agreement reached with Swansea Bay and Cardiff and Vale University Health Boards regarding increased risk-share arrangements in service contracts for 2021/22.</p> <p>Mr Thomas advised that while the application of block contracting arrangements for 2020/21 has provided an element of stability, it might be preferable to move away from these arrangements in 2021/22 in order to recognise deficits in spend and income against individual contracts, notwithstanding the fact that a post-pandemic recovery of services may result in increased treatment costs being incurred by the organisation.</p>	SA
	<p>The Committee NOTED and DISCUSSED the steps being taken to manage contracts for the remainder of 2020/21 and to mitigate the financial and quality risks in the LTAs.</p>	

FC(20)170	OPERATIONAL RISKS	
	<p>Members were presented with the Finance Operational Risks report, providing a summary of 15 operational risks which have been extracted from the Datix database and assigned to the Finance Committee as the 'Assuring Committee'.</p> <p>Members were advised that the Director of Operations is currently leading on work to review and refresh operational risks which is being undertaken by individual services, recognising current constraints upon the time and capacity available to individual service leads to review their respective areas of risk.</p> <p>Responding to queries from Mrs Hardisty relating to risk 525 (<i>Scheduled care financial pressure due to continuation of the Bronglais General Hospital theatres compensatory rest policy</i>) and 134 (<i>Financial loss arising from inability to trace potentially contaminated surgical instruments</i>), Mr Thomas confirmed that risk 525 would be discussed at the Quality, Safety and Experience Assurance Committee meeting on 1st December 2020, and</p>	HT

	that risk 134 would be reviewed, given the date of its entry upon the database.	
	The Committee NOTED and DISCUSSED the Financial Operational Risks report.	

FC(20)171	<p>VALUE BASED HEALTHCARE</p> <p>Members received a report and presentation detailing the development and implementation of Hywel Dda University Health Board’s (HDdUHB) Value-Based Healthcare (VBHC) Programme.</p> <p>Mr Leighton Phillips highlighted the following points:</p> <ul style="list-style-type: none"> • While VBHC is conceptually elegant, enabling the routine capture and real time visualisation of information relating to patient outcomes and providing an understanding of where investments are realised, it is practically difficult to implement, given technical challenges and HB informatics capacity. • VBHC represents a different approach to gathering patient feedback, enabling the routine capture of information relating to patient outcomes via digital systems, as opposed to the historic ‘linear’ approach involving periodic issue of surveys and questionnaires. As such, VBHC informs thousands of decisions relating to the delivery of care and support on a daily basis. <p>Members were informed that HDdUHB is the first Health Board in Wales to run a dedicated education programme to support the implementation of VBHC, and that, having designed this programme, consideration is being given to the implementation of the VBHC system in order to support clinical teams in capturing Patient Recorded Outcome Measures (PROMS).</p> <p>Mr Simon Mansfield advised Members that while national PROMs systems have historically been unfit for purpose in terms of ability to scale up to allow automated capture of patient outcome data, development and roll-out work over the previous 12-18 months, together with sponsorship from HDdUHB’s Director of Finance and Medical Director, and a technology partnership with a commercial provider (DrDoctor), has placed the HB in a better position with regard to the practical application of VBHC.</p> <p>Mr Mansfield informed Members that VBHC has a part to play in all areas of Healthcare provision, in terms of identifying the efficacy of resources to ensure timely patient diagnosis and to understand patients’ needs, and outlined three examples of treatments (Heart Failure, Ophthalmology – Intravitreal Pathway and Trauma and Orthopaedics) in which a VBHC tool (DrDoctor) has been used to collate patient outcomes data which has in turn been used as a basis for suggested options for treatment, and evaluation of existing services, thereby translating knowledge into practice.</p> <p>Responding to a query from Mr Thomas as to whether the application of VBHC could provide insights regarding services where less value is provided in order to identify opportunities to move resources across pathways, Mr Mansfield explained that costing data would need to be</p>	
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incorporated into the VBHC system before any disinvestment proposals are made.

