

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

Date and Time of Meeting:	10 th November 2022, 9.30am-12.00pm
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
In Attendance:	Miss Maria Battle, HDdUHB Chair (VC) Mr Huw Thomas, Director of Finance (VC) Mrs Joanne Wilson, Board Secretary (VC) Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Lisa Gostling, Director of Workforce and Organisational Development (VC) (part) Ms Elaine Lorton, County Director (VC) (part) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) (part) Mr Paul Williams, Head of Property Planning, on behalf of Lee Davies (VC) (part) Ms Eldeg Rosser, Head of Capital Planning, on behalf of Lee Davies (VC) (part) Ms Sian Passey, Assistant Director of Nursing, on behalf of Mandy Rayani (VC) (part) Mr Anthony Tracey, Digital Director (VC) (part) Ms Sophie Corbett, Audit Wales (VC) Mr Andrew Spratt, Assistant Director of Finance (VC) Mr Shaun Ayres, Assistant Director of Commissioning (VC) (part) Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
SRC(22)120	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"> • Professor Philip Kloer, Medical Director/Deputy CEO • Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience • Mr Lee Davies, Executive Director of Strategic Development & Operational Planning • Ms Jill Paterson, Director of Primary Care, Community and Long Term Care 	

SRC(22)121	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
SRC(22)122	MINUTES OF PREVIOUS MEETING HELD ON 22nd AUGUST 2022	
	<p>The minutes of the Sustainable Resources Committee (SRC) meeting held on 22nd August 2022 were reviewed and approved as an accurate record.</p> <p>RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 22nd August 2022 be APPROVED as an accurate record.</p>	
SRC(22)123	ASSURANCE OVER DELIVERY OF THE STRATEGIC PROGRAMMES OF CHANGE	
	<p>Members received the Assurance over Delivery of the Strategic Programmes of Change report and accompanying presentation, providing a high-level overview of the key programmes of work for the delivery of the Health Board's strategic programmes of change.</p> <p>Mr Huw Thomas advised Members that it is anticipated that programmes are intended to address a multitude of pressures across the system and will provide the platform and foundation to drive a number of improvements across performance, quality and finance. Members were advised that the current financial challenges require targeted approaches across the following domains:</p> <ul style="list-style-type: none"> • Nursing Workforce Stabilisation Plan • Family Liaison Officer (FLO) • Alternative Care Unit • Transforming Urgent and Emergency Care • Increasing Community Capacity • Mental Health and Learning Disabilities (Continuing Health Care) <p>Each Senior Responsible Officer (SRO) had been requested to attend the Committee meeting to provide the requisite assurance to the Committee and alleviate any issues and/or concerns. The Committee welcomed the clarity of the slides providing a summary of the root cause, financial implication by category, and the proposed action of the key drivers of financial challenge. The Committee acknowledged that how the work translates into activity trajectories, and then into financial trajectories to embed changes within the forecast, is a work in progress. The Committee recognised the complexity and scope of what is being done and requested continued reporting to the Committee as a standard agenda item.</p>	SA

Mrs Lisa Gostling advised Members that a targeted approach to nurse stabilisation across the 4 main hospital sites has commenced, which has been prioritised by the level of vacancy, agency spend and suitable accommodation for new recruits. Consequently, stabilisation work has commenced at Glangwili General Hospital (GGH), will commence at Withybush General Hospital (WGH) in February/March 2023, Bronglais General Hospital (BGH) by December 2023, and at Prince Philip Hospital (PPH) by April 2024.

Mrs Gostling advised Members that members of the Workforce & Organisational Development (OD) team have been released from their current roles to support the programme management of this new approach. Mrs Gostling provided an overview of the approach, which consists of three phases: stabilisation, retention, and development. The stabilisation phase will involve a review of the funding establishment and current staffing issues for each ward, reviewing rosters for efficiency, and the introduction of agency and bank controls. The retention phase will involve OD Relationship Managers working with wards to explore opportunities to improve the flexibility of rostering and the introduction of flexible staffing pools and rotation, where appropriate. The development stage will involve members of the Education team supporting staff development via enhanced apprenticeships and opportunities to support the Grow Your Own nurses.

Mrs Gostling advised Members that the Central People Effectiveness team will also develop and implement plans for medical and Allied Health Professional (AHP)/Health Science stabilisation. Mrs Gostling assured Members that she and the Medical Director meet with each service to analyse data and review plans for high cost agency workers and medical banks.

