

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR ADNODDAU CYNALIADWY/
UNAPPROVED MINUTES OF THE SUSTAINABLE RESOURCES COMMITTEE MEETING**

Date and Time of Meeting:	22 nd August 2022, 9.30am-12.30pm
Venue:	Boardroom/MS Teams

Present:	Mr Winston Weir, Independent Member, Committee Chair (VC) Mr Maynard Davies, Independent Member, Committee Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) (part)
In Attendance:	Miss Maria Battle, HDdUHB Chair (VC) Mr Steve Moore, Chief Executive Officer (VC) Mr Michael Hearty, Associate Board Member (VC) (part) Professor Chantel Patel, Associate Professor (VC) Mr Huw Thomas, Director of Finance (VC) Mrs Joanne Wilson, Board Secretary (VC) Mr Andrew Carruthers, Director of Operations (VC) (part) Ms Elaine Lorton, County Director on behalf of Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) (part) Ms Kim Neyland, on behalf of Kelvin Barlow, Regional Partnership Programme Manager, West Wales Care Partnership (VC) (part) Mr Andrew Spratt, Assistant Director of Finance Mr Shaun Ayres, Assistant Director of Commissioning Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
SRC(22)90	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	<p>The Chair, Mr Winston Weir, welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mrs Lisa Gostling, Director of Workforce and Organisational Development (not affecting quoracy) Professor Philip Kloer, Medical Director/Deputy CEO (not affecting quoracy) 	

SRC(22)91	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

SRC(22)92	FINANCIAL RECOVERY	
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Members received the Financial Recovery presentation, which was being presented to the Committee for the first time.

Mr Huw Thomas introduced the item, advising Members that feedback from Welsh Government (WG) has confirmed that the revised Plan of £62m is unacceptable and unsupported, which presents a specific risk on cash. The corporate risk has been revised to recognise that the current trajectory would make the cash flow particularly precarious towards the end of the financial year and therefore requires a clear plan to address the treasury management risk. Mr Thomas assured Members that mitigating actions will be taken from a cash management perspective if funding does not flow through the system.

Although the challenge facing Hywel Dda University Health Board (HDdUHB) is the same being experienced by other health boards in Wales, from an operational perspective, the way in which the challenge is being described differs. Whilst other Health Boards have input significant levels of expenditure that they anticipate being COVID-19 related, HDdUHB has taken the view that COVID-19 expenditure is being used to support the Scheduled Care system. Mr Thomas assured Members that a process has been implemented to assess each of the COVID-19 pressures with transition costs to understand if there is value elsewhere in the system. Mr Thomas provided further assurance that a detailed assessment of each cost will be reported to the Board in September 2022, and that the frequency of the Use of Resources (UoR) Group meetings established with Directorates has been increased to monthly meetings. Acknowledging that these meetings have not yet yielded benefits, Mr Thomas assured Members that they have enabled the development of an improved narrative to understand the cost pressure drivers being experienced by Directorates. Mr Thomas advised Members that discussions are taking place with Executive colleagues regarding the key elements of the Target Operating Model (TOM) that will deliver change over the remainder of the year to improve the run rate. Mr Thomas noted that although the run rate is not expected to improve materially, it will provide transparency on cost pressures.

In relation to the feedback received from WG to confirm that the revised Plan of £62m is unacceptable and unsupported, Mr Andrew Spratt advised Members that a series of actions were agreed at the July 2022 Board meeting to respond to this feedback and a further update will be presented to the Board at its meeting on 29th September 2022.

Mr Spratt advised Members that the internal appraisal of the financial position, which is reported weekly to Executive Team, is reporting a £65.3m unadjusted forecast; a worsening position against the £62m, which is broadly being driven, at a national level, by Medicines Management costs. Mr Spratt advised Members that there are a number of opportunities that are due to be accepted or rejected by the process underway with budget holders and Executive Leads. Operational budget holders, with the support of their Finance Business Partners, will be required to fully review, quantify and articulate the benefits and cost drivers, including embedded COVID-19 responses and decisions taken resulting in their contribution to the £62m deficit. Mr Spratt assured Members that these benefits and cost

drivers will be assessed through the September round of Directorate UoR meetings and a proposal for the re-allocation of budgets drafted for Executive Team/Board approval. Mr Spratt stressed that the underlying deficit is expected to deteriorate going into 2023/24 due to the non-recurrent nature of identified savings for this financial year.

