

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

Date and Time of Meeting:	Tuesday 25 th May 2021, 10.00 am – 12.30 pm
Venue:	Board Room, Ystwyth Building, St. David's Park, Carmarthen

Present:	<p>Mr Michael Hearty, Associate Member, Committee Chair (VC)</p> <p>Mr Maynard Davies, Independent Member, Committee Vice Chair (VC)</p> <p>Mrs Judith Hardisty, Vice Chair, HDdUHB (VC)</p> <p>Mr Paul Newman, Independent Member (VC)</p> <p>Mrs Delyth Raynsford, Independent Member (VC)</p> <p>Mr Winston Weir, Independent Member (VC)</p> <p>Cllr Gareth John, Independent Member (VC)</p>
In Attendance:	<p>Miss Maria Battle, HDdUHB Chair (VC) <i>part</i></p> <p>Mr Huw Thomas, Director of Finance (VC)</p> <p>Mrs Lisa Gostling, Director of Workforce and Occupational Development (VC)</p> <p>Mrs Joanne Wilson, Board Secretary (VC) <i>part</i></p> <p>Ms Rebecca Hayes, Senior Finance Business Partner (VC)</p> <p>Mrs Sarah Welsby, Finance Business Partner (VC)</p> <p>Mr Shaun Ayres, Assistant Director of Value Based Contracting (VC)</p> <p>Mr Simon Mansfield, Head of Value Based Healthcare (VC)</p> <p>Mr Andrew Spratt, Assistant Director of Finance (VC)</p> <p>Mr John Evans, Assistant Medical Director (VC) <i>part</i></p> <p>Miss Alison Gittins, Head of Corporate and Partnership Governance (VC) <i>part</i></p> <p>Miss Hannah Gostling, Corporate Governance Administrator (VC)</p> <p>Ms Sonja Wright, Committee Services Officer (Secretariat)</p>

AGENDA ITEM	ITEM	
FC(21)86	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Michael Hearty, welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Mr Steve Moore, Chief Executive 	

FC(21)87	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

FC(21)88	MINUTES OF PREVIOUS MEETING HELD ON 29th APRIL 2021	
	<p>The minutes of the Finance Committee meeting held on 29th April 2021 were reviewed, with the following amendment requested:</p> <p>FC(21)72: Capital Financial Management: on page 4, reference to '<i>an underspend of £0.6m against the CRL</i>' to be amended to: '<i>an underspend of £0.06m against the CRL</i>'.</p> <p>Subject to the amendment noted, the minutes were ACCEPTED as an accurate record.</p>	
	<p>RESOLVED – that, subject to the amendment agreed, the minutes of the Finance Committee meeting held on 29th April 2021 be APPROVED as an accurate record.</p>	

FC(21)89	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 29th APRIL 2021	
	<p>The Table of Actions from the meeting held on 29th April 2021 was reviewed, and confirmation received that all outstanding actions had been completed, were being progressed, or were forward-planned for a future Finance Committee meeting.</p>	

FC(21)90	FINANCE COMMITTEE SELF-ASSESSMENT 2020/21	
	<p>The Committee received the outcomes from the Finance Committee's annual self-assessment exercise 2020/21, presented in the form of collated responses from Members.</p> <p>Mr Huw Thomas thanked Members for the responses received, reflecting that the questions included in the self-assessment had elicited observations and suggestions which provide a rich source of intelligence to inform the work programme of the Finance Committee, both under its current constitution, and in its future business following a review of the Health Board's (HB) corporate governance structure. Mr Winston Weir added that the insights provided would assist him in undertaking his role as the new Chair of the Finance Committee.</p> <p>Responding to a query from Mr Hearty as to how Members' feedback in response to self-assessments undertaken by all Board assurance committees would be acted upon, Ms Alison Gittins confirmed that meetings would be arranged with the Chairs and Lead Executives of each committee to review Members' responses and to draw up recommendations for future committee business based upon these outputs. Mr Hearty further reflected that the new committee structures, once established, must incorporate the views and requirements expressed in the responses received.</p> <p>Noting a level of disappointment on the part of Members with regard to the relatively low number of responses received for the Finance Committee self-assessment, Mr Hearty commented that the questions included, while</p>	

