Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Date and Time of Meeting:	28th June 2022, 9.30am-12.30pm
Venue:	Ystwyth Boardroom/MS Teams

Present:	Mr Winston Weir, Independent Member, Committee Chair Mr Maynard Davies, Independent Member, Committee Vice Chair (VC) Mr Paul Newman, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC)
In Attendance:	Mr Steve Moore, Chief Executive Officer (VC) (part) Mr Huw Thomas, Director of Finance (VC) Mr Andrew Carruthers, Director of Operations (VC) (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) (part) Ms Rhian Bond, Assistant Director of Primary Care (VC) (part) Mr Anthony Tracey, Digital Director (VC) (part) Mr Andrew Spratt, Assistant Director of Finance (VC) Mr Shaun Ayres, Assistant Director of Commissioning (VC) Mr Gareth Rees, Assistant Director of Operations (VC) Mr Phil Jones, Audit Wales (VC) Mr Lee Davies, Director of Strategic Development & Operational Planning Mr Paul Williams, Head of Property Performance Mr Simon Mansfield, Head of Value Based Health Care Ms Chantal Rhodes, ICT Manager (VC) Dr Leighton Philips, Director for Research, Innovation and University Partnerships Professor Philip Kloer, Medical Director/Deputy CEO Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	**ITEM**	
SRC(22)58	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	**Action**
	The Chair, Mr Winston Weir, welcomed all to the meeting and extended a warm welcome to Mr Phil Jones, Audit Wales as an observer of the meeting. Mr Weir took the opportunity to thank Cllr Gareth John for his contribution to the Committee following his retirement as an Independent Member. No apologies for absence were received from Members or In Attendance Members	

SRC(22)59	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest.	

SRC(22)60	MINUTES OF PREVIOUS MEETING HELD ON 25TH APRIL 2022	
	The minutes of the Sustainable Resources Committee (SRC) meeting held on 25th April 2022 were reviewed and approved as an accurate record.	
	RESOLVED – that the minutes of the Sustainable Resources Committee meeting held on 25th April 2022 be **APPROVED** as an accurate record.	

SRC(22)61	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 25TH APRIL 2022	
	The Table of Actions from the meeting held on 25th April 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.	

SRC(22)62	ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE	
	Members received the current Terms of Reference for the Sustainable Resources Committee with proposed amendments for review and approval.	
	Mr Maynard Davies noted in relation to the proposed addition of the Sustainability and Net Carbon Group to the Committee's reporting groups (section 10.3.4), that the Committee is yet to receive the Group's Terms of Reference. Mr Huw Thomas advised Members that this is a new reporting group, and the Terms of Reference would be submitted to the Committee for approval at the August 2022 meeting.	HT
	Mr Thomas advised Members of a reflection from the SDODC meeting held on 27th June 2022 regarding the requirement for data quality assurance as part of performance measures and highlighted that this could possibly come under the remit of either this Committee or the Audit and Risk Assurance Committee. Members acknowledged that Strategic Development and Operational Delivery Committee (SDODC) is required to provide assurance to the Board in terms of data quality but recognised that it is not responsible for data quality. Mr Weir undertook to discuss further with the Board Secretary prior to submission of the Terms of Reference for Board approval.	WW
	Mr Paul Newman enquired as to the definition of 'significant' under section 2.6 regarding the review of contractual performance. Mr Thomas responded that 'significant' would entail anything requiring Board approval and undertook to create a footnote within the Terms of Reference to clarify this. In relation to Primary Care contracts, Ms Jill Paterson and Mr Thomas undertook to discuss further outside of the meeting.	HT JP/HT

	Members were in agreement to approve the proposed amendments, subject to confirmation regarding which Committee is to be responsible for data quality assurance.	
	The Committee **APPROVED** the amendments to the Sustainable Resources Committee Terms of Reference, subject to the proposed amendments above, prior to onward submission to the Board for approval.	

SRC(22)63	**FINANCE REPORT MONTH 2, 2022/23**	
	Members received the Finance Report Month 2 (M2) 2022/23 report. Mr Thomas informed Members that the M2 financial position is an overspend of £4.3m (Month 1, £4.4m), which is made up of £2.2m operational variance and a deficit plan of £2.1m. Mr Thomas informed Members that the Health Board is reporting a financial outturn position of a £42m forecast, which is £17m higher than the planned deficit of £25m. This is due to there being an inadequate level of assurance at this stage around the identification of a further £17m of savings schemes deliverable within the current financial year. Mr Thomas advised Members that there is a further risk to the current forecast of £42m in relation to the operational pressures experienced in Month 1 and 2; as a minimum there is a need to recover the £1.5m operational variation during the remainder of the year, and there is the potential for a continuation of this trend without full mitigation, which at this stage is assessed as c.£11m (inclusive of savings delivery). Mr Thomas informed Members that the Health Board has received confirmation from Welsh Government (WG) of funding to match the costs of COVID-19 programmes (Tracing, Testing, Mass Vaccinations and Personal Protective Equipment), and that initial WG guidance has been received to assume funding provided to offset transitional costs of COVID-19 (£16.4m) and the Exceptional Energy, Health and Social Care Levy and Real Living Wage commissioned services costs of £12m. Mr Thomas advised that, until confirmation is received, this presents a risk to the reported position. Mr Thomas noted that the report does not include the costs of supporting Ukrainian refugees which is being handled differently to the previous Syrian refugee scheme and the Health Board are working to capture these costs, which may not be significant, based upon the numbers being placed within the Health Board area. In relation to operational cost drivers, work is currently being undertaken to determine what are the real COVID-19 costs and what is essentially the unscheduled care (USC) system operating in a challenged space. There is a risk of the forecast deficit position deteriorating as a result of transferring costs originally badged as COVID-19 costs into the underlying cost base. Therefore, it is anticipated that the Health Board's COVID-19 costs will reduce, and the underlying USC pressures will increase.	

	Mr Thomas advised Members that, based on current forecasting, the Health Board could incur approximately £10m for 'ready to leave' patients who remain in hospital sites and undertook to provide a more robust update to the next Committee meeting. Additionally, in terms of supply, the premium on agency costs is approximately £4.1m, in particular in Glangwili General Hospital (GGH) and Withybush General Hospital (WGH) and undertook to provide a further analysis of this position to a future Committee meeting. Mr Andrew Spratt advised Members that the narrative within the presentation slides highlights and additional risk to the £42m forecast position of approximately £11m, which would result in a £53m deficit position. Mr Spratt further advised Members that, through the plan resubmission process being undertaken at the moment as part of the M3 financial return submission to WG, there is a significant piece of work around the continued COVID-19 responses and understanding whether these can be practically decommissioned or whether pressures will still require the Health Board to continue these within the core plan, which would further worsen the deficit position. In terms of medically fit patients, Ms Delyth Raynsford voiced her concern that the longer patients remain in hospital, the more deconditioned they will become and will present worsening physical conditions, therefore creating further financial implications. Ms Raynsford enquired whether any progress has been made with Local Authority commissioners, to which Ms Jill Paterson responded that figures for medically fit and optimised to leave patients, in addition to those patients requiring support from the Local Authority, are reported to Executive Team and Operational Delivery meetings on a weekly basis. Ms Paterson assured Members that the previous bridging care model has been updated into a wider home based care opportunity and all 3 Local Authorities have been involved to develop a plan to look at how to enhance home based care. Ms Paterson advised that there is work ongoing internally to review the align the required resources to ensure that by the Autumn a workforce is in place to meet the potential further increased demand for winter. Mr Steve Moore provided Members with an overview of the following key issues driving the Health Board's financial position: - The importance of driving the opportunities through the Target Operating Model (TOM) work and presenting the Board with a view of how the benefit is applied across the organisation to improve the system for both patients and staff. - The balance in the overall financial plan between COVID-19 and non-COVID-19 costs has shifted significantly and therefore, the Board will be presented with a list of which costs can be shifted from the COVID-19 column into the Health Board's baseline column at its July 2022 meeting. - The impact of the Operational and Corporate Directorate's savings plans. Mr Paul Newman enquired as to the rationale for the movement of expenditure between COVID-19 and non-COVID-19 costs, and what the	**HT** **HT**

	position is with other health boards. Mr Thomas proposed that the rationale for this shift in expenditure is presented to the Committee (within the Finance M4 Report) for scrutiny at its next meeting. In terms of the approach being taken by other health boards, Mr Thomas informed Members that all health boards are currently facing a challenging position, however HDdUHB is taking a very clear and transparent approach, of which the Finance Delivery Unit (FDU) are aware. Mr Thomas concluded that the Health Board is being transparent and actively embracing the challenges. Mr Thomas advised that the work regarding the TOM and the USC system may not deliver significant cash benefits this year, however it will deliver a more effective USC system. In conclusion, Mr Weir highlighted the number of risks to the financial forecast position, which could be as high as £53m, dependent on savings delivery and funding available from WG. Mr Weir thanked the team for securing the aforementioned funding for COVID-19 costs to date, acknowledging that there is a risk that further COVID-19 costs become part of the core position. Mr Weir welcomed the clear and transparent approach adopted by the Health Board and noted the caveat of a possible further COVID-19 wave, which would impact further upon the financial position.	**HT**
	The Committee **NOTED** and **DISCUSSED** the M2 2022/23 financial position and end-of-year forecast.	

SRC(22)64	**PRIMARY CARE RECOVERY PLAN UPDATE**	
	Members received the Primary Care Recovery Plan Update report, setting out how the funding, secured to assist in clearing the backlog to enable a smoother transition into the resetting of contracted services, was used. Ms Rhian Bond advised Members that not all schemes had come to fruition and that some schemes were implemented on a time limited basis, dependent on the resource available. As a result, a number of schemes have had to come to an end, which highlights the challenge for the Health Board to run schemes without the availability of immediate resource. Outlining the positive benefit of each of the schemes, Ms Bond advised Members that, at the point in time that the recovery funding was made available, Primary Care contractors were still experiencing difficulties with staffing, particularly in General Practice and Community Pharmacy, which impacted on their ability to participate in the programme in the way that had been anticipated. Mr Weir enquired as to what funding could be useful to take forward the schemes. Ms Paterson responded that the challenge lies in the fact that the funding was non-recurrent. Therefore, it is part of the Health Board's strategy to create opportunities within Primary Care by exploring how schemes can be sustained and the resource required to build in capacity for the longer term.	

	Mr Weir enquired whether the discontinuation of some schemes would have cost implications for other areas of the Health Board. Ms Paterson responded by proving the Independent Prescribing Optometry Service (IPOS) as an example, whereby independent prescribing optometrists (and those training towards the qualification) are able to manage acute eye care problems, which would usually require referral to the Hospital Eye Service (HES) or GP. Over a six month review period, 1,147 patients were seen via the service who would otherwise have required a hospital attendance. These findings support that an increased provision of the IPOS service, with non-IP Practices referring urgent cases to an IPOS practice rather than the hospital, could lessen the need for rapid access eye care clinics based within secondary care, therefore freeing up capacity within the secondary care HES. The original source of funding was due to end on 31st March 2022; however, the importance of this service was acknowledged by secondary care, and the funding for the service was provided by secondary care from 1st April 2022 as an interim measure until the Optometric Contract (currently subject to national negotiation) is introduced. With regard to annual health checks for patients with a Learning Disability, Ms Paterson advised Members that although this scheme was successful in terms of patients accessing the service, the resource is not available to continue this scheme. Ms Paterson informed Members that an extant Enhanced Service for Learning Disabilities has historically and continues to be commissioned. Mr Thomas advised Members there is currently a projected underspend within Primary Care and that he will work with Ms Paterson on the options available in this context, particularly where investment in Primary Care services can make a difference and reduce pressures elsewhere in the system. Mr Thomas and Ms Paterson undertook to discuss this opportunity further outside of the meeting. *Ms Rhian Bond left the Committee meeting*	**HT/JP**
	The Committee **NOTED** and **DISCUSSED** the content of the Primary Care Recovery Plan Update report, noting the outcome of the Primary Care reset programme and the schemes within the programme that require further work to enable them to continue delivering appropriate and timely care to patients in a Primary Care setting.	

SRC(22)65	**HEALTHCARE CONTRACTING, COMMISSIONING AND OUTSOURCING UPDATE**	
	Members received the Healthcare Contracting, Commissioning and Outsourcing Update report. Mr Shaun Ayres informed Members that the block arrangements implemented at the beginning of the COVID-19 pandemic, and continued for the remainder of 2021/22, have been deemed inappropriate moving forward into 2022/23. This arrangement was to ensure that there was a collective focus on operational recovery. and, therefore, a hybrid approach	

was agreed and adopted by the Directors of Finance (DoF) in March 2022. Mr Ayres informed Members that, in advance of the Long Term Agreements (LTAs) being signed at the end of June 2022, pending any outstanding queries, the total value of LTAs for 2022/23 is £45.850m, with Welsh Health Specialised Services Committee (WHSSC) being £115.952m.

Mr Paul Williams, Mr Lee Davies and Dr Leighton Phillips joined the Committee meeting

Mr Ayres advised Members of workforce challenges in Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB) and that measures introduced in response to the COVID-19 pandemic are being stepped down at a different pace across health boards. The aim is to gradually decommission these measures implemented during the pandemic and to consider how services can be delivered differently.

With regard to the current position for HDdUHB patients awaiting a first outpatient appointment within SBUHB, Mr Ayres informed Members that Oral Surgery accounts for the majority (42%) of the overall waits in April 2022 and has been increasing month on month since April 2021.

Mr Ayres informed Members that the majority of HDdUHB patients waiting for a new outpatient appointment at CVUHB are waiting for Clinical Immunology and Allergy and that an alternative commissioned pathway proposal is being undertaken in this specialty. An Allergy Equality (AE) working group has been established to identify pathway opportunities throughout HDdUHB for allergy care. The intention is to have a service which works for all allergy anaphylaxis patients regardless of the allergen. Mr Ayres assured Members that work is ongoing, and the AE group is scheduling a meeting for the end of June 2022.

Mr Newman enquired whether the changes to the waiting list position can be attributed to a cleansing exercise of the waiting lists. Mr Ayres responded that he is not aware of patients being removed from lists within SBUHB and CVUHB and reminded Members that it is the provider who takes responsibility for waiting lists and not the commissioner.

As reported to the Committee at its previous meeting, Mr Ayres informed Members that due to a number of recent patient complications, at the beginning of April it was decided to suspend the Community Health Eye Care (CHEC) service until these had been investigated. A number of meetings were convened both internally and externally with CHEC, which included clinical leads. It was deemed necessary to undertake a review with regards to the emergency pathway and the post -operative follow up process, both of which have been actioned, and consequently the service was re-instated at the end of May 2022.

Mr Wier enquired whether the position of Cancer patients being treated within time had changed. Mr Ayres responded that although the service is well configured, it is still under pressure, particularly for gastrointestinal and

	gynaecology. Mr Ayres assured Members that reports are now regularly submitted to the Quality, Safety and Experience Committee. (QSEC) *Ms Jill Paterson left the Committee meeting*	
	The Committee **NOTED** and **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)66	**PLAN DEVELOPMENT**	
	Members received a verbal update on Plan Development from Mr Thomas further to the earlier discussions on the Finance Report M2. Mr Thomas advised Members of the next steps to support the work to be done to be more targeted in the delivery of opportunities, which is currently being undertaken across all directorates via the Use of Resources Group. With regard to Planned Care Recovery, Mr Thomas advised Members that there are opportunities to go out to the market, which will be presented to the Board in due course, noting however that these would have an impact upon the deficit position. Mr Thomas informed Members of an area of concern raised by the FDU regarding a disconnect between workforce projections and financial projections and provided assurance that the Finance team has now aligned with workforce and operations to get a sense of the projections for the year, this concern has been mitigated to some extent and will remain a work in progress. Mr Weir enquired as to further alignment with operational activity, to which Mr Thomas responded that further work will be undertaken between workforce, finance and activity to understand the real underlying drivers for the deficit in addition to the consideration of outsourcing additional activity. Mr Moore emphasised to Members the importance of being able to demonstrate to WG that the Health Board can get back to the roadmap to financial stability.	
	The Committee **NOTED** the verbal update on Plan Development.	

SRC(22)67	**PLANNING OBJECTIVES UPDATE REPORT**	
	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.	

	Members received assurance that all Planning Objectives aligned to the Committee are on track to deliver against their key deliverables.	
	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.	

SRC(22)68	**DEEP DIVE: DECARBONISATION (PO 6G)**	
	Members received a deep dive, providing an update on progress on delivering the NHS Wales Decarbonisation Strategic Delivery Plan objectives and HDdUHB Planning Objective 6G, which describes a strategic roadmap in response to WG's ambition for NHS Wales to contribute towards a Welsh public sector wide net zero target by 2030. Mr Paul Williams provided an overview of the phases of the Delivery Plan and that feedback following submission to WG at the end of March 2022 was positive. However, the challenge in making significant progress within the first year of a 2 year plan was acknowledged and therefore, the plan has since been extended to a 3 year initial plan to reflect funding challenges in 2022/23 and alignment to the Health Board's Integrated Medium Term Plan (IMTP). Mr Williams advised Members that Procurement remains the biggest challenge to the Health Board's carbon footprint. Mr Williams assured Members that further work to align the Health Board's carbon reporting systems with WG, to establish an agreed footprint baseline, will be undertaken. In terms of next steps, Mr Williams advised Members that a focused Decarbonisation Action Plan (DAP) will be developed for delivery across the organisation, assigning specific projects as required. A review of resource and funding requirements will also be undertaken, and funding bids will be submitted to WG where available. Mr Williams assured Members that this action plan will be monitored via the Decarbonisation Task and Finish Group. Mr Williams emphasised the importance of wider buy-in to the DAP with a focus on awareness and engagement through a range of initiatives such as hybrid working, clinical innovation work, and a Carbon Awareness, Sustainability & Decarbonisation Video. Mr Williams highlighted that decarbonisation incurs a significant financial cost and, whilst behaviour change can make a significant impact, the DAP clarifies the scale of the targets set for 2030 and how each organisation will embed decarbonisation at its core of operation and business. Mr Williams advised Members that the decarbonisation agenda is dependent upon significant financial investment from WG, and it is anticipated that WG	

colleagues will facilitate discussions within WG and NHS organisations on the financial implications of decarbonisation and engage with Chief Executive Officer (CEO) and DoF meetings prior to engaging Ministers.

Mr Williams outlined the areas of focus going forward, including Procurement, reducing or making the estate more efficient, reducing travel, and the adoption of a whole organisation approach that links in with the wider sustainability agenda.

In relation to the partnership work with Local Authorities, Mr Weir enquired as to the level of engagement, to which Mr Williams responded that the Public Service Boards (PSBs) are the main link with the Health Board.

In relation to staff engagement, Mr Williams informed Members that WG and Public Health Wales are looking to launch a package of initiatives across the NHS to support staff awareness and engagement, including the establishment of staff champions. Mrs Raynsford enquired as to the level of staff sign up to the WARP-It initiative. Mr Williams responded that the initiative has been in use for a number of years and that signposting is in place for staff to utilise this initiative. Mr Gareth Rees assured Members that a huge amount of effort has been made to promote the initiative and that there has been great success with the redeployment of equipment used in the field hospitals using the initiative. Mr Rees added that the appropriate level of resource is required to promote initiatives such as this. Mr Rees informed Members that there is now a system in place that diverts Oracle orders away from Procurement and into the WARP-It initiative which has been very successful.

Mr Weir expressed an interest in the possibility of visiting projects such as the solar farm to gain insight into how these schemes are operating.

Mr Maynard Davies noted that digital is currently a major culprit for the carbon footprint and there are many factors inadvertently contributing to the this.in terms of Procurement, Mr Maynard Davies enquired whether HDdUHB are building decarbonisation into their contracts or whether this is being led by NWSSP. Mr Williams responded that it needs to be a mix of national and local leadership.

Dr Leighton Phillips highlighted the whole life costs of schemes as they can be considerably more expensive and can take longer to pay back and advised that the cheaper option may not be the best option environmentally. Mr Thomas recognised the need for a consistent impact framework to calculate the relative impact upon society and collate value impact assessments. However, Mr Thomas acknowledged the challenge of realising and assessing the financial benefits of previous investments.

In conclusion, Mr Weir thanked Mr Williams for the insightful presentation and, recognising that this is a work in progress, welcomed regular updates on progress at future Committee meetings.

Mr Paul Williams left the Committee meeting

	The Committee **NOTED** the content of the Deep Dive into Decarbonisation and **RECEIVED ASSURANCE** from the aims contained with the Delivery Plan regarding progress on Decarbonisation in line with Planning Objective 6G.	

SRC(22)69	**DEEP DIVE: CYBER SECURITY (PO 6M)**	
	Item to be presented to the In-Committee meeting	

SRC(22)70	**DEEP DIVE: VALUE BASED HEALTH CARE (PO 6D)**	
	Members received a deep dive, providing an update 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. Planning objective 6D describes the routine capture of Patient Reported Outcome Measures (PROMs) within the majority of service areas, the delivery of an education programme and a bespoke programme of research and innovation. *Mr Steve Moore left the Committee meeting* Mr Simon Mansfield provided an overview of the strategy and approach to applying Value Based Health Care (VBHC) and Prudent Healthcare principles throughout HDdUHB and the 'Our Approach to Value Based Health Care, 2022-2025' document, which was endorsed by the Committee in December 2021. Mr Mansfield informed Members of the three primary goals of the document, focussing on the goal to invest in the systems and processes to enable staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare. Mr Mansfield advised Members that data collection recently commenced in Musculoskeletal Physiotherapy department and that 200 patient responses had been received on the first day. Mr Mansfield demonstrated to Members the use of PROMs in a clinical setting, via displaying a live dashboard on screen, to illustrate how data can be consolidated and statistically analysed for use by the service to identify areas of high and low value. The VBHC team can then support services to systematically understand where services could be organised differently to ensure that resources are being utilised to optimise patient outcomes and deliver change to this end. *Mrs Delyth Raynsford left the Committee meeting* Mr Mansfield informed Members of the ambitious delivery plan for 2022/23, including PROMs being routinely collected in 32 service areas and visualisation dashboards being created for 11 services areas and informing day to day clinical decisions.	

	Mr Weir recognised the huge amount of work being undertaken by the team to engage and capture PROMs. Mr Maynard Davies enquired as to the level of confidence and key risks of the roll out. Mr Mansfield responded that there is confidence in the plan however, there is an underlying challenge facing Informatics as resource and capacity is currently scarce. Mr Mansfield provided assurance that the dashboards are proving useful in developing a delivery plan to be managed and that reporting is provided by exception for areas not being delivered to plan. In relation to changes made to services as a result of PROMs, Mr Maynard Davies enquired whether these contributed to Planned Care recovery and financial recovery. Mr Thomas responded that there have been successful changes made within Heart Failure and Lymphoedema services and that there had been clear evidence of the impact of interventions within Urgent and Emergency Care, COPD and Diabetes, which will contribute to the delivery of a transformational shift. In relation to a query regarding clinical engagement, Mr Mansfield assured Members that engagement had been positive. In conclusion, Mr Weir thanked the team for the informative presentation and welcomed the approach taken. *Mr Simon Mansfield, Ms Chantal Rhodes and Dr Leighton Phillips left the Committee meeting*	
	The Committee **NOTED** the content of the Deep Dive into Value Based Health Care and **RECEIVED ASSURANCE** from the plan to deliver the goals contained within the document 'Our Approach to Value Based Healthcare' in line with Planning Objective 6D.	

SRC(22)71	**REGIONAL INTEGRATED FUNDS (RIF) PLANS**	
	Item deferred to August 2022 Committee meeting	

SRC(22)72	**PROGRESSION OF DIGITAL HEALTH RECORD (DHR) PROGRAMME**	
	Members received the Progression of Digital Health Record (DHR) Programme report, providing an update on the move to a digital health record and the benefits of the proposed acceleration of the programme. Mr Rees advised Members that the current programme is based upon a 10-12 year programme. However, the pressure point in the default programme impacts in March 2026 when the bulk store at Llangennech comes to its agreed break clause milestone. Without any level of acceleration of the scanning programme, there will remain in all likelihood 600,000 records awaiting conversion. Mr Rees advised Members that entering into a further 5 year lease period would be at a cost of approximately £200,000 per annum (including rates and energy costs).	

	It is therefore being proposed that investment takes place to ensure that all records are converted prior to this agreed break clause milestone and that investment in programme acceleration is key to the avoidance of a further lease term of the Llangennech store. In relation to the electronic document and records management system (EDRMS) and the aim to retain accessibility of patient records for future use, Mr Maynard Davies enquired whether this could be tested against records which had already been scanned to ensure that they can be appropriately accessed. Mr Rees responded that, following procurement of the EDRMS, it is anticipated that commissioning preparations will complete in 6 weeks' time, at which point internal quality checking will be undertaken. Mr Rees assured Members of the progression of the DHR programme, and drew Members' attention to the pipeline diagram, which illustrates the estimated points in time that cost improvements will emerge. Mr Rees advised Members that the proposed acceleration of the programme would release these yields sooner than indicated. Acknowledging the phenomenal work undertaken by the team in a short timescale, Mr Thomas advised Members that there is a business case for invest to save here, however the affordability of the revenue consequence at the upfront stage to deliver benefits at a later stage will be a challenge. Mr Thomas further advised Members of the reality of accelerating delivery as and when the financial situation may or may not allow and noted that the direction of travel would require discussion by the Executive Team.	
	The Committee **NOTED** the content of the Progression of Digital Health Record (DHR) report and **RECEIVED ASSURANCE** that the Digital Health Record Programme is progressing and **ACKNOWLEDGED** the proposed direction of travel that may in due course be approved by the Executive Team	

SRC(22)73	**CORPORATE RISK REPORT**	
	Members received the Corporate Risk Report, highlighting the following 3 risks assigned to the Committee: • 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. • 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. • 1371 *Risk to the delivery of UHB's Draft Interim Financial Plan for 2022/23:* Risk Score increased to 20.	
	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)74	**OPERATIONAL RISK REPORT**	
	Members received the Operational Risk Report, providing detail on the following 6 risks scored against the Finance impact domain: • 975: *Failure to remain within allocated budget over the medium term (Estates & Facilities).* • 979: *Failure to remain within allocated budget over the medium term - Glangwili General Hospital (GGH).* • 980: *Failure to remain within allocated budget over the medium term - Withybush General Hospital (WGH).* • 983: *Failure to remain within allocated budget over the medium term – Bronglais General Hospital (BGH).* • 968: *Failure to remain within allocated budget over the medium term (Pembrokeshire).* • 964: *Failure to remain within allocated budget over the medium term (Carmarthenshire).* Members noted that there had been no change to the risk scores since the previous Committee meeting.	
	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)75	**INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)**	
	Members received the Integrated Performance Assurance Report (IPAR), relating to Month 2 2022/23. Mr Weir enquired as to the underlying reason for the variable pay in month performance, which is currently at £6,715k against a target of £4,800k. Mr Thomas responded that the Health Board is currently heavily reliant on agency, which is also manifesting in an additional administrative burden. Mr Thomas assured Members that the recent delay with the processing of invoices has now been addressed. In terms of performance on non-NHS invoices, Mr Thomas assured Members that HDdUHB's position is relatively good in comparison with other Welsh health boards. However, the limiting factor regarding agency spend is the availability of staff in order to avoid significant levels of gaps in rotas. Mr Weir welcomed the inclusion of performance data in relation to landfill usage.	

	In conclusion, Mr Weir noted that the issues regarding variable pay in-month and agency spend had been discussed under the Finance Report M2 agenda item.	
	The Committee **CONSIDERED** the measures from the Integrated Performance Assurance Report.	

SRC(22)76	**NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT Q4 2021/22**	
	Members received the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Q4 2021/22.	
	The Committee **RECEIVED ASSURANCE** from the content of the NWSSP Performance Report for Q4, 2021/22.	

SRC(22)77	**INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT**	
	Members received the Information Governance Sub-Committee (IGSC) Update Report from the meeting held on 7th June 2022. Members noted that clinical coding activity continued to improve for February 2022 and surpassed the 95% target with 96.2%. HDdUHB is currently above the all Wales average for the first time in a number of years. An internal audit programme of work has been developed to provide further assurance regarding the accuracy of the information being coded. Additionally, Digital Health and Care Wales (DHCW) will be attending the Health Board in August/September 2022 to undertake their yearly national audit. Mr Thomas acknowledged the clinical coding team's impressive achievement, however, the challenge going forward will be to determine how this intelligence is used in real time to consider and drive discussions regarding resource consumption across the system. In relation to corporate and medical records storage assurance and the recent audit undertaken at a garage located at Bronglais General Hospital (BGH), where Accident & Emergency records requiring scanning were placed, Mr Weir enquired as to the current position regarding those records that have not been scanned, due to workload and the COVID-19 pandemic, and whether these records have been transferred internally to the Access to Health Records team for appropriate storage and scanning. Mr Thomas undertook to follow this up and provide a response prior to the next Committee meeting.	**HT**
	The Committee **NOTED** the content of the Information Governance Sub-Committee Update Report.	

SRC(22)78	**CONSULTANCY REVIEW**	

	Members received the Consultancy Review report, providing assurance to the Committee regarding the monitoring of consultancy usage and spend at HDdUHB, which includes WhiteSpider Enterprise Ltd for technical design and assurance services to assist in the implementation of Cisco SDA, and Deloitte LLP for business case development.	
	The Committee **DISCUSSED** the consultancy spend and usage and **RECEIVED ASSURANCE** regarding the monitoring of consultancy usage and spend in HDdUHB.	

SRC(22)79	**FINANCIAL PROCEDURES: REMOVAL OF 16/01 *SPONSORSHIP BY THE PRIVATE SECTOR***	
	Members received the report requesting Committee approval for the removal of financial procedure 16/01 *Sponsorship by the Private Sector,* as the contents of this procedure are now covered within the *Standards of Behaviour* corporate policy.	
	The Committee **APPROVED** the removal of financial procedure 16/01 *Sponsorship by the Private Sector.*	

SRC(22)80	**FINANCIAL PROCEDURES: 1032 *TREATMENT OF PRIVATE PATIENTS, CONTROL OF ADMISSION AND COLLECTION OF INCOME***	
	Members received the report requesting Committee approval for the update to the financial procedure, which was originally approved by the Committee at its meeting in December 2021, in respect of referencing the correct legislation applicable to NHS Wales organisations and the increasing of the tariff by 3.2% for the financial year 2022/23.	
	The Committee **APPROVED** the Financial Procedure 1032 *Treatment of Private Patients, Control of Admission and Collection of Income.*	

SRC(22)81	**NOTES FROM FINANCE TOUCHPOINT MEETING HELD ON 24th MAY 2022**	
	Members received the notes from the Finance Touchpoint meeting held on 24th May 2022.	
	The Committee **NOTED** the content of the notes from the Finance Touchpoint Meeting held on 22nd March 2022.	

SRC(22)82	**UPDATE FROM AGILE DIGITAL BUSINESS GROUP (ADBG)**	

	No report available as no ADBG meeting held since the April 2022 Committee meeting	

SRC(22)83	**UPDATE ON ALL-WALES CAPITAL PROGRAMME – 2022/23 CAPITAL RESOURCE LIMIT AND CAPITAL FINANCIAL MANAGEMENT**	
	The Committee 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 content of the Update on All-Wales Capital Programme – 2021/22 Capital Resource Limit and Capital Financial Management report.	

SRC(22)84	**LESSONS LEARNT FROM 2021/22**	
	Members received the Lessons Learnt From 2021/22 report, providing an overview of the actions being taken following the submission of the Audited Annual Accounts to WG on 15th June 2022. Mr Thomas informed Members that, following the submission of the final Accounts to WG, the Finance Department will undertake post-audit reviews to follow up any issues and lessons learned to ensure improvements are in place in readiness for the following year's audit process.	
	The Committee **NOTED** the content of the Lessons Learnt From 2021/22 report.	

SRC(22)85	**BALANCE SHEET**	
	Members received the Balance Sheet report, outlining the position as at Quarter 4 2021/22 (M12). Mr Thomas assured Members that the Balance Sheet had been submitted to Board within the Year end accounts. In relation to the increase in provision being mainly due to clinical negligence claims, Mr Newman highlighted that the £14m change in liabilities is a significant change. In response, Mr Thomas enquired with Mr Phil Jones whether this could be scrutinised on an all Wales basis as the Welsh Risk Pool (WRP) review each case in detail and therefore there is currently little overarching intelligence available to identify what is driving this across Wales. Mr Jones responded that he would be happy to assist with this request as the position in Wales is following a similar direction to HDdUHB. Mr Newman highlighted the danger of getting embroiled with the	

	detail of individual cases and suggested that a systemic approach to improve the situation would be beneficial.	
	The Committee **NOTED** the content of the Balance Sheet report.	

SRC(22)86	**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)87	**MATTERS FOR ESCALATION TO BOARD**	
	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: • The Month 2 financial position and financial outturn position of a £42m forecast, which is £17m higher than the planned deficit of £25m. • Discussion of the Target Operating Model • Positive assurance received by the Committee regarding progress on Decarbonisation in line with Planning Objective 6G. • Positive assurance received by the Committee regarding the progress on Value Based Heath Care. and the plan to deliver the goals contained within the document 'Our Approach to Value Based Healthcare', in line with Planning Objective 6D. • Positive assurance received by the Committee regarding the improvement in clinical coding performance, with HDdUHB surpassing the 95% target with 96.2% and performing above the all Wales average for the first time in a number of years.	
	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)88	**ANY OTHER BUSINESS**	
	No other business was raised.	

SRC(22)89	**DATE OF NEXT MEETING**	
	22nd August 2022	