Mrs Hardisty queried whether there is any duplication between the application of VBHC in order to improve patient outcomes and system management work undertaken with Lightfoot Solutions Group, application of the Opportunities Framework, the work undertaken by Cluster-based Lifestyle Advisors and qualitative patient feedback derived from existing patient surveys and questionnaires. Mrs Hardisty further queried whether the application of VBHC in identifying potential changes and improvements to services and pathways should be linked to the Workforce and Organisational Development agenda, given that the bulk of the HB's resources is made up of its staff.

Mr Mansfield explained that PROMs are utilised to augment Lightfoot data and that alignment with other related activities represents a 'golden thread' which is a fundamental element of VBHC.

Recognising that the aggregated information derived from the collation and analysis of PROMs may be used to improve services and pathways, Mr Newman queried whether PROMs data will also be used at an individual level to ensure that each patient receives the services they require. Mr Mansfield explained that, while the long-term aspiration is to utilise data obtained to evidence value which may be demonstrated to patients in order to guide treatment choices, there are short-term benefits in terms of developing individualised patient care packages, and in helping patients to live healthier lives.

Mr Newman further queried the take-up rate among patients completing patient questionnaires, and whether the HB has adequate resources to implement proposed solutions to issues identified through patient responses, or whether it will, in effect replace one demand with another. Mr Mansfield advised that a reminder system for questionnaire completion has not yet been introduced, and that further work is required to increase response rates among patients.

With regard to the second element of Mr Newman's query, Mr Thomas commented that in order to gain maximum benefit from the implementation of VBHC, the HB must actively engage with patient outcomes data and utilise this to make tangible changes to pathways. Mr Thomas assured members that a robust roll-out plan is in place for the system, and highlighted the intention to capture outcomes data within care homes in order to inform future decisions relating to the commissioning of residential care services.

Mr Hearty queried whether a suite of patient questions could be developed to apply to all services. Mr Phillips highlighted the need to achieve an alignment between questions based upon a set of internationally validated outcome measures, and questions which are agreed by HB clinical leads. Members were advised that the effectiveness of questionnaires in obtaining patient outcomes data relies largely upon the speed with which clinicians respond to any changes proposed by this data, thus evidencing that action has been taken in response to reported patient experience.

Mr Hearty commended the presentation, commenting that, culturally and operationally, it reflects the HB's aspirations, and Mr Thomas recommended that the implementation of VBHC be added to the

	Committee's work plan in order to reflect the organisation's aim to integrate VBHC principles and the use of PROMs into core business processes.	SW
	The Committee NOTED and DISCUSSED the development and roll-out of VBHC, together with the benefits of progressing the programme.	