	<p>provoking much thought on the part of those responding, had proved to be a challenging exercise, and as such might deter participation, given Members' respective commitments. Mr Paul Newman acknowledged the need to achieve a balance in the format of future assessments in order to gather meaningful insights while avoiding an overly-forensic evaluation, particularly given that Members had been required in many cases to complete a number of committee self-assessments within a short time period. Ms Gittins confirmed that consideration was being given to the timeframes for future committee assessments, with these being more evenly spaced going forward over the year.</p> <p>Mr Hearty observed that the level of detail required in completing the self-assessment exercise in its current form might not be forthcoming on a regular basis, given that committees can take some time to mature in terms of length of constitution and membership.</p> <p><i>Ms Alison Gittins left the Committee meeting</i></p>	
	<p>The Committee NOTED and DISCUSSED the findings of the Finance Committee self-assessment exercise 2020/21.</p>	

<p>FC(21)91</p>	<p>FINANCE REPORT AND FINANCIAL FORECAST MONTH 1, 2021/22</p>	
	<p><i>Mrs Joanne Wilson joined the Committee meeting</i></p> <p>The Committee received the Month (M)1 2021/22 Finance Report, outlining the HB's financial position to the end of the financial year 2021/22 against the Draft Interim Annual Plan and providing an analysis of key drivers of the in-month position.</p> <p>Introducing the M1 report, Mr Thomas advised Members of recent developments against which the contents of the report must be set. Members were informed that where the HB's Draft Interim Financial Plan for 2021/22 had been to deliver a deficit of £57.4m after savings of £16m, following discussions between Directors of Finance and Welsh Government (WG) held on 21st May 2021, the Plan would now assume WG funding of £32m to cover undelivered savings in 2020/21, with the caveat that these savings would be scrutinised by WG, resulting in a revised planned deficit of £25m for 2021/22. Members were advised that the Finance Team is working with WG to clarify details of the funding package.</p> <p>Mr Thomas explained that previous assumptions with regard to non-recurrent WG COVID-19 funding had now been removed, and confirmed that responsibility rests with the HB to deliver its savings requirement of £16m for the current year. Members were advised that while non-recurrent savings may be delivered in the first 6 months of 2021/22, savings opportunities must be identified and delivered to ensure that the underlying deficit does not deteriorate further.</p>	

Members noted that a significant movement in the HB's financial position would be recorded between M1 and M2 2021/22 which would reflect the revised deficit position and savings requirement, and were advised that it is incumbent upon the HB to maintain a focus upon its underlying deficit position and delivery of the revised savings requirement of £16m.

Highlighting the need in the short and medium term to translate savings to recurrent gain, Mr Thomas advised Members that the dialogue within the organisation with regard to savings now relates to supporting teams and Directorates by providing tools to enable the realisation of savings and value gains, such as digital and value-based health and care systems, rather than specifying savings to be made within individual Directorate budgets.

Responding to concerns expressed by Cllr Gareth John regarding the likely threat to public sector allocations in 2022/23, Members were advised that while the HB is reasonably confident that the revised deficit position of £25m can be delivered, the risk to savings delivery of £16m for 2021/22 has increased slightly.

Recognising the anticipated revision to the HB's position, as discussed, Ms Rebecca Hayes highlighted the following key points:

- In line with forecasting objectives for 2021/22, the HB's financial forecasting framework will be updated to extend the expenditure profile to cover a 12-month period, and will factor in activity modelling.
- A key factor in the end of year forecast is the HB's recovery planning; recovery costs of £11.3m will be included in the M2 position, with Mental Health core uplift funding also factored in.