With regard to agency spend, Mrs Delyth Raynsford noted that a whole system approach would need to consider Primary Care and Community settings. Referring to the increasing community capacity, which is predicated on the inability to recruit, Mr Paul Newman queried the optimism to recruit the number required to alleviate the issues. Ms Elaine Lorton responded that there is a real challenge to recruit and therefore a good support structure to attract people into this sector is important. Ms Lorton advised Members that the recent recruitment event in Pembrokeshire was successful, however recruitment is a long term action. Mr Weir requested that a recruitment action plan is presented to a future Committee meeting, which Ms Lorton undertook to provide.

Mr Andrew Carruthers commented that the recent outcome of the Royal College of Nursing (RCN) ballot and coverage of industrial action is not likely to attract recruitment easier in to those teams when those same individuals can earn more in other sectors doing what might be perceived as less stressful work.

EL

Mr Maynard Davies queried the turnover rate for nursing and medical staff at each site. Mrs Gostling responded that the turnover is 8%, which is the lowest turnover in NHS Wales for the nursing workforce. Mrs Gostling also assured Members that the turnover rate for the medical workforce is not higher than other health boards. Mrs Gostling also advised Members of the potential opportunities that Wagestream can provide by allowing staff to have flexible access to their pay and advised that some health boards using Wagestream have seen an increase in bank take up as a result of this.

Mrs Lisa Gostling left the Committee meeting

Referring to long hospital stays and the financial implications of additional bed capacity, Mr Carruthers advised Members that the inability to discharge and build capacity into the community are the two main factors contributing to longer lengths of stay. Mr Carruthers advised Members that the Transforming Urgent & Emergency Care (TUEC) programme aims to support people to experience a shorter hospital-based emergency care pathway at each point in their potential journey, through reducing conveyancing, conversion and tackling care complexity.

Based upon modelling of appropriate treatment being achieved for every cohort along the pathway, significant bed pressures could be released across acute sites. However, it is envisaged that these are likely to be bed efficiencies in the first instance. Mr Carruthers concluded that there is clear evidence that there is a need to reduce length of stay across the pathway, not just at the point when a patient is Medically Optimised, or Ready to Leave.

Mr Carruthers anticipated that increased benefit from the actions being taken should materialise by the end of quarter 4 and provided assurance that the Health Board has received positive recognition for its work surrounding the front door as being the right approach going forward.

Mr Weir acknowledged that the Health Board is dealing with a system that is experiencing unprecedented pressures and uncertainty going into the winter period, in addition to dealing with impact of COVID-19 on workforce and demand. Mr Weir concluded that the Committee cannot take full assurance that significant inroads can be made to address the additional bed capacity due to the current system in place, however, assurance was received that this can be monitored to mitigate any increase in costs.

Ms Liz Carroll provided an overview of the work surrounding Continuing Health Care (CHC) packages of care and the approach to funding with Local Authorities (LA). Members were advised that there would be a review of the matrix used with LAs to start negotiating different levels of splits with funding packages. Mr Carruthers added that there are discussions taking place with the National Collaborative Commissioning Unit (NCCU) to work with the Health Board and possibly identify further opportunities.

With regard to the CHC packages of care (0% Health packages), and a benefit of £125,000 in the first two quarters of 2023/24, Mr Newman queried why it is not a recurring benefit for the last two quarters. Mr Newman undertook to discuss this outside of the meeting with Ms Carroll.

With regard to the 50/50 split of funding for packages of care with LAs, Mr Newman enquired whether there is a mechanism to resolve any issues, to which Ms Carroll responded that there is an internal mechanism in place. However, Ms Carroll advised Members that the negotiation of splits will cause debate and would welcome the input of the NCCU.

Recognising that the LAs are key to the delivery of any benefit, Mr Davies queried how they can provide more social care and whether they have the workforce to do so. Mr Carruthers responded that LAs share the workforce challenges that are being experienced by health boards and advised that there is a focus on working collaboratively and perhaps managing some of the regulatory frameworks differently so that jointly, LAs and the Health Board can work in a new way on the solutions. Mr Carruthers advised that a more strategic approach is being explored to resolve these problems and that a joint workshop is being arranged with Care Inspectorate Wales/Healthcare Inspectorate Wales with regard to the regulatory space.

In summary, Mr Thomas reiterated that this is a work in progress and the Finance team is working with colleagues to determine how the work being done translates into performance/activity trajectories and then into financial trajectories in order to embed these changes into the forecast. Mr Thomas assured Members that there is a process in place to review the plans to get to the trajectories.