FC(20)172	<p>OPPORTUNITIES FRAMEWORK</p> <p>Members received a report detailing the focus of opportunity identification, which now incorporates the identification of high level strategic opportunities to address key factors contributing to the HB's deficit.</p> <p>Mr Chris Williams explained that while the original purpose of the Opportunities Framework had been to challenge the HB to improve financial performance, and was therefore based mainly upon the identification of technical and operational efficiencies, its scope has now widened to focus upon the allocative efficiency of the HB's resources, given that the organisation's medium-term strategy includes a step-change in the dedication of resources, based, for example, upon out-of-hospital care. Members were advised that whilst operational and other efficiency measures will continue to be identified and disseminated, emphasis will now shift to those areas of greatest potential for transformative change.</p> <p>Mr Hearty queried whether the technical efficiencies identified in the review undertaken by KPMG in 2019 have been realised, and was advised by Mr Williams that the majority of deficit drivers identified in this review relate to the volume of care provided by the HB, rather than to individual costs.</p> <p>Mr Williams described 3 main factors which will influence the way the HB operates, and patterns of working over the coming 3 years:</p> <ul style="list-style-type: none"> • Progression and implementation of the HB's Digital Programme, leading to enhanced productivity and allocative efficiency; • Review of patient pathways based upon value; • Increased flexibility among the HB's workforce to address the current imbalance between Planned and Unscheduled Care; <p>Members were advised that these factors are underpinned by a need to review the management of performance, and to challenge the way in which the organisation's budget is set, recognising the risk that the HB will continue to accrue large deficits until such time as any large-scale transformative change is implemented.</p> <p>While recognising the benefits of moving some healthcare services to an out-of-hospital setting, Mrs Hardisty highlighted the need to ensure that existing improvements in service delivery and clinical practice are not lost as a consequence, and that the HB retains a focus upon improvements which have yet to be made. Mr Thomas added that, while enhanced productivity benefits may enable the re-direction of resources to non-hospital care provision, resulting cash benefits will not be seen in the short-term, and highlighted the need to focus upon preventative measures to avoid hospital admissions, in order to enable the organisation to realise opportunities in the medium term.</p>	
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	<p>Responding to a query from Mr Newman regarding the likelihood of running services in tandem, as services moved into the community will, for a period, also need to be delivered in Acute hospitals, Mr Thomas advised that the HB's workforce capacity will limit its ability to duplicate service provision, and that potential 'double-running' will be actively monitored as new services are introduced.</p> <p>Commenting that much of the discussion of the Opportunities Framework relates to the HB's control total for 2021/22, and noting that the delivery of savings is likely to feature in this control total, Mr Hearty queried the extent of the HB's engagement with WG in relation to savings delivery targets, and whether a savings plan will be based upon outcomes from the Opportunities Framework. Mr Thomas assured Members that the scope of the Framework will be extended to include key factors which will influence the way in which the HB provides services (as outlined by Mr Williams), and that discussion will be held with WG regarding the delivery of savings for 2021/22.</p> <p>Members were advised that the enactment of opportunities for change over the final quarter of this financial year will be largely based upon achieving effective interaction with operational teams, and Mr Thomas highlighted the successful delivery of change during the COVID-19 pandemic, where the need for expediency has superseded financial consideration, and where an emphasis upon quality of service has been demonstrated.</p> <p>Mr Thomas assured Members that external services have been commissioned to assist the HB in developing a longer-term financial model, to include the identification of service and funding requirements, and agreed to provide a paper for the next Finance Committee meeting on 22nd December 2020 outlining initial development of the HB's 2021/22 financial plan.</p> <p>Responding to a query from Mr Newman regarding whether pre-COVID-19 savings schemes remain relevant, Mr Thomas confirmed that these are still in place, but highlighted challenges in terms of the need to retain sufficient flexibility to respond, should a future pandemic materialise, drawing Members' attention to the need to factor inherent agility into the way that the organisation operates.</p>	HT
	<p>The Committee DISCUSSED and NOTED the revised focus of the Opportunities Framework.</p>	

FC(20)173	<p>ROUTE MAP TO FINANCIAL BALANCE 2021/ 22</p> <p>Members received a report and a schematic representation outlining the key drivers of the HB's deficit, together with proposed solutions and associated service and financial implications, and summarising the organisation's plans to achieve financial balance for the HB over the medium-to-long term.</p> <p>Mr Thomas informed Members that no changes had been made to the Route Map since its previous inclusion for review in the In Committee meeting held on 29th September 2020, reflecting that the challenge now lay in adding detail to the steps outlined.</p>	
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	<p>Members were advised of the dual purpose of the Route Map, in terms of assuring WG that HB plans are in place to achieve financial balance, and in forming part of the Programme Business Case to support the building of the new hospital.</p> <p>Mrs Hardisty commented that, while it is reassuring to receive details of the HB's financial planning structure, the individual targets reflect a linear approach, and do not incorporate the complexities and cross-cutting elements which are naturally inherent in a broad planning framework – for example, Primary Care services and workforce plans. Mr Thomas explained that the Route Map represents a rudimentary matrix which will naturally be subject to review and re-structure as it is supplemented with further detail, which will include outcomes from the Opportunities Framework. Mr Thomas reiterated that external services have been commissioned to assist the HB in developing a longer-term financial model.</p> <p>Recognising that the Route Map will be subject to ongoing development and refinement, it was agreed that it will be presented to Members at the next Finance Committee meeting on 22nd December 2020.</p>	HT
	<p>The Committee NOTED the HB's Route Map to financial balance.</p>	