Expressing concern regarding costs of £1.7m within Unscheduled Care relating to increased premium agency payments, Mrs Judith Hardisty requested assurance that the HB is considering a change in the current medical and nursing model, particularly in view of an anticipated return to higher levels of Agency expenditure over the Winter months to deliver additional capacity and to backfill vacancies and staff sickness. Mrs Hardisty expressed disappointment with regard to the use of Agency staff, which suggests that operational lessons from the HB's response to the COVID-19 pandemic have not been embedded.

Mr Thomas assured Members that the HB has tools in place to support effective staff management, citing roll-out by the Workforce and Occupational Development Team of the *Allocate* e-rostering system which will improve staff deployment processes, while cautioning that staff planning must anticipate potential challenges arising from seasonal influenza and factor in requirements to maintain social distancing measures, given the significant benefits of these measures in terms of infection prevention. Members were further assured that these challenges would be actively managed.

In response to Mrs Hardisty's concerns regarding the use of Agency staff, Mrs Lisa Gostling informed Members that the Director of Nursing, Quality and Patient Experience is leading work to identify how the most effective use may be made of Health Care Support Workers in supporting nursing teams, and advised that further work has commenced to review alternative roles which may be undertaken by medical staff.

Miss Maria Battle referenced innovations which have been implemented in Bronglais General Hospital to reduce demand for Unscheduled Care services, and queried whether the impact of such models would be reflected in the HB's financial projections. Mr Thomas confirmed that the role of the Finance Business Partnering structure in identifying the financial benefits of innovative schemes developed jointly with community health partners would be reflected in future forecasts, citing as an example the work undertaken by the Assistant Director of Finance (Mr Andrew Spratt) and the Integrated System Director, Carmarthenshire County in developing a bid to support Primary Care services.

Mr Thomas cautioned, however, that while the HB seeks to introduce new models of care, the financial position within Unscheduled Care and Planned Care must be recovered before a move to increased use of community services can be demonstrated.

Referring to an allocation of £11.3m for staff annual leave provision, Mr Weir queried how much leave had been taken in M1, suggesting that, given the importance of encouraging staff to take leave which is outstanding, it may be better that the financial impact be absorbed as early as possible. Mr Thomas responded that the take-up of annual leave in M1 had been very modest, and explained that the scale of the leave provision requirement is such that if all due leave were to be taken in the current year, there would be a significant capacity challenge to the delivery of services.

Mr Weir requested that a slide based upon the format of the Pay/ Non Pay Expenditure Profile slide in the current pack be included in future monthly Financial Performance and Forecast presentations to show residual COVID-19 costs and income, to include tracking the costs of additional Whole Time Equivalent staff recruited in response to the pandemic against funding allocations. Mr Thomas confirmed that a slide showing a profile of COVID-19 costs and funding would be included in future presentations.

Responding to a query from Mr Weir regarding whether WG funding of £32m would be allocated to Directorate budgets, based upon identified risk to delivery of these budgets, Mr Thomas advised that while budget managers would be encouraged to make savings, should Directorates be required through future Board-level decisions to incur further costs, it is incumbent upon the organisation to allocate funding to cover these.

Mr Weir highlighted the need to ensure that Finance Committee seeks assurance of engagement from senior clinicians in identifying and following up savings opportunities. Mr Thomas informed Members that Finance Business Partners would work closely with clinicians in each hospital site

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as the HB enters a recovery phase, with a corresponding move from a command to an operational structure.

In response to a query from Mrs Delyth Raynsford as to whether there is 'buy-in' to business partnership working from senior clinical staff, recognising that senior clinicians are key drivers in adopting new ways of working, Mr Thomas explained that Value-Based Health and Care (VBHC) and the *Improving Together* strategy, which incorporates service quality as a common thread, are critical as business drivers and facilitate clinical engagement with service value concepts. Mr Thomas added that VBHC links service areas which are often viewed from a 'silo' perspective, and allows consideration of how resources may be moved between different teams and Directorates.

Responding to a query from Cllr John regarding which areas present the greatest risk to delivery of the deficit position of £25m, Mr Thomas explained that while there is a relatively low risk in the current financial year, the risk would increase in 2022/23, and it was therefore important to manage the HB's underlying position.

