

PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Healthcare Contracting, Commissioning and Outsourcing Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Assistant Director of Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Long-Term Agreements (LTAs) are subject to a block arrangement between Health Boards in Wales. This arrangement has been in place since the start of the COVID-19 pandemic and will continue for the remainder of 2021/22 as previously reported. The purpose of the arrangement is to ensure that there can be a collective focus on operational recovery. However, as explained in previous Committee meetings, the report will provide a focus on Referral to Treatment Time (RTT) performance metrics in addition to the financial implications.

Furthermore, the Planned Care Business Partners in conjunction with the Commissioning Team are supporting the Planned Care Directorate around outsourcing to the independent sector, which is funded through Welsh Government (WG) Recovery monies.

Cefndir / Background

Whilst this has been previously described to the Sustainable Resources Committee, it is prudent to set out the principles underpinning the block arrangements:

- Contracts (and contract values) are agreed on a historical basis utilising the relevant uplifts; these predominantly being inflation, wage awards and any agreed developments.
- The block arrangements are to be implemented for the duration of 2021/22 as agreed by the Directors of Finance (DoFs). The value and activity plan is predicated on 2019/20 outturn plus 2%, with a further inflationary uplift (also 2%) for 2021/22.
- There are a number of developments being undertaken between Health Boards around reporting metrics and reviews of future contracting models due to the extant arrangements likely to be deemed inappropriate beyond 2021/22. Health Boards recognise that at this stage a hybrid approach (cost & volume/block) may be required for 2022/23 and a working group has been established to take forward the potential models. The group will operate for several weeks, with a longer-term objective to develop an updated system for 2023/24 and beyond. Hywel Dda University Health Board (HDdUHB) has submitted a proposal for 2022/23 consideration including a full return to Cost and Volume.

In conjunction with the on-going work between health boards, a collective effort is being undertaken between Directorates to support the recovery work within HDdUHB. One of the key areas of recovery is the outsourcing of activity to the independent sector. This report will also articulate the current position relating to outsourcing and next steps.

Asesiad / Assessment

The three main areas of focus will be on the contractual delivery, waiting lists within the Health Board's main providers, and the contracts that the Health Board has in place with the Independent Providers.

LONG TERM AGREEMENTs (LTA)

The current assessment is based on the Month 9 (M9) LTA position.

Month 9 Total LTA Position

The Variance to Plan and Variance to Block as at Month 7 (M7) was reported to the Committee at its meeting on 21st December 2021 – see below:

Variance to Plan	(£3,709,592)
Variance to Block	(£3,448,330)

The table below demonstrates an overall movement of (£10,000) below plan (under-performance)

Expenditure M9

LTA Contract	Plan	Actual	Variance	Block Value	Variance to Block
Aneurin Bevan	£268,979	£249,284	-£19,695	£290,070	-£40,786
Betsi Cadwaladr	£281,447	£261,164	-£20,283	£238,131	£23,033
Cardiff & Vale	£5,854,549	£5,920,549	£66,000	£5,578,000	£342,549
Cwm Taf Morgannwg	£475,600	£398,348	-£77,252	£462,337	-£63,989
Powys	£189,275	£189,275	£0	£195,754	-£6,479
Swansea Bay	£36,188,293	£32,520,301	-£3,667,992	£36,272,361	-£3,752,060
Velindre	£1,092,218	£1,092,218	£0	£1,052,446	£39,772
WHSSC	£110,268,000	£108,461,000	-£1,807,000	£108,461,000	£0

TOTALS:	£44,350,361	£40,631,139	-£3,719,222	£44,089,099	-£3,457,960
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The main areas of change are Swansea Bay University Health Board (SBUHB) (£169,000; decrease in LTA and NICE) and Cardiff and Vale University Health Board (CVUHB) (£173,000; increase).

SBUHB High Cost Drugs (HCD) - Since M7, there has been a decrease in SBUHB forecasted overperformance of £95,000; Multiple Sclerosis (MS) drugs have decreased by £50,000, HIV by £28,000 and Cancer Drugs by £27,000.