Recognising the complexity and scope of what is being done, both internally and externally, Mr Weir concluded that although the Committee could not take full assurance at this stage, it could take assurance on what has been done to date to facilitate the delivery of the Health Board's strategic programmes of change.

Ms Elaine Lorton, Ms Liz Carroll and Ms Sian Passey left the Committee meeting

The Committee **RECEIVED LIMITED ASSURANCE** relating to the Programmes of Work, however **RECEIVED ASSURANCE** relating to the platform and foundation developed to drive a number of improvements across performance, quality and finance.

SRC(22)124	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 22nd AUGUST 2022	
	<p>The Table of Actions from the meeting held on 22nd August 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 actions below:</p> <ul style="list-style-type: none"> SRC(22)77 - Information Governance Sub-Committee Update Report: <i>To provide an update on the current position regarding those medical records that have not been scanned, due to workload and the COVID-19 pandemic, and whether these records have been transferred to Digital Health and Care Wales (DHCW) for scanning.</i> Mr Thomas assured Members that a live system should be implemented by the end of November 2022 and provided an overview of the timescales for completion. Mr Thomas confirmed that the Information Governance Sub-Committee (IGSC) has oversight of the process from an Information Governance perspective and provided assurance that any concerns or risks are escalated to the Committee via the IGSC Update Report. SRC(22)97 - Regional Integration Fund (RIF) Plans: <i>To provide an update on queries raised in relation to the Investment Proposal document at the next Committee meeting.</i> Mr Newman requested that the RAG rating for this action is changed from green to amber as the update attached at Appendix 1 to the Table of Actions does not answer the question posed in the minutes of the Committee meeting held on 22nd August 2022. Mr Newman requested that Ms Elaine Lorton revisits the information provided and offered to discuss with Ms Lorton outside of the meeting. 22 98 – Healthcare Contracting, Commissioning and Outsourcing Update: <i>To present a report on the development of the Strategic Programme Case (SPC) by the South West Wales Cancer Centre (SWWCC) Regional Strategic Programme to the Strategic Development and Operational Delivery Committee.</i> In response to Mr Newman's query regarding the timescales, Mr Shaun Ayres advised Members that subject to Executive approval, the SPC will then be presented to the Strategic Development and Organisational and Operational Delivery Committee (SDODC). 	EL/PN
SRC(22)125	FINANCE REPORT AND FORECAST MONTH 6, 2022/23	
	<p>Members received the Finance Report Month 6 (M6) 2022/23 report, outlining the Health Board's revised draft Financial Plan to deliver a deficit of £62.0m, after savings of £13.9m; this recognises the inadequate level of assurance around directorate overspend mitigation plans and the identification of a further £15.5m of savings schemes deliverable within the current financial year against the initial £25.0m deficit Plan.</p>	

Mr Thomas advised Members that, since the initial plan submission, each Executive Director and their respective leadership teams have been reviewing their operational plans to deliver a step change through a Target Operating Model (TOM) approach; the basis for transformation improvement programmes, supported by the Planning Objective structure and governance.

Mr Thomas further advised Members that, whilst these have yielded benefits, such as the recovery plan to deliver dedicated ring-fenced wards for elective procedures, they are unfortunately not sufficient to improve the financial outlook. Members acknowledged that the Health Board continues to have to commit expenditure at a consistent rate to maintain services whilst experiencing significant system demand and challenges. Members raised concern that, of the identified savings schemes of £13.9m, only a small number are currently assessed as recurrent, with a full year effect of £2.0m. This is contributing to the deterioration in the underlying deficit to £75.0m from the brought forward 2021/22 position of £68.9m, which presents a challenge to be addressed as part of the TOM.

Members were advised that financial pressures continue across the Health Board with particular pressures on pay, where the Health Board continue to rely on Agency staff to support high levels of vacancies, and in Medicines Management where a combination of prescription growth and the price of Category M and no cheaper stock available (NCSO) drugs are adversely affecting run rates. Members noted that opportunity movements remain a concern and received assurance that Finance Business Partnering teams are facilitating Executive led reviews of the Opportunities Framework, which will update the status of schemes in the coming weeks.