Referring to the Executive Team actionable response detailed in the slides, Mr Spratt advised Members that the first phase of the patient/staffing cohort programme will be implemented on the Glangwili General Hospital (GGH) site to deliver an impact across the whole of the health system. In terms of expected outcomes, Mr Spratt advised Members that budget holders will fully understand, endorse and commit to delivering services within the revised budgetary envelope, which will be aligned through signed accountability agreements being re-issued in October 2022.

Mr Andrew Carruthers joined the Committee meeting

Mr Thomas assured Members that they should not be concerned about the current operational forecast going above £62m as there will always be risks at this point in the year that will be managed. In relation to Medicines Management, Mr Thomas advised Members that there is a two-fold risk, relating to the cost per unit increase and the item growth unit, and provided assurance that a deep dive will be undertaken by the Finance team.

Mr Michael Hearty advised Members that, although the Health Board has a robust plan in place, it is unrealistic to forecast that the deficit will go below £62m as the financial impact of the TOM is not delivering any assured savings in the short term.

Miss Maria Battle stressed the need for clarity on the accountability and governance around the TOM prior to the September Board meeting and requested that the slides are circulated to Members following today's Committee meeting. Appreciating the rapidly moving position, Mr Thomas and Mr Weir offered to meet with colleagues prior to the September Board to discuss in further detail.

Referencing the delivery of Planning Objective 6L *Workforce, Clinical Service and Financial Sustainability*, Mr Thomas provided an overview of the main drivers for each of the operational impacts from a demand, supply and configuration perspective and referred to the full matrix of operational drivers contained within the slides. Mr Thomas advised Members that the aim is to understand which parts of the demand, supply and configuration challenges are affecting which Directorates as they will be differentially experienced. Members also received assurance on the delivery of Planning Objective 6B Value Improvement and Income Opportunity.

Mrs Delyth Raynsford queried how discussions are being facilitated with senior staff. Mr Thomas responded that conversations have been at a high level at this stage with a view to embed how the challenges are reported back into the organisation. Given that the matrix is an expression of the operational pressures being faced, it will enable the TOM and resource allocation process to be embedded with directorates. Mr Thomas assured

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Members that there will be improved transparency regarding the delivery of the TOM.

In terms of the longer term financial recovery, Mr Thomas acknowledged that the underlying deficit position has deteriorated and advised Members that there may be an opportunity to deliver further non recurrent savings, for example, the Health Board is currently working with WG to understand the significant annual leave accrual carried over from 2021/22 to 2022/23.

Professor Chantal Patel enquired as to the expectations to manage the current inflationary pressures. Mr Thomas responded that energy is procured centrally and assured Members that there is a robust mechanism in place. However, Mr Thomas advised Members that Procurement is an area of concern, and the Procurement team is working hard to mitigate cost growth and the impact of this pressure. Mr Thomas also advised of pressures as a result of the vulnerability of the supply chain.

Mr Thomas concluded that the matrix illustrates areas in the Health Board where resources are not being used in optimal way and provided assurance that the TOM is working towards developing better operational responses to the challenges being faced. Mr Thomas stressed that the alignment between finance, operational pressures and quality and safety is at the heart of what the Health Board does, and that financial sustainability is not possible without ensuring operational sustainability and the delivery of safe services.

Mr Steve Moore assured Members that the organisation has a clear sense of the actions being taken and the long term aims of the Board, recognising however that the impact/outputs at an intermediate level need to be ascertained. Mr Moore assured that this would be articulated via the Annual Plan update to Board in September 2022.

Mrs Joanne Wilson reminded Members that the Board requested that decisions are scrutinised by the relevant Committees to ascertain the impact of choices and opportunities on Quality, Safety, Finance and Performance prior to the Board meeting in September 2022. Mrs Wilson advised Members that following discussion at the recent Quality, Safety and Experience Committee, it has become apparent that a joined up approach by the Committees is required and this will be further discussed prior to the September Board meeting.