	MTH 7	MTH 9	Movement	
AFLIBERCEPT	0	112,536	112,536	Cancer
DABRAFENIB	674,389	597,522	-76,866	Cancer
OCRELIZUMAB	809,375	778,218	-31,157	MS
HIV	224,257	196,078	-28,179	HIV
TRAMETINIB	186,697	165,524	-21,174	Cancer
NIVOLUMAB	128,231	104,345	-23,886	Cancer
ALEMTUZUMAB	86,955	67,632	-19,323	MS
IPILIMUMAB	85,914	68,674	-17,241	Cancer
Various			10,000	
			-95,290	

Main LTA - There has also been a decrease in the main LTA; a £74,000 reduction in Critical Care costs.

CVUHB - M7 to M9 CVUHB position has seen a net movement of £173,000 (from a forecasted full year (FY) over performance in M7 of £107,000 to £343,000 in M9). This movement is mainly due to £54,000 increase in Robotic Upper GI Surgery and £110,000 in Orthopaedics.

Large Movement in Unit & Cost		Mth7	Mth9	£'000	
C&V	Main LTA	127	203	76	FY Over Performance
C&V	Orthopaedics LTA	-1060	-950	110	FY Under Performance
C&V	NICE	399	486	87	FY Over Performance
C&V	High Cost Services	427	327	-100	FY Under Performance mainly attributed to ICU which has reduced in Mth 9
				173.00	

REFERRAL TO TREATMENT TIME (RTT) – Month 9

As at the end of December 2021, there were 8,256 HDdUHB residents awaiting treatment in other Welsh NHS Organisations within all stages of the outpatient/diagnostic pathway. The volume and percentage change since April 2021 are provided below for each provider.

Provider / Health Board	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Qty Change	% Change
Aneurin Bevan (AB)	64	69	71	72	74	73	79	77	79	15	23.4%
Betsi Cadwaladr (BCU)	23	22	21	19	22	22	22	26	24	1	4.3%
Cardiff and Vale (C&VU)	918	978	1,005	1,043	1,058	1,086	1,129	1,144	1,134	216	23.5%
Cwm Taf Morgannwg (CTMU)	72	84	88	88	90	98	109	115	118	46	63.9%
Powys Teaching	7	5	9	11	20	25	16	15	16	9	128.6%
Swansea Bay (SBU)	5,289	5,322	5,566	5,816	6,206	6,351	6,546	6,794	6,885	1,596	30.2%
Grand Total	6,373	6,480	6,760	7,049	7,470	7,655	7,901	8,171	8,256	1,883	29.5%

% Month on Month Change		1.68%	4.32%	4.28%	5.97%	2.48%	3.21%	3.42%	1.04%		
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The table above shows that there has been an increase in the month-on-month number of patients added to the waiting list. Within the 9 months under consideration, this has resulted in an increase in demand by 29.5% for HDdUHB residents waiting at other health boards. The majority of HDdUHB patients awaiting treatment at other Welsh health boards are with SBUHB and CVUHB.

CVUHB RTT New Outpatient (All waits)

The table below shows the latest position, as at December 2021, for all patients waiting for a new outpatient appointment by speciality within CVUHB:

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Clinical Immunology and Allergy	162	167	178	179	180	186	183	188	174
Neurosurgery	46	49	49	51	55	60	52	67	78
Trauma & Orthopaedics	71	64	67	63	72	70	76	77	76
Paediatric Surgery	58	57	59	51	38	32	35	39	45
Neurology	26	26	29	31	32	34	37	31	32
Paediatrics	28	32	31	33	27	19	22	30	31
Ophthalmology	21	24	30	28	25	26	30	31	30
General Surgery	15	15	19	19	26	23	30	32	24
Clinical Haematology	3	7	5	3	4	6	7	10	13
Dental Medicine Specialties	5	5	7	8	7	8	12	11	12
ENT	16	13	12	13	11	13	11	14	12
Cardiology	8	13	12	15	14	13	12	8	10
Clinical Pharmacology	5	3	3	2	3	4	4	6	9
Dermatology	5	5	7	6	6	8	8	8	9
Gastroenterology	6	4	5	6	5	5	8	8	9
Gynaecology	2	2	3	8	7	8	6	9	8
Oral Surgery	7	5	5	5	8	7	9	6	7
Anaesthetics	2	3	2	2	3	3	4	4	6
Cardiothoracic Surgery	2	3	3	4	2	1	4	4	6
General Medicine	7	6	2	4	6	6	6	3	5
Paediatric Neurology	1	2	4	4	5	6	5	4	3
Urology	2	3	1	3	5	7	4	5	3
Geriatric Medicine	0	1	1	1	1	2	2	2	2
Paediatric Dentistry	1	2	2	1	2	2	2	2	2
Nephrology	2	2	1	1	1	1	0	0	1
Orthodontics	0	0	0	1	1	1	2	0	1
Restorative Dentistry	1	1	1	0	0	0	1	1	1
Pain Management	1	1	1	1	1	0	0	0	0
Respiratory Medicine	0	1	0	0	1	0	0	1	0
Rheumatology	0	0	0	0	0	0	0	0	0
Grand Total	503	516	539	543	548	551	572	601	609
% Month on Month Change		2.58%	4.46%	0.74%	0.92%	0.55%	3.81%	5.07%	1.33%
% Apr - Dec Change									21.07%

The above table demonstrates that the majority of HDdUHB patients waiting for a new outpatient appointment at CVUHB are waiting for Clinical Immunology and Allergy. They account for 28.6% of the December 2021 waiting list. Whilst they have been increasing month on month, a slight decrease is reported in December 2021 (-7.4%).

An alternative commissioned pathway proposal is being undertaken for Clinical Immunology and Allergy, as a result of the Commissioning team being notified of certain issues within the service. A working group has been established to identify pathway opportunities throughout HDdUHB for allergy care. The workstream spans the full care spectrum with a key focus on improving allergy provision for adolescents, developing an adult allergy service, and confirming the complex allergy pathways. In the interim, the commissioning team has reached out to a number of NHS providers in England to understand whether there is capacity to support the Health Board on a short-term basis. University Hospitals, Birmingham have advised that they should be able to support and treat approximately 100 patients. The Commissioning team is working with Cardiff and Birmingham to divert the commissioning pathway on a temporary basis.

CVUHB RTT New Outpatient Appointments (>36 weeks) – Top 5 Specialties

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Clinical Immunology and Allergy	92	93	95	100	102	108	102	103	102
Trauma & Orthopaedics	28	28	30	32	30	30	32	33	33
Ophthalmology	10	9	11	11	11	9	10	11	12
General Surgery	7	8	9	8	8	8	9	7	6
Neurology	6	10	10	10	12	10	10	7	6
Total (Top 5)	140	144	152	154	161	161	162	161	159
% Month on Month Change		2.86%	5.56%	1.32%	4.55%	0.00%	0.62%	-0.61%	-1.24%
% Apr - Dec Change									13.57%

Grand Total (all specialties > 36 weeks)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	161	163	172	172	182	179	182	182	178

The table above shows the correlation between overall numbers on the waiting list and those waiting >36 weeks. Based on the aforementioned RTT metrics, the main >36 challenges include Clinical Immunology and Allergy, which has the greatest number of patients waiting over 36 weeks and accounts for 57% of the >36 week December 2021 waiting list.

SBUHB RTT New Outpatient (All waits)

The table below shows the latest position as at December 2021 for all patients waiting for a new outpatient appointment by speciality within SBUHB.

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Oral Surgery	1109	1155	1196	1292	1321	1325	1349	1395	1429
Orthodontics	359	391	413	427	438	475	482	521	539
Plastic Surgery	258	291	286	331	356	374	433	510	530
Trauma & Orthopaedics	320	344	372	404	434	427	456	453	493
Neurology	59	55	66	102	243	232	237	266	263
Cardiology	86	79	94	99	101	112	117	113	118
General Surgery	66	63	67	70	80	83	82	84	96
Ophthalmology	60	64	69	71	69	73	71	81	74
Gynaecology	32	34	32	33	34	59	63	45	47