Mr Thomas advised Members that the forecast has been addressed following analysis of the M7 position and, as a result of the risk pressures across sites, the Health Board is expected to deliver a deficit of up to £67.0m on a gross basis. Anticipating the benefit from annual leave accrual of £8.0m, which would be a non-recurrent reduction, the forecast has been restated to £59.0m. Members received assurance that proposals to reduce the deficit to £59.0m, and the challenge to implement a control process to provide assurance that this is a fixed position for the rest of the year, are reported to the Executive Team.

Referring to the recently announced nurse industrial action, Mr Newman enquired whether it is anticipated to have a positive or negative effect on the financial position. Mr Carruthers responded that it will likely displace some elective activity and is therefore dependent in part on the ability/need to recover any of that displaced activity. Mr Carruthers further advised Members of ongoing national discussions surrounding derogations from the strike action and clarification of the rules on using bank and agency to cover staff on strike.

	<p>Miss Maria Battle thanked the team for providing a true and honest account of the Health Board's financial forecast and transparency around risks. In response to concern surrounding the position across Wales. Mr Thomas advised Members that the national position would be clarified following health boards' submission of the M7 position to Welsh Government (WG).</p> <p><i>Mr Andrew Carruthers left the Committee meeting</i></p>	
	<p>The Committee NOTED and DISCUSSED the M6 2022/23 financial position and end-of-year forecast.</p>	

SRC(22)126	<p>A HEALTHIER MID AND WEST WALES – PROGRAMME RESOURCES</p> <p>Members received the A Healthier Mid and West Wales – Programme Resources report requesting Committee recommendation of the additional resource requirements and use of external consultants for the Public Consultation and further technical work around land acquisition for onward submission to the Board for approval at its meeting on 24th November 2022.</p> <p>Ms Eldeg Rosser advised Members of correspondence received from WG on 31st August 2022, referencing the need for a clinical review and the development of a Strategic Outline Case. Ms Rosser advised Members that, although it has been indicated that financial support will be available to support these, it is currently unclear how much support will be forthcoming in this financial year. The possibility of financial support for the land and planning related activities has also been considered, however, there is no certainty on the extent and timing of support for this work. Therefore, Members were advised that the resource assumptions set out in report are based on the Health Board being required to fund these activities in 2022/23.</p> <p>Ms Rosser advised Members that the resource requirements for the Public Consultation have been updated to reflect most recent discussions on resource requirements, which represents an additional cost of c£50,000 over the previously approved figure. Members were also advised that further information has been received with regard to the additional costs to progress with the technical work associated with land acquisition, which now reflects costs to the end of July 2023 as opposed to solely the 2022/23 costs. This will represent an additional cost of £285,000 to the previously approved figure.</p> <p>Members noted the consequences of waiting until the level of WG funding for these costs is confirmed, notably the risk of a time delay in the appointment of expert support and a subsequent delay in the progression of the land consultation and technical work associated with land acquisition.</p>	
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	<p>Ms Rosser advised Members that, further to discussions with the Senior Finance Business Partner, it is currently anticipated that the additional costs will all be incurred in 2023/24. The costs associated with 2023/24 are to be included in the 2023/24 annual plan, at which point clarity should be available from WG on funding availability, and a further decision taken as part of the annual financial plan if costs can be fully committed within the resources available.</p> <p>With regard to the additional costs being derived from capital or revenue, Ms Rosser advised that costs have been via revenue, however, should WG confirm the availability of funding, the anticipation is for the costs to come via capital.</p> <p>Mr Thomas concluded that, following detailed scrutiny of the additional resources requested, Members recommend that the Board should itself consider the additional resources required, recognising that investment is needed to facilitate service change for future financial sustainability, although it was mindful of the financial position of the Health Board and the need to exercise careful judgement in appointing consultants.</p>	
	<p>The Committee DISCUSSED and RECOMMENDED that the Board, at its meeting on 24th November 2022, should itself consider the additional resources required, recognising that investment is needed to facilitate service change for future financial sustainability, although it was mindful of the financial position of the Health Board and the need to exercise careful judgement in appointing consultants.</p>	

SRC(22)127	PLANNING OBJECTIVES UPDATE REPORT	
	<p>Members received the Planning Objectives Update report, providing an update on each of the Planning Objectives aligned to the Sustainable Resources Committee, identifying their current status, whether these are achieving/not achieving against their key deliverables, and a summary of progress to date.</p> <p>Members received assurance that all Planning Objectives aligned to the Committee are on track to deliver against their key deliverables.</p>	
	<p>The Committee NOTED the content of the Planning Objectives Update report and RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Sustainable Resources Committee, in order to provide onward assurance to the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	

SRC(22)128	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"> • New Risk 1432 <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23: Increase in Risk Score from 16 to 25.</i> • 1335 <i>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> • 1352 <i>Risk of business disruption and delays in patient care due to a cyber-attack: No change to Risk Score.</i> <p>Referencing Risk 1432, Mr Thomas advised that delivery of the Health Board's draft interim Financial Plan for 2022/23 will not be achievable due to the cash consequences of funding the increased deficit, and therefore the risk score has increased. Mr Thomas assured Members that the mitigating actions against this risk will be reviewed and aligned with the actions necessitated as part of the TI work, which will in turn provide collective assurance to WG.</p> <p>Referencing Risk 1335, Mr Thomas provided assurance that this was discussed under the Matters Arising agenda item relating to the procurement of an electronic document management system and scanning facility.</p> <p>Referencing Risk 1352, Mr Thomas assured Members that the individual risk would be presented to the In-Committee meeting.</p>	
	<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.</p>	

SRC(22)129	OPERATIONAL RISK REPORT	
	<p>Members received the Operational Risk Report, providing detail on the following 8 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> 	

	<ul style="list-style-type: none"> • 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> • 966: Failure to remain within allocated budget over the medium term (Medicines Management). • 971: Failure to remain within allocated budget over the medium term (MH&LD). <p>Mr Thomas advised Members that a number of issues were highlighted from the previous meeting with regard to Finance operational risks being administered by Finance Business Partners on behalf of directorates, and provided assurance that these operational risks have been returned to Operational Leads with support provided by the Finance Business Partners. Mr Wier welcomed this change in process as the Operational Leads hold the Directorate budgets.</p>	
	The Committee SCRUTINISED the content of the Operational Risk Report and RECEIVED ASSURANCE that all relevant controls and mitigating actions are in place.	

SRC(22)130	INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)	
	<p>Members received the Integrated Performance Assurance Report (IPAR), relating to Month 6 2022/23.</p> <p>Mr Thomas drew Members' attention to three measures; decarbonisation, third party spend with Hywel Dda suppliers, and third party spend with Welsh suppliers.</p> <p>With regard to measures for third party spend (with Hywel Dda and Welsh suppliers), Members noted the good work being done to promote local suppliers, and recognised the importance of awarding well, in terms of the social value impact of the Health Board's procurement, in addition to awarding locally. Mr Thomas advised Members that the Health Board is beginning to see tenders being rejected as the social value impact isn't significant enough, even if it is the most financially advantageous award. Members received assurance that a further update on the impact on social value would be presented to the Committee in the year as part of the work on the Procurement strategy.</p>	
	The Committee CONSIDERED the measures from the Integrated Performance Assurance Report.	

SRC(22)131	INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT	
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	<p>Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 24th October 2022.</p> <p>Mr Anthony Tracey assured Members that Data Quality will feature as a standard agenda item of the IGSC and that any issues would be escalated via the IGSC Update Report.</p> <p>With regard to training compliance, Mr Tracey advised Members that there are approximately 2,500 staff identified as not having their Mandatory IG training compliance in place on the Electronic Staff Record (ESR). Mr Tracey assured Members that Education and Compliance have offered to release weekly/monthly emails with a link to complete the e-learning or attend one of the fortnightly IG Virtual Teams Sessions. Information Governance have also circulated several newsletters to encourage staff to update their compliance on ESR and will continue to do so.</p> <p>Mr Tracey advised Members that a revised Terms of Reference was considered by the Sub-Committee which, subject to minor amendments and approval by the Sub-Committee at its next meeting, will be submitted to the Committee for approval at its meeting on 20th December 2022.</p> <p>Mr Tracey advised Members that the Sub-Committee received four policies and procedures for approval; the Information Rights Procedure and the Unauthorised Access Procedure were approved by the Sub-Committee. The User Account Management Policy and the Mobile Working Policy were received and, following further amendment, will be presented to Committee Members for Committee approval at its meeting on 20th December 2022.</p> <p>Members were advised that all four Managed Practices have confirmed that they have submitted their responses to the IG Toolkit 2021 – 2022 by 30th September 2022, as requested by DHCW.</p> <p>With regard to Corporate and Medical Records Storage, Members noted that contact has been made with South Pembrokeshire Hospital and Bro Cerwyn Mental Health Unit to undertake an audit of storage areas, and a full audit has been undertaken of the internal Medical Records storage sites in Llangennech, Llanelli.</p>	
	The Committee RECEIVED ASSURANCE from the content of the Information Governance Sub-Committee Update Report.	

SRC(22)132	DECARBONISATION TASK FORCE GROUP UPDATE REPORT	
	Members received the Decarbonisation Task Force Group Update Report from the meeting held on 20 th October 2022.	

	<p>Mr Paul Williams provided an overview of developments to date, notably Board approval of the Decarbonisation Delivery Plan at its meeting on 29th September 2022.</p> <p>Mr Williams advised Members that the Group continues to develop a carbon awareness campaign, which includes the development of a Communications strategy, Intranet page and awareness video. Mr Weir requested that the awareness video be shared with the Committee's Independent Members following the meeting.</p> <p>Mr Weir highlighted to Members that engagement with decarbonisation is key and would like to see evidence of internal and external engagement with the Decarbonisation Task Force Group in future reports, particularly in terms of engagement with Procurement teams.</p> <p>Mr Williams advised Members that the Health Board is currently in the process of appointing a central Project Manager for decarbonisation.</p> <p>With regard to baseline measurements of carbon reporting, Mr Thomas advised Members that the Health Board is required to submit measurements of carbon consumption on an annual basis. Mr Thomas further advised that, due to the fluctuating basis of these measurements, it is difficult to compare carbon consumption over time. However, this information does enable insight into areas that can make a difference, for example, inhaler pumps.</p>	PW/SB
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the content of the Decarbonisation Task Force Group Update Report. • APPROVED the Decarbonisation Task Force Group Terms of Reference. 	
SRC(22)133	NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PLAN BRIEFING AND FEEDBACK	
	<i>Item deferred to February 2023 Committee meeting.</i>	
SRC(22)134	PROCUREMENT UPDATE	
	<i>Item deferred to February 2023 Committee meeting.</i>	
SRC(22)135	CONSULTANCY REVIEW	
	Members received the Consultancy Review report detailing one consultancy contract, Philip Charles Click, entered into during the period	

	19 th August 2022 to 19 th September 2022 for the Transforming Mental Health Programme at a value of £13,391. Members received assurance that the contract was presented to the Audit and Risk Assurance Committee at its meeting on 18 th October 2022.	
	The Committee NOTED the consultancy spend and usage and RECEIVED ASSURANCE regarding the monitoring of consultancy usage and spend in HDdUHB.	

SRC(22)136	AWARD OF NHS PRIMARY CARE PERSONAL DENTAL SERVICES	
	<p>Members received the Award of NHS Primary Care Personal Dental Services report requesting Committee consideration of the awarding of the Ammanford General Dental Services Contract to Dental Practice 1, following the completion of the prescribed tender process and to recommend for Board approval at its meeting on 24th November 2022.</p> <p>Ms Mary Owens advised Members that the contract value was for £4.87m over 10 years. This included contract review breaks at 5 years, to extend to 8 years, and at 8 years, to extend to 10 years. The invitation to tender (ITT) closed on 28 September 2022, with the tender evaluation taking place on 12 October 2022, with the bidder responses being evaluated in accordance with the evaluation scoring criteria set out in the ITT by the Primary Care Dental Team.</p> <p>Ms Owens advised Members that the evaluation methodology was prescribed within the ITT with regards to meeting the specification and an assessment of sustainability and social value. The commercial element did not have a weighted consideration, instead it was pass/fail. Ms Owens assured Members that the costs are fixed at a national level as per the industry standard.</p> <p>Mr Weir welcomed the fact that the successful dental practice scored the highest in terms of social value impact.</p>	
	The Committee CONSIDERED the awarding of the Ammanford General Dental Services Contract to Dental Practice 1, following the completion of the prescribed tender process, at a contract value of £4.87m over 10 years and RECOMMENDED for Board approval at its meeting on 24 th November 2022.	

SRC(22)137	FINANCIAL PROCEDURES	
	Members received the report requesting Committee approval for the following financial procedures, which have expired but are still fit for purpose:	

	<ul style="list-style-type: none"> • 050 Cash Imprest Accounts – Rehabilitation Monies • 066 Losses & Special Payments • 070 Hospital Travel Cost Scheme • 052 Income Cash Collection • 078 Patient Properties and Monies • 1054 Purchase to Pay <p>Mr Thomas advised Members that following a review of the Payment of Pharmacy Invoices Financial Procedure (FP-068), it has been identified that the document is no longer required as the principles are covered within the Purchase to Pay Procedure (FP-1054). Members approved the removal of the Payment of Pharmacy Invoices financial procedure.</p>	
	<p>The Committee APPROVED the six financial procedures, detailed above, and APPROVED the removal of financial procedure 068 Payment of Pharmacy Invoices.</p>	

SRC(22)138	CONSULTANCY TAX RECLAMATION CONTRACT	
	<p>Members received the Consultancy Tax Reclamation Contract report advising Members that the current contract with taxation specialists to provide a value-added tax (VAT) consultancy service is due to expire shortly. Therefore, the Committee is requested to consider the tender to appoint VAT consultants for a period of 3 years, with an option to extend for a further 2 years, and to recommend for Board approval at its meeting on 24th November 2022.</p> <p>Mr Thomas assured Members that support from external consultants is required to ensure compliance with legislation and that reclaimable VAT is maximised. The indicative value is £200,000, which is an estimate based on the provider receiving a percentage of the VAT reclaim received by the Health Board in line with current contract values. Mr Thomas also provided further assurance that there is tax accountant within the Health Board.</p>	
	<p>The Committee CONSIDERED the tender to appoint VAT consultants for a period of 3 years, at the indicative value of £200,000, which is an estimate based on the provider receiving a percentage of the VAT reclaim received by the Health Board in line with current contract values, with an option to extend for a further 2 years and RECOMMENDED for Board approval at its meeting on 24th November 2022.</p>	

SRC(22)139	HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE	
	<p>Members received the Healthcare Contracting, Commissioning and Outsourcing Update report.</p>	

	The Committee NOTED the content of the Healthcare Contracting, Commissioning and Outsourcing Update report and RECEIVED ASSURANCE from the mitigating actions detailed in the report.	
SRC(22)140	BALANCE SHEET	
	<p>Members received the Balance Sheet report, outlining the position as at the end of Quarter 2 2022/23 (M6) and to provide an explanation for any key movements.</p> <p>Mr Weir enquired whether the report reflects the position in terms of annual leave provision. Mr Thomas responded that this value will be within the annual leave accruals and therefore, the balance sheet will be reduced accordingly.</p>	
	The Committee NOTED the content of the Balance Sheet as at the end of Quarter 2 2022-23 and the developments to improve scrutiny of the Balance Sheet.	
SRC(22)141	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)142	VALUE BASED HEALTH CARE UPDATE	
	<p>Members received the Value Based Health Care (VBHC) Update report, providing assurance on progress with the plan for delivering ‘Our Approach to Value Based Health Care’ for 2022/25, which has been developed in line with Planning Objective 6D.</p> <p>Mr Thomas suggested that the information included within the appendix is presented in a more user friendly format and undertook to discuss with the Head of Value Based Health Care.</p>	HT/SM
	The Committee NOTED the content of the Value Based Healthcare report and received assurance from the plan to deliver the goals contained with the document ‘Our Approach to Value Based Healthcare’.	

SRC(22)143	AGILE DIGITAL BUSINESS GROUP (ADBG) UPDATE REPORT	
	<i>No report available due to the Agile Digital Business Group being stood down.</i>	

SRC(22)144	REGIONAL INTEGRATION FUND (RIF) ALLOCATION BREAKDOWN <p>Members received the RIF Allocation Breakdown report, providing an update on the Regional Integration Fund (RIF) allocation breakdown and an assessment of the status of approved project plans.</p> <p>Mr Andrew Spratt advised Members that, since the previous report, the Regional Partnership Board (RPB) has agreed, in partnership with Local Authority and Health leads, the plan for the current financial year, which has been submitted to WG and a review has taken place. As part of the submission to WG, the Health Board Finance team was asked to provide an analysis of plans and forecasts at Month 6 at a programme and project level with a split between regional and general funds. Whilst County leads are still forecasting an overspend of £1.6m against an allocation of £18.7m, this has reduced from £3.2m reported in the previous report to the Committee at its meeting on 22nd August 2022.</p> <p>Mr Spratt advised Members that while this overspend is a concern, the Health Board, in its role as Banker for this fund, has received assurance from County leads and the RPB that, due to slippage and other factors such as Carmarthenshire Local Authority's decision to hold vacancies, they are confident of bringing forecasts back in line with the level of funding received. Finance has also received early indication that the overspend position will be reduced in Month 7. However, this will not be confirmed until revised forecasts are submitted by County leads.</p> <p>Mr Spratt assured Members that Finance Business Partnering teams are working alongside County leads to provide greater scrutiny and ensure forecasts are prepared in line with the RIF principles that have been agreed. This will be further supported by the new Finance Business Partner for RIF, who will commence in their role from early December 2022.</p> <p>With regard to monitoring of the performance aspect of the RIF, Mr Spratt advised Members that, whilst the focus has been on finance to date, the RPB has advised that there will be a focus on performance in the new year with the addition of a performance analyst to the team to develop a set of performance metrics. The Committee received assurance that updates would be reported via the Integrated Executive Group (IEG) report to the RPB and via SDODC.</p>	AS
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	Mr Weir requested an update on the RIF allocation arrangements to be presented to the Committee at its meeting on 20 th December 2022.	
	<p>The Committee</p> <ul style="list-style-type: none"> • NOTED the RIF position as at Month 6 2022/23 and the next steps in the management of project plans to ensure the funding allocation is not exceeded. • NOTED the possible risk of an overspend against the regional allocation, that requires mitigation. 	