Mr Thomas added that WG is keen to discuss investment opportunities and non-recurrent gains with the HB, such as investment in Telehealth and Telecare systems, and advised Members that risks to the financial position lay most notably in cost pressures associated with Agency staff, Care Homes, Social Care and Drugs, recognising that usage of High Cost Drugs would increase in direct proportion to the recovery of services.

Mr Weir thanked the Finance Team for producing a clear and detailed report of the M1 financial position, recognising the volume of year-end work with which the team had also been involved.

The Committee **NOTED** and **DISCUSSED** the M1 2021/22 financial position.

FC(21)92 CAPITAL FINANCIAL MANAGEMENT

Members received the Capital Financial Management report, providing details of the HB's Capital Expenditure Plan and Expenditure Profile Forecast for 2021/22, the Capital Resource Limit (CRL) for 2021/22 and an update regarding capital projects and financial risks.

Mrs Sarah Welsby highlighted the following points:

- The CRL for 2021/22 currently stands at £22.7m; further funding may become available through additional WG approvals, review of VAT recoveries, asset disposals and slippage on existing schemes.
- The sale of Neyland Health Centre and Cardigan Health Centre have now completed with proceeds of £0.09m and £0.3m respectively. These disposals will be available for utilisation in the Discretionary Capital Programme.

- A significant increase in forecast expenditure in July 2021 is attributable to the purchase of Magnetic Resonance Imaging equipment, to be sited in Glangwili General Hospital (GGH). The Finance Team will be working with colleagues in the Estates and Facilities Department to resolve any cashflow issues.

Members were advised of financial risks associated with the Women and Children's Phase 2 scheme in GGH, noting that additional cost implications for the scheme of £2.23m due to the implementation of social distancing legislation have not yet been agreed with the Supply Chain Partner (SCP). Members were informed that NHS Wales Shared Services Partnership (NWSSP) - Estates has requested further information regarding these costs from the Cost Advisor and Project Manager to provide assurance to WG that they are reasonable, and were assured that the HB is actively seeking agreement from WG that these costs will be reimbursed, and is working through cost and delay implications to assess the possible impact upon the HB.

Referencing discussions relating to the scheme which had been held in the Audit and Risk Assurance Committee meeting on 5th May 2021, where it was noted that the project is significantly outside its key delivery parameters, Mrs Hardisty queried whether contingency plans are in place in the event that WG take the view that additional non-COVID-19 costs must be managed within the original funding allocation for the scheme. Mrs Welsby confirmed that any non-COVID-19 costs would represent a liability for the HB and explained that each capital scheme has a risk contingency allocation, which would be used to offset additional costs, with requests made for additional Discretionary Capital allocations if necessary.

Responding to queries from Mr Weir as to whether the All Wales Capital Programme allocation of £0.78m for fire prevention works in GGH had been previously assumed, and whether tenders had been issued – particularly for de-carbonisation work - to ensure that the 2021/22 Capital Expenditure Plan is delivered, Mrs Welsby confirmed that the fire prevention works allocation had been made in response to a HB bid, and that Estates Department teams are developing tenders for capital project work. Mr Thomas assured Members that if any risk of underspend on capital work, such as fire prevention and infrastructure, is identified, there is a mechanism to enable re-allocation of funding before the end of the financial year.

In response to a query from Mr Weir regarding whether any provision is made for post-project evaluation in the Capital Expenditure Plan in order to demonstrate added value from schemes, Mrs Welsby informed Members that a Post Project Evaluation Plan for 2021/22 had been presented at the Capital, Estates and Information Management and Technology Sub-Committee meeting held on 24th May 2021.