Cardiothoracic Surgery	32	39	45	51	52	58	62	48	45
ENT	30	37	38	34	33	35	40	38	43
Restorative Dentistry	130	105	90	78	58	66	51	40	43
Urology	28	26	31	35	37	40	40	42	39
Rehabilitation Service	13	19	18	25	29	28	26	30	34
Paediatrics	18	17	22	23	17	19	22	18	22
Gastroenterology	22	22	21	21	18	18	15	13	14
Dermatology	18	15	8	11	11	9	9	10	12
General Medicine	3	4	5	3	3	2	5	3	5
Nephrology	8	6	9	5	4	12	10	21	5
Endocrinology	3	6	5	6	3	5	3	6	4
Paediatric Neurology	6	7	10	9	8	6	8	6	4
Rheumatology	1	3	4	7	5	5	5	5	4
Geriatric Medicine	2	1	0	0	1	1	2	2	3
Respiratory Medicine	4	5	6	3	5	6	5	4	2
Clinical Haematology	2	2	5	4	4	3	3	1	1
Pain Management	0	0	1	1	0	0	0	0	1
Dental Medicine Specialties	0	0	6	0	11	0	0	0	0
Grand Total	2,669	2,790	2,919	3,145	3,375	3,473	3,596	3,596	3,870
% Month on Month Change		4.53%	4.62%	7.74%	7.31%	2.90%	3.54%	0.00%	7.62%
% Apr - Dec Change									44.99%

The table illustrates a number of specialities experiencing challenges, which are demonstrating a trajectory decline. Although it is acknowledged that all health boards are experiencing challenges, it is prudent to understand the current position for HDdUHB patients awaiting a first outpatient appointment within SBUHB. Oral Surgery accounts for the majority (37%) of the overall waits in December 2021 and has been increasing month on month since April 2021.

SBUHB RTT New Outpatient Appointments (>36 weeks) – Top 5 Specialties

The table below illustrates that the majority of specialties with long waiters correlate to those with the overall number of patients waiting, with the exception of Neurology, which does not have any patients waiting > than 36 weeks.

Specialty	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Oral Surgery	470	507	534	591	620	618	628	651	686
Orthodontics	182	180	192	207	213	219	232	241	260
Trauma & Orthopaedics	119	128	134	144	149	148	164	167	177
Plastic Surgery	75	80	79	90	98	99	112	109	105
General Surgery	23	25	28	28	30	29	34	31	35
Total (Top 5)	869	920	967	1,060	1,110	1,113	1,170	1,199	1,263
% Month on Month Change		5.87%	5.11%	9.62%	4.72%	0.27%	5.12%	2.48%	5.34%
% Apr - Dec Change									45.34%

Grand Total (all specialties > 36 weeks)	1,023	1,059	1,089	1,193	1,231	1,227	1,283	1,302	1,360
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Oral Surgery – this specialty is still an area of concern as the waiting list continues to increase, both in terms of overall numbers and those waiting >36 weeks for a new outpatient appointment. HDdUHB representatives met with SBUHB at the end of October 2021 to discuss, and a further

regional scoping meeting was held in January 2022, which included A Regional Collaboration for Health (ARCH) and clinical colleagues. The group agreed to focus on stabilising services and addressing/reducing backlog growth and to develop future opportunities for regional working. SBUHB was tasked with drafting a service specification proposal detailing services in order for a SLA arrangement to be implemented. A proposal paper is due to be presented to the ARCH Regional Recovery Group.

Orthopaedic/Spinal Surgery – this specialty is an area of concern and was discussed at a recent LTA meeting, attended by the Spinal Consultant. The outcome was to explore the option of redirecting the Spinal commissioned pathway away from Swansea to Werndale Hospital on a temporary basis. Unfortunately, Werndale Hospital has confirmed that this is not an option. Due to the difficulties with receiving granular data from other health boards, the Commissioning team is in the process of writing to all Spinal patients who have had their surgery during 2021/22 at SBUHB, requesting feedback by means of a patient questionnaire. The questions are based on Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), and the Commissioning team will work with Quality and Value Based Healthcare colleagues to analyse the results.