Mr Andrew Carruthers advised Members that the Operational team remains committed in year to improve the current forecast to year end in a safe and appropriate manner. Mr Carruthers provided assurance that work regarding medically fit/ready to leave patients, which is a third of the overall driver, has already begun and that all areas will continue to look for in year opportunities.

Mr Weir thanked the team for their work and noted that assurance has been received that the organisation is being engaged, recognising that there is still work in progress in certain areas of uncertainty, for example the cash position and the development of an approvable plan for submission to WG.

	<i>Mr Michael Hearty left the Committee meeting</i>	
	<p>The Committee NOTED and DISCUSSED the content of the Financial Recovery presentation.</p> <p>The Committee RECEIVED ASSURANCE from the aims contained within the presentation regarding progress on Value Improvement and Income Opportunity in line with Planning Objective 6B and progress on Workforce, Clinical Service and Financial Sustainability in line with Planning Objective 6L.</p>	

SRC(22)93	MINUTES OF PREVIOUS MEETING HELD ON 28TH JUNE 2022	
	<p>The minutes of the Sustainable Resources Committee (SRC) meeting held on 28th June 2022 were reviewed and approved as an accurate record.</p> <p>RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 28th June 2022 be APPROVED as an accurate record.</p>	

SRC(22)94	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 28TH JUNE 2022	
	<p>The Table of Actions from the meeting held on 28th June 2022 was reviewed, and confirmation received that all outstanding actions had been completed, were being progressed, or were forward-planned for a future Committee meeting, with the exception of the action below:</p> <ul style="list-style-type: none"> • SRC(22)63 Finance Report M2: <i>To present, for Committee scrutiny, the rationale for the movement of expenditure between COVID-19 and non-COVID-19 costs.</i> Mr Weir enquired whether any further information had been received from WG. Mr Thomas assured Members that although no feedback had been received to date, monthly meetings are held with the Finance Delivery Unit. 	

SRC(22)95	COMMITTEE SELF-ASSESSMENT OF PERFORMANCE – REVIEW OF QUESTIONS	
	<p>Members received the Committee Self-Assessment of Performance – Review of Questions Report, presenting the proposed questions to assess the Committee’s performance during 2021/22.</p> <p>Mrs Wilson advised Members that the Self-Assessment questionnaires would be issued within the next week.</p> <p>The Committee SUPPORTED the use of the proposed self-assessment questionnaire template to assess the Committee’s performance during 2021/22.</p>	

SRC(22)96	FINANCE REPORT AND FORECAST MONTH 4, 2022/23	
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	<p>Members received the Finance Report Month 4 (M4) 2022/23 report.</p> <p>Mr Thomas advised Members that the financial position has been discussed in detail as part of the earlier Financial Recovery agenda item. Mr Thomas recapped that the Health Board is forecasting a financial outturn position of £62m, in line with the re-submitted draft Annual Plan, which is £37m higher than the previous planned deficit of £25m. Whilst the delivery risk to the revised deficit of £62m is considered to be low, this is an unacceptable level of deficit and urgent management actions are required to address the underlying position.</p> <p>Mr Thomas advised that, whilst the delivery of planned savings schemes is on track, the revised annual limit is £17m lower than the original plan due to an inadequate level of assurance around the identification of deliverable savings schemes; this lower level of savings has contributed to the increase in the planned deficit of £62m. Furthermore, of the identified savings schemes of £12.4m, only a small number are currently assessed as recurrent, with a full year effect of £0.5m. This is contributing to the deterioration in the underlying deficit to £76.5m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of the TOM.</p> <p>Referencing the accountability letters sent to the thirty-two budget holders on 5th May 2022, to acknowledge their understanding and acceptance of the budget delegations by signing and returning the Accountability Agreement, Mr Thomas advised Members that 2 budget holders related to Primary Care are yet to sign their accountability letters. However, Members received assurance that they are working with their Finance Business Partners to review and allocate budgets appropriately and the letters will be signed and returned shortly.</p> <p>Mr Weir enquired whether WG had confirmed the allocation of funding for COVID-19 costs and Exceptional Energy costs. Mr Thomas responded that although Health Boards have been notified to anticipate funding, this is yet to be formally confirmed. Mr Thomas assured Members that HDdUHB is not an outlier in their request for funding in these two areas. Mr Spratt advised Members of discussions held at the all Wales Directors of Finance meeting on 19th August 2022, regarding a paper to be submitted to Westminster in September 2022, at which point WG will be able to confirm the position with health boards. With regard to funding for winter pressures, Mr Spratt advised Members that the official response from WG is that there is no additional funding to that already issued to health boards.</p>	
	<p>The Committee NOTED and DISCUSSED the M4 2022/23 financial position and end-of-year forecast.</p>	