SRC(22)145	ROLE OF THE ENERGY PRICE RISK MANAGEMENT GROUP	
	<p>Members received the Role of the Energy Price Risk Management Group report, highlighting the work done on an all Wales basis to secure energy supply to NHS Wales and to try to mitigate the costs pressures, including the enhanced monitoring and analysis being undertaken during the current period of extreme volatility and future options for when current contracts terminate.</p> <p>Mr Thomas advised Members of ongoing discussions with the supplier, at a national level, regarding continuity in this market.</p>	
	The Committee NOTED the content of the Role of the Energy Price Risk Management Group report.	

SRC(22)146	SUSTAINABLE RESOURCES COMMITTEE WORK PROGRAMME 2022/23	
	<p>The Sustainable Resources Committee Work Programme 2022/23 was presented to Members for information.</p> <p>Mr Thomas assured Members that he would undertake a review of the Committee work programme in light of the current work regarding TI for presentation to the Committee at its meeting on 20th December 2022.</p>	HT
	The Committee NOTED the content of the Sustainable Resources Committee Work Programme 2022/23.	

SRC(22)147	SUSTAINABLE RESOURCES COMMITTEE TERMS OF REFERENCE	
	The Sustainable Resources Committee Terms of Reference was presented to Members for information, reflecting inclusion of the Decarbonisation Task Force Group as a reporting group of the Committee.	

	The Committee NOTED the revised Sustainable Resources Committee Terms of Reference.	
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SRC(22)148	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 6 financial position, forecasting a financial outturn position of £62.0m in line with the re-submitted draft annual plan, which is £37m higher than the previous planned deficit of £25.0m; noting the verbal update on the improved M7 financial position and the forecast deficit, which is proposed to reduce to £59.0m. • The potential deterioration of the recurrent/ underlying financial position due to the non-recurrent nature of identified savings. • Assurance received by the Committee regarding the processes implemented for the delivery of the strategic programmes of change, recognising uncertainties within this to receive assurance regarding the financial challenges. • A Healthier Mid and West Wales – Programme Resources: Committee recommendation for the Board to consider the additional resource requirements and use of external consultants for the Public Consultation and further technical work around land acquisition, recognising that investment is needed to facilitate service change for future financial sustainability, although it was mindful of the financial position of the Health Board and the need to exercise careful judgement in appointing consultants. • Corporate Risk – 1432 <i>Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23</i>: Increase in Risk Score from 16 to 25. • Award of NHS Primary Care Personal Dental Services: Committee recommendation for Board approval of the awarding of the Ammanford General Dental Services Contract to Dental Practice 1, following the completion of the prescribed tender process, at a contract value of £4.87m over 10 years. • Consultancy Tax Reclamation Contract: Committee recommendation for Board approval of the tender to appoint VAT consultants for a period of 3 years, at the indicative value of £200,000, which is an estimate based on the provider receiving a percentage of the VAT reclaim received by the Health Board in line with current contract values, with an option to extend for a further 2 years. 	

	<ul style="list-style-type: none"> The revised SRC Terms of Reference, reflecting inclusion of the Decarbonisation Task Force Group as a reporting group of the Committee. 	
	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.	

SRC(22)149	ANY OTHER BUSINESS	
	No other business was raised.	

SRC(22)150	DATE OF NEXT MEETING	
	20 th December 2022	