Expressing a significant degree of concern in relation to the completion of ongoing work on the Women and Children's Phase 2 scheme, Mr Newman queried whether steps had been taken to quantify the value of further work in the event that the SCP may therefore decide to withdraw from the

	<p>project. Acknowledging this to be a significant risk, and noting the frequency with which concerns relating to additional costs and project implementation delays had been raised in previous Finance Committee meetings, Mr Thomas advised Members that, having quantified the potential impact should the SCP withdraw from the scheme, he would meet with the Board Secretary and the Director of Estates, Facilities and Capital Management to consider both the articulation of a corporate risk and the HB's response in terms of key mitigations, with details to be provided at the next Finance Committee meeting on 29th June 2021. It was further confirmed that the concerns raised by Members in relation to the delivery of the Women and Children's Phase 2 scheme would be highlighted to the Board in the Committee's Update Report from this meeting.</p> <p>With regard to the HB's external contracting for estates work and capital projects, Mrs Raynsford highlighted the need to ensure that the HB's scrutiny and management of its contracts is sufficiently robust, and that lessons are identified from the delivery of previous schemes, while Mr Maynard Davies commented upon more generalised risk in terms of the sheer volume of capital schemes which the HB is currently managing. Mr Thomas recognised that there are lessons to be learned in terms of the HB's contracting processes, and confirmed that consideration is being given to engaging external support to assist with an evaluation exercise.</p> <p>Mr Thomas suggested that potential challenges in engaging national contractors to work upon capital projects due to the HB's relatively remote location could be offset by the adoption of a more local approach and by working with Local Authority partners to identify companies to undertake capital building and infrastructure projects, which would serve to support local businesses and demonstrate investment in the Foundational Economy.</p>	<p>HT/ RE/ JW</p> <p>SW</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Capital Resource Limit (CRL) for 2021/22, the CRL for 2021/22 and the risks being managed. 	

<p>FC(21)93</p>	<p>FINANCE OPERATIONAL RISKS</p> <p>Members received the Finance Operational Risks report, providing a summary of 11 operational risks which have been extracted from the <i>Datix</i> database and assigned to the Finance Committee as the 'Assuring Committee'.</p> <p>Mr Thomas explained that in order to support the correct assignment of operational risks to Finance Committee, key criteria in terms of failure to remain within allocated budget in-year or in the medium term had been established to provide consistency in financial risk recording across Directorates and to ensure that risks are owned and managed by the relevant service.</p>	
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Members were advised that while the majority of the operational risks included in the report are straightforward in terms of description, the drivers of the respective risks within each Directorate are more complex.

Mrs Hardisty commented that, while it is encouraging to note the recent review of most of the risks presented, 3 risks relating to failure to remain with budget over the medium term (*Carmarthenshire County: risk 979, Unscheduled Care, GGH: risk 979 and Estates and Facilities: risk 975*) had not been reviewed since December 2020, and recommended that these be updated more frequently. Mrs Wilson explained that the Risk and Assurance Team is working with individual services to update their respective risks, and confirmed that she would raise the need to ensure that all risks are updated with the Head of Audit and Risk.

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Mr Thomas informed Members that while a Risk Dashboard has been introduced to facilitate regular updating of the Risk Register, there is a broader issue regarding how effectively this has been embedded at Directorate level.

With regard to in-year actions to mitigate operational and corporate risks, Mr Weir proposed that individual risk owners be invited to attend future Finance Committee meetings, both in order to provide Members with assurance in terms of risk analysis undertaken and mitigations which are in place - recognising that some risks e.g. those relating to hospital sites may be complex - and also to demonstrate the value which the Committee places upon good resource management. Mr Weir suggested that an invitation to a future Committee meeting be extended to senior management within Estates and Facilities teams to provide Members with an assessment of capital spending risks within the Directorate.

Advising Members of regular meetings held between the Finance and Estates and Facilities teams to review risks and issues of concern, Mr Thomas agreed that there is a need to focus upon risk ownership, in accordance with the emphasis upon robust management which will be exercised in Quarter (Q)1, and recognised that it may be helpful to consider how the Finance Committee can seek assurance regarding the ownership and control of individual risks.