<p>SRC(22)97</p>	<p>REGIONAL INTEGRATION FUND (RIF) PLAN</p> <p>Members received the Regional Integration Fund (RIF) Plan report, providing an overview of the Health and Social Care RIF for the West Wales Region. Ms Elaine Lorton advised Members that the Plan has been</p>	
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agreed by the Regional Partnership Board (RPB) for the 2022/23 transitional year and is managed by the West Wales Care Partnership.

Ms Lorton advised Members that the RIF is a critical piece of investment from WG to the region and is restructured funding, replacing the Integrated Care Fund (ICF) and the Transformation Fund (TF), as opposed to additional funding.

Ms Kim Neyland provided an overview of the new set of principles behind the deployment of funds and informed Members that many of the projects within the RIF Plan have already been tested in the region and are being refined accordingly. Ms Neyland advised Members that the RIF aligns with the WG aspiration to develop 6 models of care nationally to provide a renewed focus on community based care, emotional health and well-being, supporting families to stay together safely, care experienced children, home from hospital services and accommodation based solutions.

Ms Neyland provided an overview of each of the models of care, advising Members that existing budgets and projects have been reviewed with a view to maintain these projects and the staff delivering them.

Ms Lorton advised Members that there is an expectation to move towards embedding and mainstreaming these projects and recognised that this will be a challenge within the current financial position.

Referring to the Financial Assurance of the RIF report, Mr Spratt advised Members that previously the Health Board held the banking role for the ICF and the Local Authority held responsibility for the TF. Going forward, the RIF will be administered by the Health Board on behalf of the RPB.

Mr Spratt advised that, whilst the Health Board received funding requests totalling £21.9m from the region, the Health Board only has £18.7m to allocate. Following the agreement of the funding allocation splits, Locality Leads were asked to provide financial plans aligned to the value of their allocations and to identify any additional plans that could be commissioned should there be any slippage in delivery of the original plans. Mr Spratt advised Members that, until project plans are aligned with the respective funding allocations, reporting of the year to date and full year forecast financial performance to key stakeholders and WG is not possible. Mr Spratt assured Members that a Performance and Finance Group convenes fortnightly to manage this process.

Mr Paul Newman queried what assurance could be provided that projects are delivering what they set out to deliver. Ms Lorton responded that there is a challenge is to look beyond the transactional process and be clear on the targets for delivery and acknowledged that this is not reflected in every project. that this is not in place for all of the programmes. Mrs Lorton advised that the County Lead will be asked how delivery can be demonstrated more clearly. Ms Neyland noted that the structure of the team, as detailed in the Investment Proposal document, includes a Programme of Change Manager. Ms Neyland assured Members that there is a shift in the way that information is captured and that a framework will be developed with a focus on outcomes rather than transactional data.

	<p>Additionally, the recent Population Needs Assessment will provide a baseline against which to set targets for delivery.</p> <p>Referencing the Investment Proposal document, Mr Newman queried the ambition/direction of travel for certain projects such as the support for autism, the sustainability of the Dream Team in terms of generating income, the number of Annual Health Checks that will be undertaken and how the needs of unpaid carers will be identified and met. Ms Neyland provided assurance that each project is being coproduced with those who will be impacted, and that continuous engagement is being undertaken. Ms Neyland and Ms Lorton undertook to provide a response to the queries raised.</p> <p>Recognising that the RIF is a 5 year fund, with the intention to be sustainable over the longer term, Mr Maynard Davies reiterated the importance of being aware of not only the financial impact but the impact upon staff and overspill into other areas, which will require appropriate resources for staffing. Ms Lorton responded that an Integrated Locality Planning Group has been established for each locality, which provides the opportunity to collectively review and anticipate the consequences of the projects. Ms Lorton emphasised that this type of partnership approach is key to embedding and retaining a local understanding of each area.</p> <p>In terms of the match funding aspect of the RIF, Mr Davies enquired as to how much is sourced from the Health Board and the Local Authority. Mr Spratt responded that the individual projects will be led by either the Health Board or the Local Authority and the match is expected to be made on a project basis. Mr Spratt undertook to provide a breakdown of the £18.7m allocation between the Health Board and Local Authority to the next Committee meeting.</p> <p><i>Ms Elaine Lorton and Ms Kim Neyland left the Committee meeting</i></p>	<p>EL/KN</p> <p>AS</p>
	<p>The Committee NOTED the content of the Regional Integration Fund Plans report and RECEIVED ASSURANCE from the approach taken to developing the investment proposals.</p>	

<p>SRC(22)98</p>	<p>HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE</p> <p>Members received the Healthcare Contracting, Commissioning and Outsourcing Update report.</p> <p>Mr Ayres drew Members' attention to Paediatric Neurology, which is a fragile service across Wales with no tertiary service in place. The intention is for there to be a Welsh Health Specialised Services Committee (WHSSC) commissioned tertiary service in Cardiff and Vale University Health Board (CVUHB). Mr Ayres advised Members that the Health Board is working with Swansea Bay University Health Board (SBUHB) to determine how much activity is going to be tertiary and non-tertiary, including internal opportunities to potentially repatriate patients.</p>	
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Highlighting the importance of having a clear Service Level Agreement (SLA) in place, Mr Ayres noted that there had been a level of confusion between the SBUHB service and HDdUHB's referring clinicians for Severe Pancreatic Conditions and provided assurance that this has now been remedied.

Mr Ayres advised Members that the Framework Agreement for the Provision of Insourcing/Outsourcing Clinical, Surgical and Diagnostic Procedures, which was established by NHS Wales Shared Services Partnership (NWSSP) Procurement Services as a means of supporting Health Boards to achieve the Referral to Treatment (RTT) targets of 26 weeks and/or provide additional capacity to meet service demand in a compliant and timely manner, will commence on 1st April 2023. The framework will have an initial term of 4 years, with an option to extend for up to an additional 4 years.

Mr Ayres drew Members' attention to the 15% weighting applied to the Social Value criteria, for which bidders will be required to submit responses in relation to the Well Being of Future Generations Act, Foundational Economy and Carbon Footprint.

Mr Weir enquired whether the Health Board is likely to achieve the forecasted underspend of £2.6m, to which Mr Ayres responded that he anticipated that the underspend would be at least £2.6m and that, if the current run rate continues, there is the possibility of a further slippage to £3m.

In response to Mr Weir's query whether the underspend could be classed as a saving, Mr Thomas noted that he was reluctant to view fortuitous underspends as savings and assured Members that any underspend is used to offset overspends elsewhere in the system.

Recognising the importance of supporting the development of the Strategic Programme Case (SPC) by the South West Wales Cancer Centre (SWWCC) Regional Strategic Programme, Mr Weir suggested that it also be presented to the Strategic Development and Operational Delivery Committee (SDODC), to which Mr Ayres and Mr Davies agreed.

In relation to modifications to the Framework Agreement for the Provision of Insourcing/Outsourcing Clinical, Surgical and Diagnostic Procedures and the preliminary market engagement exercise that was undertaken in October 2021, Mr Newman enquired whether the market has changed, or is likely to change ahead of April 2023, and the potential impact on the ability to commission at the anticipated level. Mr Ayres responded that commissioning would continue to be a supplier driven market and that, as a result of increased demand and limited supply, there is no doubt that the independent sector will play a significant role in supporting health boards in the future.

Referring to the inclusion within the tender for bidders to demonstrate that they have ISO27001 accreditation, which requests the ability of framework providers to have greater access to update NHS patient records to reduce the transfer of paper files, Mr Davies enquired about the response from providers considering that this may be an area that they would not have

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	previously considered. Mr Weir noted that there is a risk of having no accredited providers at all and requested that this is fed back to NWSSP. Mr Ayres agreed to undertake this action and to provide an update within the Healthcare Contracting, Commissioning and Outsourcing Update report to the November 2022 Committee meeting.	SA
	The Committee DISCUSSED the content of the Healthcare Contracting, Commissioning and Outsourcing Update report and RECEIVED ASSURANCE from the mitigating actions detailed in the report.	

SRC(22)99	DEEP DIVE: PLANNING OBJECTIVE 6B – VALUE IMPROVEMENT AND INCOME OPPORTUNITY AND PLANNING OBJECTIVE 6L - WORKFORCE, CLINICAL SERVICE AND FINANCIAL SUSTAINABILITY	
	<i>Item merged with agenda item 2.2 Financial Recovery</i>	

SRC(22)100	CORPORATE RISK REPORT	
	<p>Members received the Corporate Risk Report, highlighting the following 3 risks assigned to the Committee:</p> <ul style="list-style-type: none"> • <i>New Risk 1432 Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23, which supersedes Risk 1371 Risk to the delivery of UHB's Draft Interim Financial Plan for 2022/23</i> • <i>1335 Risk of being unable to access patient records, at the correct time and place in order to make the right clinical decisions: No change to Risk Score.</i> • <i>1352 Risk of business disruption and delays in patient care due to a cyber-attack: No change to Risk Score. Members noted that the individual risk would be presented to the In-Committee meeting.</i> <p>Referencing Risk 1432, Mr Thomas advised Members that the issue will be the management of the cash impact, as discussed in the earlier <i>Financial Recovery</i> agenda item.</p> <p>Referencing Risk 1335, Mr Thomas advised that there are some delays with getting the scanners into a digital system, which is anticipated to be completed in Autumn 2022.</p> <p>Mr Weir enquired whether the Health Board has been affected or disrupted by the recent rail strikes, to which Mr Thomas responded that there did not seem to be any significant impact.</p>	
	The Committee DISCUSSED the content of the Corporate Risk Report and RECEIVED ASSURANCE that all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.	

SRC(22)101	OPERATIONAL RISK REPORT	
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	<p>Members received the Operational Risk Report, providing detail on the following 6 risks scored against the Finance impact domain:</p> <ul style="list-style-type: none"> • 975: <i>Failure to remain within allocated budget over the medium term (Estates & Facilities).</i> • 979: <i>Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH).</i> • 980: <i>Failure to remain within allocated budget over the medium term - Withybush General Hospital (WGH).</i> • 983: <i>Failure to remain within allocated budget over the medium term – Bronglais General Hospital (BGH).</i> • 968: <i>Failure to remain within allocated budget over the medium term (Pembrokeshire).</i> • 964: <i>Failure to remain within allocated budget over the medium term (Carmarthenshire).</i> <p>Members noted that there had been no change to the risk scores since the previous Committee meeting. Mr Newman noted that a number of operational risks are overdue for review and enquired as to when these will be reviewed. Mr Thomas and Mrs Wilson undertook to review and clarify the roles and responsibilities of the Directorate Budget Holders and Finance Business Partners.</p>	HT/JW
	<p>The Committee SCRUTINISED the content of the Operational Risk Report and RECEIVED ASSURANCE that all relevant controls and mitigating actions are in place.</p>	

SRC(22)102	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)</p> <p>Members received the Integrated Performance Assurance Report (IPAR), relating to Month 4 2022/23. Mr Weir welcomed the good work being undertaken regarding Landfill usage and Carbon friendly inhalers in their contribution to achieving the Health Board’s carbon target. With regard to Break-even duty, Mr Weir assured Members that this measure would be escalated as part of the Committee’s report to Board.</p>	
	<p>The Committee CONSIDERED the measures from the Integrated Performance Assurance Report.</p>	

SRC(22)103	<p>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT Q1 2022/23</p>	
	<p>Members received the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Q1 2022/23.</p> <p>Referencing the Summary Position of Quarter 1, 2022/23 performance, Mr Thomas noted that the majority of areas are classed as green and</p>	

	<p>undertook to liaise with NWSPP on whether the targets are stretched enough to prompt higher levels of success.</p> <p>Mr Thomas highlighted the appended Performance Comparison report, which illustrates significant improvement within the approval stage of the recruitment process.</p>	
	<p>The Committee RECEIVED ASSURANCE from the content of the NWSPP Performance Report for Q1 2022/23.</p>	

SRC(22)104	INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT	
	<p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 3rd August 2022.</p> <p>Recognising the success of the Clinical Coding team consistently reaching and exceeding the national target, Mr Newman enquired as to the benefits of this success. Mr Thomas responded that the process of coding and costing data will be more effective and that the data will assist with clinical audits being undertaken. Mr Thomas undertook to review what further benefits this data will bring.</p> <p>Mr Davies added that, whilst audits undertaken externally have been positive, there is a need to ensure that this quality is maintained.</p>	HT
	<p>The Committee RECEIVED ASSURANCE from the content of the Information Governance Sub-Committee Update Report.</p>	

SRC(22)105	DECARBONISATION TASK & FINISH GROUP UPDATE REPORT	
	<p><i>Item deferred to November 2022 Committee meeting.</i></p> <p>Mr Weir requested that the current Terms of Reference is circulated to Members prior to approval at the November 2022 Committee meeting.</p>	LD

SRC(22)106	WELSH HEALTH CIRCULARS	
	<p>Members received the Welsh Health Circulars (WHC) report, providing assurance to the Committee in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.</p> <p>Referencing <i>WHC 005-22 Data Requirements for Value Based Health Care</i>, Mr Thomas advised that mitigating actions have been implemented locally and that a timescale for completion of this WHC is not currently available as Digital Health and Care Wales (DHCW) is still undertaking national work on how the patient recorded outcome measures (PROMs)</p>	

	<p>data from health boards should be used/shared. Mr Thomas assured Members that PROMs data is currently shared internally.</p> <p>Referencing <i>WHC 009-22 Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding</i>, Mr Thomas advised Members that a timescale for completion is not currently available as this is being reviewed by WG, the outcome of which will be that it will be amended or withdrawn.</p>	
	<p>The Committee NOTED the content of the Welsh Health Circulars report and RECEIVED ASSURANCE in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.</p>	

SRC(22)107	CONSULTANCY REVIEW	
	<p>Members received the Consultancy Review report detailing one consultancy contract, LaingBuisson, entered into during the period 1st June 2022 to 31st July 2022 for the provision of Community Health Care (CHC) rates at a value of £24,500.</p>	
	<p>The Committee NOTED the consultancy spend and usage and RECEIVED ASSURANCE regarding the monitoring of consultancy usage and spend in HDdUHB.</p>	

SRC(22)108	FINANCIAL PROCEDURES:	
	<p>Members received the report requesting Committee approval for the following financial procedures:</p> <ul style="list-style-type: none"> • 084 Oracle E-Business Suite – System Access & Ledger Security procedure • 973 Cash procedure • 093 Disposal of surplus & Obsolete furniture, equipment, sale of scrap and other waste materials <p>Members were informed that financial procedure 072 Submission of Information to Payroll is being monitored by the People, Organisational Development and Culture Committee (PODCC) and is being presented to Members requesting removal from the remit of SRC.</p> <p>An extension was requested until the November 2022 Committee meeting for completion of the review for the following procedures, which have expired/due to expire before the next meeting but are still fit for purpose:</p> <ul style="list-style-type: none"> • 068 Payment of Pharmacy Invoices • 070 Hospital Travel Cost Scheme • 066 Losses & Special Payments Procedure • 050 Cash Imprest Accounts – Rehabilitation Monies 	RD

	<ul style="list-style-type: none"> • 078 Patient Property & Monies • 051 Income & Cash Collection 	
	<p>The Committee APPROVED the following financial procedures:</p> <ul style="list-style-type: none"> • 084 Oracle E-Business Suite – System Access & Ledger Security procedure • 973 Cash procedure • 093 Disposal of surplus & Obsolete furniture, equipment, sale of scrap and other waste materials 	

SRC(22)109	HDDUHB FINANCIAL DEFICIT ACCOUNTABLE OFFICER LETTER	
	Members received the HDdUHB Financial Deficit Accountable Officer Letter July 2022/23 for information.	
	The Committee NOTED the content of the HDdUHB Financial Deficit Accountable Officer Letter July 2022/23.	