Neurology – The jump in neurology referrals is attributable to *“Referral from a Consultant or Independent Nurse, other than in an A&E department”*. There was an increase of 240% in July 2021, compared to June 2021, and a further increase of 282% in August 2021, compared to July 2021. SBUHB has investigated and advised that the rise is due to the accurate reporting of a MS clinic, which was previously paper based.

Areas of Collaborative Work and Review

Based on the RTT information received, it is highly probable that many of the services will require a significant period of time to recover. It is paramount that HDdUHB continues to work closely with SBUHB, and that both Health Boards support each other via collaborative and regional solutions to ensure that the multitude of challenges can be addressed collectively. Consequently, a Regional Commissioning Group (RCG) has been established with SBUHB, the first meeting was held in November 2021 and a follow up meeting is scheduled for March 2022. It is envisaged that the priority areas will include Oral Surgery and Orthopaedics/Spinal (as above) and also Cardiology and Neurology.

In summary, the Healthcare Contracting and Commissioning Team continues to work with other health boards and/or Trusts to find alternative capacity to alleviate the pressure on both Health Boards. Unfortunately, there is currently limited capacity available to re-direct or re-commission many of the services that are under extreme pressure.

OUTSOURCING/INSOURCING – Independent Sector Contracts

Similarly, there is a significant and ambitious outsourcing and insourcing plan with the independent sector in order to alleviate pressure within HDdUHB hospital sites. It is important to note however, that the number of Independent Providers in Wales is significantly less than in England and therefore, the availability of capacity is reduced. In periods of high demand and limited supply, the cost attributed to Healthcare Resource Groups (HRGs) within the independent sector is exceeding the English tariff. Please note that the contracts listed below are indicative only and therefore HDdUHB payments are based on actual activity and not on the contract value. The purpose of the contract value is to set out clear Activity Planning Assumptions (APAs) for both commissioner and provider.

Current Contracts

The table below shows the current contracts with providers, split by speciality:

Provider	Portfolio	Contract Volumes	Actual Volumes to date	April - Jan Spend (£)	Feb-March Forecast(£)	Estimated Value Year (£)
(blank)	Neurology			149,500	39,000	188,500
BMI (Bath)	T&O	70	6	60,385	0	60,385
BMI (Droitwich)	T&O	175	13	116,471	0	116,471
BMI (Werndale)	T&O	250	63	613,010	242,400	855,410
	Dermatology	1600	770	215,189	100,000	315,189
	General Surgery	81	47	126,159	39,287	165,446
	Urology	10	10	29,097	6,654	35,751
Community Health and Eye Care	Ophthalmology	2,500	646	563,230	824,800	1,388,030
Sancta Maria	Urology	40	18	35,119	0	35,119
	ENT	15	0	0		
	General Surgery	140	5	26,000	0	26,000
Spa Medica	Ophthalmology	2400	366	443,411	368,400	1,615,023
Werndale	Ophthalmology	0	723	803,212		
Spire (Bristol)	Gynae	125	0	0	60,284	60,284
	Orthopaedics	260	0	0		
	Endoscopy	200	0	0	47,300	47,300
St Josephs	Endoscopy	1500	91	104,823	441,840	441,840
	T&O	120	55	104,702	200,785	410,310
	Cardiology	166		28,800	51,200	80,000
YMS	Dermatology	3500	1762	333,653	140,000	473,653
Total				3,752,761	2,561,950	6,314,711

*Actuals will include an estimated volume for January until actual volumes are confirmed

**Werndale on a spot contract basis no agreed volumes.

The Year to Date (YTD) financial delivery is £6,314m relating to insourced/outsourced activity. The majority of the expenditure is attributed to Ophthalmology Services. There are regular strategic meetings between HDdUHB and the independent sector providers to understand the position and increase the level of patient activity until the end of the contracts. Patient pathways have also been drafted to provide clear lines of flow and responsibilities.

The availability of capacity has become extremely challenging, predominately due to the limited overall Independent Sector capacity. This limited supply is met with unprecedented demand from other health boards, Clinical Commissioning Groups (CCGs) and NHS Trusts. Subsequently,

despite the best efforts of all concerned, the capacity proposed and submitted to WG is saturated and/or reduced at the point of execution.