FC(20)174	COMMISSIONING GROUP TERMS OF REFERENCE	
	<p>Members reviewed the Terms of Reference for the Commissioning Group, which will be included as a sub-group of the Finance Committee in the HB's Corporate Governance structure, and were advised that the Group also links to the Quality, Safety and Experience Assurance Committee.</p> <p>Members were advised of opportunities to review the way that the HB commissions healthcare services, recognising the organisation's role as a commissioner, and the need to achieve a consistent joint commissioning and commercial approach across the organisation, which will be driven by the Commissioning Group and applied to Continuing Healthcare (CHC) providers and single-handed practitioners, in addition to LTAs.</p> <p>Mr Ayres informed Members that the initial plan is to focus upon commissioning CHC and Primary Care services, before including Third Sector providers.</p> <p>Responding to a reflection from Mr Newman that the establishment of new groups within the Corporate Governance structure does not appear to be balanced by the removal of others (once obsolete or superseded), Mrs Jo Wilson advised that a number of groups had been removed at the point that HDdUHB Chair took up position, and Mr Thomas informed Members that the Commissioning Group and the Agile Digital Business Group had been established to address identified gaps, adding that they are advisory, working groups, and do not form part of the Scheme of Delegation.</p> <p>Members agreed the Commissioning Group's Terms of Reference, and noted that updates from the Group's monthly meetings will be included on the Finance Committee's work plan.</p>	SW

	The Committee AGREED the Terms of Reference for the Commissioning Group.	
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FC(20)175	PARC Y SCARLETS BARN FIELD HOSPITAL UNDERLEASE	
	<p>Members received, for information, a paper which had been presented to the Board at its meeting on 26th November 2020 in order to seek ratification of the Underlease with Carmarthenshire County Council in the use of the Parc Y Scarlets Barn FH facility. Members were advised that, due to time constraints, HDdUHB Chair's Action had been sought and taken on Friday 6th November 2020 to request approval by the Board of the Head Lease and Underlease.</p> <p>Members were informed of challenging negotiations with Scarlets Regional Ltd, and were assured that financial liabilities have been mitigated, the greatest of which related to reimbursement of pitch repair costs, and that any costs are included in the HB's financial forecast.</p> <p>Reflecting that learning points may be taken from FH commissioning processes, Mr Thomas commented that should the need to commission additional capacity in response to future exigencies arise, the organisation must ensure that it retains more control over contract negotiations, with increased focus upon the cost effectiveness of arrangements. Mr Ayres assured Members that lessons learned during the FH commissioning process will be applied to the HB's 'business as usual' approach to commercial agreements.</p>	
	The Committee NOTED Board ratification of Chair's Action to approve the Underlease with Carmarthenshire County Council in the use of the Parc Y Scarlets Barn FH facility.	

FC(20)176	MONTHLY MONITORING RETURNS AND HDdUHB COMMENTARY	
	Members received for information the M7 Monthly Monitoring returns submitted to WG.	
	The Committee NOTED the HB's M7 Monitoring Returns to WG.	

FC(20)177	FINANCE COMMITTEE WORKPLAN	
	The Committee's annual work plan for 2020/ 21 was presented to the Committee for information.	
	The Committee NOTED the items listed on its annual work plan for 2020/ 21.	

FC(20)178	REFLECTIVE SUMMARY	
	<p>Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> • De-risking of the forecast financial position at M7, recognising flexibility in the HB's financial position which will be further detailed in the next Finance Committee meeting; • Useful discussion and an informative presentation relating to the development and implementation of HDdUHB's Value-Based Healthcare (VBHC) Programme. • A useful update in regard to the development of the Opportunities Framework, noting key factors which will influence the way the HB operates, and links between the Framework and the development of the HB's Route Map to financial balance. • Assurance gained from the development of robust commissioning processes within the HB, focusing upon quality, performance and value for money, and supported by the establishment of the Commissioning Group. 	
	<p>The Committee NOTED the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting.</p>	

FC(20)179	ANY OTHER BUSINESS	
	No other business was discussed.	

FC(20)180	DATE OF NEXT MEETING	
	Tuesday 22nd December 2020, 1.30 pm - 4.30 pm, Boardroom, Ystwyth Building, St. David's Park, Carmarthen	