SRC(22)110	NOTES FROM FINANCE TOUCHPOINT MEETING HELD ON 19th JULY 2022	
	Members received the notes from the Finance Touchpoint meeting held on 19 th July 2022.	
	The Committee NOTED the content of the notes from the Finance Touchpoint Meeting held on 19 th July 2022.	

SRC(22)111	UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2022/23 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT	
	Members received the Update on All-Wales Capital Programme – 2022/23 Capital Resource Limit and Capital Financial Management report, providing details of the Health Board’s Capital Expenditure Plan and Expenditure Profile Forecast for 2022/23, the Capital Resource Limit for 2022/23 and an update regarding capital projects and financial risks.	
	The Committee NOTED the Capital Resource Limit for 2022/23, the risks being managed and the project updates.	

SRC(22)112	UPDATE FROM AGILE DIGITAL BUSINESS GROUP (ADBG)	
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	<i>No report available as no ADBG meeting held since the April 2022 Committee meeting</i>	
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SRC(22)113	MINISTERIAL DIRECTIONS	
	Members received the Ministerial Directions report, providing a status update and assurance that all NHS Non-Statutory Instruments (NSI), otherwise known as Ministerial Directions (MD) issued by WG between 1 st December 2021 and 31 st July 2022, as well as MDs issued previously, which are still in the process of being implemented.	
	The Committee NOTED the content of the Ministerial Directions report and RECEIVED ASSURANCE that all Ministerial Directions issued by WG between 1 st December 2021 and 31 st July 2022 have been implemented/adopted by HDdUHB or are in the process of being implemented.	

SRC(22)114	BALANCE SHEET	
	Members received the Balance Sheet report, outlining the position as at Quarter 1 2022/23 (M3).	
	The Committee NOTED the content of the Balance Sheet as at the end of Quarter 1 2022-23 and the developments to improve scrutiny of the Balance Sheet.	

SRC(22)115	ALL WALES IM DIGITAL NETWORK HIGHLIGHT REPORT 20.07.22	
	Members received the All Wales IM Digital Network Highlight Report 20.07.22 for information.	
	The Committee NOTED the content of the All Wales IM Digital Network Highlight Report 20.07.22.	

SRC(22)116	SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 2022/23	
	The Sustainable Resources Committee Work Programme 2022/23 was presented to Members for information.	
	The Committee NOTED the content of the Sustainable Resources Committee Work Programme 2022/23.	

SRC(22)117	MATTERS FOR ESCALATION TO BOARD	
	<p>Mr Weir and Mr Thomas highlighted the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> • The Month 4 financial position, forecasting a financial outturn position of £62m in line with the re-submitted draft annual plan, which is £37m higher than the previous planned deficit of £25m. • Discussion of the Target Operating Model and recovery actions to be taken. • Active management of the Treasury Management Cash risk to be undertaken as part of financial recovery actions. • Assurance received by the Committee regarding progress on Value Improvement and Income Opportunity in line with Planning Objective 6B and progress on Workforce, Clinical Service and Financial Sustainability in line with Planning Objective 6L. • Assurance received by the Committee regarding the processes implemented for delivery of the Regional Integration Fund Plan. • Healthcare Contracting, Commissioning and Outsourcing - Assurance received regarding mitigating actions and the Framework Agreement for the Provision of Insourcing/Outsourcing Clinical, Surgical and Diagnostic Procedures, which will come into effect in April 2023. • Corporate Risks – creation of new risk 1432 (<i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23</i>), which supersedes risk 1371 (<i>Risk to the delivery of UHB's Draft Interim Financial Plan for 2022/23</i>). • Positive assurance received by the Committee from the good work being undertaken regarding Landfill usage and Carbon friendly inhalers in their contribution to achieving the Health Board's carbon target. 	
	<p>The Committee NOTED the key topics discussed during the meeting for inclusion in the Sustainable Resources Committee Update Report to the next Public Board meeting.</p>	

SRC(22)118	ANY OTHER BUSINESS	
	No other business was raised.	

SRC(22)119	DATE OF NEXT MEETING	
	10 th November 2022	