With regard to risk 979 (*Failure to remain with budget over the medium term – Unscheduled Care GGH*), Mr Newman highlighted the repetition of a risk action relating to the development of a reporting dashboard to improve accessibility to financial and non-financial information for budget holders, and queried when the training programme for dashboard use would be delivered, noting an estimated delivery date of March 2022 specified in the Risk Register. Mr Thomas and Mrs Wilson confirmed that this date would be checked to ensure that it had been accurately recorded.

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Mr Andrew Spratt confirmed that the roll-out of dashboard training has already commenced, and awaits resolution of data security issues before further roll-out across all service areas.

Mr Hearty confirmed that Members were content with the planned actions and risk mitigations included within the report, while recognising some

	<p>areas in which further work may be required to address organisational cultural issues surrounding budget management.</p> <p><i>Mr John Evans left the Committee meeting</i></p>	
	<p>The Committee NOTED the operational risks assigned to Finance Committee for assurance.</p>	

<p>FC(21)94</p>	<p>VALUE BASED HEALTH AND CARE (VBHC) UPDATE</p>	
	<p>Members received a report and a presentation, providing an update on the progress made and future plans to develop and roll out Hywel Dda University Health Board's (HDdUHB) VBHC Programme.</p> <p>Mr Simon Mansfield explained that the title of this healthcare concept had been amended to 'Value Based Health <i>and</i> Care' in order to reflect the inclusion of Primary Care, Community and Social Services in service transformation work.</p> <p>Members were informed that the HB's approach to VBHC is unique in being underpinned by a dedicated 'case-based' education programme in partnership with academia and with <i>International Reach</i> student services, being advised that the first education programme has now been successfully concluded and a second programme is being planned for delivery in July 2021, with a further programme being developed for delivery in the Autumn of 2021 in support of the Mid Wales Health Care Collaborative. Mr Mansfield explained that this programme will help to develop an understanding of VBHC and create a community of VBHC practice across HDdUHB, Betsi Cadwaladr University Health Board and Powys Teaching Health Board.</p> <p>Members were informed that VBHC comprises 3 main elements: education, research and innovation and service transformation, and noted an ambitious roll-out programme, with 16 care pathways being reviewed and all service action plans being implemented by the end of the current financial year.</p> <p>Responding to a query from Miss Battle regarding the reporting of Patient Recorded Outcome Measures (PROMs) data to the Board and to assurance committees, Mr Mansfield explained that in order to present the large volume of data generated in a meaningful way, a Power BI dashboard is being developed to provide data visualisation for users. Mr Thomas advised that the presentation of meaningful data at Board and Executive level would currently prove challenging, and explained that further iterative development of data granularity for different health conditions and services would be required in order to enable detailed comparison and analysis of value outcomes. Mr Mansfield added that the VBHC team is working with specialty colleagues to develop intelligence from the data provided, and with the Welsh Institute for Data Innovation to develop analytical tools.</p>	

Members were informed that service reviews would be undertaken at planned intervals to reflect upon the data provided, with an anticipation of Executive colleague involvement to inform and direct future service plans. Mr Thomas further advised that consideration is being given to establishing links with National Clinical Leads and inviting them to join HB clinicians in reviewing health and service data at scheduled review points in order to identify challenges to pathways and opportunities to re-assign resources where required.

Members acknowledged the importance of extending service transformation work to include Primary Care providers, recognising the need to avoid duplication of work in service reviews, and noting that in many cases patient care pathways begin with GP referrals.

Responding to a query from Miss Battle in regard to whether the HB is engaging with other Health Boards in developing risk stratification within services, Mr Thomas confirmed that conversations are being held with Cwm Taf University Health Board, and that 2 GP system providers within HDdUHB have a module which enables risk stratification to be applied to each health condition.

Miss Battle highlighted the importance of presenting concepts such as VBHC and the HB's plans to support the Foundational Economy in a manner which would be clearly understood and readily engaged with by members of the public, suggesting that the Communications Team be involved in developing messaging which would directly convey the benefits of this work at a local level, utilising a 'common sense' approach.

In response to Mr Newman's query as to whether service delivery data is being shared with Local Authority colleagues and with the Regional Partnership Board (RPB), Mrs Hardisty confirmed that while data is not currently shared, an outcomes framework has been developed by Lightfoot for Cardiff and Vale RPB, which is being used to inform outcome measures.

Members expressed their support for the work being undertaken to embed VBHC within HB services, and plans to extend this work to include Primary, Community and Social Care services.

Miss Maria Battle left the Committee meeting.

The Committee **NOTED** and **DISCUSSED** the progress made and future plans to develop and roll out the HB's VBHC Programme.

FC(21)95 DRAFT ANNUAL ACCOUNTS

Members received the HB's Draft Statutory Annual Accounts 2020/21, which were submitted to WG on the 30th April 2021 and which are now being scrutinised by Audit Wales.

	<p>Members were advised that, overall, the audit is progressing well, and that the Final Accounts will be presented to the Audit and Risk Assurance Committee and to the Board on the 10th June 2021 prior to submission to WG by the 11th June 2021.</p> <p>Members commended the work of the Finance Team in meeting the deadlines for submission of the Annual Accounts.</p>	
	The Committee NOTED the HB's Draft Statutory Annual Accounts 2020/21.	

FC(21)96	NWSSP PERFORMANCE REPORT Q4	
	<p>Members received a report providing summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2021 (Q4 2020/21).</p> <p>Mr Thomas explained that comments from Members of the Finance Committee and the People, Planning and Performance Assurance Committee regarding the need to review the Key Performance Indicators (KPIs) which are applied in the Performance Report had been fed back to NWSSP, recognising that in many areas the HB's assessment of its performance does not accord with that presented by NWSSP.</p> <p>Members were informed that in developing new KPIs, NWSSP would reflect upon a new version of the HB's Integrated Performance Assurance Report, which is currently being developed and which will be presented to the Board at its meeting on 27th May 2021.</p>	
	The Committee NOTED the NWSSP Performance Report Q4.	

FC(21)97	MONTHLY MONITORING RETURNS AND HDdUHB COMMENTARY	
	Members received, for information, the M1 Monthly Monitoring Returns submitted to WG, together with the HB's commentary upon the data provided.	
	The Committee NOTED the HB's M1 Monitoring Returns to WG.	

FC(21)98	UPDATE FROM COMMISSIONING GROUP	
	<p>Members received an update from the Commissioning Group meeting held on 21st April 2021.</p> <p>Mr Shaun Ayres highlighted discussions in the Commissioning Group meeting relating to patient repatriation opportunities for HDdUHB for activity which is carried out outside the HB area, and to the alignment of HDdUHB's recovery actions with those of other Health Boards.</p>	

Members were advised that the focus of the Commissioning Group is upon incorporating VBHC into the way in which the HB commissions services, and upon aligning service specifications across Welsh Health Boards, particularly Swansea Bay University Health Board with regard to Cancer, Neurological, Cardiovascular and Ophthalmological services.

Noting that that the Mental Health (MH) Team has already begun its re-tendering exercise through a Joint MH&LD (Mental Health & Learning Disability) Commissioning Group, Mrs Raynsford queried whether lessons are being learned in the re-tendering process in the case of certain providers who offer high-cost but low-value placements. Mr Ayres confirmed that Third Sector agreements are being reviewed and informed Members that the advice of solicitors has been sought with regard to new Case Law which must be taken into account in commissioning MH services. Mr Ayres added that the HB's commissioning would focus upon place-based care and commissioning at scale, and assured Members that there is regular engagement between MH&LD service colleagues and the Commissioning Group.

Highlighting the issue of requests made by Care Homes for additional payments before they accept patients from HDdUHB hospitals, Cllr John queried whether the HB holds any intelligence regarding the financial status of the Care Homes within its area, and whether an evaluation has been undertaken of the potential impact upon the HB's commissioning once additional WG funding support for Care Homes ceases.

Mr Ayres explained that the key point to bear in mind with regard to Adult Social Care funding is that COVID-19 costs should not be conflated with the general costs of effective Care Homes, and assured Members that the Commissioning Group is applying this distinction, and that all Local Authorities are involved in a review of Care Home fee structures.

Recognising that Continuing Health Care (CHC) represents a broad topic which covers a range of issues, apart from financial and commissioning considerations, Mrs Hardisty queried where these discussions would be reflected in the new committee structure, which is being developed under the current review of Corporate Governance. Mrs Wilson assured Members that full consideration would be given to aligning CHC with the terms of reference of the revised committees, and that the views of the Director of Primary Care, Community and Long Term Care would be sought in order to gain an Executive perspective upon the positioning of CHC within the revised committee structure.

Mr Thomas agreed that consideration must be given to the positioning of CHC planning within the organisation, particularly with the appointment of the Director of Strategic Development and Operational Planning.

Mrs Hardisty advised Members that concerns had been escalated from the Vice Chairs Forum to WG regarding the reduced focus upon Learning Disabilities as a strategic priority, and that it was therefore likely that increased emphasis would be placed upon these services at an all-Wales level. Mrs Hardisty added that the HB should accordingly maintain a focus

	upon the implications of any developments, including those involving the use of resources.	
	The Committee NOTED discussions held at the Commissioning Group meeting held on 21 st April 2021.	

FC(21)99	UPDATE FROM AGILE DIGITAL BUSINESS GROUP	
	<p>Members received an update from the Agile Digital Business Group meeting held on 7th May 2021.</p> <p>Members noted discussions relating to short-term investment opportunities, and the presentation of a number of digital business cases for future consideration.</p> <p>Responding to a query from Mrs Raynsford as to whether there are opportunities to develop digital projects on a regional or a national basis, Mr Thomas informed Members that the Digital Team is currently working with Digital Health and Care Wales (DHCW) and with Local Authorities to develop digital systems, and that opportunities to develop effective system interfaces with the Welsh Community Care Information System and with Carmarthenshire and Pembrokeshire Local Authorities are being explored. Mr Thomas further suggested that opportunities for joint national and regional digital development could be covered in a future Digital Investment report to the Finance Committee.</p>	AT
	The Committee NOTED the update from the Agile Digital Business Group meeting held on 7th May 2021.	

FC(21)100	FINANCE COMMITTEE WORK PLAN	
	The Finance Committee's annual work plan for 2021/ 22 was presented to the Committee for information.	
	The Committee NOTED the items included on its annual work plan for 2021/22.	

FC(21)101	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"> • Learning points had been identified from a review of Members' responses to the Committee's annual self-assessment exercise for 2020/21. • Review of the M1 financial position, recognising the requirement to consider the impact of additional WG allocations in Q1, and 	

	<p>consideration of further detail relating to the HB's savings position, which would be provided at the next Finance Committee meeting.</p> <ul style="list-style-type: none"> • Concerns raised in relation to additional costs and delays in the Women and Children's Phase 2 scheme, and an action for the Director of Finance to work with the Director of Estates, Facilities and Capital Management in order to articulate these concerns as a corporate risk. • Review of operational risks assigned to the Finance Committee, noting revision of the list following application of criteria to ensure that these are correctly assigned, and recognising some areas in which further work may be required to address organisational issues surrounding budget management. • Recognition of the good progress made in rolling out the capture of PROMs across services, noting the extension of VBHC service transformation work to include Primary Care, Community and Social Services and developments to enable the presentation of meaningful outcomes data. 	
	<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(21)102	<p>ANY OTHER BUSINESS</p> <p>Mrs Hardisty advised Members that this meeting represented the last meeting which Mr Hearty would attend as Chair of the Finance Committee and, on behalf of Members, thanked Mr Hearty for effectively and supportively steering the Committee in its business and discussions.</p> <p>Mrs Hardisty further welcomed Mr Weir as the new Finance Committee Chair.</p>	
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FC(21)103	<p>DATE OF NEXT MEETING</p> <p>Tuesday 29th June 2021, 9.30am - 12.00pm, via Microsoft Teams</p>	
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