Patient Outcomes/Quality Metrics

The difficulty in obtaining quality metrics and outcomes for existing contracts is acknowledged and therefore, when entering new contracts with the Independent Providers, the Health Board ensures that these are built in. Continued conversations relating to outcomes and metrics are also held with the provider at each strategic meeting.

The information below illustrates some of the PREMs received from the Independent Providers to date.

Community Health Eye Care (CHEC)

January

Ophthalmology		
33% response rate		
Positive	Negative*	Neutral
95.2% (94)	3.06% (3)	1.02% (1)
Comments	“They were very good, understanding and clear when providing details, I was worried at first but after I came out, I felt much better as they had already made me my appointment for surgery, they looked after me and put me at ease.”	
	“The people we met explained everything clearly and precisely and I know exactly what is going to happen now, it was very good.”	
	“They were a very polite young gentleman, he was very busy and the surgeon was fantastic. I can't say anymore they were very, very good!”	
	“No changes needed”	
	“I was not dissatisfied in any way, actually I was pleasantly surprised.”	

*CHEC have been asked to report the narrative/theme regarding the negative feedback received.

Please note that, following unsubstantiated patient safety concerns regarding the service provided by CHEC at its premises in Bridgend, the Health Board undertook an unannounced quality visit at the end of 2021. Whilst the visiting team identified areas for improvement, there were no significant patient safety concerns identified and therefore no requirement to immediately suspend the service. The team has consequently pulled together their findings in a report, which contains a number of recommendations and will be shared with CHEC imminently prior to undertaking a follow up visit on 9th February 2022.

Furthermore, patients who had already received care at CHEC were also contacted by HDdUHB’s Patient Experience Team to gather patient experience data. The overall patient experience was positive; of the 22 patients contacted by the Patient Experience Team, 14 (64%) gave a rating of excellent.

Going forward, it is proposed that a quality visit to each of the contracted Independent Providers will be undertaken.

St Joseph's Hospital

January

Orthopaedics				
48% response rate	Extremely Likely	Likely	Neither	Unlikely
Would you recommend	27	2	0	0
	Very Good	Good	Neither	Poor
Overall Experience	28	1	0	0
	Positive	Negative		
Compliments	26	4		
	25 * Overall Experience 1 * Nursing Care	3* Café not open 1 * distance to travel		
Comments	"Nurses were excellent"			
	"move hospital closer to my home"			
	"safe, welcoming team. Excellent experience"			
	"Café not open"			
	"fantastic bedside manner, best surgical experience ever. Impressed by staff rapport and gentle manor"			
	"whole package was excellent"			

Endoscopy				
43% response rate	Extremely Likely	Likely	Neither	Unlikely
Would you recommend	38	2	0	0
	Very Good	Good	Neither	Poor
Overall Experience	25	15	0	0
	Positive	Negative		
Compliments	39	3		
	39* overall experience	1* lack of refreshments 1* room a little cold 1* better privacy didn't like mixed sex waiting room		
Comments	"everything has been done perfectly, absolutely amazing at St Josephs especially kind caring nurses"			
	"all staff have been wonderful and very professional"			
	"from start to finish my care was faultless"			
	"Everyone was caring and thoughtful which calmed me down and put me at ease"			
	"wonderful staff and cleanliness"			
	"fantastic care but room was a little cold"			

The above illustrates that the overall experience is positive. There are a few negative comments regarding the café not being open, to which St Joseph's have confirmed that the café is now open at weekends with vouchers provided to patients to purchase a drink and a sandwich.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to discuss the content and note the mitigating actions detailed within the Healthcare Contracting, Commissioning and Outsourcing Update report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F). 3.4 Scrutinise the delivery of the Health Board's approach to community wealth building and foundational economy opportunities (PO 6H). 3.7 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards. 3.8 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets. 3.9 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	A version of this report has been shared with the Quality, Safety and Experience Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are contained within the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Quality/Patient Care implications are contained within the report
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable